



*We heal and inspire the human spirit.*

**To:** DualChoice IPAs  
**From:** IEHP – Delegation Oversight  
**Date:** April 23, 2026  
**Subject:** Updated Coverage Decision Letter Templates

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Inland Empire Health Plan (IEHP) has recently updated the “**Coverage Decision Letter Templates**” on the IEHP provider website.

The letter templates are available in all threshold languages – English, Spanish, Chinese, and Vietnamese for the following:

**D-SNP Letter Templates**

- Coverage Decision Letter Part B Drug – 7 Day Appeal
- Coverage Decision Letter Medical – 30 Day Appeal

IEHP requires that the Coverage Decision Letter Templates be incorporated into your workflows as soon as possible. IEHP will begin auditing the implementation of the updated templates for letters dated as of **June 1, 2026**.

**The letter templates mentioned can be found at the following location:**

[www.providerservices.iehp.org](http://www.providerservices.iehp.org) > Resources > Resources for Providers > Forms > D-SNP Letter Templates or [click here](#).

For questions, please contact Jessica Gonzalez, Delegation Oversight Manager, at [gonzalez-j6@iehp.org](mailto:gonzalez-j6@iehp.org) or the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347, or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).

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