

<IPA Logo>

NOTICE OF AUTHORIZATION – CONTINUITY OF CARE

<<Date>>

<<Member Name>>

<<Address Line 1>> <<Address Line 2>>

<<City>>, <<ST>> <<Zip>>

DOB: [Member DOB]
Member ID: [Member ID]
Health Plan: Inland Empire Health Plan
Requesting Provider: [Requesting Provider Name]
Requested Provider: [Servicing Provider Name]
Authorization/Precertification Number: [Authorization or Referral #]

Dear <<Member Name>>,

We're happy to say your Continuity of Care for <<service category>> with <<servicing provider name>> has been approved! This means you can still see your Provider even though they are out of our network.

You will be able to see your out-of-network Provider for 12 months from the day you signed up with IEHP. Below is a closer look at what has been approved and for how long.

- **Approved Service:** <<procedure grid CPT codes>>
- **Number of Approved Services:** <<# of units approved>>
- **Approved Provider:** <<Servicing provider Name>> <<Servicing Provider Phone Number>>
- **Approved from/to:** <<MM/DD/YYYY / MM/DD/YYYY>>

<<IPA>> will reach out to you and your Provider before your approved care ends. When we do, we will tell you how to switch your care from an out-of-network Provider to an in-network Provider.

Of course, you can choose a Provider from <<IPA's>> network at any time. To see a list of <<IPA>> Providers and Pharmacies, go to <<IPA Website>> or call <<IPA service number>>.

If you have any other questions, please call <<IPA>> at <<IPA service number>>.

To your health,

<<IPA>>

CC: [Requesting Provider]
[Servicing Provider]
[PCP]

Requested Provider: The service is approved only if the Member is eligible at the time of service. You may confirm this online at www.iehp.org or by calling (909) 890-3800 (IVR) or (888) 440-4340 (Phone).

California Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at **1-888-452-8609**, Monday through Friday, 8:00am to 5:00pm, excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.

California Department of Managed Health Care

If you have been getting care from a health care Provider, you may have a right to keep your Provider for a certain amount of time. Please contact IEHP Member Services, and if you have more questions, you can contact the **Department of Managed Health Care**, which protects consumers, by telephone at its toll-free number, **1-888-466-2219**, or at a TTY number for the hearing and speech impaired at **1-877-688-9891**, or online at www.dmhca.ca.gov.