January 17, 2019

«IEHP\_ID»

«Med\_Name»

«Add\_2» «Add\_1»

«City», «STATE» «Zip\_code»

Dear «Greeting02»,

We’re writing to let you know that your current Primary Care Doctor, Dr. «OLDPCPNAME», located at «OldPCPAdd», «OldPCPCity» will be leaving IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) as of «mleffec».

**What does this change mean to you?**

To make sure there will be no break in your care, IEHP DualChoice has assigned a new Primary Care Doctor, Dr. «Newpcpname». If you wish to change your new Doctor, please go to My IEHP Health Account at *www.iehp.org* or call IEHP DualChoice Member Services.

Listed below are Dr. «NEWPCPNAME»’s office location, and the name and address of the hospital where you should go to get care.

|  |  |
| --- | --- |
| Dr. «NEWPCPNAME» | «NewHos» |
| «NewPAdd» | «NewHosAdd» |
| «NewPCity», «NewPState» «NewPZip» | «NewHosCity», «NewHosSte» «NewHosZip» |
| «NewPPhone» | «NewHosPhne» |

We will mail you a new IEHP DualChoice Member Card. When you get the new card, destroy the old one. If you do not get the new card, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.

Be assured – all your benefits will stay the same.

If you are receiving care for one of the items on the list below or have certain services already scheduled after **«mleffec»**,you can request permission to continue receiving those medical services. To learn more about continuity of care and eligibility qualifications, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.

* Pregnancy
* Treatment for a serious chronic condition
* Treatment for an acute chronic condition
* Treatment that may require prompt medical attention
* Care of a newborn child up to 36 months of age
* Terminal illness
* Surgery or procedure that IEHP DualChoice authorized

**California Department of Managed Health Care**

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact IEHP DualChoice Member Services, and if you have further questions, you are encouraged to contact the **Department of Managed Health Care**, which protects HMO consumers, by telephone at its toll-free number, **1-888-HMO-2219** (**1-888-466-2219**), or at a TTY number for the hearing impaired at **1-877-688-9891**, or online at **www.hmohelp.ca.gov**.

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

For help with Cal MediConnect, you may call the California Department of Health Care Services (CDHCS) Ombudsman Office at 1-888-501-3077. The Ombudsman Office helps people with Cal MediConnect make use of their rights and responsibilities.

Thank you for trusting IEHP to take care of your health care needs.

Sincerely,

IEHP DualChoice Member Services

Inland Empire Health Plan

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

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