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To: All Medicare IPAs
From: IEHP – Delegation Oversight
Date: December 27, 2022
Subject: **NEW! State Fair Hearing and Independent Medical Review Forms added to D-SNP Letter Templates (Effective January 2, 2023)**

Inland Empire Health Plan (IEHP) recently added the State Fair Hearing and Independent Medical Review (IMR) forms to the D-SNP Coverage Decision Letter Part B – 7 Day Appeal and Coverage Decision Letter Medical - 30 Day Appeal letter templates to be utilized effective January 2, 2023.

The forms are available in IEHP’s threshold languages – English, Spanish, Chinese and Vietnamese:

- State Fair Hearing
- Independent Medical Review (IMR)

IEHP requires that the new forms added to the Coverage Decision Letter Part B - 7 Day Appeal and Coverage Decision Letter Medical - 30 Day Appeal letter templates be incorporated into your workflows for the D-SNP transition on **January 2, 2023**.

Per DHCS CalAIM D-SNP Policy Guide, IPAs must include the integrated Coverage Decision Letter, the most recent IMR form, application instructions, DMHC’s toll-free telephone number, and an envelope addressed to DMHC.

IEHP will begin auditing implementation of the updated template for letters dated as of January 2, 2023, to ensure IPAs are utilizing the newest D-SNP Coverage Decision Letters. IEHP will also add educational comments on the audit results if the State Fair Hearing and IMR forms are not included.

IEHP requires the State Fair Hearing and IMR forms be fully incorporated into your workflow on **February 1, 2023**.

Updated D-SNP letter templates can be found at IEHP website: www.iehp.org > Providers > Provider Resources > Forms > NEW D-SNP Letter Templates or click [here](#).

As a reminder, all communications sent by IEHP can also be found on our website at: www.iehp.org > For Providers > Plan Updates > Correspondence.

NEW D-SNP Letter Templates

New! These templates should not be used until the effective date of [January 2, 2023](#). Please continue using the current Medicare DualChoice letter templates currently seen on this webpage for the remainder of 2022.

A complete template includes all documents listed under each template in the order specified listed. Changes can only be made to highlighted areas. [any changes made outside of the highlighted areas are strictly prohibited by CMS.](#)

Click on the title to expand the menu and download desired document.

15. Coverage Decision Letter Part B - 7 Day Appeal

English

Last Updated: 10/03/2022



Spanish

Last Updated:10/03/2022



Chinese

Last Updated:10/03/2022



Vietnamese

Last Updated:10/03/2022



[Multi-Language Insert- \[All Languages\] Updated July 26, 2022](#)

[Nondiscrimination Notice & Taglines- \[English\] \[Spanish\] \[Chinese\] \[Vietnamese\] Updated September 07, 2022](#)

[Independent Medical Review \(IMR\) Form- \[English\] \[Spanish\] \[Chinese\] \[Vietnamese\] Updated August 22, 2022](#)

[State Fair Hearing Form- \[English\] \[Spanish\] \[Chinese\] \[Vietnamese\] Updated September 01, 2021](#)

16. Coverage Decision Letter Medical – 30 Day Appeal

English

Last Updated: 10/03/2022



Spanish

Last Updated:10/03/2022



Chinese

Last Updated:10/03/2022



Vietnamese

Last Updated:10/03/2022



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[State Fair Hearing Form- \[English\] \[Spanish\] \[Chinese\] \[Vietnamese\] Updated September 01, 2021](#)

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 or email ProviderServices@iehp.org