



*We heal and inspire the human spirit.*

**To:** All Medicare IPAs  
**From:** IEHP – Delegation Oversight  
**Date:** February 01, 2023  
**Subject:** **UPDATE – Independent Medical Review (IMR) Form**

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Inland Empire Health Plan (IEHP) has recently updated the following Independent Medical Review (IMR) form to the D-SNP Letter Templates listed below. The form is available in all IEHP’s threshold languages – English, Spanish, Chinese and Vietnamese:

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

IEHP requires that the updated IMR form be incorporated into your workflows as soon as possible. IEHP will begin auditing implementation of the updated templates for letters dated as of **March 1, 2023**.

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

If you have any questions, please feel free to contact Juan Ortega, IEHP Delegation Oversight Director at [Ortega-J2@iehp.org](mailto:Ortega-J2@iehp.org)









### 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		

#### \*Additional Information for IPAs:

Please 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.

[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 January 01, 2023

[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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[Independent Medical Review \(IMR\) Form](#)- [English] [Spanish] [Chinese] [Vietnamese] Updated January 01, 2023

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

As a reminder all communications sent by IEHP can also be found on our website at: [www.iehp.org](http://www.iehp.org) >  
Providers > Plan Updates > Correspondences