



Inland Empire Health Plan



To: IPAs
From: IEHP – Provider Relations
Date: September 28, 2018
Subject: **New Fax Number for Involuntary PCP Transfers**

This notice is to advise of the new fax number to use when requesting an Involuntary PCP transfer of a Member from the PCP's practice. **Effective October 1st, 2018** all Involuntary PCP Transfer letters will be submitted to IEHP Provider Relations Team. If the IPA Medical Director determines that the PCP-Member relationship has deteriorated to the point that it impacts or potentially impacts the care of the Member, the IPA Medical Director must notify IEHP in writing. Please remember to include the following information in your notice to IEHP:

- Member First and Last Name
- Member IEHP ID number
- Member Date of Birth
- Reasons for the Involuntary PCP Transfer request
- Plan for assuring Member continuity of care
- Copy of the PCP letter to the IPA
- IPA Medical Director's signature

Please fax your Involuntary PCP Transfer Requests to (909) 890-4342.

If you have any questions regarding this process, please refer to IEHP Policy 17A.2, Involuntary PCP Transfer or call IEHP Provider Relations Team at (909) 890-2054.