



A Public Entity

Inland Empire Health Plan



To: Direct PCPs
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 your practice. **Effective October 1st, 2018** all Involuntary PCP Transfer letters will be submitted to IEHP Provider Relations Team. An Involuntary PCP Transfer letter is required when an assigned Member with whom your relationship has deteriorated to the point where a PCP transfer is necessary. Please remember to include the following information in your letter:

- Provider/Group letter head
- Member First and Last Name
- Member IEHP ID number
- Member Date of Birth
- Reasons for the Involuntary PCP Transfer request
- Assigned Provider's signature

Please fax your Involuntary PCP Transfer Requests for Members assigned to your office through IEHP Direct affiliation 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.