

<<IPA LOGO>>

<<Date>>

<<Member Name>>
<<Address Line 1>> <<Address Line 2>>
<<City>>, <<ST>> <<Zip>>

NOTICE OF AUTHORIZATION- CONTINUITY OF CARE

DOB: [Member DOB]
Member ID: [Subscriber ID or Subscriber Dependent #]
Health Plan: IEHP DualChoice (HMO D-SNP)
Requesting Provider: [Requesting Provider Name]
Requested Provider: [Servicing Provider Name]
Authorization/Precertification Number: [Authorization or Referral #]

Dear [Member Name]:

We hope this letter finds you well. We are writing to let you know your request for continuity of care (staying with a Provider outside of our network for up to twelve months from the day you enrolled with IEHP DualChoice) for <service category> with <servicing provider name> has been approved. This means you can stay with your current Provider.

Authorized Service: <procedure grid CPT codes>
Number of Authorized Services: <# of units approved>
Authorization Valid from/to: <MM/DD/YYYY / MM/DD/YYYY>
Authorized Provider: <Servicing provider Name> <Servicing Provider Phone Number>

As an <<IPA>> Member, you have the right to choose a different Provider from our network at any time. For a list of Providers, you can view the <<IPA>> Provider Directory at <<IPA website>> or call <<IPA>> Member Services at <<IPA Phone Number>>, <<IPA Hours of Operation>>. TTY users should call <<IPA TTY Number>>.

<<IPA>> will contact you before the end date above to help you move to a Provider that is within the <<IPA>> network.

If you have any questions or concerns, please call <<IPA>> at <<IPA Phone#>>, <<Hours of Operation>>. TTY users should call <<TTY#>>.

Thank you for being a valued Member of <<IPA>> and trusting us with your health care needs.

To your health,

<<IPA>>

CC: [Requesting Provider]
[Requested Provider]
[PCP]

Requested Provider: The service is approved only if the Member is eligible at the time of service. You may verify this online at <http://www.iehp.org> or by calling (909) 890-3800 (IVR) or (888) 440-4340 (Phone).

IEHP DualChoice (HMO D-SNP) is a HMO plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.