This letter is to remind you that continuity of care (staying with a Provider outside of our network for twelve months from the day you join IEHP) with <<servicing provider name>> for <<service category>> will end on <<procedure grid end date>>.

Please work with your Primary Care Provider to continue this service, if needed, with one of our in-network Specialists.

If you have any questions or concerns, please call <<IPA>> at <<IPA phone number>>.

Sincerely,

IEHP

CC: [Requesting Provider]

[Servicing Provider]

[PCP]

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

**California Department of Health Care Services (DHCS) Office of the Ombudsman**

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at **1-888-452-8609**, Monday through Friday, 8:00am to 5:00pm, excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.

**California Department of Managed Health Care**

If you have been receiving care from a health care Provider, you may have a right to keep your Provider for a designated time period. Please contact IEHP Member Services, and if you have further questions, you are encouraged to contact the **Department of Managed Health Care**, which protects consumers, by telephone at its toll-free number, **1-888-466-2219**, or at a TTY number for the hearing and speech impaired at **1-877-688-9891**, or online at [www.dmhc.ca.gov](http://www.dmhc.ca.gov).