**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 ***www.iehp.org.***

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