[DATE]

[IPA Contact Name] or [Provider Name]

[IPA NAME]

[Address]

[CITY, STATE ZIP]

**RE: [PCP NAME] – Enrollment Status Change**

Dear [IPA Contact Name/Provider Name]:

This letter is to inform you that Dr. [PCP NAME] PCP status has been changed to “Closed” for Member enrollment. This change will become effective as of [DATE].

Under IEHP Policy 18 A2, the maximum amount of enrollment that Dr. [PCP NAME] is eligible for is [NUMBER} Members. Currently Dr. [PCP NAME] has [NUMBER] Members and [NUMBER] physician extenders in IEHP’s system. If Dr. [PCP NAME] has additional physician extenders who have not been credentialed, please submit their credentialing applications to increase Dr. [PCP NAME] Member capacity. A maximum of four supervised mid-levels is allowed per PCP to increase capacity to a maximum of 6000 Members.

IEHP will continue to monitor Dr. [PCP NAME]’s enrollment numbers. If Dr. [PCP NAME]’s membership should drop below the maximum amount allowable, IEHP will open Dr. [PCP NAME] to enrollment. This would include Auto Assignment, HCO Enrollment, Family Assignment and Member Choice.

If you have any questions or concerns, please contact the Provider Call Center at 909-890-2054 or email [ProviderUpdates@iehp.org](mailto:ProviderUpdates@iehp.org).

Sincerely,

PNS Name Provider Network Specialist II

cc: PCP

IPA

[FIRST NAME LAST NAME], Chief Operating Officer, IEHP

[FIRST NAME LAST NAME], Director of Provider Relations, IEHP

PCP File