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To: All Medicare IPAs
From: IEHP – Delegation Oversight
Date: November 15, 2022
Subject: **UPDATE! D-SNP Letter Templates (Effective January 2, 2023)**

Inland Empire Health Plan (IEHP) recently posted the following additional D-SNP Letter Templates to be utilized effective January 2, 2023.

All letter templates are available in IEHP's threshold languages – English, Spanish, Chinese and Vietnamese:

- Coverage Decision Letter Part B - 7 Day Appeal
- Coverage Decision Letter Medical - 30 Day Appeal

Please continue using the current Medicare DualChoice letter templates posted on the IEHP website for the remainder of 2022.

IEHP requires that the new D-SNP letter templates be incorporated into your workflows for the D-SNP transition on **January 2, 2023**. IEHP will begin auditing implementation of the updated templates beginning **February 15, 2023** for any letters dated as of **January 2, 2023**.

If you have any questions, please feel free to contact Juan Ortega, IEHP Delegation Oversight Director at Ortega-J2@iehp.org

Updated D-SNP letter templates can be found at IEHP website: www.iehp.org > Providers > Provider Resources > Forms > NEW D-SNP Letter Templates or click [here](#).

NEW D-SNP Letter Templates

NEW! These templates should not be used until the effective date of [January 2, 2023](#). Please continue using the current Medicare DualChoice letter templates currently seen on this webpage for the remainder of 2022.

A complete template includes all documents listed under each template in the order specified listed. Changes can only be made to highlighted areas, [any changes made outside of the highlighted areas are strictly prohibited by CMS](#).

Click on the title to expand the menu and download desired document.

15. Coverage Decision Letter Part B - 7 Day Appeal

English

Last Updated: 10/03/2022



Spanish

Last Updated:10/03/2022



Chinese

Last Updated:10/03/2022



Vietnamese

Last Updated:10/03/2022



Multi-Language Insert- [All Languages] Updated July 26, 2022

Nondiscrimination Notice & Taglines- [English] [Spanish] [Chinese] [Vietnamese] Updated September 07, 2022

16. Coverage Decision Letter Medical – 30 Day Appeal

English

Last Updated: 10/03/2022



Spanish

Last Updated:10/03/2022



Chinese

Last Updated:10/03/2022



Vietnamese

Last Updated:10/03/2022



Multi-Language Insert- [All Languages] Updated July 26, 2022

Nondiscrimination Notice & Taglines- [English] [Spanish] [Chinese] [Vietnamese] Updated September 07, 2022

As a reminder, all communications sent by IEHP can also be found on our website at: www.iehp.org>
For Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 or email ProviderServices@iehp.org