



Dear Prospective Provider,

Thank you for your interest in becoming a Community Supports Provider for Inland Empire Health Plan (IEHP).

To get a better understanding of the services you provide, IEHP has questions we would like to get your response to. IEHP also asks that you complete the Checklist at the end of this assessment:

General Information

1. Do you currently provide any of the 14 services listed on this document? If so, please specify below and for how long?

2. Which area(s) do you serve?

San Bernardino County

- If any cities are excluded from this service area, please specify below:

Riverside County

- If any cities are excluded from this service area, please specify below:

3. Do you currently work with other Health Plans?

If yes, please specify below:

No

4. Are you a Medi-Cal Provider (i.e. enrolled with Medi-Cal)?

Yes No

5. What languages are spoken by staff members? Please specify below:

6. What age groups do you serve? Please specify below:

7. Are you currently contracted or have you previously contracted with IEHP?

If yes, please list under which TIN? _____

No



Referrals/Staffing Information

1. What is your major source of current referrals?
 Hospitals SNFs Other - Please explain below

2. How many staff members do you employ? _____
3. What is your typical turnaround time to provide services once an authorization is approved?

4. What is your capacity? To how many IEHP Members will you be able to provide services?

Billing Information

1. Do you currently bill Medi-Cal directly for services?
 Yes No
2. Do you currently bill other Health Plans?
 If yes, which ones? _____
 No
3. Do you currently have a National Provider Identifier (NPI)?
 If yes, please include here _____
 No
4. Are you familiar with the CMS 1500 billing claim form?
 Yes No
5. Are you familiar with the UB04 billing claim form?
 Yes No
6. Do you currently work with a claims clearinghouse for claim submissions?
 If yes, with whom? _____
 No
7. Do you have the ability to bill electronically via a standard HIPAA X12 837 billing format?
 Yes
 If no, how do you bill today? _____
8. Do you utilize an Electronic Medical Records system?
 If yes, which one? _____
 If no, what system(s) do you utilize to manage your services?



On request, please provide the following documentation, if applicable:

1. W9
2. Group NPI (If you do not have one, IEHP Provider Services Team will assist you in obtaining an NPI)
3. Individual NPI (If you do not have one, IEHP Provider Services Team will assist you in obtaining an NPI)
4. Proof of Medi-Cal Enrollment for Group and Individual Providers (if applicable)
5. Accreditation
6. Business License
7. Liability Insurance

Please return this questionnaire with your answers and contact information to Tracee Roque, Manager of Community Supports at communitysupports@iehp.org.

IEHP appreciates your interest in becoming a Community Supports Provider. If you have any questions, please do not hesitate to reach out to the above contact information.

Note: **PLEASE SEE PAGES 4-5 AND INDICATE WHICH SERVICES YOU ARE INTERESTED IN PROVIDING.**

Thank you,

IEHP Community Supports Team



Please checkmark the boxes of services you are interested to provide.

Housing Transition Navigation Services

These services assist beneficiaries with obtaining housing and include Tenant screening, developing individual housing support plans, searching for housing, assisting with any needs a tenant might have in securing housing.

Housing Deposits

This service assists with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.

Housing Tenancy and Sustaining Services

This service provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured.

Short-term Post-Hospitalization Housing

Short-Term Post-Hospitalization housing provides beneficiaries who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care.

Recuperative Care (Medical Respite)

This is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment.

Respite Services

These are provided to caregivers of participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature.

Day Habilitation Programs

Day Habilitation Programs are provided in a participant's home or an out-of-home, non- facility setting. The programs are designed to assist the participant in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment.



Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities

These services assist individuals to live in the community and/or avoid institutionalization when possible. The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for beneficiaries with an imminent need for nursing facility level of care.

Community Transition Services/Nursing Facility Transition to a Home

This service helps individuals to live in the community and avoid further institutionalization. Community Transition Services/Nursing Facility Transition to a Home are non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

Personal Care and Homemaker Services

This service is provided for individuals who need assistance with Activities of Daily Living (ADL) such as bathing, dressing, toileting, ambulation or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADL) such as meal preparation, grocery shopping and money management.

Environmental Accessibility Adaptions (Home Modifications)

This service includes physical adaptations to a home which are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the participant would require institutionalization.

Meals/Medically Tailored Meals

Malnutrition and poor nutrition can lead to devastating health outcomes, higher utilization, and increased costs, particularly among members with chronic conditions. Meals help individuals achieve their nutrition goals at critical times to help them regain and maintain their health.

Sobering centers

Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Sobering centers provide these individuals, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober.

Asthma Remediation

Environmental Asthma Trigger Remediations are physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.