



Inland Empire Health Plan



**To:** Behavioral Health Treatment Providers  
**From:** IEHP – Specialty Kids Intervention (SKI) Team  
**Date:** August 6, 2021  
**Subject:** **REMINDER - 2021 BHT Provider Network Survey – Deadline Extended to August 13<sup>th</sup>**

---

---

**Inland Empire Health Plan (IEHP) needs your support in gathering important data for our Behavioral Health Treatment (BHT) benefit.**

We ask that you please respond to this BHT Network Survey on or before **Friday, August 13, 2021. Your feedback is extremely important!**

Please complete the BHT Network Survey by using one of the following methods below:

1. Go to: [https://iehpresearchcorehr.co1.qualtrics.com/jfe/form/SV\\_6DSJujYxFh6Gz7o](https://iehpresearchcorehr.co1.qualtrics.com/jfe/form/SV_6DSJujYxFh6Gz7o)
2. Scan the below QR code with your mobile device:



3. If unable to utilize the two methods above, please email your written responses to your assigned Provider Services Representative (PSR).

As always, the IEHP Behavioral Health Department appreciates the continued partnership with our network Providers.

All communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > Providers > Plan Updates > Correspondences.

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

Enclosure: BHT Provider Network Survey



## BHT PROVIDER NETWORK SURVEY

Please take a few minutes to fill out this BHT Provider network Survey. We appreciate your time and thank you in advance.

NAME/GROUP NAME: \_\_\_\_\_

NPI #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

1. How many Doctoral Level Providers, BCBAs, BCBA-Ds, LCSW/LMFT, Master's Level Supervisors, and Behavior Interventionists do you have actively employed and serving our Members? Please obtain a count for each level.
2. Who is your main point of contact for authorization requests or authorization related questions? (Name, email and phone number)
3. What services do you provide at this time?
4. What are your areas of service?
5. Are you contracted with any School Districts? If so, please include all Districts.
6. Are there any specific questions regarding the BHT benefit? The IEHP- SKI Team will review and follow up if needed.