



To: ALL Medi-Cal PCPs
From: IEHP- Provider Relations
Date: December 16, 2021
Subject: **REMINDER: COVID Vaccine Enrollment Survey - Your Response is Requested**

Inland Empire Health Plan (IEHP) is supporting all efforts to increase the administration of COVID-19 vaccines, particularly among our Medi-Cal Members. **Your response is critical** to overcoming any current barriers and achieving a higher percentage of vaccinated Members within the IEHP population.

To learn more about the current state of our PCPs administering the COVID-19 vaccine and how IEHP can support, please take a few minutes to complete the survey below.

If you have already completed the survey, we thank you for your response. If you have not yet done so, please take a minute to answer a couple simple questions.

Completion of the survey can be done here and then emailed to Amanda Garcia Garcia-A7@iehp.org or accessed via this link:

https://iehpresearchcorehr.co1.qualtrics.com/jfe/form/SV_cIpGnE2zw07KLbM

or use the QR code, from a mobile device:



As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For 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.



PCP COVID-19 Vaccine Barriers Survey

Inland Empire Health Plan (IEHP) is supporting all efforts to increase the administration of COVID-19 vaccines, particularly amongst our Medi-Cal Members. To learn more about the current state of our PCPs administering the COVID-19 vaccine and how IEHP can support, please take a few minutes to complete the survey below.

Q1. Are you enrolled as a myCAvax provider?

YES or NO

If YES, you have completed the survey. Thank you!

If NO, go to Q2.

Q2. Are you interested in enrolling as a myCAvax provider?

YES or NO

If YES go to Q3.

If NO go to Q8.

Q3. Has your practice started the enrollment process with myCAvax to provide COVID-19 vaccines to your patients? This question is asking if you have started the process but have not yet finished.

YES or NO

If YES go to Q4.

If NO go to Q5.

Q4. Are you facing any barriers to enrolling with myCAvax?

YES or NO

If YES go to Q6.

If NO go to Q7.

Q5. Are you planning to complete the enrollment in myCAvax by January 1, 2022?

YES or NO

If YES go to end of survey

If NO go to Q8.

Q6. Which of the following do you consider barriers that are influencing your practice's enrollment in myCAvax? Select all that apply.

- The enrollment process with myCAvax is challenging and/or time consuming.
- We do not have the necessary equipment to store and/or maintain the COVID-19 vaccine.
- We do not have the physical space to store and/or maintain the COVID-19 vaccine.
- Staffing shortage
- Unable to adhere to required vaccine protocols
- Not enough demand for vaccine
- Other (text box provided for Provider feedback)

*Skip to Q7.

Q7. Are you planning to complete the enrollment in myCAvax by January 1, 2022?

YES or NO

Both answers go to end of survey.

Q8. Which of the following describe why your practice has not yet or will not enroll in myCAvax? Select all that apply.

- The enrollment process with myCAvax is challenging and/or time consuming.
- We do not have the necessary equipment to store and/or maintain the COVID-19 vaccine.
- We do not have the physical space to store and/or maintain the COVID-19 vaccine.
- Staffing shortage
- Unable to adhere to required vaccine protocols
- Not enough demand for vaccine
- Other (text box provided for Provider feedback)

End of survey