



**To:** IEHP Medicare PCPs  
**From:** IEHP – Provider Relations  
**Date:** April 6, 2022  
**Subject:** **Standing Orders Enrollment - Respond Today!**

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Inland Empire Health Plan (IEHP) would like to remind you that **Standing Orders** enrollment forms were sent March 29, 2022\* with a **deadline to respond by April 11, 2022**.

★**NOTE:** If you submitted a response after March 29, 2022, you do not need to submit another form. **Thank you to those who have responded.**

The annual Standing Orders Program allows IEHP to assist Providers with completion of Members' specific Preventive Health (PH) services. Results are shared with your practice via your contracted lab.

**IMPORTANT REMINDER:** Providers need to submit a new form to **OPT-IN** for new measures added this year.

**NOTE: Standing orders are evergreen.**

Submit the **IEHP Standing Order Enrollment Form** issued on March 29, 2022, if **one** of the following applies:

- **To opt-in for new measures or update your selections** – If you participated last year, enrollment would only apply to measures previously selected. Submit a new enrollment form with updated measure selections to enroll for 2022 measures.
- **If you changed your IPA affiliation with IEHP in the last year** – Indicate your current lab account number(s) on the enrollment form, as your new IPA may be contracted with a different lab.

You can also utilize the **Medicare General Opt-In Form** attached to update standing orders enrollment selections.

\*For any additional questions or if you did not receive the faxed form, please reach out to the Provider Relations Team at (909) 890-2054 or (866) 223-4347.

Reminder: 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



Dear IEHP Provider,

IEHP is continuing the annual Standing Orders Program to assist you with engaging your IEHP Medicare Members to complete the preventive health care screenings and labs listed below. If you are new to IEHP, need to update existing lab accounts or you would like to expand your participation to new program measures; we want to offer you the opportunity to participate in this year's initiative. **Note that standing orders are evergreen.**

DualChoice Cal MediConnect (Medicare) Members		
Supporting GQ P4P Measure	Preventive Service	Description
Breast Cancer Screening (BCS)	Mammogram Screening	Female Members ages 50-74 without a screening in the past two years.
Colorectal Cancer Screening (COL)	Fecal Occult Blood Test	Members ages 50-75 without record of an appropriate screening for colorectal cancer.
Diabetes Care- Hemoglobin A1c Control for Members with Diabetes (HBD)	HbA1c Testing	Adult Members with diabetes who have not completed a HbA1c within the current year.
Diabetes Care- Kidney Health Evaluation (KED) <sup>NEW</sup>	Estimated glomerular filtration rate and Urine albumin creatinine ratio <sup>NEW</sup>	Adult Members with diabetes who have not completed an estimated glomerular filtration rate (eGFR) and/or a urine albumin creatinine ratio (uACR) within the current year.

**Submit the attached *IEHP Standing Order Enrollment Form* if one of the following applies:**

- **To opt-in or update your selections.** Indicate **all** preventive health screening selections on the enrollment form.
- **If you changed your IPA affiliation with IEHP in the last year,** as your new IPA may be contracted with a different lab. Indicate your **current** lab account number on the enrollment form.

Upon agreeing to participate, you will receive a list of your targeted IEHP Members participating in the program. **All screening/testing results will be routed to your office from the partnering lab for review and follow up.** In addition, IEHP Members identified as needing the fecal occult blood test will be sent a home testing kit.

Please complete the attached ***IEHP Standing Order Enrollment Form*** indicating your participation selection and fax back to the IEHP Quality Improvement Team at **909-297-2505.**

If you have any questions regarding this initiative, please contact your IEHP Provider Relations Team at **(909) 890-2054.**

To your health,

*Genia Fick*

Genia Fick, Vice President Quality

*Kenneth Scott*

Kenneth Scott, Director of Provider Relations



## ***IEHP Medicare Standing Order Enrollment Form***

Complete the three (3) steps below and return to IEHP for participation in the next program cycle.

### **1. Select Participation per Preventive Health Screening:**

Selecting 'Yes' indicates your approval for IEHP to order the preventive health care screenings and labs chosen below for your IEHP Members on your behalf. Selecting 'Yes' also indicates continuous participation in the Standing Orders Program for subsequent years.

By not returning this form, you elect not to participate and attest that you will order the preventive health care screenings and labs listed below for your IEHP Members in need of these services before the end of the year in order to meet measure criteria. Additionally, you will order these screenings and labs for future IEHP Members in your panel and provide the encounter data back to IEHP timely.

**YES**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Medicare – Mammogram Screening (BCS)</b>          |
| <input type="checkbox"/> | <b>Medicare – Fecal Occult Blood Test (COL)</b>      |
| <input type="checkbox"/> | <b>Medicare – HbA1c Testing (HBD)</b>                |
| <input type="checkbox"/> | <b>Medicare – eGFR and uACR (KED) <sup>NEW</sup></b> |

### **2. Provide Lab Information:**

Provide all applicable account numbers for the partnering labs used for your IEHP Members to ensure results are provided timely.

<b>LabCorp Account Number:</b>	
<b>Quest Account Number:</b>	
<b>Foundation Account Number:</b>	

### **3. Signature Required:**

By signing below, I authorize IEHP to outreach to my IEHP Members to facilitate orders for the screenings selected above.

**I understand all results will be sent to me and I will follow up with the Member on ALL abnormal results.**

**Provider Name (Please Print):** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX completed form to the IEHP Quality Improvement Team at (909) 297-2505.**