



To: Behavioral Health Treatment Providers
From: IEHP – Provider Relations
Date: November 15, 2018
Subject: **Save the Date: IEHP’s Quarterly BHT Provider Training**

Inland Empire Health Plan (IEHP) is hosting a Quarterly Behavior Health Treatment (BHT) Provider training event and would like to invite you to attend.

Save the Date: IEHP’s Quarterly Behavior Health Treatment Training	
Date	Monday, December 3, 2018
Time	10:00 – 11:30am
Location	Inland Empire Health Plan 10801 Sixth Street, Suite #120 Rancho Cucamonga, CA 91730 <i>Central Park Room</i>

IEHP will be reviewing the following items during the training:

- BHT 2017 Member Satisfaction Survey Results
- July 1, 2018 BHT Eligibility
- Assessment Measures
- Current CPT Codes
- BHT Referral Process
- Gap in services

The BHT Team kindly asks that you e-mail any questions you have about the above topics to the Supervisor of Population Health, Heather Waters, at Waters-h@iehp.org by end of business day **November 28, 2018**.

As a reminder, all communications set by IEHP can also be found on our Provider portal at the following address: <https://ww3.iehp.org/en/providers/correspondence/>.

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



Save the Date: IEHP's Quarterly BHT Provider Training Training & RSVP Information

Inland Empire Health Plan (IEHP) will be hosting a Quarterly Behavioral Health Treatment (BHT) Provider Training on **December 3, 2018**. The training session will be conducted at:

**Inland Empire Health Plan (IEHP)
Central Park Room
10801 6th Street, Suite #120
Rancho Cucamonga, CA 91730
December 3, 2018
10:00 AM – 11:30 AM
Check in: 9:30 AM**

All interested participants must pre-register for this event. Providers may bring one to two (1-2) staff member(s) to the training. **Please fax or email the completed RSVP form by November 21, 2018**
Attention: Sarah Reyes. If you have any questions, please contact Sarah Reyes at (909) 890-2169. IEHP will confirm your attendance.

Office Information:

Clinic/Group Name: _____

Phone: _____

Staff Attendee Information (Please provide names of attendees):

	<u>First Name</u>	<u>Last Name</u>	<u>Position</u>
Staff 1	_____	_____	_____
Staff 2	_____	_____	_____

Please complete by 11/21/18
and send the form to:
Fax number: (909) 296-3550
Email: PSAdminAssistants@iehp.org