



**To:** Direct PCPs and Direct Specialists  
**From:** IEHP – Provider Relations  
**Date:** July 31, 2019  
**Subject:** Referral Submissions to IEHP

Inland Empire Health Plan (IEHP) strives to process requests for authorizations as expeditiously as possible. There has been a significant number of referrals being submitted with a Service Provider of “any in network” which **delays** the processing time of referrals.

This delay predominately occurs when the Servicing Provider is for ARMC/RUHS/LLUHC. Please note, there is a functionality to select ARMC/RUHS/LLUHC through the Provider portal and follow the enclosed Facility Referral Submissions to IEHP.

**Also, when requesting consultation codes, please remember to use the following appropriate codes below:**

<u>Medi-Cal Members</u>	<u>Medicare Members</u>
99241	99201
99242	99202
99243	99203
99244	99204
99245	99205

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

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

Enclosed: Facility Referral Submissions to IEHP

# Facility Referral Submissions to IEHP

1. Log into the Provider Portal via [www.IEHP.org](http://www.IEHP.org).
2. Enter IEHP ID and select Requesting Provider.
3. Select Service Priority and enter Appointment Date if applicable.
4. Choose Place of Service as **Outpatient**.
5. Select Facility as:
  - ARMC;
  - RUHS; or
  - LLUMC.
6. Select the Service being requested from the pop-up window.
7. Select the Servicing Provider.

### Referral Request Form

IEHP recognizes technical issues with viewing the referral submission status are occurring. Please refrain from sending duplicate referrals. We are diligently working to ensure referrals are processed in a timely manner.

UPON ACCEPTANCE OF REFERRAL AND TREATMENT OF THE MEMBER, THE PHYSICIAN/PROVIDER AGREES TO ACCEPT IEHP CONTRACTED RATES. This referral verifies medical necessity only. Payments for services are dependent upon the Member's eligibility at the time services are rendered.

No Referral Required for OB/GYN Services. For more information click: [Open Access OB/GYN Services](#)

\* denotes a required field

Member/Provider Identification

\*IEHP ID:

\*Are you submitting a correction to an existing referral? 2

\*Requesting Provider:

Member Information

Name:	Gender:	DOB:	Age:
Address:	City:	State-Zip:	Phone:
IEHP ID:	CIN:	Medicare ID:	Medi-Cal:
LOB:	County:	Aid Code:	Group:

Requesting Provider Information

Name:	NPI #:	Phone:	Fax #:
Address:	City:	State:	Zip:
Request Date:		Provider Signature: On File	

Service Priority

\*Is the Referral a patient request?

\*Service Priority (Medi-Cal: Decision within 5 Business Days) (CMC: Decision within 14 Calendar Days) 3

Appt Date:

Place of Service: 4

\*Facility: 5

Service Information

\*Service Requested: 6

\*Servicing Provider: (Must refer to specialist within network) 7

# Facility Referral Submissions to IEHP

8. From the Pop-up window, select the Facility tab to locate ARMC/RUHS/LLUHC.

**Servicing Providers**

Medical Groups
Individual Providers
Facility

<b>Arrowhead Regional Medical Center,</b> 400 N Pepper Ave , Colton, CA 92324	NPI
<b>Loma Linda University Medical Center,</b> 11234 Anderson St , Loma Linda, CA 92354	NPI
<b>Riverside University Health System Medical Center,</b> 26520 Cactus Ave , Moreno Valley, CA 92555	NPI
<b>Loma Linda University Childrens Hospital,</b> 11234 Anderson St Ste A Rm 1816, Loma Linda, CA 92354	NPI

9. Enter the corresponding ICD Codes.

**Servicing Provider Demographics**

Name:	NPI #:	Phone:	Fax #:
Address:	City:	State-Zip:	Specialty:

10. Enter the corresponding CPT Codes.

**ICD Codes** Select Service Priority and/or Appt Date before entering ICD codes, ICD codes will be cleared if the Priority or Appt Date is modified

*ICD 1: <input style="width: 90%;" type="text"/>	*ICD 2: <input style="width: 90%;" type="text"/>
<input type="button" value="x"/>	<input type="button" value="Add +"/>

11. Enter any special Instructions/Comments that will help the nurse review the referral.

**CPT Codes**

*CPT 1: <input style="width: 90%;" type="text"/>	Modifier: <input style="width: 90%;" type="text"/>	*Qty:(numeric only) <input style="width: 90%;" type="text"/>
<input type="button" value="x"/>	<input type="button" value="Add +"/>	<input type="button" value="Add +"/>

12. Attach any and all supporting documentions.

**Special Instructions/Comments**

Special Instructions / Comments

13. Click on Submit after review all information on the eReferral is correct.

**Attach Supporting Documents**

\*Up to 8 PDF or Word files, 10 MB per file maximum size  
Note: Dragging and dropping files into browser window may navigate away from page

Filename	Size	Status
<input type="button" value="Add Files"/>	0 b	0%

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