To: Home Health Providers  
From: IEHP – Provider Relations  
Date: April 15, 2021  
Subject: COVID-19 Vaccinations for Home Bound Members

Inland Empire Health Plan (IEHP) is seeking opportunities to partner with Home Health Providers who can provide COVID-19 vaccinations to home bound IEHP Members.

In the event you would like to participate, please complete the questionnaire below and return to IEHP via email at Cortez-R@iehp.org.

**QUESTIONNAIRE**

**Home Health Provider Information:**

Provider Name: ____________________________
Contact Person(s): ____________________________
Phone Number: ____________________________
Email: __________________

1. Is your agency interested in administering the COVID-19 vaccine to home bound IEHP Members?
   □ Yes (proceed to question 2)  □ No

2. Is your agency agreeable to registering as a COVID-19 vaccine Provider? Requirements for being a vaccine Provider can be found here: [https://eziz.org/covid/enrollment/](https://eziz.org/covid/enrollment/)
   □ Yes  □ No (proceed to question 3)

3. Would your agency administer vaccines in the home if vaccines were available through an alternate source?
   □ Yes  □ No

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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 > Correspondences.

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