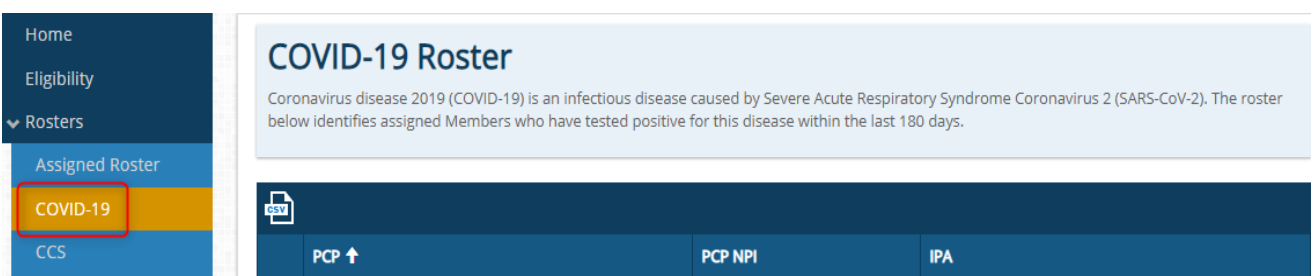


**To:** Medi-Cal and Medicare PCPs  
**From:** IEHP – Provider Relations  
**Date:** June 22, 2020  
**Subject:** COVID-19 Roster

Inland Empire Health Plan (IEHP) would like to inform you of the posting on **Tuesday, June 23, 2020** of a roster for Members with a COVID-19 positive diagnosis and/or positive lab results. This roster identifies for the assigned PCP Members who have tested positive for this disease within the last 180 days. To access the COVID-19 Roster, PCPs must log in to the IEHP Secure Portal at: <https://www.iehp.org>:

- Select **Rosters** from the navigation panel on the left and then select **COVID-19**.



The following information can be used as a resource for PCPs to coordinate Members' care:

1. **\*Lab Test Name:** N/A – initial positive confirmation as a result from a Diagnosis only, no test or lab performed.

Total Member: 12  
 \*N/A – initial positive confirmation was a result from a Diagnosis, thus no Lab Test Name

Member ↑	IEHP ID/Phone	Age/DOB	Orig. Identification Date	*Lab Test Name	Result
>			06/06/2020	1 N/A	Positive for COVID-19
			05/11/2020	SARS-COV-2, NAA	Positive for COVID-19
>			05/19/2020	N/A	Positive for COVID-19

2. You may also click the arrow below which indicates if Member is admitted to a Facility.






2 Member	IEHP ID/Phone	Age/DOB	Orig. Identification Date	*Lab Test Name	Result
▼			06/06/2020	N/A	Positive for COVID-19

Last Covid-19 Inpatient Auth

Auth Number	Facility	Place of Service	DX	Admission Date	Discharge Date	LOB
82685208	Riverside Community Hospital	Inpatient	DX_Code U07.1- 2019-nCoV acute respiratory disease	06/06/2020		Medi-Cal

3. An Alert under **Eligibility- Member History Record** section will appear for 180 days if Member has been reported as positive for COVID-19.

Verification Number: 15112828 on 06/19/2020 at 3:11 PM

Q IEHPID » DOS:     

**3 Alerts** COVID-19 - Positive (Identification date: 06/06/2020) **Medical History Record**

Member	IEHP ID	Status	ELIGIBLE on
CIN	Gender		06/19/2020
Aid Code M1	Female	DOB	
Co-Pay \$0.00	County	Plan	Medi-Cal
	Medi-Cal Eff.		
	Date		

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 **or**  
[www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Coronavirus (COVID-19) Advisory.

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