



INLAND EMPIRE HEALTH PLAN

HISTORICAL DATA FORM

The Historical Data form is for submissions of visits, procedures or services to close quality gaps in care as reflected on the Preventative Care Rosters that cannot be submitted via claims or encounters (e.g. services received prior to IEHP Membership, historical surgical procedures, etc.). **Any form submitted without appropriate proof of service documentation or any form that doesn't include Member name, DOB and date of service will NOT be processed.**

Results from LabCorp, Quest, BioData, RadNet, ARMC, RUHS, and Loma Linda **do not require submission** as IEHP receives this information directly.

Type of Historical Data:

- PAP ONLY**
- PAP AND HPV [co-testing]**
- History of Total/Complete Hysterectomy [NO residual cervix]**
- Mammogram**
- History of Mastectomy**
- Dilated Retinal Exam with Results**
- Group A Streptococcus (Strep) Test – Throat**
- HbA1c Results (for in-office Point of Care Testing)**
- Other:** _____

For Immunizations - Please submit through CAIR2 website: <https://cair.cdph.ca.gov>

Member Information
Member Name: _____
IEHP ID #: _____ DOB: _____
Provider Information
Provider Name: _____
IEHP Provider #: _____ Address: _____
City: _____ State: _____ Zip: _____
Provider Phone #: _____ Provider Fax #: _____

This cover sheet MUST be accompanied with the supporting medical record documentation

PLEASE FAX TO: (909) 477-8568

Attn: Inland Empire Health Plan - Quality Informatics [HEDIS] Department