



2. Well Child Component

PROGRAM GOAL

To ensure that all IEHP Members (birth to 7th birthday and 11 to 19th birthday) receive Well Child visits in accordance with the IEHP Recommended Well Child Services Schedule.

PROGRAM OVERVIEW

Participating PCPs are incentivized \$40 from birth up to their 7th birthday and \$50 for ages 11 up to their 19th birthday for each Well Child Visit they provide to an eligible IEHP Member. Only one exam in accordance with IEHP Well Child Services schedule qualifies for this incentive per year for Members over 2, even if a Member has had several PCPs and multiple exams. Well Child Visits after age 2 are paid based on a calendar year periodicity schedule.

WHO CAN PARTICIPATE

Any credentialed IEHP PCP approved by IEHP to treat Members 0 to 18 years old.

WHICH MEMBERS ARE ELIGIBLE

Any IEHP Member enrolled in one of these programs: Medi-Cal, Healthy Families or Healthy Kids. Plus, the Member must be:

- Active on the date of service (DOS) the Well Child Visit is performed
- Birth to 7th birthday and 11 to 19th birthday
- Assigned to participating PCP when Well Child Visit is performed

INCENTIVES

- **\$40** for each Well Child Visit administered by assigned PCP from birth to 7th birthday
- **\$50** for each Well Child Visit administered by assigned PCP from ages 11 to 19th birthday
- Incentives are paid monthly

HOW TO REPORT WELL CHILD VISITS

Complete a PM160 form online at www.iehp.org. Fill out boxes 01 through 05 under CHDP Assessment section. All PM160 forms must be submitted online to IEHP **within 2 months from the date of service** and meet IEHP's submission standards to qualify for incentive.

WHERE TO SUBMIT THE FORMS

Submit online at www.iehp.org. Log into the Provider Secure Site and click on the P4P button. **Need help?** Refer to the online P4P PM160 Submission Manual or call the Provider Relations Team at (909) 890-2054.

FOR CORRECTIVE RESUBMISSIONS ONLY

IEHP will only accept corrective resubmissions in paper. Indicate “**Correction**” in the Comment Section of the PM160 form. Submit corrections to IEHP **within 60 days** of initial electronic submission date.

Mail your PM160 corrections to:

IEHP - Healthcare Analytics Department (HAR)
P.O. Box 19026
San Bernardino, CA 92423-9026



Inland Empire Health Plan