



Inland Empire Health Plan

## Announcing Direct Contracting for Select Behavioral Health Clinicians

Dear < >:

As a local Health Plan, Inland Empire Health Plan (IEHP) is committed to improve behavioral health services for our Members by developing direct relationships with select clinicians. We want to learn more about your practice because of your reputation for quality care in the community.

IEHP is transitioning from reliance on an external Behavioral Health Organization (BHO); eliminating the “middle man” and building our own direct relationships with local clinicians.

IEHP is a rapidly expanding Health Plan serving one in ten people in San Bernardino and Riverside Counties. With over 425,000 Members, IEHP is the premier public, nonprofit health plan in the Inland Empire. In fact, IEHP has been named the highest-ranked Medicaid plan in California for 2008. To learn more about IEHP, visit our website at [www.iehp.org](http://www.iehp.org) and make sure to review our new Behavioral Health Section.

IEHP’s Direct Behavioral Health Program will offer our Behavioral Health Specialists:

- ♥ **Streamlined authorization & claims submission** – via our fast & secure Web Site.
- ♥ **Competitive Reimbursement Rates** – that are higher than many current BHO rates.
- ♥ **Speedy Payments** – our track record is payment in less than 3 weeks (in most cases).
- ♥ **Personal, Friendly Service** – to ensure a successful and long lasting working relationship.

In order to better understand your availability and your preferences, we have attached a short survey for you to fill out and fax back. Even if you are unsure of your availability to receive referrals, we would like to know a little more about your practice.

At IEHP, we are committed to improve the behavioral health services available to our Members and we value your participation. Thank you for taking the time to respond to this survey.

Please fax your completed survey to **(909) 890-5762**. After returning the attached survey, feel free to call us if you have further questions at (909) 890-2054.

To your health,

Peter Currie, Ph.D.  
Clinical Director of Behavioral Health

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Visit our website at: [www.iehp.org](http://www.iehp.org)

A Public Entity



# Behavioral Health Provider Survey

Provider Name: \_\_\_\_\_ License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

NPI#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Practice Location(s) (list cities) \_\_\_\_\_

**1. What is your license?**

- Psychiatrist
- MFT
- Nurse Practitioner
- Psychologist
- LCSW
- Other: \_\_\_\_\_

**2. What problems and diagnoses do you specialize in treating? (Check all that apply)**

- Depression
- Psychotic Disorders
- ADD/ADHD
- Autism Spectrum
- Anxiety Disorders
- Eating Disorders
- Substance Abuse
- Behavioral Disturbance/Conduct Disorders
- Other: \_\_\_\_\_

**3. Do you speak other language(s)? Check all that apply**

- Spanish
- Tagalog
- Vietnamese
- Chinese
- Hindi
- Farsi
- Sign Language
- Other

**4. What age groups do you treat? (Check all that apply)**

- 0 – 3
- 8 – 12
- 19 – 55
- 4 – 7
- 13 – 18
- 55+

**5. Do you have a 24-hour On-Call system?**  Yes  No

- If Yes  Answering Service  Paging System

**6. When do you see patients? (Check all that apply)**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Evening Hours (After 5pm)

**7. How many new referrals could you accept in a week?**

- 1
- 2 – 4
- 5+

**8. Do you treat patients in any facilities, programs, hospitals or nursing homes?**  Yes  No

- Loma Linda BMC
- Arrowhead
- SB Community
- Redlands Comm
- Canyon Ridge
- Aurora Charter
- Knollwood
- Other \_\_\_\_\_

**9. What plans do you prefer to receive referrals from? (check all that apply)**

- Medi-Cal
- Medicare
- PacifiCare/UBH
- Value Options
- Managed Health Network
- Cigna
- Blue Cross/Anthem
- Other \_\_\_\_\_

**10. Why do you prefer these plans? (Check all that apply)**

- Higher Reimbursement Rates
- Less Paper Work
- Higher Volume of Referrals
- Speed of Claims Payment
- Fast and Simple Authorization Process
- Other: \_\_\_\_\_

**11. Are there any particular treatment methods such as group therapy, psycho educational programs or other services that you would like to offer if you had sufficient referrals to support such services?**

- Depression Groups
- Women’s Group
- Parenting Groups and Training
- Anxiety Groups
- Men’s Group
- Medication Groups/Education
- Other: \_\_\_\_\_

(Please fax this survey to (909) 890-5762 Attention: Provider Services)