



INLAND EMPIRE HEALTH PLAN

November 21, 2007

**SUBJECT: ROLLOUT P4P Online Submission**

Dear P4P Participating Practitioners:

As part of Inland Empire Health Plan's (IEHP) P4P website enhancement, IEHP is pleased to announce the addition of Diabetes to the P4P online submission family (refer to the enclosed Diabetes Training Instructions). As IEHP targets to be paperless, we will be transitioning all P4P reimbursements to online submissions. Practitioners will save time with our secured, reliable and user-friendly website.

**Effective January 1, 2008**, Online Submission is now **mandatory** for all P4P components:

1. Immunizations and Yellow cards
2. Well Child Visits
3. Pap Tests
4. Chlamydia Screening Tests
5. Perinatal Services
6. Postpartum Services
7. Diabetes
8. Asthma

Online Submission is available 24 hours, seven days a week. This process will allow users to submit for P4P reimbursement efficiently and provides a level of functionality that will ensure fewer submission errors. Reimbursement is also faster.

Remember, paper submission via fax or mail will no longer be accepted after **Dates of Service of January 1, 2008**. Only paper resubmissions will be accepted at that time.

IEHP will be conducting P4P online training soon. Watch out for further training announcements and schedules. Please work on changing to online submission now!

Sincerely,

Susie White  
Provider Relations Manager, IEHP

cc: Dr. Brad Gilbert, Executive Officer, IEHP  
Eric Haden, Chief Network Officer, IEHP  
Jane Maass, Sr. Director of Operations, IEHP  
Jacob Diekmann, Director of Healthcare Analytics, IEHP  
IPAs

Enc: Diabetes Training Instruction

# DIABETES TRAINING INSTRUCTIONS

## Application Location

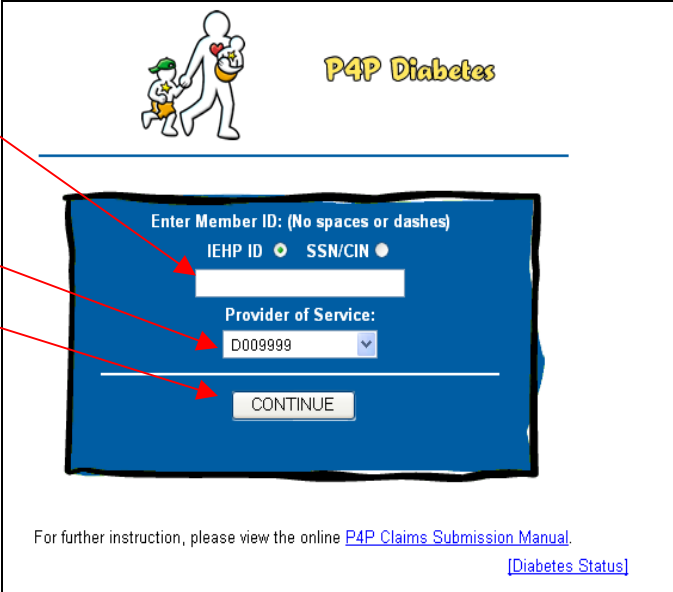
### *Step(s)*

- 1) Open Microsoft Internet Explorer.
- 2) In the address bar, type in <http://www.iehp.org>
- 3) Click on the Provider Button.
- 4) Click on the Secure Site Login Button.
- 5) Type in your Login ID and Password and click submit.
- 6) Once you have successfully logged into the IEHP Provider Website, click the P4P button on the toolbar located on the left hand side of the page.

## Diabetes Submission

### *Step(s)*

- 1) Enter the member's **IEHP ID, SSN** or **CIN** in the space provided.
- 2) Enter the **Date of Service**
- 3) Choose the appropriate **Provider of Service** for this P4P submission.
- 4) Click **Continue**.



The screenshot shows a web form titled "P4P Diabetes" with a logo of a person holding a child's hand. The form contains the following fields and a button:

- Header: "P4P Diabetes" (yellow text)
- Form Title: "Enter Member ID: (No spaces or dashes)"
- Radio buttons: "IEHP ID" (selected) and "SSN/CIN"
- Text input field: Empty
- Label: "Provider of Service:"
- Dropdown menu: "D009999" (selected)
- Button: "CONTINUE"

Red arrows from the instructions point to the Member ID field, the Provider of Service dropdown, and the CONTINUE button.

For further instruction, please view the online [P4P Claims Submission Manual](#).  
[\[Diabetes Status\]](#)

- 5) **Member Information** Verify the member information located at the top of the form to ensure this is the correct member.
  - First, Last Name
  - ID and Age
- 6) **Diagnosis Information**
  - Enter **Date of Diagnosis**
  - Enter **ICD-9 Code**
- 7) **Visit Information**
  - Enter **Test Type**
  - Enter **Date of Service**
  - Enter **Result**
- 8) Click the **Submit** button.

You may receive an error message if one of the following issues arises.

- Invalid entry on ICD-9 form
- Future Date given

P4P Diabetes

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**MEMBER INFORMATION**

Name	IEHP ID	DOB	Age	Sex
Cream, Peaches N	19990000000001	05/30/1994	13 Yr 18 Mo	F
Address		City	ST	Zip
24823 Chocolate Nut Village		Moreno Valley	CA	92553
Phone	County	Medi-Cal #	LOB	
(951) 777-7777	Riverside	N/A	Medi-Cal	

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**DIAGNOSIS INFORMATION**

**Attention:** This Member Is Currently Not Enrolled In The IEHP Health Management Program For Diabetes. Please Confirm That This Member Has Diabetes And Answer The Following Questions:

<b>Date Of Diagnosis</b>	<b>ICD-9 Code</b>
<input type="text" value="01/01/2007"/>	<input type="text" value="250.10"/>

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**VISIT INFORMATION**

Test Type	Date Of Service	Result
<input type="text" value="HbA1c"/>	<input type="text" value="11/01/2007"/>	<input type="text" value="7.0"/>
<input type="text" value="LDL-C"/>	<input type="text" value="11/01/2007"/>	<input type="text" value="125"/> <input type="checkbox"/> Unable To Calculate
<input type="text" value="Micro-Albumin"/>	<input type="text" value="11/01/2007"/>	<input type="text" value="12.2"/>
<input type="text" value="Diabetic Retinopathy Exam"/>	<input type="text" value="11/01/2007"/>	<input type="text" value="Negative"/>

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**PROVIDER OF SERVICE**

Dr. Brad Pitt ID# 000000007777

By Submitting This Form, I Certify That The Services Shown On This Form Were Medically Indicated And Necessary For The Health Of The Patient And Were Personally Furnished By Me.

**NOTICE:** Anyone Who Misrepresents Or Falsifies Essential Information To Receive Payment From Federal Funds Requested By This Form May Upon Conviction Be Subject To Fine And Imprisonment Under Applicable Federal Laws.

Once the Diabetes Form has printed, the provider should sign the bottom of the form. The Diabetes form should then be placed in the patients file for auditing purposes.