



A Public Entity

INLAND EMPIRE HEALTH PLAN



To: IPAs and Participating P4P Practitioners
From: IEHP - Provider Services
Date: May 14, 2009
Subject: NEW Immunization and Well Child Visit
Detail Activity Report

INTRODUCING THE NEW P4P DETAIL ACTIVITY REPORT

\$ Hello faithful P4P Practitioners! You may have noticed that we have made some improvements to the Immunization and Well Child Visit Detail Activity Report.

\$ Our team has worked diligently to create these new features. Changes and added fields include:

- Member's **IEHP ID**
- **Immunization Name** added right next to the Immunization code
- Improved **Disposition Code Description** in the footer section of each page

\$ A sample report is attached. We hope you find the new features useful. Any questions regarding the new report format may be directed to the IEHP Provider Team at (909) 890-2054.

Sample Report

Dr. Happy Doc
 6186 Adobe Rd
 29 Vegas, CA 92277

04/22/2009

Immunization/Well Visit Detail Activity Report For: Dr. Happy Doc

Tuesday, May 12, 2009

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Immunization/Well Visit Detail Activity Report For: Dr. Happy Doc (0000001234)

Member Name	IEHP ID	DOB	on Type	DOS	Disposition	Amount
Happy, Child	2006123456	01/01/2007	46 Varicella Imm	03/17/2009	1	\$4.50
			48 MMR Imm	03/17/2009	29	\$0.00
Sunny, Sunshine	2008789100	12/01/2008	Well-Child Visit Age <2	03/17/2009	1	\$40.00
			45 DTaP Imm	03/17/2009	1	\$4.50
						\$49.00

Disposition Code Description

- | | | | |
|---|-----------------------------------|--|------------------------------------|
| 1. Pay Per Fee Schedule | 11. Missing Service Date | 21. No Signature | 31. Missing Required Immunizations |
| 2. Member Not Eligible on Date of Service | 12. Under 2 Next Visit Missing | 22. DOS before DOB | |
| 3. Member's Age Out of Qualifying Range | 13. Ethnic Code Missing | 23. Partial Screening/Procedure Recheck Missing | |
| 4. Previously Paid | 14. Assessment Incomplete | 24. A Component of This Combo Was Denied | |
| 5. Submission Received Too Late | 15. No Height | 25. Component of a Valid Combo | |
| 6. Incompleted Documentation Submitted | 16. No Weight | 26. Component of an Invalid Combo | |
| 7. Alternate Visit Already Paid | 17. Over 3 Blood Pressure Missing | 27. Invalid Combo - Treated as Individual Antigens | |
| 8. Provider Not Eligible for P4P Program | 18. Invalid Patient Visit | 28. Immunization Info Incomplete | |
| 9. Submission Not Received Online | 19. Invalid Type of Screen | 29. Not a qualifying Immunization | |
| 10. Submission Limit Reached | 20. Invalid Place of Service | 30. Duplicate Submission | |

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