



## INLAND EMPIRE HEALTH PLAN

Dear Provider:

Thank you for your interest in becoming a primary care physician (PCP) for Inland Empire Health Plan IEHP-Direct. IEHP-Direct requires that PCPs comply with specific minimum standards before a contract may become effective. The following are IEHP-Direct's minimum standards for PCP providers:

1. PCP must be on site at each practice location a minimum of sixteen (16) hours per week.
2. PCP's practice locations must successfully pass a Department of Healthcare Services (DHCS) Facility and Medical Records on-site audit.
3. PCP must submit a complete California Participating Provider Application (Credentialing Application) and be approved by the IEHP credentialing sub-committee before PCP will be effective to serve IEHP members.
4. PCP's practice location must be within fifteen (15) miles of an IEHP contracted acute care Hospital. Also, PCP must have admitting privileges at the Hospital unless IEHP has an Admitter/ or Hospitalist panel at the Hospital to handle admissions for members assigned to PCP.
5. PCP must participate in the Vaccines For Childrens (VFC) program for IEHP Medi-Cal Members.
6. PCP must use IEHP capitated laboratory.
7. PCP should be willing to participate in IEHP's Pay for Performance Program (P4P Program). Similar to the Medi-Cal Child Health and Disability Prevention (CHDP) program, IEHP will provide additional reimbursement for specific preventive services.
8. PCP should service members in accordance with IEHP age and sex guidelines for each PCP specialty as indicated below:
  - Pediatrics - ages 0-18 or 0-21
  - Family Practice – all ages, or 14 and above
  - Internal Medicine – ages 14 and above, 18 and above, or 21 above
    - i. Please note: Pediatric Medical Record documentation, up to age 21, is required for preventative care (DHCS Requirements are included)*
  - Obstetrics/Gynecology – ages 14 and above, females only

Exceptions to items 1, 4, 7 require approval by the IEHP Medical Director before PCP may become effective with IEHP.

If you are willing to comply with the above requirements, sign below and return to IEHP via fax at (909) 477-8547. If you have questions regarding these requirements, please email us at [contract@iehp.org](mailto:contract@iehp.org).

Sincerely,

Contracts Department

I understand and agree to comply with the above PCP contract requirements for IEHP-Direct.

---

Provider Name (PRINT)

---

Address

---

Provider Signature

---

Date