



**To:** Vision Providers  
**From:** IEHP – Provider Relations  
**Date:** July 14, 2022  
**Subject:** **UPDATE: Diabetic Vision Outreach Campaign – EXTENDED to July 22, 2022**

IEHP is offering Vision Providers the chance to outreach to IEHP Members in their area needing a retinal or dilated eye exam as part of their Diabetes management. The exam should indicate if Diabetic Retinopathy is present or absent. IEHP will provide you with a list of contact information for Members in your immediate area needing a retinal or dilated eye exam.

The following are expectations for participating Vision Provider offices:

1. Outreach to Members using the IEHP provided Member list.
  - The provided contact information on Member lists can only be used as part of this outreach effort and may not be used for any other purpose.
2. Schedule Member appointments for a retinal or dilated eye exam for completion by December 31, 2022.
3. Submit the results to IEHP using the attached **PCP Vision Report**.
  - Fax results of examinations as soon as possible after conducting the eye exams to IEHP at 909-297-2505.

IEHP offers a **\$25 gift card** to Members on the list for completing the eye exam by the end of 2022. Please **feel free to mention the gift card to the Members on the IEHP provided list only** when scheduling this appointment.

**If interested in participating in the 2022 Vision Outreach Campaign, please sign below and FAX to IEHP by July 22, 2022, to (909) 297-2505.**

**Vision Provider Name:** \_\_\_\_\_

**Vision Provider Address:** \_\_\_\_\_

**Vision Provider Fax #:** \_\_\_\_\_

**Yes. I agree to participate in the 2022 Diabetic Vision Outreach Campaign**  
**Maximum number of IEHP Members you want on outreach list:**

**No. I do not wish to participate in the 2022 Diabetic Vision Outreach Campaign**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

As a reminder, all communications sent by IEHP can also be found on our Provider portal at:  
[www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondences

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).



INLAND EMPIRE HEALTH PLAN

# PCP VISION REPORT

## TO BE COMPLETED BY THE VISION PROVIDER

Member's Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Member's IEHP ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

CHECK HERE IF MEMBER WAS REFERRED BY THE PCP

### FROM:

Vision Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### TO:

PCP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Forwarded by: MAIL  FAX   
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## EXAMINATION FINDINGS

### CHECK ALL THAT APPLY:

- This was a retinal or dilated Eye Exam for Patients with Diabetes (EED) using a binocular indirect ophthalmoscope to rule out diabetic eye disease. Examination results are as follows:
  - Normal Findings       Other      ( please complete section below )
- This was a medical eye visit for evaluation, treatment and management of an acute ocular condition:
 

( please complete section below )

Symptoms (detail): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Procedures / Treatment Plan: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Vision Provider: \_\_\_\_\_ Date: \_\_\_\_\_ Next Visit: \_\_\_\_\_  
 (signature)

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To PCP

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