



To: Skilled Nursing Facilities
From: IEHP – Provider Relations
Date: July 28, 2020
Subject: **COVID-19 Diagnosis Notification Requirements for Post-Acute Facilities**

Effective immediately, Post-Acute Facilities **must** notify Inland Empire Health Plan (IEHP) of the following Member Testing and Diagnosis information within twenty-four (24) hours:

- COVID-19 test date for IEHP Member, and type of test administered. Please include the Member’s name and ID number for Member identification purposes.
- COVID-19 test results for IEHP Members.
- Discharge or transfer of IEHP Members, both PUI and confirmed COVID-19 positive.

Please provide this information to the IEHP Nurse Case Manager assigned to your facility.

Facilities may also send the attached COVID-19 Testing and Diagnosis Notification Form when notifying IEHP via fax (909) 912-1045.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence **or** www.iehp.org > For Providers > Plan Updates > Coronavirus (COVID-19) Advisory.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

Enclosure: COVID-19 Testing and Diagnosis Notification Form



INLAND EMPIRE HEALTH PLAN

COVID-19 TESTING & DIAGNOSIS – NOTIFICATION FORM

FACILITY INFORMATION

Facility Name: _____
Contact Person: _____ Phone: _____

MEMBER TESTING & DIAGNOSIS INFORMATION

Member Name	Member ID	Test Date	Test Type (i.e. NP)	Test Results +/-

MEMBER TESTING & DIAGNOSIS INFORMATION

Member Name	Member ID	Transfer Date	Transfer Facility

Completed Notification Form must be faxed to:
Inland Empire Health Plan
Attn: Long Term Care Unit
(909) 912-1045