



To: Home Health Providers
From: IEHP – Provider Relations
Date: April 15, 2021
Subject: COVID-19 Vaccinations for Home Bound Members

Inland Empire Health Plan (IEHP) is seeking opportunities to partner with Home Health Providers who can provide COVID-19 vaccinations to home bound IEHP Members.

In the event you would like to participate, please complete the questionnaire below and return to IEHP via email at Cortez-R@iehp.org.

QUESTIONNAIRE

Home Health Provider Information:

Provider Name: _____
 Contact Person(s): _____
 Phone Number: _____
 Email: _____

1. Is your agency interested in administering the COVID-19 vaccine to home bound IEHP Members?
 Yes (proceed to question 2) No

2. Is your agency agreeable to registering as a COVID-19 vaccine Provider? Requirements for being a vaccine Provider can be found here: <https://eziz.org/covid/enrollment/>
 Yes No (proceed to question 3)

3. Would your agency administer vaccines in the home if vaccines were available through an alternate source?
 Yes No

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: 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.