



A Public Entity

INLAND EMPIRE HEALTH PLAN



**To:** Skilled Nursing Facilities & Long Term Care Facilities  
**From:** IEHP – Provider Relations  
**Date:** April 24, 2017  
**Subject:** **Transportation Requests (SNF & LTC)**

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Effective **May 1, 2017**, Inland Empire Health Plan (IEHP) will require that all Skilled Nursing Facilities and Long Term Care Facilities utilize the attached Transportation Request Form (SNF & LTC) when scheduling transportation for IEHP Members to their medical appointments.

The Transportation Request Form (SNF & LTC) will allow IEHP to identify the suitable level of transportation for each Member and provide the appropriate authorization.

The Facility is required to give **five (5) business days** advance notice to allow for the processing of the request. Once the transportation trip has been authorized, the Facility will receive an authorization notification via fax and/or the Facility can check the status on the secure IEHP Provider Portal at [www.iehp.org](http://www.iehp.org).

This process will apply to all IEHP Members, regardless of IPA or Line of Business.

For your convenience, an electronic copy of the Transportation Form (SNF/LTC) is available on our Provider Portal at the following address: <https://ww3.iehp.org/en/providers/forms/um-forms/>.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at the following address: <https://ww3.iehp.org/en/providers/correspondence/>.

Should you have any comments and/or questions, please contact the Provider Relations Team at (909) 890-2054.

**Enclosure:** Transportation Request Form (SNF & LTC)



INLAND EMPIRE HEALTH PLAN

**Transportation Request Form (SNF & LTC)**

TODAYS DATE: \_\_\_\_\_ \* IEHP ID#: \_\_\_\_\_

\* NAME: \_\_\_\_\_

Member Height: \_\_\_\_\_ Member Weight: \_\_\_\_\_

*(Height & Weight needed only if Member is going by Wheelchair/ Gurney)*

SPECIAL NEEDS:  Trach to Ventilator; Suctioning:  Deep  Mild  Shallow

Oxygen:  Yes  No Liter Flow: \_\_\_\_\_ Comments (if any): \_\_\_\_\_

**\* TRANSPORTATION FROM:**

Facility: \_\_\_\_\_ Room #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**TRANSPORTATION TO:**

\* Dr. Name/Facility: \_\_\_\_\_ Room #: \_\_\_\_\_

\* Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\* City: \_\_\_\_\_ \* Zip: \_\_\_\_\_

**APPOINTMENT: (Please send request within Five (5) Business Days of appointment date)**

\* Appointment Date: \_\_\_\_\_ Dialysis Days: \_\_\_\_\_

\* Appointment Time: \_\_\_\_\_ Start Date: \_\_\_\_\_

Chair Times: \_\_\_\_\_

**\* TRANSPORT BY:**

AMBULATORY

WHEELCHAIR:  Facility to provide wheelchair  Vendor to provide wheelchair  
 Bariatric  Standard Wheelchair  Wide Wheelchair  Electric Wheelchair

GURNEY:  ALS  BLS  CCT  Bariatric

ATTENDANT/CAREGIVER

\* **Denotes Required Field** \*\*\*

**Reminder:** If Member is Dual Choice, transportation can be set up with ALC (American Logistics Company) phone #: (866) 880-3654. If ALC informs you that Member has exhausted their benefits, please fax request to **IEHP UM Transportation Department (909) 912-1049 within five (5) business days.** Thank you!

P.O BOX 1800 Rancho Cucamonga CA 91729-1800

Phone: (909) 890-2000 Fax: (909) 912-1049

Visit our web site at: [www.iehp.org](http://www.iehp.org)

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