



**To:** Vision Providers  
**From:** IEHP – Provider Relations  
**Date:** February 01, 2018  
**Subject:** **New Online Vision Referrals & Claims Submission Training Invitation & RSVP Information**

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## **IMPORTANT REMINDER!**

**IEHP is changing the way vision referrals and claims are submitted.** These changes will go into effect on **Wednesday, February 21, 2018.**

### **EXPECTED CHANGES:**

- The Interactive Voice Response (IVR) system will be retired
- Vision Exception Requests (VER) submitted via fax will no longer be accepted
- The new referral submission page through the IEHP portal will allow submission of referrals for all covered vision services
- Routine Vision Referrals and Vision Exception Requests (VER) will be approved within minutes in accordance to Medi-Cal guidelines
- Enhanced functionality for submitting more of your Vision claims through our Provider Portal

To ensure a seamless transition with minimal impact to your business we will be hosting trainings on **February 9<sup>th</sup>** and **February 15<sup>th</sup>**. Vision Providers may bring one to two (1-2) staff member(s) to the training and will have the opportunity to meet and greet with our Provider Services staff. Please complete the attached RSVP Form to secure your seat(s) and attendance.

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/>.

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

**Enclosure: RSVP Form**



## Online Vision Referral & Claims Submission Training Invitation & RSVP Information

All participants must pre-register for this event. **Please fax or email the completed RSVP form by February 6, 2018 Attention: Merlin Gildo.** If you have any questions, please contact Merlin Gildo at (909) 727-5267. IEHP will confirm your attendance. The training sessions will be conducted at:

Inland Empire Health Plan (IEHP)  
10801 6<sup>th</sup> Street  
Rancho Cucamonga, CA 91730  
(lunch/dinner will be served)

**Training Session** (please select a desired training session to attend):

**Session 1**

February 9, 2018  
Check in: 11:00 am  
(15 min. registration only)  
11:30am – 1:30pm  
Town Hall

**Session 2**

February 15, 2018  
Check In: 4:00pm  
(15 min. registration only)  
4:30pm – 6:30pm  
Town Hall

**Office Information:**

Clinic/Group Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Staff Attendee Information** (Please provide names of attendees):

	<u>First Name</u>	<u>Last Name</u>	<u>Position</u>
Staff 1	_____	_____	_____
Staff 2	_____	_____	_____

**Please complete and send the form to:**  
Fax number: (909) 296-3550  
Email: [PSAdminAssistants@iehp.org](mailto:PSAdminAssistants@iehp.org)