



**To:** Behavioral Health Treatment Providers  
**From:** IEHP – Provider Relations  
**Date:** November 27, 2018  
**Subject:** **REMINDER: IEHP’s Quarterly BHT Provider Training**

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Inland Empire Health Plan (IEHP) is hosting a Quarterly Behavioral Health Treatment (BHT) Provider training event and would like to invite you to attend.

<b>Save the Date: IEHP’s Quarterly Behavior Health Treatment Training</b>	
<b>Date</b>	<b>Monday, December 3, 2018</b>
<b>Time</b>	<b>10:00 – 11:30am</b>
<b>Location</b>	<b>Inland Empire Health Plan</b> 10801 Sixth Street, Suite #120 Rancho Cucamonga, CA 91730 <i>Central Park Room</i>

IEHP will be reviewing the following items during the training:

- BHT 2017 Member Satisfaction Survey Results
- July 1, 2018 BHT Eligibility
- Assessment Measures
- Current CPT Codes
- BHT Referral Process
- Gap in services

The BHT Team kindly asks that you e-mail any questions you have about the above topics to the Supervisor of Population Health, Heather Waters at [Waters-h@iehp.org](mailto:Waters-h@iehp.org) by end of business day **November 28, 2018**.

As a reminder, all communications set 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.



## Save the Date: IEHP's Quarterly BHT Provider Training Training & RSVP Information

Inland Empire Health Plan (IEHP) will be hosting a Quarterly Behavioral Health Treatment (BHT) Provider Training on **December 3, 2018**. The training session will be conducted at:

**Inland Empire Health Plan (IEHP)  
Central Park Room  
10801 6<sup>th</sup> Street, Suite #120  
Rancho Cucamonga, CA 91730  
December 3, 2018  
10:00 AM – 11:30 AM  
Check in: 9:30 AM**

**All interested participants must pre-register for this event.** Providers may bring one to two (1-2) staff member(s) to the training. **Please fax or email the completed RSVP form by November 29, 2018**  
**Attention: Sarah Reyes.** If you have any questions, please contact Sarah Reyes at (909) 890-2169. IEHP will confirm your attendance.

### **Office Information:**

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

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

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

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

**Please complete by 11/29/18**  
**and send the form to:**  
**Fax number:** (909) 296-3550  
**Email:** [PSAdminAssistants@iehp.org](mailto:PSAdminAssistants@iehp.org)