



A Public Entity

INLAND EMPIRE HEALTH PLAN



To: Skilled Nursing Facilities & Long Term Care Facilities
From: IEHP – Provider Relations
Date: September 01, 2016
Subject: **Transportation Requests (SNF & LTC)**

Effective **September 1, 2016**, 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 needs 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.

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

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)

TODAY'S DATE: _____

NAME: _____

IEHP ID#: _____

Member's Height: _____

Member's Weight: _____

(Need Only If Member Is Going By Wheelchair/ Gurney)

SPECIAL NEEDS: _____

(If Any)

TRANSPORTATION FROM:

Facility: _____

Room #: _____

Address: _____

City: _____

Contact Person: _____

Phone #: _____

TRANSPORTATION TO:

Dr. Name/Facility: _____

Room #: _____

Address: _____

City: _____

Phone #: _____

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

Appointment Date: _____

Appointment Time: _____

TRANSPORT BY:

AMBULATORY

WHEEL CHAIR

Bariatric

Standard Wheelchair

Wide Wheelchair

Electric

GURNEY

ALS

BLS

CCT

Bariatric

ATTENDANT/ CAREGIVER

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

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