

2026

OB P4P

Pay for Performance Program Technical Guide



IE  **HP**
Inland Empire Health Plan



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Introducing the IEHP OB Pay-for-Performance (P4P) Program

Inland Empire Health Plan (IEHP) is pleased to announce the 2026 OB Pay-for-Performance (P4P) Program for IEHP's OB Providers. The OB P4P Program provides an opportunity for OB Providers to earn a financial reward for improving the quality of maternity care for IEHP's pregnant and postpartum Members.

The OB P4P Program includes performance-based incentives for the provision of specific prenatal and postpartum services. Payments will be administered for select services performed by eligible Providers to IEHP Members who meet the program criteria. This technical guide is designed to support OB practices to earn financial incentives for quality performance.

Thank you for your continued partnership in providing quality health care to IEHP Members. IEHP will regularly assess this performance-based incentive program and make updates consistent with our aim to improve the quality of care and health outcomes for our Members.

Please direct questions and/or comments related to this program to the IEHP Provider Relations Team at (909) 890-2054 or IEHP's Quality Department at [**QualityPrograms@iehp.org**](mailto:QualityPrograms@iehp.org).

Provider Eligibility and Participation

Providers active, credentialed, and contracted with IEHP for Medi-Cal and Covered California, that provide obstetrical services, are eligible to participate in the OB P4P Program. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not eligible to participate in the IEHP OB P4P Program.

- OB Providers must have a signed Incentive Program contract amendment prior to the start of the 2026 OB P4P Program performance period, in order to be eligible to receive incentive dollars.

Eligible Members

The population for this P4P program includes IEHP's Medi-Cal and Covered California Members who are pregnant. Note that the Member must be active with IEHP on the date the services are performed (DOS).

Minimum Data Requirements

- Claims: Claims data is foundational to performance measurement and is essential in the 2026 OB P4P Program. Complete, timely and accurate claims should be submitted through normal reporting processes for obstetrical services rendered to IEHP Members. Please use the appropriate codes listed in Appendix 1 to meet P4P service requirements.
- Immunizations: To maximize performance in immunization-based services, IEHP strongly encourages all Providers to report all immunizations via the California Immunization Registry (CAIR2). For more information on how to register for CAIR2, please visit <http://cairweb.org>. IEHP is working closely with CAIR2 in establishing a data sharing arrangement to be used in OB P4P reporting.
- Validation: P4P data is subject to retrospective data validation and must pass all quality assurance checks. Recoupment of incentive payments may occur if retrospective review of submitted claims fail medical record validation.

P4P Services

There are nine maternity care services, including postpartum care services, for which OB Providers are eligible to receive a financial incentive. IEHP identified these as plan-wide areas of opportunity to improve the care and outcomes of Members receiving pregnancy-related health care services.

Services are listed below, in alphabetical order, and technical specifications and details for each P4P service are included in the Appendix.

1. Flu Immunization
2. Initial Prenatal Visit
3. Manifest MedEx (MX) Connectivity
4. Perinatal Chlamydia Screening
5. Perinatal Depression Screening
6. Postpartum Blood Pressure Screening*
7. Postpartum Diabetes Screening*
8. Postpartum Visit
9. Tdap Vaccine

**Postpartum Blood Pressure Screening and Postpartum Diabetes Screening are condition-specific and only apply to certain subpopulations of women for whom such a screening is indicated. See the Appendix for details.*

Quality Incentive Payments

Eligible Providers will receive payment for each targeted service provided to an IEHP Member who meets the criteria to be included in the IEHP OB P4P Program. Table 1 below indicates the amount a Provider will receive per service delivered to a qualifying Member. The pregnancy-related services that were selected for inclusion in the OB P4P Program are spread across the full pregnancy term (e.g., chlamydia screening generally occurs at the first prenatal visit; Tdap is indicated in the third trimester).

TABLE 1: PAYMENT PER P4P SERVICE	
P4P Service	Financial Incentive
1. Flu Immunization	\$ 75
2. Initial Prenatal Visit	\$ 90
3. Manifest MedEx (MX) Connectivity	Monitoring Only
4. Perinatal Chlamydia Screening	\$ 75
5. Perinatal Depression Screening	\$ 75
6. Postpartum Blood Pressure Screening	\$50
7. Postpartum Diabetes Screening	\$ 75
8. Postpartum Visit	\$ 75
9. Tdap Vaccine	\$ 90

IEHP recognizes that some of the included pregnancy-related services are dependent on Member engagement and therefore may require more time spent between Member and Provider for education and to address the Member's questions or concerns. IEHP also acknowledges that some services require more administrative time to report. For those reasons, IEHP will provide a higher financial incentive payment for completion of the initial prenatal visit and administration of the Tdap vaccine, as indicated in the table above.

The OB P4P incentive for a given P4P service is available only once per calendar year per Member, even if a Member has more than one pregnancy in a calendar year. Reminder: the Member's OB Provider receives their contractually agreed upon payment for services rendered for that Member for each pregnancy and the OB P4P incentive is provided only as an incentive according to the terms of the OB P4P Program.

Members must be active with IEHP on the date the service was completed (DOS).



Payment Timeline

IEHP will issue incentive payments to qualified Providers following the schedule below:

2026 OB P4P PROGRAM - PAYMENT SCHEDULE		
Date of Service:	Claim Received:	Payment Date:
1/1/2026 - 1/31/2026	2/15/2026	3/20/2026
1/1/2026 - 2/28/2026	3/15/2026	4/20/2026
1/1/2026 - 3/31/2026	4/15/2026	5/20/2026
1/1/2026 - 4/30/2026	5/15/2026	6/20/2026
1/1/2026 - 5/31/2026	6/15/2026	7/20/2026
1/1/2026 - 6/30/2026	7/15/2026	8/20/2026
1/1/2026 - 7/31/2026	8/15/2026	9/20/2026
1/1/2026 - 8/31/2026	9/15/2026	10/20/2026
1/1/2026 - 9/30/2026	10/15/2026	11/20/2026
1/1/2026 - 10/31/2026	11/15/2026	12/20/2026
1/1/2026 - 11/30/2026	12/15/2026	1/20/2027
1/1/2026 - 12/31/2026	1/15/2027	2/20/2027
1/1/2026 - 12/31/2026	2/15/2027	3/20/2027
1/1/2026 - 12/31/2026	3/15/2027	4/20/2027

How to Report



1. Conduct P4P incentive service.



4. IEHP to process OB P4P incentive payment from data received through IPA claims.



2. **IMPORTANT:** Submit Claim for service(s) using valid incentive codes to IPA within 60 days of the service.*



5. **Eligible OB Providers to receive incentive payment through Electronic Fund Transfer or mailed check.**



3. IPA will report all claims to IEHP through encounter reporting process.



6. Incentive payment Remittance Advice available on IEHP Secure Provider Portal.

**Provider to submit claims with rendered incentive services following their normal reporting processes (to their assigned IPA). There is no additional action needed for claims submission by the provider to receive eligible incentive payment(s).*

Getting Help

Please direct questions and/or comments related to this program to the IEHP Provider Relations Team at (909) 890-2054 or to IEHP's Quality Department at QualityPrograms@iehp.org.



Program Terms and Conditions

- **Good Standing:** A Provider currently contracted with Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a Provider is not in good standing based on relevant quality, payment, or other business concerns.
- Participation in the IEHP OB P4P Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and Providers or Independent Physician Associations (IPAs), whether that agreement is entered into, prior to or subsequent to, the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP Provider incentive program. The IEHP OB P4P Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP's sole discretion.
- Criteria for calculating incentive payments are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP OB P4P Program, participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP OB P4P Program.
- The determination of IEHP regarding performance scoring and payments under the IEHP OB P4P Program is final.
- As a condition of receiving payment under the IEHP OB P4P Program, Providers must be credentialed and contracted with IEHP or one of IEHP's contracted IPAs.
- Providers will not charge IEHP for medical records for HEDIS, Risk Adjustment, and other health plan operational activities.

Appendix 1: Service Specifications and Codes

1. Flu Immunization (\$ 75)

Service Description: IEHP seeks to ensure pregnant Members receive a Flu vaccination in the year (2026).

- Provider must bill one code for the Flu vaccine from the table below for the service to be eligible for an incentive payment.
- One per Member per Year.
- Effective for dates of services 1/1/2026 - 12/31/2026

Service	Code Type	Code	Code Description
Flu Vaccine	CPT	90653	Influenza Vaccine, Inactivated (Iiv), Subunit, Adjuvanted, For Intramuscular Use
Flu Vaccine	CPT	90656	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90658	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90660	Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use
Flu Vaccine	CPT	90661	Influenza Virus Vaccine, Trivalent (Cciiv3), Derived From Cell Cultures, Subunit, Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90662	Influenza Virus Vaccine (Iiv), Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased Antigen Content, For Intramuscular Use
Flu Vaccine	CPT	90672	Influenza Virus Vaccine, Quadrivalent, Live (Laiv4), For Intranasal Use
Flu Vaccine	CPT	90673	Influenza Virus Vaccine, Trivalent (Riv3), Derived From Recombinant Dna, Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use
Flu Vaccine	CPT	90674	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use

Service	Code Type	Code	Code Description
Flu Vaccine	CPT	90686	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90688	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90689	Influenza Virus Vaccine Quadrivalent (Iiv4), Inactivated, Adjuvanted, Preservative Free, 0.25 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
Flu Vaccine	CPT	90756	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use

2. Initial Prenatal Visit (\$90)

Service Description: IEHP seeks to ensure that pregnant Members receive timely prenatal care. IEHP will provide an incentive payment for completion of an initial prenatal visit prior to 15 weeks of gestation.

- Provider must bill one code for the initial prenatal visit from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2026 - 12/31/2026

Initial Prenatal Visit Code

Service	Code Type	Code	Code Description
Initial Prenatal Visit	CPT	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)

3. Manifest MedEx (MX) Connectivity (Monitoring Only)

Service Description: Participating Providers are encouraged to utilize the Manifest MedEx (MX) Connectivity platform to report the following Behavioral Health data elements:

- Depression Screening
- Results and follow up - PHQ-9 assessments and results
- Member
- Date of service

Goal: Improve Data Quality - Behavioral Health Data Elements.

2026 OB P4P Manifest MedEx (MX) Connectivity - Incentive

Goal	Description	Payment
Improve Data Quality — Behavioral Health Data Elements	Monitor ability to report Behavioral Health data elements: - Depression Screening, results and follow up - PHQ-9 assessments and results, member, date of service	Monitoring Only

4. Perinatal Chlamydia Screening (\$75)

Service Description: IEHP seeks to ensure pregnant Members undergo a chlamydia screening during pregnancy.

- Provider must bill one code for the perinatal chlamydia screening from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2026 - 12/31/2026

Perinatal Chlamydia Screening Code

Service	Code Type	Code	Code Description
Perinatal Chlamydia Screening	CPT	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique

5. Perinatal Depression Screening (\$75)

Service Description: IEHP seeks to ensure that pregnant Members are screened for depression during pregnancy.

- Provider must bill one code for the perinatal depression screening from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2026 - 12/31/2026

Perinatal Depression Screening Codes

Service	Code Type	Code	Code Description
Perinatal Depression Screening (Major Depressive Symptoms Result)	CPT	3090F	Major depressive disorder, severe without psychotic features (MDD)
Perinatal Depression Screening (Major Depressive Symptoms with Psychotic Features Result)	CPT	3091F	Major depressive disorder, severe with psychotic features (MDD)
Perinatal Depression Screening (Negative for Depressive Symptoms Result)	CPT	3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
Perinatal Depression Screening (Mild Depressive Symptoms Result)	CPT	3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)

6. Postpartum Blood Pressure Screening (\$50)

Service Description: IEHP seeks to ensure that pregnant Members diagnosed with hypertension during pregnancy receive a blood pressure screening within 10 days after birth. This screening will apply to any IEHP Member who is pregnant **AND** diagnosed with hypertension during pregnancy. The blood pressure screening must be completed in an outpatient setting.

It is important to note that there are three code tables below: Systolic Blood Pressure Level Codes, Diastolic Blood Pressure Level Codes and Qualifying Blood Pressure Diagnosis Codes. **In order to qualify for the P4P financial incentive, a code must be selected and submitted from each table and submitted on the same CMS-1500 form.**

- Providers must submit **three codes** to be eligible for an incentive payment for this service:
 - One code billed for the appropriate hypertension diagnosis for the Member,
 - One code billed for systolic blood pressure level, **AND**
 - One code billed for diastolic blood pressure level.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2026 - 12/31/2026

Blood Pressure Diagnosis Codes

Service	Code Type	Code	Code Description
Postpartum Blood Pressure Screening	ICD10CM	O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester
Postpartum Blood Pressure Screening	ICD10CM	O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester
Postpartum Blood Pressure Screening	ICD10CM	O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester
Postpartum Blood Pressure Screening	ICD10CM	O10.019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O10.411	Pre-existing secondary hypertension complicating pregnancy, first trimester
Postpartum Blood Pressure Screening	ICD10CM	O10.412	Pre-existing secondary hypertension complicating pregnancy, second trimester
Postpartum Blood Pressure Screening	ICD10CM	O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
Postpartum Blood Pressure Screening	ICD10CM	O10.419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
Postpartum Blood Pressure Screening	ICD10CM	O11.2	Pre-existing hypertension with pre-eclampsia, second trimester

Service	Code Type	Code	Code Description
Postpartum Blood Pressure Screening	ICD10CM	O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
Postpartum Blood Pressure Screening	ICD10CM	O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
Postpartum Blood Pressure Screening	ICD10CM	O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
Postpartum Blood Pressure Screening	ICD10CM	O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
Postpartum Blood Pressure Screening	ICD10CM	O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.00	Mild to moderate pre-eclampsia, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.02	Mild to moderate pre-eclampsia, second trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.03	Mild to moderate pre-eclampsia, third trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.10	Severe pre-eclampsia, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.12	Severe pre-eclampsia, second trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.13	Severe pre-eclampsia, third trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.20	HELLP syndrome (HELLP), unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.22	HELLP syndrome (HELLP), second trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.23	HELLP syndrome (HELLP), third trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.90	Unspecified pre-eclampsia, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.92	Unspecified pre-eclampsia, second trimester
Postpartum Blood Pressure Screening	ICD10CM	O14.93	Unspecified pre-eclampsia, third trimester
Postpartum Blood Pressure Screening	ICD10CM	O15.00	Eclampsia complicating pregnancy, unspecified trimester
Postpartum Blood Pressure Screening	ICD10CM	O15.02	Eclampsia complicating pregnancy, second trimester
Postpartum Blood Pressure Screening	ICD10CM	O15.03	Eclampsia complicating pregnancy, third trimester

Service	Code Type	Code	Code Description
Postpartum Blood Pressure Screening	ICD10CM	O15.9	Eclampsia, unspecified as to time period Eclampsia NOS
Postpartum Blood Pressure Screening	ICD10CM	O16.9	Unspecified maternal hypertension, unspecified trimester

AND

Systolic Blood Pressure Level Codes

Service	Code Type	Code	Code Description
Postpartum Blood Pressure Screening (Systolic)	CPT	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
Postpartum Blood Pressure Screening (Systolic)	CPT	3075F	Most recent systolic blood pressure 130 - 139 mm Hg (DM), (HTN, CKD, CAD)
Postpartum Blood Pressure Screening (Systolic)	CPT	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (DM), (HTN, CKD, CAD)

AND

Diastolic Blood Pressure Level Codes

Service	Code Type	Code	Code Description
Postpartum Blood Pressure Screening (Diastolic)	CPT	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
Postpartum Blood Pressure Screening (Diastolic)	CPT	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Postpartum Blood Pressure Screening (Diastolic)	CPT	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)

7. Postpartum Diabetes Screening (\$75)

Service Description: IEHP seeks to ensure that pregnant Members diagnosed with gestational diabetes during pregnancy receive a diabetes screening on or between 42 - 84 days after birth. This screening will apply to any IEHP Member who is pregnant **AND** diagnosed with gestational diabetes during pregnancy.

It is important to note that there are two code tables below: Gestational Diabetes Diagnosis Codes and Diabetes Screening Code. **In order to qualify for the P4P financial incentive, a code must be selected and submitted from each table and submitted on the same CMS-1500 form.**

- Providers must submit **two codes** to be eligible for an incentive payment for this service:
 - One code billed for diabetes screening **AND**
 - One code billed for gestational diabetes diagnosis.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2026 - 12/31/2026

Gestational Diabetes Diagnosis Codes

Service	Code Type	Code	Code Description
Postpartum Diabetes Screening	ICD10CM	O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
Postpartum Diabetes Screening	ICD10CM	O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
Postpartum Diabetes Screening	ICD10CM	O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs. Gestational diabetes mellitus in pregnancy, controlled by oral antidiabetic drugs.
Postpartum Diabetes Screening	ICD10CM	O24.419	Gestational diabetes mellitus in pregnancy, unspecified control

AND

Diabetes Screening Code

Service	Code Type	Code	Code Description
Postpartum Diabetes Screening	CPT	82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)

8. Postpartum Visit (\$75)

Service Description: IEHP seeks to ensure that pregnant Members receive a postpartum visit on or between 7 - 84 days after delivery.

- Provider must bill one code for the postpartum visit from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2026 - 12/31/2026

Postpartum Visit Code

Service	Code Type	Code	Code Description
Postpartum Visit	CPT	59430	Postpartum care only (separate procedure)

9. Tdap Vaccine (\$90)

Service Description: IEHP seeks to ensure that pregnant Members receive a Tdap vaccination during pregnancy (recommended between 27 - 36 weeks of gestation).

- Provider must bill one code for the Tdap vaccine from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Only one (1) unit of the Tdap vaccination procedure code may be billed per Member.
- Effective for dates of services 1/1/2026 - 12/31/2026

Tdap Vaccine Code

Service	Code Type	Code	Code Description
Tdap Vaccine	CPT	90715 (1 unit)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use



Appendix 2 : Provider Quality Resource

This Provider Quality Resource is designed for IEHP Providers and their staff to assist in delivering high quality health care to their members. The goal is to provide IEHP Providers and their practice staff with various online resources that will help enhance their quality care in the following focus areas: Adult Preventive Health, Behavioral Health, and Perinatal Care.

Our goal is to provide IEHP Providers and their practice staff with a comprehensive resource for enhancing quality in the discussed healthcare topics. Collaboration between IEHP and Providers has the potential to boost IEHP's quality rating, maximizing available funds for Provider incentive programs.

To request materials for your practice, please contact the IEHP Provider Call Center at (909)890-2054, (866) 223-4347 or email ProviderServices@iehp.org.

We are dedicated to supporting our Providers and working together to improve the quality of care for our community. Together, we can “heal and inspire the human spirit.” Thank you for all you do to provide quality health care to IEHP Members.

Focus Area	Type	Resource*	Description
Adult Preventive Health	Member	Current VISs Vaccines & Immunizations CDC	CDC Vaccine Information Statements (VIS's) for current recommended vaccines available for children, adolescents and adults.
Adult Preventive Health	Member	Should you get the flu shot?	Shared decision-making guide to help Members choose whether or not to receive a flu vaccine.
Adult Preventive Health	Member	Adult Immunization Brochure	Brochure educating on vaccines recommended for adults, their importance and how they work.
Adult Preventive Health	Provider	CAIR2 Resource Guide	FAQs for IEHP Providers regarding CAIR2 information such as account set-up, trouble-shooting, functionality, contacts, and more.
Adult Preventive Health	Provider	Recommended Immunization Schedule	CDC Adult Immunization Schedule.
Adult Preventive Health	Provider	Tips for Speaking with Parents about Flu Vaccine – California Vaccines for Children (VFC)	How to Address Common Concerns about the flu vaccine
Adult Preventive Health	Provider	Vaccinate with Confidence	Centers for Disease Control and Prevention strategic framework to strengthen vaccine confidence and prevent outbreaks in the United States.

Focus Area	Type	Resource*	Description
Behavioral Health	Member	IEHP Mental Health Resources	Information on contacting Behavioral Health Care Managers to assist Members with referrals and coordination of care and walk-in psychiatry clinics.
Behavioral Health	Member	Teen Mental Health Guide	Booklet provides age-appropriate information on common mental health disorders, warning signs and treatment options.
Behavioral Health	Provider	Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder Assessment (GAD-7) in multiple languages	Tools for assessing depressive and anxiety symptoms in individuals ages 18 and older.
Behavioral Health	Provider	PHQ-9 Modified for Adolescents (PHQ-A)	Tool for assessing the severity of depressive disorders and episodes in children ages 11–17.
Behavioral Health	Provider	Depression Resources	Links to clinical guidelines for screening and managing depression.
Perinatal Care	Member	Action Plan for Depression and Anxiety During Pregnancy and After Birth	Includes warning signs and actions to take for moms who are facing depression and anxiety during pregnancy.
Perinatal Care	Member	Postpartum Support International	Includes online support groups.
Perinatal Care	Provider	Edinburgh Postnatal Depression Screening Tool in English	A screening tool developed to identify women who may have postpartum depression.
		Edinburgh Postnatal Depression Screening Tool in Spanish	A screening tool developed to identify women who may have postpartum depression. Refer to the English version for scoring.
Perinatal Care	Member	IEHP Pregnancy & Postpartum	Information for IEHP Members on resources and services available to maternal population including doula services, Maternal Health program, breastfeeding support, and pregnancy & postpartum class series.
Perinatal Care	Member	My Job and My New Baby	A booklet which outlines the rights of new parents who live in California
Perinatal Care	Member	Start well: Pregnancy and Your Baby's First Year booklet	Informational booklet on resources during pregnancy by trimester and throughout pregnancy.

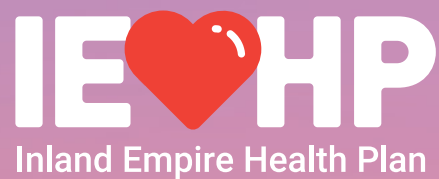
Focus Area	Type	Resource*	Description
Perinatal Care	Member	Labor and Birth Planner	Planner resource to help Member make labor and birth choices prior to delivery.
Perinatal Care	Member	Doula Benefits Flyer	Information on how to access doula services for before, during and up to 12 months after delivery
Perinatal Care	Provider	Talking to Pregnant Women about Vaccines	Center for Disease Control and Prevention tip sheet to help medical office staff answer common questions about vaccination during pregnancy
Perinatal Care	Provider	Provider Perinatal Resources and Forms	Perinatal risk assessment forms including Depression Screening, California Prenatal Screening Program, and Initial Perinatal Risk Assessment Form.

*The referenced electronic links provided in this resource are informational only. They are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by Practitioners, considering each Member's needs on an individual basis. Best practice guideline recommendations and assessment tools apply to populations of patients. Clinical judgment is necessary to appropriately assess and treat each individual Member.



NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



iehp.org

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