



# 1. Immunization Component

## PROGRAM GOAL

To fully immunize all IEHP Members by age 2.

## PROGRAM OVERVIEW

Participating PCPs are incentivized for each IEHP eligible immunization they administer to an eligible IEHP Member.

## WHO CAN PARTICIPATE

Any credentialed IEHP PCP approved by IEHP to see Members 0 to 18 years old.

## WHICH MEMBERS ARE ELIGIBLE

Any IEHP Member enrolled in the Medi-Cal program. Plus, the Member must be:

- Active on the date of service (DOS) the eligible immunization is administered
- 0 to 18 years old
- Assigned to participating PCP administering immunization

## INCENTIVES

- **\$9** for each eligible immunization including combo vaccine and/or Td shot  
(See PM160 Immunization Codes Schedule for a complete list of reimbursable vaccines)
- **\$9** for TB test and reimbursable up to a maximum of two times per year with a minimum of 30 days in between each TB test
- **\$100 bonus** for full immunization compliance by age 2. Required shots for “Yellow card” submission online are:
 

Polio - Series #1, #2, and #3	DTaP - Series #1, #2, #3 and #4	Hep B - Series #1, #2, and #3
Hib - Series #1, #2, #3 and/or #4	Varicella - Series #1	MMR - Series#1
Pneumococcal Conjugate Vaccine - Series #1, #2, #3 and #4		
- Incentives are paid monthly

## HOW TO REPORT IMMUNIZATIONS

Complete a PM160 form online at [www.iehp.org](http://www.iehp.org). Indicate immunization given and shot number in the series, and/or a completed PPD skin test. Full immunization compliance bonus (Yellow card) must also be completed online. PM160 forms must be submitted online to IEHP **within 2 months from the date of service** and meet IEHP submission standards to qualify for incentive. Yellow card must be submitted **within 5 months of the date of service** of the last required immunization administered.

## WHERE TO SUBMIT THE FORMS

Submit online at [www.iehp.org](http://www.iehp.org). Log into the Provider Secure Site and click on the P4P button. **Need help?** Refer to the online P4P PM160 Submission Training Manual or call the Provider Relations Team at (909) 890-2054.

## FOR CORRECTIVE RESUBMISSIONS ONLY:

**IEHP will only accept corrective resubmissions on paper.** Indicate “**Correction**” in the Comment Section of the PM160 form. Submit corrections to IEHP **within 60 days** of initial electronic submission date.

Mail your PM160 corrections to:

Inland Empire Health Plan  
Attention: Quality Informatics  
P.O. Box 1800  
Rancho Cucamonga, CA 91729-1800

