



Inland Empire Health Plan



To: All IEHP Providers & IPAs
From: IEHP – Provider Relations
Date: May 6, 2022
Subject: **UPDATED FAQs: Members with Other Health Coverage (OHC)**

Inland Empire Health Plan (IEHP) has updated the Frequently Asked Questions (FAQs) regarding Members who have **Other Health Coverage (OHC)**.

When a Member has OHC, IEHP is considered the secondary payer to the Member's primary coverage through another health plan.

Please refer to the attached guidance to ensure that Members receive care and services without interruption and Providers are reimbursed for services by the responsible payer.

Reminder: OHC can be viewed on the Eligibility Verification page in the IEHP secure Provider Portal.

Medical History Record

Member IEHP ID Status ● ELIGIBLE on 02/04/2022
CIN Gender DOB
Aid Code County San Bernardino Plan Medi-Medi
Medicare ID Co-Pay \$0.00 Medi-Cal Eff. Date 02/01/2017
OHC Yes (Details)

PCP See Your Medicare Doctor Eff. Date with PCP 02/01/2017 - Current Directory ID N/A
IPA IEHP MEDI-MEDI Hospital MEDICARE NETWORK ACCESS

Other Health Coverage

Medicare Part A (Facility)

Payer Medicare Group Number
Effective Not Available Phone Not Available
Expiration Not Available Address Not Available
Policy Number

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondences

For questions, please contact your Provider Service Representative by calling the Provider Call Center at (909) 890-2054 or (866) 223-4347.



Other Health Coverage (OHC) FAQs for Providers

PRE-SERVICE	
QUESTION	ANSWER
What is OHC?	OHC means a Member has Other Health Coverage and Medi-Cal (IEHP) is the secondary payer.
How do I know if a Member has OHC?	<ul style="list-style-type: none"> Check under Member Eligibility on IEHP’s secure Provider portal at www.iehp.org Call IEHP’s Provider Relations Team at (909) 890-2054 or (866) 223-4347. Check DHCS’s Automated Eligibility Verification System (AEVS) at: https://www.medical.ca.gov/MCWeb/Login.aspx
What do I do if the Member has OHC?	<ul style="list-style-type: none"> First, do not refuse service, even if a Member has OHC Contact the Member’s OHC prior to rendering services to verify if the OHC will issue an authorization for services. OHC contact information is available under Member Eligibility (see example below) You are responsible to review the OHC information to identify the responsible payer <div style="margin-top: 20px;"> <p>The screenshot shows the IEHP Provider Portal interface. At the top, it displays the verification number and date. Below, member information is listed, including status (ELIGIBLE), DOB, and plan (Medi-Cal). A green box highlights the 'OHC Yes (Details)' button. The 'Other Health Coverage' section is expanded, showing 'OHC Confirmed' with details: Payer (KAISER SOCIAL COMMERCIAL RX), Effective date (03/01/2022), Expiration (Current), Policy Number (redacted), Group Number (Not Available), Phone ((800) 390-3510), and Address (PO BOX 7004 DOWNEY, CA 90242). A green arrow points to the phone number.</p> </div>

What if I'm not contracted with the Member's OHC?	<ul style="list-style-type: none"> Regardless of a contract in place, reach out to the OHC on Member's behalf to seek authorization for services.
I contacted the OHC and they will not authorize services. What do I do?	<ul style="list-style-type: none"> Render the medically necessary services Submit a copy of the OHC denial letter to IEHP during the authorization request and claims submission.
What if the Member does not want to use their OHC? What should I advise the Member?	<ul style="list-style-type: none"> Members must utilize their primary OHC for covered services. This is a requirement of the Department of Health Care Services (DHCS.)
I received an authorization from Member's OHC, however, Member has a copay. How do I get reimbursed for the copay?	<ul style="list-style-type: none"> Do not collect a copayment or deductible amount from the Member at the time of service. Submit a claim to IEHP along with the OHC explanation of benefits (EOB) or denial letter. IEHP will coordinate benefits and calculate secondary payer liability.
How do I report Members' OHC to IEHP if it isn't published on IEHP's eligibility verification or in AEVs?	<ul style="list-style-type: none"> Report newly discovered OHC or a change to the OHC information to IEHP's Provider Relations Team at (909) 890-2054. Please have any source documents available.

POST – SERVICE (Billing and Claims Denials)

QUESTION	ANSWER
Who do I bill as primary, secondary, or tertiary payer if the Member has both Fee for Service Medicare and OHC?	<ul style="list-style-type: none"> The Provider must bill payers in the following order: <ol style="list-style-type: none"> Medicare for Medicare-covered services OHC Carrier, IEHP: Attach primary and secondary EOB or denial of services to claim and when requesting referral.
Why are my claims being denied when IEHP has approved the authorization request?	<ul style="list-style-type: none"> Authorization is not a guarantee for payment. The Provider should: <ol style="list-style-type: none"> Submit a claim to the OHC. Once the OHC has made a payment determination, then submit a secondary claim to IEHP along with the source document.