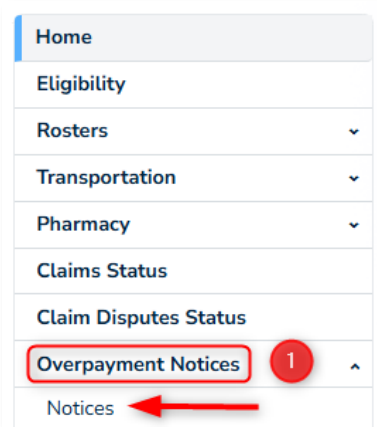


To: Provider Network
From: IEHP
Date: July 16, 2026
Subject: **NEW: Receive and Reimburse Overpayment Notices on the Portal**

For your convenience, if we have identified an overpayment Owners, Office Manager and Billers will now be notified via the Portal Inbox and the appearance of the new Overpayment Notices tab.



Overpayment Notices 2

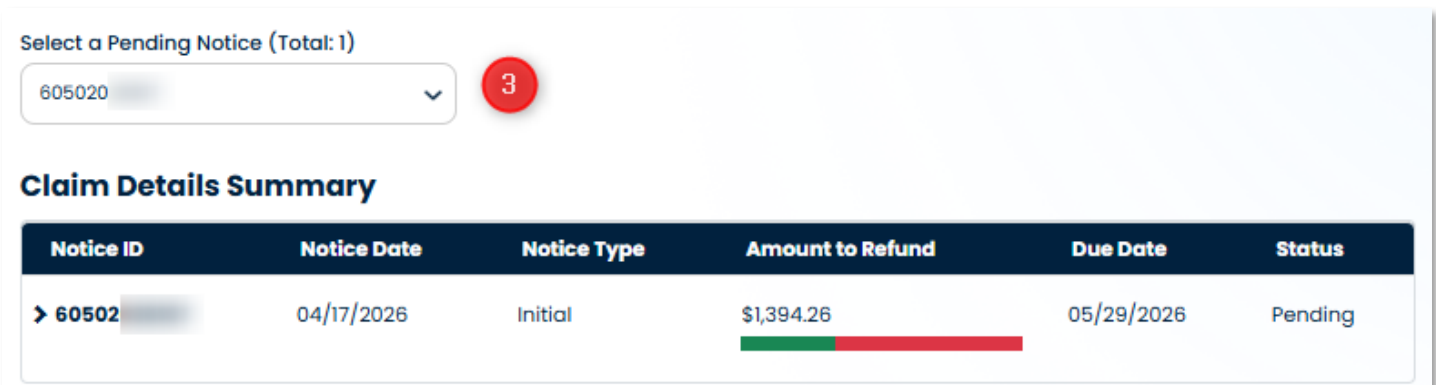
This screen displays pending overpayment notices, including the total refund amount due, the deadline for payment, and specific claim details. You may select one of the following options:

Submit Payment: Pay the total refund amount due for the identified overpayments.

Request Retraction: Authorize the deduction of the overpayment amount from your future claims payments.

File a Provider Dispute: If you disagree with the overpayment amount, submit a formal dispute through the IEHP Provider Portal.

1. If an Overpayment Notice is available, a tab will appear on the left column. Access the notice by either selecting the tab or opening your inbox message.
2. After receiving an overpayment notice, the user can choose one of three options: Submit Payment, Request Retraction from a future payment or File a dispute.



- A list of pending notices, those that have not yet been responded to, will appear and can be filtered.

Total Claims in this Notice: 3

Responded: 1

4

5

Show Responded Claims

- Indicators are visible to see the total number of claims included in the notice and how many have been responded to.

- Click to see claims that have been responded to. Note: Clicking  will open helpful tips.

Claim Number	Member Name	IEHP ID	Patient Acct. #	DOS	Amount Due	
☐ 007620			00702U	02/11/2024	\$697.13	7 Dispute →
6 Reason for Refund Request: Multiple claims payment caused an overpayment for claim 0076204303 due to overlapping. Please refund IEHP						
Line	Line Amount	Line Refund Amount	Service Date			
1	\$777.69	\$60.42	02/11/2024			
1	\$777.69	\$777.69	02/11/2024			

- Click the arrow to expand the notice and see its details and the reason for the refund request.
- If you disagree with the refund request, click Dispute to proceed to the Provider Dispute Resolution form.

Claim Number	Member Name	IEHP ID	Patient Acct. #	DOS	Amount Due	
☒ 007620			00702U	02/11/2024	\$697.13	Dispute →
☐ 007620			00702V	02/11/2024	\$697.13	Dispute →

Showing 1-2 of 2 Records

8

« 1 » 25

Pay Selected

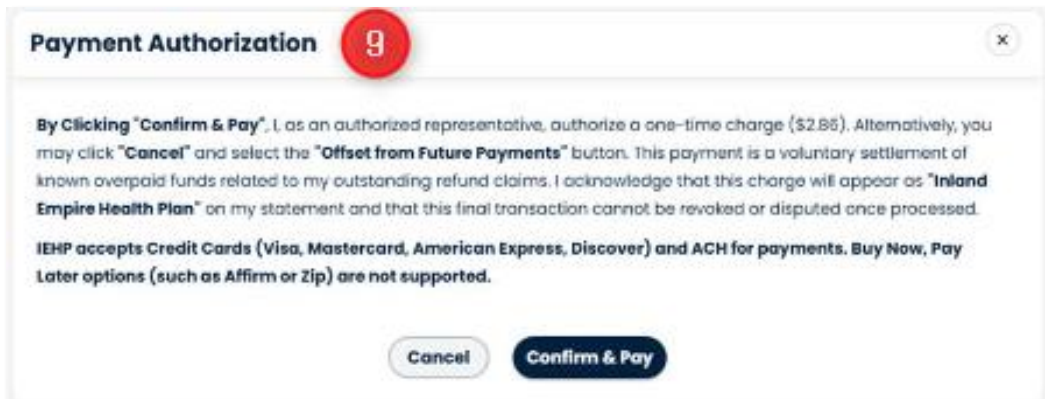
Pay Entire Notice

Offset Selected from Future Payments

Offset Entire Notice from Future Payments

8. If you agree with the overpayment, select the claim you wish to reimburse and select payment options:

- ✓ Pay *Selected*
- ✓ Pay Entire Notice (all claims on overpayment notice)
- ✓ Offset *Selected* from Future Payments
- ✓ Offset Entire Notice from future Payments.

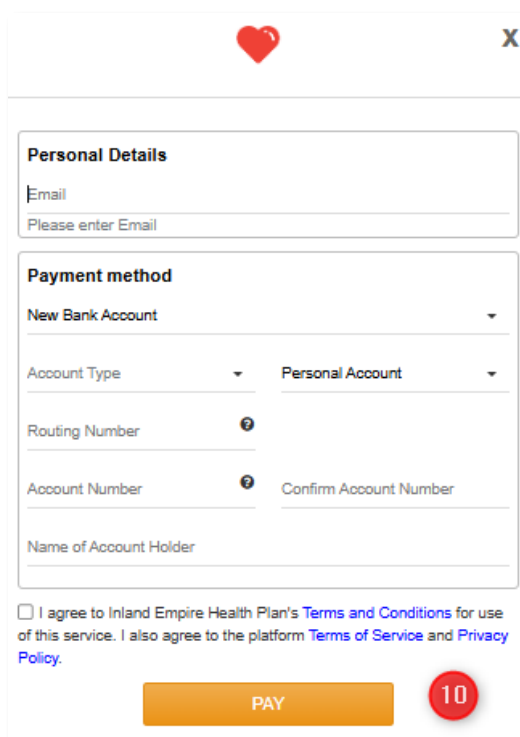


Payment Authorization 9

By Clicking "Confirm & Pay", I, as an authorized representative, authorize a one-time charge (\$2.85). Alternatively, you may click "Cancel" and select the "Offset from Future Payments" button. This payment is a voluntary settlement of known overpaid funds related to my outstanding refund claims. I acknowledge that this charge will appear as "Inland Empire Health Plan" on my statement and that this final transaction cannot be revoked or disputed once processed.

IEHP accepts Credit Cards (Visa, Mastercard, American Express, Discover) and ACH for payments. Buy Now, Pay Later options (such as Affirm or Zip) are not supported.

9. Confirmation of your selected choice will populate. Confirm & Pay or Cancel



Personal Details

Email
Please enter Email

Payment method

New Bank Account

Account Type Personal Account

Routing Number ?

Account Number ? Confirm Account Number

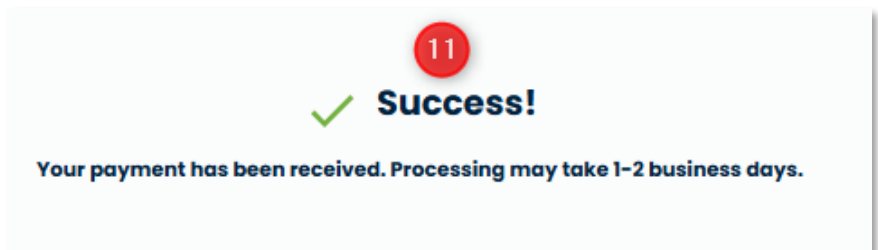
Name of Account Holder

☐ I agree to Inland Empire Health Plan's Terms and Conditions for use of this service. I also agree to the platform Terms of Service and Privacy Policy.

10

10. A form to pay will populate. Please complete all fields and click PAY.

11. Payment confirmation will be received



11

✓ **Success!**

Your payment has been received. Processing may take 1-2 business days.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices