We heal and inspire the human spirit.

To: Provider Network

From: Claims

Date: November 10, 2026

Subject: **Introducing Our Payment Integrity Program**

IEHP is committed to being a responsible steward of healthcare resources while ensuring you are reimbursed accurately and members receive high-quality care. **As the healthcare landscape continues to evolve and fiscal stewardship becomes an increasing focus across the industry, we are enhancing our Payment Integrity Program to strengthen payment accuracy, promote transparency, and support compliance across our provider network.**

Our approach is centered on partnership, education, and continuous improvement. By working collaboratively with you, we can reduce unnecessary administrative burden, improve claim accuracy, and help ensure healthcare resources remain focused on delivering exceptional care to the communities we serve.

Why Is Payment Integrity Important?

As a public health plan, IEHP has a responsibility to:

- Protect Medicare and Medicaid trust funds.
- Ensure healthcare resources are used to support patient care.
- Prevent payment errors, waste, fraud, and abuse.
- Promote accurate reimbursement for services rendered.
- Reduce avoidable administrative costs that increase healthcare expenses.

The goal of Payment Integrity is not to reduce provider reimbursement or create additional administrative burden; it is to ensure claims are paid accurately the first time, reducing the need for future adjustments, disputes, audits, and overpayment recoveries.

What Does This Mean for Providers?

Providers may notice increased communication, education, and outreach related to billing, coding, documentation, and reimbursement requirements.

Examples may include:

- Educational notices regarding common billing and coding errors.
- Requests for supporting documentation.
- Pre-payment claim edits or denials intended to prevent inaccurate payments.
- Notifications regarding potential overpayments or payment discrepancies.
- Provider-specific billing trend analysis and educational opportunities.

Our objective is to proactively identify and resolve potential billing and payment issues, helping providers improve claim accuracy, prevent avoidable denials and overpayments, and reduce administrative rework for both providers and IEHP.

A Collaborative Approach

Payment Integrity is a partnership between IEHP and you, our provider community.

Our focus is to:

- Prevent payment errors before they occur.
- Improve payment accuracy and timeliness.
- Reduce provider disputes and appeals.
- Support provider compliance efforts.
- Promote transparency and communication.

This is not a punitive initiative. It is a collaborative effort to help you navigate increasingly complex billing and reimbursement requirements while reducing unnecessary administrative burden for both providers and IEHP.

What Should Providers Do If a Claim Is Denied Due to Potential Overpayment (Pre-Payment)?

If we identify a potential overpayment prior to payment, the claim may be denied. In these situations, you will receive a denial notice on the Remittance Advice (RA) explaining the reason(s) for the denial.

You should:

1. Review the Remittance Advice (RA) to understand the denial reason(s).
2. Correct the claim, including any billing, coding, documentation, or other identified deficiencies.
3. Resubmit a corrected claim in accordance with applicable billing requirements and filing timelines.
4. Implement corrective actions to prevent similar issues and improve future claim accuracy.

Our goal is to identify and address potential issues before payment is made, helping providers avoid downstream adjustments, overpayment recoveries, disputes, and unnecessary administrative burden.

What Should You Do If an Overpayment Is Identified (Post-Payment)?

If we identify a potential overpayment, you may receive a notification explaining:

- The affected claim(s)
- The overpayment amount
- The basis for determination
- Available response options

You should:

1. Review the information provided.
2. Verify the claim and supporting documentation.
3. Respond within the timeframe outlined in the notice.
4. Use the Provider Overpayment Form*, refund the overpayment or work with IEHP to resolve any discrepancies.
5. Implement corrective actions to prevent similar issues in the future

*Providerservices.iehp.org > Resources > Resources for Providers > Forms > Claims > Provider Identified Overpayment Form

We remain committed to:

- Paying claims accurately and timely.
- Providing clear guidance and educational resources.
- Promoting transparency in reimbursement processes.
- Working collaboratively with providers to resolve issues.
- Supporting compliance while minimizing administrative burden whenever possible.

Together, we can improve payment accuracy, reduce unnecessary rework, and ensure healthcare resources remain focused on what matters most; delivering high-quality care to the members we serve.

If you have questions regarding Payment Integrity, reimbursement requirements, or an overpayment notification, please contact your IEHP Provider Relations Manager for assistance or call the Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

Thank you for your ongoing partnership and commitment to serving our members.

Sincerely,

Brian Mackey
Director, Payment Integrity
Inland Empire Health Plan (IEHP)

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