

# IEHP

## Other Health Coverage (OHC) FAQs for Providers

PRE-SERVICE	
QUESTION	ANSWER
What is OHC?	OHC means a Member has <b>Other Health Coverage</b> and Medi-Cal (IEHP) is the secondary payer.
How do I know if a Member has OHC?	<ul style="list-style-type: none"> <li>Check under Member Eligibility on IEHP's secure Provider portal at <a href="https://ProviderServices.iehp.org">ProviderServices.iehp.org</a></li> <li>Call IEHP's Provider Relations Team at (909) 890-2054 or (866) 223-4347.</li> <li>Check <a href="#">DHCS's Automated Eligibility Verification System (AEVS)</a></li> </ul>
What do I do if the Member has OHC?	<ul style="list-style-type: none"> <li><b>First, do not refuse service, even if a Member has OHC</b></li> <li>Contact the Member's OHC prior to rendering services to verify if the OHC will issue an authorization for services.</li> <li>OHC contact information is available under Member Eligibility (see example below)</li> <li>You are responsible for reviewing the OHC information to identify the responsible payer</li> </ul>

Search Results

Verification Number: 1 Sep 28, 2023 at 10:56 AM

IEHPID

DOS: 09/28/2023

Medical History Record

Member

IEHP ID

Gender

DOB

CIN

Aid Code

Co-Pay

County

Medi-Cal Eff. Date

Status

Plan

OHC

Yes (Details)

PCP

NPI

PCP Phone

Eff. Date with PCP

Directory ID

Lab

IPA

IEHP Direct

Hospital

PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER

Other Health Coverage

OHC Confirmed

Payer

Effective

Expiration

Policy Number

Group Number

Phone

Address

I contacted the OHC and they will not authorize services. What do I do?	<ul style="list-style-type: none"> <li>Render the medically necessary services</li> <li>Submit a copy of the OHC denial letter to IEHP during the authorization request and claims submission.</li> </ul>
What if the Member does not want to use their OHC? What should I advise the Member?	<ul style="list-style-type: none"> <li>Members <b>must</b> utilize their primary OHC for covered services.</li> <li>This is a requirement of the Department of Health Care Services (DHCS.)</li> </ul>
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"> <li>Do not collect a copayment or deductible amount from the Member at the time of service.</li> <li>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.</li> </ul>
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"> <li>Report newly discovered OHC or a change to the OHC information to IEHP's Provider Relations Team at (909) 890-2054.</li> <li>Please have any source documents available.</li> </ul>

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