

Please enter your name, job title, Organization
and email address in the MS Teams Chat box.
We will begin our training session shortly!

ICF/DD Onboarding Training

December 18, 2023



Ben Jauregui, DSW, LTSS Liaison
Manager, Integrated Transitional Care

&

May Mariano, LVN
Manager, Integrated Transition of Care

Agenda

- Introduction
- IEHP Company Overview
- Meet Your LTSS Liaison
- Authorization Process & Continuity of Care Guidelines
- Claims & Provider Dispute Resolution Process
- IEHP Provider Portal
- Pharmacy Services
- Contracting Updates
- Q & A



Introduction

Inland Empire Health Plan (IEHP) is one of the top 10 largest Medicaid health plans and the largest not-for-profit Medi-Cal, IEHP Dual Choice Plan

IEHP is an NCQA-accredited health plan

- Membership
 - 1.6 million members in San Bernardino and Riverside Counties
 - 7k + Providers
 - 3k + Team Members



Mission:

We heal and inspire the human spirit.

Vision:

We will not rest until our communities enjoy optimal care and vibrant health.

Values:

We do the right thing by:

- Placing our Members at the center of our universe.
- Unleashing our creativity and courage to improve health & well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.





ICF/DD Onboarding Training LTSS Liaison

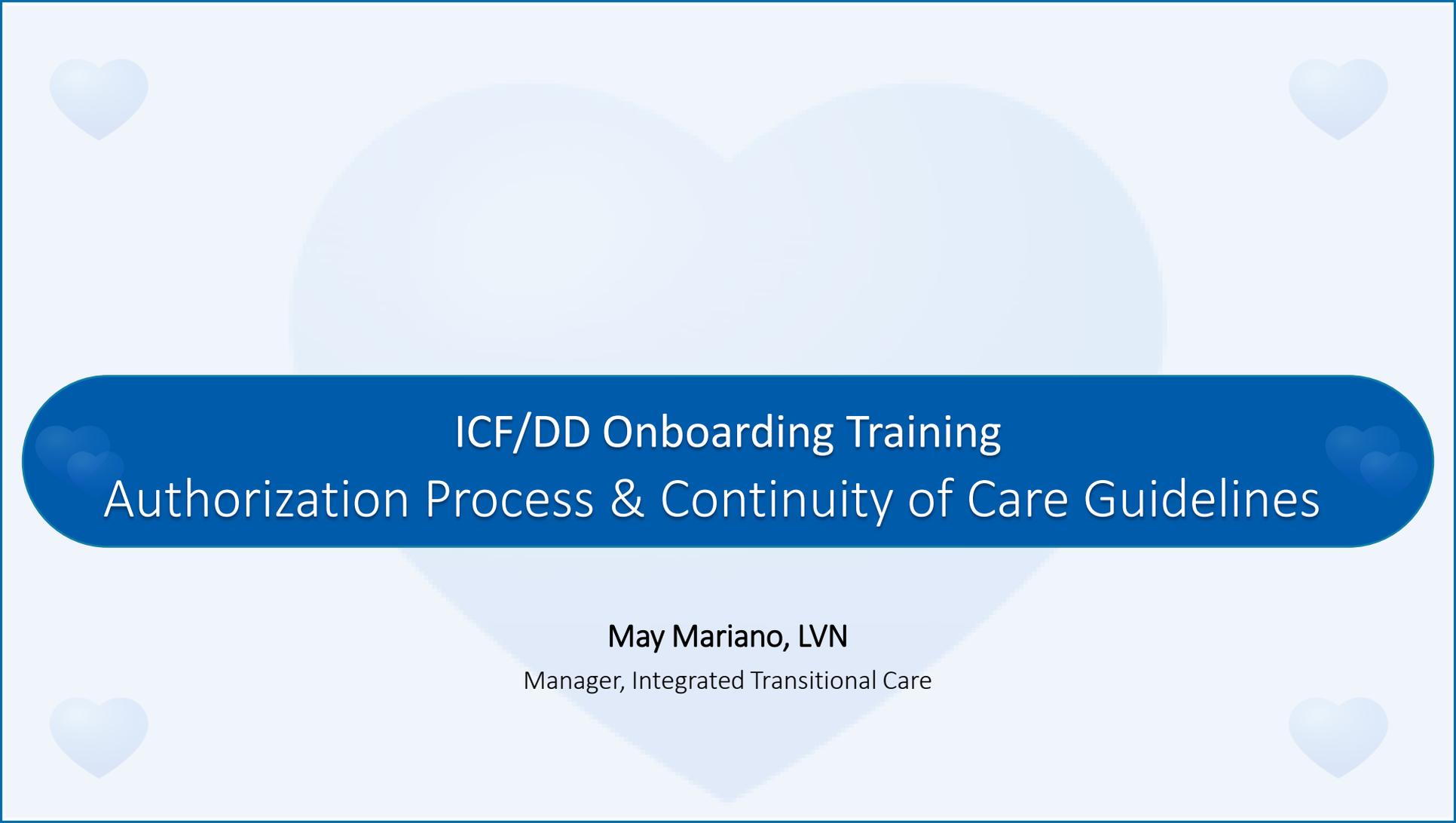
Ben Jauregui, DSW

Manager, Integrated Transitional Care

Role of the LTSS Liaison

- Serve as the Liaison to LTSS Provider Community.
- Single point of contact, as needed.
- Support the ICF/DD population's service needs.
- Assist providers in addressing claims and payment inquiries in a responsive manner.
- Assist with care transitions.



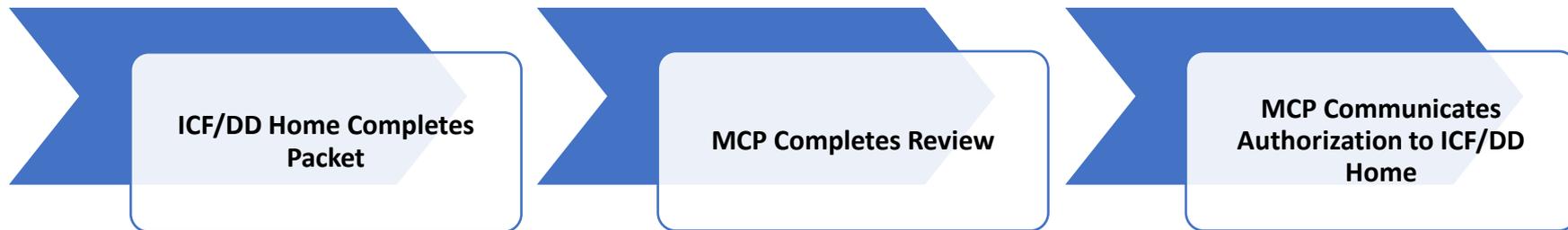


ICF/DD Onboarding Training Authorization Process & Continuity of Care Guidelines

May Mariano, LVN
Manager, Integrated Transitional Care

ICF/DD Homes to MCP Workflow (Authorization Process)

- **3-Step Process**



ICF/DD Homes to MCP Workflow - Step 1

Step 1: ICF /DD Home Completes Packet

The ICF/DD home completes and submits to the **MCP** the following information for authorization:

- A Certification for Special Treatment Program Services form (HS 231) signed by the Regional Center with the same time period requested as the TAR (shows LoC met).
- A Treatment Authorization Request (TAR) form [Long Term Care Treatment Authorization Request (LTC TAR, 20-1)]
- A Medical Review/Prolonged Care Assessment (PCA)form (DHCS 6013A) OR the information found on the PCA form in any format (e.g., a copy of the IPP or ISP).
- ICF/DD-N homes are required to include an ISP whenever a TAR reauthorization is submitted for an individual as mandated in the Medi-Cal Provider Manual (TAR for Long Term Care: 20-1 Form (LTC TAR) page 3)
- ISP submissions are required as part of the periodic review of ICF/DD-N homes as mandated by CCR Title 22, Section 51343.2(k).

The same forms will be used post carve-in.



ICF/DD Homes to MCP Workflow - Steps 2 & 3

Step 2: MCP Completes Review

The MCP reviews the submitted TAR form, HS231 form, 6013A form (or alternative information) and any attached documentation showing medical necessity, current care needs, and recipient prognosis, and makes a medical necessity determination and authorization decision (approval or denial).

Step 3: MCP Communicates Authorization to ICF/DD Home

The MCP Communicates the authorization decision to the ICF/DD home within 5 working days.

Fax # (909) 912-1045 for Authorization Submissions



Bed Holds & LOAs

- **Bed Holds**
 - Are approved up to a total of 7 calendar
 - The ICF/ DD shall hold a bed vacant during the entire hold period for a maximum of seven days for each bed hold period.
 - A separate authorization is required for bed holds.
- **Leave of Absence**
 - Approved up to 73 days per calendar year
 - A physician signature is required for an LOA only when a Member is participating in a summer camp for the developmentally disabled
 - A separate authorization is required for leave of absence.



Continuity of Care

What is Continuity of Care?

- To ensure that new IEHP Medi-Cal Members will not change current ICF/DD for at least 12 months while working to bring the ICF-DD homes into the IEHP network
- Automatic continuity of care means that Members currently residing in an ICF-DD home do not have to request continuity of care to continue to reside in the ICF/DD home.





ICF/DD Onboarding Training Claims & Provider Dispute Resolution Process

Blanca Escobedo
Manager, Provider Operations

Billing Procedures

Please bill per DHCS guidelines:

dhcs.ca.gov > Intermediate Care Facility for Developmentally Disabled ICF DD Long Term Care Carve In and reference “Key Documents.”

DHCS Link: [Intermediate-Care-Facility-for-Developmentally-Disabled-ICF-DD-Long-Term-Care-Carve-In](#)

Revenue Code	Accommodation Code	Bill Type	Description
101	Follow DHCS Billing Guidelines	65X (Level 1) 66X (Level 2)	Long Term Care ICF/DD
180	Follow DHCS Billing Guidelines	65X (Level 1) 66X (Level 2)	ICF/DD Bed Hold

Claims must be billed on a UB-04 claim form.

Facility Type	Regular Accommodation Code	Bed Hold Accommodation Code
ICF/DD 1-59 Beds	41	43
ICF/DD 60+ Beds	41	43
ICF/DD-H 4-6 Beds	61	63
ICF/DD-H 7-15 Beds	65	68
ICF/DD-N 4-6 Beds	62	64
ICF/DD-N 7-15 Beds	66	69



How to submit a UB04 (Inpatient Claim)

- IEHP requires submission of complete clean claims
 - Clean claims are those claims and attachments or other documentation that include all reasonably relevant information necessary to determine payor liability. If a paper or EDI claim is missing critical billing information, the claim will be rejected and a request for missing or invalid information will be sent to the submitter.
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- The Clean Claim Tool Guide is posted on IEHP's website at: [clean-claim-tool---ub04-ip.pdf \(iehp.org\)](#)



How to submit a UB04 (Inpatient Claim)

IEHP requires submission of complete clean claims. Clean claims are those claims and attachments or other documentation that include all reasonably relevant information necessary to determine payor liability. The Clean Claim Tool Guide is posted on IEHP's website at

<https://www.providerservices.iehp.org/content/dam/provider-services/en/documents/providers/provider-resources/forms/claims-forms/archive/2018/clean-claim-tool--ub04-ip.pdf>

- If a paper or EDI claim is missing critical billing information, the claim will be rejected and a request for missing or invalid information will be sent to the submitter.

The image shows a UB04 Inpatient Claim form with various fields. Key sections include:

- 1 HOSPITAL NAME, ADDRESS, CITY STATE ZIP CODE** (with a red box highlighting the top right corner)
- 8 PATIENT NAME** (with a red box highlighting the top right corner)
- 11 ICD-9-CM CODES** (with a red box highlighting the top right corner)
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- 01 HEALTH PLAN ID** (with a red box highlighting the top right corner)
- 02 PAYER NAME** (with a red box highlighting the top right corner)
- 03 INSURANCE NAME** (with a red box highlighting the top right corner)
- 04 TREATMENT AUTHORIZATION CODES** (with a red box highlighting the top right corner)
- 05 PRIMARY DIAGNOSIS CODE** (with a red box highlighting the top right corner)
- 06 SECONDARY DIAGNOSIS CODE** (with a red box highlighting the top right corner)
- 07 ADT** (with a red box highlighting the top right corner)
- 08 PRIMARY PROC. CODE** (with a red box highlighting the top right corner)
- 09 SECONDARY PROC. CODE** (with a red box highlighting the top right corner)
- 10 REMARKS** (with a red box highlighting the top right corner)

How to Submit a Claim Electronically

LOB: Medi-Cal and IEHP Dual Choice (DSNP)

Payer ID Institutional: **00303**

Providers now have several options to submit their claims electronically to IEHP via the clearinghouse listed.

- All listed clearinghouses can be used to submit claims BUT Office Ally is the only clearinghouse which IEHP incurs the cost.
- Currently IEHP does not have claims submission available through its website.



Office Ally
Zimed
SSI
Changes Healthcare
Relay Health
Claim Remedi
MedAssest
Emdeon
Medavant
Medical Data Exchange
Turdo Tar, Inc.
Xifn, Inc.



Claim Timely Filing

Timely Filing Guidelines



Medi-Cal		
	Contracted	Non-Contracted
<p>New Claim Submission</p> <p>Claim should be prepared in accordance with the National Uniform Billing Committee standards.</p> <p><i>**Clean Claim Guidelines**</i></p>	<p>** Based on terms of contract, usually 120 days from Date of Service.</p>	<p>** 180 days from the date of service to receive full reimbursement. Claims may be submitted up to 1 year from the date of service, subject to the following reductions apply:</p> <ul style="list-style-type: none"> • 7th through 9th month: Reduction of 25%. • 10th through 12th month: Reduction of 50%.
<p>Corrected Claim</p> <p>Considered new claim submission</p>	<p>** Based on terms of contract, usually 180 days from date of service</p>	<p>**Corrected claims may be submitted up to (1) year from the date of service, subject to the following reductions for any claims received after one hundred eighty (180) days. 365 days from the date of service to receive reimbursement.</p> <p>Claims may be submitted up to 1 year from the date of service, but may be subject to the following reductions:</p> <ul style="list-style-type: none"> • 7th through 9th month: Reduction of 25%. • 10th through 12th month: Reduction of 50%. • Claims submitted after one (1) year from the date of service can be denied.
<p>Secondary Claims</p>	<p>** Based on terms of contract, usually 120 days from the date of the EOB from Primary Payor.</p>	<p>**365 days from the date on the EOB from Primary Payor.</p> <p>Medi-Cal Members will receive a payment reduction on claims submitted after a 6-month period as follows:</p> <ul style="list-style-type: none"> • Claims received within 7-9 months after the date on the EOB subject to a 25% Reduction. • 10-12 months after date on EOB subject to a Reduction of 50%.



What is a Provider Dispute Resolution (PDR)?

- ❖ A PDR is a formal way to resolve a dispute between the health plan and care/service provider
- ❖ PDRs are only used **after** a determination to pay or deny a claim has been made
- ❖ IEHP follows the PDR submission requirements for all payers

MEDI-CAL

Title 28 California Code of Regulation (CCR)§ 1300.71.38 requires IEHP to maintain a PDR process for Medi-Cal Providers

No retaliation against a Provider who submits a dispute in good faith



How to submit a PDR

Step 1

- Find the PDR form located at www.providerservices.iehp.org
 - Home > Provider Resources > Forms > Scroll to Claims Section

Step 2

- Select and download the [Medi-Cal Provider Dispute Resolution \(PDR\)](#)



How to Submit a PDR

Step 3

- Complete all appropriate fields
- Determine the Provider Dispute Type

The following details are needed to complete this form:

Provider Information

- ✓ *Name*
- ✓ *Tax/Medicare ID*
- ✓ *Address*

Dispute Indicators

- ✓ *Dispute Type*
- ✓ *Description of Dispute*
- ✓ *Expected Outcome*

Patient Identifiers

- ✓ *Patient Name & DOB*
- ✓ *Patient Account #*
- ✓ *Services Dates*
- ✓ *Claim Information*
- ✓ *Health Plan ID #*

PROVIDER DISPUTE RESOLUTION REQUEST			
INSTRUCTIONS			
<ul style="list-style-type: none"> • Please complete the below form. Fields with an asterisk (*) are required. • Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME. • Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed. • For routine follow-up status, please call the IEHP Provider Team at (909) 890-2054 or (866) 223-4347 Monday-Friday 8:00 am to 5:00 pm PST or visit our Secure Provider Portal available for contracted providers at www.iehp.org. • Place this completed form at the top of any attachments related to your dispute and mail to: IEHP Claims Appeal Resolution Unit P.O. Box 4319 Rancho Cucamonga, CA 91729-4319 			
*PROVIDER NAME:		*PROVIDER TAX ID # / Medicare ID #:	
PROVIDER ADDRESS:			
PROVIDER TYPE <input type="checkbox"/> MD <input checked="" type="checkbox"/> Mental Health Professional <input type="checkbox"/> Mental Health Institutional <input type="checkbox"/> Hospital <input type="checkbox"/> ASC <input type="checkbox"/> SNF <input type="checkbox"/> DME <input type="checkbox"/> Rehab <input type="checkbox"/> Home Health <input type="checkbox"/> Ambulance <input type="checkbox"/> Other _____ <small>(please specify type of "other")</small>			
CLAIM INFORMATION <input type="checkbox"/> Single <input type="checkbox"/> Multiple "LIKE" Claims (complete attached spreadsheet) Number of claims: _____			
* Patient Name:		Date of Birth:	
* Health Plan ID Number:	Patient Account Number:	Original Claim ID Number: (if multiple claims, use attached spreadsheet)	
Service "From/To" Dates: (* Required for Claim, Billing, and Reimbursement Of Overpayment Disputes)		Original Claim Amount Billed:	Original Claim Amount Paid:
DISPUTE TYPE			
<input type="checkbox"/> Claim <input type="checkbox"/> Appeal of Medical Necessity / Utilization Management Decision <input type="checkbox"/> Disputing Request For Reimbursement Of Overpayment		<input type="checkbox"/> Seeking Resolution Of A Billing Determination <input type="checkbox"/> Contract Dispute <input type="checkbox"/> Other:	
* DESCRIPTION OF DISPUTE:			
EXPECTED OUTCOME:			
Contact Name (please print)	Title	()	
Signature	Date	Phone Number	()
		Fax Number	
<input checked="" type="checkbox"/> CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED (Please do not staple)			
		<i>For Health Plan/RBO Use Only</i> TRACKING NUMBER _____ PROV ID# _____ CONTRACTED _____ NON-CONTRACTED _____	



How to submit a PDR

- Use Excel file template for multiple like claims and same services
 - [Provider Dispute Resolution Request \(PDR\)](#)

PROVIDER DISPUTE RESOLUTION REQUEST
(For use with multiple "LIKE" claims)

Number	* Patient Name		Date of Birth	* Health Plan ID Number	Original Claim ID Number	* Service From/To Date	Original Claim Amount Billed	Original Claim Amount Paid
	Last	First						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Page _____ of _____

CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED
(Please do not staple)

Form Updated: 09/2013

Where to Submit a PDR

Claims Appeals

- Any provider who has been denied payment for any covered services or believes a claim has been underpaid may appeal to IEHP in writing within 365 days after the last date of action.
 - **By mail:** IEHP - Provider Disputes, P.O. Box 4319, Rancho Cucamonga, CA 91729-4319
 - Electronic dispute: IEHP currently does not accept electronic submissions of PDRs
- **Assistance:** Provider Call Center Team (909) 890-2054.

Please note: All disputes must include justification and supporting documentation.



Time Frame for Filing a PDR: Medi-Cal

Providers must submit a complete PDR form within **365 days** from the date of payment or denial of a claim.

Medi-Cal PDR forms must be submitted within **365 days** from date of payment/denial.

PDRs will be acknowledged within **15 working days** of receipt

IEHP will issue a written PDR Determination letter to the Provider within **45 working days** from the receipt of the Providers PDR form





ICF/DD Onboarding Training IEHP Provider Portal

Blanca Escobedo

Manager, Provider Operations

Provider Portal for Providers

- Both non-contracted and contracted providers can obtain portal access.
 - Access to the portal without a contract has limited functionality and is restricted to member eligibility. However, exceptions can be made if the provider has a high volume of claim status inquiries and is approved for additional access (at discretion of IEHP).
 - Contracted providers have full portal access for all portal functions.



IEHP Inland Empire Health Plan Provider Portal

Non-Contracted No Claims Access

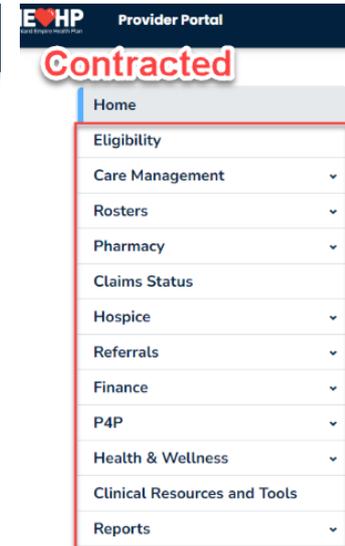
Home
Eligibility



IEHP Inland Empire Health Plan Provider Portal

Non-Contracted W/ Claims Access

Home
Eligibility
Claims Status
Finance
Claims RAs
Prop 56 RAs
Clinical Resources and Tools



IEHP Inland Empire Health Plan Provider Portal

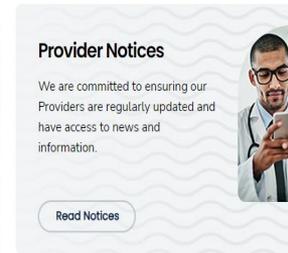
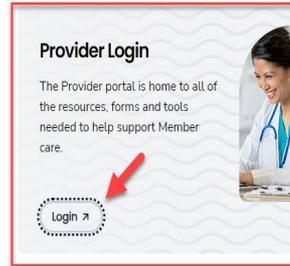
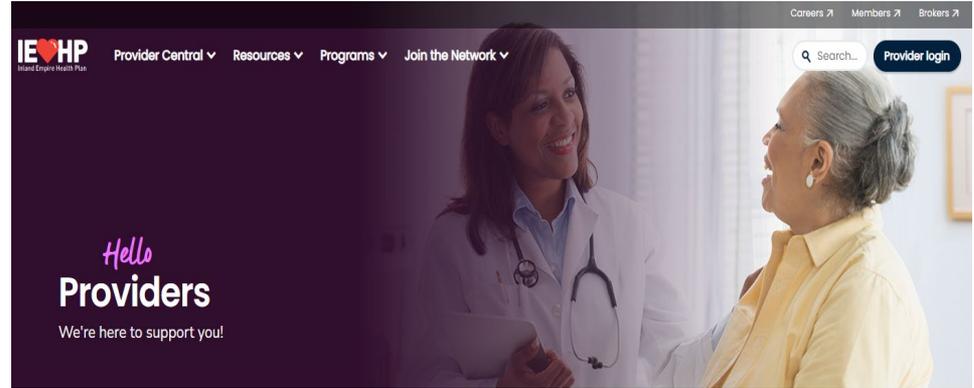
Contracted

Home
Eligibility
Care Management
Rosters
Pharmacy
Claims Status
Hospice
Referrals
Finance
P4P
Health & Wellness
Clinical Resources and Tools
Reports



Provider Portal Registration Steps

- Suggested browser is Google Chrome.
 1. Navigate to [ProviderServices.iehp.org](https://Providerservices.iehp.org)
 2. On the IEHP landing page click on Provider Login



Provider Portal Registration Steps

3. Click on “[Register](#)” and follow steps to create an account.

- If non contracted select “basic” account type if contracted select “full access”.



Provider Portal Registration Steps Cont.

Note: When creating **Basic access**, you will be prompted to select your provider type.

Full access requests will not be prompted to select a provider type, instead you will need to input your **TAX ID** and **NPI number**.

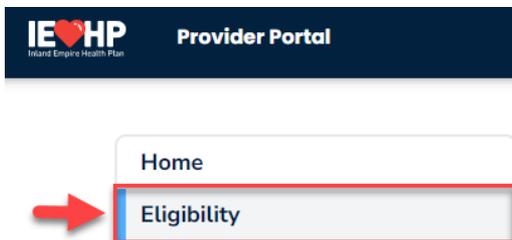
The screenshot shows the 'Step 1: Register' form for 'Basic Access'. At the top, there are tabs for 'register', 'verify', and 'submit', with 'register' selected. A progress indicator shows step 1 of 1. The form title is 'Step 1: Register' with 'Basic Access' highlighted in red. Below the title, there is a section 'Select a provider type:' with two buttons: 'Basic' (selected) and 'Full Access'. The form contains several input fields: 'Facility Name', 'Address', 'Phone' (with a placeholder '(555) 555-5555'), 'User ID', 'Facility Type' (a dropdown menu with a red box around it, listing options like Ambulance, Emergency Room, Home Health, Hospital, Laboratory, Non-Pa PCP, Pharmacy, Radiology, SNF, Specialist, Urgent Care, and Other), 'Reason', 'State' (with 'CA' selected), 'Zip Code', and 'Confirm Email Address'. At the bottom, there are checkboxes for password requirements: '8 or more characters', 'Only letters and numbers allowed', 'Start with a letter character', and 'No white space allowed'. There are also fields for 'Password' and 'Confirm Password'.

The screenshot shows the 'Step 1: Register' form for 'Full Access Request'. At the top, there are tabs for 'Register', 'Verify', and 'Submit', with 'Register' selected. A progress indicator shows step 1 of 1. The form title is 'Step 1: Register' with 'Full Access Request' highlighted in red. Below the title, there is a section 'Select a provider type:' with two buttons: 'Basic' and 'Full Access' (selected). The form contains several input fields: 'Tax ID' (with a placeholder 'XX-XXXXXX' and an 'Add' button), 'NPI', 'Email Address', 'Confirm Email Address', 'Password', and 'Confirm Password'. At the bottom, there are checkboxes for password requirements: '8 or more characters', 'Uppercase character', 'Lowercase character', 'Special character', 'Number', and 'No white space allowed'.

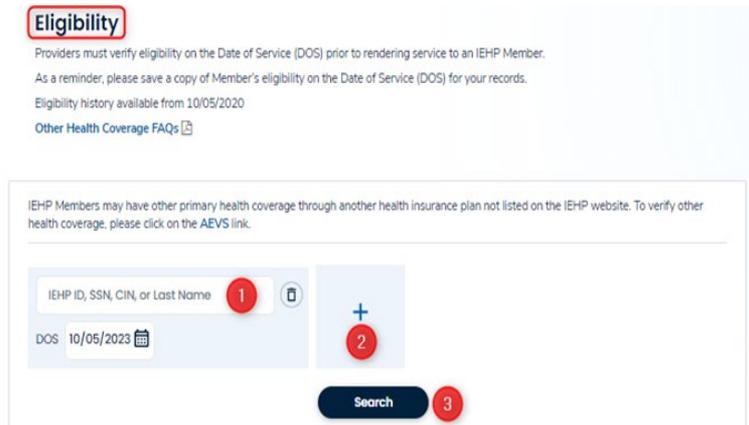


Provider Portal Eligibility

To check member eligibility, navigate to the left menu options and click on “eligibility” tab.



1. Type in the Member’s SSN, CIN, IEHP ID or Last Name all on the same screen.
2. You may enter additional eligibility searches by clicking on the “+” icon. (Up to 10 entries)
3. Click “Search” to view search results.



Provider Portal Eligibility Example

Q IEHPID » [REDACTED] DOS: 09/22/2023

 Complex Care Management

 [Medical History Record](#)

	Member	[REDACTED]	IEHP ID	[REDACTED]	Status	[REDACTED]
	CIN	[REDACTED]	Gender	[REDACTED]	DOB	[REDACTED]
	Aid Code	[REDACTED]	County	[REDACTED]	Plan	[REDACTED]
	Medicare ID	[REDACTED]	Co-Pay	[REDACTED]	Medi-Cal Eff. Date	[REDACTED]
	MOOP Met	[REDACTED]			OHC	No

	PCP	[REDACTED]	NPI	[REDACTED]	PCP Phone	[REDACTED]
			Eff. Date with PCP	08/01/2018 - Current	Directory ID	[REDACTED]
	Lab	[REDACTED]				
	IPA	[REDACTED]	Hospital	[REDACTED]		



Provider Portal Referrals

To view a provider authorization, navigate to the left menu options and click on “[referrals](#)” tab.

Home	
Eligibility	
Care Management	▼
Rosters	▼
Encounter	▼
Enhanced Care Management	▼
Pharmacy	▼
Claims Status	
Behavioral Health	▼
Referrals	▲
Status	



Provider Portal Referrals

Search box.

- IEHP ID
- Social Security Number (SSN)
- California Identification Number (CIN)
- Referral Number

Referral Status

IEHP's Referral Status page allows Providers to conveniently view the status of their medical, behavioral health, pharmacy and vision referrals.

The DHCS Medi-Cal Rx transition went into effect January 1, 2022. For more information, including prescriber registration and Magellan portal access, please visit: <https://uac.magellanrx.com>.

Search by IEHP ID, SSN, CIN or Referral Number

More Options

Search

Results: 4

First Previous **1** Next Last 25 ▾

Referral ID	Member	Received Date	Status
		Sep 21, 2023	In Progress



Provider Portal Referrals

a) Search box.

- IEHP ID
- Social Security Number (SSN)
- California Identification Number (CIN)
- Referral Number

b) Search by Date range

- Default to one (1) day
- Maximum of thirty (30) days

c) Search by Custom Date Range

- Custom Date range cannot exceed one hundred twenty (120) days

d) Filter by Referral Type

- Medical
- Pharmacy (Rx)
- Vision
- Behavioral

e) Filter Inpatient Only

- Only Applies to Medical and Behavioral Referral Types

f) Search by any Provider ID

- You may search other Provider IDs who's listed on Referrals as Requesting Provider and/or Servicing Provider associated with your Referrals.

Referral Status

IEHP's Referral Status page allows Providers to conveniently view the status of their medical, behavioral health, pharmacy and vision referrals.

The DHCS Medi-Cal Rx transition went into effect January 1, 2022. For more information, including prescriber registration and Magellan portal access, please visit: <https://uac.magellanrx.com>.

The screenshot shows the Referral Status search interface. It features a search bar at the top with a search icon and a 'Fewer Options' link. Below the search bar are several filter options:

- A**: Search by IEHP ID, SSN, CIN or Referral Number (input field)
- B**: Search by a relative date range (checkbox checked, 'Last 1 Day (Maximum of 30 Days)')
- C**: Search by a custom date range (checkbox unchecked, date range: 09/20/2023 to 09/21/2023)
- D**: Filter by Referral Type (checkboxes checked for Medical, Rx, Vision, Behavioral, Health Education)
- E**: Filter Inpatient Only (checkbox unchecked, note: Only applies to medical and behavioral referral types)
- F**: Any Provider NPI (input field)

A 'Search' button is located at the bottom right of the form.



Provider Portal Referrals

Viewing For Referrals

Results: 59

First Previous 1 2 3 Next Last 25

Referral ID	Member	Received Date	Status		
[Redacted]	[Redacted]	Dec 15, 2023	In Progress		
[Redacted]	[Redacted]	Dec 15, 2023	Complete		
Review ID: 23349812321	Type: Initial	Category: Materials	Location: 11-Office	Status: Approved	Reason: Auto Auth Approval
H233	[Redacted]	Dec 15, 2023	Complete		
[Redacted]	[Redacted]	Dec 15, 2023	Complete		

After executing your search, the page will be redirected to the referral's status page.

- 1) Status is color-coded with: **Green** (Approved, Complete), **Yellow**, (In Progress), or **Red** (Cancelled, Dismissed).
- 2) After executing your search, you can acquire more detail regarding a referral by clicking on the magnifying glass.
- 3) This H number is the 10-digit referral number.

Note: Once a referral is approved, it can be accessed on the Provider Portal by the:

- PCP
- Requesting Provider
- Rendering Provider
- Facility



Provider Details					
Current PCP	Requesting Provider				
Name:	Name:				
NPI:	NPI:				
Address:	Address:				
Phone:	Phone:				
Fax:	Fax:				
Servicing Provider					
Name:					
NPI:					
Address:					
Phone:					
Fax:					
Member Details					
Patient:	IHP ID:				
Sex:	DOB:				
Address:	Phone:				
	LOB:				
Referral Details					
Referral ID:	Classification: Standard				
Status: Complete	Received: 9/20/2023				
Diagnosis					
1 (R10.9) - Unspecified abdominal pain					
Review					
Total: 1					
Review ID:	POS: 12-Home				
Status: Approved	Priority: Post-Service				
Received: 9/20/2023	Category: Pain Management				
Procedures					
Total: 1					
1	Code	Requested	Approved	Decision	Dates
	9527	9/20/2023	9/20/2023	Approved	9/20/2023 - 3/6/2024
	Description:				
	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from inpatient hospital "observation status" if the discharge is on or after than the initial date of "observation status". To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation of Inpatient Care Services [Including Admission and Discharge Services, 95224-95228 as appropriate.]				

Provider Portal Referral Example



Provider Portal Claims

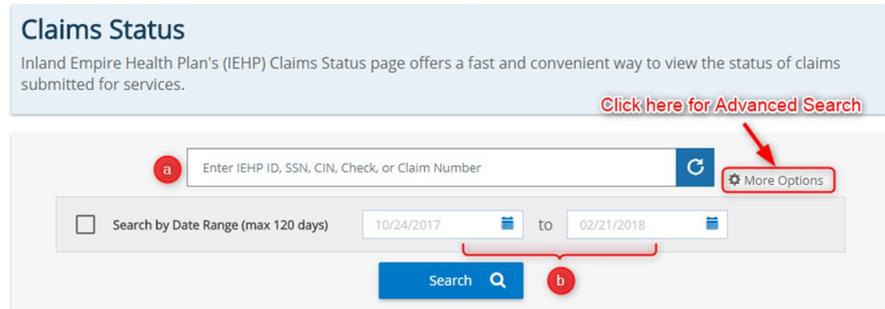
Claims Status is available on the left-hand Navigation panel to view the status of claims submitted.

1. Log into the Provider Secure Portal
2. On the left-hand navigation panel, select “**Claims Status**”



3. The following features are available for advanced search for claims by clicking on “**More Options**”:

- a. Search Box
 - IEHP ID
 - Social Security Number (SSN)
 - California Identification Number (CIN)
 - Check Number
 - Claim Number
- b. Search by Date Range (max 120 days)
 - Providers may search by date as far back as needed, if the date range remains between 120 days (e.g. September 1, 2016 – December 31, 2016)



Provider Portal Claims

4. After searching for a claims status, Providers can view more details regarding a claims status

- The default display is twenty-five (25) per page. Providers may change pages to view additional claims status.
- Columns are sortable
- By clicking on the “grey arrow” on the left-hand side of any claim, Providers may view details regarding the submitted claim:
 - Member
 - Account Number
 - Check Number
 - Dates of Service
 - Procedure Lines
- Providers may view IEHP’s Claims Appeals Policy by clicking on the “View Claims Appeals Policy”

Claims Status

Inland Empire Health Plan’s (IEHP) Claims Status page offers a fast and convenient way to view the status of claims submitted for services. Claims status including “Received status” will be available 2-3 business days after an electronic claim is submitted.

Enter IEHP ID, SSN, CIN, Check, or Claim Number ↻ [Fewer Options](#)

Search by DOS (max 30 days) 11/15/2023 To 12/15/2023

Search

Search By: 11/15/2023 - 12/15/2023 (30 Days) ×

1-25 of 977 Results

« 1 2 3 4 5 ... »

Primary DOS	Received	Provider	Member	IEHP ID	Claim Number	Billed Amount
▼ 12/11/2023	12/13/2023					\$490.00
Line	From / To	Procedure	Modifier	Quantity	Billed	Status
1	12/11/2023 - 12/11/2023	L4361	LT	1	\$490.00	Pending RA





ICF/DD Onboarding Training Pharmacy Services

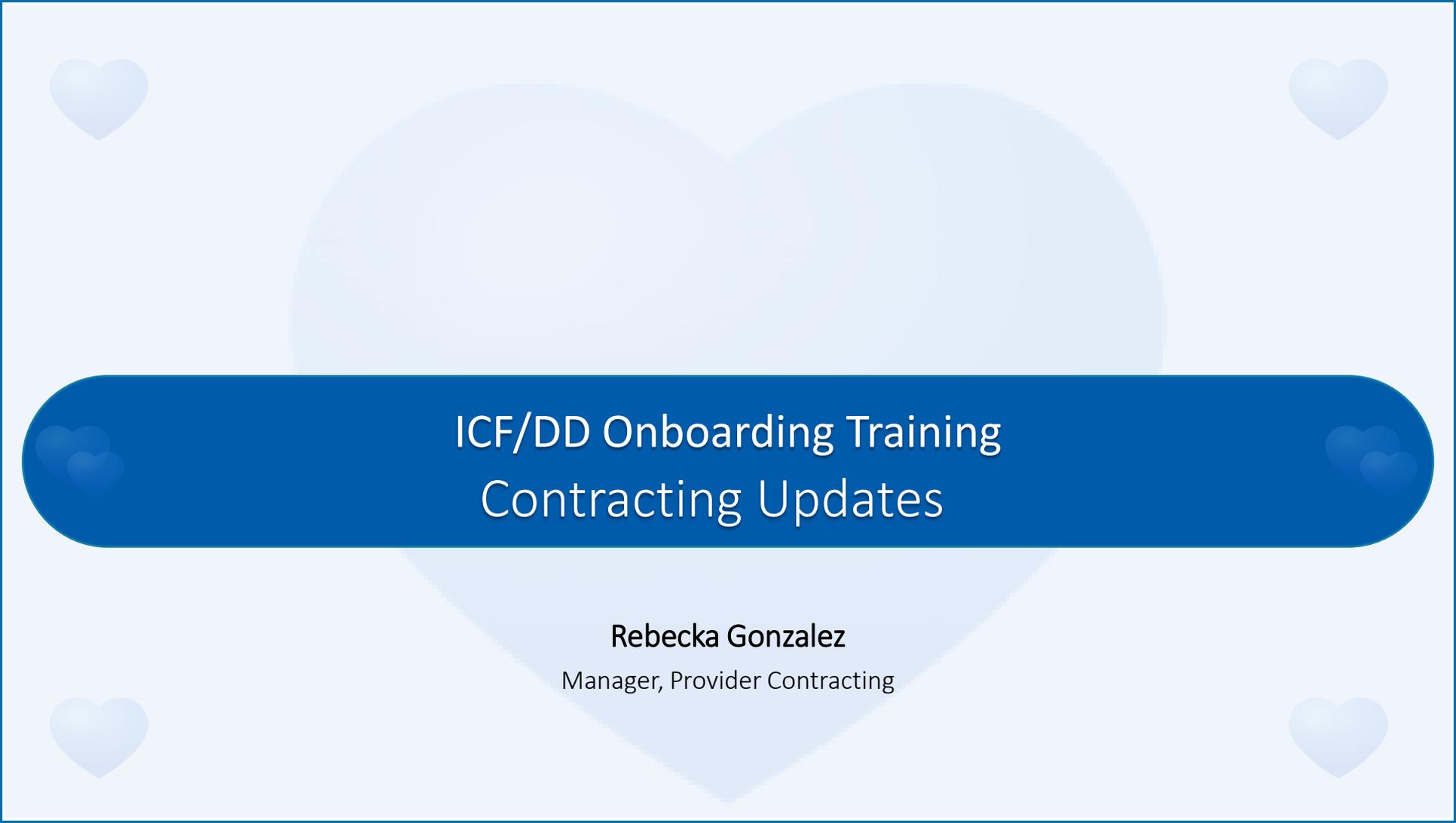
Christina Ornelas, Pharm. D.
Director, Pharmacy Operations

Medi-Cal Prescription Drug Benefit

- The financial responsibility of prescription drugs is determined by the claim type on which they are billed
 - **Medi-Cal Rx Responsibility:** Prescribed drugs dispensed by a pharmacy and billed on a pharmacy claim
 - Adjudicated through Magellan
 - **IEHP Responsibility:** Physician Administered Drugs (PAD) - Drugs furnished by a provider (i.e., in a doctor's office or other clinical setting) and billed on a medical or institutional claim.

**Note: If the drugs are provided by the ICF/DD Home and billed on a medical or institutional claim, IEHP is responsible.*





ICF/DD Onboarding Training Contracting Updates

Rebecka Gonzalez

Manager, Provider Contracting

How to Join the Network

Providers interested in joining the IEHP network as a contracted Intermediate Care Facility (ICF) may visit our website at www.iehp.org. If you select “Providers” in the upper right corner, you’ll be redirected to our Provider Central page where you can click on Join the Network _ Contract Forms. Select *Ancillary* and look for “ICF”. The following are initial credentialing requirements as streamlined by DHCS:

- For the initial credentialing, ICF/DD Homes must submit the below items in addition to the ICF/DD attestation:
 - W-9 Request for Taxpayer Identification Number and Certification
 - MCP Ancillary Facility Network Provider Application
 - Certificates of Insurance (Professional and General Liability)
 - City or County Business License (excludes ICF/DD-H and –N homes with six or less residents)
 - 5% Ownership Disclosure

**Please note, this is in addition to the attestation form and banking forms (ERA and Vendor Banking form).*



Non-Contracted Facilities

Complete claims for authorized health care services must be sent to:

Inland Empire Health Plan

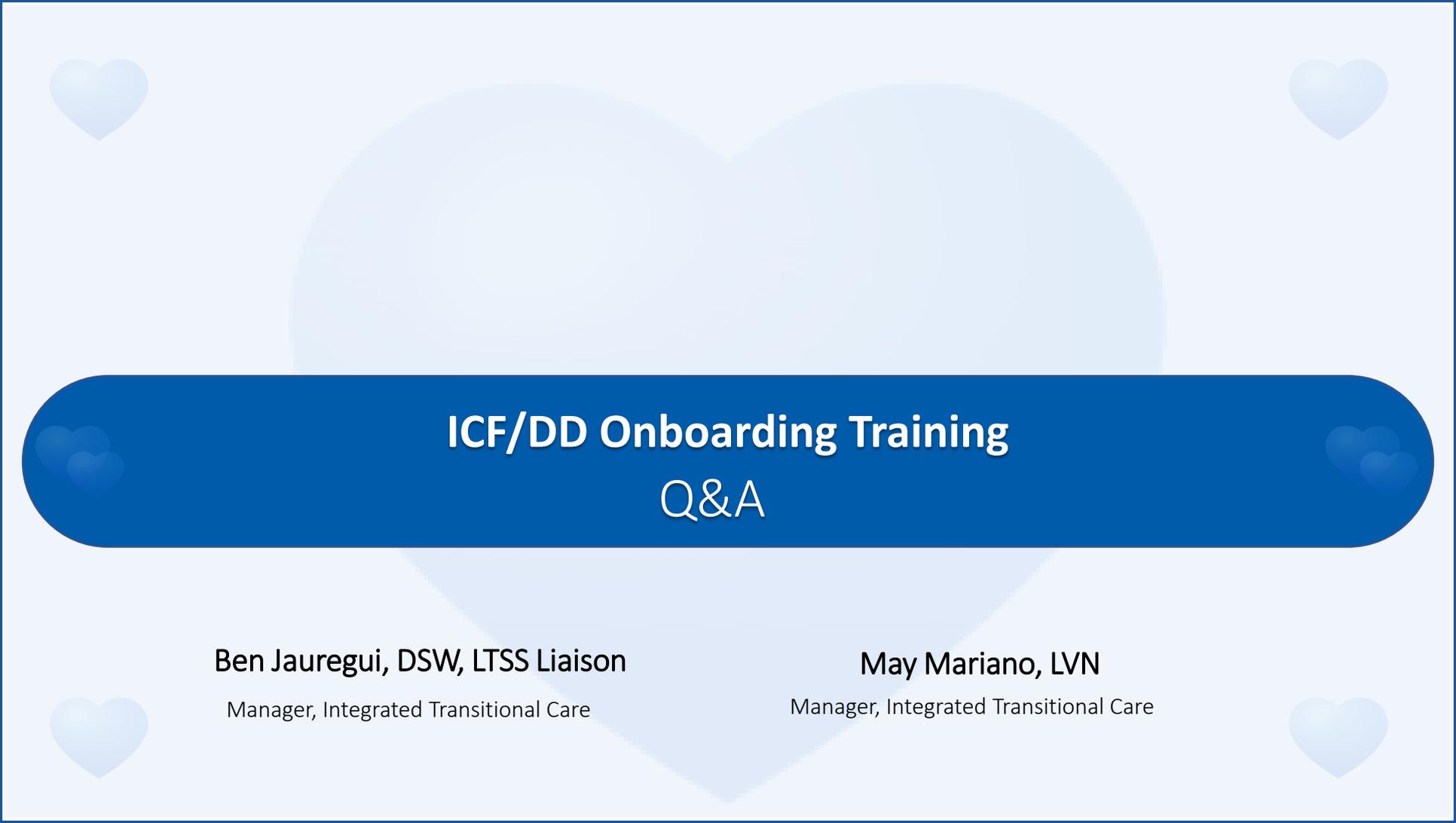
Attn: Claims Department – IEHP Claims

PO BOX 4349

Rancho Cucamonga, CA 91729-4349

[IEHP - Provider Resources : Non-Contracted Provider Resources](#)





ICF/DD Onboarding Training

Q&A

Ben Jauregui, DSW, LTSS Liaison

Manager, Integrated Transitional Care

May Mariano, LVN

Manager, Integrated Transitional Care

ICF/DD's Asked

1. What is the process to be paid for transportation services outside of those services covered by our daily rate? For example, we transport a client in the middle of the night to the hospital, but not necessarily a 911 call. How do we get paid for that service post transport?
2. Will there be a “designated case manager” from the MCP to each of our facilities? Or each client? To ensure the MCP is aware of needed services to support and ensure these are accessible and provided timely?
3. I understand the contract is being revised for ICF. When will it be available for the ICF providers to view?
4. How will the MCP handle the payment of bed holds and leave of absence? What is the procedure going to be and will there be additional authorizations required each time we have an LOA or bed hold day?
5. What involvement will the MCP have in discharges and admissions? How is that going to be coordinated with the facility and Regional Center? How will the MCP, ICF/DD, and Regional Center work together during transitions of care?



ICF/DD's Asked

6. When will we get Client IDs so that we can bill?
7. Are you going to use current TARs or are you going to issue new authorization numbers to us for current TARs?
8. Can you remove all traditional roadblocks to ensure ICF providers get their first WEEKLY Medi-Cal payment on January 7th in light of the Continuity of Care requirement and transition plan?



Key Contacts

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Thank You.

IE  **HP**
Inland Empire Health Plan
Live Wholeheartedly.