A Public Entity
Inland Empire Health Plan

Other Insurance Coverage as Primary

Date:

<Members Name>
<Members Address>

DOB:
Member ID:
Health Plan:
Requesting Practitioner:
Requested Provider:
Tracking Number:
Service Category:

Dear Provider:

This notice is to inform you that <IPA Name> has received a request for the above captioned Member. Our records indicate this Member has a primary insurance that would have responsibility for initial determination for coverage and/or payment of the requested service. State law requires Medi-Cal to be the payer of last resort for services in which there is a responsible primary payer.

Providers should rely on the Medi-Cal eligibility record to obtain detailed information related to other healthcare coverage (OHC). When a Provider verifies a Member's eligibility through the secure IEHP provider web portal (www.iehp.org) prior to providing services, an OHC indicator and detailed information will be visible in the eligibility verification record if the Member has OHC indicated in IEHP's data systems. If the primary insurance denies the requested service as non-covered, resubmit your authorization request to <IPA Name> along with a copy of the denial letter. <IPA Name> will then review based on the Member's Medi-Cal coverage.

If the primary insurance will cover the requested service, the claim and primary payer's Explanation of Benefits (EOB) or Remittance Advice (RA) should be submitted to <IPA Name> for secondary payer consideration. If Medi-Cal has a financial responsibility for your claim, <IPA Name> will coordinate benefits against the primary carrier's payment amount. Please mail the claim and EOB or RA to:

<IPA Name>
<IPA Claims Address>

Under the Knox-Keene Act, California Health and Safety Code 1379 and Title 22 of the California Code of Regulations, the Member to whom services were provided is not liable for any portion of the bill, except non-benefit items or non-covered services.

Should you have any questions regarding this notice please contact the <IPA Contact Information>.

Thank you,
UM Department