



A Public Entity

Inland Empire Health Plan



To: Medi-Cal IPAs
From: IEHP – Provider Relations
Date: June 25, 2021
Subject: **Reminder - Other Health Coverage (OHC) APL Expectations**

On February 25, 2021, DHCS released **APL 21-002 COST AVOIDANCE AND POST-PAYMENT RECOVERY FOR OTHER HEALTH COVERAGE (OHC)** that supersedes policy letter 08-011.

The All Plan Letter mandates the following:

- IEHP and its delegates should rely on the Medi-Cal eligibility record for processing OHC claims.
- Prior to delivering services to Members, Providers must review the Medi-Cal eligibility record for the presence of OHC. If the Member has active OHC that covers the service, Providers should instruct the Member to seek the service from the OHC carrier.
- When IEHP or its delegates become aware of OHC from sources other than the Medi-Cal eligibility record, IEHP or its delegates may use this OHC information but **must** report the OHC to DHCS.
- Regardless of the presence of OHC, Providers **should not** refuse a covered Medi-Cal service to a Medi-Cal Member.
- IEHP and its delegates must not process claims as the primary payer for a Member whose Medi-Cal eligibility record indicates OHC, other than a code of A or N, unless the provider presents proof that all sources of payment have been exhausted, or the provided service meets the requirement for billing IEHP directly.

Effective as of January 2021, plans and delegates must include OHC information in their notification to the Provider when a claim is denied due to the presence of OHC. OHC information includes, but is not limited to:

- the name of the OHC Provider;
- the policy number;
- and OHC contact or billing information.

How do I comply with this requirement?

When verifying a Member's eligibility, an indicator will be visible in the IEHP secure Provider portal eligibility verification record of Other Health Coverage (OHC). It is the Providers' responsibility to review the information available through the Other Health Coverage indicator to determine the responsible payer.

The screenshot displays the IEHPID portal interface. At the top, it shows 'IEHPID' and 'DOS: 08/13/2020'. A 'Medical History Record' section is visible, containing member details: Member ID, IEHP ID, Status (ELIGIBLE on 08/13/2020), CIN, Gender, County (San Bernardino), Plan (Medi-Cal), Aid Code, Co-Pay (\$0.00), and Medi-Cal Eff. Date (02/01/2017). A red arrow points to the 'OHC Yes (Details)' link. Below this, a section titled 'Other Health Coverage' is expanded, showing two entries: 'Primary - Medical' and 'Primary - OHC Confirmed'. Each entry lists Payer, Effective date, Expiration, Policy Number, Group Number, Phone, and Address.

Pre-Service

- While verifying current Member eligibility, please use the OHC link located on the eligibility verification page as illustrated above at www.iehp.org. A link to the AEVS portal is also available on www.iehp.org and that likewise provides the same OHC information.
- If primary OHC is present, please contact the primary payer for any pre-service requirements (authorization, referral, etc.).
- If the primary OHC issues a denial for the requested service, obtain a copy of the denial, and contact IEHP or delegate to whom the Member is assigned for authorization.
- For discoveries made outside of the eligibility file system, **IPAs must report the OHC discoveries to IEHP within two (2) days of discovery.** The validated OHC will also be available via the secure IEHP Provider Portal eligibility verification record once reported by DHCS to IEHP via the DHCS 834/HISBD files.

The screenshot shows the AEVS search interface. It includes a text input field for 'IEHP ID, SSN, CIN, or Last Name' and a date field for 'DOS' set to '08/20/2020'. Below this is a 'Search' button. Another section shows a search form with fields for 'SSN, CIN, IEHP ID, or Last Name', 'DOS' (MM/DD/YYYY), and 'DOB' (MM/DD/YYYY).

Post-Service

- Claims for Members who have OHC should first be billed to the primary carrier. IEHP should be billed as the secondary carrier once the primary payer has made a payment or denial determination.

On September 1, 2020 IEHP Direct implemented the following processes:

- IEHP Direct's UM department began issuing Notice of Other Health Coverage letters when Providers request authorization for Members with OHC (current pre-service authorization language does reference OHC) and
- IEHP's Claims department began denying claims for OHC requiring Providers to first bill the primary health coverage and then IEHP as the secondary payer.

As a reminder:

On December 31, 2020 (Jan Monthly full file), Inland Empire Health Plan (IEHP) Eligibility File now includes Coverage of Benefits/Other Healthcare Coverage (COB/OHC) that can be found in Loop 2320 COB and Loop 2330 COB Related Entity in the standard X12 834 files.

Beginning September 1, 2020, IEHP began displaying Member OHC information on the secure IEHP Provider web portal eligibility verification look-up feature. Using this information, Providers are advised of the Member's OHC and contact the Member's primary OHC as appropriate for pre-service authorization and to submit their claim to the primary OHC carrier(s) for services rendered.

Thank you for your partnership as we endeavor to work together to ensure we are appropriately utilizing OHC data to avoid inappropriate cost to the plan and delegates.

All communications sent by IEHP can also be found on our Provider portal at:
www.iehp.org > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.