Inland Empire Health Plan (IEHP) has updated the Frequently Asked Questions (FAQs) regarding Members who have Other Health Coverage (OHC).

When a Member has OHC, IEHP is considered the secondary payer to the Member’s primary coverage through another health plan.

Please refer to the attached guidance to ensure that Members receive care and services without interruption and Providers are reimbursed for services by the responsible payer.

Reminder: OHC can be viewed on the Eligibility Verification page in the IEHP secure Provider Portal.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondences

For questions, please contact your Provider Service Representative by calling the Provider Call Center at (909) 890-2054 or (866) 223-4347.
## Other Health Coverage (OHC) FAQs for Providers

### PRE-SERVICE

<table>
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<tr>
<th>QUESTION</th>
<th>ANSWER</th>
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<tbody>
<tr>
<td>What is OHC?</td>
<td>OHC means a Member has Other Health Coverage and Medi-Cal (IEHP) is the secondary payer.</td>
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</table>
| How do I know if a Member has OHC? | • Check under Member Eligibility on IEHP’s secure Provider portal at [www.iehp.org](http://www.iehp.org)  
• Call IEHP’s Provider Relations Team at (909) 890-2054 or (866) 223-4347.  
• Check DHCS’s Automated Eligibility Verification System (AEVS) at: [https://www.medical.ca.gov/MCWeb/Login.aspx](https://www.medical.ca.gov/MCWeb/Login.aspx) |
| What do I do if the Member has OHC? | • **First, do not refuse service, even if a Member has OHC**  
• Contact the Member’s OHC prior to rendering services to verify if the OHC will issue an authorization for services.  
• OHC contact information is available under Member Eligibility (see example below)  
• You are responsible to review the OHC information to identify the responsible payer |

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Verification Number: 93542183 on Apr 6, 2022 at 9:35 AM

[Image of OHC verification form]

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<td>What if I’m not contracted with the Member's OHC?</td>
<td>• Regardless of a contract in place, reach out to the OHC on Member’s behalf to seek authorization for services.</td>
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</table>
| I contacted the OHC and they will not authorize services. What do I do? | • Render the medically necessary services  
• Submit a copy of the OHC denial letter to IEHP during the authorization request and claims submission.                                                                                                                                                                                                                                  |
| What if the Member does not want to use their OHC? What should I advise the Member? | • Members **must** utilize their primary OHC for covered services.  
• This is a requirement of the Department of Health Care Services (DHCS.)                                                                                                                                                                                                                                                        |
| I received an authorization from Member’s OHC, however, Member has a copay. How do I get reimbursed for the copay? | • Do not collect a copayment or deductible amount from the Member at the time of service.  
• 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.                                                                                                                                 |
| How do I report Members’ OHC to IEHP if it isn’t published on IEHP’s eligibility verification or in AEVs? | • Report newly discovered OHC or a change to the OHC information to IEHP’s Provider Relations Team at (909) 890-2054.  
• Please have any source documents available.                                                                                                                                                                                                                                                                          |

**POST – SERVICE (Billing and Claims Denials)**

<table>
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| Who do I bill as primary, secondary, or tertiary payer if the Member has both Fee for Service Medicare and OHC? | • The Provider must bill payers in the following order:  
  1. Medicare for Medicare-covered services  
  2. OHC Carrier, IEHP: Attach primary and secondary EOB or denial of services to claim and when requesting referral.                                                                                                                                                                                                 |
| Why are my claims being denied when IEHP has approved the authorization request? | • Authorization is not a guarantee for payment. The Provider should:  
  1. Submit a claim to the OHC.  
  2. Once the OHC has made a payment determination, then submit a secondary claim to IEHP along with the source document.                                                                                                                                                                                                 |
