## Other Health Coverage (OHC) FAQs for Providers

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is OHC?</strong></td>
<td>OHC means a Member has <strong>Other Health Coverage</strong> and Medi-Cal (IEHP) is the secondary payer.</td>
</tr>
</tbody>
</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 |
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
</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>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
</table>
| 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.                                                                                     |