



Other Health Coverage (OHC) FAQs for Providers

PRE-SERVICE	
QUESTION	ANSWER
<p>What is OHC?</p>	<p>OHC means a Member has Other Health Coverage and Medi-Cal (IEHP) is the secondary payer.</p>
<p>How do I know if a Member has OHC?</p>	<ul style="list-style-type: none"> Check under Member Eligibility on IEHP's secure Provider portal at 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
<p>What do I do if the Member has OHC?</p>	<ul style="list-style-type: none"> 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

Verification Number: 9354283 on Apr 6, 2022 at 9:35 AM

IEHPID > DOS: 04/06/2022

Medical History Record

Member	IEHP ID	Status	ELIGIBLE on 04/06/2022
CIN	Gender	DOB	02/26/2000
Aid Code	County	Plan	Medi-Cal
Co-Pay	Medi-Cal Eff. Date		

OHC Yes (Details)

PCP	Sac Health System	NPI	1013935915	PCP Phone	(909) 382-7100
Eff. Date with PCP	03/01/2022 - Current	Directory ID	D000130786	Lab	LabCorp
IPA	IEHP Direct	Hospital	ST BERNARDINE MEDICAL CENTER		

Other Health Coverage

OHC Confirmed Less

Payer	KAISER SOCIAL COMMERCIAL RX	Group Number	Not Available
Effective	03/01/2022	Phone	(800) 390-3510
Expiration	Current	Address	PO BOX 7004 DOWNEY, CA 90242
Policy Number			

<p>I contacted the OHC and they will not authorize services. What do I do?</p>	<ul style="list-style-type: none"> • Render the medically necessary services • Submit a copy of the OHC denial letter to IEHP during the authorization request and claims submission.
<p>What if the Member does not want to use their OHC? What should I advise the Member?</p>	<ul style="list-style-type: none"> • Members must utilize their primary OHC for covered services. • This is a requirement of the Department of Health Care Services (DHCS.)
<p>I received an authorization from Member's OHC, however, Member has a copay. How do I get reimbursed for the copay?</p>	<ul style="list-style-type: none"> • 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.
<p>How do I report Members' OHC to IEHP if it isn't published on IEHP's eligibility verification or in AEVs?</p>	<ul style="list-style-type: none"> • 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)

QUESTION	ANSWER
<p>Who do I bill as primary, secondary, or tertiary payer if the Member has both Fee for Service Medicare and OHC?</p>	<ul style="list-style-type: none"> • The Provider must bill payers in the following order: <ol style="list-style-type: none"> 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.
<p>Why are my claims being denied when IEHP has approved the authorization request?</p>	<ul style="list-style-type: none"> • Authorization is not a guarantee for payment. The Provider should: <ol style="list-style-type: none"> 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.