# Other Health Coverage (OHC) FAQs for Providers

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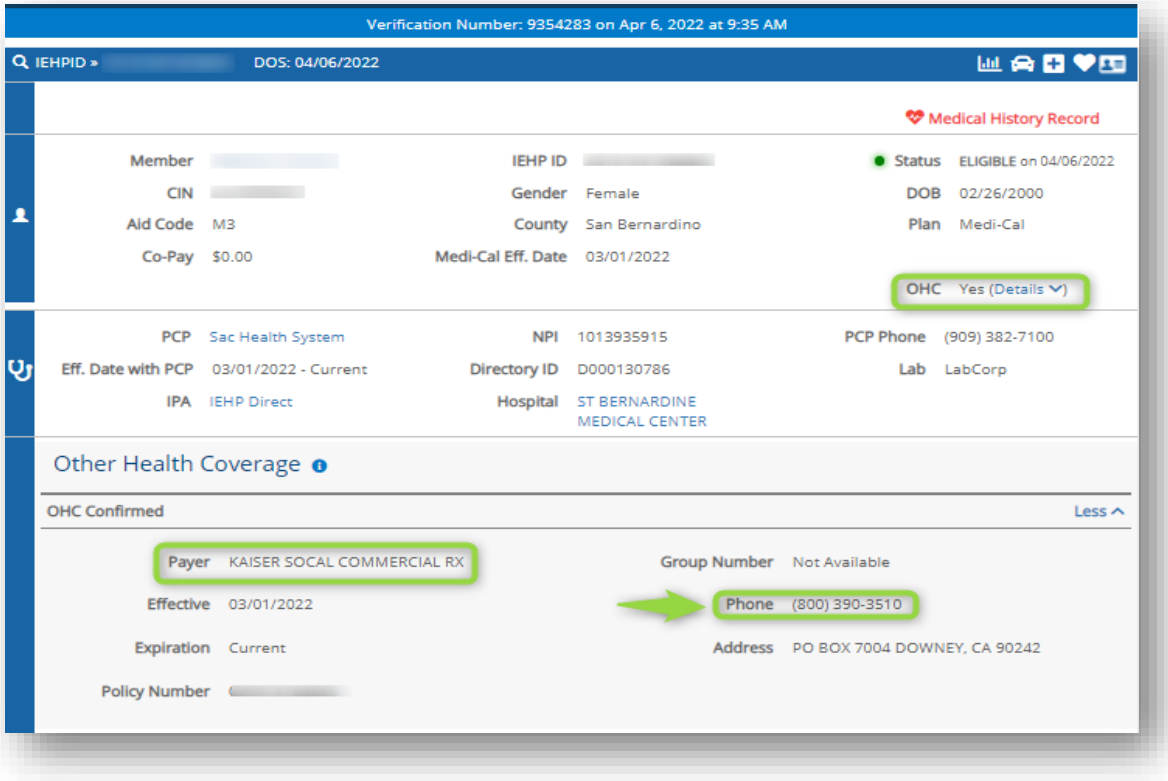
| **QUESTION** | **ANSWER** |
| **What is OHC?** | **OHC** means a Member has **Other Health Coverage** and Medi-Cal (IEHP) is the secondary payer. |
| **How do I know if a Member has OHC?** | • Check under Member Eligibility on IEHP's secure Provider portal at www.iehp.org<br>• Call IEHP's Provider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

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| **I contacted the OHC and they will not authorize services. What do I do?** | • Render the medically necessary services<br>• 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.<br>• 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.<br>How do I get reimbursed for the copay?** | • Do not collect a copayment or deductible amount from the Member at the time of service.<br>• 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.<br>• Please have any source documents available. |

## POST – SERVICE (Billing and Claims Denials)

| QUESTION | ANSWER |
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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:<br>1. Medicare for Medicare-covered services<br>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:<br>1. Submit a claim to the OHC.<br>2. Once the OHC has made a payment determination, then submit a secondary claim to IEHP along with the source document. |