

Other Health Coverage (OHC) FAQs for Providers

PRE-SERVICE

QUESTION	ANSWER
What is OHC?	OHC means a Member has Other Health Coverage and Medi-Cal (IEHP) is the secondar payer.
How do I know if a Member has OHC?	 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: Medi-Cal
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 ar 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
	Q IEHPID > DOS: 04/06/2022
	♥ Medical History Record
	Member IEHP ID Status ELIGIBLE on 04/06/2022 CIN Gender Female DOB 02/26/2000
	Ald Code M3 County San Bernardino Plan Medi-Cal Co-Pay \$0.00 Medi-Cal Eff. Date 03/01/2022 OHC Yes (Details >>)
	PCP Sac Health System NPI 1013935915 PCP Phone (909) 382-7100 Uf Eff. Date with PCP 03/01/2022 - Current Directory ID D000130786 Lab LabCorp IPA IEHP Direct Hospital ST BERNARDINE MEDICAL CENTER
	Other Health Coverage •
	Payer KAISER SOCAL 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

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)		
QUESTION	ANSWER	
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. 	