



To: All IEHP Providers & IPAs
From: IEHP – Provider Relations
Date: August 28, 2020
Subject: **Coordination of Benefits with Other Health Coverage – Providers Required to Verify Other Health Coverage (OHC)**

As you may be aware, State law requires Medi-Cal to be the payer of last resort for services in which there is a responsible third party.

Medi-Cal Members with Other Health Coverage (OHC) **must** utilize their OHC for covered services prior to accessing their Medi-Cal benefits.

On April 20, 2020, the Department of Health Care Services (DHCS) issued All Plan Letter 20-010 that mandates the following:

- IEHP and its delegates should rely on the Medi-Cal eligibility record for processing OHC claims.
- When IEHP or its delegates become aware of OHC from sources other than the Medi-Cal eligibility record, IEHP or its delegates may use this OHC information but must report the OHC to DHCS.
- Prior to delivering services to Members, Providers must review the Medi-Cal eligibility record for the presence of OHC. If the Member has active OHC that covers the service, Providers should instruct the Member to seek the service from the OHC carrier.
- Regardless of the presence of OHC, Providers should not refuse a covered Medi-Cal service to a Medi-Cal Member.
- IEHP and its delegates must not process claims as the primary payer for a Member whose Medi-Cal eligibility record indicates OHC.
- **Beginning January 1, 2021** IEHP and its delegates must include OHC information in a notification to the Provider when a claim is denied due to the presence of OHC. IEHP Direct is actively working to accomplish this sooner than January 1, 2021 and will keep you apprised of progress towards this goal.

The requirement cited above, Medi-Cal as payer of last resort for services in which there is a responsible third party, is not a new requirement however it has not been strictly enforced to date due to multiple factors and DHCS is taking this opportunity to ensure that all managed care plans are adhering to the requirement.

IEHP is communicating with our contracted IPAs who are delegated responsibility for pre-service authorization and claims payment to ensure we bring everyone into alignment with this important requirement.

How do I comply with this requirement?

When verifying a Member’s eligibility, an indicator will be visible in the IEHP secure Provider portal eligibility verification record of Other Health Coverage (OHC). It is the Providers’ responsibility to review the information available through the Other Health Coverage indicator to determine the responsible payer.

The screenshot shows the IEHP secure Provider portal interface. At the top, it displays 'IEHPID' and 'DOS: 08/13/2020'. Below this, there are two rows of member information. The first row includes Member ID, IEHP ID, Status (ELIGIBLE on 08/13/2020), CIN, Aid Code, Co-Pay (\$0.00), Gender, County (San Bernardino), DOB, Plan (Medi-Cal), and Medi-Cal Eff. Date (02/01/2017). A red arrow points to a red-bordered box containing the text 'OHC Yes (Details)'. The second row of information includes PCP, Eff. Date with PCP (09/01/2018), Thru, IPA (IEHP Direct), NPI, Lab (LabCorp), PCP Phone, and Hospital (ARROWHEAD REGIONAL MEDICAL CENTER). Below this, a section titled 'Other Health Coverage' is highlighted with a red border. It contains two entries: 'Primary - Medical' and 'Primary - OHC Confirmed'. Each entry lists Payer, Effective, Expiration, Policy Number, Group Number, Phone, and Address.

Pre-Service

- While verifying current Member eligibility, please use the OHC link located on the eligibility verification page as illustrated above at www.iehp.org. A link to the AEVS portal is also available on www.iehp.org and that likewise provides the same OHC information.

The screenshot shows the AEVS portal search interface. It features a text input field for 'IEHP ID, SSN, CIN, or Last Name' and a date input field for 'DOS' with the value '08/20/2020'. Below these fields is a blue 'Search' button. To the right, there are additional input fields for 'SSN, CIN, IEHP ID, or Last Name', 'DOB', and 'DOB' with a '+' sign between them.

- If primary OHC is present, please contact the primary payer for any pre-service requirements (authorization, referral, etc.).
- If the primary OHC issues a denial for the requested service, obtain a copy of the denial and contact IEHP or delegate to whom the Member is assigned for authorization.

Post-Service

- Claims for Members who have OHC should first be billed to the primary carrier. IEHP should be billed as the secondary carrier once the primary payer has made a payment or denial determination.

Beginning September 1, IEHP Direct will commence with the following processes:

- IEHP Direct's UM department will begin issuing Notice of Other Health Coverage letters when Providers request authorization for Members with OHC (current pre-service authorization language does reference OHC) and
- IEHP's Claims department will deny claims for OHC requiring Providers to first bill the primary health coverage and then IEHP as the secondary payer.

A Frequently Asked Questions (FAQs) document with further details will be published on the eligibility verification page of the Provider portal on September 1st.

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

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.