



A Public Entity

INLAND EMPIRE HEALTH PLAN



To: IPAs, PCPs and Specialists
From: IEHP – Provider Relations
Date: May 27, 2015
Subject: **Authorization Requests for IEHP Members with Medicare Coverage as Primary**

When an IEHP Member has coverage through both Medicare and Medi-Cal, it is important to understand the authorization responsibilities of the primary Medicare carrier. When IEHP is only responsible for the Member’s Medi-Cal benefits, not the primary Medicare coverage, the Member’s Medicare Advantage plan or Medicare FFS is responsible for:

- Initial determination of coverage
- **Authorization of services** and/or
- Initial payment of a requested service

Please use the table below to determine who you should submit authorizations requests to:

Medicare: Non-IEHP Primary Medi-Cal: IEHP	Medicare: IEHP Primary Medi-Cal: IEHP	Medicare: Non-IEHP Primary(Part A Only) Medi-Cal: IEHP
All requests for authorizations and/or payments should be directed to the non-IEHP entity	All requests for authorizations and/or payments should be directed to IEHP.	If the Member’s Medicare coverage is for Part A only, authorizations for medically necessary services should be submitted to IEHP for review.

Effective May 18, 2015 any authorization requests sent directly to IEHP where IEHP is not primary will be cancelled as “Primary Insurance Coverage”. You will receive a letter titled “Other Insurance Coverage as Primary” explaining the new process. IEHP is responsible for secondary coordination of benefit payment as the Medi-Cal payer and no authorization is needed for this payment, only the submission of the claim with the primary explanation of benefits (EOB).

Providers should submit their authorization requests for covered health care services directly to the primary Medicare insurance as indicated above.

If you have any questions, please contact the IEHP Provider Relations Team at (909) 890-2054.