



Inland Empire Health Plan

BHT Q4 2020 Provider Training

Other Health Coverage (OHC)

What if the codes I bill to the primary insurance are different than IEHP? HCPC/CPT.	Claims should be submitted to IEHP as they were submitted to the Primary Health Plan. The Provider should also be referring to their Contract to confirm how they should be billing IEHP. The Primary Health Plan EOB should be attached to every claim when IEHP is secondary.
If reimbursement for billing is denied because a member has Other Health Coverage and then is billed to the other plan and denied, what should be the next step? How do we communicate that information to IEHP?	There can be multiple reasons why Primary Insurance can deny a claim. Please call the Provider Relations Team at (909) 890-2054 or Toll Free (866) 223-4347 so we can assist you with any question you may have.
If we go back into the Portal and see that the Other Health Coverage information has been removed (from the previous months), can we re-submit the billing through the Portal?	If IEHP's system has been updated to reflect no Other Healthcare Coverage, then claims can be re-submitted via the Provider Portal.
If a request for authorization is denied because a member has Other Health Coverage, but parent has documentation that the other plan does not include or cover ABA services; What do we do? Do we re-submit the request through the portal and attach that documentation with the report? Should we call in case-by-case?	A referral should be submitted to IEHP's Behavioral Health Department along with a copy of the Primary Health Plan Referral Denial. The BH Dept will review the denial and approve services accordingly on a case by case basis.
Can parents contact IEHP to dispute the information or provide documentation directly showing that the other plan does not include or cover ABA services? How should we advise Members' parents?	Parents can contact IEHP Member Services and provide required documentation/proof.



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Is this starting right away or on a specific date?	DHCS issued All Plan Letter 20- 010 stating that beginning on April 20, 2020 Providers must review the Medi-Cal eligibility record for the presence of Other Health Coverage (OHC) prior to the Members appointment.
Where do we submit the denial (email or in the portal)? Can EOBs be submitted via the Portal?	EOBs cannot be submitted via Portal. Claims that are billed with EOB and/or Attachments need to be submitted by paper and mailed to: P.O. Box 4349 Rancho Cucamonga, CA 91729
If the primary plan does not authorize ABA without an Autism DX, can we just submit the denied auth request once? I don't think we should have to submit the denied EOB for every session if we know they will not authorize.	It is recommended that Proof of Non-Covered services by the Primary Health Insurance Plan be submitted to avoid any delay in the review process.
We have been denied even when submitting an EOB.	Review on a case by case basis is needed as there can be multiple reasons why a claim could deny even if Primary EOB is submitted. Please contact the Provider Relations Team at (909) 890-2054 or Toll Free (866) 223-4347 for further assistance.
Recently when we contacted the OHC; due to HIPAA they would not discuss the Member nor claim due to not having authorization to speak to the Provider.	Prior to contacting the Primary Health Plan ensure you have the Provider NPI/TIN, Member ID#, Member demographics, and claim information such as Date of Service and billed amount. This information will help the Primary Health Plan authenticate the call and release information to you.
If IEHP is the secondary will we need an authorization for services from IEHP as well?	If services are covered by Primary Insurance, IEHP Authorization is not required. Secondary Claims will need to be submitted to IEHP with Primary EOB to process. If services are not covered by Primary Insurance, IEHP Authorization is required to confirm medical necessity as IEHP will now step in as primary payor.
Is there a specific way to submit secondary claims? We continue to get denied for Co-Payments.	Secondary claims need to be submitted to IEHP exactly as they were submitted to the Primary Health Insurance Plan. The Primary EOB (the EOB sent to the Provider from the Primary Health Insurance) needs to match claims being submitted to IEHP.



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The Provider Relations Team can help with questions regarding OHC.	Please contact them at 909-890-2054 or Toll Free at 866-223-4347.
<i>BHT Quarterly Provider Audit</i>	
What will they be looking for?	The 2021 BHT Provider Audit is currently on hold.
<i>HCPC Codes</i>	
H0032 can be done by BA level staff?	H0032 should be done by a master's level staff or BCaBA.
If 1:1 and Parent training overlap how should we bill?	You bill both codes for the same time (H2019 and H0032 (HO or HP or no modifier)).
Can we please confirm that H0031 can be completed by an MA level staff member?	Yes, it can be done by a master's level staff under the supervision of a BCBA.
Can H2014 be billed to a non-MA-level provider, if the program is run/overseen by an MA or BCBA?	Yes, H2014 is an overall code and can be done by a direct therapist being overseen by MA or BCBA.
We have received duplicate denials for days where a supervisor bills H0032 for direct supervision of the member and then bills H0032 later in the day for indirect program updates. Are we able to bill H0032 twice in a day, once for direct supervision and again for program updates, etc.?	Providers should bill 2 units in a single claim line (vs 2 lines with 1 unit each).



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If a 2 to 1 case is authorized, may we bill both staff perform the direct service?	Yes, if authorized you would be billing H2019 at double the hours (or total hours).
Is it billable when a professional and BCBA provide supervision at the same time?	Yes, a master's level (H0032) and BCBA (H0032-HO) can bill at the same time.
If we request all H0032-HO on the authorization, can we also bill for H0032 without a modifier?	Yes.
Just to clarify, we can use Telehealth as an approved modality for H2019?	Yes, telehealth is able to be used for H2019.
<i>Additional Questions</i>	
Has Telehealth approval been extended into 2021?	At this time, we have not received any updates that Telehealth is ending.