



*We heal and inspire the human spirit.*

**To:** All CCA IEHP Providers  
**From:** IEHP Production Support - EDI & Encounter Data Operations  
**Date:** December 21, 2023  
**Subject:** **New IEHP Covered Claims Payer ID & P.O. Box Address**

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Effective January 1, 2024, IEHP Covered launches, a Covered CA plan for consumers in Riverside and San Bernardino counties.

IEHP Covered offers an option to continue care with IEHP for future and existing members who do not qualify for our current Medi-Cal or IEHP DualChoice plans.

**To support IEHP Covered claims, a new clearinghouse Payer ID and mail-in P.O. Box address are designated. We have also included below, as a reminder, the Payer IDs and P.O. Box information for Medi-Cal and IEHP DualChoice:**

**Submit Claims:**

<b>Clearinghouse Payer ID (Electronic Claims)</b>	<b>P.O. Box Address* (Paper Claims &amp; Medical Records)</b>
<b>Medi-Cal and IEHP Dual Choice (DSNP) Payer ID: IEHP1</b>	IEHP Direct Claims & Medical Records P.O. Box 4349 Rancho Cucamonga, CA 91729-4349
<b>IEHP Covered (Covered California) Payer ID = IECCA</b>	IEHP Covered Direct Claims P.O. Box 4409 Rancho Cucamonga, CA 91729-4349
<b>IEHP Covered (Covered California) Payer ID = IECCA</b>	IEHP Covered Direct Medical Records P.O. Box 4439 Rancho Cucamonga, CA 91729-4349

\*Assigned to IEHP Direct; for IPA assigned members, please refer to the IPA claims information available on IEHP's secure portal.



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**Submit Claim Appeals/Disputes:**

Any provider who has been denied payment for any covered services or believes a claim has been underpaid may appeal to IEHP in writing within 365 days of the last date of action.

<b>Line of Business (LOB) Type</b>	<b>P.O. Box Address*</b>
<b>Medi-Cal</b>	IEHP Direct Claim Appeals P.O. Box 4319 Rancho Cucamonga, CA 91729-4349
<b>IEHP Dual Choice (DSNP)</b>	IEHP Direct Claim Appeals P.O. Box 40 Rancho Cucamonga, CA 91729-4349
<b>IEHP Covered (Covered California)</b>	IEHP Direct Claim Appeals P.O. Box 4469 Rancho Cucamonga, CA 91729-4349

- Provider Dispute Resolution (PDR) forms are available on IEHP’s website, [here](#) or:
  - [ProviderServices.iehp.org](http://ProviderServices.iehp.org) > Resources > Provider Resources > Forms > Claims
- Assistance: Provider Call Center Team (909) 890-2054.

**Electronic Claim Clearinghouses**

Providers have the option to submit their claims electronically to IEHP via the clearinghouse listed below.

1. **Office Ally** – You can submit your claims and attachments to IEHP by visiting the Office Ally website at [www.officeally.com](http://www.officeally.com). Or contact Office Ally directly at (210) 598-5505 and speak with their Enrollment Department. Providers can add the claims attachment feature to their existing account by calling (360) 975-7000 and select Option 1.
2. **SSI** – [www.thessigroup.com](http://www.thessigroup.com) or call (800) 881-2739
3. **MDX** – <https://www.mdxnet.com/> or call (562) 256-3800
4. **Waystar** – [www.waystart.com](http://www.waystart.com)
  - a. **Zirmed Inc.** - call (502) 779-4368
5. **Change Healthcare** – [www.changehealthcare.com](http://www.changehealthcare.com) or call (866) 371-9066

Thank you for your continued partnership to provide quality care to IEHP Members.

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

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

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