



Oregon

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OREGON HEALTH PLAN (OHP) ELECTRONIC MEMORANDUM

Date: July 14, 2009
To: FCHPs, DCOs, MHOs, PCO
From: Jim Edge, DMAP Administrator
Re: Reminder about verifying client eligibility and enrollment



Recently, plans have requested guidance regarding payment of OHP-covered services when the client's eligibility or enrollment status on the date of service is in question. According to [DMAP General Rule 410-120-1140](#) (Verification of Eligibility and Coverage):

Providers are responsible to verify a person is an Oregon Health Plan (OHP) client with appropriate benefits prior to providing services in order to ensure reimbursement of services rendered.

Providers assume full financial responsibility in serving a person who the provider did not confirm . . . is an OHP client who, on the date(s) of service, is enrolled in a benefit package that covers the services rendered.

If a provider has proof that the Provider Web Portal, Automated Voice Response, or a DHS employee indicated that a client was eligible on the date of service, the provider will be paid. If DMAP or a managed care plan denies payment in such a situation, providers can appeal the decision as outlined in General Rule 410-120-1560 (Provider Appeals).

DHS understands that the conversion to the replacement Medicaid Management Information System (MMIS) has sometimes resulted in the sharing of incorrect eligibility and enrollment information for OHP clients. DHS continues to work with Electronic Data Systems to resolve these issues as they arise.

DMAP will also share this information with enrolled fee-for-service providers in a separate communication.

Thank you for your continuing support of the Oregon Health Plan.

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