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**To:** OHP providers  
Coordinated care organizations (CCOs)

**From:** Nathan Roberts, Hospital and Professional Services Policy manager  
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Medicaid Programs

**Subject:** Inappropriate fee-for-service payments for some E&M codes and Medicare crossover claims

Oregon Health Authority (OHA) is working to resolve inappropriate fee-for-service payments issued for certain evaluation and management (E&M) codes that should be covered by the member's CCO. We expect to resolve this issue later this month.

## Why is this happening?

OHA's claim processing system sent incorrect managed care enrollment information to Medicare. This caused Medicare to submit some crossover claims to OHA instead of the member's CCO. OHA is working with the Centers for Medicare & Medicaid Services to resolve this issue.

OHA may also need to update some E&M codes so they do not pay for services to CCO members.

## What should you do?

**Providers:** Always verify eligibility and enrollment on the date of service to determine whether to bill OHA or a CCO. If you billed OHA for services that should have been billed to the member's CCO:

- Please void the OHA claim and bill the CCO.
- If the claims are outside of the CCO's timely filing window, please reach out to the CCO for assistance on how to submit the claims.
- For Medicare crossover claims, please wait for OHA to resolve our systems configuration issue.

**CCOs:** Please help providers who billed the wrong payer if needed. For crossover claims, wait for OHA to resolve our systems configuration issue.

## Questions?

If you have any questions about resolving other fee-for-service billing issues, contact OHP's Provider Services at 800-336-6016 or [dmap.providerservices@oha.oregon.gov](mailto:dmap.providerservices@oha.oregon.gov).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.