

## Billing Oregon Health Plan (OHP) members: Do's and don'ts

Providers should **not** bill OHP members for services covered by their Medicaid or Medicare benefits. OHA issues coverage letters and Oregon Health IDs to clients with the following benefit packages:

- **Medicaid coverage** is shown by benefit packages BMH, BMP, CWX. Providers cannot bill these members for Medicaid-covered services.
- **Full Medicare-Medicaid coverage** is shown by benefit packages BMM and BMD. Providers cannot bill these members for Medicare **or** Medicaid-covered services. In addition, they cannot bill BMM members for Medicare cost-sharing.
- **Medicare Savings Program enrollment<sup>1</sup>** is shown by benefit package MED. Providers cannot bill MED members for Medicare cost-sharing or Medicare-covered services.

### Help prevent billing issues

Please do the following to make sure that you bill appropriately for services to OHP members:

- **Collect all health coverage information**, including the client's Oregon Health ID, CCO ID, Medicare ID and any other health insurance IDs.
- **Report any third party liability** (e.g., private health insurance) to DHS/OHA, and bill TPL before both Medicaid and Medicare. To report TPL, go to [www.reportTPL.org](http://www.reportTPL.org).
- **Bill Medicare first for services Medicare covers.** Report third party liability (TPL) and Oregon Medicaid (CCO or OHA) information as secondary.
- **For claims that do not crossover from, or are not covered by, Medicare/TPL, bill Oregon Medicaid.** The following chart explains whom to bill based on what you see when [verifying client eligibility and enrollment](#).

Type of service	Bill to
Dental	CCOA, CCOG, DCO
Physical health Physical health prescriptions	CCOA, CCOB
Mental health	CCOA, CCOB, CCOE, CCOG, MHO
Mental health prescriptions Other services not covered by member's CCO, DCO, and/or MHO	OHA

### Billing copayments

For eligible OHP Plus members and services, OHA deducts a copayment amount from the provider payment only for services provided prior to January 1, 2017. If you choose to collect this copayment, please first review the amounts collected on your paper remittance advice (RA). **Only collect an OHP copayment if your RA shows that one was deducted for the service.**

**For Medicare coinsurance or copayments, providers cannot charge Qualified Medicare Beneficiaries (QMBs: BMM and MED) any Medicare cost-sharing.** Medicare providers who balance bill QMB patients may be subject to sanctions based on federal requirements established in [Sections 1902\(n\)\(3\)\(C\)](#) and [1905\(p\)\(3\)](#) of the Social Security Act. Medicare providers who violate these billing restrictions are violating their Medicare provider agreement.

<sup>1</sup> Other Medicare Savings Programs are SMB and SMF. These are not OHP programs. Providers can bill SMB and SMF members for Medicare cost-sharing.

## **If a service is not covered, and the client still wants to have the service:**

In order to bill a client for services that OHP doesn't cover, the client needs to sign an [Agreement to Pay form](#) (OHP 3165) that shows:

- The estimated cost of the service, and;
- That OHP does not cover the service, and;
- That the client agrees to pay the bill himself or herself.

In order to bill a client for services that Medicare doesn't cover, the client needs to sign a notice that outlines the client's financial responsibility for the service, as well as the client's appeal rights and protections. To learn more about these notices, go to <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html>.

## **Who to call for help**

Call the CCO for services covered by the CCO. For other services, call [Provider Services](#).