



Oregon's Health CO-OP

CLAIM PROCESSING AND PAYMENT UPDATES – OCTOBER 21, 2016

1. In the coming weeks, claims for services to members with **dates of service prior to Oregon's Health CO-OP's ("OHC's") receivership, effective July 11, 2016**, will be issued an Explanation of Payments (EOP) for providers and an Explanation of Benefits (EOB) for members. It is important for you to know that at this time no payment is being made. Payments may be made in the future, to the extent OHC has assets available.
2. Providers can check claim status on the Provider Portal at (<https://www.ohcoop.org/>) or by calling Customer Service at 1-844-509-4676. Members can confirm claim status on the Member Portal (<https://www.ohcoop.org/>) or by calling the provider directly.

The following information will be included under the Remark Code on EOP and EOB:

EOP

This is an acknowledgement that we have received, processed, and not yet paid your claim. The Marion County Circuit Court ordered Oregon's Health CO-OP (OHC) into receivership on July 11, 2016. It is too early in the receivership process to know the amount of assets available to make payment, the extent to which payment can be made, and the timing of any payments. If interest is applicable, this is being deferred at this time. In the meantime, EOBs will be issued to members, and EOPs will be issued to providers. This will enable providers to bill members for applicable co-payments, deductible amounts, co-insurance amounts and other member liabilities. **Please note that paragraph 7 of the court's order of July 11, 2016, prohibits providers from billing members for payments that OHC is not able to pay due to being in receivership. Should you attempt to bill a member for any amount owed by OHC or balance bill, it is a violation of the court order, and providers will be referred to the Oregon Department of Justice for follow-up.** This court order applies to all providers of care, including (but not limited to) physicians and hospitals.

For more details, please see: <https://www.ohcoop.org/>

EOB

This is an acknowledgement that we have received, processed, and not yet paid your claim. The Marion County Circuit Court ordered Oregon's Health CO-OP(OHC) into receivership on July 11, 2016. It is too early in the receivership process to know the amount of assets available to make payment, the extent to which payment can be made, and the timing of any payment. Providers will be allowed to bill members directly for applicable co-payments, deductible amounts, co-insurance amounts and other member liabilities as applicable per the policy. Please make these payments directly to your provider. **Please note that paragraph 7 of the court's order of July 11, 2016, prohibits providers from billing members for payments that OHC is not able to pay due to being in receivership** This court order applies to all providers of care, including (but not limited to) physicians and hospitals. If you are being asked to pay in excess of your patient responsibility, please contact 1-888-877-4894.

For more details, please see: <https://www.ohcoop.org/>

3. Claims with **dates of service on or after receivership, July 11, 2016**, are being held for processing of EOP/EOB and payment until all claims have been received. The court's subsequent order of August 3, 2016 approves the receivers plan to pay claims with dates of service on or after July 11, 2016 at 100% of contracted rates. That order also approves the October 31, 2016 claims submission deadline.

Frequently Asked Questions (FAQs)

A copy of the court's order can be found at: <http://www.ohcoop.org/> and may be helpful when reading the questions and answers below.

Why is OHC issuing EOP's and EOB's for dates of service prior to July 11, 2016 without a payment?

It is important that we continue to process claims in order to apply benefits and communicate to providers and members regarding patient responsibility for any payment that may be due. **Please note that paragraph 7 of the court's order of July 11, 2016, prohibits providers from billing members for payments that OHC is not able to pay due to being in receivership.** The EOP and EOB will provide patient responsibility to enable billing for that portion. The issuance of the EOP and EOB also allows you to exercise your claim reconsideration and appeal rights.

Why does my processed claim indicate a check number even when no check is being issued?

For efficiency and accuracy, we did not change our process for processing the claim and issuing an EOP and EOB. A check number is assigned; however, the check issuance is suppressed until we know the amount of assets available to make payment, the extent to which payment can be made, and the timing of any payment.

Can I bill patients if I don't get paid by OHC?

No. **Please note that paragraph 7 of the court's order dated July 11, 2016, prohibits providers from billing members for payments that OHC is not able to pay due to being in receivership. Should you attempt to bill a member for any amount owed by OHC or balance bill, it is a violation of the court order, and providers will be referred to the Oregon Department of Justice for follow-up.** This applies to all providers of care, including (but not limited to) physicians and hospitals. On the EOB, members are informed of this and directed to contact the Oregon Division of Financial Regulation's Consumer Advocacy Unit to report it.

Will interest be paid on applicable claims?

At this time, interest is being deferred on applicable claims.

My EOP indicates an interest total; however, I understand this will not be payable?

Applicable claims were processed, finalized and interest applied prior to OHC receiving direction that interest would be deferred. For efficiency these claims were not re-processed to remove the interest. When payment is made, interest will be deferred.

If we do not agree with how a claim was processed should we file a claim reconsideration or an appeal?

Providers should complete and submit a **Claim Reconsideration Form** as the first step in asking for review of how your claim was processed. If your claim reconsideration is denied, the second step is to submit a **Post Service Claim Appeal Form**.

Members should complete and submit a **Post Service Claim Appeal Form**.

Information about claim reconsideration and appeal rights are on the front page of your EOP and EOB and can also be found on our website <http://www.ohcoop.org/>.

REMINDER: In accordance with the court's order, any outstanding claims for OHC members must be postmarked or electronically dated **ON OR BEFORE October 31, 2016**. Claims will be reviewed in the order received. If you need to update your remittance address, please email providerupdates@ohcoop.org.

As always, Customer Service is available at **1-844-509-4676**, M-F 8am-5pm Pacific Time to answer your questions.

We ask that you please share the information in this letter with OHC members, fellow providers, and insurance brokers/agents.