

Alice LaBansky, Manager,  
Health Financing Operations, OMAP

**Number:** OMAP-IM-06-123

**Issue Date:** 8/14/2006

***Authorized Signature***

**Topic:** Medical Benefits

**Subject:** Provider Notices regarding crossover claims

**Applies to:**

- All DHS Employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Health Services
- Seniors and People with Disabilities
- Other (please specify): DHS Staff and others identified on the SPD CAF, OMHAS and OMAP transmittal lists

**Message:**

OMAP is mailing the notices included in this transmittal to providers who bill both Medicare and Medicaid for services to OHP clients. The notices inform providers that the Medicare intermediary has changed and that claims are not being “crossed over” from Medicare to OMAP at this time. The notices give providers billing options to chose from until the automatic crossover process is once again used.

***Contact Information***

If you have questions about this information, contact:

Terry Layman (OMAP/CU 06-186)..... 503-945-6501  
William Johnson (OMAP/CTU 06-185) ..... 503 945-5889

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	<b>See Above</b>
<b>Phone:</b>	
<b>E-mail:</b>	



# Important Information

## About Crossover Claims

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Because of a change in Medicare intermediary contractors, the Office of Medical Assistance Programs (OMAP) is not able to process electronic DME crossover claims billed after June 30. Medicare is contracting with a new intermediary, GHI, and we are working with them to accurately process crossover claims. We expect to begin processing Medicare crossover claims from the new intermediary during the week of August 21. We will notify you as soon as we have successfully tested the crossover process and are able to process these claims.

Until OMAP can once again process electronic DME crossover claims, please hold your claims or do one of the following:

- Bill OMAP directly on an electronic 837 — to do this you must first bill Medicare electronically, then bill OMAP on an 837, or
- Bill Medicare electronically and bill OMAP on an OMAP 505 after you've received your Medicare RA.

### Questions?

- ☎ If you have questions about paper billing, contact Provider Services at 1-800-336-6016, or <[omap.prov-callcenter@state.or.us](mailto:omap.prov-callcenter@state.or.us)>
- ☎ If you have questions about 837 electronic crossover claims, contact EDI Support at 1-800-422-5047 (option 2), or <[DHS.HIPAATesting@state.or.us](mailto:DHS.HIPAATesting@state.or.us)>





# Important Information

## About Crossover Claims

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Because of a change in Medicare intermediary contractors, the Office of Medical Assistance Programs (OMAP) is not able to process 837 Professional and Institutional crossover claims for Medicare Part A and B billed after August 1. Medicare is contracting with a new intermediary, GHI, and we are working with them to accurately process crossover claims. We expect to begin processing Medicare crossover claims from the new intermediary during the week of August 21. We will notify you as soon as we have successfully tested the crossover process and are able to process these claims.

Until OMAP can once again process electronic crossover claims, please hold your claims or do one of the following:

- Bill OMAP directly on an electronic 837 — to do this you must first bill Medicare electronically, then bill OMAP on an 837, or
- Bill Medicare electronically and bill OMAP on an OMAP 505 after you've received your Medicare RA.

Any claims sent to Medicare will be crossed over to OMAP for processing after OMAP has successfully completed its conversion to the new Medicare contractor, GHI.

### Questions?

- ☎ If you have questions about paper billing, contact Provider Services at 1-800-336-6016, or <[omap.prov-callcenter@state.or.us](mailto:omap.prov-callcenter@state.or.us)>
- ☎ If you have questions about 837 electronic crossover claims, contact EDI Support at 1-800-422-5047 (option 2), or <[DHS.HIPAATesting@state.or.us](mailto:DHS.HIPAATesting@state.or.us)>



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