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Operations Section

Authorized Signature

Number: DMAP-IM-07-136

Issue Date: 09/20/2007

Topic: Medical Benefits

Subject: Provider reminder to send OHP paper claims to PO Boxes

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify):
DMAP staff + Plans |

Message:

On the following RA stuffer, scheduled for September distribution, DMAP is reminding providers who bill via paper claims to use the PO Boxes rather than mailing clean claims to the DHS Summer Street address.

If you have any questions about this information, contact:

Contact(s):	DMAP Provider Services
Phone:	800-336-6016
E-mail:	DMAP.providerservices@state.or.us



Reminder: Send paper claims to PO Boxes



DMAP Provider Services Unit is receiving many paper claims and forms sent in error to the DHS Summer Street address. Most of these forms are original, “clean” claims (*i.e.*, they would have processed correctly without our intervention) that should have been mailed to a PO Box on the reverse side of this reminder. The PO Box mail is picked up and processed at another building, so sending original claims to the DHS building may delay your payments.

You may still send your problem claims, administrative errors, exception requests or claims over a year old with a cover letter explaining the problem and requested action to DMAP Provider Services by fax (503-945-6873) or to 500 Summer St. NE, E-44, Salem, OR 97301-1079.

Thank you for your cooperation. Mailing forms to the correct addresses will help expedite everybody’s claims.

Reminder: Send paper claims to PO Boxes

For a complete list of DMAP mailing addresses and contacts, download the DMAP Provider Contacts booklet on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/add_ph_conts.pdf.

Claim Type	Correct PO Box	City & ZIP
CMS-1500: Medical	PO Box 14955	Salem, OR 97309
CMS-1500: Speech-Language Pathology, Audiology and Hearing Services, Private Duty Nursing	PO Box 14018	
DMAP 505 Crossover	PO Box 14015	
5.1 Universal Drug	PO Box 14951	
ADA 2006 Dental	PO Box 14953	
UB-04 Institutional	PO Box 14956	
TADS	PO Box 14954	
DMAP 741/742 Hysterectomy/Sterilization Consent	PO Box 14958	
Out-of-State Claims (from providers located more than 75 miles from the Oregon border)	PO Box 14016	
Administrative Exam billing	PO Box 14165	
DMAP 1036 Individual Adjustment Requests	PO Box 14952	