



# Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services**  
*Division of Medical Assistance Programs*  
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Salem, OR 97301-1079

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Provider Name  
Provider Address1  
Provider Address 2  
City, OR 97000

December 31, 2008



**To: Selected Oregon Medicaid Service Providers**  
**From: Provider Services**  
**Re: Supplemental Medicaid Provider Number**

A supplemental nine-digit DHS provider identification (ID) number has been assigned to your office/practice for one of the following reasons:

- New service location(s) created due to multiple National Provider Identifier (NPI) numbers
- New service location(s) created due to additional provider type codes assigned to your office/practice

You will use the supplemental ID for billing certain types of claims based on your provider type and specialty. Please call Provider Services at the number listed below to find out when to use your supplemental provider ID.

You will also use the supplemental ID to access the new Medicaid Management Information System's (MMIS) special features, such as the Provider Web Portal and the Automated Voice Response (AVR) system.

Your original provider ID and supplemental provider ID are:

Original provider ID: #####

**Supplemental provider ID: 5#####**

If you already received a supplemental provider ID number, please disregard the first one. Some providers received the wrong supplemental ID. Use the supplemental ID on this letter.

If you have any questions, please call Provider Services at 800-336-6016 during regular business hours.



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