

Health Services

Office of Medical Assistance Programs

Rick Howard, Manager, HFO, OMAP

Authorized Signature

Number: OMAP-IM-04-070

Issue Date: 07/22/2004

Topic: Medical Benefits

Subject: KSEL Notice: Providence Health Assurance (H198) Clackamas County

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 | X Other (please specify): DHS staff and others on the SPD, CAF, OMHAS, and OMAP transmittal lists |

Message: Effective July 27, 2004, Providence Health Assurance will be closed to new enrollment in Clackamas County, with a 30 day re-enrollment period.

If you have any questions about this information, contact:

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