

**Health Services
Office of Medical Assistance Programs**

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OMAP Health Financing Operations Section

Number: OMAP IM 06-017
Issue Date: 2/16/06

Authorized Signature

Topic: Medical Benefits

Subject: New e-mail address for OMAP Provider Enrollment Team

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): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

Message: OMAP will include the attached notice in the RA stuffers the weeks of 2/27 and 3/6/06 to all provider types. Staff can find the new address in the GroupWise address book under *Enrollment, Provider*.

If you have any questions about this information, contact:

Contact(s):	OMAP Provider Enrollment		
Phone:	(503) 945-1177, (1-800) 422-5047 in-state	Fax:	(503) 947-1177
E-mail:	Provider.enrollment@state.or.us		



OMAP's Provider Enrollment team has a new e-mail address, provider.enrollment@state.or.us.

Please send to this address:

- Inquiries on how to enroll as an OMAP provider
- Inquiries on how to disenroll as an OMAP provider
- Provider address or other contact information changes
- Requested licensure/certification information

The unit is also available by:

- Toll-free phone within Oregon (1-800) 422-5047
- Fax (503) 947-1177
- Mail to:
OMAP HFO Provider Enrollment
500 Summer Street NE, E-44
Salem, OR 97301-1079

