

Health Services
Office of Medical Assistance Programs

Alice LaBansky, Manager
Health Financing Operations, OMAP

Authorized Signature

Number: OMAP-IM-06-145

Issue Date: 9/11/2006

Topic: Medical Benefits

Subject: KSEL Notice: CareOregon (H183) Coos County

Applies to:

- | | |
|--|---|
| <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, OHMAS and OMAP transmittal lists |

Message:

Effective October 1, 2006 CareOregon (H183) in Coos County will be closed to new enrollment with a 30 day re-enrollment period.

****Remember to check the KSEL screen for the most current information****

If you have any questions about this information, contact:

Contact(s):	Dana C. Hill, Prepaid Health Plan Coordinator, OMAP		
Phone:	503-945-6917	Fax:	503-947-5221
E-mail:	dana.c.hill@state.or.us		