

Alice LaBansky, Manager  
DMAP Operations Section

Authorized Signature

Number: DMAP-IM-08-013

Issue Date: 01/28/2008

Topic: Medical Benefits

Subject: Provider announcement: Billing provider updates

**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 all-staff |

**Message:**

We will mail the following letter requesting updated information from billing providers about which DMAP fee-for-service providers they serve. This will aid the transition to the MMIS replacement.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	EDS Provider Re-enrollment Team		
<b>Phone:</b>	503-383-3403	<b>Fax:</b>	503-383-3413
<b>E-mail:</b>	ORXIXprovRe-enrollment@examhub.exch.eds.com		



# Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services**  
*Division of Medical Assistance Programs*  
500 Summer Street NE, E44  
Salem, OR 97301-1079

Date: January 28, 2008  
To: OHP Billing Providers  
From: Alice LaBansky, Manager  
DMAP Operations Section



Subject: Provider updates

The Department of Human Services will replace our current Medicaid Management Information System (MMIS) later this year. In preparation, the contractor, Electronic Data Systems (EDS), needs to identify all active billing providers and determine which fee-for-service Oregon Health Plan providers you bill on behalf of.

Please send us an updated list of providers for whom you currently bill DMAP. Make sure to include each provider's:

- DMAP unique provider number,
- National Provider Identifier, and
- Social Security Number or Tax Identification Number.

We also need to know if you are no longer billing DMAP for anyone.

Send the information with a cover sheet listing your telephone number to the attention of the **EDS Provider Re-enrollment Team**, any of three ways:

- **Fax:** 503-383-3413
- **Mail:** PO Box 12809  
Salem, OR 97309
- **Secured e-mail:** [ORXIXprovRe-enrollment@examhub.exch.eds.com](mailto:ORXIXprovRe-enrollment@examhub.exch.eds.com)

Your cooperation will assist in making a smooth transition to the replacement MMIS, which promises to help DMAP meet the increasingly complex demands of the federal, state and local technologies. For MMIS updates, go to the DHS MMIS Provider Resources Web site, <[www.oregon.gov/DHS/mmis](http://www.oregon.gov/DHS/mmis)>.

### Questions?

Call the EDS Provider Re-enrollment Team at 503-383-3403. In an effort to protect providers' privacy, do not e-mail any personal identifiers unless you use a secure system.

Thank you for your continuing support of the Oregon Health Plan.

DMAP CU Jan 08-013

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