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 DMAP Research, Education and Development

**Authorized Signature**

**Number:** DMAP- IM-08-197

**Issue Date:** 12/29/2008

**Topic:** Medical Benefits "VOIDED" see DMAP IM 08-203

**Subject:** Supplemental Provider IDs sent to selected providers regarding MMIS access

**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, AMH and DMAP transmittal lists |

**Message:**

A supplemental 9-digit ID number has been sent to 378 providers to use with the new MMIS. Providers will continue to use their 6-digit ID numbers.

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

<b>Contact(s):</b>	Jennifer McKinley		
<b>Phone:</b>	503-945-5933	<b>Fax:</b>	Contact Fax
<b>E-mail:</b>	Jennifer.McKinley@state.or.us		



# Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services**  
*Division of Medical Assistance Programs*  
500 Summer Street NE, E35  
Salem, OR 97301-1079

**Voice (503) 945-5772**

**FAX (503) 373-7689**

**TTY (503) 378-6791**



December 29, 2008

**To: Selected Oregon Medicaid Service Providers**

**From: Provider Services**

**Re: Supplemental Medicaid Provider Number**

A supplemental nine-digit DHS provider identification 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

The supplemental ID will allow you access to the Medicaid Management Information System's (MMIS) new features, such as the Automated Voice Response (AVR) system.

Your Provider ID and supplemental ID are:

Provider ID: #####

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

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



DMAP CAPE

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