

Alice LaBansky, DMAP Operations Manager
Authorized Signature

Number: DMAP-IM-09-001
Issue Date: 01/08/2009

Topic: Medical Benefits

Subject: AVR Quick Reference for Transportation Providers

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:

With the replacement MMIS, medical transportation providers need to verify clients' eligibility before giving them a ride. During regular business hours, the providers' dispatch office will verify clients' eligibility. However, after hours, drivers need to use the automated voice response (AVR) system.

The attached quick reference was designed specifically for drivers. The flowchart shows the fastest way to use the AVR for checking a client's eligibility. The card also folds up to the size of a business card, small enough to fit in a driver's pocket.

If you have any questions about this information, contact:

Contact(s):	Paula Burgess, Policy Analyst
E-mail:	paula.burgess@state.or.us
Phone:	503-945-6736



**Oregon
Automated Voice
Response**

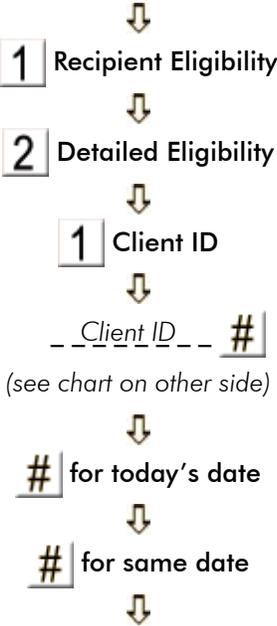
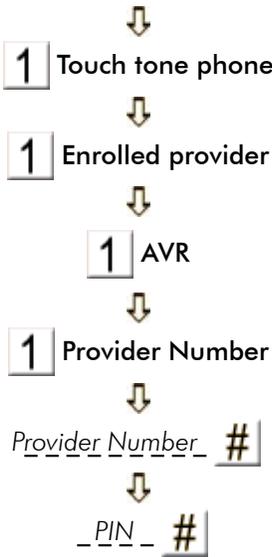
866-692-3864
24 hours, 7 days per week

ALPHA TO NUMERIC

A	*21	N	*62
B	*22	O	*63
C	*23	P	*71
D	*31	Q	*11
E	*32	R	*72
F	*33	S	*73
G	*41	T	*81
H	*42	U	*82
I	*43	V	*83
J	*51	W	*91
K	*52	X	*92
L	*53	Y	*93
M	*61	Z	*12

Flowchart Instructions
Button icons tell you which numbers to press.
Example: **1** means to press 1 on your phone.
Entering Client IDs
Use the chart at right to find the number substitutions for letters in the client's ID.
Example: The client's ID is AG89421F. You will press *21*4189421*33, then #.

1-866-692-3864



2 Continue
If the client does not have a co-pay, it will skip straight to the client's eligibility information.

2 Continue
You will hear the client's eligibility information.
The following benefit packages cover medical transportation.

BMH	BMD
BMM	CWX