



Division of Medical Assistance Programs

Information Memorandum Transmittal

Dale Elder, Interim Manager
DMAP Operations

Number: DMAP IM 11-035

Authorized Signature

Issue Date: 04/14/2011

Topic: Medical Benefits

Subject: Updated_Medicaid application for new provider and supplier enrollment

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

Effective March 25, 2011, DMAP requires **new** Medicaid health care providers and suppliers to submit both *Social Security Numbers* and *Date of Birth* information when they enroll with DHS/OHA. This requirement applies to both fee-for-service providers and providers contracting with managed care plans. We are required to ask for the personal information under the Federal Patient Protection and Affordable Care Act (PPACA).

Note: We have received reports that existing providers are asking about a new form. At this time, DMAP has not asked current providers for updated enrollment information.

If you have any questions about this information, contact:

Contact(s):	DMAP Provider Enrollment
E-mail:	Provider.enrollment@state.or.us