

Alice LaBansky, Manager  
DMAP Operations



**Authorized Signature**

**Number:** DMAP-IM-08-051

**Issue Date:** 05/08/2008

**Topic:** Medical Benefits

**Subject:** DMAP asks Billing Providers to send EDS more ID numbers

**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 staff |

**Message:**

The following letter goes in the mail this week to Billing Providers who need to send EDS the tax IDs, DMAP numbers and NPIs of the providers they bill for. If calls or data come to DMAP, redirect them to the EDS team below.

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

<b>Contact(s):</b>	EDS Provider Data Collection Team		
<b>Phone:</b>	503-383-3403	<b>Mail:</b>	PO Box 12809 Salem, OR 97309
<b>FAX:</b>	503-383-3413		



# Oregon

John Theodore R. Kulongoski, Governor

## Department of Human Services Division of Medical Assistance Programs

500 Summer Street NE, E-44  
Salem, OR 97301-1079

Voice (503) 945-5772

Fax (503) 947-5359

TTY (503) 378-6791



Date: May 12, 2008 Immediate action required

To: Billing Providers Enrolled with DHS

From: Alice LaBansky, Manager  
DMAP Operations Section *Alice LaBansky*

Subject: Provider Enrollment Information

The Department of Human Services will implement a replacement Medicaid Management Information System (MMIS) in September 2008. This new system will change the way we do business with Billing Providers. **This change requires immediate action on your part.**

To avoid unnecessary delays on payment of the claims you submit as a Billing Provider on behalf of fee-for-service providers in the new MMIS, it is imperative that you send us the following information for every fee-for-service provider you bill for:

**Provider Name    DMAP Number    NPI    Tax Identification Number\***

*\*Note that the Tax ID Number must be the Social Security Number (SSN) or other taxpayer identification number associated uniquely to each provider. It cannot be your Billing Provider Tax ID Number. It must be the number used to report Medicaid payments for your providers' services to the Internal Revenue Service. The DHS Privacy and Disclosure Statement on the reverse side of this letter explains the requirement for and uses of taxpayer identification numbers.*

Send us this information by May 31, 2008. It may be in any spreadsheet format. Include a cover sheet identifying your Billing Provider name and DMAP number, with a contact name and telephone number, to the attention of the **EDS Data Collection Team** in any of the following 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)

To ensure provider privacy and security, do not e-mail any personal identifiers unless you use a secure system.

Remember, if we do not receive the requested information for each of your providers, your claims processed in the replacement MMIS may be delayed or denied.

**Questions?** Contact the EDS Provider Data Collection Team at 503-383-3403. Thank you for your continued support of the Oregon Health Plan.

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## **DHS Privacy and Disclosure Statement**

The Department of Human Services limits its requests for and use of taxpayer identification numbers, including SSNs, to those purposes authorized by law and as described in this notice. The Oregon Consumer Identify Theft Protection Act permits the Oregon Department of Human Services to collect and use Social Security Numbers (SSNs) to the extent authorized by federal or state law.

Providers or billing providers must submit the provider's SSN (for individuals) or a federal employer identification number (EIN) for entities or other federal taxpayer identification number, whichever is required for tax reporting purposes on an IRS Form 1099. Providing this number is mandatory for all enrolled providers with the Department of Human Services, pursuant to 42 CFR 433.37, the federal tax laws including 26 USC 6041 and OAR 407-120-0320 for purposes of the administration of tax laws and the administration of this program for internal verification and administrative purposes including but not limited to identifying the provider for payment and collection activities.

Failure to submit the requested taxpayer identification number(s) may result in a denial of enrollment as a provider and issuance of the provider number, delay or denial of payment to a provider, or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from DHS.

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