

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-044
Issue Date: 6/2/2010

Topic: Long Term Care

Due Date:

Subject: MMIS Provider Number Change and Name Change for Nursing Facility

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DMAP |

Action Required:

Workers with clients receiving Medicaid-funded service at Marquis Care at Newberg (formerly Newberg Care Home) must change the provider number on the MMIS plan of care.

Effective May 15, 2010, New MMIS Provider Number: 500617148

Marquis Care at Newberg
1500 E. First Street
Newberg, OR 97132

To update POC with new provider number please take the following steps:

1. Start with the Service Plan in ACCESS
 - End old service plan with the end effective date
 - Create new service plan with new provider number new effective date. (No need to change the end date.)
2. Integrate with a change – and don't forget to change the Need Resource to the new provider #.
3. Do a live update in UCMS
4. Go to MMIS
 - to POC/Search with client prime number
 - select current POC line item
 - end the current POC with the end date (On the Line Item NOT Base Info) and save

- select same line item and then go to “Add” button on the line item
- then create a new POC with the effective date and new provider number and save (You will need to go through the regular process of adding a new POC).

Hopefully you will see – “Save Successful” and you have updated your POC with the new provider #.

Reason for Action:

MMIS provider number is changed due to Nursing Facility change of owner/operator and name change.

Field/Stakeholder review: Yes No

If yes, reviewed by: SPD Operations Committee

If you have any questions about this action request, contact:

Contact(s):	Renee Shearer: Nursing Facility change of owner/operator		
Phone:	Renee: 503-945-5923	Fax:	503-378-8966
E-mail:	Renee.M.Shearer@state.or.us		