

**APD/SSP/CW  
Regional Meetings  
2014**

Presentations/Updates  
Packet 1

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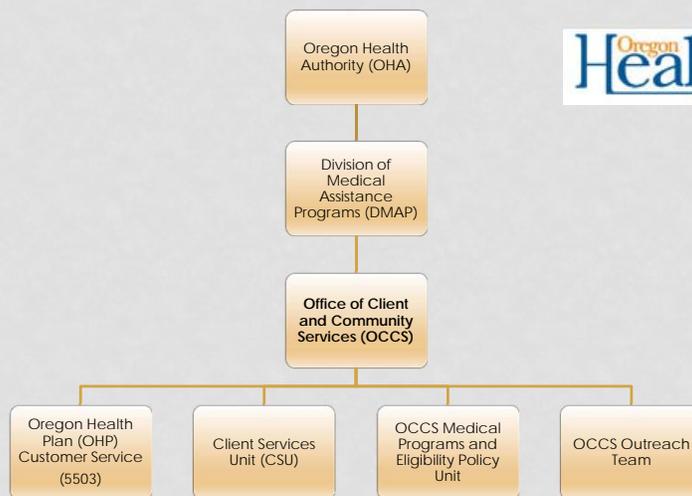
# MAGI-BASED ACA OVERVIEW

OCCS MEDICAL PROGRAMS

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## WHAT IS OCCS?

OFFICE OF CLIENT AND COMMUNITY SERVICES



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## WHAT IS MAGI-BASED INCOME METHODOLOGY?

- Methodology for how income is counted and how household composition and family size are determined
- Not a number on a tax return
- Based on federal rules for determining adjusted gross income (with some modifications)

MAGI is the acronym for  
Modified Adjusted Gross Income

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## MAGI VS. MAGI-BASED

- **MAGI methodology** used to determine eligibility for Advanced Payment of Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR)
- **MAGI-based methodology** used to determine eligibility for MAGI –Based Medicaid and CHIP programs
  - Note: Medicaid and CHIP programs utilizing MAGI-Based methodology are also commonly referred to as MAGI

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## HOUSEHOLD GROUP – NEW DEFINITION

- Each applicant's household group is formed separately and is based on whether the applicant is a:
  - Tax filer
  - Tax dependent
    - Tax dependent exceptions
  - Non-filer
- Relationship factor and physical living situation applies in some instances
- Consists of every individual whose income is considered for determining medical eligibility

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## MAGI-BASED FAMILY SIZE

- Equivalent to what was formerly the "Need Group"
- Includes the number of people in the household group (HH) plus the number of unborns (UB) for each pregnant household group member
- Family size number is compared to the income standards when determining financial eligibility



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## OCCS MEDICAL PROGRAMS

(EFFECTIVE 01/01/14)

### OCCS MAGI-Based Programs

- MAGI Parent and Other Caretaker Relative
- MAGI Pregnant Woman
- MAGI Adult
- MAGI Child
- MAGI CHIP
  - Implementation date was 10/01/13

### OCCS Non-MAGI-Based Programs

- Breast and Cervical Cancer Treatment Program (BCCTP)
- Extended Medical (EXT)
- Substitute Care (SC)
  - Formerly SAC
- Continuous Eligibility (CE)
  - Not a program, but an indicator a child is receiving Continuous Eligibility
  - Replaces Continuous Eligibility for Medicaid (CEM)

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### PROGRAM DESCRIPTION: MAGI PARENT AND OTHER CARETAKER RELATIVE

- Must be a parent or caretaker relative caring for a dependent child in the household
- Very low income standard – Must have income at or under income limit of 133%
- OAR 410-200-0420

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## PROGRAM DESCRIPTION: MAGI PREGNANT WOMAN

- Must be pregnant
- Must have household income at or under 185% FPL
- OAR 410-200-0425

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## PROGRAM DESCRIPTION: MAGI ADULT

- Must be age 19 – under 65
- Must have household income at or under 133% FPL
- Must not be eligible for or receiving Medicare
- Dependent child(ren) in the home must have minimum essential coverage
- OAR 410-200-0435

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## PROGRAM DESCRIPTION: MAGI CHILD

- Must be under age 19
- Must have household income at or under the applicable limit:
  - Child age 1 – under 19: 133% FPL
  - Non-AEN (Assumed Eligible Newborn) child under age 1: 185% FPL
    - Note: No income test for AENs
- OAR 410-200-0415

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## PROGRAM DESCRIPTION: MAGI CHIP

- Must be under age 19
- Must not have minimum essential coverage unless an exception (time or distance to access coverage) in OAR 410-200-0410 is met.
- Must meet citizenship/non-citizenship requirements
- Must have household income at or under the applicable limit
  - Child age 1 – under 19: Above 133% FPL – 300% FPL
  - Child under age 1: Above 185% FPL – 300% FPL

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## MMIS IS THE AUTHORITY SYSTEM

- If you need to verify the status of someone's medical benefits, you must check MMIS.
- If you only check the CM system, OHA Siebel system or Oregon Access, you might not find the most current information.
- **Checking MMIS is the only place that will give you the most current information.**

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## MAGI-BASED PROGRAM CODES \*

Program Name	Program Abbreviation	Program Code
MAGI Parent and Other Caretaker Relative	PCR	PCR
MAGI Pregnant Woman	PWO	PWO with a DUE date
MAGI Adult	AMO	AMO
MAGI Child	CMO	CMO
MAGI CHIP	C21	C21

\*Program codes can be found in the Recipient Panel, Benefit Plan, click on benefit line to open Aid Category, click on Aid Category to see case descriptors.

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## NON-MAGI-BASED PROGRAM CODES

Program Name	Program Abbreviation	Program Code
Breast and Cervical Cancer Treatment Program	BCCTP	<ul style="list-style-type: none"> <li>• BCP</li> <li>• BCS: Presumptively eligible for BCCTP</li> </ul>
Extended Medical	EXT	<ul style="list-style-type: none"> <li>• EXT with AE2 date: EXT due to earnings</li> <li>• EXT with EMS date: EXT due to spousal support</li> </ul>
Substitute Care	SC	<ul style="list-style-type: none"> <li>• CR1</li> <li>• CR2</li> </ul>
Continuous Eligibility	CE	<ul style="list-style-type: none"> <li>• Children: CMO with 12E indicator</li> <li>• Pregnant Woman: Either PCR or PWO with PPW date</li> </ul>

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## FINANCIAL ELIGIBILITY DETERMINATION

OVERVIEW OF FINANCIAL ELIGIBILITY

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## COUNTING INCOME

- General Rules:
  - Income is countable if U.S. taxable
    - The following income types are always countable regardless of whether the income is taxable or not
      - Social Security Benefits (SSB, SSD/SSDI)
      - Foreign earned income
      - Tax-exempt interest
  - Income of all household group members is countable, however, exceptions exist for children and tax dependents with income

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## Examples of What Income Counts Under MAGI

Taxable wages/salary (before taxes are taken out)

*Note: Pre-tax contributions to dependent care accounts, health insurance premiums, flexible spending accounts, retirement accounts and commuter expenses are NOT included as income*

Self-employment (profit once business expenses are paid)

Social Security benefits

Unemployment benefits

Alimony received

Most retirement benefits

Interest (including tax-exempt interest)

Net capital gains (profit after subtracting capital losses)

Most investment income, such as interest and dividends

Rental or royalty income (profit after subtracting costs)

Other taxable income, such as canceled debts, court awards, jury duty pay not given to an employer, cash support, and gambling, prizes, or awards

Foreign earned income

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## Examples of What Income Does NOT Count Under MAGI

Child support received

Supplemental Security Income (SSI)

Worker's compensation payments

Veterans benefits

Gifts and Loans

Temporary Assistance to Needy Families (TANF) and other governmental cash assistance

Proceeds from life insurance, accident insurance, or health insurance

Federal tax credits and Federal income tax refunds

Inheritances

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## MODIFICATIONS TO MAGI



**Lump sum payments:**  
Counted in the month received



**Educational scholarships, awards or fellowships used for educational purposes (excludes room and board):**  
Excluded



**Certain types of American Indian/Alaskan Native benefits are excluded**

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## BUDGETING PROCESS IN FINANCIAL ELIGIBILITY

- Eligibility is evaluated for the initial month (month of the Date of Request).
- If ineligible in initial budget month, eligibility is evaluated for the following month (floating budget month).
- If ineligible in floating budget month, eligibility is evaluated for the benefit year (year in which benefits will start) following APTC/CSR policy.

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## RESOURCES

WHO TO CONTACT - WHERE TO LEARN MORE

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## OREGON ADMINISTRATIVE RULES (OARS) FOR OCCS PROGRAMS

- OHA DMAP Rules on Oregon State Archives:
  - [http://arcweb.sos.state.or.us/pages/rules/oars\\_400/oar\\_410/410\\_200.html](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_200.html)
- OHA DMAP Rules on OHA Website:
  - <http://www.dhs.state.or.us/policy/healthplan/guides/occs/main.html>

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## ONLINE RESOURCES

- Kaiser Family Foundation:
  - <http://kff.org/>
- IRS Publication 501: Exemptions, Standard Deduction, and Filing Information
  - <http://www.irs.gov/pub/irs-pdf/p501.pdf>
- IRS Publication 929: Tax Rules for Children and Dependents
  - <http://www.irs.gov/pub/irs-pdf/p929.pdf>

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# RESOURCES

## OCCS Policy Analysts

Joyce Clarkson	503-945-6106
Carol Berg	503-945-6072
Vonda Daniels	541-690-6139
Christy Garland	503-947-5519
Jewel KALLSTROM	503-947-2316
Yer VUE-XIONG	503-945-5855
Guadalupe Benhumea	503-9475032
Kristie Taylor	503-947-5512

Questions: Send to  
Outlook Name: OCCS Medical Policy  
[OCCS.MedicalPolicy@state.or.us](mailto:OCCS.MedicalPolicy@state.or.us)

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# EDMS Expansion: Keeping You Informed

AAA, APD and SSP Managers –

July 1<sup>st</sup>, 2014 an email went out to all AAA/APD and SSP staff providing a high level update on the EDMS Expansion Project (see below). Since that time we've received questions from local areas wanting to start "going paperless" or to start scanning additional program/file information into EDMS. Please do not start scanning in new documents or files as this time. The project may make significant changes to:

- how you currently scan
- how documents are currently stored and retrieved in EDMS
- current policy regarding closed, opening archiving (including new policy on how to create an electronic case file)

*These significant changes may impact the ability to effectively retrieve information timely and accurately; impacting accuracy, audits and customers.*

The EDMS Expansion Project will begin rolling out the first stages of the project in late Summer/Early Fall. Staff and manager training will be available before each stage of the project. I will provide a project schedule for you, as well as more frequent and comprehensive updates as we move forward.

We appreciate your enthusiasm and willingness to help move the EDMS project forward, however to ensure we do so in a fashion that supports the work we do and the customers we serve, I again **STRONGLY** encourage you to wait until the roll-out and training before starting or scanning additional files/documents/information.

If you have scanning or archiving questions please continue to email your questions to the [DHSModernization.DirectorsOffice@state.or.us](mailto:DHSModernization.DirectorsOffice@state.or.us)

Thank you!  
Darlene Kelly  
Service Delivery Transformation Director

**From:** DHS Modernization Director's Office  
**Sent:** Tuesday, July 01, 2014 1:39 PM  
**To:** DHS Modernization Director's Office  
**Subject:** EDMS Expansion: Keeping You Informed

## EDMS Expansion: Keeping You Informed

As you have probably heard, Service Delivery Transformation (SDT) is working on a project to expand Electronic Document Management (EDMS Expansion) throughout AAA/APD and SSP. This project is still in the planning phase, but we wanted to share with you information that is known at this time.

Background on 'Why' EDMS Expansion:

AAA/APD and SSP branch offices frequently have customers who use paper applications to apply for services and benefits. Information that those customers provide to DHS is stored in paper case files, which need to be created, organized, handled, and frequently mailed to other locations. The cost and inefficiency of this process seriously impair the Service Delivery Transformation efforts that are focused on moving service and benefit delivery closer to the Oregonians who need them. The EDMS project plans to implement and standardize processes to address these issues within our current service delivery systems.

The EDMS project will be implemented to the field in a phased approach. The initial phase will focus on improving access to client case files and expanding field use of electronic record management services. This phase of the project is anticipated to be implemented in late 2014 and into the beginning of 2015. The initial phase intends to include consistent archiving efforts, increased scanner deployment, electronic case files and electronic case transfers.

Many branch offices from across the State are already doing pieces of this work and we applaud you! This project will strive to get all branch offices regularly utilizing standard processes. **Please continue to do your work as you do today until we implement in your area**--this way you will be provided assistance with any questions you may have.

As part of implementation, training will be provided to field staff to include:

- Standardize search field usage and naming conventions/filing processes across agencies
- Improved and streamline business processes for access and retrieval of electronic documents
- Use of the EDMS and scanning equipment

Analysis is being completed around the feasibility of implementing automated workflow and electronic work sharing. These options will be considered for future project opportunities.

We want to thank you for your feedback and enthusiasm as we move forward. **If you have any questions regarding EDMS, Archiving, Case Transfers or other related topic, please direct those to the project team by contacting the DHS Modernization Director's Email box at:** [DHSModernization.DirectorsOffice@state.or.us](mailto:DHSModernization.DirectorsOffice@state.or.us).

We will keep you updated as more info is known.

Thank you!  
Darlene Kelly  
Service Delivery Transformation Director

<b>Volunteer Position Description</b>	<a href="#">Volunteer Position Description</a>
SSP Archiving Policy	<a href="http://insidextra.dhsoha.state.or.us/caf/FieldBusinessProcedures/fbpm-i.html">http://insidextra.dhsoha.state.or.us/caf/FieldBusinessProcedures/fbpm-i.html</a>
APD Archiving policy	<a href="http://www.dhs.state.or.us/spd/tools/additional/ssam/04.e.htm">http://www.dhs.state.or.us/spd/tools/additional/ssam/04.e.htm</a>
EDMS Expansion Email	<a href="mailto:DHSModernization.DirectorsOffice@dhsoha.state.or.us">DHSModernization.DirectorsOffice@dhsoha.state.or.us</a>
<b>WBT Training Links</b> <ul style="list-style-type: none"> <li>• Archiving Case Files (#)</li> <li>• Archive Box Preparation (#)</li> </ul>	<a href="#">Learning Center</a>
<b>EDMS Expansion Communications</b> <b>Link to Toolkit and Checklists</b>	<a href="https://inside.dhsoha.state.or.us/dhs/modernization/edms-expansion.html">https://inside.dhsoha.state.or.us/dhs/modernization/edms-expansion.html</a>

# EDMS Expansion Efforts – August 2014

## EDMS Expansion Identified Goals:

1. Improve ability to access Customer Case Files and Supporting Documents.
2. Reduce field worker reliance on paper files by creating electronic case files.
3. Prepare staff (training) for the significant changes that will transform Service Delivery Systems.
4. Streamline consistent processes for EDMS in AAA/APD and SSP
5. Improve manager's ability to monitor and track electronic work.

## OCI Work-Sharing Pilot

Definition: Processes created in the field to increase the use of online applications and electronically manage the sharing of work across branches or districts in SSP (and potentially APD/AAA) field offices.

Goals Met: 1,2,3,5

## Effort 1: Archiving

Definition: Purging cases and sending files to Archives in Salem.  
Goals Met: 1, 2, 4

## Effort 2: Scanner Deployment

Definition: The procurement, delivery and installation of scanners to support the EDMS Expansion Project  
Goals Met: 2,4

## Effort 3: Creating Electronic Case Files

Definition: Scanning case file documents into EDMS to create an electronic case file.  
Goals Met: 1,2,3,4

## Effort 4: Electronic Case Transfers

Definition: When a branch requests an open case file, the file is then scanned electronically into EDMS and the receiving branch can access the file in EDMS (one case file at a time until all case files are electronic).  
Goals Met: 1,2,3,4

## Client Maintenance Unit

How to find a Medical case using the Mainframe  
and MMIS

- If you need to determine if a client has active benefits, you want to use the most accurate process.
- You can use WEBM FIND, however, you may not find accurate information if the client's benefits were opened when they applied through Cover Oregon or from Fast Track. Those benefits are in MMIS.

Currently, a medical case with open benefits in the CM system can be identified on WEBM FIND by looking for a “Medi Elig” date.

```
WCIW030C      Client Information (FIND)      06/09/2014 08:26 am
Fast path  EB  Access Key _____
SSN  Prime AL55866B
Last  First _____ Name select A
Last:  First: KRISTINE      MI: R Title:  Ali: N
SSN:  Prime: . AL55866B Sex: F DOB: 04/15/1975 DOD: N
Alias Primes:
CASES:
Type Case      PL IG Prime      Br Ld Pr St Lst Chg Reas Medl Elig File
. CM DE7151      A  AD AL55866B 1311 DP D4 VP 12/26/2013      S 07/01/2013 Y
CM AL55866B      R
More: +
```

# Client from previous slide shows benefits open in CM with open benefits in MMIS

oirmmis\OF  
Wednesday, Jul

Home Claims Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS Site EDMS Help  
home search information related data add recipient buyin edb search case search other ids search service usage tbq search tbq information

Next search by: Current ID Case ID search

**Recipient Information**

Current ID AL55 [redacted] Name KRISTINE R [redacted] Active Active  
 Medicare ID [redacted] Prev Name Address Address 2 Address 3 City BURNS OR Zip 97720-0000 Phone (541) [redacted] Home  
 Gender FEMALE Birth Date 04/15/1975 Death Date Age 39 Race W Other Race Ethnicity 00 Not Hispanic Citizen U Language ENG Correspondence Language ENG Needs Interpreter No Interpreter Language UND Worker ID DP Branch ID 1311 Material Suppress No Company Name HNA Indicator No  
 Residential Address Address City State Authorized Representative Last Name Address City State

Has open medical in MMIS

Linked ID BMM 05/22/2012 - 12/31/2299 Medicare Coverage A & B & D TBQ Record APPLIED Managed Care CCOA 07/01/2014 - 12/31/2299 TPL No  
 TPL Good Cause Lockin Level of Care Patient Liability Medicare Buy-in B Case/Certification DE71519SSD A DP 1311 05/22/2012  
 Pregnancy Due Date Renewal Date Medical Case Management No Disease Case Management No Print Format NOT APPLICABLE Premium Arrearage No NF/Hospice Restrict No Blind No Institutionalized No Tobacco User No  
 Address 3 Zip MI Address 3 Zip

Clients who were approved for medical benefits through Cover Oregon or Fast track will appear in WEBM FIND with a prime number but there will be no case number and no Medi Elig date

```

WCIW030C Client Information (FIND) 06/09/2014 08:40 am
Fast path EB Access Key
SSN Prime XE601F2R
Last First Name select A
Last: First: MARIA MI: Title: Ali: N
SSN: Prime: . XE601F2R Sex: F DOB: 05/27/1982 DOD:
Alias Primes:
CASES:
Type Case PL IG Prime Br Ld Pr St Lst Chg Reas Medl Elig Fil
OTHER:
OVP-CM: OVP-FS: IPV: Bendex: Emp Wages: UC: TL: 000
EA: Prog: Begin date: OHP Prem Stat:
46004I A single person matched the selection criteria.
F1=Help F2=Add F3=Exit F4=CNTCT F6=Fast Path F7=Bkwd F8=Fwd F10=Prev F11=Find
F13=Access 1 F14=Access 2 F16=Prsn Updt F17=Prsn List F21=Prsn Merge F22=CASEM
4-C 2 Sess-1 127.0.0.1 HTCPW3I3 3/12

```

# Their benefits show in MMIS only!

ormmis\OR00494  
Monday, June 09, 20

Home | Claims Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS Site EDMS Help  
 home search information related data add recipient buyin edb search case search other ids search service usage tbq search tbq information

Next search by: Current ID Case ID search clear

### Recipient Information

Current ID XE601F2R Name MARIA

Medicare ID 000-00-0000 Pre Name Address 1970 MARKET ST NE

SSN 000-00-0000 Address 2 Address 3

Gender FEMALE City SALEM State OR

Birth Date 05/27/1982 Zip 97301-0000

Death Date Age 32 Race 7 Phone No Phone

Other Race 01 Hispanic Add Phone No Phone

Citizen U Add Phone Type No Phone

Language SPA County 047 - Marion

Correspondence Language UND County Office ID C

Worker ID CT Alternate Contact Name NA

Branch ID 5503 Living Arrangement NA

Material Suppress No Priority Notes No Notes

Company Name HNA Indicator No

Residential Address 1970 MARKET ST NE

City SALEM

Authorized Representative Last Name Address City

Address 2 State OR

Address 3 State

First Name Address 2 State

Zip 97301-2265

MI Address 3 Zip

Active ID Active

Linked Plan CWM 01/01/2014 - 12/31/2299

Benefit Plan Managed Care

Medicare Coverage TPL No

Managed Care Lockin No

TPL Good Cause No Recipient has no private health insurance

Level of Care Patient Liability

Medicare Buy-in Case/Certification 017GYF-IHX A CT 5503 01/01/2014

Pregnancy Due Date Medical Case Management No

Disease Case Management No

Print Format NOT APPLICABLE

Premium Arreage No

NF/Hospice Restrict No

Address 3 Zip 97301-2265

MI Address 3 Zip

### Recipient Maintenance

Select area to add or modify below.

Recipient Case History Recipient ID Cards

Recipient Income Recipient Link Request Base Information

Recipient Review Recipient Unlink Request ID Card Request

Transit Plan Citizen Link History

Level of Care NP-Hospice Restriction Patient Liability

Lockin Details Recipient Case Management

### Base Information

Status All Benefit Plan

Effective Date End Date

Benefit Plan CWM CAREM Status Stop Reason Financial Payer Effective Date End Date

CWM CAREM Active Default DEFAULT 01/01/2014 12/31/2299

Select row above to update -or- click Add button below.

Effective Date End Date

Benefit Plan Status Active

Stop Reason Financial Payer

Active

add

This client has open benefits as indicated by the 12/31/2299 end date

NOTICE: This information may be sensitive and/or private, thus subject to HIPAA privacy and security regulations. This information is not to be shared or distributed to persons without a right or business need to know. © 2005 Electronic Data Systems Corporation. All rights reserved.

**Sometimes when checking CM it will look like the client had an open CM case in the past, but they do not have open benefits now.**

1. DHS Mainframe

File Edit Transfer Fonts Options Macro View Window Help

WCIW030C Client Information (FIND) 06/10/2014 08:53 am

Fast path █ EB Access Key \_\_\_\_\_  
 SSN \_\_\_\_\_ Prime \_\_\_\_\_ Name select A  
 Last █ \_\_\_\_\_ First JAMES \_\_\_\_\_  
 Last: █ First: JAMES MI: M Title: Ali: N  
 SSN: █ Prime: . GK300G1H Sex: M DOB: 08/08/1971 DOD: N

Alias Primes:  
 CASES:

Type Case	PL	IG	Prime	Br	Ld	Pr	St	Lst Chg	Reas	Medl	Elig File
. CM JX7002	A	AD	GK300G1H	0901	BB	P2	DN	07/05/2013	DY		Y
. CM D01811	A										N
. FS 54 █		HH		0902	TS		CL	02/11/2014	00		Y
. FS 54 █		HH		0902	TS		CL	02/11/2014	00		Y
. EBT 87211760											A

This client has two CM cases with no open medical

# By checking MMS for the same client you see the client does have open benefits.

Home Claims Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS Site EDMS Help  
 home search information related data add recipient buyin edb search case search other ids search service usage tbq search tbq information

Next search by: Current ID Case ID search clear

Recipient Information		Active	
Current ID	GK300G1H	Linked ID	BMH 01/01/2014 - 12/31/2014
Medicare ID		Benefit Plan	Managed Care
SSN		Medicare Coverage	TPL No
Gender	MALE	TPL Good Cause	0 NO TPL
Birth Date	08/08/1971	Lockin	
Death Date		Level of Care	
Age	42	Patient Liability	
Race	W	Medicare Buy-in	
Other Race	00 Not Hispanic	Case/Certification	000IZA1FST A CT 5503 01/01/2014
Ethnicity	U	Pregnancy Due Date	
Citizen	ENG	Medical Case Management	No
Language	UND	Disease Case Management	No
Correspondence Language	UND	Print Format	NOT APPLICABLE
Worker ID	BB	Premium Arrearage	No
Branch ID	5503	NF/Hospice Restrict	No
Material Suppress	No	Address 3	
Company Name		Zip	
HNA Indicator	No	MI	
Residential Address		Address 3	
City		Zip	
Authorized Representative		MI	
Last Name		Address 3	
Address		Zip	
City			

**Recipient Maintenance** Select area to add or modify below.

Recipient Managed Care Medicare Previous Data	Recipient Case History	Recipient Comments	Recipient ID Cards
Recipient Income	Recipient Link Request	Recipient Unlink Request	Recipient Multi Address
Benefit Plan	Citizen	Link History	Base Information
Level Of Care			ID Card Request
			Lockin Details

Prefs Top Bot ?



Sometimes WEBM FIND and CM will not show open medical but the client had open medical only in MMIS and later closed in MMIS only so will never show in CM

```

Fast path _____ EB Access Key _____
SSN _____ Prime _____ Name select A
Last _____ First TRAMaine
Last: _____ First: TRAMaine MI: J Title: Ali: Y
SSN: _____ Prime: . BI50384D Sex: M DOB: 01/14/1984 DOD: N
Alias Primes:
CASES:
Type Case PL IG Prime Br Ld Pr St Lst Chg Reas Medl Elig Fil
. FS _____ PL IG Prime Br Ld Pr St Lst Chg Reas Medl Elig Fil N
. CSD BI50384 D DT CP 01/26/2007 N
. CSD GR37790 I Y Y
. SS 051AAAW93041 OBR Y Y
. CSD 2209240 D N
. EBT 87663679 A
OTHER:
OVP-CM: OVP-FS: IPV: N Bendex: N Emp Wages: N UC: N . TL: 000
EA: Prog: Begin date: OHP Prem Stat:
70000I Ready
F1=Help F2=Add F3=Exit F4=CNTCT F6=Fast Path F7=Bkwd F8=Fwd F10=Prev F11=Find
F13=Access 1 F14=Access 2 F16=Prsn Updt F17=Prsn List F21=Prsn Merge F22=CASEM

```

# Example from previous slide showing client did have open medical in MMIS only

Next search by: Current ID  Case ID

**Recipient Information** ? ▲

Current ID	B150384D	Name	TRAMAINE J	Active	Active
Medicare ID		Prev Name		Linked ID	
SSN		Address	420 SW 5TH AVE SUITE	Benefit Plan	BMH 01/01/2014 - 04/29/2014
Gender	MALE	Address 2		Medicare Coverage	This client has a start and end date
Birth Date	01/14/1984	Address 3		Managed Care	
Death Date		City	PORTLAND	TPL	No
Age	30	State	OR	TPL Good Cause	N Recipient has no private health insurance
Race	B	Zip	97214-0000	Lockin	
Other Race		Phone		Level of Care	
Ethnicity	00 Not Hispanic	Phone Type	No Phone	Patient Liability	
Citizen	U	Add Phone		Medicare Buy-in	
Language	ENG	Add Phone Type	No Phone	Case/Certification	014RFS1HIX A CT 5503 01/01/2014
Correspondence Language	UND	County	047 - Marion	Pregnancy Due Date	
Worker ID	CT	County Office ID	C	Medical Case Management	No
Branch ID	5503	Alternate Contact Name		Disease Case Management	No
Material Suppress	No	Living Arrangement	NA	Print Format	NOT APPLICABLE
Company Name		Priority Notes	No Notes	Premium Arreage	No
				NF/Hospice Restrict	No

# Continuation of previous slide, shows benefit dates, case descriptors and HIX case number

**Benefit Plan**

Status All Benefit Plan End Date

Effective Date

Benefit Plan

Benefit Plan	Status	Stop Reason	Financial Payer	Effective Date	End Date
SMHS State Medicaid Mental Health Services	Active	Default	DEFAULT	01/01/2014	04/29/2014
CRN Contract Nursing	Active	Default	DEFAULT	01/01/2014	04/29/2014
BMH OHP Plus	Active	Default	DEFAULT	01/01/2014	04/29/2014

OHP Plus benefits with start and stop dates

**Benefit Plan**

BMH OHP Plus

Status Active End Date 01/01/2014 04/29/2014

Stop Reason Default

Financial Payer DEFAULT

**-Aid Category Data-**

Aid Category P2 Medicaid and Other Aid Category Effective Date 01/01/2014 Case Number 014RFS1HIX Worker ID 5503 OHP AD Person Status Code M3 M Federal Matching

Select row below to update -or- type data below to add.

**Aid Category Data**

Aid Category P2 Medicaid and Other Aid Category Effective Date 01/01/2014

Case Number\* 014RFS1HIX [ Search ]

Worker ID CT

Branch ID\* 5503 OHP

Person Status Code\* AD

Aid Category End Date 04/29/2014

Case Number End Date 01/01/2014 04/29/2014

Worker ID End Date M3 M

Branch ID End Date M M

Person Status Code End Date

Federal Matching

Type changes below.

Select row below to update -or- type data below to add.

**-Case Descriptors Data-**

Case Descriptor AMO DOC

Case descriptors show this is an adult

# What happens when a client has more than one open medical case?

When there is more than one open medical case, problems with issuing the correct benefit level happen because CM and OHA systems allow multiple cases, but.....

**MMIS will only allow eligibility on one case at a time**

And MMIS is the authority system that tells providers and managed care plans what benefits to provide.

**This is what happens when a case is opened in CM or the OHA system when there is already an open case in MMIS**

- If there is already an open case in MMIS and worker creates a new case using a CM or OHA system, it closes the existing case in MMIS and subsequently opens a new case in MMIS.
- It ends the previous case the day before the new case was created and the original case closes in MMIS only. It does not close any cases opened in CM or OHA systems.

## Why is that a PROBLEM?

- Every time a worker takes an action on one of the open cases it will switch the eligibility back and forth between the last case that had a change action taken.
- This can create incorrect eligibility for the client.
- Enrollments can be effected.
- Benefits can be altered.
- And then, the incorrect case will need to be closed by a worker.

Remember!

When it comes to medical eligibility

InterChange  
Government Health Portal

Home Claims Financial information related data add recipient buyin edb search case search other ids search service usage tbq search tbq information

Next search by: Current ID Case ID

ormmis  
Wednesday

## CHECK MMIS FIRST

Before opening a new case or answering questions related to eligibility.

**The Client Maintenance Unit (CMU)  
is always willing to help if you have  
questions about eligibility in MMIS**

### **Contact CMU**

Phone: 503-378-4369

Fax: 503-373-0357

Email: [Client.MAINTENANCE@dhsosha.state.or.us](mailto:Client.MAINTENANCE@dhsosha.state.or.us)

# Health Insurance Group- HIG

## Office of Payment Accuracy and Recovery

### July 2014

#### ► Overview

HIG verifies private and employer sponsored health insurance for individuals who are receiving health benefits on DHS/OHA programs. Once verified, HIG enters the information in MMIS so claims pay or deny correctly. Having the correct insurance information in MMIS is very important because it saves the state money but more importantly it makes it easier for individuals to access their health benefits.

#### ► Update on where we are with processing

- ACA implementation created a very large backlog of 44,000 referrals due to the people who gained new eligibility through Cover Oregon and Fast Track. These referrals were received between January and June, 2014. HIG has completed the majority of that work. There are about 3,000 that have not been worked due to missing information or bad addresses. We are assessing next steps for these now.
- There is a current backlog of “regular” work that was created as HIG worked on the 44,000 ACA referrals. We made a first pass through these to remove 1,512 duplicates and are working them now.
- Rush requests are still given priority processing. We also work the referrals from the managed care plans the last week of each month so managed care enrollment can be ended timely when there is active TPL.
- The TPL Management Team, Policy Analyst and Lead Workers for HIG and MPR meet daily for status updates and to monitor progress. Process adjustments are done as necessary.

#### ► What we are working on (excluding the backlog)

- Developing a 415H Web Form that should launch Fall 2014. This will streamline the TPL reporting process and will reduce administrative workload for HIG.
- We are developing ways to balance the workload between HIG and Medical Payment Recovery Unit (MPR) as well as identifying innovative ways to facilitate the reduction of the backlog.
- We are doing studies with Lean Coordinators to get the TPL Section right-sized.
- Working with DHS, OHA and IRMS to develop processes for receiving TPL referrals for the redeterminations and new applications.
- Working with insurance carriers to establish data transfers to receive their enrollment files. This will get us TPL information more quickly.

► **How you can help**

- Only send a referral one time! Duplicate referrals slow down the process for everyone.
- Make appropriate Rush requests – See Quick Reference Guide.
- Fully complete the 415H. Incomplete forms may lead to your referral not being processed.

► **What's New?**

- We now have an 800 number! Out of Salem callers can call 1-855-999-6273. This line is for TPL related needs only.

► **Reminders**

- Medicare Advantage Plans – Please don't send in referrals for Medicare A, B, C or D related policies. HIG does not add these to MMIS. They are automatically added in a data feed between OHA and Social Security Administration. The only Medicare policies that should be sent to HIG are for supplements.
- HIPP referrals - The Health Insurance Premium Payment (HIPP) program can help your clients pay for the cost of their employer-sponsored or private health insurance. It's easy to start the process, just send in a 415H or have the client email HIG at [reimbursements.hipp@dhsoha.state.or.us](mailto:reimbursements.hipp@dhsoha.state.or.us)

► **AMAZING numbers** - \$168,690,052.54

That's how much cost avoidance and revenue was generated from OPAR units between July 2013 and June 2014. Money generated by OPAR is returned back to the programs.

Cost Avoidance

- **Health Insurance Group - \$102,645,900.00**
- Fraud Investigation Unit - \$2,331,960.00
- Data Match Unit - \$24,613,916.54

Recoveries

- Medical Payment Recovery - \$6,171,729.01
- Estate Administration - \$21,814,426.61
- Overpayment Recover Unit - \$7,096,875.25
- Overpayment Writing Unit - \$83,152.91
- Personal Injury Liens - \$1,096,937.26
- Provider Audit Unit - \$1,488,056.48
- Data Match Unit - \$1,346,588.48

The table below shows how OPAR recoveries and cost avoidance activities translate into additional program benefits to needy clients. Organizationally, OPAR recovers or cost avoids \$7 for every \$1 we spend.

Program	# of Clients served 1yr of benefits
Oregon Health Authority and Adults and People with Disabilities healthcare related programs – Oregon Health Plan, children’s health, nursing facilities, in-home care, etc.	36,258
Supplemental Nutrition Assistance Program (SNAP)	8,676
Temporary Assistance to Needy Families (TANF)	1,247
Employment Related Daycare (ERDC)	175

***For more information about Third Party Insurance, Medical Payment Recovery or OPAR, please contact:***

***Carolyn Thiebes, Policy Analyst***  
 503 378-3507  
 Carolyn.thiebes@state.or.us

***Donna Duclos, TPL Manger***  
 503 378-3631  
 Donna.j.duclos@state.or.us

***Tim Cole – TPL Manager***  
 503 378-3461  
 Timothy.t.cole@state.or.us

## Third Party Liability—TPL Quick Reference Guide

### REFERRAL PROCESS

Notify HIG on a [MSC415H](#) when a client has third party insurance. Always report:

- ▶ When there is new TPL
- ▶ When the TPL policy changes
- ▶ When TPL ends
- ▶ At recertification if it has been more than 12 months since TPL was last verified.

TPL must be verified, even if a client says their TPL ended. Exemptions are not removed until HIG has verified the date the TPL ended.

Do not send duplicates of the same referral unless an emergency occurs. If you emailed the 415H and received auto reply from HIG, your referral was received and is in HIG's work queue.

### EMERGENCIES

To get “Rush Processing” a Medicaid recipient must have been **denied medications or emergency treatment** due to incorrect information **already in** the TPL panel in MMIS. Rush requests are done on the [MSC415H](#) or the [MSC0156](#).

Requests that are for billing or CCO enrollment reasons do not meet Rush Processing criteria.

If you need rush processing write “Rush-Meds” or “Rush-denied treatment” in the subject line of your email or fax. (If this is not in the subject line, your request might be delayed).

### EXEMPTIONS

- HIG adds a TPL exemption when a referral is received to prevent auto enrollment.
- Exemptions are not removed until the end date for TPL has been verified.
- Do not send referrals to remove “COT” (Cover Oregon Identified TPL) exemptions. HIG has already been notified of all COT exemptions. If the TPL has ended, the client is fee for service until the COT is removed.

### GOOD CAUSE– DOMESTIC VIOLENCE

Notify HIG on the [MSC415H](#) or [MSC0156](#) if the TPL should not be pursued due to safety concerns with the policy holder or if the client cannot access their TPL in the area they live. Please state DV or GC in the request or the reason there is good cause. Clients with good cause cannot be enrolled into a CCO.

### CONTACT HIG

**Phone:** 503 378-6233 — **Internal number for state staff only**

**Toll Free:** 1-855-999-6273 (can be given to providers or clients)

**Fax:** 503 373-0358

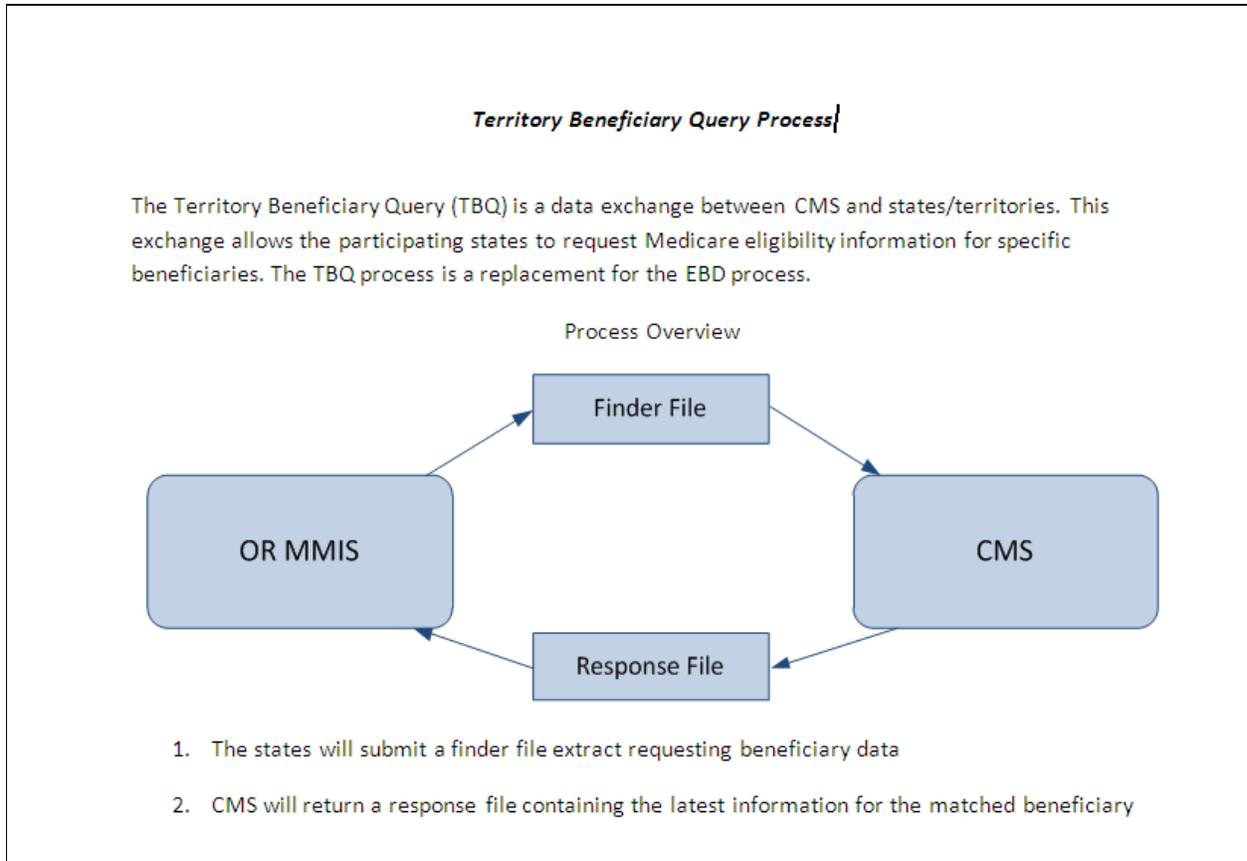
**Email:** [tpr.referrals@state.or.us](mailto:tpr.referrals@state.or.us) or REFERRALS TPR in Outlook

**Mailing address:** PO Box 14023, Salem, Oregon 97309

**Health Insurance Premium Payment Questions:** [reimbursements.hipp@state.or.us](mailto:reimbursements.hipp@state.or.us)

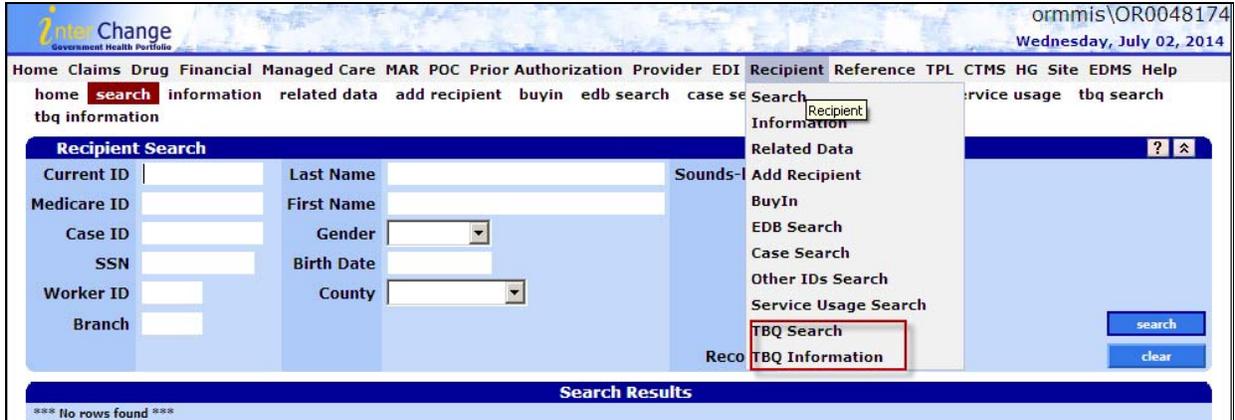
## TBQ (Territory Beneficiary Query Process)

The TBQ process replaced the old EDB/BENDEX process. TBQ was implemented 06/08/2014 and this process runs every Tuesdays and Fridays. A TBQ Record was sent for every Recipient in MMIS who had a Social Security Number; we received all TBQ responses by 06/11/2014. All manual requests (Resubmits) and Potentials are priority and would be sent on the next TBQ sending file. A TBQ record cannot be sent for Recipients without Social Security Numbers.



Two new panels are located in the Recipient Subsystem Menu, TBQ Search and TBQ Information.

Navigation: [Recipient] - [Search]



### Recipient Information Panel:

There is a new field on the Recipient Information Panel called “TBQ Record”. This reflects the status of a TBQ Request. The status can reflect a Pending, Applied, Mismatch or N/A status. This field alerts the user to the TBQ status without having to navigate to the TBQ Panel.

TBQ Record Status:

- **Pending** means that the TBQ Request has been sent and we have not received a response.
- **Applied** means a TBQ record was successfully exchanged between CMS and Oregon and was applied to MMIS within the Recipient Subsystem Medicare Panels and the TBQ Information Panel.
- **Mismatch** means the TBQ record was not successfully exchanged between CMS and Oregon, the recipient could have demographic discrepancies or CMS has no information on file for the Medicaid Recipient (No Medicare or Disability information on file).
- **N/A** was applied to all Recipients in MMIS who are deceased or have not been eligible for Medicaid in the last 3 years.

Recipient Information Layout					
Recipient Information					
Current ID	XX999999	Name	LAST, FIRST	Active	Active
Medicare ID		Prev Name		Linked ID	
SSN	999-88-7777	Address	ADDRESS	Benefit Plan	BMH 01/01/2016 - 12/31/2016
Gender	FEMALE	Address 2	ADDRESS 2	Medicare Coverage	
Birth Date	01/01/1945	Address 3	ADDRESS 3	TBQ Record	PENDING
Death Date		City	CITY	Managed Care	
Age	69	State	OR	TPL	No
Race	7	Zip	11111	TPL Good Cause	
Other Race		Phone		Lockin	
Ethnicity	00 Not Hispanic	Phone Extension		Level of Care	
Citizen	C	Phone Type	No Phone	Patient Liability	
Language	ENG	Add Phone		Medicare Buy-in	
Correspondence Language	ENG	Add Phone Type	No Phone	Case/Certification	AA111111 B 07/30/2013
Needs Interpreter	No	Email		Pregnancy Due Date	
Interpreter Language		Accept Legal Notices Electronically	No	Renewal Date	
Worker ID		County	009 - Columbia	Medical Case Management	No
Branch ID		County Office ID	C	Disease Case Management	No
Material Suppress	No	No Fixed Address	No	Print Format	NOT APPLICABLE
Company Name		Alternate Contact Name		Premium Arrearage	No
HNA Indicator	No	Living Arrangement		NF/Hospice Restrict	No
Residential Address		Priority Notes	No Notes	Blind	No
Address		Address 2		Institutionalized	No
City		State		Tobacco User	No
Authorized Representative		Address 3		Address 3	
Last Name		City		Zip	
Address		State		MI	
City		First Name		Address 3	
		Address 2		Zip	
		State			

### TBQ Information Panel:

TBQ Information panel allows the user to view a summary of the recipient's TBQ information. The Matching Indicator and Process indicator will determine how or if the TBQ information is applied to MMIS.

### Reading the Matching Indicator along with the Process Indicator:

The Match Indicator = Record Applied and the Process Indicator = 00 means that the record was applied. This would reflect in the TBQ Record field on the Recipient Information Panel as "Applied".

The Match Indicator = Mismatch/Not Applied with Process Indicator = 00 means the record has not been sent. This would reflect in the TBQ Record field on the Recipient Information Panel as "Pending".

The Match Indicator = Mismatch/Not Applied with Process Indicator = 07 means the record was sent and CMS and the beneficiary was not found in their data base. This would reflect in the TBQ Record field on the Recipient Information Panel as "Mismatch"

The Match Indicator = Mismatch/ Not applied with Process Indicator = 00, 01, 02, 03, 04, 05, 06, 08, 09 mean the TBQ record was sent to CMS and the beneficiary was found with some kind of discrepancy usually demographic discrepancies. This would reflect in the TBQ Record field on the Recipient Information Panel as "Mismatch"

Navigation: [Recipient] - [TBQ Search] - [TBQ Information]

Users with access roles can send a new TBQ request by selecting the 'Resubmit' button at the bottom of the TBQ panel right hand corner.

The screenshot displays the 'TBQ Information Layout' window. It is divided into two main columns. The left column contains 'Finder Data' (SSN, First Name, Mid Init, Last Name, Name Suffix) and 'CMS Response' (Process Indicator: 00, Medicare ID, First Name, Mid Init, Last Name, Date of Birth, Date of Death: 00/00/0000, Sex: 2, Residence Address, Address Change Date: 00/00/0000, Mailing Address, Address Change Date). The right column contains 'Date of Birth', 'Sex: F', 'Recipient ID', 'Date Sent to CMS: 10/18/2013', 'Date Resp Received: 10/04/2013', 'Match Indicator: Record Applied', 'Representative Payee: N', 'Non-Entitlement A', 'Non-Entitlement B', 'Language', 'Medicare C/D:', 'Date 1st Part D: 09/01/2006', 'Affirm Decline', 'Part D Benefit', 'Part C Organization', 'Part C Plan', 'Part D Organization: HEALTHSPRING PRESCRIPTION DRUG PLAN', 'Part D Plan: HEALTHSPRING PRESCRIPTION DRUG PLAN-REG 30', 'Incarceration:', 'Incarceration Start: 00/00/0000', 'Incarceration End: 00/00/0000', 'End Stage Renal Disease:', 'Coverage Start: 00/00/0000', 'Coverage End: 00/00/0000', 'Termination Code', 'Dialysis Start: 00/00/0000', 'Dialysis End: 00/00/0000', 'Transplant Start: 00/00/0000', 'Transplant End: 00/00/0000'. A 'Resubmit' button is located in the bottom right corner.

There is a link in the Recipient Maintenance section - Medicare – TBQ Information, when selecting the TBQ Information panel from the Recipient Maintenance a TBQ mini panel will open in a new window.

Navigation: [Recipient]-[Recipient Search]-[Recipient Information]

The screenshot shows the 'Recipient Maintenance' window. On the left, there are tabs for 'Recipient', 'Managed Care', 'Medicare', and 'Previous Data'. The 'Medicare' tab is selected. The main area contains a grid of options under the heading 'Select area to add or modify below.' The options are: 'Clawback Amount', 'Medicare A Buy-In Coverage', 'Medicare B Buy-In Coverage', 'Medicare B Coverage', 'Medicare Buy-In B Combined', 'Medicare D Entitlements', 'Medicare ID', 'MMA File History', 'Medicare A Coverage', 'Medicare Buy-In A Combined', and 'TBQ Information'. The 'Medicare' tab and 'TBQ Information' option are highlighted with red boxes. At the bottom, there are 'save' and 'cancel' buttons.

Navigation: [Recipient] - [TBQ Search]

This panel allows for the Search of The Territory Beneficiary Query (TBQ) data for a Recipient. You can search by Medicare ID, SSN, or Recipient ID.

Medicare ID  SSN  Recipient ID

Records 20 ▾

search clear

There are numerous TBQ links to other TBQ Panels, such as Copayment History, ESRD Dialysis Coverage etc. for more information on these panels use the online help [?].

Navigation: [Recipient] - [TBQ Search] - [TBQ Information] – [TBQ Maintenance]

TBQ Maintenance		Select area below.		Prefs Top Bot ?
TBQ	Co-Payment History	Disability Ins Coverage	Entitlement Change Reasons	
	ESRD Dialysis Coverage	Group Health Coverage	HICN Cross-Reference	
	Hospice Coverage	Part A Buy-In History	Part A Coverage	
	Part B Buy-In History	Part B Coverage	Part D Coverage	
	Part D Plan Benefit Packages	Plan Benefits Package Elections	RDS Coverage	
	SSN Cross-Reference	Transaction Information		