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Authorized Signature

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Topic: Medical Benefits

Subject: MMIS Insider - November 2008

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:

DMAP mailed the following announcement to SPD, AMH and DMAP providers who will bill DHS directly for claims to process through the Medicaid Management Information System starting this December. Information includes:

- Reminders about available training, and training plans for 2009;
- Heads-up about the PIN letters for Web and telephone eligibility system access that DHS will mail this week.
- Reminder about claim submission deadlines. The last claims processing weekend in the current MMIS will be November 28 for all claims except for pharmacy Point of Sale;
- Information about changes to the remittance advice and the transitional payment process;
- Contact information for on and after December 9.

If you have any questions about this information, contact:

Contact(s):	MMIS Questions
E-mail:	mmis.questions@state.or.us

MMIS Insider

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*Oregon's Medicaid Management Information System:
A system for today **and** tomorrow*

It's almost here! The new MMIS goes live December 9. Are you ready?

Learn about the new MMIS— Take free provider training

- **Take the Web-based provider eCourse!** Get hands-on experience with the features of the Provider Web Portal at your computer (search for course C00818).
- **Attend a classroom training!** There are only three classroom trainings left for professional, dental and institutional providers (see dates at right).

To take these trainings, register with the DHS Learning Center at <https://dhslearn.hr.state.or.us>. Specific instructions are on the MMIS Web site at www.oregon.gov/DHS/mmis/training-info.shtml.

Final MMIS training sessions

11/18 - Hillsboro - 8 a.m. to Noon

DHS Building, 5300 N.E Elam Young Parkway

12/2 - Portland - 8 a.m. to Noon

St Vincents Hospital, 9205 S.W. Barnes Rd.

12/3 - Salem - 8 a.m. to Noon

EDS Building, 4070 27th Ct S.E., Suite 100

DHS is currently planning additional training for 2009 using Web-based conferencing (“Netlink”) and a limited number of classroom trainings. The 2009 training sessions will focus on eligibility options, Web portal setup and the new Web portal functionality that will be available by March 2009.

Make sure you can set up your staff with Web portal and AVR access

On November 25, DHS will send the letters for Automated Voice Response (AVR) and Web portal that contain the initial Personal Identification Numbers (PINs) you will need for initial login.

- **Keep these letters!** You will need the instructions listed in them to access the Web portal and AVR. If you lose the letter, or have not received it by December 8, call DMAP Provider Services at 800-336-6016 so they can send you a new PIN letter. Watch for a yellow envelope.
- **Know your six-digit DHS provider number!** Your six-digit number is sprayed near the mailing address on the outside of this newsletter. Keep this number with your PIN letter(s) so that you can use both pieces of information to access the Web portal and/or AVR.
- Providers in OHP managed care organizations will also get a special letter with this information.

Begin verifying eligibility using AVR or Web portal!

After December 9, you will no longer be able to use Automated Information System (AIS) telephone and Web services. You will need to verify eligibility using the AVR at 866-692-3864, or the Web portal at <https://www.or-medicaid.gov>. See page 3 for important updates about determining copayments.

*For more information, go to:
www.oregon.gov/DHS/mmis*

Submit your claims today!

If you submit paper or electronic claims, do so by the timelines listed at right. Any claims received after these dates will process in the new MMIS.

Resubmit any suspended claims in December

The last claims processing weekend in the current MMIS will be November 28. Any claims still suspended for additional information or DHS review will automatically deny during this cycle.

- DHS will mail the last remittance advices (RAs) and payments from the current MMIS during the week of December 1.
- Take note of the claims that show as denied on this last RA. If any were suspended, you may want to resubmit them for processing in the new MMIS.

Changes to the remittance advice

Starting the week of December 15, you will receive a different remittance advice (RA) that features:

- A banner page for messages from DHS.
- Pages for Claims Paid, Claims Denied, Claims in Suspense and Claims in Process.
- A summary page of all financial activity for the RA, including claims, payment, recoupment and refund activity.
- A page that describes the 4-digit Explanation of Benefit (EOB) codes used throughout the RA.

For more information about the RA changes, go to DMAP's Remittance Advice Web page at www.oregon.gov/DHS/healthplan/tools_prov/read-ra.shtml.

Transitional payment process in place

DHS has developed a process for providers to request manual payments, in the event that the new MMIS cannot issue payments.

This process will also allow efficient reporting and resolution of any claims processing issues that prevent payment. Watch the DMAP Web site for more information.

November 5

*Last day to submit paper claim adjustments (DMAP 1036)**

November 24

Last monthly 8.5" x 11" Medical IDs mailed for December

November 25

*Last day to submit paper claims (ADA 2006, CMS-1500, DMAP 505, UB-04, UCF 5.1)**

November 28

*Last day to submit electronic claims (837 Professional, Institutional and Dental)**

Last claims processing cycle for the current MMIS.

December 5

Last daily 8.5" x 11" Medical IDs mailed for December.

December 9

*First day to submit electronic claims
AVR and Web portal go live-- Make sure to login and verify eligibility using these tools.*

December 12

First claims processing cycle for the new MMIS for paper and electronic claims.

December 15

First RAs sent out from the new MMIS.

* If you submit claims or adjustment requests after these dates, DHS will hold them for processing in December.



New billing requirements for oral nutritional supplements

The new MMIS will not process claims for oral nutritional supplements submitted on the Universal Claim Form (UCF) 5.1. Beginning December 9:

- Submit all oral nutritional supplements on an electronic 837P or a paper CMS-1500 claim format.
- Bill with Healthcare Common Procedure Coding System (HCPCS) codes B4150 – B4162. Include the National Drug Code (NDC) for each item.

Make sure to verify client copayment amounts for OHP Plus services

The Web portal **will not provide** client-specific copayment information at go live. Copayment information will be available when the Web Health Services Commission (HSC) List Inquiry becomes available by March 2009.

For quick reference information about benefit plans and copayments, go to the OHP Web site at www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml.

The AVR **will provide** copayment information for clients. Make sure to use the AVR when you need to verify that an OHP Plus client is exempt from paying copayments.

Use new forms for claims and PA requests

Use the DHS 3970 (EDMS Coversheet) on all faxed or mailed claims and PA requests. This form is available at <http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf>.

Using this form for each claim or PA request you send allows DHS to scan your documents for automatic entry into the new MMIS, expediting the response time to your claim or PA request.

- For more information about changes to DMAP's PA processes, go to www.oregon.gov/DHS/healthplan/notices_providers/mmis/mmispatchanges.pdf.
- Prescribers - Send PA requests for drugs and oral nutritional supplements to the new Oregon Pharmacy Call Center (see page 4 for more information).

Provide prescriber NPIs on all prescriptions or orders

The prescriber field on most pharmacy claims will require a prescriber National Provider Identifier (NPI) (see exceptions in OAR 410-121-150). DHS will no longer accept the pharmacy's NPI in this field. Prescribers can help with this change by providing their NPI on all prescriptions.

Web portal updates

If you attended any of the statewide provider trainings earlier this year, here are some updates about Web portal that you need to know:

- Web portal password resets will be every 90 days, not 60 days.
- When Web portal claims become available by March 2009, you will be able to assign a specific clerk role for voiding claims. This means only the staff you want to void claims, will be able to see the Void button on a claim they submit or review.



To the Office Manager of:

MMIS Insider

In this issue:

- Provider training
- Web portal updates
- Claims processing timelines
- Changes to the remittance advice
- New forms
- Go-live contacts

Have you seen the new Medical Care ID?

A sample of the Medical ID and coverage letter is on OHP's Client Announcement Web page at www.oregon.gov/DHS/healthplan/clients/announce/new-id1208.pdf.

Who to contact for help on and after December 9

Eligibility verification

AVR — 866-692-3864

Provider Web Portal — <https://www.or-medicaid.gov>

Provider Enrollment

800-422-5047 or provider.enrollment@state.or.us

Provider Services

800-336-6016 or dmap.providerservices@state.or.us

EDI Support Services

888-690-9888 or dhs.edisupport@state.or.us

Oregon Pharmacy Call Center

888-202-2126 (telephone)

800-346-0178 (fax)

These resources include specific information for:

- Third-party resources
 - Managed care enrollment
 - Benefit package
 - Address/phone number changes
 - Ending active provider status
 - Adding new providers for Medicaid billing
 - Claims
 - Billing issues,
 - Appeals
 - PIN and password resets
 - Electronic claim submissions and status
 - Trading partner registration and testing
- Fee-for-service PA requests for:
- Drugs requiring PA
 - Oral nutritional supplements