

Purpose:

The MMIS/MCO Workgroup is a collaborative effort to inform and gain understanding of the new Medicaid Management Information System (MMIS) functionality and the impact on managed care business rules, policies, contracts and processes. The Workgroup is also a forum for problem solving, coordination among Department of Human Services (DHS), Managed Care Organizations (MCOs), and partners. The workgroup will:

- Serve as a discussion/brainstorming group to review relevant new MMIS functionality.
- Work with plans, Oregon Medical Assistance Programs (OMAP), Office of Mental Health and Addiction Services (OMHAS) and various DHS units as needed to assist in understanding the implications of new MMIS functionality.
- Identify and disseminate appropriate information and training needed to provide clarification regarding new MMIS functionality as identified.
- Identify and discuss the appropriate methods of transition from the current MMIS to the replacement system.
- Identify and develop an implementation process that accommodates uniform and simultaneous (as much as feasible) adoption of practices/processes. This includes coordinating between small plans and larger plans where small plans implementation requirements differ.
- Acts as a problem solving and policy advisory group towards resolution of issues directed to the MCO/MMIS Workgroup by the Contractors, OMAP, OMHAS, the workgroup itself, and other workgroups.
- Provide monthly reports to the Oregon Health Plan (OHP) Contractors' Workgroup and other groups as may be determined by the workgroup and/or Contractors' Workgroup.

Attendees:

- Designated OMAP, OMHAS, Finance and Policy Analysis (FPA), representatives from areas of program and policy.
- Designated MMIS Replacement Project staff and MMIS Replacement Vendor, EDS.
- Representatives of contracting health plans, dental plans, mental health organizations.

NOTE: Additional divisions of the Oregon Department of Human Services may be added as active participants at a later date.

Workgroup Co-Chairs:

- Jim Joyce, DHS, MMIS Replacement Project Manager
- Alice LaBansky, DHS, OMAP/Health Financing Operations Section Manager.

Meeting Frequency:

The workgroup meets on a monthly basis the Wednesday before the third Thursday, from 8:30 to 10:00 AM. If no relevant agenda items or topics are identified the scheduled meeting will be canceled. Notification of any cancellations will be provided prior to the meeting date, and will be posted on the website.

Meeting Agenda:

Agenda items will be identified during the last 10 minutes of every meeting. Meeting attendees will also have the opportunity to submit agenda items prior to the final agenda being sent. Agenda items should be provided to Alice LaBansky, Patricia Krewson, or Jim Joyce. Agendas will be prepared by OMAP and sent out one week in advance of every monthly meeting. Standing agenda items will include:

- Review and approval of minutes. (5 minutes)
- Issues and/or discussion topics identified by workgroup members, OHP Contractor Meeting members, and/or interested parties.
- Identification of Agenda issues and/or discussion items for the next meeting. (10 minutes)

Workgroup Decision Making:

The workgroup will follow the MMIS Replacement Project's Guiding Principles when making decisions. DHS project sponsors hold the final decision authority for the MMIS Replacement Project. Issues presented to the MMIS/MCO workgroup are discussed by participating members (or designee); or if appropriate a subcommittee will be formed to work on specific topics to develop recommendations whenever possible. Input and decisions may also be solicited via email for urgent or time-sensitive issues.

Workgroup Records:

DHS is responsible for taking and publishing meeting minutes after review and approval of Workgroup. Additionally, all reminders, agendas, minutes, and supporting documentation for this meeting are provided by email. Hard copies will be provided at the Workgroup meetings.

Reviewed by:

Chair, MMIS/MCO Workgroup

Date

Chair, MMIS/MCO Workgroup

Date

Talking points for MMIS / MCO Workgroup Update on 6/14/06

Although we are still in the design phase of the MMIS project, some of the things we know about that may impact MCOs after upon system implementation include the following:

WEB FUNCTIONALITY

- MCOs will have the ability to submit the MCO Financial Spreadsheet (that is currently printed and mailed) to DHS by uploading it to the web portal.
- MCOs will be able to upload provider files via the web. The following functions will also be available to MCOs through the web portal: encounter submission, submission of voids to adjudicated encounters, client roster submission, program announcements, information downloads (e.g., provider guides), contract information submission, submission of their provider network information, and complaint submissions.
- MCOs will be able to check eligibility through the web, set up and maintain individual access for clerks working under their provider numbers, and of course download web information.

CLIENT TRANSITION

- When a Medicaid recipient transitions from FFS Medicaid to an MCO, there will be a process which re-evaluates existing open PA's to determine if they are still valid, including client and provider eligibility. When a client which has an open PA becomes enrolled in MCO, the intent is to end-date the existing PA's to the day before MCO elig starts and then send a notice to the MCO notifying them that an MMIS PA has been ended, along with the client and provider name/number and servicing branch.

ELIGIBILITY

- DHS has made the policy decision to implement a semi-permanent medical ID card for Medicaid clients.

ENCOUNTER SUBMISSION / TRANSACTIONS

- The ANSI X12 837 transaction will be used for the submission of encounter claims to DHS, which is the same format that is used today. If specification changes are required, they will still be in this format.
- The current requirement that MCOs submit their adjustment reason codes used to determine if they accepted or rejected the provider's claim when submitting encounters to the MMIS will remain in place.

CONTRACTS

- Some modifications to contract language will be required.
- Reporting out of the contract sub-system is likely to be different from what MCOs receive today.

GENERAL

- The new system will provide more specific claim editing and reporting than what is currently available. Better data will be available for various types of analysis such as actuarial studies.