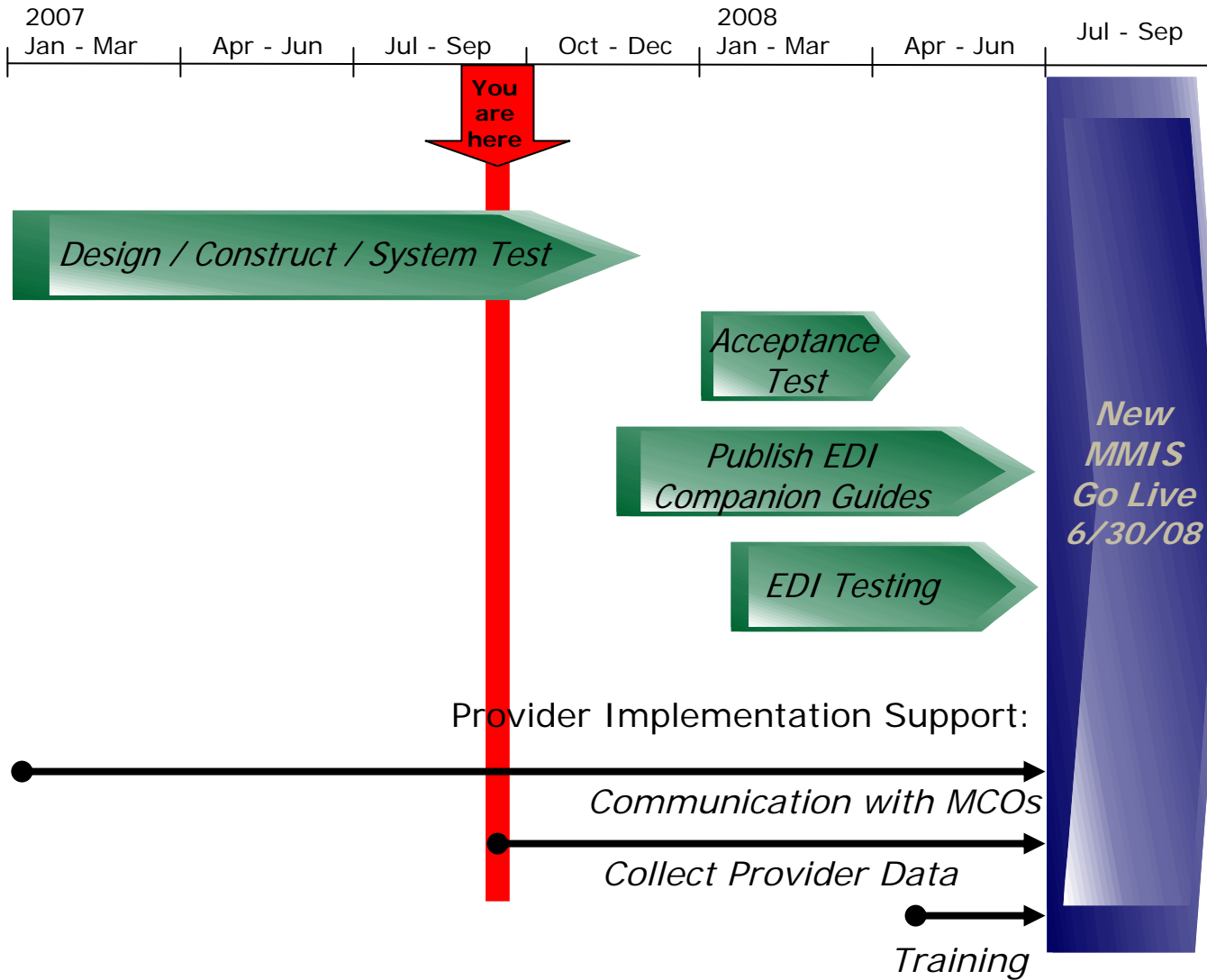


Oregon MMIS Project Schedule Overview- MCO Impacts



Oregon Managed Care Organizations- MMIS Training Approach

Draft for discussion on 9/19/07

Purpose

The purpose of the Managed Care Organizations (MCOs) MMIS training is to prepare the MCOs for the replacement MMIS and to communicate the following:

- The benefits and features of the replacement Oregon MMIS.
- Introduction to the secure provider Web portal.
- Changes that affect the MCOs such as new Medical Care ID cards, new billing and eligibility verification methods, and others.
- New encounter data business processes or changes of any new requirements or policies
- Basic provider Web portal functionality.

Targeted Audience

The Managed Care Organizations. The intent is to train the MCOs because they are the entity who submits the encounter data on behalf of the MCO participating and non-participating providers. Then the MCOs can train the participating providers on relevant or applicable information.

Any MCO participating providers that is also a fee-for-service provider is welcome to attend the state wide MMIS Training sessions in the location nearest their facility.

Training Deliverable

It is recommended that we train the MCOs approximately 20-30 days prior to the start of state wide Provider training. By training the MCOs first, the MCOs could provide valuable feedback that could be incorporated into the state wide training sessions.

Training Location

It may be viable to train the MCOs in Salem during their regularly scheduled MCO meetings as long as a minimum of four hours can be reserved. Conducting the training session during one of the regular meetings will eliminate the need, expense, and time for additional travel. The decision still needs to be made in regard to which meeting(s) is/are the most appropriate to conduct the MMIS training and where the training will be held. The number of participants also needs to be determined.

Training Duration

It is currently estimated that the MCO MMIS Training session will be a minimum of four hours. The goal is to train all MCO providers during one MMIS Training session; however, the number of training sessions is dependent on the final participation count.

Proposed Agenda

The following agenda is the DRAFT standard MMIS Provider Training Agenda. It is recommended that we collaboratively go through the agenda to determine the appropriate topics for the MCOs.

- Welcome
- Introductions and housekeeping
- Section 1: Introduction to the MMIS Provider Overview module
 - Training overview
 - Duration
 - Learning objectives
 - Key Concepts
 - Schedule
- Section 2: MMIS Overview:
 - MMIS background
 - Replacement Project
 - New MMIS Benefits
 - New Provider Functionality
- Section 3: Description of changes that affect the provider community
 - Electronic Data Interchange (EDI) Re-testing
 - New Medical Care ID Card
 - Eligibility Verification
 - Eligibility Verification via AVR
 - Eligibility Verification via the Secure Web Portal
 - Secure Web Portal Identification (ID) and Personal Identification Number (PIN)
 - Proprietary Claim Forms
 - Billing Methods Table
 - Remittance Advice
 - Policy Changes
 - Timelines or Important Implementation Dates
- Section 4: What providers can do to prepare for the implementation
 - Reminder to complete EDI re-testing, if necessary.
 - EDI Marketing for providers that don't currently bill using EDI.
 - Web Portal Minimum Requirements
 - Eligibility Verification and Methods
 - Oregon MMIS Implementation Training
 - Oregon MMIS Project Communications
- Walk through the Web Portal Handbook
 - Topics Include:

- Web Portal Overview (Public & Secure)
- Reference Web Basics
- Public Web Portal Functionality
 - How to logon
 - Describe functionality
 - Provider Enrollment
 - Provider Enrollment Tracking
 - Provider Directory Search
- Secure Web Portal Functionality
 - How to Logon and Logoff
 - Account Set-up and Maintenance
 - Change Password
 - Password Reset
 - Demographic Maintenance
 - Messages
 - Clerk Maintenance
 - Switch Provider
 - Encounter Claims
 - Claims Search
 - Claims adjustments
 - Additional fields in the NCPDP format
 - Encounter Data
 - File Upload
 - Client Eligibility
 - Benefit and HSC Inquiry
 - Drug Search
- Questions and Answers

Training Details

- **Facility Reservations**

Organizing and making facility reservations for the MCO training session will be a joint effort between EDS, DHS, and the MCOs.

- **Participant Invitation**

MCO communication avenues such as information releases and updates via the MCO monthly meetings.

- **Participant Registration**

MCO registration should be completed through the DHS Learning Center.

- **Sign-in Sheet**

A sign-in sheet will be used to keep track of and record the names of MCO who participate in the MMIS Training Session.

- **Handouts**

MCOs will have designated training materials just for MCOs. The participants will receive the final approved MCO MMIS Provider training materials, version 1.0.

- **PowerPoint Presentation**

A MS PowerPoint presentation will be used to facilitate the training session.

DRAFT

Current Medical ID process vs. Process in new MMIS

Current	New
The Medical ID is mailed monthly to each eligible case.	An ID will be issued for each client and will only be sent once (except for replacements).
<p>The Medical ID shows the following information for each client in the case:</p> <ul style="list-style-type: none"> ■ Name ■ Date of birth ■ Prime number ■ Benefit package ■ Copay requirements ■ Managed Care/TPR assignments 	<p>The ID will list the:</p> <ul style="list-style-type: none"> ■ Client's name, ■ Client's prime number, and ■ Date the card was issued. <p>An explanation of benefits letter will be sent with the cards. The letter will list each client's:</p> <ul style="list-style-type: none"> ■ Name ■ Date of birth ■ Prime number ■ Benefit package ■ Copay requirements ■ Managed Care/TPR assignments
A new ID can be issued any time during the month if the client moves or there is a change in coverage (i.e., benefit package, managed care).	An explanation of benefits letter will be issued when there is a change in coverage (i.e., benefit package, managed care).
<p>Providers can verify eligibility by using one of the following:</p> <ul style="list-style-type: none"> ■ Medical ID ■ AIS (phone or Web) ■ Electronic transactions (270/271) 	<p>Providers can verify eligibility by using one of the following:</p> <ul style="list-style-type: none"> ■ New provider Web portal ■ AIS (phone or Web) ■ Electronic transactions (270/271)
A message box on the ID allows DMAP and CAF/SPD to include informational/educational monthly messages.	IDs will not be mailed to clients each month. Information sent to clients will be sent by direct mail.

Sample of the new Medical ID

Front



Back

DMAP Medical Care ID

Client Name

Prime #:
AB12345C

Date card issued:
07/01/08

This card does not guarantee eligibility.

Clients

Call 1-800-<CASU phone #> for information about your eligibility.

Providers

See <provider Web portal address> for ways to verify this client's eligibility.

For questions about the new MMIS, email: mmis.questions@state.or.us