

December 5, 2008

To: FCHP, DCO, PCO, MHO's

MMIS/Auto-assign Decision by DMAP

Option 2:

Exclude all managed care except MHO's from the auto-assignment process.

- 1. At Go-Live, turn off auto assignment for all FCHP, PCO and DCOs.**
 - a. PHPCs will monitor capacity.
 - b. Transmittal to caseworkers will encourage real time enrollment.
- 2. Testing after Go-Live, DMAP will consider turning on the single Plans in mandatory areas.**
- 3. Current policy continuing:**
 - a. Any client in FFS can request at anytime to be enrolled in managed care, either through their caseworker or by calling Client Services 1-800#.
 - b. For those auto assigned (even when plan closed or bypassed for auto-assignment), those clients have 30 days to contact Client Services to change managed care enrollment.
4. If the system defect incorrectly auto assigns, DMAP will waive the 30 day limit until EDS can correct the defect, or no more, than 60 days. (Note Plan concern about when member correctly enrolled so they can be sent materials) Train the PHP Coordinators on the capacity panels, so they can proactively manage and close plans as needed. Analysis is underway of service areas at risk of exceeding capacity, and PHPCs will continue the proactive capacity management with Plans during this temporary situation and as ongoing activity after the auto assignment defects are corrected. (In other words, we will remain flexible as we seek to meet both plan/client needs).
5. DMAP will utilize a MMIS report similar to the "Crack Report" of FFS enrollables in mandatory areas.

MMIS/MCO Issues Log

Open Issues

Date Added	Issue #	Originator	Issue	Response
11/13/07	07-03	P. Krewson	How will the MCOs reconcile the weekly/monthly capitation to the daily/monthly enrollment?	This question has been forwarded to EDS.
12/1/08	08-01		Where will MCR payments show up?	Maternity Case Rate (MCR) payments will report on the 820-capitation report.
12/1/08	08-02		834 residential vs. mailing address. If only one address is given then what defaults and to where?	The 834 is to provide the mailing address and additionally provide the residential address if the residential address is available and if the residential address is different than the mailing address. Our MMIS interfaces for eligibility with the DHS Client Maintenance system, which only provides the MMIS with the mailing address and will continue for some time only providing the mailing address to the new MMIS. So the majority of our clients will only have a mailing address in the MMIS to provide to the MCOs.
12/1/08	08-03		HD04 segments for Medicare?	As it is now, it is only positions 46 and 47 however we have asked our vendor to report when a client has Part A and B. Currently we return MAB that the two bytes do not accommodate. EDS is researching.
12/1/08	08-04		Newborns – when will they show up and will they work the same as today and be retro capitated?	Newborns are enrolled back to DOB and a retro cap will be generated as it works today. Enrollment will begin on December 9. Changes will begin on December 9 and will show on the daily 834 as appropriate.

Division of Medical Assistance Programs (DMAP)

12/1/08	08-05	Where are we listing technical FAQs related to managed care and EDI?	MCO FAQs are listed at: http://www.oregon.gov/DHS/mmismco/ga-081105.pdf
12/1/08	08-06	What is the cutoff for weekly processing?	Friday at 5 pm
11/20/08	08-07	What will be the process and response time when a user is locked out of the system?	Provider Services Unit will have a Password Team to assist providers who are locked out. Once a user calls the PSU number (800-336-6016) and presses the option for the password reset team, the response time will depend in part on the call volume and wait times. We do not foresee a long wait time on hold for this function. When a Password Team member answers, the representative can reset the password and PIN reset number for the Automated Voice Response system immediately. That team member can also reset the password immediately for access to the Provider Web Portal. However, a new PIN for the Provider Web Portal will be generated by the new MMIS and mailed to the requesting provider, so the postal service time will delay a provider's receipt of the new PIN.
11/20/08	08-08	Are the Prior Authorization capabilities within MMIS ready for go-live in December?	The web entry for PA for FFS providers in the new MMIS will not be available at go-live. They can view the results of PAs through the new MMIS. There is no down time or cut off for PAs. They will be reviewed daily as usual. Current PAs are valid until their expiration date. After go-live, paper (faxed) PAs will be processed using the numbers stated in the attached memo.
11/20/08	08-09	What is the maximum number of characters in the user account/name field?	For the name, it is limited to 20 characters for the first and last names.

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11/20/08	08-10	Karon Marshall, OCHIN	Will the replacement 834 have a segment for the Head of Household name? This previously was in the NM1*QD segment. The test de-identified file did not have this segment. We do need the Head of Household for processing.	Yes it will contain the head of household.
11/20/08	08-11	Karon Marshall, OCHIN	We need to use the "fast batch" capability for the 270/271. We have not been able to test this. Will it be available at go-live?	It is DHS' intention to have this available at go live.
11/20/08	08-12	Karon Marshall, OCHIN	Turnaround in test has not been sufficient to test the capabilities of the 270/271. So far, no OHP eligibility has been returned. Will only third party coverage be returned?	No OHP, Medicare and TPL will be returned.
11/4/08	08-13	Carla Jones, IHN	There is a new field included for a termed member because of a death. New elements are included that are not in our production file. The major concern is the date range. It appears that the DOB and DOD are the same in the test file. This means we can't accurately test the data. What will be returned in production?	This question has been forwarded to EDS.
11/4/08	08-14	Carla Jones, IHN	The mailing address is not in the new 834 file. There is only one address segment appearing in the test file, just as in the current files. To accurately test this, we will need another file with that data included as DMAP intends to send it.	The 834 is to provide the mailing address and additionally provide the residential address if the residential address is available and if the residential address is different than the mailing address. Our MMIS interfaces for eligibility with the DHS Client Maintenance system, which only provides the MMIS with the mailing address and will continue for some time only providing the mailing address to the new MMIS. So the majority of our clients will only have a mailing address in the MMIS to provide to the MCOs. <i>[is the mailing only compliant?]</i>
11/4/08	08-15	Carla Jones, IHN	We would like to request a test file for the monthly 834-audit file to ensure we are prepared for any changes.	DHS has requested this from EDS and as soon as one is available it will be distributed.

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12/1/08	08-16	Suzanne Saulmon, OHMS	Will caseworkers be enrolling clients into managed care plans during the two transition periods of November 28 th through December 8 and December 9 through 14? If so, will eligibility/enrollment be retroactive onto the managed care plan or FFS and will a temporary ID card be automatically issued or does the client need to pick up their temporary ID card at the local DHS?	<i>Tom can you answer this one?</i>
12/1/08	08-17	Suzanne Saulmon, OHMS	Will DMAP honor the enrollment into the managed care plan that a caseworker has made as long as they have proof? (A temporary ID card)?	<i>Tom can you answer this one?</i>
12/1/08	08-19	Carla Jones, IHN	Right now DMAP's current 834 layout is passing apartment numbers, suite numbers, etc. within the first line/element of the address field. The test file that DMAP sent to the plans has the second part of the address in the second element instead of the first. Is this something that is definitely changing?	If there is address information in the second line of the address field within the OR MMIS the 834 will be populated this way. DHS is working with EDS to determine if all information up to the allowed amount is contained in the first line/element.
12/1/08	08-20	Carla Jones, IHN	The Plans have requested that DMAP provide a revised calendar identifying when we will receive the daily and monthly 834 eligibility files and which effective dates of eligibility each file represents. Do you know when this will be available?	Distributed at the November MMIS MCO EDI Workgroup meeting.

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12/1/08	08-21	Carla Jones, IHN	Since we will be receiving daily changes on demographic information such as mailing address (N3 and N4) which isn't in the Companion Guide or the Change Matrix, how will Plans be able to identify the intermittent demographic changes on a daily basis (such as a phone number or address and Date of Death)? What code will constitute a change in the INS03 segment? What will the reason code be in the INS04? Currently, if the only change on a member is their address or phone number, will that continue to come across on a monthly audit file or a daily file and if it does come in on a daily file, how will we identify that the address or phone number is changing?	See also number 08-02 above.
12/1/08	08-22	Carla Jones, IHN	Will Plans still only use the 834 monthly file for determining rate group changes or will rate group changes be included in the 834 daily file? If so, how will we identify the changes?	The 834 monthly (audit and compare) is a snapshot of the Plans enrollees for the coming month. It will represent the enrollee's rate group code at that time. Changes will appear in the daily enrollment file.
11/19/08	08-23	Carla Jones, IHN	When should Plans expect to receive the monthly 834 file? DMAP indicated that we should receive it on the last Thursday of each month, but if the last Thursday of the month is also the last day of the month, plans will not have enough time to run the 834 to prepare for eligibility effective dates the next day. It takes Plans two days prior to the effective date because the file is so big. If the last Thursday of the month is also the last day of the month, could Plans propose that DMAP identify those events and push back the date to the second to last Thursday of those months where it would be an issue?	This question has been forwarded to EDS.

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11/19/08	08-24	Carla Jones, IHN	DMAP has indicated that Plans have to process daily files before they can process their monthly file. This could propose issues when the effective date of the following Monday is after the first of the following month if the 834 monthly file is truly an audit file. Are Plans supposed to complete daily files before the monthly even if the effective date for members on the daily files is after the first of the following month? Could we load them after the monthly file?	This question has been forwarded to EDS.
12/1/08	08-25	Carla Jones, IHN	Will DMAP still send Plans a monthly change file? There hasn't been any discussion about this file. If so, will the format change?	There will be no changes in the monthly file, only audit and compare.
12/1/08	08-26	Carla Jones, IHN	The new Companion Guide for the 834 file does not contain any head of household segment. Is this true? Will plans no longer receive head of household information from DMAP?	See also number 08-02 above.
12/1/08	08-27	Carla Jones, IHN	Currently DMAP sends an 820 to the Plans that contains all financial information for the Plans including the capitation payments per member per month and any case rate payments from claim submissions per member. DMAP has reported to Plans conflicting information on whether or not the case rate payments will show up in the new 820. It has been said and handed out prior to the 11/19/08 meeting that the case rate payments per member would no longer show up in detail on the 820 but instead would show up at the claim level in the 835. Currently the 835 does not contain any monetary details so this would be a change for Plans. Could we receive clarification on what exactly will be populated in the new 820 and what exactly will be populated in the new 835?	This question has been forwarded to EDS.

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12/1/08	08-28	Carla Jones, IHN	Can DMAP give Plans a cutoff time on when we should receive the inbound file and when we should have any outbound files submitted to DMAP?	DHS has posed this question on inbound to EDS and is awaiting a response. Outbound files can be placed in your designated mailboxes at go live, however it was agreed that a few select Plans would place small 837 transactions to test the OR MMIS prior to large volumes of transactions being sent. More details coming.
12/1/08	08-29	Carla Jones, IHN	Could DMAP give Plans a final date as to when they will be ready to accept an NCPDP test file?	This testing has resumed.
12/1/08	08-30	Carla Jones, IHN	Currently in the NCPDP file that Plans submit to DMAP, we are able to indicate whether or not a drug is a compound drug. In the new file layout we have been instructed by DMAP that since we don't have the option of choosing an option in the indicator that it is a compound drug, we should populate with a "0 unspecified". Most compound drugs cannot be submitted with an NDC number; therefore DMAP will not accept the encounter. How should we get compound drugs to pass through to DMAP in this new file layout?	DMAP will accept the NCPDP standard information, which indicates that you are sending a compound drug. When you do this, you send the NDC of each ingredient.
11/25/08	08-31	Dennis Johnson, Kaiser	Compound Dosage Form Description - Data Type: A/N, length: 2. Although this field is designated alpha-numeric, it length is only 2. Our Pharmacy Dept says that the typical values we have for this field are tablet, capsule, powder, etc. It would seem that these values either need to be converted to numeric, or we need standardized 2-letter abbreviations for these text values.	This question has been forwarded to EDS.

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11/25/08	08-32	Dennis Johnson, Kaiser	Compound Route of Administration - Data Type: N, length: 2. Our Pharmacy Dept says that the typical values we have for this field are: IV, intra-muscular, oral, etc. Is there a crosswalk to convert these text values to numeric?	This question has been forwarded to EDS.
11/25/08	08-34	Dennis Johnson, Kaiser	Compound Ingredient Basis of Cost Determination - Data Type: A/N, length: 2, Our Pharmacy Dept is not familiar with this term, and therefore, cannot provide an example of what typical values for this element would be. Can you provide a definition of this field, and a listing of allowed values, both text and numeric, or approved 2-letter abbreviations if numeric values are not available.	This question has been forwarded to EDS.

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Previous Issues

11/4/2005	05-1a	R. Ganzon - Clackamas	Duplicate claim error - Limitations on modifiers?	New MMIS will read all modifiers supplied within the HIPAA standard.
11/4/2005	05-1a	R. Ganzon-Clackamas	Duplicate claim error - Limitation on diagnosis codes?	New MMIS will read all diagnosis codes supplied within the HIPAA standard.
11/4/2005	05-1a	R. Ganzon-Clackamas	Duplicate claim error – MC provider types versus NPI	The new MMIS has two levels of provider types to identify a provider that allows more delineation to NPIs and taxonomy codes.
11/4/2005	05-3	K. Ottelle – PHTech	Modifier limitation	See 1a above.
11/4/2005	05-4	K. Ottelle – PHTech	Medicare Prime	Plans must include the appropriate claim adjustment reason code to identify Medicare coverage.
11/4/2005	05-5	K. Ottelle – PHTech	Can an encounter transaction be deleted regardless of its adjudication status?	This has been requested in the new system.
11/4/2005	05-7	Unknown	Are encounter claims edited against date of death rather than enrollment dates only?	Yes, an edit has been requested.
11/4/2005	05-8	Care Oregon	Will the new MMIS contain future eligibility dates?	This is a Business Decision not a system limitation. At this time the decision has not changed.
11/4/2005	05-6	C. Anderson	Will an encounter claim process through all encounter edits so all errors are known after adjudication?	8/16/06 – yes all edits will post to the claim and be reported on the 835-claim remittance advice.
3/21/06	06-01	P. Krewson	Provider Sanction Report	MCO 'majority rules' decided on 6/14/06.
8/7/06	06-03	A. LaBansky	Will DHS require FCHPs and PCOs to go to full NCPDP pharmacy format.	Yes, letter sent August 2006
10/16/06	06-06	M. Trouslout OHMS	Will the FCHPs/PCO be going to the 5.2 NCPDP format?	Yes the full NCPDP standard will be utilized. Letter sent August 2006.

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10/19/06	06-08	Ron Preston/ DCIPA	Who is financially responsible for the interface to be compatible between the providers and the new MMIS?	Providers will need a computer with internet access. Initially, the system will offer Web access via Microsoft's Internet Explorer 6. Support of additional browsers is under consideration.
6/1/06	06-02	A. LaBansky	Medical ID cards. How will new cards work?	Presentation by EDS – Paul Combs 6/14/06. Additional presentation by Tanya Allen on 9/19/07. More information to come as process is developed.
12/5/06	06-10	P. Krewson	No zeros allowed in CAS segment of 835 Electronic RA	Compliance issue.
10/17/07	07-01	C. Norman	With the change to a daily 834, there are many questions as to the timing of the file, the contents and the ramifications for the MCOs.	DHS and EDS addressed most of the concerns regarding this at the 11/14/07 MMIS/MCO WG. The MCOs did ask for a document detailing how the daily should be processed and the differences.
10/19/06	06-07	Ron Preston/ DCIPA	Providers would like to see a demonstration of the web portal.	Paul Combs, EDS, has shared the MCO and Provider training plan during November 2007 Mtg.
11/4/2005	05-2	R. Ganzon- Clackamas	Submission time frames and response times	Adjudication is real time, claims processing is real time, financial processing continues on a weekly cycle.
8/17/06	06-04	K. Ottelle - PHTech	Will DHS capture all modifiers and place of service codes to ensure mental health claims for same day of service will not receive suspect dupes?	Yes the replacement system will capture all modifiers supplied on a claim that are supported by the claim formats (i.e.: the system can accept the maximum number of modifiers supported by the transaction).
7/2/07	07-01	P. Krewson	The MCOs are requesting one Provider File of all enrolled providers that includes the NPI number.	This will still be a file created out of DHS' decision support utilization system that will support all of the requested data elements.

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10/17/07	07-02	J. Fray	Will the Fee Schedule created in the new system be more modern? I.e. will it contain modifiers rather than Type of Service codes to differentiate between different allowables for the same code?	The replacement MMIS Fee Schedule File will not contain type of service codes. Pricing based on modifiers supported by the replacement MMIS.
9/20/06	06-05	EDWG	Will the 835 RA contain a full copy of the original claim as well as the adjusted claim?	Yes.

Maternity Case Rate (MCR) Payment Workaround

Issue:

Functionality to process MCR payments will not be ready on day one of MMIS implementation scheduled for December 9.

In order to continue to issue payments for MCR encounters, the following work around has been developed:

- DMAP will issue transitional payments at the plan's request.
- DMAP will review the plan's claims history for the previous 12 months to determine the average monthly payment amount. A transitional payment amount will be 80% of the average monthly payment.
- Once the system is corrected, DHS will initiate a mass adjustment to reprocess encounters and reconcile any transitional payments made.
- An Accounts Receivable (AR) will be established at the time of the mass adjustment.

Source for MCR payment history: BPAU175 Monthly Report