

AGENDA
MMIS/MCO Workgroup Meeting
December 10, 2008
8:30 a.m. – 11:45 a.m.

Department of Human Services Building
500 Summer Street NE Salem, Oregon 97301
Room HSB-137 A – C
Conference Dial-in # (503) 378-3003

Alice LaBansky, Co-Chair & Jim Joyce, Co-Chair
8:30 a.m. – 10:00 a.m.

Topic	Speaker	Time
<i>Introductions</i>	Alice LaBansky	5 min
1. MMIS Operations & Maintenance	Jim Joyce & Joyce Martinez	10 min
2. Transitional Payments	Alice LaBansky	5 min
3. Status of MMIS Implementation Issues	Alice LaBansky, Patricia Krewson & Tom van der Veen	15 min
4. Issues Tracking	Patricia Krewson	5 min
BREAK		
5. Issues Log Update	Patricia Krewson	
6. Open for Questions		

MMIS Website <http://www.oregon.gov/DHS/healthplan/meetings/main.shtml#meetings>

Next Meeting: January 14, 2008
8:30 – 11:00 a.m.
Human Services Building, Room 137 A & B

Introductions Made.

Review of agenda.

MMIS Operations & Maintenance

This is a little bit of history from the last week. We went live on December 2 with our document management system and there were very few problems. The documents that have been scanned, while waiting for the new system, have started to be processed into the new system. We went live with POS on December 6 at 8:45 am and claims are processing successfully. The few issues we have are with the individual pharmacy software and their ability to pass correctly formatted claims. On December 9 at 7 am the rest of MMIS system came on board. We see the first day as very successful. On the web portal there were over 4000 visits by 12,000 unique providers. There were 4100 eligibility verifications made. The AVR system had 135 callers. We initially sent small batches of claims for processing then increased the size of the batches throughout the day. The amount of calls received is what we were expecting, my log in doesn't work, we didn't get a pin letter, questions about access to the system, etc. As of 4 pm on December 9th 832 calls were received by the PSU staff with a 7 min wait time. The majority of calls were around the web portal and password resets. We are still expecting a high surge of calls in the next couple of weeks. Those in this group have backdoor access please send an e-mail to provider services or contact Alice LaBansky, Patricia Krewson, or your DMAP coordinator. Our internal service desk handled over 350 tickets. We did have a few outstanding issues, batch interfaces to the new system were working for today's operation but the real time were not working on the first day. During the day we were able to trouble shoot the reason why they weren't working and have since corrected the problem. For the majority of issues we did identify temporary workarounds. Teams are continually working on those issues to resolve them so the workarounds will not be needed.

Client Services is expecting to get hit in January with a high surge in calls when the new client ID goes out.

There was discussion of PIN letters. The initial PIN letters were mailed to the service address. We have requested that this be changed that information be mailed to the mailing address instead. We requested to know who

received them and who did not. The question was brought up again of who were the letters addressed to? Also, there were issues about providers being able to set up a few clerks and then not able to set anyone else or getting locked out of the system after they had initially been set up, as well as other issues.

Transitional Payments

A contingency plan was created/developed if our system isn't able to produce a check for a provider, process their claims and pay the provider. A request form is on the DHS website that can be filled out on-live and e-mailed to our DMAP Provider Services Unit. There are a few requirements, provider has to have had a valid claim, the claim has not processed for a system issue, agree that we have the ability to recoup that payment from future submissions that the provider may make. Payment would be 80% of the weekly or monthly average payment would be (historical data – we would use the past 6 months of data if we have that information available). A DMAP manager would approve the payment, send it to financial services to cut a manual check and set up an accounts receivable to recoup payment from pending or future claims. The process would take 2 – 3 days. We did check with other states to see what their contingency plans were.

Status of MMIS Implementation Issues

These are the issues that we are aware of that are affecting managed care. The Contractors meeting is tomorrow, we will work to resolve these issues by then. Handout – To: FCHP, DCO, PCO, MHO's. The mid-month rate changes (clients that go from plus to standard or standard to plus), this is where the system is having problems. Our data shows that the vast majority of capitation payments are made at the beginning of the month. The issue is very small and should be completely fixed by March. On the auto-assignment, during the teleconference we went over each of the options with you. We received everyone's input from the discussion and this is how we came up with the memo that is in front of you now. The auto-assignment will be turned off, excluding the managed care except the MHO's at Go-Live. After Go-Live we will consider turning on single plan auto-assignments. EDS is working to correct this issue but in the meantime we have a workable process.

Handout – Maternity Case Rate Payments

As of today we are able to process these in our system. We do expect that the correction to the defect will happen very soon. We will start sending transitional payments at the plans request. Please send an e-mail to your plan coordinator if you want the 80% transitional payment. We are using 12 months claims history for this payment. The last financial cycle ran November 28th and November 14th was the cutoff. Our next financial cycle runs this Friday. We will be validating this information on Saturday. The daily 834 ran last night in production and they are reviewing the result of that file today. The file will be reviewed before it is put in any plan mailboxes. We hope to have those reviews done today and in your mailboxes. The 820 and 835, those have to run with the financial cycle on Friday and we will be having people run the validation on those Saturday. We will then release that information to you.

Issues on Newborns – as a workaround, Client Enrollment will manually enroll the child to the mothers plan back to date of birth. We expect to have this corrected very soon. The plans request a report of those that have been added. This involves any newborn under the age of one that has not been enrolled on the mothers plan.

Issues Tracking

Response has been great. All questions received have been forwarded and added to log. Further discussion on this information will be in the second half of this meeting.

Handout – DMAP Handout # 10 MMIS/MCO Workgroup Meeting