

Nursing Facilities and the MMIS Survey March 2010

Oregon DHS
500 Summer St NE
Salem, OR 97301



TOTAL RESPONDERS = 23

		Responses
1	Do you have an email address?	
a	Yes	23
b	No not at this time	
c	How should we best communicate? Email	4
d	Are you receiving the AA?	8
2	Would you be interested in participating in a periodic stakeholder meeting?	
a	No	13
b	Yes	8
c	If yes how often?	Qtr -1
d	Monthly	7
e	bi monthly	1
3	What topics of discussion are of interest to you?	
a	A document maintained by DHS of known system issues?	12
b	More training	6
c	Information on co insurance billing	15
d	Review of admin rules	6
e	Review of billing rules	10
f	Other: Problem resolution	1
	face to face	1
4	How can we communicate better?	
a	Conference call	6
b	Webinar	11
c	Other: MMIS works, details prior to call	2
	Admin Alert	1
5	Do you get the Provider Matters documents for MMIS issues?	
a	No, do not have Internet	1
b	No, not interested	
c	Yes	17
	Not aware of this document	1
6	Are you using the web portal if so how often?	
a	No not yet	
b	Yes, daily	15
c	Yes, weekly	11
d	Yes, rarely	
7	What do you like best about the web?	
a	Submitting a new claim	15
b	Adjusting a paid claim	22
c	verifying eligibility	21
d	verifying benefit packages	17

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8	Do you submit claims in the electronic format?	
a	No	8
b	Yes are in testing	3
c	Yes, just started	7
	Over a year	4
9	If you submit claims electronically which features do you like best?	
a	Submitting new claims	10
b	Adjusting Paid claims	15
c	Other; all of the above	3
10	What areas do you need additional training?	
a	PHEC claims	1
b	SNF claims	7
c	Medicaid claims	
d	Managed care claims	9
e	Paper claims	
f	Financial Planner	1
g	web portal training	1
h	Administrative Rules for NF	3
i	Paper RA	1
j	Plan of Care	4
k	Level of Care	5
l	Other; none of the above	1
11	General questions	Y - N
a	Are you ready to submit the SNF claims?	11 - 0
b	Are you available for a conference call on 4/9/10 from 2P-5P?	12 - 0
c	Are you getting your claims questions answered when you call DMAP?	9 - 2
d	Are you getting your POC or LOC questions answered when you call SPD?	9 - 2

12 Additional Comments:

See page 3

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12 Additional Comments:

Training for caseworkers on timeliness of setting up NFC/POC. It would be really helpful for in-take caseworkers to notify the facility if applicants are not returning the necessary qualifying info to them timely. Preferably in enough advance notice not to have to restart the process and miss out on possible reimbursement in the first 45 days of initial intake

SNF claims have all been denied. Claims questions are not always answered

Verifying eligibility is maddeningly slow. No accountability for DHS and ADS data entry. Still no payment for CMAO. Still unpaid for \$60K due to POC and CMAO errors in MMIs.

No meetings on Fridays

1) We would like to be able to see (on the web portal) how much liab was deducted in searching paid claims

2) We would like DHS to have a better understanding of how facilities bill Medicare & Med Advantage plans before they make decisions. Have webinars and conf calls.

Info on the various areas in the MMIS where info is set up accessed, PCO vs eligibility vs LOC Etc.

My biggest backlog is because the staff at the local office can't get the necessary info into the system so my bills will process

The billing through the web portal is so quick and easy. You always know if it is going to instantly. I really like the feature.

Would like training on denial codes

My struggle is submitting a new claim. I can copy and submit that way, but creating a brand new claim is difficult.

Training for DHS staff on co insurance billing, admin rules and billing guides

Satellite training sessions where issues on accounts can be worked so provider services can understand the problem.

Training - how to get the local office workers at DHS to get up to speed or fix identified errors timely and accurately.

Billing questions answered? No it seems that you get a response telling you what you already know, but no resolution.

Our, provider's, local offices both DSO and Senior Svcs need training. Providers should not know more about the MMIS than they do. There also needs to be more continuity in understanding. They need to be consistent from worker to worker in applying their own rules & policies and knowing MMIS.

Provider should have access to the Help Desk. Local workers do not have follow thru and don't get the issues fixed. And if they do, it is NOT timely.

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Vivien VanHatten is an asset to your facility. Very helpful, kind and on top of all matters. Also why conference calls on Fridays when people are getting things caught up for the weekend, Should be Wed or Thurs.

If we could only make the caseworkers more accountable for ensuring the POCs & eligibilities are updated since July 2009 90% of my billing problems are because of case workers. Feel free to contact me regarding specifics.

Most of my issues stem from the case managers. I find issues when billing but it takes the case managers weeks or month to fix the issue so the facility can get paid.

Most calls on claims with the SPD and DMAP are hit and miss. Intake and case managers are not receiving the same information. Provides are so files in MMIS are not being set up for billing properly.

I'd like to be informed consistently with answers to my questions. I really like the MMIS because it is not as time consuming as paper claims.