

**Health Services  
Office of Medical Assistance Programs**

Rick Howard, Manager  
OMAP Health Financing Operations Section

**Number:** OMAP IM 05-096  
**Issue Date:** 7/20/05

**Authorized Signature**

**Topic:** Medical Benefits

**Subject:** Provider Survey on Eligibility Verification Conversion, 270/271

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors                  |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services                                 |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities            |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): OMAP + plans |

**Message:** The attached survey will be mailed to approximately 125 providers identified as still using MMIS "O" screens, to which they will lose access Dec. 30, 2005, because the screens aren't considered HIPAA-compliant. The survey will identify barriers to conversion to the 270/271 format.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	EDI Outreach Team		
<b>Phone:</b>	503-945-5772 or 1-800-527-5772	<b>Fax:</b>	503-947-5359
<b>E-mail:</b>	<a href="mailto:maria.a.ahrendt@state.or.us">maria.a.ahrendt@state.or.us</a>		



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services Health Services

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July 25, 2005

To: OMAP providers using DHS "O-screens"

From: Rick Howard, Manager  
OMAP Health Financing Operations



**RE: Eligibility Verification Conversion Survey**

The Office of Medical Assistance Program (OMAP) has identified your organization as a user of DHS OLGR, OLGX, OLM screens. Because these screens do not comply with HIPAA regulations, your current screen access will be discontinued on December 31, 2005. **The discontinuation is not exclusive to electronic submitters; all Oregon Medicaid providers will lose access.**

OMAP would like to identify barriers to the successful adoption of HIPAA-compliant 270/271 eligibility verification transactions. Our goal is to help OMAP providers make a smooth transition to the 270/271 electronic transactions. OMAP created a list of vendors providing electronic solutions who participated in our recent EDI Vendor Fair. It's online under Provider Training at <http://www.oregon.gov/DHS/healthplan/first-pass/main.shtml>. We also posted a list of more clearinghouses for your use at [www.dhs.state.or.us/admin/hipaa/clearinghouses.pdf](http://www.dhs.state.or.us/admin/hipaa/clearinghouses.pdf).

An *OMAP Eligibility Verification Conversion Survey* is attached to this letter. The survey can be completed in less than 10 minutes and will provide OMAP with valuable information to assist our outreach and education efforts. Your participation will help us identify and address any problems our providers are having.

**Please complete and fax back your survey no later than August 29, 2005.** If you have received this survey in error, please route it to the appropriate person on your staff or call OMAP at 1-800-527-5772 with updated contact information. You may also call this number with any electronic data interchange questions you have. Ask to speak with an EDI Outreach Team member.

Current Transaction	New HIPAA Inquiry Transaction	New HIPAA Response Transaction	Method of Inquiry
OLGR	270 Eligibility	271	Batch or real time
OLGX	270 Eligibility	271	Batch or real time
OLM	276 Claim Status	277	Batch or real time

**Thank you for taking the time to assist us with this important activity.**

*"Assisting People to Become Independent, Healthy and Safe"*  
An Equal Opportunity Employer

# OMAP Eligibility Verification Conversion Survey

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Provider or Trading Partner (Billing) Name

Provider Number

1. Did you already know OMAP will be removing provider access to the OLGR, OLGX, OLM screens effective December 31, 2005?  
 Yes       No
  
2. Are you currently using HIPAA-compliant electronic 270/271 eligibility verification transactions?  
 Yes      ***If yes, please stop here and fax the survey to 503-947-5359  
Attn: EDI Outreach Coordinator. THANKS!***  
 No
  
3. Are you interested in converting to the 270/271 eligibility transactions?  
 Yes       No
  
4. Have you added this transaction onto your trading partner agreement?  
 Yes       No
  
5. How are you planning to verify OMAP client eligibility after December 31, 2005?  
 270/271 Eligibility Transaction  
 Electronic Eligibility Verification Services (EEVS) vendor  
 Automated Information System (AIS) phone or Web-based
  
6. Do you have any barriers that are preventing you from converting to the 270/271 eligibility transactions?  
 Yes. ***Describe below in Question 6a.***  
 No. ***Continue to Question 7.***
  
- 6a. What are the barriers? *(Check all that apply)*  
 Technical: Staff       Technical: Clearinghouse  
 Expense       Software  
 Programming       Not enough information  
 Other—please explain:

## OMAP Eligibility Verification Conversion Survey

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7. Who submits your electronic eligibility transactions now?

- Self ***If self, continue to question 8***
- Billing Service       Clearinghouse
- Paper submission    Unknown

7a. Would you prefer to do them yourself?

- Yes
- No

8. What is your status of conversion to the 270/271 eligibility transactions?

- Have not started
  - Being programmed
  - Pilot testing with OMAP
  - Ready to begin using the transaction
  - Other—explain: \_\_\_\_\_
- 
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9. Would you like an OMAP representative to call you to help with conversion to the 270/271 eligibility transactions?

- Yes ***If yes, please indicate the contact name and number below.***
- No

10. Is there any information that OMAP can provide to help you make the conversion to 270/271 eligibility transactions?

- Clearinghouse information
  - Software vendor list
  - Testing information
  - Transaction information
  - None, thank you
  - Other—explain: \_\_\_\_\_
- 

Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

◀ **Fax the survey to 503-947-5359, Attn: EDI Outreach Coordinator. THANKS!** ▶