

MMIS Plan of Care (POC) Guide

Updated: Aug. 11, 2026

Table of Contents

Introduction.....	1
HIPAA: Security and confidentiality.....	2
MMIS actions and permissions.....	2
View an existing POC.....	2
Set up a nursing home POC	5
Modifying a nursing home POC	11
Modifying POC due to individual hospitalization.....	11
Close POC due to individual's death.....	16
Set up an in-home meals POC	18
Modify an In-Home Meals POC.....	22
View patient liability information	23
Adjust Patient Liability.....	25
Troubleshooting – FAQ guide	27
Additional resources and contact information.....	28

Introduction

The MMIS Plan of Care (POC) Guide provides the information you need to: search for and view a POC, set up and modify a nursing home POC, set up and modify an in-home meals POC, and view and modify Patient Liability. This guide contains step-by-step instructions, panel images, and other tips and hints for successfully entering or modifying a POC.

HIPAA: Security and confidentiality

It is crucial that MMIS users comply with all HIPAA privacy and security regulations. However, there is no private health information (PHI) in this POC Guide. All panel images and samples have been taken from a training environment where all data has been de-identified. There are no references to real people or cases.

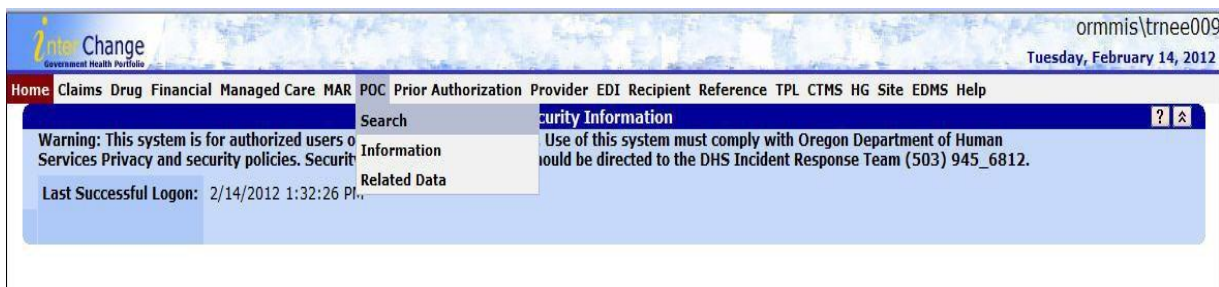
MMIS actions and permissions

Access to the MMIS is user-specific and based on the employee's job duties. Some employees may have both update and read access to certain areas of the MMIS, while others have read-only access. If you need additional access in the MMIS to perform your job duties, such as entering a POC, talk with your supervisor or manager.

View an existing POC

Three of the most common reasons to search for and view an existing POC are: to review an individual's POC information, to modify an existing POC, and to make sure an individual doesn't already have an existing POC in the system before setting up a new POC for the individual. Below are instructions on how to search for and view an existing POC.

1. Select Search from the POC submenu.



2. Click adv search (advanced search). This opens up additional fields on the panel to expand your search criteria options.

MMIS Plan of Care (POC) Guide

The screenshot shows the 'inter Change' logo and navigation tabs: Home, Claims, Drug, Financial, Managed Care, MAR, POC, Prior Authorization, Provider, EDI, Recipient, Reference, TPL, CTMS, HG, Site, EDMS, Help. The 'POC' tab is selected. Below the navigation bar, there are links for 'home', 'search', 'information', and 'related data'. The 'POC Search' form includes fields for Case Manager ID, Client ID, POC Effective Date Range, Division, Route to Clerk ID, and a 'Records' dropdown set to 20. Search buttons (search, clear, adv search, add) are on the right.

3. Enter your search criteria and click search. You can search with a variety of criteria, such as Service Auth Number or Case Manager ID.

This screenshot shows the same 'POC Search' form as above, but with the 'Client ID' field populated with 'MAGCW58T'. Additional fields like 'Benefit Plan', 'Service Auth Number', 'Service Auth Effective Date Range', 'Referring Provider ID', and 'Authorizing Entity' are visible on the left. On the right, 'Status', 'Procedure Code', 'Revenue Code', and 'Rendering Provider ID' fields are also present. The 'search' button is highlighted.

4. Select a line item to view the POC Information panel. If there is more than one line item (service authorization) in an existing POC, or more than one POC, then the Search Results will display all line items. If there is only one line item in a POC, then the search will take you directly to the POC Information panel.

This screenshot shows the 'POC Search' form with the same criteria as the previous screenshot. Below the form, a 'Search Results' table is displayed, showing two results for Client ID 'MAGCW58T'.

Serv Auth#	Client ID	Client Name	Case Manager ID	Benefit Plan	Rendering Provider	Service Code	Service Description	SA Start Date	SA End Date	Status
1204700002	MAGCW58T	WALSH, MAGGIE T	TRNEE009	NFC	REED-HEALTHCARE	100	ALL INCL/ROOM &	11/01/2011	11/14/2011	Active
1204700004	MAGCW58T	WALSH, MAGGIE T	TRNEE009	NFC	REED-HEALTHCARE	100	ALL INCL/ROOM &	11/21/2011	10/31/2012	Active

MMIS Plan of Care (POC) Guide

5. The POC Information and Maintenance panels open by default. Select Line Item on the maintenance panel to access line items for the individual's POC.

The screenshot shows the MMIS Plan of Care (POC) Information and Maintenance panels. The 'Plan of Care Information' panel is active, displaying client details for MAGCW58T (WALSH, MAGGIE T). The 'Plan of Care Maintenance' panel is also visible, showing tabs for Base Information, Letters, and Line Item. The 'Line Item' tab is selected, and the 'Base Information' panel is loaded.

Plan of Care Information

Field	Value
Case Manager ID	TRNEE009
Coordinator ID	TRNEE009
POC Start Date	11/01/2011
POC End Date	12/31/2299
Client ID	MAGCW58T
Client Name	WALSH, MAGGIE T
Date of Birth	12/22/1943
Gender	FEMALE
Address	2957 E STREET NE
City	SALEM
State	OR
Zip	97301
County	Marion
Division	SPD
POC Development Date	11/01/2011
POC Review Date	
Keyed By ID	TRNEE009
Route to Clerk ID	
Close Reason	

Plan of Care Maintenance

Base Information Letters Line Item

Plan Of Care

save cancel new

6. The Base Information and Line Item panels load. Select the Line Item you wish to view and the fields below the line item will populate.

The screenshot shows the MMIS Base Information and Line Item panels. The 'Base Information' panel is active, displaying client details for MAGCW58T (WALSH, MAGGIE T). The 'Line Item' panel is also visible, showing a table of line items and a form for editing a selected line item.

Base Information

Field	Value
Case Manager ID	TRNEE009
Coordinator ID	
Client ID	MAGCW58T
Client Name	WALSH, MAGGIE T
POC Development Date	11/01/2011
POC Review Date	
POC Start Date	11/01/2011
POC End Date	12/31/2299
Route to Clerk ID	
Close Reason	

Line Item

Service Auth Number	Rendering Provider ID	Rendering Provider Name	Service Code	Service Description	Effective Date	End Date
A 1204800007	957808 MCD	REED-HEALTHCARE	100	ALL INCL/ROOM & BOARD ANCIL	11/21/2011	10/31/2012
1204800006	957808 MCD	REED-HEALTHCARE	100	ALL INCL/ROOM & BOARD ANCIL	11/01/2011	11/14/2011

Type changes below.

Service Auth Number 1204800006

Referring Provider ID [Search]

Referring Provider Name

Rendering Provider ID 957808 MCD [Search]

Rendering Provider Name REED-HEALTHCARE

Address 4411 NE 1ST ST
4411 MAIL STOP

City PORTLAND

State OR

Zip 97030 4698

Authorizing Entity 2401 - S. SALEM

Benefit Plan Nursing Home

SPD Residential Notice No

Print Notice No

Notice Date

Hearing Rights No Notice

Service Code Type Revenue Code

Service Code 100 [Search]

Service Description ALL INCL/ROOM & BOARD ANCIL

Effective Date 11/01/2011

End Date 11/14/2011

Units 1

Unit Qualifier SPD Residential Stay

Frequency Daily

Dollars

Payment Method Pay System Price

Status A - Active

Used Units 0

Used Dollars

Balance Units 14

Balance Dollars

add

7. The Notice Selection panel indicates which parties will receive copies of notices related to the individual's POC.

The screenshot shows the 'Notice Selection' panel in the MMIS system. It contains three sections: '- Modifiers-', '- Reason Code-', and '- Client Direct Dollars-'. Each section has a search bar and a list of items. The '- Modifiers-' section has a search bar for 'Modifier Sequence Number' and 'Modifier'. The '- Reason Code-' section has a search bar for 'Reason Code' and 'Reason Description'. The '- Client Direct Dollars-' section has a search bar for 'Dollars'. Below these sections is the 'Notice Selection' panel itself, which includes a 'Service Auth Number' field (1204700005) and several dropdown menus for 'Client', 'Referring Provider', 'Rendering Provider', and 'Contact'.

8. The Chronological Notes panel displays any notes entered for the POC as required by business policy.

The screenshot shows the 'Chronological Notes' panel in the MMIS system. It features a table with columns: 'Seq No.', 'Note Date', 'Type', 'Short Description', and 'Note'. The table contains two rows of data. Below the table is a form for adding a new note, with fields for 'Service Authorization' (1204700002), 'Seq No' (1), 'Note Date' (02/16/2012), 'Type*' (Internal), 'Short Description*' (SPD Note), and 'Note*'. A 'Spell Check' button and an 'add' button are also visible.

Set up a nursing home POC

The nursing home POC is the most common type and is generally set up for one year. The following step-by-step procedure illustrates how to set up a nursing home POC in the MMIS. See Figures nine through 21. Before setting up a new POC, always search to ensure an existing POC isn't already set up

for the individual. You can search for care plans using a variety of criteria; however, using the individual's prime number is the most specific.

The most efficient way to complete the Line Item panel is to enter information on the right side of the panel first and the left side of the panel second. This is necessary because you must enter the Effective Date and the End Date on the right side of the panel in order for the benefit plans to appear in the Benefit Plan field on the left side of the panel.

Note: Do not press the <Enter> key on your keyboard to move from field to field as you enter information on the Line Item panel. Pressing the Enter key activates the add button, which inserts another line item each time you press the key.

Use the <Tab> key to move from field to field or click in the fields using your mouse. If you press the Enter key or click the add button inadvertently, click cancel on the maintenance panel and re-enter your POC, starting with the Base Information panel. That is the easiest and most efficient way to handle a line item added by mistake.

1. Select Search from the POC submenu.
2. Enter the Client ID and click search. If there is no POC for this individual, you will see "No rows found" in the Search Results.

The screenshot displays the 'iinter Change' web application interface. The top navigation bar includes links for Home, Claims, Drug, Financial, Managed Care, MAR, POC (highlighted), Prior Authorization, Provider, EDI, Recipient, Reference, TPL, CTMS, HG, Site, EDMS, and Help. The date 'Thursday, February 16, 2012' is shown in the top right. Below the navigation bar, the 'POC Search' section contains several input fields: 'Case Manager ID' with a '[Search]' button, 'Client ID' with the value 'WESWY58P' and a '[Search]' button, 'POC Effective Date Range' with two empty date fields, 'Division' with a dropdown menu, 'Route to Clerk ID' with an empty field and a '[Search]' button, and 'Records' with a dropdown set to '20'. On the right side of the search section are buttons for 'search', 'clear', 'adv search', and 'add'. Below the search section, a blue banner displays the text '*** No rows found ***' under the heading 'Search Results'.

3. Click add to begin entering the new POC. When you click the **add** button, a blank POC record opens and the following panels will display in order: POC Information, POC Maintenance, Base Information, Line

Item, and Chronological Notes. You will begin by entering information on the Base Information panel.

The screenshot shows the 'Base Information' panel in the MMIS system. It contains the following fields and values:

Field	Value
Case Manager ID*	TRNEE009 [Search]
Coordinator ID	[Search]
Client ID*	WESWY58P [Search]
Client Name	PRICE, WESLEY W
Division*	SPD
POC Development Date*	11/01/2011
POC Review Date	
POC Start Date*	11/01/2011
POC End Date*	12/31/2299
Route to Clerk ID	[Search]
Close Reason	

4. Select the Division.
5. Enter the POC Development Date, which defaults to the current date.
 - This is the date the POC was created in the MMIS and defaults to the current date. Although you can modify this date, you may leave it as the default because it does not drive any of the processes related to a POC, such as claims and payments.
6. Enter the POC Start Date.
 - This date must be on or before the date the individual entered the nursing home. For example, if the individual entered the nursing home on March 15, 2012, then the POC Start Date must be entered as March 15, 2012, or earlier. All Line Item (service authorization) entries must fall between the POC Start Date and POC End Date.
7. Enter the POC End Date as the infinity date (12/31/2299).
 - The POC End Date on the Base Information panel is always the infinity date of 12/31/2299. This is a ODHS/OHA policy. Although a nursing home POC is usually set up for one year, you will still enter 12/31/2299 as the POC End Date on the Base Information panel. If you had entered a specific POC End Date on the Base Information Panel, that entry would close all the line items

(including active ones) as of the date you entered in the POC End Date field. This would also prevent you from making any modifications or corrections to the POC.

8. Click the Add button to add a new Line Item and activate the fields. A Service Auth Number appears in the top left corner of the panel.
9. Select Revenue Code in the Service Code Type field.
10. Enter the Service Code.
11. Enter the Effective Date and End Date in their respective fields.
 - The Effective Date is the date the individual entered the nursing home. This date must be on or after the POC Start Date entered on the Base Information panel.
 - The End Date is usually one year from the Effective date. Enter the last day of the month just prior to the Effective Date month, but one year later. For example: If the Effective Date is 11/01/2011, then the End Date would be 10/31/2012.

MMIS Plan of Care (POC) Guide

Line Item							Top	Nav	?	A	X
Service Auth Number	Rendering Provider ID	Rendering Provider Name	Service Code	Service Description	Effective Date	End Date					
A 1204700005	957808 MCD	REED-HEALTHCARE	100	ALL INCL/ROOM & BOARD ANCIL	11/01/2011	10/31/2012					
Type data below for new record.											
Service Auth Number 1204700005			Service Code Type Revenue Code								
Referring Provider ID [Search]			Service Code* 100 [Search]								
Referring Provider Name			Service Description ALL INCL/ROOM & BOARD ANCIL								
Rendering Provider ID 957808 CNV [Search]			Effective Date* 11/01/2011								
Rendering Provider Name REED-HEALTHCARE			End Date* 10/31/2012								
Address 4411 NE 1ST ST			Units* 1								
4411 MAIL STOP			Unit Qualifier* SPD Residential Stay								
City PORTLAND			Frequency* Daily								
State OR			Dollars								
Zip 97030 4698			Payment Method Pay System Price								
Authorizing Entity 2401 - S. SALEM			Status* A - Active								
Benefit Plan* Nursing Home			Used Units 0								
SPD Residential Notice No			Used Dollars								
Print Notice* No			Balance Units 0								
Notice Date			Balance Dollars								
Hearing Rights No Notice											
							add				
- Modifiers -							Select row above to update -or- click Add button below.				
*** No rows found ***											
Modifier Sequence Number			Modifier [Search]								
Modifier Description											
							delete add				
- Reason Code -							Select row above to update -or- click Add button below.				
*** No rows found ***											
Reason Code [Search]			Reason Description								
							delete add				
- Client Direct Dollars -							Select row above to update -or- click Add button below.				
*** No rows found ***											
Dollars											
							add				
Notice Selection							? A X				
Service Auth Number 1204700005			Client Yes		Referring Provider Yes		Rendering Provider Yes		Contact No		

12. In the Units field, enter one (1).
13. Select SPD Residential Stay in the Unit Qualifier field.
14. Select Daily from the Frequency field.
15. Select Pay System Price from the Payment Method field.
16. Select Active from the Status field.

17. The Used Units field starts out as zero (0). After you click save, the Balance Units field populates with the number of days for which the POC was set up (usually around 365 days). As claims are processed, the Used Units field increases and the Balance Units field decreases.
18. Enter the Rendering Provider ID in the corresponding field or search for the ID by clicking [Search].
 - After clicking outside the Rendering Provider ID field, the provider's Name, Address, City, State, & Zip fields populate.
19. Select the Authorizing Entity.
20. Select Nursing Home in the Benefit Plan field.
21. Leave the defaults in the last four fields.
22. It is not necessary to enter the Modifiers, Reason Code, and Client Direct Dollars.
23. You may leave the default values on the Notice Selection panel or change them as needed.
 - These fields indicate which parties will receive notices related to the individual's POC.
24. Enter Chronological Notes as required by your business policy.
 - Internal Note: Only ODHS/OHA staff can view these notes.
 - External Note: These notes will also be visible to providers via the web portal.

Chronological Notes

Seq No.	Note Date	Type	Short Description	Note
A	1	02/16/2012		

Type data below for new record.

Service Authorization: 1204700005

Seq No: 1

Note Date: 02/16/2012

Type*: Internal

Short Description*: SPD Note

Note*: Notes here.

Spell Check

add

25. Click the add button.
26. Select Internal or External from the Type field.
27. Select the Short Description.
28. Enter text in the Note field.
29. Click save on the maintenance panel to save the POC. You will see a "Save was Successful" message.

Plan of Care Maintenance

- Select POC area to add or modify below.

Plan Of Care

Base Information Letters Line Item

save cancel

The following messages were generated:

Message Description	Panel	Field	Row
Save was Successful. All panels were saved.	Base Information		

Modifying a nursing home POC

The following sections describe how to modify a nursing home POC due to an individual's temporary hospitalization and close the POC due to the individual's subsequent death.

Modifying POC due to individual hospitalization

When an individual leaves the nursing home and is hospitalized for a period of time, you will end date the line item (service authorization) for that individual's POC. You will not end date the POC on the Base Information

MMIS Plan of Care (POC) Guide

panel. You will leave this End Date as the infinity date of 12/31/2299. Figures 22 through 27 illustrate how to modify a nursing home POC when an individual leaves the nursing home for a hospital stay.

1. Select Search from the POC submenu.

InterChange
Government Health Portfolio

ormmis\trnee009
Tuesday, February 14, 2012

Home Claims Drug Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS HG Site EDMS Help

Search Information Related Data

Warning: This system is for authorized users only. Use of this system must comply with Oregon Department of Human Services Privacy and security policies. Security Information would be directed to the DHS Incident Response Team (503) 945_6812.

Last Successful Logon: 2/14/2012 1:32:26 PM

InterChange
Government Health Portfolio

ormmis\trnee009
Thursday, February 16, 2012

Home Claims Drug Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS HG Site EDMS Help

home search information related data

POC Search

Case Manager ID [Search] Division [Search]

Client ID WESWY58P [Search] Route to Clerk ID [Search]

POC Effective Date Range [Search]

Records 20

search clear adv search add

2. Enter the Client ID and click search.

- The POC Information and the Maintenance panels display.

InterChange
Government Health Portfolio

ormmis\trnee009
Thursday, February 16, 2012

Home Claims Drug Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS HG Site EDMS Help

home search information related data

Next search by: Client ID [Search] Division [Search]

search clear

Plan of Care Information

Case Manager ID	TRNEE009	Client ID	WESWY58P	Division	SPD
Coordinator ID		Client Name	PRICE, WESLEY W	POC Development Date	11/01/2011
POC Start Date	11/01/2011	Date of Birth	11/19/1943	POC Review Date	
POC End Date	12/31/2299	Gender	MALE	Keyed By ID	TRNEE009
		Address	2596 GRANT AVE	Route to Clerk ID	
		Address		Close Reason	
		City	SALEM		
		State	OR		
		Zip	97301		
		County	Marion		

Plan of Care Maintenance

Base Information Letters Line Item

Plan Of Care

save cancel new

3. Select Line Item on the maintenance panel to view the individual's POC record.
 - The Base Information, Line Item, and Chronological Notes panels will display.
 - Important: Do not change the POC End Date on the Base Information panel. Leave this date as the infinity date (12/31/2299).

Base Information

Case Manager ID* TRNEE009 [Search]

Coordinator ID [Search]

Client ID* WESWY58P [Search]

Client Name PRICE, WESLEY W

Division* SPD

POC Development Date* 11/01/2011

POC Review Date

POC Start Date* 11/01/2011

POC End Date* 12/31/2299

Route to Clerk ID [Search]

Close Reason

Line Item

Service Auth Number 1206000001

Referring Provider ID [Search]

Referring Provider Name

Rendering Provider ID 957808 MCD [Search]

Rendering Provider Name REED-HEALTHCARE

Address 4411 NE 1ST ST

4411 MAIL STOP

City PORTLAND

State OR

Zip 97030 4698

Authorizing Entity 2401 - S. SALEM

Benefit Plan* Nursing Home

SPD Residential Notice No

Print Notice* No

Notice Date

Hearing Rights No Notice

Service Code Type Revenue Code

Service Code* 100 [Search]

Service Description ALL INCL/ROOM & BOARD ANCIL

Effective Date* 11/01/2011

End Date* 11/14/2011

Units* 1

Unit Qualifier* SPD Residential Stay

Frequency* Daily

Dollars

Payment Method Pay System Price

Status* A - Active

Used Units 0

Used Dollars

Balance Units 14

Balance Dollars

4. Select the Line Item and the fields below will populate.
5. In the End Date field, type in the date as the day before the individual entered the hospital.

6. Click the add button.
7. Select Internal or External from the Type field.
8. Select the Short Description.
9. Enter text in the Note field.

The screenshot shows a web application window titled "Chronological Notes". At the top, there is a table with columns: Seq No., Note Date, Type, Short Description, and Note. The table contains two rows: Row A with Seq No. 2, Note Date 02/16/2012, and a note about case notes; and Row 1 with Seq No. 1, Note Date 02/16/2012, Type Internal, Short Description SPD Note, and a note about case notes. Below the table, there is a form for adding a new record. The form includes fields for Service Authorization (1204700005), Seq No. (2), Note Date (02/16/2012), Type* (Internal), Short Description* (SPD Note), and Note* (Client is entering hospital on 11/15/2011.). There are buttons for "Spell Check" and "add" at the bottom right.

Seq No.	Note Date	Type	Short Description	Note
A 2	02/16/2012			Include case notes here according to you department's policy.
1	02/16/2012	Internal	SPD Note	Type data below for new record.

Service Authorization: 1204700005

Seq No: 2

Note Date: 02/16/2012

Type*: Internal

Short Description*: SPD Note

Note*: Client is entering hospital on 11/15/2011.

Buttons: Spell Check, add

10. Click save on the maintenance panel to save the changes you made to this POC. You will see a "Save was Successful" message.

The next steps will illustrate how to modify a nursing home POC when an individual has left the hospital after a short stay and is returning to the nursing home. You will add a new line item on that individual's existing POC and enter the Effective Date as the date the individual returned to the nursing home.

1. Select Search from the POC submenu.
2. Enter the Client ID and click search.
 - The POC Information and the Maintenance panels display.
3. Select Line Item on the maintenance panel to display the individual's POC record.

MMIS Plan of Care (POC) Guide

- The Base Information, Line Item, and Chronological Notes panels will display.
- 4. Click the Add button to add a new line item.
- 5. Choose Revenue Code in the Service Code Type field.
- 6. Enter the Service Code.
- 7. Enter the Effective Date as the date the individual returned to or will return to the nursing home.
- 8. Enter the original End Date you had entered when setting up the POC.

Service Auth Number	Rendering Provider ID	Rendering Provider Name	Service Code	Service Description	Effective Date	End Date
A 1204700006	957808 MCD	REED-HEALTHCARE	100	ALL INCL/ROOM & BOARD ANCIL	11/21/2011	10/31/2012
1204700005	957808 MCD	REED-HEALTHCARE	100	ALL INCL/ROOM & BOARD ANCIL	11/01/2011	11/14/2011

Type data below for new record.

Service Auth Number 1204700006

Referring Provider ID [Search]

Referring Provider Name [Search]

Rendering Provider ID 957808 CNV [Search]

Rendering Provider Name REED-HEALTHCARE

Address 4411 NE 1ST ST
4411 MAIL STOP

City PORTLAND

State OR

Zip 97030 4698

Authorizing Entity 2401 - S. SALEM

Benefit Plan* Nursing Home

SPD Residential Notice No

Print Notice* No

Notice Date [Search]

Hearing Rights No Notice

Service Code Type Revenue Code

Service Code* 100 [Search]

Service Description ALL INCL/ROOM & BOARD ANCIL

Effective Date* 11/21/2011

End Date* 10/31/2012

Units* 1

Unit Qualifier* SPD Residential Stay

Frequency* Daily

Dollars

Payment Method Pay System Price

Status* A - Active

Used Units 0

Used Dollars

Balance Units 0

Balance Dollars

add

9. In the Units field, enter 1.
 - The Used Units field starts out as zero (0). After you click save, the Balance Units field populates with the number of days for which the POC is set up. As claims are processed, the Used Units field increases and the Balance Units field decreases.
10. Select SPD Residential Stay from the Unit Qualifier field.

11. Select Daily from the Frequency field.
12. Select Pay System Price from the Payment Method field.
 - The Dollars, Used Dollars, and Balance Dollars fields will disable when you select the Payment Method.
13. Select Active from the Status field.
14. Enter the Rendering Provider ID.
15. Select the Authorizing Entity.
16. Select Nursing Home from the Benefit Plan field.
17. Leave the defaults in the last four fields.
18. Enter Chronological Notes as required by your business policy.
19. Click the add button.
20. Select Internal or External from the Type field.
 - Internal Note: Only ODHS/OHA staff can view these notes.
 - External Notes: These notes will also be visible to providers via the web portal.
21. Select the Short Description.
22. Enter text in the Note field.
23. Click save on the maintenance panel to save the line item you just added to this POC. You will see a "Save was Successful" message.

Close POC due to individual's death

The following illustrates how to close a nursing home POC due to individual's death. In this example, the individual dies after leaving the hospital and returning to the nursing home.

1. Select Search from the POC submenu.

2. Enter the Client ID and click Search.
3. Click on one of the line items to view the POC Information and Maintenance panels.
4. Click Line Item on the maintenance panel to display the individual's POC record.
 - The Base Information, Line Item, and Chronological Notes panels will display.
 - Important: Do not make any changes on the Base Information panel. Leave all fields as you entered them when setting up the original POC.
5. Select the line item you wish to close.
6. In the End Date field, enter the day before the individual died.
7. In the Status field, select "C – Closed."
8. Enter Chronological Notes as required by your business policy.
9. Click the Add button.
10. Select Internal or External from the Type field.
 - Internal Note: Only ODHS/OHA staff can view these notes.
 - External Notes: These notes will also be visible to providers via the web portal.
11. Select the Short Description.
12. Enter text in the Note field.
13. Click save on the maintenance panel. You will see a "Save was Successful" message.

Set up an in-home meals POC

Another type of POC is for in-home meals. The following step-by-step procedure illustrates how to enter an in-home meals POC for an individual who is receiving weekly meals.

Before setting up a new POC, always search to ensure an existing one isn't already set up for the individual.

1. Select Search from the POC submenu.
2. Enter the Client ID and click Search.
3. If there is no POC for this individual, you will see "No rows found" in the Search Results.
4. Click Add to begin entering the new POC.
 - When you click the add button, a blank POC record opens and the following panels display in order: POC Information, POC Maintenance, Base Information, Line Item, and Chronological Notes. You will start by entering information on the Base Information panel.

Base Information	
Case Manager ID*	TRNEE009 [Search]
Coordinator ID	[Search]
Client ID*	QQ68957E [Search]
Client Name	COX, JOHN D
Division*	SPD
POC Development Date*	02/01/2012
POC Review Date	
POC Start Date*	02/01/2012
POC End Date*	12/31/2299
Route to Clerk ID	[Search]
Close Reason	

5. Enter the appropriate MMIS username in the Case Manager ID field.
6. Enter the individual's prime number in the Client ID field.
 - When you click outside the Client ID field, the Client Name field populates.
7. Select the Division.

8. Enter the POC Development Date.

- This is the date the POC was created in the MMIS and defaults to the current date. Although you can modify this date, generally you may leave it as the default date because it does not drive any of the processes related to a POC, such as claims and payments.

9. Enter the POC Start Date.

- This date is generally the date the individual is to start receiving meals. All Line Item entries must fall between the POC Start Date and POC End Date.

10. Enter the POC End Date as the infinity date (12/31/2299).

- The POC End Date on the Base Information panel is always the infinity date of 12/31/2299. This is a ODHS/OHA policy. Regardless of the length of the POC, you will still enter 12/31/2299 as the POC End Date on the Base Information panel. If you entered a specific POC End Date on the Base Information Panel, that entry would close all the line items (including active ones) as of the date you entered in the POC End Date field. This would also prevent you from making any modifications or corrections to the POC.
- The most efficient way to complete the Line Item panel is to enter information on the right side of the panel first and the left side of the panel second. This is necessary because you must enter the Effective Date and the End Date on the right side of the panel in order for the benefit plans to appear in the Benefit Plan field on the left side of the panel.
- Important: Do not press the Enter key on your keyboard to move from field to field as you enter information on the Line-Item

- panel. Pressing the Enter key activates the add button, which inserts another item each time you press the key. Use the Tab key to move from field to field or click in the fields using your mouse. If you press the Enter key or click the add button inadvertently, click cancel on the maintenance panel and re-enter your POC, starting with the Base Information panel. That is the easiest and most efficient way to handle a line item added by mistake.
11. Click the add button to add a new Line Item and activate the fields. A Service Auth Number appears in the top left corner of the panel.
 12. Select Procedure Code in the Service Code Type field.
 13. Enter the Service Code.
 14. Enter the Effective Date and End Date in their respective fields.
 - The Effective Date is generally the first day meal delivery will begin.
 15. In the Units field, enter one (1).
 16. Select Meal from the Unit Qualifier field.
 17. Select Weekly from the Frequency field.
 18. Select Pay System Price from the Payment Method field.
 19. Select Active from the Status field.
 20. The Dollars, Used Dollars, and Balance Dollars fields will be disabled after you select the Payment Method.
 21. The Used Units field starts out as zero (0). After you click save, the Balance Units field populates with the number of meals for which the POC was set up. As claims are processed, the Used Units field increases and the Balance Units field decreases.

22. Enter the Rendering Provider ID in the corresponding field or search for the ID by clicking Search.
 - After clicking outside the Rendering Provider ID field, the Provider's Name, Address, City, State, and Zip fields populate.
23. Select the Authorizing Entity.
24. Select Aged and Physically Disabled in the Benefit Plan field.
25. Leave the defaults in the last four fields.
26. It is not necessary to enter the Modifiers, Reason Code, and Client Direct Dollars.
27. You may leave the default values on the Notice Selection panel or change them as needed.
 - These fields indicate which parties will receive notices related to the individual's POC.
28. Enter Chronological Notes as required by your business policy.
29. Click the add button.
30. Select Internal or External from the Type field.
 - Internal Note: Only ODHS/OHA staff can view these notes.
 - External Note: These notes will also be visible to providers via the web portal.
31. Select the Short Description.
32. Enter text in the Note field.
33. Click save on the maintenance panel to save the POC. You will see a "Save was Successful" message.

Modify an In-Home Meals POC

1. Select Search from the POC submenu.
2. Enter the Client ID and click search.
 - The POC Information and Maintenance panels display.
3. Select Line Item on the maintenance panel to view the individual's POC record.
 - The Base Information, Line Item, and Chronological Notes panels will display.
4. Select the line item and the fields will populate.
5. Choose Daily from the Frequency field.
 - After you click save, the Balance Units field changes from the number of weekly meals to the number of daily meals to be delivered to the individual.
6. Enter Chronological Notes as required by your business policy.
7. Click the add button.
8. Select Internal or External from the Type field.
 - Internal Note: Only ODHS/OHA staff can view these notes.
 - External Note: These notes will also be visible to providers via the web portal.
9. Select the Short Description.
10. Enter text in the Note field.
11. Click save on the maintenance panel to save the POC. You will see a "Save was Successful" message.

View patient liability information

The financial liability amount that must be paid by the individual for residential care can be viewed on the Patient Liability panel in the MMIS Recipient subsystem. The panel displays ongoing monthly liability amounts and Internal Control Numbers (ICNs) for claims to which the liability amounts have been applied.

ICNs are unique claim numbers assigned to each claim submitted to the MMIS. The following step-by-step procedure illustrates how to search for and view patient liability via the recipient record.

1. Select Search from the Recipient submenu.
2. Enter the search criteria and click search.
 - The Recipient Information and Maintenance panels display.

Recipient Information			
Current ID	OR24694C	Name	LANE, LIZA S
Medicare ID	945808868E	Prev Name	LANE, LIZA S
SSN	632-35-3313	Address	PO BOX 4690
Gender	FEMALE	Address 2	
Birth Date	03/07/1923	Address 3	
Death Date		City	SALEM
Age	89	State	OR
Race	W	Zip	97038-0000
Other Race		Phone	(507)281-5519
Ethnicity	09 Unknown	Phone Type	Home
Citizen	U	Add Phone	
Language	ENG	Add Phone Type	No Phone
Correspondence Language	ENG	County	005 - Clackamas
Worker ID	DT	County Office ID	C
Branch ID	0312	Alternate Contact Name	
Material Suppress	No	Living Arrangement	XX
Company Name		Priority Notes	No Notes
Active	Active	Linked ID	
Benefit Plan	BMD 02/01/2008 - 12/31/2299	Medicare Coverage	A & B & D
Managed Care	DCO 07/01/2007 - 12/31/2299	TPL	No
TPL Good Cause		Lockin	
Level of Care	NFC 02/01/2008 - 12/31/2299	Patient Liability	PO 02/01/2008 - 12/31/2299
Medicare Buy-in		Case/Certification	SS54983UUF A TY 5867 01/01/2006
Pregnancy Due Date		Medical Case Management	No
Disease Case Management	No	Print Format	NOT APPLICABLE
Premium Arrearage	No		

Recipient Maintenance			
Select area to add or modify below.			
Recipient	Recipient Case History	Recipient Comments	Recipient ID Cards
Managed Care	Recipient Income	Recipient Link Request	Recipient Multi Address
Medicare	Recipient Review	Recipient Unlink Request	Base Information
Previous Data	Benefit Plan	Citizen	ID Card Request
	Level Of Care	Link History	Lockin Details
	Patient Liability	Recipient Case Management	Recipient Drug Exclusion
save	cancel		

3. Select Patient Liability on the maintenance panel to view liability amounts and ICNs.
 - Notice that the Level of Care and Patient Liability fields are populated.

4. Select any line to display ICN details for claims to which liability amounts have been applied.

The screenshot shows a table titled "Patient Liability" with columns: Monthly Amount, Type, Effective Date, and End Date. The table contains several rows of data. Below the table, there are input fields for Monthly Amount, Type, Effective Date, and End Date, along with an "add" button. A message "Select row above to update -or- click Add button below." is displayed.

Monthly Amount	Type	Effective Date	End Date
\$908.00	PO	02/01/2008	12/31/2299
\$888.00	PO	01/01/2007	01/31/2008
\$857.00	PO	02/01/2006	12/31/2006
\$823.00	PO	01/11/2006	01/31/2006
\$0.00	PO	12/27/2005	01/10/2006
\$823.00	PO	01/01/2005	12/26/2005
\$801.00	PO	02/01/2004	12/31/2004
\$801.00	PO	01/01/2004	01/31/2004
\$783.00	PO	02/01/2003	12/31/2003
\$338.00	PO	01/01/2003	01/31/2003

5. You cannot open a claim by selecting an ICN detail line. See Figure 66.

The screenshot shows the "ICN Detail" table. At the top, there are input fields for Monthly Amount*, Type*, Effective Date*, and End Date*. Below these fields, a message "Type changes below." is displayed. The table contains several rows of data. A callout box points to a row in the table with the text "ICN detail line.".

ICN	Effective Date	End Date
4006215404288	2006/7	2006/7
4006248403219	2006/8	2006/8
4007060404418	2007/2	2007/2
4006062403492	2006/2	2006/2
4006096403459	2006/3	2006/3

6. To review the claim, search in the Claims subsystem using the ICN as your search criteria.
 - Select Search from the Claims submenu.
 - Enter the ICN and click Search.
 - When you search using the ICN, the MMIS will open that specific claim record.
 - Note that the patient liability amount is listed as the copay on the claim.

MMIS Plan of Care (POC) Guide

UB04 Claim																																																																																																																							
ICN	4006215404288			Claim Type	LONG TERM CARE CLA		Status*	PAID																																																																																																															
Prev ICN				Provider	956845 [Search]		FDOS*	07/01/2006																																																																																																															
Current ID*	OR24694C [Search]			Attend Prov	346911 [Search]		TDOS*	07/31/2006																																																																																																															
Last Name	LANE			Other Prov 1			Date Billed*	08/03/2006																																																																																																															
First Name	LIZA			Other Prov 2			Date Paid	08/04/2006																																																																																																															
Plan Payment	\$0.00			Facility ID	956845 [Search]		Admit Date																																																																																																																
Admit Time	00:00			TPL Non-Plan	\$0.00		DOB	03/07/1923																																																																																																															
Admit Type	9 [Search]			Total TPL	\$0.00		Cert #																																																																																																																
Reimbursed	\$4,510.34			Total Copay	\$857.00		Diagnosis	1 - 82021																																																																																																															
Paid	\$4,510.34			Spenddown	\$857.00		Pat Status*	30 [Search]																																																																																																															
Submitter ID				TPL Rec Amt	\$0.00		MRN																																																																																																																
				Total Patient Liability	\$857.00		TPR Code																																																																																																																
<table border="1"> <thead> <tr> <th colspan="5">UB04 Claim</th> </tr> <tr> <th colspan="5">Select an area to add or modify</th> </tr> </thead> <tbody> <tr> <td>UB04 Claim</td> <td>Additional Claim Information</td> <td>Adjustment Information</td> <td>Attachment</td> <td>CAS Inquiry</td> </tr> <tr> <td>Detail Information</td> <td>Case Descriptors</td> <td>Cash Disposition</td> <td>Check</td> <td>Claim Batch File</td> </tr> <tr> <td></td> <td>Claim Image</td> <td>ClaimCheck Audits</td> <td>Condition</td> <td>Data Correction Note</td> </tr> <tr> <td></td> <td>Decision Rules</td> <td>Diagnosis</td> <td>Display TCN</td> <td>DRG</td> </tr> <tr> <td></td> <td>EOB</td> <td>Error</td> <td>Health Program</td> <td>ICD-9-CM</td> </tr> <tr> <td></td> <td>Link Image</td> <td>Location</td> <td>Medicare Information</td> <td>Misc Information</td> </tr> </tbody> </table>										UB04 Claim					Select an area to add or modify					UB04 Claim	Additional Claim Information	Adjustment Information	Attachment	CAS Inquiry	Detail Information	Case Descriptors	Cash Disposition	Check	Claim Batch File		Claim Image	ClaimCheck Audits	Condition	Data Correction Note		Decision Rules	Diagnosis	Display TCN	DRG		EOB	Error	Health Program	ICD-9-CM		Link Image	Location	Medicare Information	Misc Information																																																																						
UB04 Claim																																																																																																																							
Select an area to add or modify																																																																																																																							
UB04 Claim	Additional Claim Information	Adjustment Information	Attachment	CAS Inquiry																																																																																																																			
Detail Information	Case Descriptors	Cash Disposition	Check	Claim Batch File																																																																																																																			
	Claim Image	ClaimCheck Audits	Condition	Data Correction Note																																																																																																																			
	Decision Rules	Diagnosis	Display TCN	DRG																																																																																																																			
	EOB	Error	Health Program	ICD-9-CM																																																																																																																			
	Link Image	Location	Medicare Information	Misc Information																																																																																																																			
<table border="1"> <thead> <tr> <th colspan="10">Claim Detail</th> </tr> </thead> <tbody> <tr> <td>Detail Number</td> <td colspan="2">\$5,367.34 Adjust Ind</td> <td>1 Status</td> <td colspan="2">PAID</td> <td>FDOS</td> <td colspan="2">07/01/2006</td> <td>Billed Amount</td> </tr> <tr> <td></td> <td colspan="2">\$5,367.34 Procedure</td> <td>Modifier1</td> <td colspan="2"></td> <td>TDOS</td> <td colspan="2">07/31/2006</td> <td>Allowed Amt</td> </tr> <tr> <td></td> <td colspan="2">\$857.00 Revenue Code</td> <td>Modifier2</td> <td colspan="2"></td> <td>Units Billed</td> <td colspan="2">31.00</td> <td>CoPay Amt</td> </tr> <tr> <td></td> <td colspan="2">\$0.00 Other Prov2 ID</td> <td>Modifier3</td> <td colspan="2"></td> <td>Units Allowed</td> <td colspan="2">31.00</td> <td>Non-Covered</td> </tr> <tr> <td>No</td> <td colspan="2">Rate Type</td> <td>Patient Liability</td> <td colspan="2">0</td> <td>NDC</td> <td colspan="2"></td> <td>Charges</td> </tr> <tr> <td></td> <td colspan="2">\$0.00 Plan Payment</td> <td>TPL Non-Plan</td> <td colspan="2">\$0.00</td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="10">Select row above to update. [] [go to]</td> </tr> <tr> <td>Detail Number</td> <td colspan="2">Adjust Ind</td> <td>Status</td> <td colspan="2">Modifier 1</td> <td>FDOS</td> <td colspan="2">Billed Amt</td> <td></td> </tr> <tr> <td></td> <td colspan="2"></td> <td></td> <td colspan="2">Modifier 2</td> <td>TDOS</td> <td colspan="2">Allowed Amt</td> <td></td> </tr> <tr> <td>Procedure Code</td> <td colspan="2"></td> <td></td> <td colspan="2"></td> <td></td> <td colspan="2">CoPay Amt</td> <td></td> </tr> </tbody> </table>										Claim Detail										Detail Number	\$5,367.34 Adjust Ind		1 Status	PAID		FDOS	07/01/2006		Billed Amount		\$5,367.34 Procedure		Modifier1			TDOS	07/31/2006		Allowed Amt		\$857.00 Revenue Code		Modifier2			Units Billed	31.00		CoPay Amt		\$0.00 Other Prov2 ID		Modifier3			Units Allowed	31.00		Non-Covered	No	Rate Type		Patient Liability	0		NDC			Charges		\$0.00 Plan Payment		TPL Non-Plan	\$0.00						Select row above to update. [] [go to]										Detail Number	Adjust Ind		Status	Modifier 1		FDOS	Billed Amt							Modifier 2		TDOS	Allowed Amt			Procedure Code							CoPay Amt		
Claim Detail																																																																																																																							
Detail Number	\$5,367.34 Adjust Ind		1 Status	PAID		FDOS	07/01/2006		Billed Amount																																																																																																														
	\$5,367.34 Procedure		Modifier1			TDOS	07/31/2006		Allowed Amt																																																																																																														
	\$857.00 Revenue Code		Modifier2			Units Billed	31.00		CoPay Amt																																																																																																														
	\$0.00 Other Prov2 ID		Modifier3			Units Allowed	31.00		Non-Covered																																																																																																														
No	Rate Type		Patient Liability	0		NDC			Charges																																																																																																														
	\$0.00 Plan Payment		TPL Non-Plan	\$0.00																																																																																																																			
Select row above to update. [] [go to]																																																																																																																							
Detail Number	Adjust Ind		Status	Modifier 1		FDOS	Billed Amt																																																																																																																
				Modifier 2		TDOS	Allowed Amt																																																																																																																
Procedure Code							CoPay Amt																																																																																																																

Adjust Patient Liability

The following process illustrates how to make temporary changes to an individual's monthly liability amount through the MMIS, such as in the initial month of placement.

In this example, the individual's liability amount is being adjusted to "No Liability" for one month. Select Search from the Recipient submenu.

Inter Change Government Health Portfolio																																																																																																													
Home	Claims	Drug	Financial	Managed Care	MAR	POC	Prior Authorization	Provider EDI	Recipient																																																																																																				
							Reference	TPL	CTMS																																																																																																				
							HG	Site	EDMS																																																																																																				
							Help																																																																																																						
<table border="1"> <thead> <tr> <th colspan="10">Security Information</th> </tr> </thead> <tbody> <tr> <td colspan="10">Warning: This system is for authorized users only, and may be monitored. Use of this system is subject to the Department of Human Resources Privacy and security policies. Security Incidents and concerns should be directed to the Information Security Team (503) 945_6812.</td> </tr> <tr> <td colspan="10">Last Successful Logon: 3/13/2012 9:52:26 AM</td> </tr> </tbody> </table>										Security Information										Warning: This system is for authorized users only, and may be monitored. Use of this system is subject to the Department of Human Resources Privacy and security policies. Security Incidents and concerns should be directed to the Information Security Team (503) 945_6812.										Last Successful Logon: 3/13/2012 9:52:26 AM																																																																															
Security Information																																																																																																													
Warning: This system is for authorized users only, and may be monitored. Use of this system is subject to the Department of Human Resources Privacy and security policies. Security Incidents and concerns should be directed to the Information Security Team (503) 945_6812.																																																																																																													
Last Successful Logon: 3/13/2012 9:52:26 AM																																																																																																													
<table border="1"> <thead> <tr> <th colspan="10">Recipient</th> </tr> </thead> <tbody> <tr> <td colspan="10">Search</td> </tr> <tr> <td colspan="10">Information</td> </tr> <tr> <td colspan="10">Related Data</td> </tr> <tr> <td colspan="10">Add Recipient</td> </tr> <tr> <td colspan="10">BuyIn</td> </tr> <tr> <td colspan="10">EDB Search</td> </tr> <tr> <td colspan="10">Case Search</td> </tr> <tr> <td colspan="10">Other IDs Search</td> </tr> <tr> <td colspan="10">Service Usage Search</td> </tr> </tbody> </table>										Recipient										Search										Information										Related Data										Add Recipient										BuyIn										EDB Search										Case Search										Other IDs Search										Service Usage Search									
Recipient																																																																																																													
Search																																																																																																													
Information																																																																																																													
Related Data																																																																																																													
Add Recipient																																																																																																													
BuyIn																																																																																																													
EDB Search																																																																																																													
Case Search																																																																																																													
Other IDs Search																																																																																																													
Service Usage Search																																																																																																													

1. Enter the search criteria and click search.
 - o The Recipient Information and Maintenance panels display.
2. Select Patient Liability on the maintenance panel.

3. Select the line item to be adjusted.
4. Enter the last day the liability amount will apply in the End Date field.
5. Click Save on the Maintenance panel.
6. Click Add to add a new liability line item.
7. Enter \$.01 in the Monthly Amount field.
8. Select NL from the Type field.
9. Enter the Effective Date and End Date of no liability month.
10. Click save on the maintenance panel.
 - Note that you must enter at least \$.01 in the Monthly Amount field in order to save the record. The MMIS reads this as no patient obligation.
 - If you don't enter at least \$.01 in the Monthly Amount field, the system will return this error message when you click the Save button: "A Monthly Amount greater than zero is required."
11. Click Add to add a new line item for the month that liability will resume.
12. Enter the liability amount in the Monthly Amount field.
13. Select PO from the Type field.
14. Enter the date on which liability will resume in the Effective Date field.
15. Enter 12/31/2299 in the End Date field.
16. Click Save on the maintenance panel.

Important: Be aware that there is no delete button on the Patient Liability panel. If you inadvertently click the Add button, you will add an additional line item that you would have to complete in order to save the record. Your only option at that point would be to cancel your work and start over.

Troubleshooting – FAQ guide

1. Problem: The Service Code field will not accept the code I entered. It doesn't display a Service Description when I click outside the Service Code field.
 - Solution: You may have entered a Service Code that does not correspond to the Service Code Type. Verify that you chose the correct Service Code number and that it corresponds to the Service Code Type.
2. Problem: After trying to save a new POC, I received a message on the Maintenance panel showing a long list of fields that need to be completed on the Line Item panel.
 - Solution: After entering a line item, you may have inadvertently clicked the add button or pressed the Enter key on your keyboard. Either of these actions would have added a new line item that you don't need. The best way to fix this problem is to click cancel on the maintenance panel and start over. When you click cancel, both line items will be removed (your original one and the new one). Then you will re-enter your POC information, starting with the Base Information panel. It is possible to withdraw the extra line item, but that method is more complicated and time consuming than canceling and re-entering the POC.
3. Problem: When saving a new POC, I received the following message: "Line Item Effective Date must be later than or equal to POC Start Date. Start Date excludes a service authorization line item."
 - Solution: You entered an Effective Date on the Line Item panel that is before the POC Start Date on the Base Information panel.

You will need to change the POC Start Date or the Effective Date so that the Effective Date on the Line Item panel is on or after the POC Start Date on the Base Information panel. In all care plans, the Effective Date and the End Date on the Line Item panel must fall between the POC Start Date and the POC End Date on the Base Information panel.

4. Problem: The correct benefit plan does not display in the Benefit Plan drop-down list on the Line Item panel.

- Solution: If the correct benefit plan is not displayed for the type of care plan you are setting up, it is because:
 - The individual is not covered by the benefit plan, or
 - The individual is not covered by the benefit plan during the date range listed in the Effective Date and End Date fields on the Line Item panel.

5. Problem: The Benefit Plan field on the Line Item panel is disabled and no benefit plans display.

- Solution: There are two likely possibilities: 1) you didn't enter the Effective Date and End Date on the Line Item panel. The Benefit Plan field will not populate with a list of benefit plans until you enter both an Effective Date and an End Date on the Line Item panel, or 2) you didn't enter the Client ID on the Base Information panel.

Additional resources and contact information

Do you want to sign up for MMIS training? Search for "MMIS" in [Workday Learning](#).

MMIS Plan of Care (POC) Guide

Are you experiencing technical issues with the MMIS, such as not being able to log in? Contact the ODHS/OHA Service Desk at 1-503-945-5623 or using the [OIS Service Desk Self-Service Portal](#).

Need this document in another format?

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ODHS at apd.ltss@odhs.oregon.gov or at 503-945-5600 (voice/text). We accept all relay calls.