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Topic: Medical Benefits

Subject: Provider announcement: MMIS Insider, Issue 3

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): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

DMAP will mail the following newsletter to DMAP, AMH and SPD providers who will use the replacement Medicaid Management Information System (MMIS) to submit claims to DHS for payment. This is the third in a series of information releases about the replacement MMIS coming in the summer of 2008. Topics include:

- Preparing for the Provider Web Portal
- Medical ID changes
- Billing changes for providers
- MMIS implementation training

For more information about the current status of the MMIS Replacement Project, go to the [MMIS Project Information](#) page.

If you get questions from providers about the replacement MMIS, make sure to let providers know that they can e-mail their questions to mmis.questions@state.or.us for review and follow-up.

If you have any questions about this information, contact:

| | |
|--------------------|--|
| Contact(s): | MMIS Questions |
| E-mail: | mmis.questions@state.or.us |

MMIS Insider

Volume 1, Issue 3 ■ November 2007

*Oregon's Medicaid Management Information System:
A system for today **and** tomorrow*

Progress continues on the development of the replacement Medicaid Management Information System (MMIS), scheduled for implementation on June 30, 2008. All claims that you submit to DHS for payment will process through the replacement MMIS.

Get ready for the Provider Web Portal!

Since the *Insider* began, we have shared information about the Provider Web Portal that is one of the new features of the replacement MMIS. To prepare your office for the Web Portal, make sure you:

- Have access to the Internet. You will not need any special software beyond a compatible Internet browser to access the Provider Web Portal.
- Place your Web-accessible computer(s) in a location that safeguards any confidential information, such as a client's personal health information.

Providers granted a Provider Web Portal account can also authorize others, such as a billing service or their clinic's billing office, to access eligibility, billing and payment information on the provider's behalf through additional accounts set up under the provider's main account.

For more information on this and other features, make sure to attend the MMIS provider implementation training this spring— See page 3 for more information.

Did you know?

The Provider Web Portal will offer benefits similar to Electronic Data Interchange (EDI):

- *It will be fast, accurate, and cost-effective, especially for providers who bill on paper today.*
- *As soon as you enter the claim, the Web Portal will tell whether it will pay or deny, then allow you to edit and resubmit the claim.*

You don't need to wait for the Web Portal-- EDI may be right for you, right now. See pages 2-3 for more about EDI.

Changes to Medical Care Identification

When the replacement MMIS goes live, DHS will transition from the current 8.5" by 11" DMAP Medical Care Identification (DMAP 1417) to a new format. Like the health insurance identification cards of some private carriers, the new DMAP Medical ID will :

- Only list the client's name, identification number, and the card's issue date.
- Be wallet-sized, and issued one time for each client. DHS will only issue new or replacement ID cards at the client's request, or when the client has a name change.

The replacement MMIS will have many ways to verify eligibility: the Web Portal, an expanded phone-based system (AVR), Electronic Eligibility Verification Services, and the 270/271 EDI transaction.



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Billing changes for providers

The replacement MMIS will process claims daily, and provide more automated processes, with less manual intervention, for each phase of claims processing. Our goal is to move toward national, HIPAA-compliant billing standards as much as possible for both paper and electronic claims.

- **Electronic Data Interchange (EDI) claims:** See the *MMIS Insider - Focus on EDI* on the DHS EDI Web site at www.oregon.gov/DHS/admin/hipaa/publications.shtml. For more detailed information about the changes to EDI transactions, watch for the revised *DHS Companion Guides* that DHS will publish in November 2007.
- **Pharmacy Point-of-Sale (POS) claims:** Electronic billing for pharmacy providers will change from First Health Services to a new POS system administered by Electronic Data Systems. Watch the MMIS Web site for more details.
- **Paper claims:** DHS is reviewing National Uniform Billing Committee (NUBC) standards for UB-04 claims, National Uniform Claim Committee (NUCC) standards for CMS-1500 claims, and HIPAA code sets to standardize the paper claim billing process as much as possible.
 - One example of streamlining is DHS acceptance of standard 2-digit CMS Place of Service codes on all EDI transactions and most paper claim submissions, which will also be required in the replacement MMIS. This means you can stop using the DHS-specific, 1-digit Place of Service codes and start using the standard codes today.
 - You will be able to continue to use the DMAP 505 (Medicare-Medicaid Billing Invoice) and DMAP 1036 (Individual Adjustment Request) forms. With the replacement MMIS, you will also have the option to submit crossover claims and adjust submitted claims using the Provider Web Portal.

Still billing on paper? Try EDI

You don't need to wait for the replacement MMIS to improve the efficiency of your claim payment system. If you bill on paper today, consider moving to EDI.

It's fast

Do you know that it takes five times longer to process a paper claim than one submitted electronically? DHS receives an average of over 16,000 paper claims a week.

- If data on a paper claim is missing, incorrectly listed, on the wrong form, or mailed to the wrong address, DHS will return the claim for resubmission before letting the claim enter the system.
- When you submit EDI claims to DHS, you get same-day notification of whether DHS received your claims. DHS adjudicates most EDI claims within a week.

It's accurate

With paper claims, you may not find out whether your claim contains invalid or missing data until you get it returned from DHS for resubmission, or you review the Explanation of Benefits on your remittance advice.

By contrast, as you enter data electronically, your billing software will prompt you when data is missing or entered in the wrong field, so that you can make corrections immediately.

Another benefit is that all EDI claims go to a single central location in DHS for processing. You don't have to worry about remembering different addresses for different types of claims.

It's cost-effective

By the time someone fills out the paper form, prints and mails it, your office has invested an estimated \$4.60 for that single paper claim. According to the *New England Journal of Medicine*, 43.7 percent of a physician's professional gross income is paid out for billing expenses and overhead costs.

Over time, the cost savings in having a faster, paper-free and more accurate claims payment system may outweigh the initial investment in EDI.

We're here to help

DHS now processes Medicaid primary and secondary claims electronically for most provider types. When the replacement MMIS is here, even more providers will be able to submit claims in this manner.

For more information, visit the DHS EDI Web site at www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml.

Replacement MMIS training sessions are coming soon to a town near you!

DHS will be providing 46 days of training about the replacement MMIS. We are attempting to secure training sites in 30 locations all around the state, plus four out-of-state locations:

| | | | |
|------------|-------------------|--------------|-----------------|
| Albany | Crescent City, CA | Lakeview | Roseburg |
| Astoria | Dallas | Longview, WA | Salem |
| Baker City | Eugene | McMinnville | St. Helens |
| Beaverton | Florence | Medford | The Dalles |
| Bend | Gold Beach | Newport | Tillamook |
| Boise, ID | Grants Pass | Ontario | Walla Walla, WA |
| Burns | John Day | Oregon City | |
| Coos Bay | Klamath Falls | Pendleton | |
| Corvallis | La Grande | Portland | |

Training will occur during April, May, and June 2008. Watch for specific dates and registration information in our next bulletin and on the MMIS Web site!



MMIS Insider

In this issue:

- *Get ready for the Provider Web Portal*
- *Medical ID changes*
- *Billing changes for providers*
- *Try Electronic Data Interchange (EDI)*
- *Training on the replacement MMIS*
- *Keep informed and in-touch*

Keep informed and keep in touch

DHS is committed to working closely with you during the transition to the successful implementation of our new MMIS.

- Get current information on the Web about how the replacement MMIS will affect you as a provider at www.oregon.gov/DHS/mmis. This site includes Frequently Asked Questions (FAQs), information about changes to expect, and much more.
- Sign up on the replacement MMIS Web site to automatically receive DHS *eSubscribe* updates whenever we add new information to the site.
- If you have questions about the replacement MMIS, e-mail mmis.questions@state.or.us. We will respond to your questions on the MMIS Provider Resources FAQ page, or refer them to your appropriate DHS contact for follow-up.