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Research, Education and Development Section

Number: DMAP-IM-08-105
Issue Date: 8/22/2008

Authorized Signature

Topic: Medical Benefits

Subject: Update to Medicaid/SCHIP Local Match Leveraging Process

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:

On behalf of DHS Financial Services, DMAP will post the following announcement to the [OHP Provider Announcements page](#), and send this message electronically as follows:

- eSubscribe notifications for [Targeted Case Management](#) (TCM) and [School-Based Health Services](#) (SBHS) provider guidelines pages, and
- Direct e-mail to contracted Behavioral Rehabilitative Services (BRS) providers (various county mental health and corrections contacts).

This announcement is a clarification of previous messages sent [May 14](#), [July 9](#), and [July 29](#). It tells these providers about the extended MMIS implementation schedule, and the current process they need to follow to ensure payment for claims.

If you have any questions about this information, contact:

For local match questions:	Wayne Breach, DHS Receipting and Trust Manager		
Phone:	503-947-5007	Fax:	503-378-2806
E-mail:	wayne.breach@state.or.us		

For claims questions:	DMAP Provider Services		
Phone:	800-336-6016	Fax:	503-945-6873
E-mail:	dmap.providerservices@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

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August 22, 2008

To: Providers of School-Based Health Services,
Behavioral Rehabilitative Services and
Targeted Case Management Services



From: Jim Scherzinger, DHS Deputy Director of Finance

Subject: Current process for providers who fund the local Medicaid or SCHIP match

Effective August 22, 2008, DHS will no longer deny claims for lack of match payment. Until transition to the replacement Medicaid Management Information System (MMIS), claims in the current MMIS will suspend unless DHS Financial Services receives the completed Local Match Leveraging Form and required payment.

- DHS no longer invoices for your local match payment. If your financial area requires an invoice in order to pay the local match, you will have to prepare an invoice.
- If your claims suspend, you will not receive any notifications in the current MMIS.

DHS would like to take this opportunity to sincerely apologize for any inconvenience and confusion caused by efforts to implement this federally mandated change in how you receive payment for services provided to Oregon Health Plan (OHP) clients. Thank you for your continued support of the Oregon Health Plan as we work through these changes.

Due to the changes in the local match payment process since July 1, 2008, DHS has claims (electronic and paper) that fall into four different categories:

Category	Action
1. Claims processed over the July 5 weekend that paid without the local match payment. <ul style="list-style-type: none">• These claims paid due to a systems error.• This includes any claims submitted before July 1 that adjudicated over the July 5 weekend, such as resubmitted claims and suspended claims.	DHS will send specific letters to providers in this category requesting the completed Local Match Leveraging Form and required local match payment. Please respond to this letter with the appropriate payment and completed form.

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Category	Action
<p>2. Claims processed the weekends of July 12, July 19, and July 26 that suspended due to lack of local match payment.</p> <ul style="list-style-type: none"> • Effective August 1, 2008, these claims denied if DHS did not receive the local match payment by 5 p.m. on July 30. • Denied claims list Explanation of Benefit (EOB) message 453 on the remittance advice. 	<p>Review all claims submitted from July 5 through July 25 to ensure you sent the completed Local Match Leveraging Form and required payment.</p> <p>If your claims denied due to lack of match payment, please resubmit claims along with the appropriate payment and completed form.</p>
<p>3. Claims processed the weekends of August 2, August 9, and August 16 that denied due to lack of local match payment.</p> <ul style="list-style-type: none"> • Denied claims list EOB message 453 on the remittance advice. 	<p>Review all claims submitted from July 16 through August 15 to ensure you sent the completed Local Match Leveraging Form and required payment.</p> <p>If your claims denied due to lack of match payment, please resubmit claims along with the appropriate payment and completed form.</p>
<p>4. Claims processed the weekends of August 22 forward.</p> <ul style="list-style-type: none"> • Until the new MMIS is implemented in December, these claims will suspend unless DHS receives appropriate match payment by 5 p.m. the Wednesday before the processing weekend. 	<p>Review all claims submitted from August 16 forward to ensure you sent the completed Local Match Leveraging Form and required payment.</p> <p>If needed, please submit the appropriate payment and completed form by 5 p.m. the Wednesday before the processing weekend.</p>

How to submit your local match payment

Submit your local match payment by electronic funds transfer (EFT) or check. **You must complete the MMIS Local Match Leveraging Form for each match payment submitted.** The MMIS Local Match Leveraging form is on the OHP Web site at www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#misc.

- If you e-mail the completed Word version of this form to medicaid.leveraging@state.or.us, make sure to enter “MMIS” in the subject line.
- Submit the local match and the form to ensure DHS receives the match payment and completed form by 5 p.m. Wednesday of the week you submit the claims.

MMIS implementation update

DHS plans to implement the replacement MMIS by mid-December 2008. This means:

- If you choose to submit claims to DHS before the new MMIS implementation, you will need to complete the local match process described in this letter.
- You can also choose to hold your claims and bill DHS after the new MMIS implementation in December. In the new MMIS, submitted claims will suspend and

you will receive a remittance advice that tells you the appropriate match payment to submit so that DHS can pay you.

DHS is scheduling training sessions about the local match process for the new MMIS for later this year, and will send out a schedule once it's confirmed.

When DHS implements the replacement MMIS, any claims that lack a recorded local match payment will deny in the final claims processing weekend for the current MMIS.

- **DHS will not be able to transfer suspended claims from the current MMIS to the replacement MMIS.** Don't wait for DHS to decide the final implementation date— Make sure any claims you submit in the current MMIS get processed before DHS switches to the new system.
- To find out about final claims processing dates, current training information, and other changes that will affect you as a result of implementing the replacement MMIS, eSubscribe to the MMIS Provider Resources Web site at www.oregon.gov/DHS/mmis and click on the eSubscribe link on the home page.

Note about claims processing in the current MMIS

Paper claims take longer than electronic claims to process. Whenever possible, submit claims electronically. For more information about electronic claims submission, go to the DHS Electronic Data Interchange Web site at www.oregon.gov/DHS/admin/hipaa.

DHS is making a concerted effort to enter all paper claims in the current MMIS prior to implementation of the new system. However, if this is not possible, the paper claims will be entered in the new MMIS for processing after the replacement MMIS goes live.

Match account information

DHS Financial Services tracks your local match payment(s) to make sure you have sufficient match payments for the claims you submit.

- If, at any time, you wish to inquire about the balance of your account(s), contact DHS Financial Services at the phone numbers below.
- If DHS finds that the local match paid is more than the required amount, DHS will carry the excess payment(s) forward into the next processing weekend, or, at implementation, into the replacement MMIS.

Questions?

- If you have questions about the local match process, contact DHS Financial Services at 503-947-5017, 503-947-5007, or e-mail medicaid.leveraging@state.or.us.
- If you have questions about claims processing, contact DMAP Provider Services at 800-336-6016, or e-mail dmap.providerservices@state.or.us.