

Alice LaBansky, DMAP Operations Manager
Authorized Signature

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Topic: Medical Benefits

Subject: Provider announcements: Quick guide for replacement MMIS

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:

The following announcement regarding the replacement Medicaid Management Information System (MMIS) will be mailed directly to providers at the end of this week.

The announcement contains an example of the new Medical Care ID card, quick reference guides for first-time users of the Provider Web Portal and Automated Voice Response (AVR) system, as well as other important information about changes affecting providers' daily business operations.

If you have any questions about this information, contact:

Contact(s):	Provider Services
Phone:	800-336-6016

The new MMIS is here December 9!

Your guide to the new MMIS

The new Medicaid Management Information System (MMIS) goes live on Tuesday, December 9. To help you navigate the new MMIS, this guide contains:

- Quick references for setting up an account for and using the Provider Web Portal.
- Quick reference for using the Automated Voice Response (AVR) system.
- Important information regarding changes affecting your daily business operations.

New Medical Care ID cards

During the month of December, all Oregon Health Plan (OHP) clients will receive their new Medical Care ID cards. See right for an actual-size example.

The new Medical Care ID cards will:

- Show only the client's name, the client's ID (prime) number, and the card's date of issue.
- Be the size of a business card and printed on heavy paper.
- **NOT** be a guarantee of the client's eligibility.

Note: December 2008 is the last month OHP clients will receive the old-style, letter-size Medical Care ID. **They will be valid through the end of the month.**

New tools for verifying client eligibility

With the new Medical Care ID cards, providers will need to verify eligibility for OHP clients for each date of service using one of the following two methods:

- Provider Web Portal
<https://www.or-medicaid.gov>
- Automated Voice Response (AVR)
866-692-3864

Look inside for quick references for using the Provider Web Portal and AVR.

Look for the yellow envelopes

Your personal identification numbers (PINs) for accessing the AVR and/or setting up your Provider Web Portal account have been mailed to you in bright yellow envelopes. If you have not received your PIN(s) yet or if you have lost your PIN, call Provider Services at 800-336-6016. You will receive a new PIN through the mail in three to four days.

Due to privacy regulations, original PINs must be reissued through the mail; however, once your accounts have been established, Provider Services can reset your Provider Web Portal password or your AVR PIN over the phone during regular business hours.

DHS Medical Care ID	
Jane Doe	
Client ID #:	XX12345XX
Date card issued:	12/09/08
	

Front

Clients – Coverage questions? Call 800-273-0557.
Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.
Billing questions? Call 800-336-6016.

Back



Verifying copayments

The Provider Web Portal does not provide client-specific copayment information at this time. However, if you call the AVR and the client is responsible for a copay, you will hear a message that begins, “Some clients will be responsible for copayments...” If the client does **not** have a copayment, you will **not** hear this message.

Quick reference information about benefit plans (packages) and copayments is available here: http://www.oregon.gov/DHS/healthplan/tools_prov/forms/ben-copay.pdf

Remittance advices delayed

Remittance Advices (RAs) will be much more comprehensive, which may cause an initial delay in payments after the new MMIS goes live. Payments for the weeks ending December 5 and 12 will begin printing on December 15. DHS will make every effort to send payments as soon as possible.

To avoid future delays, call Provider Services at the number listed below to request free Electronic Funds Transfer (EFT) to have your payments electronically deposited.

Transitional payments

If you do not receive an expected payment through the regular financial cycle, you may qualify for a Transitional Payment. The form for requesting Transitional Payments is available online at: www.oregon.gov/DHS/healthplan/forms/omapforms.shtml.

Changes in the prior authorization process

When the new MMIS goes live on December 9, the following changes for prior authorizations (PA) will go into effect.

- Providers will be required to use the new EDMS coversheet (DHS 3970) for all PA requests. The coversheet is found online here: <http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf>
- There is a new PA request form (DHS 3971). The PA request form is found online here: <http://dhsforms.hr.state.or.us/Forms/Served/DE3971.pdf>
- DHS has a new fax number for urgent/immediate PA requests. Continue sending routine requests to the original number.
 - Routine Requests: 503-378-5814
 - **Urgent/Immediate Requests: 503-378-3435**
- The Oregon Pharmacy Call Center is the new contact for fee-for-service pharmaceutical PA requests.
 - Fax: 888-346-0178
 - Phone assistance: 888-202-2126

New billing requirements for oral nutritional supplements

- Claims for oral nutritional supplements must be submitted on an electronic 837 Professional format or a paper CMS-1500 claim form. Universal claim forms will no longer be accepted.
- Bill with Healthcare Common Procedure Coding System (HCPCS) codes B4150 — B4162. Include the National Drug Code (NDC) for each item.

Questions?

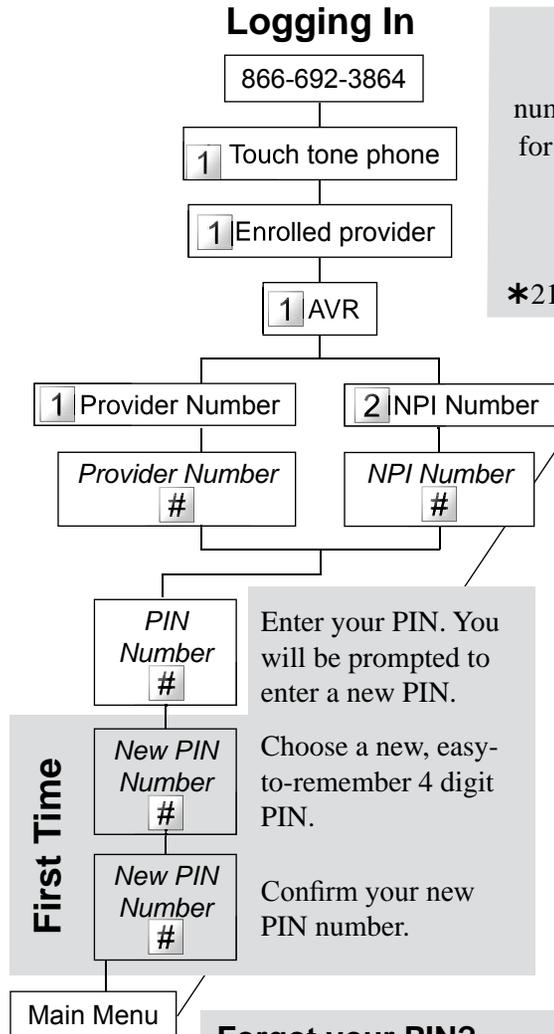
If you have any questions about this notice, please call the Provider Services Unit at 800-336-6016, Monday through Friday, 8 a.m. to 5 p.m.

Oregon Automated Voice Response Quick Reference Guide

866-692-3864 24 hours, 7 days per week

Alpha to Numeric Conversion Chart

Letter	Number
A	*21
B	*22
C	*23
D	*31
E	*32
F	*33
G	*41
H	*42
I	*43
J	*51
K	*52
L	*53
M	*61
N	*62
O	*63
P	*71
Q	*11
R	*72
S	*73
T	*81
U	*82
V	*83
W	*91
X	*92
Y	*93
Z	*12



Client IDs
Use chart to find number substitutions for letters in the ID.
Example:
AG89421F
Enter
*21*4189421*33#

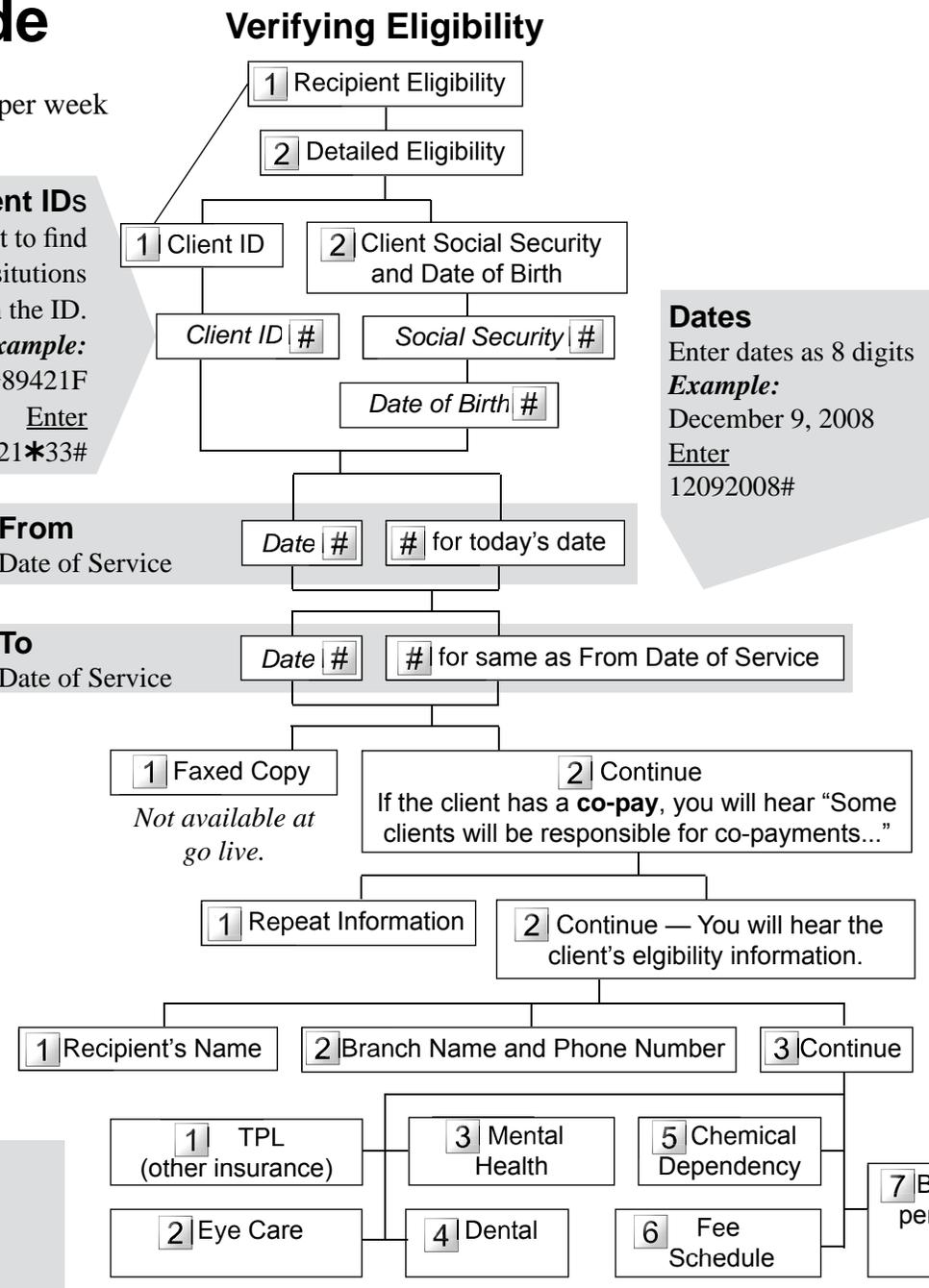
First Time

Enter your PIN. You will be prompted to enter a new PIN.

Choose a new, easy-to-remember 4 digit PIN.

Confirm your new PIN number.

Forgot your PIN?
Provider Services can reset your PIN. Call 800-336-6016, Monday through Friday, 8 a.m. to 5 p.m.



Dates
Enter dates as 8 digits
Example:
December 9, 2008
Enter
12092008#

Provider Web Portal Quick Set Up Guide

Go to the Provider Web Portal at <https://www.or-medicaid.gov>.

Administrators - After you get the PIN letter . . .

Setup Account	Go to:	Account → Account Setup
	Type:	<ul style="list-style-type: none"> ◆ Your DHS Provider (Medicaid) ID ◆ Personal Identification Number (PIN): Sent by DHS (case-sensitive)
	Click on:	“setup account” button (lower right)
	Type:	Your unique user name, personal info and password
	Click on:	The Security Agreement “I Agree” box (lower left)
Create Clerk Roles - for your staff	Go to:	Account → Clerk Maintenance
	Click on:	“add clerk” button (lower right)
	Type:	<p>The unique user name, temporary password and contact information for the person who needs access.</p> <ul style="list-style-type: none"> ◆ Click on “Eligibility Inquiry” in the “Available Roles” window. ◆ Click on the arrow button to move this role to the “Assigned Role” window ◆ Click “submit” <p>Click on “add clerk” to repeat process for another staff member.</p>
<p>User names must be unique and at least 8 letters.</p> <p>Passwords must be at least 8 characters and include 3 of the following 4 criteria:</p> <ul style="list-style-type: none"> • UPPER-CASE letter • lower-case letter • Number • Special character such as !, @, & 		
Distribute Initial Logins	<p>Assign and distribute these user names and temporary passwords to the staff who need to access the Web portal.</p> <p>Save the list of the initial user names and passwords you have created for future reference.</p>	

<https://www.or-medicaid.gov>

Staff - After you get your initial login information . . .

Setup Account - for your staff	Go to:	Account → Secure Site
	Type:	Assigned user name and temporary password
	Click on:	“login” button
	Type:	Your new password
	Click on:	“change password” button
	Review/update:	Contact information and secret questions
	Click on:	“submit” button
Eligibility Verification	Go to:	Account → Secure Site
	Login:	<p>Type user name and password.</p> <ul style="list-style-type: none"> ◆ WARNING: If login fails on second try, click the “reset password” button immediately! ◆ After three failed logins, call Provider Services at 800-336-6016 to reset your password.
	Go to:	Eligibility
	To verify eligibility:	<p>Complete the following fields:</p> <ul style="list-style-type: none"> ◆ Client ID: Enter client’s 8-digit ID number. ◆ From DOS (date of service): Enter the beginning date of service (MM/DD/YYYY). This date cannot be more than 13 months before the date of inquiry. ◆ To DOS: Enter the ending date of service. This cannot be later than the date of inquiry.
To Logoff	Go to:	Account → Logoff

Questions? Call Provider Services at 800-336-6016.

How to read the Web portal eligibility verification screen

When you enter a client's 8-digit ID number and a valid date of service ("From" date no more than 13 months before the date of inquiry, and the "To" date no later than the date of inquiry) on the Eligibility Verification Request screen, you will see the following information.

- **This information does not include OHP Plus copayment information.** If you need to verify whether an OHP Plus client is required to pay a copayment, use the Automated Voice Response (AVR) eligibility verification system (866-692-3864).
- For more tools, such as carrier contact information, benefit plan references, and the AVR user guide, go to www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml.

1 Client Information

Client ID	AA#####A	Last Name	DOE
SSN	#####	First Name	JANE A
Birth Date	12/09/2000	Medicare A	11/19/2008 11/19/2008
Last EPSDT		Medicare B	11/19/2008 11/19/2008
Last Dental Visit	06/19/2008	MedicareD	
Branch ID	5503		
Phone Number	(503) 378-2666		

1 Client information:

- ◆ The client's recipient ID number, name, Social Security number and birth date;
- ◆ Date of the client's last dental visit; the "Last EPSDT" field is not used.
- ◆ Medicare Part A, B or D coverage (the To date will display with your date of inquiry).
- ◆ The client's DHS branch office ID and telephone number.

2 Benefit Plan

Benefit Plan	Effective Date	End Date
BMH	05/22/2008	11/19/2008
CRN	05/22/2008	11/19/2008
SMHS	05/22/2008	11/19/2008

2 **Benefit plan(s):** If the client is eligible, the end date will display as the date of your inquiry. The following codes indicate DHS medical benefit packages:

- ◆ BMD - OHP with Limited Drug
- ◆ BMH - OHP Plus
- ◆ KIT - OHP Standard
- ◆ CWM - CAWEM
- ◆ CWX - CAWEM Plus
- ◆ MED - Qualified Medicare Beneficiary (QMB)
- ◆ BMM - QMB plus OHP with Limited Drug

For more information about benefit plans and OHP Plus copayments, go to www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml

"CRN" (Contract Nursing) and "SMHS" (State Medicaid Mental Health Services) benefit plans will also display for clients with BMD, BMH, KIT, BMM, or CWX.

3 TPL

Carrier Name	Policy Number	Policy Holder	Coverage Type
BLUE CARD CUST SERV DEPT	#####	JOHN DOE	MAJOR MEDICAL MA
VISION SERVICE PLAN	#####	JOHN DOE	OPTICAL
CIGNA HEALTH CARE	#####	JOHANNA DOE	DENTAL
PRIME THERAPEUTICS/PAPER	#####	JOE DOE	PRESCRIPTION DRUG

3 **Third-party liability (TPL):** The carrier name, policy number, policy holder information, coverage type and coverage dates for any third-party resources.

4 Managed Care

Provider Name	Provider Phone	Plan Type	Effective Date	End Date
ADVANTAGE DENTAL	(866)268-9631	DCO	11/19/2008	11/19/2008

4 **Managed care:** The name, phone number, and effective dates for enrollment with an OHP medical, dental, or mental health plan or a Primary Care Manager (PCM).

- ◆ Plan Name and Phone Number - The plan or PCM's name and telephone number.
- ◆ Plan Type - DCO (Dental), FCH (Fully Capitated Health Plan), MHO (Mental Health Organization), PCO (Physician Care Organization).

5 Lockin

Lockin Plan	Effective Date	End Date	Provider	Provider Name	Provider Phone
Lockin Pharmacy	08/01/2000	12/31/2000	1234567890 NPI	YE OLDE PILL SHOP	

5 **Lockin:** If the client is locked into using a specific pharmacy through the Pharmacy Management Program, the effective dates and contact information will display here.

6 Service Limitations

Service Limitation has been found for Procedure Code 92002, next possible date of service is

6 **Service limitation:** If you enter a procedure code with a service limitation when entering the client ID and dates of service on the Eligibility Verification Request screen, the next available date of service for that procedure will display here.



Client and Provider Education
500 Summer St NE, E-35
Salem, OR 97301-1077

To the Office Manager of:

Need help with the new MMIS?

Eligibility verification

AVR 866-692-3864
Provider Web Portal <https://www.or-medicaid.gov>

- Third-party resources
- Managed care enrollment
- Benefit package

Provider Enrollment

800-422-5047 or provider.enrollment@state.or.us

- Address/phone number changes
- Billing information, i.e. NPI or taxonomy codes
- Adding new providers for Medicaid billing

Provider Services

800-336-6016 or
dmap.providerservices@state.or.us

- Claims
- Billing issues
- Appeals
- PIN and password resets

EDI Support Services

888-690-9888 or dhs.edisupport@state.or.us

- Electronic data interchange (claims) submissions and status
- Trading partner registration and testing

Oregon Pharmacy Call Center

888-202-2126 (telephone)
800-346-0178 (fax)

- Fee-for-service prior authorization requests for:
- Drugs requiring prior authorization
 - Oral nutritional supplements
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