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Number: DMAP-IM-09-006

Issue Date: 1/16/2009

Authorized Signature

Topic: Medical Benefits

Subject: MMIS transitional issues/temporary protocols

Applies to:

- | | |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <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): <u>DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists</u> |

Message:

DMAP will send the attached letter to all providers the week of January 20. The letter explains what to do when providers encounter some of the problems that are known in MMIS.

Coverage letter/Medical ID update

The new semi-permanent Medical ID cards have now been mailed to all clients. Coverage letters have not yet been created. At this time, the coverage letters and IDs **cannot** be created in the new MMIS. This means if you request a replacement ID from the new MMIS, an ID is **not** being sent.

You can print a temporary card using the Temp ID Card panel (go to Recipient → Information → Temp ID Card). After you print the card, give or mail the printout to the client.

As soon as the new MMIS is able to create coverage letters and IDs, DMAP will notify staff and send a coverage letter to all clients. At that time, you will be able to request a replacement ID using the ID Card Request (go to Recipient → Information → ID Card Request) panel in MMIS.

How to report problems with the new MMIS

Continue to contact the Service Desk when you encounter problems with the new MMIS. Remember, staff at the Service Desk aren't experts on the new MMIS, but they can route your request to someone who can help. They are available at:

- 503-945-5623 from 6-6, M-F, or
- dhs.servicedesk@state.or.us or [servicedesk.DHS](#) in Groupwise

If you have any questions about this information, contact:

Contact(s):	Use the contact information listed throughout this transmittal and the attached provider alert
E-mail:	

DMAP is aware of several issues during our transition to the new MMIS that may affect clients getting their covered services and medications.

In an effort to minimize the affect of these issues on clients and providers, DMAP has developed the procedures listed below.

DMAP is working hard to resolve these transitional issues. We apologize for the confusion and inconvenience this has caused and thank you again for your patience and for the invaluable service you provide to our clients.

Temporary Protocols

If you:		Action
Eligibility verification	See a client whose name or client ID number listed on their Medical ID does not match what is on the Web portal and/or AVR	Contact Provider Services at: ■ dmap.providerservices@state.or.us ■ 800-336-6016 (M-F, 8-4:45) Provider Services will verify if the client is eligible and determine their managed care enrollment. If the client is eligible, Provider Services can either correct the client's information in the Web portal/AVR or send you a guarantee of eligibility. If you are sent a guarantee of eligibility, we will have you send your claim to a special address.
	See a client who has a Medical ID, but shows up as ineligible on the Web portal and/or AVR	
	Have a question about a client's managed care enrollment or you think the client may have been added or removed from a managed care plan inappropriately	
	See a client who shows they are covered by more than one benefit plan (i.e., the provider Web portal lists the client as having BMH [OHP Plus] and KIT [OHP Standard] at the same time)	
Claims	Receive the following EOB messages on your remittance advice: ■ 0156 – Our records show performing provider ineligible on date of service. If billing was in error, correct and resubmit or adjust, as appropriate. ■ 9013 – Provider and Submitter mismatched	Contact Provider Enrollment at: ■ providerenrollment@state.or.us ■ 800-422-5047 (M-F, 8-5) Provider Enrollment can correct the information we have in our system for you if it is wrong.

Other important information

Coverage letters delayed

Medical Care IDs have now been mailed to all clients. Their coverage letters have not yet been sent. This means that clients may not know what benefit plan they are in, if they have copay requirements or if they are enrolled in a managed care plan.

Transitional Payments

If you do not receive an expected payment through the regular financial cycle, you may qualify for a Transitional Payment. Go to www.oregon.gov/DHS/healthplan/mmis.shtml#transitional to find information on how to request a transitional payment.

E-subscribe today

E-subscribe to the Provider Announcements page at www.oregon.gov/DHS/healthplan/notices_providers/main.shtml to ensure that you receive important updates. To e-subscribe, click on the envelope icon at the top part of the page.

