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Division of Medical Assistance Programs

Authorized Signature

Number: DMAP-IM-09-007

Issue Date: 1/16/2009

Topic: Medical Benefits

Subject: MMIS Alternative Process and Procedures booklet

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 needed to do an emergency rule filing that led to the creation of the attached document entitled: "MMIS Alternative Process and Procedures." This document is referenced in rule 410-120-0027. The document and rule will be revised whenever there are altered process or procedures related to MMIS that need to be covered in rule.

Providers will receive any announcements going into this document as a usual course of action but the document itself will only be posted at:

http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml It will change without notice, however, providers will be notified when the DMAP rule is revised.

If you have any questions about this information, contact:

Contact(s): Darlene Nelson	Client and Provider Education
Phone: 503-945-6927	dar.l.nelson@state.or.us

MMIS

Alternative Process and Procedures

January 12, 2009

Introduction to Medicaid Management Information Systems (MMIS) Alternative Process and Procedures

The new Medicaid Management Information System (MMIS) is now in operation, however it is expected that there will be times of interruption or malfunction. As part of the new Department of Human Services (DHS) Communications Plan (Oar 410-120-0400) this MMIS Alternative Process and Procedures document provides important information to allow providers using MMIS to function with as little interruption as possible.

DHS provides alternative information in the form of numbered and dated releases and lists them on the Update Information page. These releases are effective according to specific dates indicated on each individual release.

This document is posted on the DHS Web site and referenced in OAR 410-120-0027.

At those times that DHS believes alternative instruction or procedures are necessary, this document will be updated and filed in rule accordingly.

OAR 410-120-0027 MMIS Alternative Process and Procedures

DMAP temporarily adopted administrative rule **410-120-0027** to reference the MMIS Alternative Process and Procedures document. This rule is in concert with the newly adopted DHS rule OAR 407-120-0400.

If you have questions, contact a Provider Services Representative toll-free at 1-800-336-6016 or direct at 503-378-3697.

MMIS

Alternative Process and Procedures

Update Information

DMAP provides this information in the form of numbered and dated releases listed below. Alternative process and procedures are effective according to specific dates indicated on each individual release.

Releases:

1. Pharmacy Payments During MMIS Enrollment Data Correction –
January 12, 2009 and ongoing until further notice

If you have questions, contact a Provider Services Representative toll-free at 1-800-336-6016 or direct at 503-378-3697.

**CHAPTER 407
DEPARTMENT OF HUMAN SERVICES,
ADMINISTRATIVE SERVICES DIVISION AND DIRECTOR'S OFFICE**

**DIVISION 120
PROVIDER RULES**

407-120-0400

MMIS Replacement Communication Plan

- (1) The purpose of this rule is to describe the Department's plan for communicating instructions and guidance related to the Department's implementation of the replacement MMIS that began on December 9, 2008. System issues are anticipated to be identified for a period of time during and after implementation. This rule is adopted to be effective retroactively to December 9, 2008 for the purpose of providing continuity of all MMIS communication efforts throughout the transition implementation process and regular operations following the transition. By adopting this communication plan in rule, the Department seeks to assure that eligible Department clients receive all necessary and appropriate services, and that Department providers and PHPs are correctly reimbursed for covered services provided to eligible clients.
- (2) To the extent necessary to accomplish the purposes of this rule, the Department shall provide guidance and instructions related to MMIS for providers and PHPs using its web site and MMIS provider announcements.
 - (a) In cases of limitations or system errors in the replacement MMIS, the Department shall provide update information and important action required in concert with, or in place of, normal established procedures.
 - (b) In other cases, the Department shall provide instructions and guidance about the use of revised or improved functionality that is available through the replacement MMIS, such as the use of the web portal.
- (3) Providers and PHPs must follow all applicable instructions given on the Department's web page and any provider announcements for the dates specifically noted in the communications, or if a date is not specified, until further instructions are provided. Department web site information and links to specific topics may be accessed at: http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml.
- (4) This rule does not amend existing rules or contracts that require providers or PHPs to confirm eligibility, respond to requests for prior authorization, submit claims or encounter data, or comply with any other rule or contract that imposes obligations on a provider or PHP as a condition of receiving reimbursement for services. This rule is intended to provide assurance to providers and PHPs that the MMIS-related processes for meeting those obligations are being addressed by the Department by providing guidance

TEMPORARY ADOPT

and instruction related to the provider's or PHP's interface with MMIS processes, and by identifying the resources providers and PHPs may use to obtain information during this time of transition to the replacement MMIS and during regular MMIS operations.

- (5) The Department shall work with providers and PHPs by providing instructions and guidance to assure that service delivery and reimbursement disruptions related to transition to the replacement MMIS are minimized. Providers and PHPs must appropriately document all eligibility, services, authorization, claims, and payment information during the transition time, and their efforts to comply with instructions and guidance provided by the Department, so that reimbursement may be correctly provided.
- (6) Providers and PHPs must immediately communicate to the Department any issues they encounter that are not addressed in the Department's instructions or guidance in seeking eligibility information or activities related to reimbursement for services through MMIS, errors discovered in the correct amount of any reimbursement received for those services, or in applying the instruction or guidance to resolve an issue.
- (7) After the transition period is complete, the Department shall continue to implement this communication plan as long as necessary during regular MMIS operations in order to assist providers and PHPs with technical and system requirements of the replacement MMIS.

Stat. Auth.: ORS 409.050, 414.065

Stats. Implemented: ORS 414.065

Releases

Pharmacy Payments During MMIS Enrollment Data Correction – January 12, 2009

Alternative procedure for “MMIS enrollment data correction” filed in temporary rule 410-141-0425 and effective January 3, 2009 through January 12, 2009, is now extended until further notice.

Pharmacy providers must verify new client eligibility for clients who are identified in the Point-of-Sale (POS) system as a managed care client. From January 3, 2009 and until further notice, DMAP pharmacy providers will verify new client eligibility for clients identified in POS as managed care clients by means of one or more of the following:

- By retaining a photocopy of the client’s December 2008 Medical Care ID (DMAP 1417 – old style, letter-sized) or Temporary Medical Care ID (DMAP 1086) if the client is able to present; or
- By contacting one of the following entities and obtaining proof of eligibility via fax:

The member’s Managed Care Organization (MCO) (pharmacy benefits manager or the pharmacy program for the client’s MCO) **
; or

EDS	888-202-2126
DMAP Client Services **	800-273-0557
DMAP Provider Services **	800-336-6016

** Denotes during normal business hours.

Pharmacy providers are authorized to fill prescriptions:

- To ensure that eligible MCO clients receive needed prescriptions during this MMIS data correction period, providers will fill up to a 30-day supply or the full Schedule II prescription for eligible clients not in the Point of Sale (POS) system. These prescriptions shall be filled based on current and individual MCO Formulary Lists, Prior Authorizations (PA) and associated pharmacy rules. DMAP remains responsible for carve-out drugs as provided in OAR 410-141-0070;
- The individual MCOs will reimburse pharmacies within their network for dispensing drugs on the service date providing they adequately perform the services described in (1) through (2) of this rule, between January 3, 2009 and January 12, 2009. The MCOs will reimburse only those pharmacies that are licensed to provide pharmacy services by the Oregon Board of Pharmacy on the date(s) of service(s).
- This reimbursement mechanism does not apply to clients who are only eligible for Citizen Alien Waived Emergent Medical (CAWEM) benefits as CAWEM does not provide prescription benefits, or any other benefit package that does not include prescriptions drugs.