

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
A Statement of Need and Justification accompanies this form..

I certify that the attached copies* are true, full and correct copies of the TEMPORARY Rule(s) adopted [upon filing] by the
Date prior to or same as filing date

Department of Human Services, Administrative Services Division and Director's Office 407
Agency and Division Administrative Rules Chapter Number

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to become effective [January 12, 2009] through [July 10, 2009].
Date upon filing or later A maximum of 180 days including the effective date

RULE CAPTION

MMIS Emergent Alternative Communication Process and Procedures

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

List each rule number separately, 000-000-0000.

Secure approval of new rule numbers (Adopted rules) with the Administrative Rules Unit prior to filing

ADOPT: OAR 407-120-0400


Stat. Auth.: ORS 409.050, 414.065

Other Auth.: _____

Stats. Implemented: ORS 414.065

RULE SUMMARY

The Department-wide provider rules (OAR 407-120-0300 to 407-120-0380) govern provider enrollment and claiming using the Medicaid Management Information System (MMIS). The Department is temporarily adopting OAR 407-120-0400 in concert with the newly adopted Division of Medical Assistance Programs' rule, OAR 410-120-0027, to ensure that Oregon Health Plan clients will be able to receive consistent and uninterrupted service and that providers are assured their correct and appropriate reimbursement during episodes of MMIS error or malfunction.


Authorized Signer

Kym Gasper, Authorized Signer
Printed name

1.12.09
Date

*With this original and Statement of Need, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. ARC 940-2005

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Department of Human Services, Administrative Services Division and Director's Office

407

Agency and Division

Administrative Rules Chapter Number

In the Matter of:

The temporary adoption of OAR 407-120-0400.

Rule Caption: (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

MMIS Emergent Alternative Communication Process and Procedures

Statutory Authority: **ORS 409.050, 414.065**

Other Authority:

Stats. Implemented: **ORS 414.065**

Need for the Temporary Rule(s):

The Department-wide provider rules (OAR 407-120-0300 to 407-120-0380) govern provider enrollment and claiming using the Medicaid Management Information System (MMIS). The Department is temporarily adopting OAR 407-120-0400 in concert with the newly adopted Division of Medical Assistance Programs' (DMAP) rule, OAR 410-120-0027, to ensure that Oregon Health Plan clients will be able to receive consistent and uninterrupted service and that providers are assured their correct and appropriate reimbursement during episodes of MMIS error or malfunction.

Documents Relied Upon, and where they are available:


None.

Justification of Temporary Rule(s):

When unexpected errors or malfunctions occur, the new MMIS may be limited or unable to function normally and the Department must provide communication to managed care plans and providers outlining alternative means of MMIS processes and procedures to maintain functionality. This temporary rule describes the Department's plan for communicating instructions and guidance related to MMIS replacement implementation that began December 9, 2008. OAR 407-120-0400, describing the Department's communication plan 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 MMIS 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 managed care organizations are correctly reimbursed for covered services provided to eligible clients.

The Department needs to adopt OAR 407-120-0400 to be in concert with DMAP's newly adopted rule, OAR 410-120-0027, to provide essential and necessary information describing alternate MMIS processes that, if applied, will ensure clients receive needed pharmacy services and supplies without interruption. The Department does not have an existing rule to cover this situation therefore must temporarily adopt a rule.

If the Department fails to immediately adopt this temporary rule, managed care plans, DMAP providers, and clients are likely to face delays or inability to obtain pharmacy services or products. Under the medical assistance programs, it is important to avoid creating any barriers and delays for Department clients or non-assurances of reimbursement to DMAP providers. The risk of creating barriers, causing delays, or interrupting pharmacy services to clients constitutes a specific prejudice to managed care plans, Department providers, and clients. The temporary rulemaking action will prevent or mitigate these consequences by providing consistent and uninterrupted alternative MMIS process and procedures needed to maintain functionality for services to clients and guaranteed reimbursement to providers as deemed appropriate.


Authorized Signer

Kym Gasper, Authorized Signer
Printed name

1.12.09
Date

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

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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