

MMIS/Hospital Workgroup Issues Tracker Contact: Brenda.S.Johnson@state.or.us						
Issue #	Start Date	Response Date	Sub-System/ Functional Area	Description of Issue	Contact:	Resolution
	6/2/2009			data connect issue with the 271 - codes listed in the companion guide are not being returned in the 271		
1	6/2/2009			PERC code to be included on the 271 & the web portal		
	4/23/2009			claims being denied because of keying errors		
1	4/7/2009			time limit for filing has expired		
2	4/7/2009			charges are covered under a capitation agreement/managed care plan		EOB
3	4/7/2009			this service/equipment /drug is not covered under the patient's current benefit plan		EOB
4	4/7/2009			the authorization # is missing, invalid, or does not apply to the billed services or provider		EOB
5	4/7/2009			claims/service lack information which is needed for adjudication/claim level information does not match line level information		EOB
6	4/7/2009			this provider was not certified/eligible to be paid for this procedure/service on this date of service/missing /incomplete/invalid billing provider/supplier primary		EOB
7	4/7/2009			coverage/program guidelines were not met or were exceeded/alert: please refer to your provider manual for additional program and provider information		EOB
8	4/7/2009			deductible amount		EOB
9	4/7/2009			this care may be covered by another payer per coordination of benefits		EOB
10	4/7/2009			duplicate claim/service/ service not payable with other service rendered on the same date		EOB
11	4/7/2009			the disposition of this claim/service is pending further review		EOB
12	4/7/2009			the diagnosis is inconsistent with the procedure		EOB
13	4/7/2009			submission/billing service error		EOB
14	4/7/2009			procedure modifier was invalid on the date of service		EOB
15	4/7/2009			prior processing information appears incorrect		EOB
16	4/7/2009			coverage/program guidelines were not met or were exceeded/ the # of days or units of service exceeds our acceptable maximum		EOB
17	4/7/2009			claims are being denied for information that is entered by DMAP when they receive the claim		EOB
18	4/7/2009			claims being denied for RA # 321 - type of service & procedure code are not recognized		EOB
19	4/7/2009			ANSI codes		??

20	3/13/2009			issue being able to keep track of reported issues when they don't receive a tracking # - also they will receive a answer to an issue and a couple days or weeks later they receive another call that the issue has been resolved; feels this is a waste in duplicating efforts	patricia Krewson: patricia.krewson@state.or.us	Please monitor the recently developed publication called Provider Matters to stay abreast of OR MMIS changing situations.
21	3/6/2009			Requesting master list of the EOB codes for the paper provider RA's - that list which codes are internal to the State and which codes should be worked	patricia Krewson: patricia.krewson@state.or.us	EOB Crosswalk was distributed.
22	4/23/2009			claims deny with reason code 9926 & told to rebill (still deny)	patricia Krewson: patricia.krewson@state.or.us	EOB 9926 is not a denial code, it just means DHS paid less that what was billed. If the claim is denied there is reason.
23	3/20/2009		Claims	claims being denied for date of death		
24	3/20/2009		Claims	claims being denied for "patient cannot be identified as our insurer" - being told that patient has to be eligible on date of admit for DMAP to pay - was under the understanding that if the patient was covered for at least one of the days of admit the whole stay would be	Angel Wynia	DMAP is working to get this corrected,.
25	3/11/2009		Claims	Claims still being denied for POA indicators in the diagnosis field. Thought that would be stripped out to prevent claim denials.	patricia Krewson: patricia.krewson@state.or.us	DHS' system cannot at this time process the 'Y' indicator on paper claims. Provider must either remove the Y on paper,, submit via the web portal or through electronic claims. A cange order has been wrtten to support this on
26			Claims	type of bill (TOB) on ERA is only coming back with 2 digits - not sure if this has to do with the TOB issue on claims processing side & only allowing 3 digits	Patricia Krewson: patricia.krewson@state.or.us	DHS will follow up. Need specific information on RA this appeared on. Contact Patricia Krewson. Checked examples given and the claims were professional from Medicare. Waiting for more details.
27	3/13/2009			on remit they only get one reason code but when they look in the web portal there are many more codes that are not on the ERA	patricia Krewson: patricia.krewson@state.or.us	DHS has a defect that was not allowing all EOBs to be return on the electronic RA. Most of this defect has been corrected and additional EOBs should be returning. Caution: if your clearinghouse does not accept the CAS segment with zero paid amounts you still will not see
28	2/7/2009		EDI	reason code 45 with \$0 payment - they are getting \$0 payment denials that only have reason code 45 - told to use code PR or CO - customer service says other reason codes show on their end, but not on the 835	patricia Krewson: patricia.krewson@state.or.us	ARC 45 is a code assigned only for the 835 and is for balancing. Now that the EOBs are set to print the true denial codes will appear.
29	2/13/2009		EDI	Some claims suspended on paper but not the ERA - but biggest concern is claims that are on both remits with totally different reaons	Patricia Krewson: patricia.krewson@state.or.us	HIPAA adjustment reason codes (ARC) do not necessarily closely mirror MMIS proprietary edits. We match as closely as possible. DHS is open to suggestions of those available for use. The electronic RA does not have the suspended claims, only paper. Suspended claims cannot be adjusted via the DHS 1036, 837 or web

30			EDI	Missing 835 Electronic RAs and paper RAs	Patricia Krewson: patricia.krewson@state.or.us	Should be no additional issues with paper Ras. DHS is still experiencing intermittent problems with electronic RAs. Working with our vendor. Defect written and being worked (23985).
31	1/27/2009		EDI	denial code 9013 - told they wouldn't receive and they have examples	Patricia Krewson: patricia.krewson@state.or.us	This occurs when DHS system does not recognize the provider as an electronic submitter. This is informational only and does not affect claims processing. It was a conversion issue. Please report to Patricia Krewson.
32	2/2/2009		EDI	270/271 batch process not working	Patricia Krewson: patricia.krewson@state.or.us	DHS continues to work the defects for the 271. Some of the recipient issues affect the 271 going out. Working on adding the PERC.
33	3/13/2009		EDI	issue is sending and receiving 271/271 - concerned about both 270/271 batch and 270/271 fastbatch	patricia Krewson: patricia.krewson@state.or.us	271 is in a test status with DHS. Update: the 270/271 is in production for Batch.
34			EDI	Returns/reversals are now provided in the 835 as adjustments instead of negative payments - needs a # to the accounting dept that provides our data	Patricia Krewson: patricia.krewson@state.or.us	Defect written and being worked through Financial system. Defect has been corrected.
35	3/6/2009		Eligibility	Eligibility ran on client - under Mngd Care filed on MMIS it shows Prov Hlth Assur and FamilyCare both effective 2/12/09 - DMAP Prov Srvcs wasn't able to help - who is this patient with		Please work with Provider Services on specific client issues
36			Provider Services	per CMS guidelines they are required to add hospital admission indicator - they are being read as part of diagnosis and rejecting for invalid DX (ex: ICN#1108353021012)	McKinley Jennifer Jennifer.Mckinley@state.or.us	duplicate see #25.
37	3/6/2009		Provider Enrollment	was told that termed providers as of 12/31/08 were reinstated with "infinity" date - but one of their facilities is showing termed again - why	dale.elder@state.or.us	Dale Elder is now the manager of Provider Enrollment.
38			Provider Enrollment	Hospitals receiving denials related to reasons that need resolved by Prov Enrollment - cannot get thru to Prov Enrollment by phone - after 15 min on hold you are forced to leave a msg - calls not being returned.	McKinley Jennifer Jennifer.Mckinley@state.or.us	Should this be Dale investigating?
39			Provider Enrollment	Supplemental Provider ID letters - sent to practice location, not business office - when to use supplemental ID and when to use regular ID	McKinley Jennifer Jennifer.Mckinley@state.or.us	
40	1/21/2009		Provider Services	denial of revenue code 450 - hit and miss denial, not happening on all claims	McKinley Jennifer Jennifer.Mckinley@state.or.us	Capella Health
41	1/21/2009		Provider Services	multiple payments on same claim but different amounts on RAs - which payment is correct	McKinley Jennifer Jennifer.Mckinley@state.or.us	

42	1/21/2009		Provider Services	Medicare/Medicaid crossover claims - Medicaid making payments, but they are billing for the Medicare deductible - in the past haven't received payment on these accounts, they fall as Medicaid max allowable - the problem, payments are made in error and \$ is recouped several months down the road	McKinley Jennifer Jennifer.Mckinley@state.or.us	<i>DMAP does have a defect for how the system is processing Medicare paid amounts.</i>
43	3/11/2009		Provider Services	DMAP is changing DRG to a MCC DRG when it should just be a CC DRG. Examples were faxed.	Angel Wynia	
44	1/21/2009		Provider Services	Willamette Valley Med Ctr-DRG not showing on RA - they compare their DRG with our DRG - they are receiving payment on a different DRG that what was	McKinley Jennifer Jennifer.Mckinley@state.or.us	
45	1/21/2009		Provider Services	Paper claims - they are rejecting because UB includes room rate in box # 44; they are following CMS guidelines shouldn't have to manually remove it	patricia Krewson: patricia.krewson@state.or.us	<i>DHS has a changed the edit logic and this should not be occurring any longer.</i>
46	2/4/2009		Provider Services	Paper claims are being denied for the following reason: 1- form locator 4, type of bill (UB04 guidelines allow a 4 digit code, DMAP doesn't like the leading 0 in front); 2- form locator 42, revenue code (UB04 guidelines allow a 4 digit code, DMAP doesn't like the leading 0 in front); 3- form locator 44, HCPCS/rate/HIPPS code (room rates are entered but DMAP is looking at them like they should be a CPT, per UB04 guidelines, rate amounts are allowed); 4- form locator 66, diagnosis (hospitals were required sometime last year to add Y if the diagnosis was present on admission, N if it was not, DMAP doesn't like	McKinley Jennifer Jennifer.Mckinley@state.or.us	
47	2/6/2009		Provider Services	Issue of field locator 44 denying for inpatient claims when populated with a room rate - their claims scrubber will not let the claim print or transmit w/o that field being	McKinley Jennifer Jennifer.Mckinley@state.or.us	
48	2/7/2009		Provider Services	was told by PSU that they cannot have anything in box 44 on inpatient accounts which asks for hcpcs rate - they have their daily rate in that box	patricia Krewson: patricia.krewson@state.or.us	<i>See item 45 above.</i>
49			Provider Services	reason code 22 with payments - not sure how they are getting payments if the care could be covered by another payer	McKinley Jennifer Jennifer.Mckinley@state.or.us	
50	3/6/2009		Provider Training	will there be new training for the claim system?	McKinley Jennifer Jennifer.Mckinley@state.or.us	<i>Additional training has been scheduled.</i>

51	3/11/2009			Tried finding a claim in the web portal and result came back as "no rows listed". Tried pulling it based on ICN# and result was "no rows listed". Tried pulling based on ID# and that DOS not listed for the patient. They did receive a remittance advice for that patient, so a claim should be available to view via the web portal. Screen prints were faxed	McKinley Jennifer Jennifer.Mckinley@state.or.us	
52	4/23/2009		EDI	claim rebilled for corrected changes (electronically) & issued payment in full each time	patricia Krewson: patricia.krewson@state.or.us	I do not understand what is occurring here.
53	4/23/2009			claims adjusted thru MMIS issued full payment rather than the difference	McKinley Jennifer Jennifer.Mckinley@state.or.us	need specific claim details to investigate further.
54	4/23/2009			tried to enter claim on web, not able to because the look up box was empty	McKinley Jennifer Jennifer.Mckinley@state.or.us	
55	3/13/2009			patient shows eligible for Multnomah Verity but no OHP benefit package for DOS	Jason Georgedes: jason.d.georgedes@state.or.us	This is a known defect. Please use eligibility dates, not managed care dates.
56	3/6/2009		Web Portal	on 2/5/09 they entered date range 1/2/09 -2/3/09 - benefit plan showed OHP termed 1/31/09. The mngd care field showed CareOregon elig til 2/3/09. Is the pt elig since OHP shows termed?	Jason Georgedes: jason.d.georgedes@state.or.us	This is a known defect. Please use eligibility dates, not managed care dates.
57	3/6/2009		Web Portal	on 2/5/09 they entered date range 2/1/09 - 2/5/09 - benefit plan showed OHP elig on 2/5/09 and CareOregon elig til 2/5/09. When new date range is entered, why different elig info showing?	Jason Georgedes: jason.d.georgedes@state.or.us	This is a known defect. Please use eligibility dates, not managed care dates.
58	3/6/2009		Web Portal	on 2/5/09 they entered date range 2/2/09 - 2/2/09 and msg stated "subscriber not eligible for requested srcv date". Why is patient showing as not eligible?	Jason Georgedes: jason.d.georgedes@state.or.us	This is a known defect. Please use eligibility dates, not managed care dates.
59	3/6/2009		Web Portal	MMIS search - when we search by name & dob it says no subscriber but if we search by ID it brings the patient up in MMIS	Jason Georgedes: jason.d.georgedes@state.or.us	This is a know defect that we are working on.
60	3/6/2009		Web Portal	hyphenated name not found using every last name search variation - found if client ID is used	Jason Georgedes: jason.d.georgedes@state.or.us	This is a know defect that we are working on.
61	1/21/2009		Web Portal	Eligibility Issue - when using SSN & DOB often shows not eligible but when they use name & DOB it will find and validate	Jason Georgedes: jason.d.georgedes@state.or.us	This has been reported as well. Waiting for resolution.
62	2/2/2009		Web Portal	MMIS search - unable to find patient thru name, DOB & DOS but found using client ID . When searched by name & DOB says no subscriber if searched by ID it being up the info)	Jason Georgedes: jason.d.georgedes@state.or.us	This has been reported as well. Waiting for resolution.

63	2/4/2009		Web Portal	eligibility verification (ex: typo on SSN, fake DOB, correct DOB,)	Jason Georgedes: jason.d.georgedes@state.or.us	This has been reported as well. Waiting for resolution.
64	2/6/2009		Web Portal	Web Portal Timing Out: states"your session has expired and you have been logged off" - cannot use the login button on that screen, it either kicks us out again or says no acces to view this portal	Jason Georgedes: jason.d.georgedes@state.or.us	The web portal time out issue is a well known problem. All providers are advised to log out when work is complete. Also informed that windows open in the background can cause timeout issues.
65	2/13/2009		Web Portal	MMIS downtime - staff unable to log into MMIS on Saturday - 1/24/09 between the times of noon - 5 pm "not due to password errors or log-in locked" - was this downtime planned and if so was it communicated	Jason Georgedes: jason.d.georgedes@state.or.us	This has been reported as well. Waiting for resolution.
66	2/10/2009		Web Portal	what happened to the NM1*QD code - the previous system returned the NM1*DX segment with the name of the foster parent - this is needed to load into their system	McKinley Jennifer Jennifer.Mckinley@state.or.us	<i>Is this web portal? Sounds like Edi.</i>
67	2/2/2009		Web Portal	the web portal doesn't indicate a person is in foster care - the case ID with suffix isn't there "CSD: indicates foster care	McKinley Jennifer Jennifer.Mckinley@state.or.us	DHS is looking intothis issue and determining the appropriate action to take.
68	1/21/2009		Web Portal	County Info - told to call branch for every person to verify if they are assigned to them - this is an unrealistic expectation	Jason Georgedes: jason.d.georgedes@state.or.us	
69	2/2/2009	2/18/2009	Web Portal	13 month eligibility limitation needs to be expanded to 36 months for Disproportionate Share hospitals. In addition the PERC code needs to be added.	Alice LaBansky: alice.m.labansky@state.or.us	DMAP has submitting a Change Order to allow the system to provide 36 mo of eligibility and perc code info. Until the system can be changed, Hospitals have the option of using the former 270/271 used in our legacy MMIS. Letter sent 2/19 to hospitals explaining the process to be
70	2/2/2009	2/18/2009	Web Portal	Need specific MHO code in MMIS. for example - MHO Jef Behav Hlth has several MHO codes and need the specific MHO code - this info was available in the First Hlth Srvcs Online system - can MMIS be updated to	Alice LaBansky: alice.m.labansky@state.or.us	Currently this information is not available in the new Web Portal or AVR systems. DHS is requesting this change for a future enhancement to our system. Atthis time we cannot provide an estimated date when this will be
71	2/2/2009	2/19/2009	Web Portal	Need PERC codes on eligible patients in the web portal (not just in batch 271)	Alice LaBansky: alice.m.labansky@state.or.us	PERC code information is not available in our web portal. DMAP is submitting a Change Order to allow the system to provide 36 mo of eligibility and perc code info. Until the system can be changed. No estimated completion date is available at this time.
72	1/23/2009			<i>Willamette Valley Med Ctr - paying same claim twice</i>		
Resolved Issues						
1	2/2/2009	2/18/2009	Provider Enrollment	Provider Enrollment dates show effective dates, not date on application - have been told that they can get retroed back a year, they need new confirmation letter for billing issues	McKinley Jennifer Jennifer.Mckinley@state.or.us	DMAP has a current backlog of 40 days for provider enrollment applications and changes. Our General Rules allow DMAP to in most cases go back one year to enroll a provider when services have been provided.
2	2/2/2009	2/19/2009	Provider Services	Can DMAP Prov Srvcs extend work hours temporarily until issues resolve - hard to get thru - lines busy - if not can DMAP add staff until issues are resolved	McKinley Jennifer Jennifer.Mckinley@state.or.us	Currently DMAP is looking at where changes to the Provider Call Center can be made to improve customer service.

3	3/6/2009		Claims	DMAP informed that 6.1 mil was paid out in claims for the week of 2/16 - 2/20. Their last deposit was for \$9177.39, why so little when the week before it was \$125,670.89. They are wondering how the reprocessing of claims is being handled.		Claims are processed daily on a weekly payment cycle. As defects are corrected, in most cases claims are reprocessed or if claims are in suspense, claims are set to recycle.
4	3/6/2009		Claims	want to inform us that DMAP and CareOregon are paying the same claims at the same time		Once the managed care plans begin submitting encounters a query will be run to ensure we do not have duplicate payments made in FFS.
5	3/6/2009		Claims	should facilities be correcting the duplicate payments or let the MMIS system do it		If a provider is aware of a duplicate payment our preference would be for you to go ahead and correct it
6	2/2/2009	2/19/2009	Claims	No \$3 co-pays show on provider remit (paper or electronic) - not posting because of problems - field on remit always shows \$0 and haven't received on voucher with the copay listed	Alice LaBansky: alice.m.labansky@state.or.us	The defect has been corrected and copays are now being deducted.
7	2/2/2009		Claims	Claims being denied because of C045 contractual adjustment and this isn't a denial code	Patricia Krewson: patricia.krewson@state.or.us	This defect has been corrected. The EOBs should now be reporting correctly on your Ras.
8	3/6/2009		EDI	have several checks with no RA's		Please call Provider Services to report a missing RA. If you receive a paper RA, PSU can send you a copy directly. If it's a missing electronic 835 then PSU will report to our technical team who is researching this issue.
9	3/6/2009		EDI	started receiving \$ in the bank but still no 835 - normally they receive the 835 on Monday and the \$ on Wednesday - lately no consistency in getting files or \$		Please call Provider Services to report a missing RA. If you receive a paper RA, PSU can send you a copy directly. If it's a missing electronic 835 then PSU will report to our technical team who is researching this issue.
10	1/21/2009	2/1/2009	Eligibility	Newborns Enrollment/elig: newborns are being added as open card and delay with adding to the managed care plan where the mother is enrolled.	Kris Kersine: kristine.kersine@state.or.us	DMAP is currently using a manual workaround to enroll newborns to the mother's plan back to date of birth. If a newborn needs added, please contact:Kris Kersine: kris.kersine@state.or.us
11	2/2/2009	2/18/2009	Managed Care	DMAP to request MCO to extend their provider filing limitations due to MMIS issues	Alice LaBansky: alice.m.labansky@state.or.us	DMAP has brought this issue to the attention of the managed care plans. At this time, if a timely filing issue comes up, hospitals should work with the managed care plan or contact: Alice LaBansky:
12	3/6/2009		Provider Services	long wait times, over an hour - says it rang 4 times during that time but was unanswered and went back on hold	McKinley Jennifer Jennifer.Mckinley@state.or.us	
13	2/12/2009	2/19/2009	Provider Services	Hospitals reporting long wait times when calling the Provider Services Call Center at 1-800-336-6016.	McKinley Jennifer Jennifer.Mckinley@state.or.us	DMAP is currently making improvements to improve on the wait time for providers. We have added a direct line for hospitals in our phone menu system, this is in place now. We appreciate your patience as we work through

14	2/2/2009	2/19/2009	Provider Services	DMAP missing checks - for payments that have been received at the bank - no paper vouchers received	Jason Georgedes: jason.d.georgedes@state.or.us	Any missing checks should be reported to Provider Services at 1-800-336-6016 or contact Jason Georgedes directly at: jason.georgedes@state.or.us . Electronic Funds Transfer (EFT) would also be a great option to prevent this from happening.
15	1/21/2009		Provider Training	Hospitals have requested training on the new Remittance Advice format Some suggestions made: (1. on 1 training - how to read & understand new RA (2.) tutorial on RA - Q & A for their staff	Bev Melton: bev.melton@state.or.us	DMAP is currently reviewing a training session on the new RA format. If providers have questions on their specific RA, they should contact DMAP Provider Services at 1-800-336-6016. Providers should keep checking our web page at: http://www.oregon.gov/DHS/mmis/training-
16	2/13/2009	2/19/2009	Web Portal	Web Portal eligibility discrepancies. Hospitals are finding examples where the web portal is reporting data that is inconsistent with managed care plans or from what the client is reporting or the legacy MMIS.	Jason Georgedes: jason.d.georgedes@state.or.us	DMAP is aware of discrepancies with some of our client eligibility data in our system and issues with data in the Managed Care Plan systems. This is primarily due to defects with the Managed Care 834 Enrollment file. DHS is working to resolve this issue by 3/1/09. If hospitals cannot verify eligibility using the DHS systems or have discrepancies, contact: jason.georgedes@state.or.us .
17	2/13/2009		AVR	AVR: password resets after 60 days - each facility is given one provider # so any # of employees can access and update the password - locking out potentially hundreds of other employees trying to use AVR	Jason Georgedes: jason.d.georgedes@state.or.us	Jason recommended having one person designated to change the password and that person only. The web portal is available at the individual level. This is a design decision with the way security works. They didn't want users to share web portal access.
18	2/2/2009		Claims	Issue with remittance code C022 (payment adjusted because might be covered by another payer) - the code should be C023 (payment adjusted because of prior payer adjudication) - balance should be written off because Medicare paying more than DMAP allowable but not because of wrong ANSI codes	Patricia Krewson: patricia.krewson@state.or.us	Issue resolved 2/24/09. RA Print option in system was set to No for many EOB's. DHS is in the process of reviewing associated HIPAA adjustment reason codes for appropriateness to system EOB's.
19	2/4/2009		Claims	Billing Dept has denial codes 4801 (relates to the fact that the place of service code isn't coming over from the claims into their system) - because of this, it is causing other denial codes like; 0100, 0006, 9906 & 0046. - have been told that the claims have been reprocessed as of 1/23/09 and coming up with codes 9926 & 4801 only and still working on them	Patricia Krewson: patricia.krewson@state.or.us	There was a defect for this but it was corrected on 1/27/09.
20	3/6/2009		EDI	from previous contact 9/2008: The perc within the 271 response indicates whether or not the patient is enrolled in a state plan approved under title XIX & is needed in order to accurately/compliantly file the DSH adjustment	patricia Krewson: patricia.krewson@state.or.us	DHS re-established the legacy options of batch and real time 270/271 transactions. The full availability of 24 months was added on 3/6/09.
21	3/6/096		Web Portal	when will the claim system be available?	Jason Georgedes: jason.d.georgedes@state	This was implemented on March 2.
22	3/11/2009		Web Portal	tried billing a \$1,000,000.00 claim thru and received a rejection that is couldn't accept a claim that large. Examples were faxed.	Jason Georgedes: jason.d.georgedes@state.or.us	This has been corrected.

23	3/13/2009			PCCM follow-up 6 digit PCCM # is still not showing on MMIS	Jason Georgedes: jason.d.georgedes@state.or.us	The system was not designed to give this information.
24	3/6/2009		Web Portal	MMIS eligibility response - patient only shows elig for Medicare but doesn't reflect the managed care portion	Jason Georgedes: jason.d.georgedes@state.or.us	The only managed care information reported is Medicaid managed care. If we have this information, it would be reported under the TPL section.
25	2/4/2009		Web Portal	Need to know what Medicare managed care the person has as it is now they cannot see the managed care for Medicare.	Jason Georgedes: jason.d.georgedes@state.or.us	The only managed care information reported is Medicaid managed care. If we have this information, it would be reported under the TPL section.