

Meeting Minutes  
MMIS/MCO Workgroup  
October 18, 2006

Paul Combs from EDS presented the Provider Implementation Support Plan overview. Handouts were distributed.

**Purpose of Plan:**

To provide a roadmap for DHS to facilitate the transition of Oregon medical providers to the new MMIS through existing relationships and established partnerships.

**Plan Content:**

Provider re-enrollment, training, communication, and testing.

The Provider Implementation Support Plan is one of several deliverables that EDS is scheduled to develop and submit to DHS. The plan was developed as a collaborative effort between EDS, DHS and the MMIS Replacement Project team.

**Foundations of the Plan:**

- Provider matrix – various divisions collected all of the providers and entities that we know, making sure all providers using the new MMIS will be accounted for.
- Provider groupings – logical groupings for the providers and entities that are impacted and as we work with them we see that they logically fit together.
- Provider Relationship Managers establish the primary contacts for the various provider groups.

**Medical ID Card Update-Alice LaBansky**

As you know, several months ago the department made a decision to go to a semi permanent ID Card. Reasons for these decisions:

- Move from paper to electronic eligibility verification
- Utilizes new technology to the fullest
- Reduces stigma for our clients associated with the 8 ½ x 11 cards.
- Follows standard insurance practices

- Decreases the number of monthly mailings for DHS

Over time we expect to see paper mail outs decrease and decrease in paper as we refine our process. The card will become an identifier only. The card will no longer have the eligibility information provided, nor will it guarantee eligibility for a month.

Providers will be able to use the new web portal to submit, adjust and review claims and request prior authorizations and access current and past client eligibility in real time. This means DHS will no longer guarantee eligibility for an entire month. In order for this change to be successful, DHS is developing a comprehensive communication-training plan for our providers to train them on the new web portal in addition to other tools that we will be offering. Providers who do not have Internet access can verify by phone, using our new and improved Automated Voice Response (AVR) system, more robust, more reliable, plus the 270/271 transactions will be available.

Changes for our clients: Clients will need to learn they will no longer be receiving the monthly ID Cards. Clients will receive an explanation of coverage letter with their card. The letter will also be sent when certain changes occur to a client's coverage. In addition to the letter, clients will be able to call our Client Advisory Services Unit for coverage assistance. We will be increasing our staffing at the implementation of this change so that we are prepared for the increased volume of calls, as well as our Provider Services Unit as we are expecting an increase in provider calls during the implementation of the new MMIS. We will be working with our internal staff and field offices on this change.

Planning – One external meeting was held in September 2006, at the Oregon Health Action Campaign (OHAC). This was a meeting made up of client advocates, managed care plans and internal DHS staff.

Good questions and concerns were raised which allowed DHS to go back and respond to the concerns and work through our internal process before any more external meetings are held.

Once we have this new process developed we will begin working with our external partners again to develop communications and other materials that will need to be sent to clients and providers.

Internal meetings are taking place to identify the types of coverage letters that need to be developed and what is going to trigger a letter in our system. We need to determine whether the clients are going to have a paper or plastic card, and select a vendor. We are in the process of developing a comprehensive communication plan to include a series of announcements about this change. The series of announcements will begin this fall and continue up to the implementation of our new system. Training providers on the new ID card and the tools we offer to verify eligibility verification will be included in the EDS provider training as Paul Combs from EDS spoke of.

### **Current vs. new medical ID process**

We have created a gap analysis that was sent to the managed care plans earlier this month. Alice went over the current process vs. the new process. Handouts were distributed at the meeting.

Meeting with associations regarding the changes of the new MMIS and getting the word out about the Medical ID Card are currently being planned. Some providers will resist this change at first but based on other states experience providers will come to rely on the new web portal. We need to present this change in a way that doesn't say we're taking away but giving more tools in return.

Providers should now be verifying eligibility at the time of service each time or they risk the service not being paid. This is not changing. What's changing is the paper card will not exist. With the new process the provider can go to the web portal and get real time eligibility and print out a copy off the web portal and that is there verification it also records that the provider has gone in and verified eligibility as well as the Automated Voice Response system that records when they go in and check eligibility. The AVR will also have the capability of axing confirmation.

### **Question:**

If we print the web portal verification, will DHS honor that as proof for that date and time?

**Alice:** Yes, DHS will honor the proof if they verified eligibility and services based on that day.