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Performance and Reporting

Authorized Signature

Number: CW_IM_08_022

Issue Date: 11/20/2008

Topic: Medical Benefits

Subject:

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): Child Welfare All-Staff |

Message:

Medical Cards

As part of the conversion to the new MMIS, all foster and adoptive children eligible for medical will receive the new-style, business-card-size Medical Care ID sometime during the month of December. Foster and adoptive children found eligible for medical before December 9, 2008 will also receive the final old-style, letter-size Medical Care ID (DMAP 1417).

For children entering care December 1 thru 9, 2008, the branch will need to provide a Temporary Medical ID (DMAP 1086). The temporary medical ID should also be used on an on-going bases when a child first enters foster care without pre-existing OHP medical coverage. Child Welfare does not have real time eligibility; therefore, eligibility entered on one day requires an overnight batch cycle before updates are applied to MMIS.

The new Medical Care ID is a semi-permanent, wallet-size card that includes three key pieces of information: Child's Name, Client ID, and Date of Issue. On the back will be the phone number for the DMAP Client Services Unit, the URL for the provider web portal and the phone number for the automated voice response (AVR) – both tools for providers to verify client eligibility. Triggers for reissuing a permanent ID card are Changes in name, Changes in Current ID number, or upon request.

A "coverage letter" is included when the semi-permanent Medical Care ID is issued. The coverage letter includes much of the same information as the old-style Medical Care ID card (printed on 8x11 paper) including: child's name, OHP recipient ID #, private health insurance coverage, OHP managed care enrollments, branch phone number, branch worker ID. Triggers for reissuing the "coverage letter" are similar to the new Medical Care ID, they include: changes in managed care enrollment, changes to private health insurance, changes in the benefit package for adults (e.g., standard package to plus or the reverse), and upon request. To request a new coverage letter, the worker must also order a replacement Medical Care ID.

Please note only the temporary Medical Care ID (DMAP 1086) can be printed in the local CW office. It looks the same as the semi-permanent ID, but can be printed on your default printer. Managed care enrollment information will not be printed on the temporary Medical Care ID. However, branch staff may print screen the enrollment information, and they also have the ability to look up plan telephone numbers, etc. for foster parents.

Child Welfare workers and foster and adoptive parents need to know that if a foster child is moved, the Medical Care ID card and coverage letter should be moved with the child. If they forget, a new Medical Care ID card can be requested. If it's urgent and the worker cannot wait until mail delivery of the new card, the worker can print a temporary medical care ID card as described above.

If the child moves to a different county, the managed care enrollment information may change, so a new coverage letter may be generated. As described above this is a trigger that generates a new Medical Care ID and coverage letter.

Pharmacy Arena

From November 28 through December 8, 2008, new medical clients need to take their December Medical Care ID or Temporary Medical Care ID (DMAP 1086) to the pharmacy to get their prescriptions filled. Clients whose medical program eligibility is added for the first time will appear as "not eligible" because the pharmacy point-of-sale (POS) system will not be updated during the conversion to the new pharmacy benefit manager. Pharmacy providers have been notified through multiple DMAP letters that use of the DMAP 1086 during the conversion is sufficient proof of coverage. If a client is not in the POS during the conversion, pharmacies have been instructed to fill up to a 30-day supply or the full Schedule II prescription.

To lessen the impact, DMAP will allow clients to get their December refills early. Clients

will be able to get their December refills beginning November 14, 2008.

Managed Health Care Arena

November 24, 2008 - The last day workers will be able to disenroll or enroll clients in managed care until the new MMIS is implemented

November 25, 2008 - Managed care enrollment will be frozen until the new MMIS is implemented. This means no new enrollments.

Between 11/25 - 12/8, 2008: All clients who move to a new county, by contract, are covered for emergency services through their last county's OHP plan. If access to regular medical services is at issue, foster or adoptive children can be disenrolled from their managed care plan on an exception basis, and will remain on an open card until the new system goes live. The request to disenroll will come from the Medical Assistance Specialist in the local CW office, to the DMAP Client Services Unit-Enrollment Team.

MMIS Security Administration

The security system for the new MMIS is designed for centralized administration. This is different than the way the Mainframe and TRACS security systems work with distributed administration using local office sub-administrators.

What's the same?

Access to the new MMIS will be granted by the approval of an employee's manager. The manager will complete the Individual User Profile for MMIS System Access and Authorization form (DHS 0787) that is available on-line.

The manager who authorizes access is accountable for the information requested.

What's different?

The manager will submit the MMIS IUP (DHS 0787) form to the DHS Service Desk, and the Service Desk will grant access based on the form.

Under the centralized security administration, the DHS Service Desk will manage security for the new MMIS computer system. MMIS security will not be maintained by local office sub-administrators or central office administrators. All other computer system security will use the process that is currently in place. Beginning December 9,

2008, please direct all issues and questions regarding MMIS user account maintenance to the DHS Service Desk.

Transition

Child Welfare developed a Memorandum of Understanding with DMAP to perform current enrollments in the new MMIS. It is critical the worker currently performing the duties of a Medical Assistance Specialist be assigned the Medical Assistance Specialist security role. Child Welfare's Medical Assistance Resource Coordinator is working closely with staff to assure enrollment integrity.

If there are new Child Welfare users not included in the initial process, or the manager has changes for an existing user, please send change requests to Tamara Hammack-Ryan for coordination with the Information Security Office. After December 9, 2008, please submit the MMIS IUP to the DHS Service Desk.

A DHS wide communication is planned the week before go-live. It will detail passwords and processes, including: how a user will log onto the new MMIS, that their user ID is their employee ID number, and where to find that ID.

Questions?

For questions about the enrollment freeze, contact the Client Services Unit (CSU). Their contact list is included in the DMAP-IM-08-166 transmittal at <http://www.dhs.state.or.us/policy/healthplan/transmit/2008im.htm>

For questions about Pharmacy issues related to CAF and SPD clients, please watch for a DMAP transmittal coming soon.

If you have any questions about this information, contact:

Contact(s):	Tamara Hammack-Ryan		
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