MMIS

HELPFUL HINTS ABOUT SOME COMMON MMIS RELATED ERROR MESSAGES AND ISSUES

- If you identify a problem, please send an e-mail to the ServiceDesk, DHS or call them at 503-945-5623.
- Please report every instance of an MMIS problem to the DHS Service Desk.
- Please CC Joyce Clarkson and Alma Estrada on e-mail sent to the Service Desk.
- For additional user guides on the MMIS go to the SSP Medical web site at:
http://www.dhs.state.or.us/training/caf_ss_medical/index.htm
- If you believe you received any of these error messages by mistake, please report it to the Service Desk.

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DHS MMIS - Helpful hints
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PHP ENROLLMENT SCREEN ERROR MESSAGES

3043 No eligible recipients found for requested case – Txn Rejected
*Displays when the individual(s) on the case do not display as eligible on the MMIS. Please make sure the CM record was sent real-time by pressing F9 on SCMS and confirm that the recipients display as eligible in the MMIS, prior to accessing the PHP Enrollment Screen. You may also re-check later in the day to see if the update went through. There have been reported instances of delayed real-time update.

*Displays when the person displays as eligible on the MMIS but for a different case than the one that was accessed through the PHP Enrollment Screen (i.e. person is medically eligible on more than 1 CM case). Also, please check that the recipient displays as eligible on the correct case in the MMIS.

* Also displays when you add a medically eligible person to an existing case of eligible but the MMIS rejected that person's update or the case had gone into NA status. Please review and make any appropriate changes to the CM case.

4097 Requested period overlaps or duplicate of current period-Txn Rejec….
*Displays when you attempt to enroll an individual in the same provider type without first disenrolling them from their original plan (For example: Client A was enrolled into HMO Kaiser, they requested a change in HMO to Care Oregon at redetermination, the worker attempts to add Care Oregon without disenrolling Kaiser first).

*Displays when you attempt to enroll a client who is already enrolled. (For example, Client B is requesting Capital Dental plan, no current plan enrollments display on the PHP Enrollment Screen. Enrollment into Capital Dental was attempted, when the overlapping error message displayed. Upon further research, on the managed care enrollment panel, current enrollment in Hayden Dental displayed.) Please check in MMIS to confirm existing enrollment. Please report to the SERVICE DESK if your client displays as enrolled in the MMIS but the enrollment does not display on the PHP Enrollment Screen.

3040 Requested FCHP plan is invalid with PCM or PCO - Txn Rejected
*Displays when you attempt to save a FCHP provider when currently enrolled with a PCM or PCO. Please check in MMIS to confirm if there is existing enrollment on a PCM or PCO. Please report to the service desk if there are no existing enrollments to explain this error message.

3038 Requested PCM plan is invalid with FCHP or PCO – Txn Rejected
*Displays when you attempt to save a PCM provider when currently enrolled with a FCHP or PCO provider. Please check in MMIS to confirm if there is an

existing enrollment on a FCHP or PCO. Please report to the service desk if there are no existing enrollments to explain this error message.

F221: Do not enroll AENs. DMAP will enroll AENs from a report.
*This is a valid error message to prevent managed care enrollment through the PHP Enrollment Screen on AEN's born to mothers with managed care enrollment. *Please note:* Staff may enroll AEN's born to CWM or any mother who is not in a plan. If you receive this error message when no current enrollment displays on the PHP Enrollment Screen, please check in MMIS to confirm.

UUUU   More than one provider by this region – select from W239
*Displays when you attempt to disenroll a client from their managed care plan(s) on cases where multiple lines of the same managed care plan display on the PHP Enrollment Screen. The workaround for this error message is to contact the Client Enrollment Services for enrollment and disenrollment assistance. For emergent needs, please red envelop your e-mail requests and briefly indicate the emergent need within the subject line.

* Also displays after you type the PHP # on the PHP Enrollment Screen to enroll clients. This is related to the same issue noted above. You will have to select the managed care plan from the Contract Selection screen to enroll clients.

G004: Contract Record Not Found
*Displays on new/restored/reopened CM cases, who were not updated through real-time, after you type or paste the PHP ID# and press enter on the PHP Enrollment Screen. Please make sure you have updated the record through real-time first.

* This error message also displays on new/restored/reopened CM cases when you complete the same step above but the update had been rejected in real-time **or** the CM case had gone into NA status.

* Also displays when the wrong PHP # is typed on the PHP Enrollment Screen. Refresh your screen (F5) and then re-type the PHP number.

4029 Recipient case number not on file
* Displays upon accessing the PHP Enrollment Screen when no real-time update was completed on new/restored/reopened CM cases. Please make sure you have updated the record through real-time first.

* This error message also displays on new/restored/reopened CM cases when you complete the same step above but the update had been rejected in real-time **or** the CM case had gone into NA status.

4052 Invalid ID Medicaid
* Displays on the PHP Enrollment Screen when no real-time update was completed to add an individual to MMIS. This seems to occur in situations where a person is added to an existing case and the worker accesses the PHP Enrollment Screen without sending the update through real-time, first. Prior to reporting to the Service Desk, return to SCMS and press F9 again and then return to the PHP Enrollment screen.

1109 Message could not be decoded
* Displays on the PHP Enrollment Screen. This appears to be a soap server error. The workaround for this error message is to re-attempt your enrollment at a later time that day. Please report all instance of this error message to the Service Desk.

5999 System Error during Person and/or Case Inquiry processing, contact
* Displays on the PHP Enrollment Screen. EDS is reporting there is a county code mismatch, behind the screens. The workaround for this error message is to contact the Client Services Enrollment Unit for help with enrollment and disenrollments when workers are unable to enroll or disenroll from the PHP Enrollment Screen. For emergent needs, please red envelop your e-mail requests and briefly indicate the emergent need within the subject line. **Please note:** This error message does not seem as problematic as before. Please report any instances of this error message to the Service Desk.

REAL-TIME ELIGIBILITY UPDATE ERROR MESSAGES

4445 FYI: An ineligible person on case has eligibility on another case (previously displayed: 4445 Closure received, but eligibility found on a different case)
* Displays when an update is applied on a CM case for a person (or persons) who has medical eligibility on a separate case. The prime number of at least one affected person will display within the error message. If you find that the person does not exist as medically eligible on a separate case, check in the MMIS to confirm there is no medical eligibility in the MMIS before reporting to the service desk.

4071 Benefit plan not set from aid code
* Displays when someone on the case has the wrong medical case descriptor for the family's income. For example, a child is coded as OP6 but the income is less than 100% FPL. The workaround for this example, please make sure the correct medical case descriptors are coded on the CM case. If you find that the medical case descriptors are correct, please continue to report these examples to the Service Desk.

* Also displays on certain BED'd situations. For example, the MMIS is not able to handle 19-year-old OPC/CHP clients or 6-year-old OP6 clients with BED coding. The workaround for this issue, add as MAA and narrate that you had to code as MAA because of a systems problem. Also, continue to report instances of this error message when you receive it on BED'd cases.

2104MMIS program determined form pgm-1 conflicts with other programs
* Displays when a client's medical are added to two different cases and the medical eligibility dates overlap. Coordinate the beginning and end dates on the other case so there is no overlap. Also, this error message displays when a client's medical overlaps, because the medical was ended on CM but not on MMIS. If unable to open medical on the original CM case, send a 148 to CMU to end medical on MMIS before opening medical on the new CM case. Be sure to send a 10-day notice of reduction and adjust the new medical's begin date if the new medical is at a reduced level. This error message also displays when the client's MMIS record contains information about two different people. Previously, this error message also displayed when the MMIS accidentally merged individuals prime numbers. Please contact the CMU for help resolving the problem.

SCMS22: Received update error code:0002
* This is a server-related error message. There have been at least one-reported instances of this error message. Please report additional examples of this error message, this would be a reoccurrence of this issue. If you receive this error message, the workaround would be to re-attempt your enrollment at a later hour.

2002 Potential Duplicate
*This is an informational message only, warning you that another individual with similar information exists on the MMIS. You may see this on commonly used names. A prime number displays within this informational message directing you who on the case "might" be a potential duplicate. If you receive this informational message, you may access the PHP Enrollment Screen to enroll clients into managed care plans. **Please Note:** The prime number that caused the message will display within the error message.

5000 Special character is found in the record
* This error message generally displays when a special character exists on the address or city, including the slash. The MMIS contractor needs to make a change to allow slashes on the address. This error message rejects updates (new eligible's, closures, when converting to another medical program, etc). There is a two-step process (work around) for updating records that were rejected due to a slash. First, (1) remove the slash to update the case (instead of ½, use one half). Assuming there is no other coding issue or MMIS problem, the case should update to the MMIS in real-time and/or batch. The next day, please (2) add the slash back onto the case. USPS requires the slash on addresses.

4043 Partial update only - check MMIS
* MMIS doesn't allow overlapping medical for the same client. The 4043 message displays when at least one person on your CM case has eligibility on a different case with a different medical start date. If your medical begins earlier than the other case's medical for the same client, MMIS will accept the earlier medical coverage, but reject anything that overlaps medical with the original CM case.

For example: You put the client on OHP Plus benefits on case XX4567 effective 07/1/2009, but the client is already getting OHP Plus benefits on case AB1234 effective 08/01/09. MMIS will add the OHP Plus medical from your case, but just for 07/01/2009 through 7/31/2009. It will reject the medical beginning 08/01/2009 because it overlaps with the other (original) AB1234 case's medical.

You can check on MMIS to see what happened, by looking at the aid category information. In this example, a new aid category row will be added for your XX4567 update, effective 07/01/2009 through 07/31/2009. Case AB1234 will continue to display an aid category row beginning 08/01/09.

Before you open a new CM case or add medical, please do a WEBM,FIND to confirm if the client already has existing medical eligibility on another SPD, CW, or OYA case. If you find there may already be open medical for the client, check in the MMIS to o confirm that the client is eligible on that SPD, CW, or OYA case.

If you find your client is already getting medical, please collaborate with the other worker or the CW Federal Revenue Specialist (FRS) who handles the child's medical for a CW branch. You and the other worker (or FRS) need to determine what's going on with the case and determine who is supposed to carry the case.

NOTE: More information is available about how MMIS handles overlapping and duplicate medical on the SSP medical web site. There is also an FRS list on the medical web site, too, at:
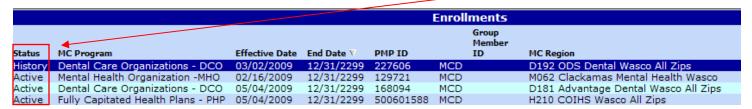http://www.dhs.state.or.us/training/caf_ss_medical/index.htm

If you believe you received the 4043 error message by mistake, please report it to the Service Desk.

OTHER MMIS RELATED HINTS

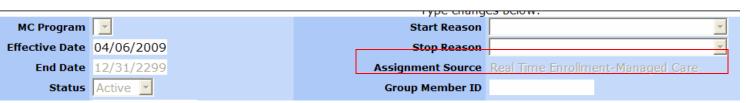## 1) Why do I need to look at the Status of a Managed Care Segment?

When you look at clients managed care enrollments to confirm eligibility, it is important to also look at the managed care status.

					Group Member	
Status	MC Program	Effective Date	End Date ▽	PMP ID	ID	MC Region
History	Dental Care Organizations - DCO	03/02/2009	12/31/2299	227606	MCD	D192 ODS Dental Wasco All Zips
Active	Mental Health Organization -MHO	02/16/2009	12/31/2299	129721	MCD	M062 Clackamas Mental Health Wasco
Active	Dental Care Organizations - DCO	05/04/2009	12/31/2299	168094	MCD	D181 Advantage Dental Wasco All Zips
Active	Fully Capitated Health Plans - PHP	05/04/2009	12/31/2299	500601588	MCD	H210 COIHS Wasco All Zips

When a PHP segment displays an enrollment in a historied status, this means the segment is no longer "valid" and claims will not be paid under that historied segment because the system is recognizing that the client was not enrolled in that plan. There have been several instance where the MMIS inappropriately historied client's enrollments. If you find that your client's enrollments were historied for no apparent reason, please report to the Service Desk. You may also have to contact the Client Enrollment Services to restore enrollment on the historied segment.

2) How can I tell the managed care segment was assigned through the PHP Enrollment Screen?

After selected the managed care segment to view enrollment details, look at the Assignment Source, if the assignment source displays a *Real Time Enrollment – Managed Care*, the segment was created through the managed care interface between the PHP Enrollment Screen and the MMIS.

		Type changes below:		
MC Program		Start Reason		
Effective Date	04/06/2009	Stop Reason		
End Date	12/31/2299	Assignment Source	Real Time Enrollment-Managed Care	
Status	Active	Group Member ID		

If you look at the audit history on this enrollment, it confirms that this segment was not manually added to the MMIS by the ORBAT user name.

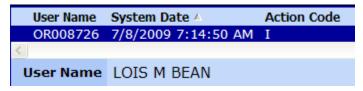| User Name	System Date	Action Code
ORBAT	3/26/2009 1:33:11 PM	I
ORBAT	4/12/2009 4:32:50 AM	U
ORBAT	4/13/2009 10:57:58 AM	U

Action Code
I means the segment was created/newly added to the MMIS
U means the MC segment was updated

3) How can I tell if a managed care enrollment was manually added or updated?

If the assignment source code displays a *Health Care Authority* reason, this is an indicator that the segment was manually added.

MC Program	▾	**Start Reason**	CR - Client re-enrolled ▾
Effective Date	07/13/2009	**Stop Reason**	▾
End Date	12/31/2299	**Assignment Source**	Health Care Authority

To confirm that the segment was manually added, check the audit history on the enrollment. The user login/name will display on audit when a segment was manually added.

User Name	System Date △	Action Code
OR008726	7/8/2009 7:14:50 AM	I

User Name	LOIS M BEAN

1) 6138 A Non-exempt OPU has arrearage status K - Must recertify to add
* If you are trying to restore and BED a case with a premium arrearage and get
the 6138 error message, type a {C} in the **OHP Updt** field, {CD} in the **Waiv**
field, and an {N} in the **Disq** field. (The client won't get a medical approval
notice. The BED code will stop the approval notice from being mailed.)

**2) 6970A OPU closed to new eligible <u>or</u> 68044E OPU closed to new eligible
unless selected from Res List Appl**
* If you are attempting to add OPU medical to CM and get either one of the
above error messages, please do the following:

> 1) Check to make sure the DOR on UCMS is correct. The DOR date
>   should be a day when the client was receiving medical or the day after
>   the medical ended. For example, if the client's medical ended
>   06/30/2009, the DOR on UCMS must be 07/01/2009 or earlier.
> 2) If the DOR on UCMS is OK but you still can't add the OPU medical to
>   CM, send a 148 to the CMU:

Ask CMU to add the client's medical through the end of the prior calendar
month. Once CMU has added the eligibility, add the OPU benefits on CM
effective the first of the month.

For example, your client's OPU medical was closed in error on 02/28/2009.
Ask CMU to add the OPU medical from 03/01/2009 to the end of the prior
month. Once CMU adds the OPU medical, you can Restore the CM case
effective the next day.

3) Medical Effective Dates
The CM system will usually send either the UCMS or the CMUP/PCMS
effective dates in the following situations:

1) On newly eligible person(s), CM will send the medical start date from
CMUP/PCMS to the MMIS (the **Medl Elig** date).

2) When converting ongoing eligible clients to a new medical program, you
will receive the following CM edit, "*6079 A Update medl elig date to the begin
date of new med pgm or svc catg*". The message prompt you to update the
client's medical start date on CMUP/PCMS (**Medl Elig** field). CM will send the
CMUP/PCMS medical start date (**Medl Elig)** to the MMIS.

3) For ongoing medical clients whose medical is not being changed, CM will
send the UCMS effective date.

> <u>Why it's important to know how MMIS processes CM effective dates</u>

If there's a problem and the MMIS rejects a CM update to add or change medical, the next time MMIS successfully updates the medical, the UCMS effective date will display as the medical effective date on MMIS. You might need to fix the medical start date on MMIS, even though it looks correct on the CM case.

For example: The MMIS won't accept CM updates that have a slash mark (/) in the address. Case AB1234 has a slash mark in the address, so when the worker tried to add a newborn to AB1234 effective 07/28/2009 and send it to MMIS, MMIS rejected the update and the newborn's medical was not added to MMIS.

If the worker doesn't realize the newborn's medical was rejected and transfers the case with a new address (no slash) effective 08/03/09, the newborn's medical will update to MMIS for the first time, but with the UCMS 08/03/2009 effective date.

   How workers can resolve the incorrect medical effective date without a 148

When similar situations to the above scenario occur, use a MEDI action with the same UCMS effective date as the medical effective date to update the medical start date on the MMIS.

For example:
·   On the UCMS screen, enter the Medical (MEDI) incoming code.
·   For the UCMS effective date, enter the effective date you need to update on the MMIS. For the example above, case #AB1234, use 07/28/2009.
·   Update to MMIS real time or let it update during overnight processing.
·   Check on MMIS to make sure the medical begin date has been corrected.

Sometimes the "effective date prior to first effective date on master" message displays on the UCMS screen. If it displays or there is some other CM edit issue, CM cannot be used to fix the MMIS medical start date. Send a 148 to CMU to correct the medical start date.

"RESOLVED" ERRORS

The following have been resolved; please report to the Service Desk if you receive any of these error messages.

Z006: Call systems: File Length Error–HDATEXTC
*This error message displayed when more than one person on a case were being dis-enrolled from their plans.
2006 Multi Address Type is Invalid
* This error message displayed when a CM case was coded with an authorized rep. EDS promoted a fix the week of 3/16/09. Defect # 23135.

3041 Requested plan combination is invalid – Txn Rejected
*There a space issue behind the scenes in MMIS, this is why the error message displayed. Defect #22858.

These were server-related error messages:
0002 Connection problem with MMIS.
1108 Server Responded with an error; request rejected…trans.
Committed……Transaction Successful
Z054: Temp Storeage Quece Qiderr
1104 Server not responding
SCMS22: Received update error code: 0002

4080 Closure received: Recipient not on file
*Displays on case denials where persons who do not currently exist in MMIS.
Please note: A defect number was never provided. A change was moved into production the evening of 4/7 or the morning of 4/8. The error/reject report no longer displayed records with this error message starting the evening of 4/8.

4067 Invalid Case Descriptor
* Displays when the MMIS does not recognize the case-level case descriptor as valid. In order for the MMIS to recognize a case descriptor as valid, the contractor needs to add the case descriptor to their system. The most recent example of this issue was on the SRS c/d. The change order # assigned to this issue was 25130. This issue was resolved so that the MMIS accepts the SRS c/d the week of 7/6/09.

4066 Invalid case recip descriptor
* Displays when the MMIS does not recognize the person-level case descriptor as valid. In order for the MMIS to recognize a case descriptor as valid, the contractor needs to add the case descriptor to their system. The most recent example of this issue was on the QNC c/d. The change order # assigned to this issue was 25130. This issue was resolved so that the MMIS accepts the QNC c/d the week of 7/6/09.