

How to Issue an Oregon Health ID & Coverage Letter in MMIS

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Oregon Health IDs

- We can print temporary Oregon Health IDs from MMIS
- We can use MMIS to request an Oregon Health ID be mailed to the client
- MMIS will automatically mail Oregon Health IDs when new persons (or new cases) are added
- MMIS also automatically mails Oregon Health IDs when a medical recipient's name changes

The new Oregon Health IDs are wallet sized

- The new Oregon Health IDs have the client's:
 - Name
 - Prime
 - Date issued
 - Client Services Unit phone number
 - For providers, the DMAP provider inquiry web address and the DMAP provider phone number.

The new Oregon Health IDs, cont.

- The new Oregon Health IDs are not a guarantee of eligibility
- The medical provider must confirm eligibility dates
- The provider needs the prime number
- Check to see if the client is eligible in MMIS
- You may not need to fax an Oregon Health ID if the client is eligible in MMIS

Here's what the front of the temp ID and permanent ID looks like:



Front

And here's the back of the new ID:

Clients – Coverage questions? Call
800-273-0557.

Providers – This card does not
guarantee coverage. Verify coverage
at: <https://www.or-medicaid.gov> or by
calling 866-692-3864.

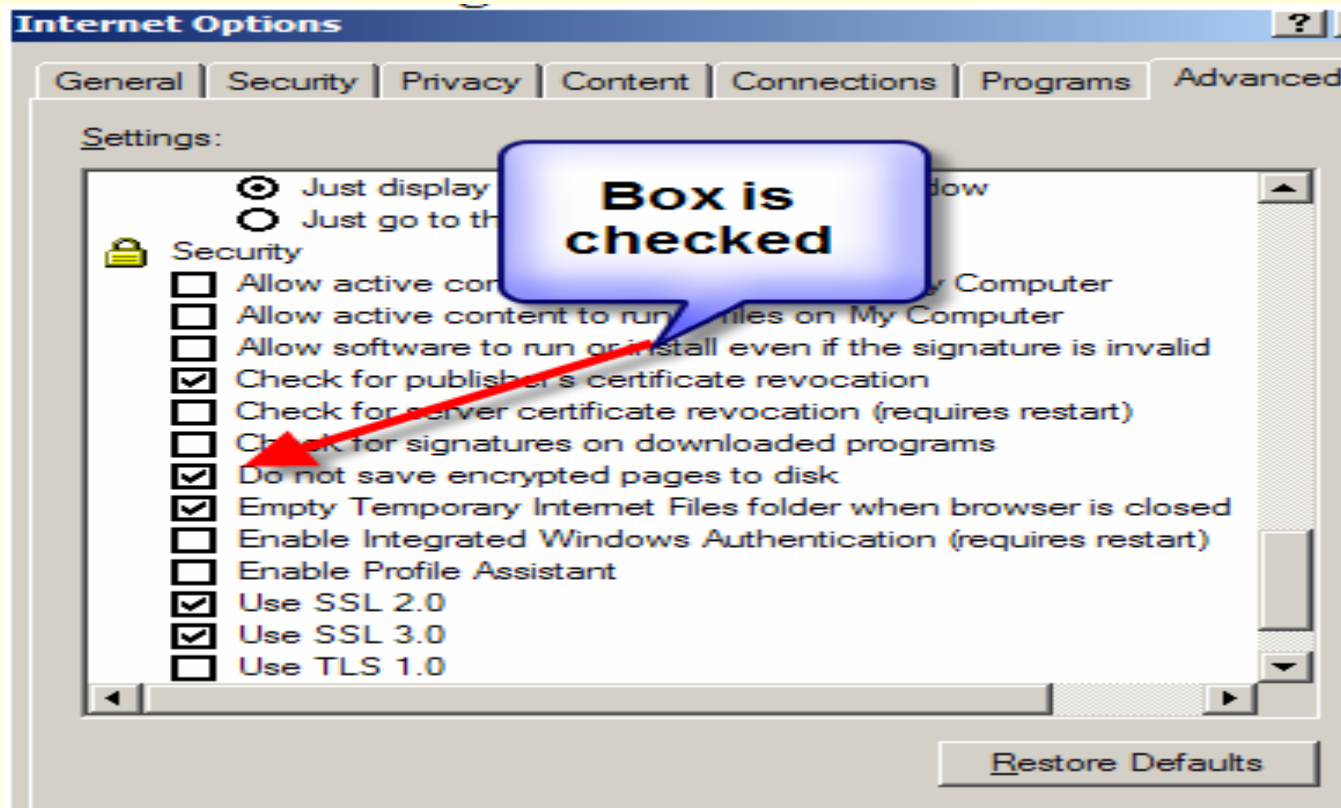
Billing questions? Call 800-336-6016.

Back

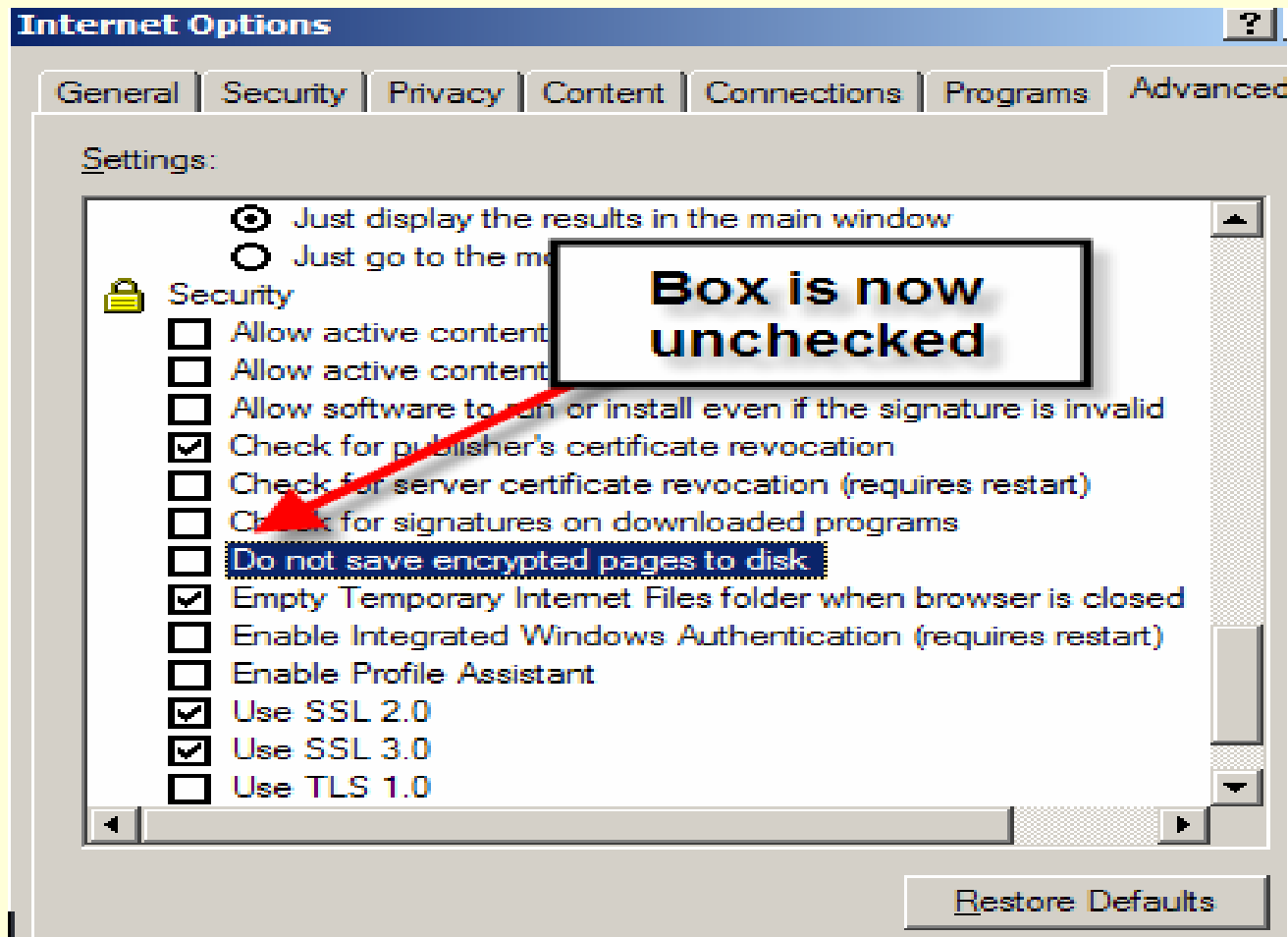
Issuing a temporary Oregon Health ID from MMIS

- There's a security issue with the new temporary Oregon Health ID
- The security issue is with the web browser not MMIS
- Each branch needs to address how many/who should be allowed to issue temporary Oregon Health IDs

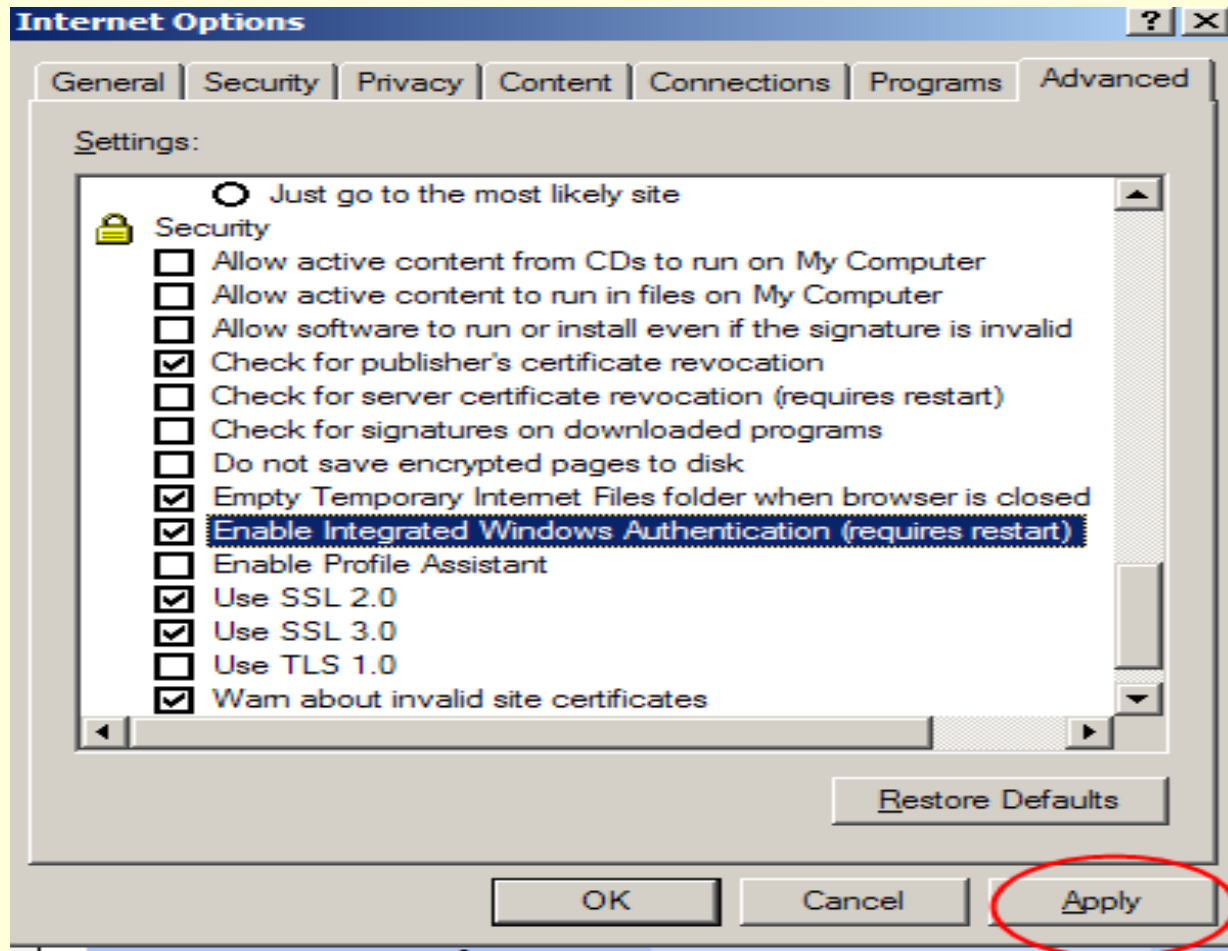
Temporary Oregon Health ID's: Click on Internet Options, then click on "Advanced". See the "Do not save encrypted pages to disk" box?



To print a temp ID, the first step is to uncheck the encrypted pages box



Click on “apply”



On MMIS, to issue a temporary ID, start with Recipient Information ...

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Monday, November 10, 2008

Home Claims Drug Financial Managed Care MAR POC Prior Authorization Provider EDI **Recipient** Reference TPL CTMS Site EDMS Help

home search **information** related data add recipient buyin edb search case search other ids search service usage

Next search by: Current ID Case ID

Recipient Information

Current ID	PRIME #	Name	JXXXX, SAMANTHA	Active	Active
Medicare ID		Prev Name	JXXXX, SAMANTHA	Linked ID	
SSN	123-45-6789	Address		Benefit Plan	BMH 05/10/2007 - 11/30/2007
Gender	FEMALE	Address 2		Medicare Coverage	
Birth Date		Address 3		Managed Care	DCO 07/01/2007 - 11/30/2007
Death Date		City		TPL	Yes
Age		State		Lockin	
Race	W	Zip		Level of Care	
Other Race		Phone		Patient Liability	
Ethnicity	09 Unknown	Phone Type	Home	Medicare Buy-in	
Citizen	U	Add Phone		Case/Certification	01/01/2006
Language	ENG	Add Phone Type	No Phone	Pregnancy Due Date	
Correspondence Language	ENG	County	059 - Umatilla	Medical Case Management	No
Worker ID	TG	County Office ID	C	Disease Case Management	No
Branch ID	3001	Alternate Contact Name		Print Format	NOT APPLICABLE
Material Suppress	No	Living Arrangement	XX	Premium Arrearage	No
Company Name	JONES, ARTHUR H	Priority Notes	No Notes		

Recipient Maintenance

Select area to add or modify below.

Recipient	Base Information	Benefit Plan	Citizen
Managed Care	ID Card Request	Level Of Care	Link History
Medicare	Lockin Details	Patient Liability	Recipient Case History
Previous Data	Recipient Case Management	Recipient Comments	Recipient Drug Exclusion
	Recipient ID Cards	Recipient Income	Recipient Link Request
	Recipient Multi Address	Recipient Review	Recipient Unlink Request

Click on Temp ID Card

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home search information related data add recipient buyin edb search case search other ids search service usage

Next search by: Current ID Case ID

Recipient Information

Current ID PRIME#	Name JXXXX, SAMANTHA	Active Active
Medicare ID	Prev Name JXXXX, SAMANTHA	Linked ID
SSN 123-45-6789	Address	Benefit Plan BMH 05/10/2007 - 11/30/2007
Gender FEMALE	Address 2	Medicare Coverage
Birth Date	Address 3	Managed Care DCO 07/01/2007 - 11/30/2007
Death Date	City	TPL Yes
Age 3	State	Lockin
Race W	Zip 97801-0000	Level of Care
Other Race	Phone	Patient Liability
Ethnicity 09 Unknown	Phone Type Home	Medicare Buy-in
Citizen U	Add Phone	Case/Certification ABXXXX A VR 3001 01/01/2006
Language ENG	Add Phone Type No Phone	Pregnancy Due Date
Correspondence Language ENG	County 059 - Umatilla	Medical Case Management No
Worker ID TG	County Office ID C	Disease Case Management No
Branch ID 3001	Alternate Contact Name	Print
Material Suppress No	Living Arrangement XX	Prem
Company Name	Priority Notes No Notes	



Recipient Maintenance

Select area to add or modify below.

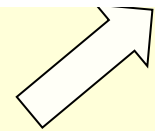
Recipient	ID Card Request	Level Of Care	Link History
Managed Care	Lockin Details	Patient Liability	Recipient Case History
Medicare	Recipient Case Management	Recipient Comments	Recipient Drug Exclusion
Previous Data	Recipient ID Cards	Recipient Income	Recipient Link Request
	Recipient Multi Address	Recipient Review	Recipient Unlink Request
	Temp ID Card		

scroll down

Click on the “view” button and ...

Temp ID Card		Top Nav ?  	
Name	TESTING FIFTEEN, SSP	Current ID	prime #
Date Issued	11/04/2008		

[view](#)



... the printable version of the temp ID will display

The screenshot shows a Microsoft Internet Explorer browser window titled "TempIDCard - Microsoft Internet Explorer". The address bar contains the URL: https://uatmmis.hr.state.or.us/UATMMIS/DesktopModules/IC_BasePage/ReportViewer/ReportViewer.rsp?PopUp=2. The browser interface includes a menu bar (File, Edit, View, Favorites, Tools, Help), a toolbar with navigation and utility icons, and a links bar with shortcuts for CORE, DHS Learning Center - Login, FSCalc, ORCA, and Random Moments.

The main content area displays a report titled "DHS Medical Care ID". The report is divided into two columns. The left column contains the following information:

DHS Medical Care ID	
TESTING, SSP	
Prime #:	
FFA00L4C	
Date card issued:	
11/19/2008	


The right column contains the following information:

This card does not guarantee eligibility.
Clients
Call 1-800-273-0557 for information about your eligibility.
Providers
See < http://www.or-medicaid.gov > for ways to verify this client's eligibility.

The DHS logo is visible in the bottom right corner of the left column, featuring the text "DHS Oregon Department of Human Services".

Click on print

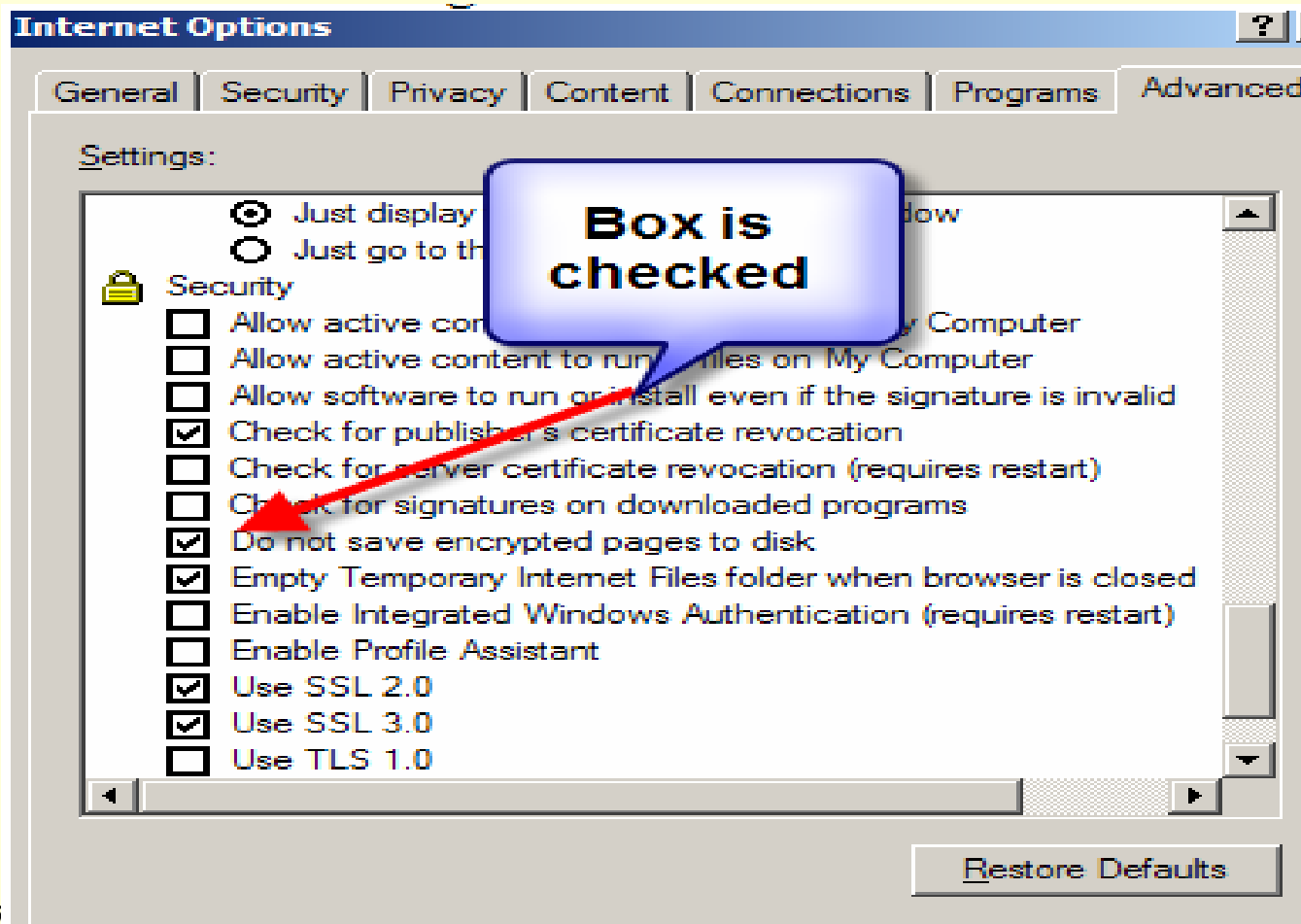
The screenshot shows a Microsoft Internet Explorer window titled "TempIDCard - Microsoft Internet Explorer". The address bar contains the URL: https://uatmmis.hr.state.or.us/UATMMIS/DesktopModules/IC_BasePage/ReportViewer/ReportViewer.rsp?PopUp=2. The toolbar includes buttons for Back, Forward, Stop, Refresh, Home, Search, Favorites, History, Mail, Print (circled in red), Edit, Discuss, Novell Mess..., Research, and Novell deliv... The main content area displays a DHS Medical Care ID card with the following information:

DHS Medical Care ID	
TESTING, SSP	
Prime #:	
FFA00L4C	
Date card issued: 11/19/2008	

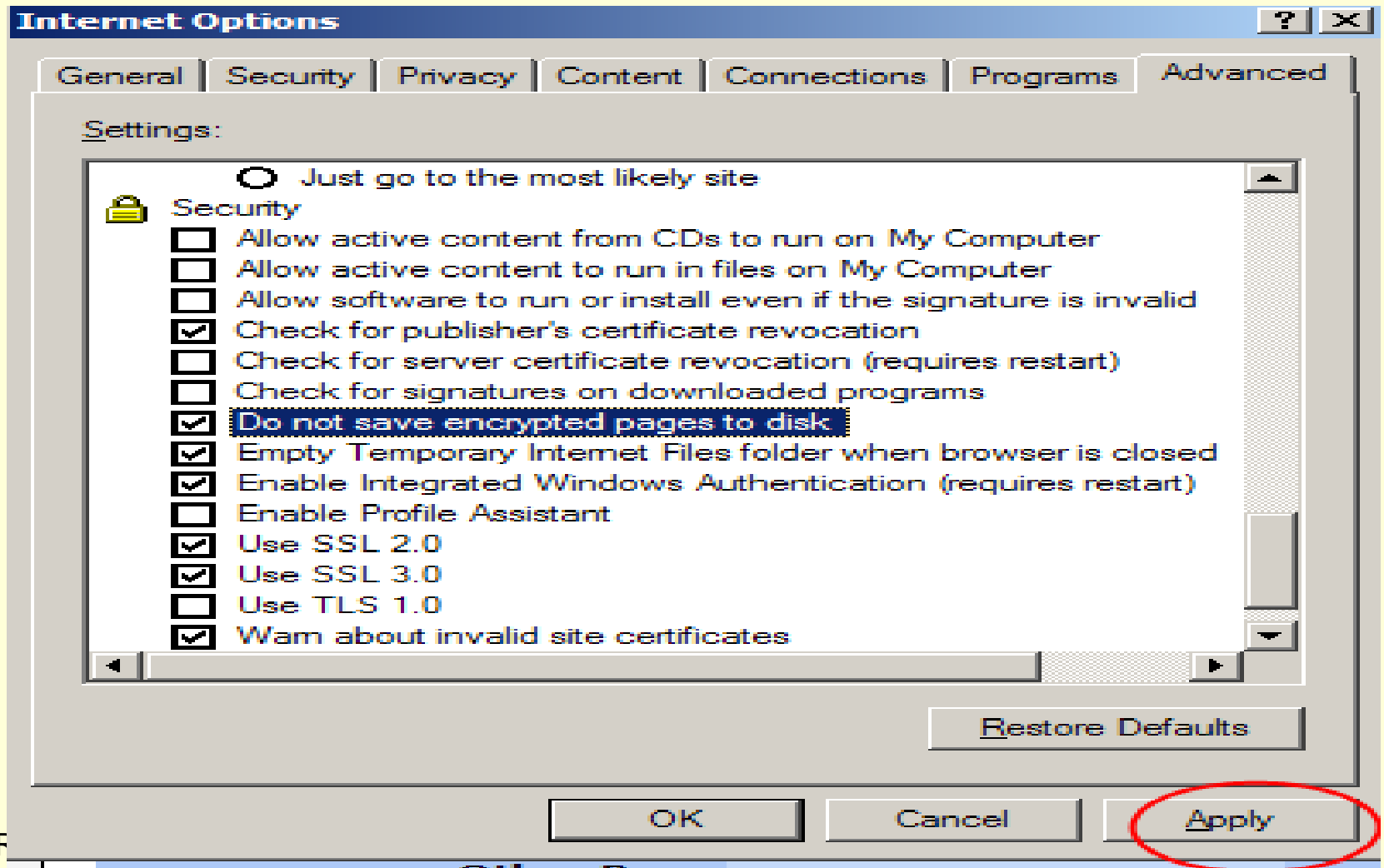
To the right of the card, there are two sections:

- This card does not guarantee eligibility.**
- Clients**
Call 1-800-273-0557 for information about your eligibility.
- Providers**
See <http://www.or-medicaid.gov> for ways to verify this client's eligibility.


Go back to internet options and click on the “do not save encrypted pages” box



Click on “apply”



To have MMIS mail a replacement ID, start on Recipient Information...


ormmis\rkrummel
Wednesday, June 18, 2008

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[home](#) [search](#) **information** [related data](#) [add recipient](#) [buyin](#) [edb search](#) [case search](#) [other ids search](#) [service usage](#)

Next search by:

Recipient Information

Current ID	MXXXXXXX	Name	JONES, SAMANTHA	Active	Active
Medicare ID		Prev Name	JONES, TOM	Linked ID	
SSN	012-34-5678	Address	123 MAIN ST	Benefit Plan	BMH 04/01/2004 - 05/24/2004
Gender	FEMALE	Address 2		Managed Care	FCHP 10/01/2003 - 05/31/2004
Birth Date	07/04/1957	Address 3		TPL	No
Death Date		City	SALEM	Lockin	
Age	50	State	OR	Level of Care	
Race	W	Zip	97301-0000	Patient Liability	
Other Race		Phone	(503)555-1234	Medicare Buy-in	
Ethnicity	09 Unknown	Phone Type	Home	Case/Certification	CXXXX4AFS A NJ 2401 07/14/1994
Citizen	U	Add Phone	No Phone	Pregnancy Due Date	
Language	ENG	Add Phone Type		Medical Case Management	No
Correspondence Language	ENG	County	047 - Marion	Disease Case Management	No
Worker ID	NJ	County Office ID	C	Print Format	NOT APPLICABLE
Branch ID	2401	Alternate Contact Name		Premium Arrearage	No
Material Suppress	No	Living Arrangement	XX		
		Priority Notes	No Notes		


Recipient Maintenance

Select area to add or modify below.

<ul style="list-style-type: none"> Recipient Managed Care Medicare Previous Data 	Base Information	Benefit Plan	Citizen
	ID Card Request	Level Of Care	Link History
	Lockin Details	Patient Liability	Recipient Case History
	Recipient Case Management	Recipient Comments	Recipient Drug Exclusion
	Recipient ID Cards	Recipient Income	Recipient Link Request
	Recipient Multi Address	Recipient Review	Recipient Unlink Request

NOTICE: This information may be sensitive and/or private, thus subject to HIPAA privacy and security regulations. This information is not to be shared or distributed to persons without a right or business need to know.
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Click on ID Card Request


ormmis\wssp
Monday, November 10, 2008

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[home](#) [search](#) **information** [related data](#) [add recipient](#) [buyin](#) [edb search](#) [case search](#) [other ids search](#) [service usage](#)

Next search by:

Recipient Information ? ^

Current ID PRIME#	Name JXXX, SAMANTHA	Active Active
Medicare ID	Prev Name JXXX, SAMANTHA	Linked ID
SSN 123-45-6789	Address	Benefit Plan BMH 05/10/2007 - 11/30/2007
Gender FEMALE	Address 2	Medicare Coverage
Birth Date	Address 3	Managed Care DCO 07/01/2007 - 11/30/2007
Death Date	City	TPL Yes
Age 3	State	Lockin
Race W	Zip 97801-0000	Level of Care
Other Race	Phone	Patient Liability
Ethnicity 09 Unknown	Phone Type Home	Medicare Buy-in
Citizen U	Add Phone	Case/Certification ABXXX A VR 3001 01/01/2006
Language ENG	Add Phone Type No Phone	Pregnancy Due Date
Correspondence Language ENG	County 059 - Umatilla	Medical Case Management No
Worker ID TG	County Office ID C	Disease Case Management No
Branch ID 3001	Alternate Contact Name	Print Format NOT APPLICABLE
Material Suppress No	Living Arrangement XX	Premium Arrearage No
Company Name	Priority Notes No Notes	

Recipient Maintenance Prefs Top Bot ? ^

Select area to add or modify below.

Recipient	ID Card Request	Level Of Care	Link History
Managed Care	Lockin Details	Patient Liability	Recipient Case History
Medicare	Recipient Management	Recipient Comments	Recipient Drug Exclusion
Previous Data	Recipient Cards	Recipient Income	Recipient Link Request
	Recipient Address	Recipient Review	Recipient Unlink Request
	Temp ID C		

Click on the “add” button & add the issue reason


ID Card Request Top Nav ? A ^ X

*** No rows found ***

Select row above to update -or- click Add button below.

Issue Date	Issue Reason
Source	<input type="text"/>

click on add

Click on the Save button. Once saved successfully 

Recipient Maintenance			
Select area to add or modify below.			
Recipient Managed Care Medicare Previous Data	Base Information	Benefit Plan	Citizen
	ID Card Request	Level Of Care	Link History
	Lockin Details	Patient Liability	Recipient Case History
	Recipient Case Management	Recipient Comments	Recipient Drug Exclusion
	Recipient ID Cards	Recipient Income	Recipient Link Request
	Recipient Multi Address	Recipient Review	Recipient Unlink Request
save		cancel	

....after saving the ID request

- After you've saved the Oregon Health ID request, the add button will be grayed out for the rest of the day
- An Oregon Health ID will be processed that night and mailed the next business day

Coverage Letters

Coverage letter overview

- MMIS automatically sends a coverage letter when there is a change affecting managed care access (name change, plan change, etc.)
- The coverage letter explains the client's benefits, co-pay, TPL and managed care enrollment

Overview, continued

- Each time we tell the new MMIS to mail an Oregon Health ID, a new coverage letter for the entire case will be sent, too.
- If a client requests a duplicate coverage letter, issue a new Oregon Health ID and a coverage letter will be sent
- No coverage letter is produced when printing a temporary Oregon Health ID

MMIS sends coverage letters when:

- The client is enrolled or disenrolled from a managed care plan
- The benefit plan changes
- A medical program recipient is added or removed from the case
- When a recipient's name is changed
- When TPL is added or removed

Sample coverage letter

5503 XX#### XX P2 EN AT
PO BOX #####
SALEM, OR 97309
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE
123 MAIN ST
HOMETOWN OR 97000

Keep this letter!

This letter explains your Oregon Health Plan (OHP) benefits.

This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in your coverage, or if you request one.

Welcome to the Oregon Health Plan (OHP). This is your new coverage letter.

This letter lists coverage information for your household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID card changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet lists the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reasons for letter:

The benefit package was changed for:

Doe, Timothy – 02/01/2009

Doe, Kathy – 02/01/2009

Managed Care/TPR enrollment

Plan Information	Plan Information	Plan Information
A DMAP Medical Plan Care Oregon 800-555-5555	B DMAP Dental Plan Managed Dental Care of Oregon 866-555-5555	C DMAP Mental Health Plan Clackamas Mental Hlth Org 888-555-5555
D Private Maj Med/Rx/Dent/Vis Blue Cross of Oregon Pol# 12345678 ABC123456789	E DCM-FFS Disease Management DCM Care Enhance 1-800-711-6687 DCM-PGM	F DMAP Pharmacy Walgreen
G Medicare Part-A Medicare NW - Part A	H Medicare Part-B Medicare-B/BC N Dakota	I Medicare Part-D Has Part D
J	K	L
M	N	O
P	Q	R
S	T	U
V	W	X