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About the MMIS

The Department of Medical Assistance Services (DMAS) administers the Medicaid and the Family Access to Medical Insurance Security (FAMIS) programs in Virginia. DMAS contracts with the Department of Social Services (DSS) to determine eligibility and to enroll eligible individuals in computer-based files. DMAS contracts with a private firm, called a fiscal agent, for provision of computer services to maintain the Medicaid and FAMIS computer system.

The computer system that holds Medicaid, and FAMIS and that processes their claims is called the Medicaid Management Information System (MMIS). This system is available through the Virginia Medicaid Web Portal www.virginiamedicaid.dmas.virginia.gov While FAMIS is separate from the Medicaid program, we use the term MMIS globally to include Medicaid and FAMIS as both are housed in the MMIS.

Accessing the MMIS

Access to MMIS is available through two portals:

- The Virginia Medicaid Web Portal, www.virginiamedicaid.dmas.virginia.gov.
- ADAPT-which automatically passes the data through a buffer to the MMIS. The buffer is a unidirectional bridge through which information is passed from ADAPT to the MMIS. Information is not passed from the MMIS to ADAPT. Local departments of social services use ADAPT to process and maintain most Families and Children's (F&C) Medicaid cases.

Confidentiality

Screen prints within this manual have been completed using fictitious members. However, the client names and eligibility numbers on MMIS-generated reports and forms are confidential. Use of this information is specifically limited to officially approved purposes established in the state and federal privacy protection acts. Unlawful use or disclosure of this information is punishable by law.

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Obtaining Medicaid Operator Logon

MMIS uses a proprietary security program called CA-Access Control Facility, or ACF2. ACF2 requires each user to have both a logon ID that does not change and a password that the user changes. To obtain a logon ID and password, complete a DSS MMIS Security Access Request form. Obtain this form from your local information security officer (ISO) or the DSS local agency home intranet, <http://spark.dss.virginia.gov/>. All current and valid DSS forms are located at this site.

When requesting a new logon ID or a change of logon ID, please give the logon ID of someone else in your agency who has access to perform the functions you will need to perform. You may also contact your local ISO for assistance.

Security Requirements:

- Passwords must be eight characters in length, must include one number, one character and one special character (special characters that are not allowed are: PERIOD, COLON, VERTICAL LINE or CARAT). If you see the message "a national character or user-defined character required or missing", this means you are missing a special character within the password.
- ACF2 security (for MMIS) does not allow a password to contain consecutive double (i.e., repeating) characters. For example, "greater2" would be acceptable as a password, but "greene33" would not.
- No one should share IDs with another user. Each person should have their own unique logon ID.
- If a user is logged on to a terminal and has no keyboard activity for 30 consecutive minutes or more, the session will automatically be logged off.
- All users must change their passwords at least every 90 days. The system displays a message when a password is within five days of expiring.
- A changed password cannot be changed by the user again for a minimum of three days.
- ACF2 does not permit re-use of the last twenty-four passwords used. After five tries of inaccurate logon attempts, your account will be suspended and you will need to contact the VITA Customer Care Center (VCCC) at 1-866-637-8482 or vccc@vita.virginia.gov to open a ticket for assistance.

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Using Logon IDs and Passwords

When you receive your initial MMIS password, do not share it with anyone. You will be prompted to change it at the time of your initial logon. (No paper copy is provided; user IDs and initial passwords are provided via telephone to the local security officer.) If you have never signed on to MMIS before or you have not been instructed in how to sign on, call the VITA Customer Care Center at 866-637-8482.

If you sign on to MMIS and receive a message that your password or logon ID has expired or that there is a password violation and you cannot reset the password, please contact the VITA Customer Care Center at 866-637-8482 for assistance. Always be sure when you move from one locality (agency) to another to have your ID suspended at the old locality and reactivated at your new locality. This can be coordinated through your local ISO.

Holidays and System Hours of Availability

MMIS data maintenance hours are:

Monday-Friday **6:15 AM - 7:00 PM, Production and Inquiry**
Saturday **6:15 AM - 2:00 PM, Production and Inquiry**
Sunday **Inquiry Only**

MMIS availability on state holidays:

Day	Observed	MMIS Available
New Year's	January 1	No
Lee-Jackson Day	second Friday in January	Yes
Martin Luther King Jr. Day	third Monday in January	Yes
George Washington Day	third Monday in February	Yes
Memorial Day	last Monday in May	No
Independence Day	July 4	No
Labor Day	first Monday in September	No
Columbus Day	second Monday in October	Yes
Veteran's Day	November 11	Yes
Thanksgiving Day	fourth Thursday in November	No
Thanksgiving Friday	day after Thanksgiving Day	No
Christmas Day	December 25	No

The MMIS may also be unavailable when a systems modification is in progress. The DSS Broadcast System and/or the Virginia MMIS Web Portal will announce deviations from this schedule.

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Daily/Monthly Cycles and Cutoff

The MMIS performs batch processing both in daily and monthly schedules. Batch processing is distinguished from online processing in that:

- Online processing edits transactions on individual records one at a time as the worker enters them.
- Batch processing runs overnight, looks at all batches of records, and updates individual records as needed.

The MMIS performs some batch processes daily; references to "overnight processing," pertain to these daily batch processes.

The MMIS also has a monthly cycle for batch updating records. On a day called "cutoff," the 16th of each month for eligibility/enrollment processing, the 20th for managed care and the 23rd for Medicare buy-in, the MMIS processes member records to determine which ones should:

- Receive coverage for the following month;
- Have eligibility canceled because of some condition such as:
 - attaining the maximum age under a given aid category (AC),
 - no response to a request to return an earnings report, or
 - having reached the last month of a spend-down period;
- Be added to or canceled from Medicare buy-in; or
- Be added to or deleted from managed care.

Cutoff is both:

- The last day on which the local-agency worker may cancel a period of ongoing coverage before the MMIS automatically extends coverage through the end of the following month
- The last day the worker may change data (such as adding student status or updating a follow-up code) to prevent the MMIS from canceling eligibility at the end of the current month.

Additionally, there is a monthly managed care cutoff by which date the worker must make changes that will affect a member's pre-assignment to a managed-care program.

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Medicaid ID Cards

This computer generated card is based upon information in the enrollment file and is used to certify entitlement to services available under the Medicaid or FAMIS Programs. Members who are enrolled in limited coverage benefits such as SLMB, QDWI, and QI will not receive a Medicaid ID card. Additionally, members approved for Emergency Services Medicaid and Emergency Dialysis Medicaid are not issued a card.

Members receive Medicaid cards when the worker:

- Enters a new period of eligibility on the member record and the member has either never received a card or has not received a card in more than 1 year; the MMIS automatically generates a new card.
- Changes data that appears on the card (i.e. name, DOB, sex); the MMIS automatically generates a new card.
- Manually reissues a replacement card.

Note: It is the responsibility of the eligibility worker to reissue an ID card. DO NOT refer members to DMAS for ID card generation.

Lost/Stolen/Undelivered Medicaid Cards

In cases when members report non-receipt of a Medicaid card, the agency worker uses the MMIS to determine whether the member should have received one. If the member should receive a card and still has not received the card 10 days after issuance, the local agency may reissue a replacement card.

The local agency worker also initiates replacement of a mutilated or lost Medicaid identification card. The local agency may issue a maximum of three replacement cards without DMAS intervention. Once the maximum number of cards that can be issued by a worker is achieved and another card must be issued, email the DMAS Eligibility/Enrollment Unit at Enrollment@dmass.virginia.gov (see Broadcast 3708 for forms and instructions) or call 804-786-4537 to request an ID card reset. Cards generated as a result of demographic data changes are not counted as part of the 3 replacement cards.

The US Postal Service returns undeliverable Medicaid cards to the fiscal agent. Fiscal-agent staff then cancels the member's eligibility using cancel-reason 012; this generates the Client Information Document (CID) report, alerting the local agency to investigate. The information is sent via the File Transfer Protocol (FTP) process to the DSS Central Office. The report is accessible on the DSS intranet. MMIS will not generate further Medicaid cards until the local agency reopens the case.

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DMAS and DMAS Contractor Contacts

DMAS Eligibility and Enrollment Unit

ID card resets, duplicate overrides, linking of duplicate ID numbers, entering spenddowns, and other coverage correction requests should be directed to the Eligibility and Enrollment Unit at DMAS. See Broadcast 3708 for a listing of appropriate forms to use and instructions for submitting requests.

Enrollment issues that cannot be resolved within the local department of social services should first be directed to the regional consultant for the agency. Issues that cannot be resolved in-house or by the regional consultant should then be referred to the Eligibility and Enrollment Unit. Appropriate forms should be emailed to the Enrollment Inbox with a carbon copy the worker's supervisor.

For Eligibility and Enrollment Unit inquiries and requests email enrollment@dmass.virginia.gov.

The Eligibility and Enrollment can also be reached at:

Department of Medical Assistance Services
Eligibility and Enrollment Unit, 12th floor
600 E Broad Street, Suite 1300
Richmond Virginia 23219-1834
Phone: 804-786-4537
Fax: 804-225-4393

For status of requests or to identify an emergency email or call the Enrollment and Eligibility Unit. Allow two business days for the processing of non-emergency requests.

DMAS Buy-In Unit

For assistance with state Buy-In, email the Buy-In Coordinator at MedicareBuyIn@dmass.virginia.gov.

The Buy-In Unit can also be reached at:

Department of Medical Assistance Services
Buy-In Unit, 12th floor
600 E Broad Street, Suite 1300
Richmond Virginia 23219-1834
Phone: 804-786-7414 or 804-371-8888
Fax: 804-786-0973.

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DMAS Health Insurance Premium Payment (HIPP) Unit

For assistance with HIPP issues, local agencies may email the HIPP Unit at HIPP@dmass.virginia.gov.

The HIPP Unit can also be reached at:

Department of Medical Assistance Services
HIPP Unit, 12th floor
600 E Broad Street, Suite 1300
Richmond Virginia 23219-1834
Phone: 1-800-432-5924
Fax: 804-612-0060

DMAS Third Party Liability Unit (TPL)

For assistance with TPL issues (not related to Medicare), including obtaining codes for insurance carriers not listed in DMAS's files, verification of the termination of a policy and handling cases with more than five current policies send an email to the TPL Inbox.

For assistance with TPL issues email TPLunit@dmass.virginia.gov.

The TPL Unit can also be reached at:

Department of Medical Assistance Services
Third Party Liability Unit, 8th floor
600 E Broad St Ste 1300
Richmond VA 23219-1834
Phone: 804-786-7931
Fax: 804-786-0729

DMAS Recipient Audit Unit

For assistance with possible member fraud or collections due to overpayments email the Recipient Audit Unit at recipientfraud@dmass.virginia.gov.

The Recipient Audit Unit can also be reached at:

Department of Medical Assistance Services
Supervisor, Recipient Audit Unit
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
Phone: 804-786-0156
Fax: 804-371-8891

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DMAS Long Term Care (LTC) Unit

For assistance with ensuring that DMAS files reflect the date a member was admitted, discharged from long-term care, or assistance with level of care issues on the patient pay reports email: ltpatientpayissues@dmass.virginia.gov .

The LTC Unit can also be reached at:

Department of Medical Assistance Services
Long Term Care Division
600 E Broad St, Ste 1300
Richmond VA 23219-1834
Phone: 804-225-4222

MMIS Patient Pay Issues:

For assistance with Patient Pay issues in the MMIS email the Patient Pay Inbox at patientpay@dmass.virginia.gov.

Managed-Care Enrollment and Issues

For members and their representatives, for enrollment into managed care plans and for managed care coverage questions contact the managed care enrollment broker:

Managed Care Helpline: 800-MGD-CARE (800-643-2273)

Managed Care Email:

www.virginiamanagedcare.com

managedcarehelp@dmass.virginia.gov

Member Billing Issues

For questions regarding bills received from providers members and their representatives can contact DMAS Customer Service at:

Department of Medical Assistance Services
Customer Services Unit, 12th floor
600 E Broad St Ste 1300
Richmond VA 23219-1834
Phone: Member HELPLINE 804-786-6145

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Provider Issues

DMAS Provider HELPLINE: 800-552-8627 (in state) or 804-786-6273 (out of state)

Electronic Eligibility Verification

Providers with a Virginia Medicaid provider ID may verify eligibility by calling the automated MediCall System or accessing the Automated Response System (ARS) through the Virginia Medicaid Web Portal.

Medicall Access:

- (804) 965-9732 Richmond and Surrounding Counties
- (804) 965-9733 Richmond and Surrounding Counties
- 1-800-884-9730 Toll-free throughout the US
- 1-800-772-9996 Toll-free throughout the US

ARS Access: <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal>

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System Navigation

Accessing the MMIS through the Virginia Medicaid Web Portal:

- Select the MMIS-ACS icon on your desktop or go to www.virginiamedicaid.dmas.virginia.gov
- Click on "Internal Users"

The screenshot shows the Virginia Medicaid Web Portal in a Windows Internet Explorer browser window. The address bar displays <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>. The page features a blue header with the Virginia Medicaid logo and a navigation menu with the following items: Home, Provider Services, Provider Resources, EDI Support, Documentation, and FAQ. Below the navigation menu is a banner image showing medical professionals. The main content area is divided into four panels: Welcome, Web Announcements, Quick Links, and Login. The Login panel is highlighted with an orange border and contains the following text:

Login

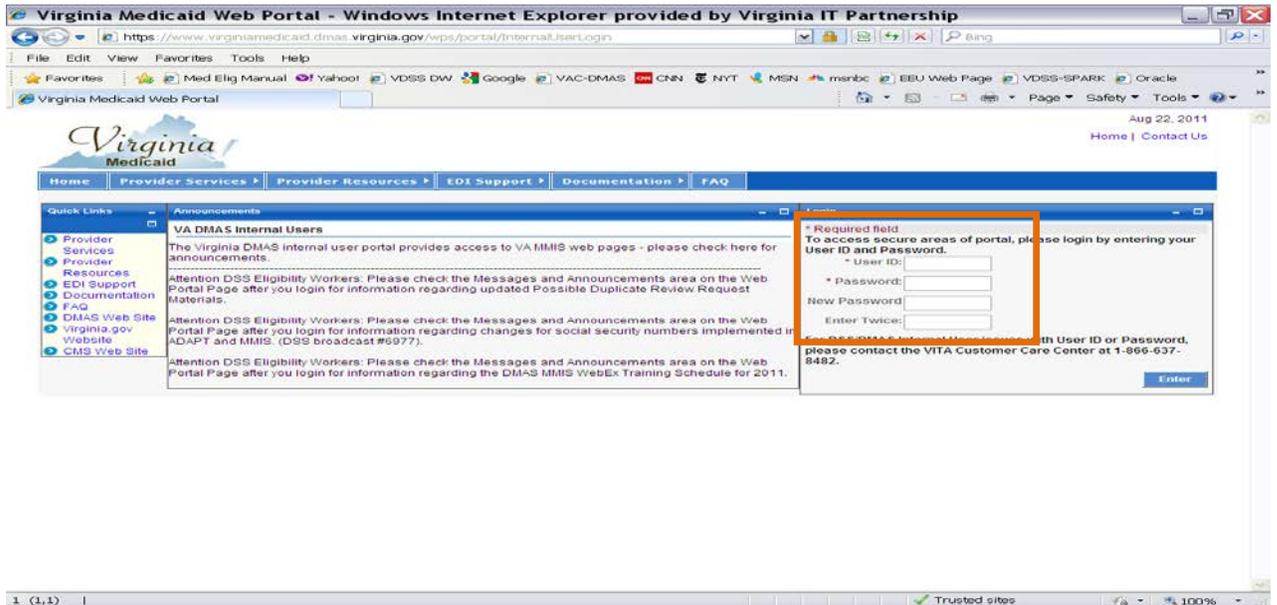
Log in to the system or register by selecting your role below:

- Providers
- Internal Users

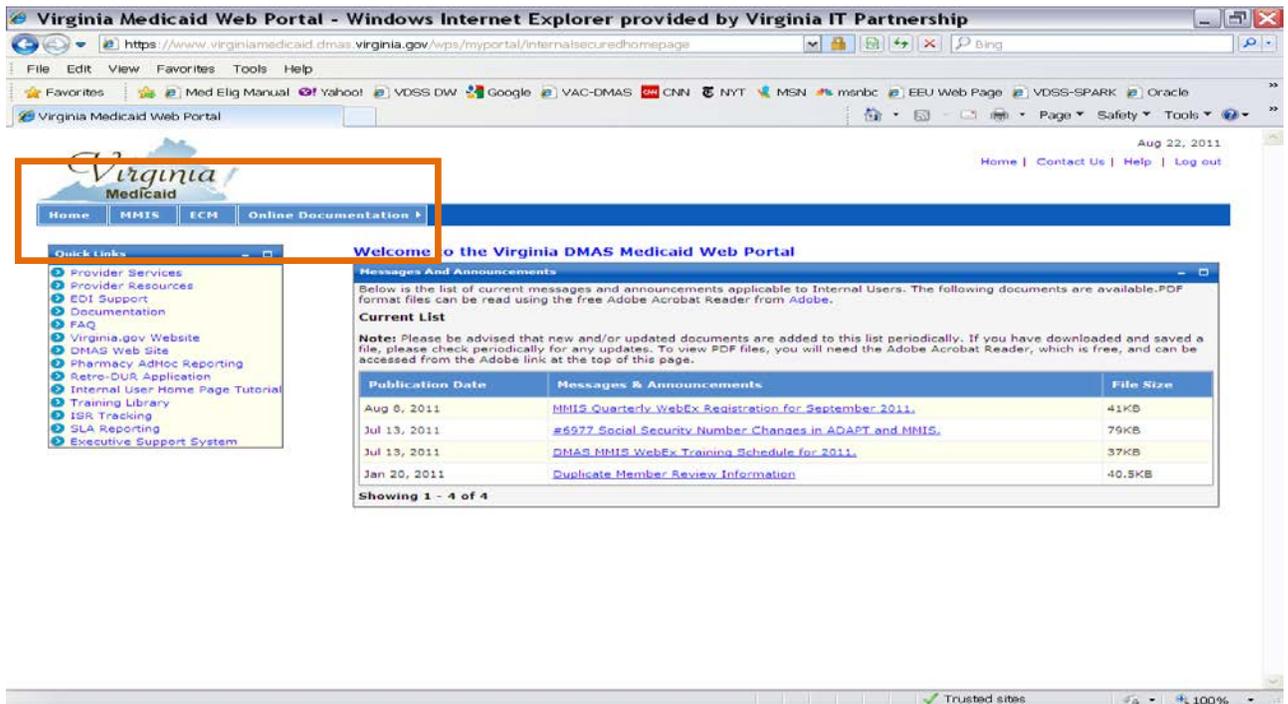
The Quick Links panel lists the following items: Provider Services, Provider Resources, EDI Support, Documentation, FAQ, Web Registration Reference Material, and DMAS Web Site.

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- Enter your E-code in the User ID field
- Enter your MMIS password in the password field
- Click Enter

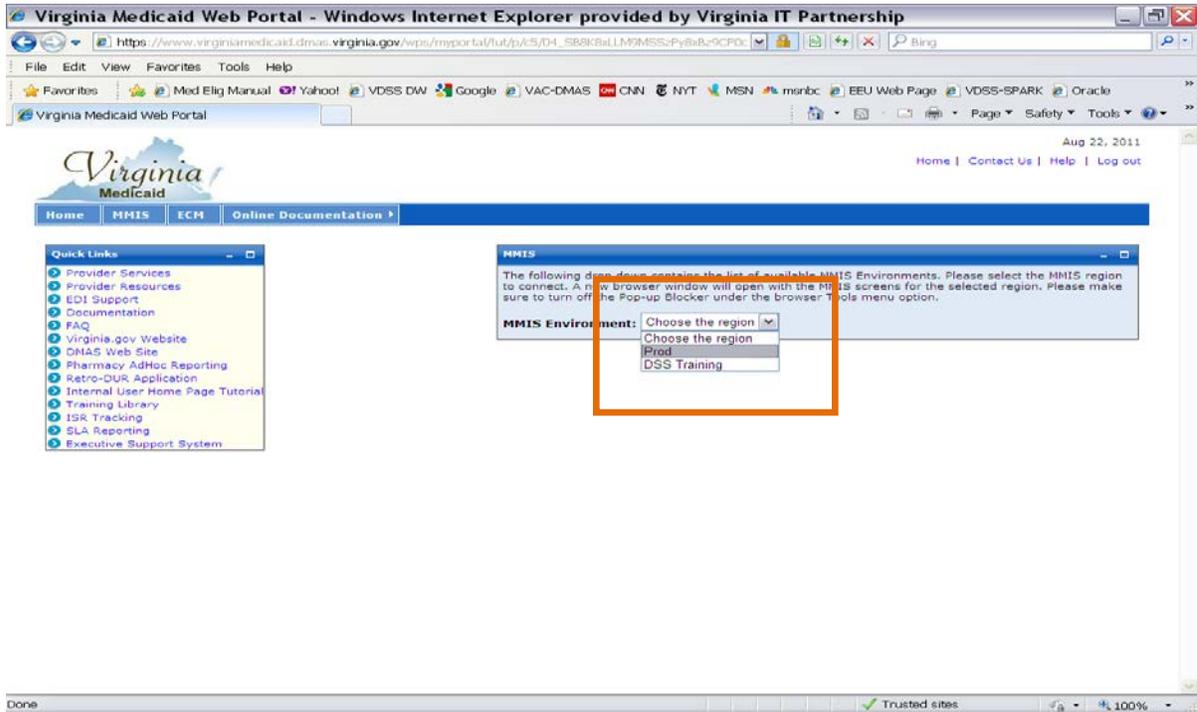


- Click on MMIS



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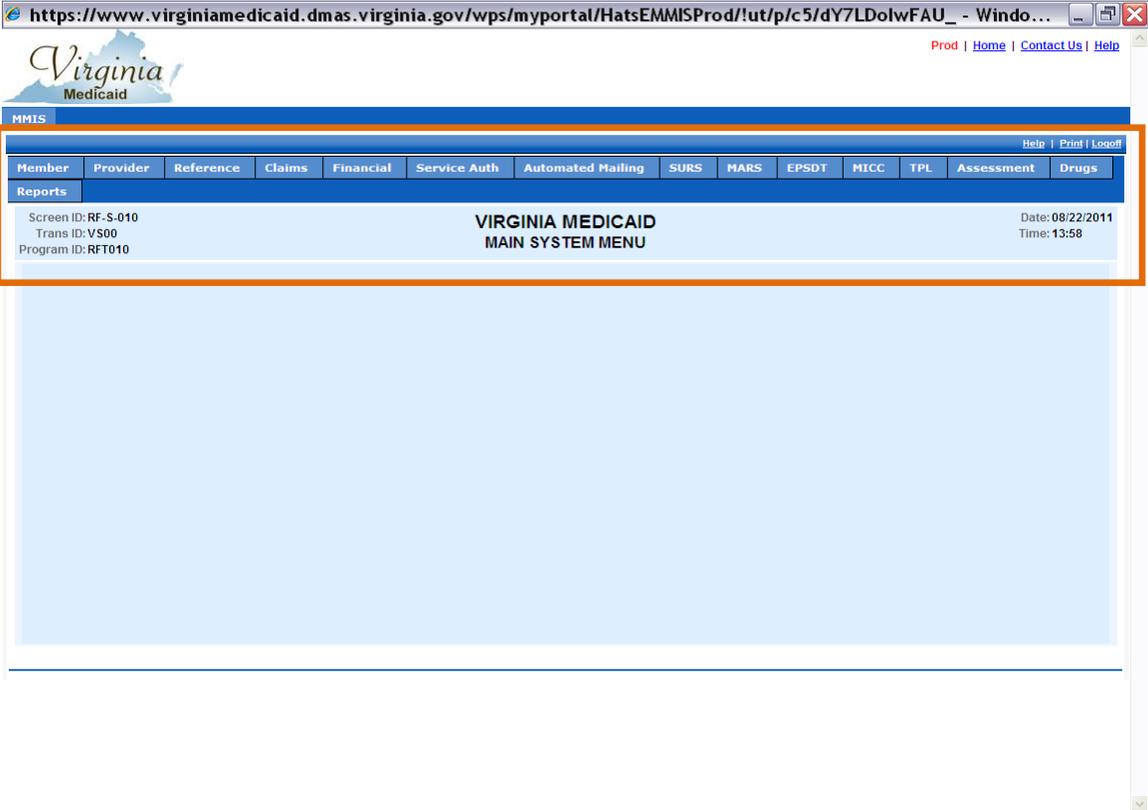
In the MMIS Portal menu select the “Prod” Environment to access the MMIS Main Menu.



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This is the Main System Menu for the MMIS. There are 15 subsystems within the MMIS. DSS has access to the following subsystems:

- Member
- Provider
- TPL
- Assessments



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Overview of the MMIS Member Subsystem

- Maintains a system file of all benefit packages offered by DMAS or other relevant organizations. This information is used to assign benefits to members and to determine coordination of benefits during the payment process and for reporting.
- Supports the capture and maintenance of information on current and historical eligibility of members for health care related benefit packages and on their enrollment in DMAS programs. Eligibility and enrollment information is updated both online, in real time, and by automated batch interfaces between DMAS, DSS, DBHDS, CMS, SSA and other entities. Allows a member to be assigned to multiple benefit packages for the same or overlapping periods in accordance with DMAS policy.
- Generates correspondence involving member and/or case information including member identification documents and notification of upcoming re-certification milestones and related issues. Supports the member renewal process by changing a member's eligibility status based on established criteria.
- Maintains unique case and member identification numbers. Links all individuals to the original case and maintains a cross-reference to all other numbers assigned to a member over time including the current number.
- Supports the automated transfer of information between DMAS and Private Contractors, Federal, and State agencies regarding the eligibility status of DMAS members.
- Supports the capture of TPL data from DSS and/or other enrollment sources associated with a member at the point of determination/classification and re-determination/re-classification.
- Supports the verification of a member's eligibility and enrollment in a DMAS program and/or an appropriate benefit package and level of care in response to a provider inquiry.
- Supports the automatic pre-assignment and assignment of members to one or more providers using the pre-assignment algorithm table. Maintains the data linkages between the member and their primary care providers within a managed care organization, or other contracted organizations.
- Supports the dissemination of managed care data to members, providers, and DMAS.

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Overview of the MMIS TPL Subsystem

- Supports the capture of Third Party Liability (TPL) data from DSS and/or other enrollment sources associated with a member at the point of determination/classification and re-determination/re-classification.

Overview of the MMIS Assessment Subsystem

- Edits, processes, maintains, and reports all required assessment data submitted by Medicaid facility providers.
- Establishes and maintains Member Level of Care (LOC) data.
- Processes assessments to an approved, pending or denied-duplicate status and updates the Assessment data store.
- Generates LOC Billing Authorization Letters to assessment providers.
- Generates payment log transaction to the Claims Processing Subsystem to initiate provider payment.

Overview of the MMIS Provider Subsystem

- Maintains all relevant data for Medicaid and FAMIS providers.

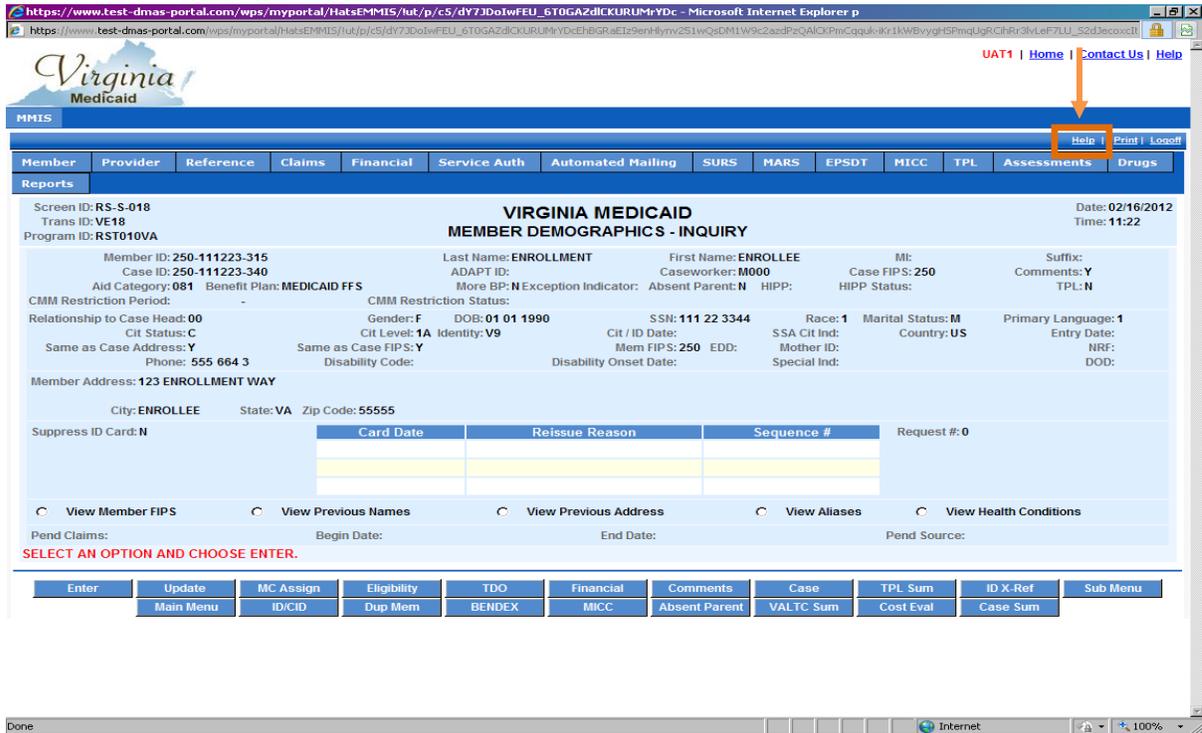
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Overview of the MMIS Help Screens

The MMIS WebHelp provides additional information about the screen from which it was accessed. A general overview of the screen is provided as well as definitions for each field that is on that screen. Tables which list valid values to be used within the MMIS are accessible by choosing the hyperlink at the corresponding field definition. Eligibility rules and error message definitions and reasons can be found by scrolling to the bottom of the help section pertaining to a particular screen.

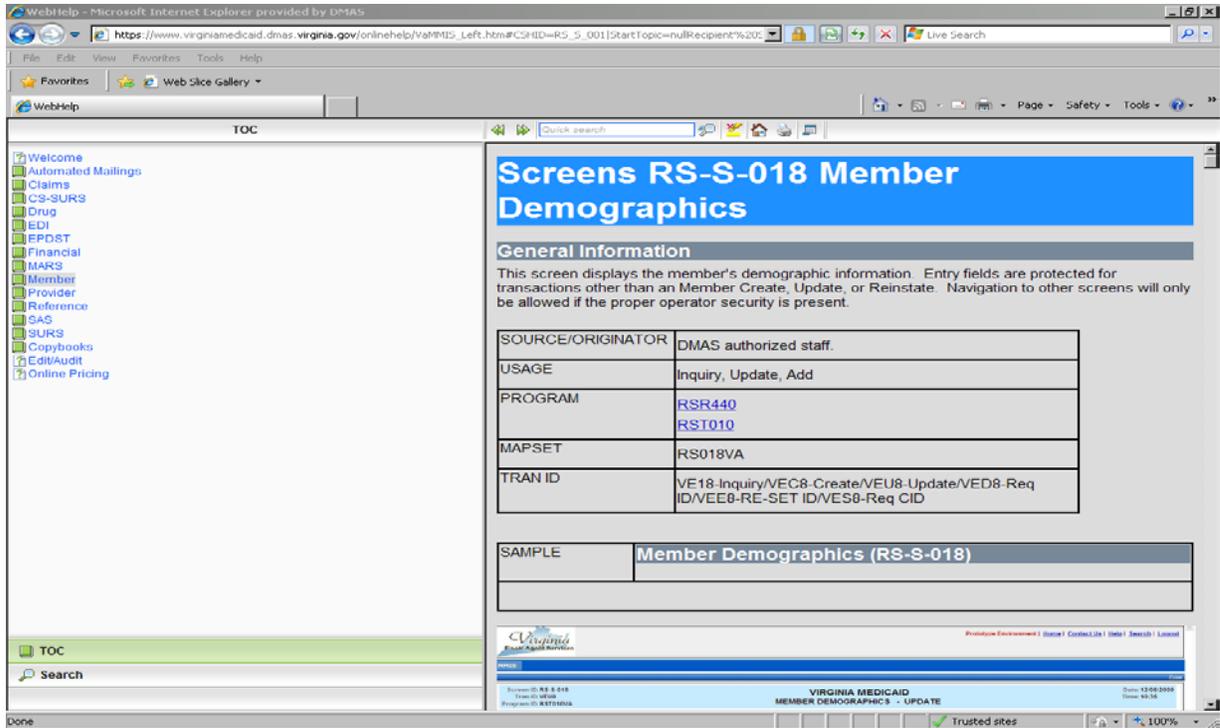
Accessing MMIS Help Screens

To access Help, click on the word Help at the top right of the screen for which assistance is needed.



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A new window will open for the MMIS WebHelp. The Help topic that will display is for the screen from which the Help was accessed, however, all Help topics may be accessed. The table of contents is on the left side; the chapters expand to reveal topics when clicked. To the right is the information specific to the screen for which Help was chosen. Hyperlinks (i.e. blue underlined text) provide additional information such as code lists and value descriptions when clicked.



To view the table of valid values for the Aid Category field in the Member Demographics screen click on the hyperlink shown under Aid Category.

The screenshot shows a web browser window with a Table of Contents (TOC) on the left and a list of help topics on the right. The 'AID CATEGORY' entry is highlighted with an orange arrow pointing to the 'Enrollee Eligibility Aid Category (DE3009)' link.

Item	Field Name	Field ID	Edits	Messages	Description
4	AID CATEGORY Enrollee Eligibility Aid Category	(DE3009)	Displays enrollee's (most recently defined) aid category.	Missing/Invalid data, please correct highlighted fields	The unique identifier used by the State for each welfare Enrollee. Initialized to zeros. If entered, must be numeric. For creates and reinstates, must be entered and greater than zero if program designation code is 71 or 73. ADD (C/U) If program designation is 71 or 73, enter the ADAPT ID for the new enrollee. Otherwise, leave blank. UPDATE (C/U) Type over the number to correct for program 71 or 73. Otherwise, leave blank.
5	COMMENTS Comment Indicator	(DE3075)	Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present).	Comments Indicator	Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). N/A

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The general information for the Aid Category field will now be displayed. Scrolling will display the Valid Values Descriptions for each aid category.

Data Elements 3009 Enrollee Eligibility Aid Category

General Information

Also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans.

Subsystem:	Recipient
Business Name:	N/A
Reference Name:	C_AID_CATG
Cobol Picture:	X(3)
DB2 Data Type:	CHAR(03)
Range:	000 - 999

Business Rules

Valid Values Description

001	SLH Foster Care (Funding suspended effective 04/30/2009)
002	SLH General Relief (Funding suspended effective 04/30/2009)
003	SLH Only (Funding suspended effective 04/30/2009)
004	SLH Migrant (Funding suspended effective 04/30/2009)
005	FAMIS Moms Pregnant Woman, Income > 133% FPL & <= 166% FPL
006	FAMIS Child under age 6, income >150% poverty and <=200% poverty.
007	FAMIS Child 6-19 years old, income >150% poverty and <=200% poverty.
008	FAMIS Child under age 6, income>133% poverty and <=150% poverty.
009	FAMIS Child 6-19 years old, income>133% poverty and <=150% poverty
011	Aged SSI Recipient - Includes Dually Eligible QMB
012	Aged AG Recipient - Includes Dually Eligible QMB
018	MN Aged; December 1973 Individual ; Not Also QMB
020	Aged - Individual in Medical Institution or receiving Waivered Services with income <=200% SSI Income Recipient. Not also