



# Oregon Project Independence Medicaid MMIS System Guide

October 3, 2025

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## **Plan of Care (POC): In-Home Care Agencies (IHCA)**

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**Service Case Managers (SCM) must verify approval dates in MMIS when a benefit plan is approved. An OPI-M MMIS referral to Central Office (CO) may be required each time OA approves a benefit plan. Select [APD-IM-24-089](#) to view the latest transmittal on verifying active OPI-M plans in MMIS and making referrals to CO.**

## Find Existing

**iInter Change**  
Government Health Portfolio

Home Claims Drug Financial Managed Care MAR **POC** Prior Authorization Provider EDI Recipient Reference TPL CTM

Warning: Use of this network is restricted to authorized users. User activity may be monitored and/or recorded. BE ADVISED: if possible, information, may be provided to law enforcement officials.

Security incidents and other issues should be directed to the OHA Help Desk at (503) 945-5623.

Last Successful Logon: 3/6/2013 2:57:05 PM

- Select “POC” from the MMIS home screen menu. Select “Search” in the POC submenu.

**iInter Change**  
Government Health Portfolio

ormmis\trnee004  
Tuesday, March 12, 2013

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

home **search** information related data

**POC Search**

Case Manager ID [ Search ]

Client ID **VQE6209C** [ Search ]

POC Effective Date Range

Benefit Plan

Service Auth Number

Service Auth Effective Date Range

Referring Provider ID [ Search ]

Authorizing Entity

Division

Route to Clerk ID [ Search ]

Status

Procedure Code [ Search ]

Revenue Code [ Search ]

Rendering Provider ID [ Search ]

Records 20

search clear adv search add

- Enter search criteria, like a consumer’s prime number/Client ID, in the “POC Search” panel fields.
- Select “SPD” in the Division dropdown.
- Select “search” button.
- MMIS searches the system and auto-fills the Search Results panel.

InterChange  
Government Health Portfolio

ormmis\trnee004  
Monday, March 18, 2013

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

home search **information** related data

Next search by: Client ID  [ Search Division  search clear

**Plan of Care Information** ? ⬆

|                 |            |               |                     |                      |            |
|-----------------|------------|---------------|---------------------|----------------------|------------|
| Case Manager ID | TRNEE004   | Client ID     | OT97077D            | Division             | SPD        |
| Coordinator ID  |            | Client Name   | LIRA, CHUNG N       | POC Development Date | 02/01/2013 |
| POC Start Date  | 02/01/2013 | Date of Birth | 08/20/1957          | POC Review Date      |            |
| POC End Date    | 12/31/2299 | Gender        | FEMALE              | Keyed By ID          | TRNEE004   |
|                 |            | Address       | 2026 SHERMAN STREET | Route to Clerk ID    |            |
|                 |            | Address       |                     | Close Reason         |            |
|                 |            | City          | HAROLD              |                      |            |
|                 |            | State         | OR                  |                      |            |
|                 |            | Zip           | 97420               |                      |            |
|                 |            | County        | Coos                |                      |            |

**Plan of Care Maintenance** Prefs Top Bot ? ⬆

Base Information Letters **Line Item**

Plan Of Care

save cancel new

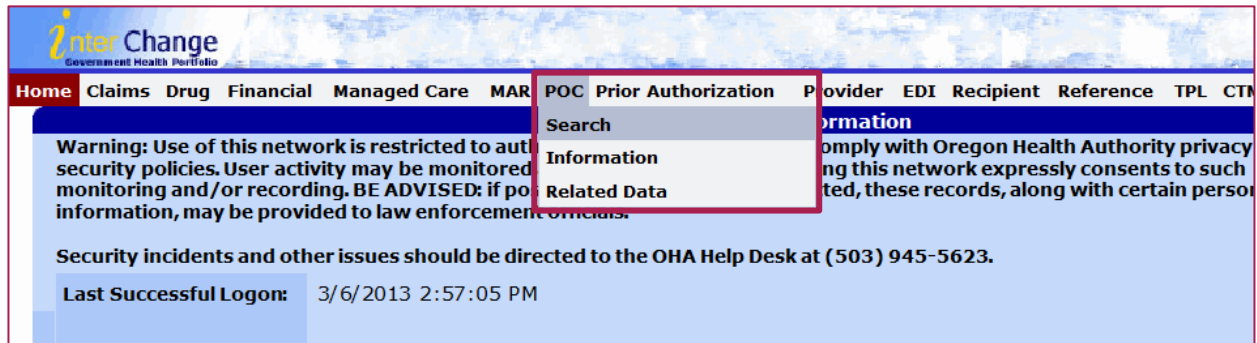
- Alternatively, select “POC” from the MMIS home screen menu, then choose “information” from the submenu.
- Enter the consumer’s Prime number in the Client ID field.
- Select “SPD” from the “Division” dropdown in the “Next search by:” bar.
- Select the “search” button.
- Select "Line Item" from the “Plan of Care Maintenance” panel.

| Search Results |           |                    |                 |              |                    |              |                     |               |             |        |
|----------------|-----------|--------------------|-----------------|--------------|--------------------|--------------|---------------------|---------------|-------------|--------|
| Serv Auth#     | Client ID | Client Name        | Case Manager ID | Benefit Plan | Rendering Provider | Service Code | Service Description | SA Start Date | SA End Date | Status |
| 1307100001     | VQE6209C  | BRENDLE, LAQUITA B | TRNEE004        | APD          | ALONA W HAGUE      | S5125        | ATTENDANT CARE      | 03/01/2013    | 03/11/2013  | Active |
| 1307100004     | VQE6209C  | BRENDLE, LAQUITA B | TRNEE004        | APD          | LATOYA G SAVAG     | S5125        | ATTENDANT CARE      | 03/12/2013    | 09/30/2013  | Active |

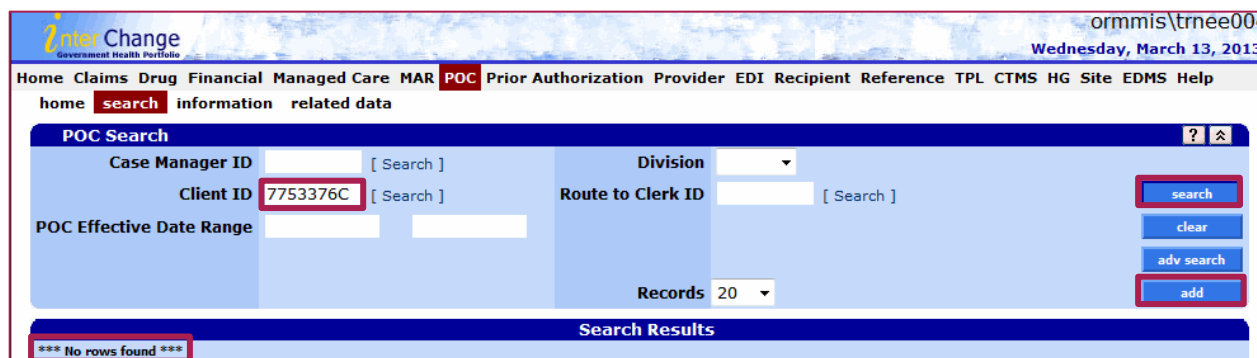
- Select the desired line-item in the “Search Results” panel.
- Use the service Auth #, SA End Date, and other columns to identify the correct line-item.
- If Search Results display **\*\*\*No rows found\*\*\*** go to [Create](#) to build a new POC.

## Create

\*\*\*Only required if no POC exists (excluding behavioral health plans).\*\*\*



- Select "POC" from the MMIS home screen menu.
- Select "Search" in the POC submenu to check for existing POCs.



- Enter the consumer's Prime number in the Client ID field of the POC Search panel.
- Select "search" button.
- The "Plan of Care Information", "Plan of Care Maintenance" and "Base information" panels appear.
- If no matching ID exists, **\*\*\*No rows found\*\*\*** appears in the Search Results panel.
- Select the "add" button.
- Go to [Find Existing](#) if line-items populate under "Search Results".

| Plan of Care Information |               |                      |            |
|--------------------------|---------------|----------------------|------------|
| Case Manager ID          | Client ID     | Division             |            |
| Coordinator ID           | Client Name   | POC Development Date | 03/13/2013 |
| POC Start Date           | Date of Birth | POC Review Date      |            |
| POC End Date             | Gender        | Keyed By ID          |            |
|                          | Address       | Route to Clerk ID    |            |
|                          | Address       | Close Reason         |            |
|                          | City          |                      |            |
|                          | State         |                      |            |
|                          | Zip           |                      |            |
|                          | County        |                      |            |

| Plan of Care Maintenance                  |                                    |
|-------------------------------------------|------------------------------------|
| - Select POC area to add or modify below. |                                    |
| Plan Of Care                              | Base Information Letters Line Item |
| save                                      | cancel                             |

| Base Information      |                     |
|-----------------------|---------------------|
| Case Manager ID*      | [ Search ]          |
| Coordinator ID        | [ Search ]          |
| Client ID*            | 7753376C [ Search ] |
| Client Name           | PEACHEY, JONE       |
| POC Development Date* | 03/13/2013          |
| POC Review Date       |                     |
| POC Start Date*       |                     |
| POC End Date*         |                     |
| Route to Clerk ID     | [ Search ]          |
| Close Reason          |                     |

- Scroll down to the “Base Information” panel.
- MMIS auto-fills the current date in the “POC Development Date” field and the client’s name in the “Client Name” field.
- Enter your Case Manager ID into the “Case Manager ID” field.
- Select “[Search]” next to the “Case manager ID” field if you don't know your ID. This opens the Case Manager ID search screen.

| POC Search                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|--|----------|--|-----------|--|-----------|--|------------------|--|-------------------|--|-------|--|-------|--|--------|--|------------|--|--------------|--|---------------|--|--------|--|--------------------|--|---------|--|--------------|--|
| Case Manager ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [ Search ] |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Client ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Division   |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| POC Effective Date Range                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Please correct the fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Must enter at least one Prin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| <table border="1"> <thead> <tr> <th colspan="2">Case Manager ID Search</th> </tr> </thead> <tbody> <tr> <td>Clerk ID</td> <td></td> </tr> <tr> <td>User Name</td> <td></td> </tr> <tr> <td>Last Name</td> <td></td> </tr> <tr> <td>Phone Number Ext</td> <td></td> </tr> <tr> <td>Notification Type</td> <td></td> </tr> <tr> <td>Email</td> <td></td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Domain</td> <td></td> </tr> <tr> <td>First Name</td> <td></td> </tr> <tr> <td>Phone Number</td> <td></td> </tr> <tr> <td>Mid Init Name</td> <td></td> </tr> <tr> <td>Status</td> <td></td> </tr> <tr> <td>Branch Location ID</td> <td></td> </tr> <tr> <td>Manager</td> <td></td> </tr> <tr> <td colspan="2">search clear</td> </tr> </tbody> </table> |            | Case Manager ID Search |  | Clerk ID |  | User Name |  | Last Name |  | Phone Number Ext |  | Notification Type |  | Email |  | Title |  | Domain |  | First Name |  | Phone Number |  | Mid Init Name |  | Status |  | Branch Location ID |  | Manager |  | search clear |  |
| Case Manager ID Search                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Clerk ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| User Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Phone Number Ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Notification Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Domain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Mid Init Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Branch Location ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |
| search clear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                        |  |          |  |           |  |           |  |                  |  |                   |  |       |  |       |  |        |  |            |  |              |  |               |  |        |  |                    |  |         |  |              |  |

- Enter your information in the “Case Manager ID Search” panel field.
- Select the “search” button then select your information from the results.

**Base Information**

Case Manager ID\* TRNEE004 [ Search ] Division\* SPD

Coordinator ID [ Search ] POC Development Date\* 03/01/2013

Client ID\* 7753376C [ Search ] POC Review Date

Client Name PEACHEY, JONE POC Start Date\* 03/01/2013

POC End Date\* 12/31/2299

Route to Clerk ID [ Search ]

Close Reason

- Return to the “Base Information” panel.
- Select “SPD” in the “Division” dropdown.
- Enter the date on or before the consumer's first IHCA start date in the “POC Start Date” field.
- Enter **12/31/2299** in the “POC End Date” field (this date never changes).
- Scroll to the “Line Item” panel to add a line-item to the POC.

## Base Panel Quick Reference Input Guide

| MMIS Category Field/Dropdown | Base Panel Input                                                 |
|------------------------------|------------------------------------------------------------------|
| Division                     | Select “SPD”                                                     |
| POC Development Date         | MMIS auto fills to current Date                                  |
| POC Start Date               | Enter the date on or before the consumer’s first IHCA start date |
| POC End Date                 | 12/31/2299                                                       |

| Line Item           |                       | Top                     | Nav          | ?                           | A              | ⌂          | X |
|---------------------|-----------------------|-------------------------|--------------|-----------------------------|----------------|------------|---|
| Service Auth Number | Rendering Provider ID | Rendering Provider Name | Service Code | Service Description         | Effective Date | End Date   |   |
| A 1307200004        |                       |                         | S5125        | ATTENDANT CARE SERVICE /15M | 03/01/2013     | 02/28/2014 |   |

Type data below for new record

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Auth Number</b> 1307200004<br><b>Referring Provider ID</b> [ Search ]<br><b>Referring Provider Name</b> [ Search ]<br><b>Rendering Provider ID</b> [ Search ]<br><b>Rendering Provider Name</b> [ Search ]<br><b>Address</b><br><b>City</b><br><b>State</b><br><b>Zip</b><br><b>Authorizing Entity</b><br><b>Benefit Plan*</b><br><b>SPD Residential Notice</b> No<br><b>Print Notice*</b> No<br><b>Notice Date</b><br><b>Hearing Rights</b> No Notice | <b>Service Code Type</b> Procedure Code<br><b>Service Code*</b> S5125 [ Search ]<br><b>Service Description</b> ATTENDANT CARE SERVICE /15M<br><b>Effective Date*</b> 03/01/2013<br><b>End Date*</b> 02/28/2014<br><b>Units*</b> 0<br><b>Unit Qualifier*</b><br><b>Frequency*</b><br><b>Dollars*</b> \$0.00<br><b>Payment Method</b> Pay Unit Fee Price<br><b>Status*</b><br><b>Used Units</b> 0<br><b>Used Dollars</b><br><b>Balance Units</b> 0<br><b>Balance Dollars</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**add**

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

- Select the “add” button at the bottom of the panel.
- A line-item and Service Auth Number appear.
- The LineItem panel fields are enabled.
- **Enter information right to left in the LineItem panel fields.**
- **Avoid pressing <Enter> as it inserts another line item.**
- Keep “Procedure Code” as the default in the “Service Code Type” dropdown.
- Enter T1019 (ADL) S5125 (IADL) or A0090 (Mileage) in the “Service Code” field.
- Add a separate line item for each service code.
- The “Service Description” field updates automatically after entering the service code.
- Enter the effective Date (start of care) and the End Date (one year from start of care) in the “Effective Date” & “End Date” fields.
- The “Benefit Plan” dropdown, on the left side, auto-populates with options.
- Go to [Troubleshooting](#) if the “Benefit Plan” dropdown does not auto-populate.
- Continue updating down the right side of the “Line Item” panel.

| Line Item                                                                       |                       | Top Nav ? A X               |                                               |
|---------------------------------------------------------------------------------|-----------------------|-----------------------------|-----------------------------------------------|
| Service Auth Number                                                             | Rendering Provider ID | Rendering Provider Name     | Service Code                                  |
| A 1307200004                                                                    |                       |                             | S5125                                         |
|                                                                                 |                       | ATTENDANT CARE SERVICE /15M | Effective Date 03/01/2013 End Date 02/28/2014 |
| Type data below for new record.                                                 |                       |                             |                                               |
| Service Auth Number                                                             | 1307200004            | Service Code Type           | Procedure Code                                |
| Referring Provider ID                                                           | [ Search ]            | Service Code*               | S5125 [ Search ]                              |
| Referring Provider Name                                                         |                       | Service Description         | ATTENDANT CARE SERVICE /15M                   |
| Rendering Provider ID                                                           | [ Search ]            | Effective Date*             | 03/01/2013                                    |
| Rendering Provider Name                                                         |                       | End Date*                   | 02/28/2014                                    |
| Address                                                                         |                       | Units*                      | 200                                           |
| City                                                                            |                       | Unit Qualifier*             | FIFTEEN MINUTE                                |
| State                                                                           |                       | Frequency*                  | Weekly                                        |
| Zip                                                                             |                       | Dollars                     |                                               |
| Authorizing Entity                                                              |                       | Payment Method              | Pay System Price                              |
| Benefit Plan*                                                                   |                       | Status*                     | A - Active                                    |
| SPD Residential Notice                                                          | No                    | Used Units                  | 0                                             |
| Print Notice*                                                                   | No                    | Used Dollars                |                                               |
| Notice Date                                                                     |                       | Balance Units               | 0                                             |
| Hearing Rights                                                                  | No Notice             | Balance Dollars             |                                               |
| add                                                                             |                       |                             |                                               |
| -Modifiers- Select row above to update -or- click Add button below.             |                       |                             |                                               |
| *** No rows found ***                                                           |                       |                             |                                               |
| Modifier Sequence Number                                                        |                       | Modifier                    | [ Search ]                                    |
| Modifier Description                                                            |                       |                             |                                               |
| delete add                                                                      |                       |                             |                                               |
| -Reason Code- Select row above to update -or- click Add button below.           |                       |                             |                                               |
| *** No rows found ***                                                           |                       |                             |                                               |
| Reason Code                                                                     | [ Search ]            | Reason Description          |                                               |
| delete add                                                                      |                       |                             |                                               |
| -Client Direct Dollars- Select row above to update -or- click Add button below. |                       |                             |                                               |
| *** No rows found ***                                                           |                       |                             |                                               |
| Dollars                                                                         |                       |                             |                                               |
| add                                                                             |                       |                             |                                               |
| Notice Selection                                                                |                       |                             |                                               |
| Service Auth Number                                                             | 1307200004            | Client                      | Yes                                           |
| Referring Provider                                                              | Yes                   | Rendering Provider          | Yes                                           |
| Contact                                                                         | No                    |                             |                                               |

- Multiply the number of hours/miles per pay period by 2 and enter the total into the “Units” field (e.g., 100 hours x 2 units = 200 units).
- Select “Fifteen Minute” from the “Unit Qualifier” dropdown.
- Select “Weekly” in the “Frequency” field dropdown.
- Select “Pay System Price” in the “Payment Method” dropdown.
- Choose “A-Active” in the “Status” dropdown.
- “Used Units” and “Balance Units” fields update automatically as claims are processed.
- “Dollars Used”, “Dollars” and “Balance Dollars” fields are disabled.

| Line Item                                                                       |                                        |                         |                     |                             |                |                    | Top | Nav     | ?  | A | ⌵ | X          |  |
|---------------------------------------------------------------------------------|----------------------------------------|-------------------------|---------------------|-----------------------------|----------------|--------------------|-----|---------|----|---|---|------------|--|
| Service Auth Number                                                             | Rendering Provider ID                  | Rendering Provider Name | Service Code        | Service Description         | Effective Date | End Date           |     |         |    |   |   |            |  |
| 1307300008                                                                      | 8297828655 NPI                         | JOAQUIN O SHUMPERT      | S5125               | ATTENDANT CARE SERVICE /15M | 03/01/2013     | 02/28/2014         |     |         |    |   |   |            |  |
| Type changes below.                                                             |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| Service Auth Number                                                             | 1307300008                             |                         | Service Code Type   | Procedure Code              |                |                    |     |         |    |   |   |            |  |
| Referring Provider ID                                                           | [ Search ]                             |                         | Service Code*       | S5125 [ Search ]            |                |                    |     |         |    |   |   |            |  |
| Referring Provider Name                                                         |                                        |                         | Service Description | ATTENDANT CARE SERVICE /15M |                |                    |     |         |    |   |   |            |  |
| Rendering Provider ID                                                           | 8297828655 NPI [ Search ]              |                         | Effective Date*     | 03/01/2013                  |                |                    |     |         |    |   |   |            |  |
| Rendering Provider Name                                                         | JOAQUIN O SHUMPERT                     |                         | End Date*           | 02/28/2014                  |                |                    |     |         |    |   |   |            |  |
| Address                                                                         | EXTENDICARE HOMES INC                  |                         | Units*              | 200                         |                |                    |     |         |    |   |   |            |  |
|                                                                                 | 11325 NE WEIDLER ST                    |                         | Unit Qualifier*     | FIFTEEN MINUTE              |                |                    |     |         |    |   |   |            |  |
| City                                                                            | PORTLAND                               |                         | Frequency*          | Weekly                      |                |                    |     |         |    |   |   |            |  |
| State                                                                           | OR                                     |                         | Dollars             |                             |                |                    |     |         |    |   |   |            |  |
| Zip                                                                             | 97220 1950                             |                         | Payment Method      | Pay System Price            |                |                    |     |         |    |   |   |            |  |
| Authorizing Entity                                                              | 0024 - MARION                          |                         | Status*             | A - Active                  |                |                    |     |         |    |   |   |            |  |
| Benefit Plan*                                                                   | Oregon Project Independence - Medicaid |                         | Used Units          | 0                           |                |                    |     |         |    |   |   |            |  |
| SPD Residential Notice                                                          | No                                     |                         | Used Dollars        |                             |                |                    |     |         |    |   |   |            |  |
| Print Notice*                                                                   | No                                     |                         | Balance Units       | 4800                        |                |                    |     |         |    |   |   |            |  |
| Notice Date                                                                     |                                        |                         | Balance Dollars     |                             |                |                    |     |         |    |   |   |            |  |
| Hearing Rights                                                                  | No Notice                              |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| add                                                                             |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| -Modifiers- Select row above to update -or- click Add button below.             |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| *** No rows found ***                                                           |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| Modifier Sequence Number                                                        |                                        |                         | Modifier            | [ Search ]                  |                |                    |     |         |    |   |   |            |  |
| Modifier Description                                                            |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
|                                                                                 |                                        |                         |                     |                             |                |                    |     |         |    |   |   | delete add |  |
| -Reason Code- Select row above to update -or- click Add button below.           |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| *** No rows found ***                                                           |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| Reason Code                                                                     | [ Search ]                             |                         | Reason Description  |                             |                |                    |     |         |    |   |   |            |  |
|                                                                                 |                                        |                         |                     |                             |                |                    |     |         |    |   |   | delete add |  |
| -Client Direct Dollars- Select row above to update -or- click Add button below. |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| *** No rows found ***                                                           |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| Dollars                                                                         |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
|                                                                                 |                                        |                         |                     |                             |                |                    |     |         |    |   |   | add        |  |
| Notice Selection                                                                |                                        |                         |                     |                             |                |                    |     |         |    |   |   |            |  |
| Service Auth Number                                                             | 1307300008                             | Client                  | Yes                 | Referring Provider          | Yes            | Rendering Provider | Yes | Contact | No |   |   |            |  |

- Enter the IHCA's provider number in the "Rendering Provider ID" field or select "[Search]" to find the provider.
- The "Rendering Provider ID" and "Address" fields auto-populate after selecting the provider.
- Choose your branch on the "Authorizing Entity" dropdown.
- Select "Oregon Project Independence - Medicaid" in the "Benefit Plan" dropdown.
- Do not adjust defaults for "SPD Residential Notice", "Print Notice", "Hearing Right" or any other sections in the "Line Item" or "Notice Selection" panel.

- Scroll up to the “Plan of Care Maintenance” panel and select “save” button.
- The IHCA POC is now set up.

## If you create a line-item by mistake:

- Select the “cancel” button in the “Plan of Care Maintenance” panel.
- All unsaved line-items will be canceled.
- Re-enter the POC information, starting with the Base Information panel.

## POC Quick Reference Input Guide

Complete input panel fields right to left. **Tab** or select through panel fields. Avoid **<Enter>** or saving until all line-items for all procedure codes are complete. Do not change any MMIS category field/dropdowns not listed in the table.

| MMIS Category<br>Field/Dropdown | IHCAPanelInput             |
|---------------------------------|----------------------------|
| Service Type Code               | Select “Procedure<br>code” |

| <b>MMIS Category<br/>Field/Dropdown</b>     | <b>IHCAPanelInput</b>                                                             |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| <b>Service Codes</b>                        | T1019 (ADL) S5125<br>(IADL) A0090<br>(Mileage)                                    |
| <b>Service Description</b>                  | Auto-generates with<br>service code entry.                                        |
| <b>Effective Date</b>                       | Enter date care<br>starts.                                                        |
| <b>EndDate</b>                              | Enter one year from<br>start of care.                                             |
| <b>Units</b>                                | Multiply the number<br>of hours/miles per<br>pay period by 2,<br>enter the total. |
| <b>Unit Qualifier</b>                       | Select "Fifteen<br>Minute"                                                        |
| <b>Frequency</b>                            | Select "Weekly"                                                                   |
| <b>Payment Method</b>                       | Select "Pay System<br>Price"                                                      |
| <b>Status</b>                               | Select "A-Active"                                                                 |
| <b>Service<br/>Authorization<br/>Number</b> | MMIS creates and<br>autofills this number<br>with a new line item.                |

| <b>MMIS Category<br/>Field/Dropdown</b> | <b>IHCAPanelInput</b>                                                   |
|-----------------------------------------|-------------------------------------------------------------------------|
| <b>Rendering Provider<br/>ID</b>        | Enter the agency's provider number or select [Search] to find provider. |
| <b>Address</b>                          | Auto-populates when rendering provider ID is entered.                   |
| <b>AuthorizingEntity</b>                | Select your branch from the dropdown menu.                              |
| <b>Benefit Plan</b>                     | Select "Oregon Project Independence - Medicaid".                        |

## Updating

Go to [Find Existing](#) for help finding and choosing a POC.

**Base Information**

Case Manager ID\* TRNEE004 [ Search ] Division\* SPD

Coordinator ID [ Search ] POC Development Date\* 03/12/2013

Client ID\* VQE6209C [ Search ] POC Review Date

Client Name BRENDLE, LAQUITA B POC Start Date\* 03/01/2013

POC End Date\* 12/31/2299

Route to Clerk ID [ Search ]

Close Reason

**Line Item**

| Service Auth Number | Rendering Provider ID | Rendering Provider Name | Service Code | Service Description         | Effective Date | End Date   |
|---------------------|-----------------------|-------------------------|--------------|-----------------------------|----------------|------------|
| 1307100001          | 8277515619 NPI        | ALONA W HAGUE           | S5125        | ATTENDANT CARE SERVICE /15M | 03/01/2013     | 03/11/2013 |
| 1307100004          | 8196775328 NPI        | LATOYIA G SAVAGE        | S5125        | ATTENDANT CARE SERVICE /15M | 03/12/2013     | 09/30/2013 |

Type changes below.

**Service Auth Number** 1307100001

**Referring Provider ID** [ Search ]

**Referring Provider Name**

**Rendering Provider ID** 8277515619 NPI [ Search ]

**Rendering Provider Name** ALONA W HAGUE

**Address** MARQUIS COMPANIES I INC

6040 SE BELMONT ST

**City** PORTLAND

**State** OR

**Zip** 97215 1974

**Authorizing Entity** 0024 - MARION

**Benefit Plan\*** Oregon Project Independence - Medicaid

**SPD Residential Notice** No

**Print Notice\*** No

**Notice Date**

**Hearing Rights** No Notice

**Service Code Type** Procedure Code

**Service Code\*** S5125 [ Search ]

**Service Description** ATTENDANT CARE SERVICE /15M

**Effective Date\*** 03/01/2013

**End Date\*** 03/11/2013

**Units\*** 200

**Unit Qualifier\*** FIFTEEN MINUTE

**Frequency\*** Weekly

**Dollars**

**Payment Method** Pay System Price

**Status\*** A - Active

**Used Units** 0

**Used Dollars**

**Balance Units** 400

**Balance Dollars**

add

- Select a line from the “Line Item” panel.
- The panel expands, showing the line-item details.
- If there is only one line-item, the “Line Item” panel will automatically show line-item details.
- The current line-item must be ended before a new one is created.

Base Information

Case Manager ID\* MZ5WBG [ Search ]

Coordinator ID [ Search ]

Client ID\* ES228486 [ Search ]

Client Name STABLER, ELLIOT A

Division\* SPD

POC Development Date\* 03/25

POC Review Date

POC Start Date\* 03/25

POC End Date\* 12/31

Route to Clerk ID [ Search ]

Close Reason

Do not update the Base Information panel!

Line Item

| Service Auth Number | Rendering Provider ID | Rendering Provider Name | Service Code | Service Description         | Effective Date | End Date   |
|---------------------|-----------------------|-------------------------|--------------|-----------------------------|----------------|------------|
| M 1816500001        | 121678 MCD            | MERIT HOME HEALTH INC   | S5125        | Attendant care service /15m | 03/25/2018     | 05/05/2018 |

Type changes below.

Service Auth Number 1816500001

Referring Provider ID [ Search ]

Referring Provider Name

Rendering Provider ID 121678 MCD [ Search ]

Rendering Provider Name MERIT HOME HEALTH INC

Address 3295 TRIANGLE DR SE STE 100

City SALEM

State OR

Zip 97302 4566

Authorizing Entity 0024 - MARION

Benefit Plan\* Oregon Project Independence - Medicaid

SPD Residential Notice No

Print Notice\* No

Notice Date

Hearing Rights No Notice

Service Code Type Procedure Code

Service Code\* S5125 [ Search ]

Service Description Attendant care service /15m

Effective Date\* 03/25/2018

End Date\* 05/05/2018

Units\* 60

Unit Qualifier\* 15-MINUTES

Frequency\* Weekly

Dollars

Payment Method Pay System Price

Status\* A - Active

Used Units 0

Used Dollars

Balance Units 3180

Balance Dollars

add

- Update the “EndDate” field under “Type changes below”.
- Enter the last date at a current service level or the last date the current agency is providing services in the “End Date” field.
- The “EndDate” field dates must be within the initial “POC Start Date” field dates and 12/31/2299 in the “Base Information” panel.
- Select "add" button to start a new line-item.
- A new line-item, new “ServiceAuthNumber” and blank “Line Item” panel appears.

| Line Item                       |                       |                         |                   |                         |                             |                         | Top        | Nav                    | ? | A                     | ⌂ | X |  |
|---------------------------------|-----------------------|-------------------------|-------------------|-------------------------|-----------------------------|-------------------------|------------|------------------------|---|-----------------------|---|---|--|
| Service Auth Number             | Rendering Provider ID | Rendering Provider Name | Service Code      | Service Description     | Effective Date              | End Date                |            |                        |   |                       |   |   |  |
| A 1307400002                    | 1307400001            | 8126323104 NPI          | TRISTAN F FORDYCE | S5125                   | ATTENDANT CARE SERVICE /15M | 02/01/2013              | 01/31/2014 |                        |   |                       |   |   |  |
| Type data below for new record. |                       |                         |                   |                         |                             |                         |            |                        |   |                       |   |   |  |
| Service Auth Number             | 1307400002            | Referring Provider ID   |                   | [ Search ]              |                             | Referring Provider Name |            | [ Search ]             |   | Rendering Provider ID |   |   |  |
| Rendering Provider Name         |                       | [ Search ]              |                   | Rendering Provider Name |                             | [ Search ]              |            | Address                |   | City                  |   |   |  |
| State                           |                       | Zip                     |                   | Authorizing Entity      |                             | Benefit Plan*           |            | SPD Residential Notice |   | Print Notice*         |   |   |  |
| Notice Date                     |                       | Hearing Rights          |                   | No Notice               |                             | Service Code Type       |            | Procedure Code         |   | Service Code*         |   |   |  |
| [ Search ]                      |                       | Service Description     |                   | Effective Date*         |                             | End Date*               |            | Units*                 |   | Unit Qualifier*       |   |   |  |
| Frequency*                      |                       | Dollars*                |                   | \$0.00                  |                             | Payment Method          |            | Pay Unit Fee Price     |   | Status*               |   |   |  |
| Used Units                      |                       | Used Dollars            |                   | Balance Units           |                             | Balance Dollars         |            | add                    |   |                       |   |   |  |

- “Typedata below for new record.” Displays above the “Line Item” panel fields.
- MMIS auto-fills “Procedure Code” in the “ServiceCode Type” dropdown.
- “Payment Method” may auto-fill incorrectly. Select "Pay System Price".

| Line Item                       |                       |                         |                   |                             |                             |                         | Top        | Nav                    | ? | A                     | ⌂ | X |  |
|---------------------------------|-----------------------|-------------------------|-------------------|-----------------------------|-----------------------------|-------------------------|------------|------------------------|---|-----------------------|---|---|--|
| Service Auth Number             | Rendering Provider ID | Rendering Provider Name | Service Code      | Service Description         | Effective Date              | End Date                |            |                        |   |                       |   |   |  |
| A 1307400003                    | 1307400001            | 8126323104 NPI          | TRISTAN F FORDYCE | S5125                       | ATTENDANT CARE SERVICE /15M | 03/15/2013              | 02/28/2014 |                        |   |                       |   |   |  |
| Type data below for new record. |                       |                         |                   |                             |                             |                         |            |                        |   |                       |   |   |  |
| Service Auth Number             | 1307400003            | Referring Provider ID   |                   | [ Search ]                  |                             | Referring Provider Name |            | [ Search ]             |   | Rendering Provider ID |   |   |  |
| Rendering Provider Name         |                       | [ Search ]              |                   | Rendering Provider Name     |                             | [ Search ]              |            | Address                |   | City                  |   |   |  |
| State                           |                       | Zip                     |                   | Authorizing Entity          |                             | Benefit Plan*           |            | SPD Residential Notice |   | Print Notice*         |   |   |  |
| Notice Date                     |                       | Hearing Rights          |                   | No Notice                   |                             | Service Code Type       |            | Procedure Code         |   | Service Code*         |   |   |  |
| [ Search ]                      |                       | Service Description     |                   | ATTENDANT CARE SERVICE /15M |                             | Effective Date*         |            | 03/15/2013             |   | End Date*             |   |   |  |
| Units*                          |                       | Unit Qualifier*         |                   | FIFTEEN MINUTE              |                             | Frequency*              |            | Weekly                 |   | Dollars               |   |   |  |
| Payment Method                  |                       | Pay System Price        |                   | Status*                     |                             | A - Active              |            | Used Units             |   | Used Dollars          |   |   |  |
| Balance Units                   |                       | Balance Dollars         |                   | 0                           |                             | 0                       |            | add                    |   |                       |   |   |  |

- Update each field to reflect the IHCA changes (see next page for details).

| Line Item           |                       |                         |              |                             |                |            | Top | Nav | ? | A | ⬆ | ⬇ | X |
|---------------------|-----------------------|-------------------------|--------------|-----------------------------|----------------|------------|-----|-----|---|---|---|---|---|
| Service Auth Number | Rendering Provider ID | Rendering Provider Name | Service Code | Service Description         | Effective Date | End Date   |     |     |   |   |   |   |   |
| A 1307400003        | 8196775328 NPI        | LATOYIA G SAVAGE        | S5125        | ATTENDANT CARE SERVICE /15M | 03/15/2013     | 02/28/2014 |     |     |   |   |   |   |   |
| 1307400001          | 8126323104 NPI        | TRISTAN F FORDYCE       | S5125        | ATTENDANT CARE SERVICE /15M | 02/01/2013     | 03/14/2013 |     |     |   |   |   |   |   |

Type data below for new record.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Auth Number</b> 1307400003<br><b>Referring Provider ID</b> [ Search ]<br><b>Referring Provider Name</b> [ Search ]<br><b>Rendering Provider ID</b> 8196775328 NPI [ Search ]<br><b>Rendering Provider Name</b> LATOYIA G SAVAGE<br><b>Address</b> 5023 SE 32ND AVE<br><b>City</b> PORTLAND<br><b>State</b> OR<br><b>Zip</b> 97202 4305<br><b>Authorizing Entity</b> 0024 - MARION<br><b>Benefit Plan*</b> Oregon Project Independence - Medicaid<br><b>SPD Residential Notice</b> No<br><b>Print Notice*</b> No<br><b>Notice Date</b><br><b>Hearing Rights</b> No Notice | <b>Service Code Type</b> Procedure Code<br><b>Service Code*</b> S5125 [ Search ]<br><b>Service Description</b> ATTENDANT CARE SERVICE /15M<br><b>Effective Date*</b> 03/15/2013<br><b>End Date*</b> 02/28/2014<br><b>Units*</b><br><b>Unit Qualifier*</b> FIFTEEN MINUTE<br><b>Frequency*</b><br><b>Dollars</b><br><b>Payment Method</b> Pay System Price<br><b>Status*</b> A - Active<br><b>Used Units</b> 0<br><b>Used Dollars</b><br><b>Balance Units</b> 4800<br><b>Balance Dollars</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**add**

- Enter all IHCA line-item information from right to left using the **Tab** key avoid **<Enter>**.

| Plan of Care Maintenance                    |                  | Prefs                                                                                                                                                                                                                                                                                                           | Top | Bot | ? | ⬆ | ⬇ |                     |       |       |     |                                             |                  |  |  |
|---------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---|---|---|---------------------|-------|-------|-----|---------------------------------------------|------------------|--|--|
| Plan Of Care                                |                  | Base Information Letters Line Item                                                                                                                                                                                                                                                                              |     |     |   |   |   |                     |       |       |     |                                             |                  |  |  |
| <b>save</b> <b>cancel</b> <b>new</b>        |                  | <b>The following messages were generated:</b><br><table border="1"> <thead> <tr> <th>Message Description</th> <th>Panel</th> <th>Field</th> <th>Row</th> </tr> </thead> <tbody> <tr> <td>Save was Successful. All panels were saved.</td> <td>Base Information</td> <td></td> <td></td> </tr> </tbody> </table> |     |     |   |   |   | Message Description | Panel | Field | Row | Save was Successful. All panels were saved. | Base Information |  |  |
| Message Description                         | Panel            | Field                                                                                                                                                                                                                                                                                                           | Row |     |   |   |   |                     |       |       |     |                                             |                  |  |  |
| Save was Successful. All panels were saved. | Base Information |                                                                                                                                                                                                                                                                                                                 |     |     |   |   |   |                     |       |       |     |                                             |                  |  |  |

- Scroll up and select “save” button in the “Plan of Care Maintenance” panel.

## Scenario Guidance

### Change in Service Hours

- Create a new POC to match any service plan.
- Enter the updated units (new hours per pay period multiplied by 2) in “Units” field.
- If the hours remain the same, the “Units” field remains unchanged.

### Change in Agency

- End the original agency’s line item (enter last care date in the “End Date” field).
- Enter new agency's start date in the “Effective Date” field.
- Enter the original end date (1 year out from original start date) in the “End Date” field.
- Select “A-Active” from the “Status” drop-down.
- Enter the Rendering Provider ID by selecting “[Search]” or manually entering the provider’s ID.

### Mid-Pay Period Changes

- If care and eligibility allow, end the current line-item on Saturday so the new line-item starts on Sunday.
- Add another line item for the remaining POC period with remaining pay period units.
- Determine units for 7 days or less by multiplying hours per pay period by 4.
- Go to [Updating](#) for help updating line-items.

### Adjustment Considerations:

- Adjusting units within a week often requires working with the agency to determine used hours, subtracting these from available hours and converting to units.
- Determine mileage by using pay period miles divided in half (divided by 2).
- Mileage should not be prorated.

## Troubleshooting

**SCMs are responsible to troubleshoot provider payment issues. Select [OPI-M Policy](#) to email them for support. Remain in contact with the provider/agency throughout the troubleshooting process.**

type changes below.

|                                                              |                                                   |                |
|--------------------------------------------------------------|---------------------------------------------------|----------------|
| Service Auth Number: 2421800173                              | Service Code Type: Procedure Code                 | LSI            |
| Referring Provider ID: [Search]                              | Service Code*: T1019                              | LOCUS          |
| Referring Provider Name                                      | Service Description: Personal care ser per 15 min | Misc Info 1    |
| Rendering Provider ID: 500760917                             | Effective Date*: 09/08/2024                       | Misc Info 2    |
| Rendering Provider Name: NEW HORIZONS IN HOME CARE SOLUTIONS | End Date*: 09/06/2025                             | Date of Action |
| Address: ALTRU HOME CARE LLC                                 | Units*: 10                                        |                |
| City: SALEM                                                  | Unit Qualifier*: 15-MINUTES                       |                |
| State: OR                                                    | Frequency*: Weekly                                |                |
| Zip: 97305                                                   | Dollars                                           |                |
| Authorizing Entity: 1418 - SE PDX AS/DS                      | Payment Method: Pay System Price                  |                |
| Benefit Plan*: [Dropdown]                                    | Status*: A - Active                               |                |
| SPD Residential Notice: No                                   | Used Units: 264                                   |                |
| Print Notice*: No                                            | Used Dollars                                      |                |
| Notice Date                                                  | Balance Units: 256                                |                |
| Hearing Rights: No Notice                                    | Balance Dollars                                   |                |

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

**A benefit plan may not auto-populate after updating the "Line Item" panel. This happens due to an effective date issue.**

ormmis\trnee004  
Monday, March 18, 2013

Prior Authorization Provider EDI **Recipient** Reference TPL CTMS HG Site EDMS Help

[ Search ] Division [Dropdown] search clear

|              |                              |
|--------------|------------------------------|
| Benefit Plan | BMD 11/01/2023 - 12/31/2299  |
| Coverage     | BMD 11/01/2023 - 12/31/2299  |
| Record       | SMHS 12/16/2014 - 12/31/2299 |
| ed Care      | CRN 12/16/2014 - 12/31/2299  |
| TPL          | BPA 11/01/2024 - 09/06/2025  |
|              | BPA 09/08/2024 - 10/31/2024  |
|              | BPA 11/01/2023 - 09/07/2024  |
|              | BPA 09/10/2023 - 10/31/2023  |
| Lockin       | BMM 11/01/2021 - 10/31/2023  |
| of Care      | BPA 09/17/2022 - 09/09/2023  |
| Liability    | BMD 10/01/2021 - 10/31/2021  |
| Buy-in       | BMH 12/16/2014 - 09/30/2021  |
|              | SMHS 01/01/2014 - 10/31/2014 |
| ification    | BMH 01/01/2014 - 10/31/2014  |
| re Date      | CRN 01/01/2014 - 10/31/2014  |
| al Date      | SMHS 04/01/2006 - 06/30/2006 |
| e Mgmt       | KIT 04/01/2006 - 06/30/2006  |
| e Mgmt       | CRN 04/01/2006 - 06/30/2006  |
|              | SMHS 03/01/2006 - 03/31/2006 |
| Format       | BMH 03/01/2006 - 03/31/2006  |
| lection      | CRN 03/01/2006 - 03/31/2006  |

- Select "Recipient" from the MMIS Home screen menu.
- Open the "Benefit Plan" dropdown in the "Recipient" panel.
- Compare the dates in the dropdown with the dates in the updated "Line Item" panel.
- Using an effective date of 09/08/24 and end date 09/06/25 doesn't match the dates of service on this dropdown list.
- POC dates must match the corresponding service and medical eligibility dates.
- Take down BPA dates 09/08/24-10/31/24 & 11/01/2024-09/06/2025.
- Return to the updated "POC Line Item" panel

Type changes below.

|                         |                                       |                     |                              |                |  |
|-------------------------|---------------------------------------|---------------------|------------------------------|----------------|--|
| Service Auth Number     | 2421800173                            | Service Code Type   | Procedure Code               | LSI            |  |
| Referring Provider ID   | [ Search ]                            | Service Code*       | T1019 [ Search ]             | LOCUS          |  |
| Referring Provider Name |                                       | Service Description | Personal care ser per 15 min | Misc Info 1    |  |
| Rendering Provider ID   | 500760917 [ Search ]                  | Effective Date*     | 09/08/2024                   | Misc Info 2    |  |
| Rendering Provider Name | NEW HORIZONS IN HOME CARE SOLUTIONS   | End Date*           | 10/31/2024                   | Date of Action |  |
| Address                 | ALTRU HOME CARE LLC                   | Units*              | 10                           |                |  |
| City                    | SALEM                                 | Unit Qualifier*     | 15-MINUTES                   |                |  |
| State                   | OR                                    | Frequency*          | Weekly                       |                |  |
| Zip                     | 97305                                 | Dollars             |                              |                |  |
| Authorizing Entity      | 1418 - SE PDX AS/DS                   | Payment Method      | Pay System Price             |                |  |
| Benefit Plan*           | OregonProject Independence-Medicaid   | Status*             | A - Active                   |                |  |
| SPD Residential Notice  | OHP with Limited Drug (BMD)           | Used Units          | 264                          |                |  |
| Print Notice*           | State Medicaid Mental Health Services | Used Dollars        |                              |                |  |
| Notice Date             | Contract Nursing                      | Balance Units       | 256                          |                |  |
| Hearing Rights          |                                       | Balance Dollars     |                              |                |  |

**add**

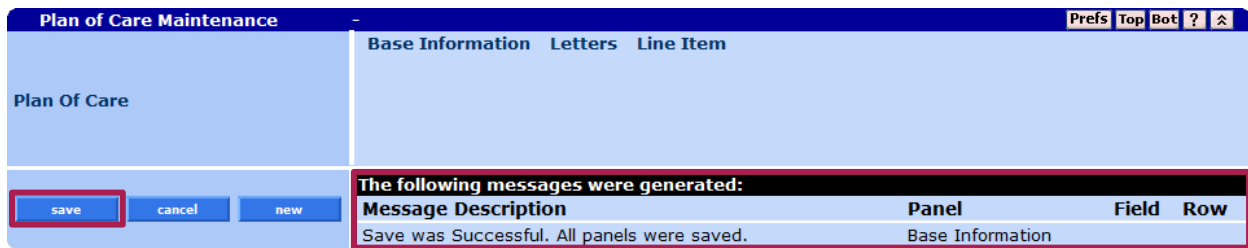
- Update the “Effective Date” and “End Date” fields to match the first service authorization dates taken from the “Benefit Plan” dropdown in the “Recipient” panel.
- When the “Effective Date” and “End Date” fields match service authorization, the “Benefit Plan” field auto-populates.
- Select, "Oregon Project Independence - Medicaid" from the “Benefit Plan” dropdown in the “Line Item” panel.
- Select "add" button to create a new line-item authorization for each service code between 09/08/24 and 09/06/25.

Type changes below.

|                         |                                       |                     |                              |                |  |
|-------------------------|---------------------------------------|---------------------|------------------------------|----------------|--|
| Service Auth Number     | 2421800173                            | Service Code Type   | Procedure Code               | LSI            |  |
| Referring Provider ID   | [ Search ]                            | Service Code*       | T1019 [ Search ]             | LOCUS          |  |
| Referring Provider Name |                                       | Service Description | Personal care ser per 15 min | Misc Info 1    |  |
| Rendering Provider ID   | 500760917 [ Search ]                  | Effective Date*     |                              | Misc Info 2    |  |
| Rendering Provider Name | NEW HORIZONS IN HOME CARE SOLUTIONS   | End Date*           |                              | Date of Action |  |
| Address                 | ALTRU HOME CARE LLC                   | Units*              | 10                           |                |  |
| City                    | SALEM                                 | Unit Qualifier*     | 15-MINUTES                   |                |  |
| State                   | OR                                    | Frequency*          | Weekly                       |                |  |
| Zip                     | 97305                                 | Dollars             |                              |                |  |
| Authorizing Entity      | 1418 - SE PDX AS/DS                   | Payment Method      | Pay System Price             |                |  |
| Benefit Plan*           | OregonProject Independence-Medicaid   | Status*             | A - Active                   |                |  |
| SPD Residential Notice  | OHP with Limited Drug (BMD)           | Used Units          | 264                          |                |  |
| Print Notice*           | State Medicaid Mental Health Services | Used Dollars        |                              |                |  |
| Notice Date             | Contract Nursing                      | Balance Units       | 256                          |                |  |
| Hearing Rights          |                                       | Balance Dollars     |                              |                |  |

**add**

- Enter the second authorization dates in the “Effective Date” and “End Date” fields.
- Select, "Oregon Project Independence - Medicaid" from the dropdown.



- Scroll up to select the “save” button in the “Plan of Care Maintenance” panel.

## Problem:

- When saving a POC, a message appears on the “Maintenance” panel listing fields that need to be completed on the “Line Item” panel.

## Solution:

- Select "cancel" on the “Maintenance” panel to remove both the original and extra line items.
- Re-enter the POC.
- While you can withdraw the extra line-item, it's more complicated and time-consuming than canceling and starting over.

## Problem:

- When saving a POC this message appears: "Line-item effective date must be later than or equal to POC start date. Start date excludes a service line-item."

## Solution:

- Effective dates and end dates in the “Line Item” panel must fall between the POC start and end dates on the “Base Information” panel.
- If the line-item effective date is before the POC start date, change the POC start date to match.

## Problem:

- When saving a POC you may see a paid claim error. This error can be either an effective or end date error.
- This error typically happens when you’re ending a line item and trying to start a new one, matching that line-item.

## Solution:

- The IHCA needs to void claims to correct the issue.

## IHCA Billing Solutions:

- **Effective Date Errors:** IHCA will void any claims that have the start date of the line-item as a date of service.
- **End Date Errors:** IHCA will void any claims billed after the end date. Once the IHCA voids the needed claims, adjust the line-item.

## Never:

- Never ask an IHCA to void a claim on a Friday. It does not give them enough time to re-bill.
- Never ask an IHCA to void a claim more than a year old. Staff this with the IHCA policy analyst. Select [IHCA policy](#) to send an email.

## Find Existing

The screenshot shows the 'Inter Change' Government Health Portfolio website. The top navigation bar includes links for Home, Claims, Drug, Financial, Managed Care, MAR, POC, Prior Authorization, Provider EDI, Recipient Reference, TPL, CTMS, Site, EDMS, and Help. The 'Prior Authorization' link is highlighted. Below the navigation bar, there is a 'search' button and a 'Prior Authorization Search' form. The form has two columns of input fields: 'Prior Authorization' (with fields for Provider ID, Diagnosis, Reviewer, and Route To Clerk) and 'Current ID' (with fields for Division, Analyst, Assignment Code, and Emergency). Each field has a '[ Search ]' button next to it. There is also a 'Records' dropdown menu set to '20'. On the right side of the form, there are buttons for 'search', 'clear', 'adv search', and 'add'.

- Select “Prior Authorizations” from the MMIS home screen menu.
- Select “search” from the “Prior Authorization” submenu.

This screenshot shows the same 'Prior Authorization Search' form as the previous one, but with a search result. The 'Current ID' field is now populated with the value 'AEW00L1F'. The 'search' button on the right is highlighted with a red box. Below the form, there is a section titled 'Search Results' which displays the message '\*\*\* No rows found \*\*\*'.

- Type the consumer’s Prime number into the “Current ID” field or the prior authorization number in the “Prior Authorization” field of the “Prior Authorization” Search panel.
- Select “search” button.

Inter Change Government Health Portfolio ormmis\dmrande  
Thursday, November 13, 2008

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

home **search** information dur plus related data

### Prior Authorization Search

Prior Authorization:

Provider ID:  [ Search ]

Diagnosis:  [ Search ]

Reviewer:  [ Search ]

Route To Clerk:  [ Search ]

Current ID: AEA00L1F [ Search ]

Division:

Analyst:  [ Search ]

Assignment Code:

Emergency:

Records: 20

| PA Number  | Line Item | Authorized Eff. Date | Authorized End Date | Assignment Code | Provider   | Service Provider | Service Code | Service Code Thru | Status   | Current ID | Emergency |
|------------|-----------|----------------------|---------------------|-----------------|------------|------------------|--------------|-------------------|----------|------------|-----------|
| 8008285002 | 01        | 12/01/2008           | 12/30/2008          | SPD - CRN       | 1881738300 | NPI 1881738300   | NPI 55110    |                   | Approved | AEA00L1F   | R         |
| 8008283001 | 01        | 09/01/2008           | 09/01/2008          | SPD - CRN       | 1881738300 | NPI 1881738300   | NPI 99347    |                   | Approved | AEA00L1F   | R         |
| 8008284001 | 01        | 10/01/2008           | 10/31/2008          | SPD - CRN       | 1881738300 | NPI 1881738300   | NPI 99347    |                   | Approved | AEA00L1F   | R         |
| 8008285001 | 01        | 11/01/2008           | 11/30/2008          | SPD - CRN       | 1881738300 | NPI 1881738300   | NPI 99347    |                   | Approved | AEA00L1F   | R         |
| 8008285003 | 01        | 11/01/2008           | 11/30/2008          | SPD - CRN       | 1881738300 | NPI 1881738300   | NPI 55115    |                   | Approved | AEA00L1F   | R         |
| 8008287002 | 01        | 08/01/2008           | 08/15/2008          | SPD - CRN       | 1881738300 | NPI 1881738300   | NPI 99347    |                   | Approved | AEA00L1F   | R         |

- Select the line-item (authorization) you want to view from the “Search Results” panel.
- 

## Create

- Select [Find Existing](#) for help searching for prior authorizations.

Inter Change Government Health Portfolio ormmis\dmrande  
Thursday, November 13, 2008

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

home **search** information dur plus related data

### Prior Authorization Search

Prior Authorization:

Provider ID:  [ Search ]

Diagnosis:  [ Search ]

Reviewer:  [ Search ]

Route To Clerk:  [ Search ]

Current ID: AEW00L1F [ Search ]

Division:

Analyst:  [ Search ]

Assignment Code:

Emergency:

Records: 20

| Search Results        |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|
| *** No rows found *** |  |  |  |  |  |  |  |  |  |  |  |

- Select “add” button in “Prior Authorization Search” panel to create a new prior authorization for ERS or LTCCN/CRN if **\*\*\*No rows found\*\*\*** appears in the Search Results panel.
- Select [Updating](#) if rows appear in the “Search Results” panel.
- “Prior Authorization Information”, “Prior Authorization Maintenance”, “Base Information”, “Line Item” and “Notice Selection” panels display.
- Locate the “Base Information” panel.

**Base Information** Top Nav ? A X

|                                                       |                                                    |
|-------------------------------------------------------|----------------------------------------------------|
| Provider ID <input type="text"/> [ Search ]           | Vendor Patient Account Number <input type="text"/> |
| Referring Provider ID <input type="text"/> [ Search ] | Division <input type="text"/>                      |
| PA Assignment* <input type="text"/>                   | Fund Code <input type="text"/>                     |
| Current ID* <input type="text"/> [ Search ]           | Update Reviewed <input type="text"/>               |
| Update Received <input type="text"/>                  | Reviewer <input type="text"/> [ Search ]           |
| Emergency* <input type="text"/>                       | Route To Clerk <input type="text"/> [ Search ]     |
| Accident* <input type="text"/>                        | Special Considerations* <input type="text"/>       |
| Media Type* <input type="text"/>                      |                                                    |

Select row below to update -or- type data below to add.

|                                                |
|------------------------------------------------|
| Diagnosis Code <input type="text"/> [ Search ] |
| Diagnosis Name <input type="text"/>            |

delete add

- Select “[Search]” next to the “ProviderID” field or enter the 6-digit provider number.
- **Tab** through “Base Information” fields for ERS or LTCCN.
- Avoid <Enter> to prevent prematurely processing the authorization.
- Select “**Other**” for ERS or “**SPD-CRN**” for LTCCN in “PA Assignment” dropdown.
- Enter the consumer’s Prime Number in the “Current ID” field.
- Select “Routine” from the “Emergency” dropdown.
- Select “No” from the “Accident” dropdown.
- Select “Online” in the “Media Type” dropdown.
- Select “**SPD-Lifeline**” (ERS) or “**SPD-Contract RN**” (LTCCN) in the Division dropdown.
- Leave “No” as the default in the Special Considerations dropdown.
- Select “add” button in “Base Information” panel to generate a prior authorization number.
- Scroll down to “Line Item” panel.

**Line Item** Top Nav ? A X

\*\*\* No rows found \*\*\*

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

|                                                     |                                                   |                                            |
|-----------------------------------------------------|---------------------------------------------------|--------------------------------------------|
| Line Item <input type="text"/>                      | ICD9 Code <input type="text"/> [ Search ]         | Requested Eff. Date <input type="text"/>   |
| Service Type Code <input type="text"/>              | Thru Service <input type="text"/> [ Search ]      | Requested End Date <input type="text"/>    |
| Procedure Code <input type="text"/> [ Search ]      | Modifier 1 <input type="text"/> [ Search ]        | Requested Units <input type="text"/>       |
| Modifier 2 <input type="text"/> [ Search ]          | Modifier 2 <input type="text"/> [ Search ]        | Requested Dollars <input type="text"/>     |
| Modifier 3 <input type="text"/> [ Search ]          | Modifier 4 <input type="text"/> [ Search ]        | Authorized Eff. Date <input type="text"/>  |
| Tooth <input type="text"/> [ Search ]               | Quad <input type="text"/> [ Search ]              | Authorized End Date <input type="text"/>   |
| NDC Lock <input type="text"/>                       | NDC Code <input type="text"/> [ Search ]          | Authorized Units <input type="text"/>      |
| Revenue Code <input type="text"/> [ Search ]        | Revenue Code Thru <input type="text"/> [ Search ] | Authorized Dollars <input type="text"/>    |
| Status <input type="text"/>                         | Reference to PA Number <input type="text"/>       | Payment Method <input type="text"/>        |
| Service Provider Check <input type="text"/>         | Print Option <input type="text"/>                 | Balance Units <input type="text"/>         |
| Service Provider ID <input type="text"/> [ Search ] | Date Mailed <input type="text"/>                  | Balance Dollars <input type="text"/>       |
| Hearing Rights <input type="text"/>                 |                                                   | Quantity Used Units <input type="text"/>   |
| Diagnosis Notes <input type="text"/>                |                                                   | Quantity Used Dollars <input type="text"/> |

add

Select row below to update -or- type data below to add.

\*\*\* No rows found \*\*\*

- Update Line Item panel fields under “Select row above to update-or-click Add button below” for each procedure code.
- Select “add” button at bottom right of panel to add separate line-items for ERS installation, ERS monthly service, and various LTCCN procedure codes.
- See “PA Quick Reference Input” on the next page for ERS & LTCCN input instructions.

## Data Entry Guidelines

- Select “add” button in Line Item panel and enter for each procedure code.
- Avoid <enter> or saving until all line-items for all procedure codes are complete.
- Do not change any MMIS category field/dropdowns not listed in the input instructions.

## PA Quick Reference Input

| MMIS Category Field/Dropdown | ERS Installation Input  | ERS Ongoing Input                                                                                                         | LTCCN/CRN Input                                                                                                                               |
|------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Type Code</b>     | Select “procedure code” | Select “procedure code”                                                                                                   | Select “procedure code”                                                                                                                       |
| <b>Procedure Code</b>        | S5160                   | S5161 (Basic)<br>A9279 (Wireless)<br>Fall Detector/<br>GPS Mobile<br>(A9280) Monthly<br>Medication<br>Reminder<br>(S5185) | Ad a separate line item for each procedure code authorized on the SDS 4102, Prior Authorization for APD Long Term Care Community Nursing form |

| <b>MMIS Category<br/>Field/Dropdown</b>              | <b>ERS Installation<br/>Input</b>                        | <b>ERS<br/>Ongoing Input</b>                             | <b>LTCCN/CRN Input</b>                                                                                     |
|------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Status</b>                                        | Select “approved”                                        | Select<br>“approved”                                     | Select “approved”                                                                                          |
| <b>Service Provider<br/>Check</b>                    | Select “all service<br>providers”                        | Select “all<br>service providers”                        | Select “all service<br>providers”                                                                          |
| <b>Service Provider<br/>ID</b>                       | Select [Search] to<br>locate or enter<br>provider number | Select [Search] to<br>locate or enter<br>provider number | Select [Search] to locate<br>or enter Registered<br>Nurse (RN) provider<br>number as listed on SDS<br>4102 |
| <b>Hearing Rights</b>                                | Keep “no” default                                        | Keep “no” default                                        | Keep “no” default                                                                                          |
| <b>Print Option</b>                                  | Select “batch”                                           | Select “batch”                                           | Select “batch”                                                                                             |
| <b>Requested<br/>Effective Date<br/>(MM/DD/YYYY)</b> | ERS company<br>requested start<br>date                   | ERS company<br>requested start<br>date                   | Type dated listed next to<br>“Date received” on SDS<br>4102                                                |
| <b>Requested End<br/>Date<br/>(MM/DD/YYYY)</b>       | One month out<br>from effective date                     | One year out                                             | Enter end date (6 months<br>out)                                                                           |

| <b>MMIS Category<br/>Field/Dropdown</b>           | <b>ERS Installation<br/>Input</b>                        | <b>ERS<br/>Ongoing Input</b>                             | <b>LTCCN/CRN Input</b>                                                                                  |
|---------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Requested Units</b>                            | 1 unit(1 month)                                          | 12units (12 months)                                      | Enter each “Estimated Units” for each Procedure Code/Service as listed on SDS4102 (15 minutes = 1 unit) |
| <b>Requested Dollars</b>                          | System generated from provider number and procedure code | System generated from provider number and procedure code | System generated from provider number and procedure code                                                |
| <b>Authorized Effective Date<br/>(MM/DD/YYYY)</b> | On or before start date of service                       | On or before start date of service                       | Enter the date listed Next to “Date received on 4102.                                                   |
| <b>Authorized End Date<br/>(MM/DD/YYYY)</b>       | Enter authorized end date (1 month out)                  | Enter authorized end date (12 months out)                | Enter end date (6 months out)                                                                           |
| <b>Authorized Units</b>                           | Enter 1 unit                                             | Enter 12 units                                           | Enter units authorized by case manager (CM) for each procedure code for each separate line-item         |

| MMIS Category Field/Dropdown | ERS Installation Input                                   | ERS Ongoing Input                                        | LTCCN/CRN Input                                          |
|------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Authorized Dollars           | System generated from provider number and procedure code | System generated from provider number and procedure code | System generated from provider number and procedure code |
| Payment Method               | Select “Pay System Price”                                | Select “Pay System Price”                                | Select “Pay System Price”                                |

**Notice Selection** Top Nav ? A ⌕ X

|                        |     |                     |     |                  |     |                     |     |
|------------------------|-----|---------------------|-----|------------------|-----|---------------------|-----|
| Client*                | No  | Client Branch*      | No  | Provider*        | Yes | Servicing Provider* | Yes |
| Non-Medicaid Provider* | Yes | Referring Provider* | Yes | Miscellaneous 1* | No  | Miscellaneous 2*    | No  |
| Miscellaneous 3*       | No  |                     |     |                  |     |                     |     |

- Leave all default settings in the “Notice Selection” panel.

**Prior Authorization Maintenance** - Complete the Panels below then select Save to add the new Prior Authorization. Prefs T

|                     |                       |                       |                  |
|---------------------|-----------------------|-----------------------|------------------|
| Prior Authorization | Administrative Review | Appeals               | Attachment       |
|                     | Base Information      | Claim List            | External Text    |
|                     | Internal Text         | Letters               | Line Item        |
|                     | Miscellaneous Address | Non Medicaid Provider | Notice Selection |
|                     | Super PA              |                       |                  |

save cancel

- Select “save” button to save all line-items.
- “Save was Successful. All panels were saved.” Message will appear.

**Prior Authorization Maintenance** - Select Prior Authorization area to add or modify below. Prefs Top Bot ? ⌕

|                     |                       |                       |                  |
|---------------------|-----------------------|-----------------------|------------------|
| Prior Authorization | Administrative Review | Appeals               | Attachment       |
|                     | Base Information      | Claim List            | External Text    |
|                     | Internal Text         | Letters               | Line Item        |
|                     | Miscellaneous Address | Non Medicaid Provider | Notice Selection |
|                     | Super PA              |                       |                  |

save cancel New copy PA

**The following messages were generated:**

| Message Description                         | Panel            | Field | Row |
|---------------------------------------------|------------------|-------|-----|
| Save was Successful. All panels were saved. | Base Information |       |     |

- Select “Line Item” from the “Prior Authorization Maintenance” panel to view each line-item if the save fails.

- Select each line-item to review the “LineItem” panel to check for input errors.

## Withdraw

- Withdraw a prior authorization if the action is taken the same day as it's entered/saved.
- Bring up the prior authorization you need to withdraw.
- Select [Find Existing](#) if you need help finding an existing prior authorization.

The screenshot shows the 'Line Item' form with the following details:

- Line Item:** 01
- Requested Units:** 2
- Requested Dollars:** \$30.00
- Authorized Units:** 2
- Authorized Dollars:** \$30.00
- Procedure Code:** S5110
- Service Provider ID:** 1881738300 NPI
- Thru Service:** [Search]
- NDC Code:** [Search]
- Revenue Code:** [Search]
- Revenue Code Thru:** [Search]
- ICD9 Code:** [Search]
- Status:** [Dropdown menu]
- Requested Eff. Date\*:** 12/01/2008
- Requested End Date\*:** 12/30/2008
- Requested Units:** 2
- Requested Dollars:** \$30.00
- Authorized Eff. Date:** 12/01/2008
- Authorized End Date:** 12/30/2008
- Authorized Units:** 2
- Authorized Dollars:** \$30.00
- Payment Method\*:** Pay Unit Fee Price
- Balance Units:** 2
- Balance Dollars:** [Empty]
- Quantity Used Units:** 0
- Quantity Used Dollars:** [Empty]
- Reason Code:** [Dropdown menu]
- Reason Description:** [Text field]

- Select “withdrawn” from the “Status” drop-down.
- Select a reason code from the “ReasonCode” dropdown.
- Enter the withdrawal reason in the “ReasonDescription” field.

The screenshot shows the 'Prior Authorization Maintenance' form with the following details:

- Title:** Prior Authorization Maintenance
- Subtitle:** - Complete the Panels below then select Save to add the new Prior Authorization.
- Tab:** Base Information
- Sub-tab:** Line Item
- Buttons:** save, cancel

- Scroll up and select “save” button from the Prior Authorization Maintenance panel.

# Updating

- Select [Find Existing](#) to search for a prior authorization and select the line item you want to update.

**Line Item** Top Nav ? A X

| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Procedure Code | Service Provider ID | Thru Service | NDC Code | Revenue Code | Revenue Code Thru | ICD9 Code | Status   |
|-----------|-----------------|-------------------|------------------|--------------------|----------------|---------------------|--------------|----------|--------------|-------------------|-----------|----------|
| 01        | 2               | \$30.00           | 2                | \$30.00            | S5110          | 1881738300 NPI      |              |          |              |                   |           | Approved |

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

**Line Item**

**Service Type Code**

**Procedure Code**  [ Search ]

**Modifier 1**  [ Search ]

**Modifier 3**  [ Search ]

**Tooth**  [ Search ]

**NDC Lock**

**Revenue Code**  [ Search ]

**Status**

**Service Provider Check**

**Service Provider ID**  [ Search ]

**Hearing Rights**

**Diagnosis Notes**

**ICD9 Code**  [ Search ]

**Thru Service**  [ Search ]

**Modifier 2**  [ Search ]

**Modifier 4**  [ Search ]

**Quad**  [ Search ]

**NDC Code**  [ Search ]

**Revenue Code Thru**  [ Search ]

**Reference to PA Number**

**Print Option**

**Date Mailed**

**Requested Eff. Date**

**Requested End Date**

**Requested Units**

**Requested Dollars**

**Authorized Eff. Date**

**Authorized End Date**

**Authorized Units**

**Authorized Dollars**

**Payment Method**

**Balance Units**

**Balance Dollars**

**Quantity Used Units**

**Quantity Used Dollars**

**-Reason Code-**  Select row below to update -or- type data below to add.

\*\*\* No rows found \*\*\*

**add**

- In the “Line Item” panel, select the lightly shaded row above “Select row above to update”.
- The row will darken, and the previous entries will auto-populate in the category fields.
- Example: An SDS4102 (LTCCN PA form) reflects an increase in “Estimated Units” from 2-6.

**Line Item** Top Nav ? A X

| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Procedure Code | Service Provider ID | Thru Service | NDC Code | Revenue Code | Revenue Code Thru | ICD9 Code | Status   |
|-----------|-----------------|-------------------|------------------|--------------------|----------------|---------------------|--------------|----------|--------------|-------------------|-----------|----------|
| 01        | 2               | \$30.00           | 2                | \$30.00            | S5110          | 1881738300 NPI      |              |          |              |                   |           | Approved |

Type changes below.

**Line Item**

**Service Type Code\***

**Procedure Code**  [ Search ]

**Modifier 1**  [ Search ]

**Modifier 3**  [ Search ]

**Tooth**  [ Search ]

**NDC Lock**

**Revenue Code**

**Status\***

**Service Provider Check\***

**Service Provider ID**  NPI [ Search ]

**Hearing Rights\***

**Diagnosis Notes**

**ICD9 Code**

**Thru Service**  [ Search ]

**Modifier 2**  [ Search ]

**Modifier 4**  [ Search ]

**Quad**  [ Search ]

**NDC Code**

**Revenue Code Thru**

**Reference to PA Number**

**Print Option\***

**Date Mailed**

**Requested Eff. Date\***

**Requested End Date\***

**Requested Units**

**Requested Dollars**

**Authorized Eff. Date**

**Authorized End Date**

**Authorized Units**

**Authorized Dollars**

**Payment Method\***

**Balance Units**

**Balance Dollars**

**Quantity Used Units**

**Quantity Used Dollars**

**-Reason Code-**  Select row below to update -or- type data below to add.

\*\*\* No rows found \*\*\*

**Reason Code**  **Reason Description**

**update** **add**

- Within the “LineItem” panel, update prior authorization changes under “Type changes below”.

- Update the “Requested Units” and the “Authorized Units” fields to reflect the change from 2-6 units.
- In this example, all other fields are unchanged.

- Scroll up to the “Prior Authorization Maintenance” panel and select the “save” button.
- MMIS displays: “Save was successful. All panels were saved.”

## Provider Change/Renewal Update

- Create a new Service Authorization number for provider changes or service renewals to ensure correct billing.
- Select the line-item to update and locate the “LineItem” panel.

| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Procedure Code | Service Provider ID | Thru Service | NDC Code | Revenue Code | Revenue Code Thru | ICD9 Code | Status   |
|-----------|-----------------|-------------------|------------------|--------------------|----------------|---------------------|--------------|----------|--------------|-------------------|-----------|----------|
| 01        | 2               | \$30.00           | 2                | \$30.00            | S5110          | 1881738300 NPI      |              |          |              |                   |           | Approved |

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

**Line Item**   
**Service Type Code**   
**Procedure Code**  [ Search ]  
**Modifier 1**  [ Search ]  
**Modifier 3**  [ Search ]  
**Tooth**  [ Search ]  
**NDC Lock**   
**Revenue Code**  [ Search ]  
**Status**   
**Service Provider Check**   
**Service Provider ID**  [ Search ]  
**Hearing Rights**   
**Diagnosis Notes**

**ICD9 Code**  [ Search ]  
**Thru Service**  [ Search ]  
**Modifier 2**  [ Search ]  
**Modifier 4**  [ Search ]  
**Quad**  [ Search ]  
**NDC Code**  [ Search ]  
**Revenue Code Thru**  [ Search ]  
**Reference to PA Number**   
**Print Option**   
**Date Mailed**

**Requested Eff. Date**   
**Requested End Date**   
**Requested Units**   
**Requested Dollars**   
**Authorized Eff. Date**   
**Authorized End Date**   
**Authorized Units**   
**Authorized Dollars**   
**Payment Method**   
**Balance Units**   
**Balance Dollars**   
**Quantity Used Units**   
**Quantity Used Dollars**

**-Reason Code-** Select row below to update -or- type data below to add.  
 \*\*\* No rows found \*\*\*

**add**

- Select “add” button within “Line Item” panel.

| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Procedure Code | Service Provider ID | Thru Service | NDC Code | Revenue Code | Revenue Code Thru | ICD9 Code | Status   |
|-----------|-----------------|-------------------|------------------|--------------------|----------------|---------------------|--------------|----------|--------------|-------------------|-----------|----------|
| 01        | 6               | \$30.00           | 6                | \$30.00            | S5110          | 1881738300 NPI      |              |          |              |                   |           | Approved |

Type changes below.

**Line Item**   
**Service Type Code\***  [ Search ]  
**Procedure Code**  [ Search ]  
**Modifier 1**  [ Search ]  
**Modifier 3**  [ Search ]  
**Tooth**  [ Search ]  
**NDC Lock**   
**Revenue Code**   
**Status\***   
**Service Provider Check\***   
**Service Provider ID**  NPI [ Search ]  
**Hearing Rights\***   
**Diagnosis Notes**

**ICD9 Code**   
**Thru Service**  [ Search ]  
**Modifier 2**  [ Search ]  
**Modifier 4**  [ Search ]  
**Quad**  [ Search ]  
**NDC Code**   
**Revenue Code Thru**   
**Reference to PA Number**   
**Print Option\***   
**Date Mailed**

**Requested Eff. Date\***   
**Requested End Date\***   
**Requested Units**   
**Requested Dollars**   
**Authorized Eff. Date**   
**Authorized End Date**   
**Authorized Units**   
**Authorized Dollars**   
**Payment Method\***   
**Balance Units**   
**Balance Dollars**   
**Quantity Used Units**   
**Quantity Used Dollars**

**-Reason Code-** Select row below to update -or- type data below to add.  
 \*\*\* No rows found \*\*\*

**Reason Code**  **Reason Description**

**date** **add**

- Select Updating for help updating Line-item category fields based on the specific changes for each service (ERS/LTCCN/CRN).

| Prior Authorization Maintenance                                                                                                                     |                  |       |     | - Select Prior Authorization area to add or modify below.                                                                                                                                                                                                                                                    |  |  |  | Prefs Top Bot ? ↕     |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------|--|--|--|------------------|--|--|--|---------------------|-------|-------|-----|---------------------------------------------|------------------|--|--|
| Prior Authorization                                                                                                                                 |                  |       |     | Administrative Review                                                                                                                                                                                                                                                                                        |  |  |  | Appeals               |  |  |  | Attachment       |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Base Information                                                                                                                                                                                                                                                                                             |  |  |  | Claim List            |  |  |  | External Text    |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Internal Text                                                                                                                                                                                                                                                                                                |  |  |  | Letters               |  |  |  | Line Item        |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Miscellaneous Address                                                                                                                                                                                                                                                                                        |  |  |  | Non Medicaid Provider |  |  |  | Notice Selection |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Super PA                                                                                                                                                                                                                                                                                                     |  |  |  |                       |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |
| <input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="New"/> <input type="button" value="copy PA"/> |                  |       |     | <b>The following messages were generated:</b> <table border="1"> <thead> <tr> <th>Message Description</th> <th>Panel</th> <th>Field</th> <th>Row</th> </tr> </thead> <tbody> <tr> <td>Save was Successful. All panels were saved.</td> <td>Base Information</td> <td></td> <td></td> </tr> </tbody> </table> |  |  |  |                       |  |  |  |                  |  |  |  | Message Description | Panel | Field | Row | Save was Successful. All panels were saved. | Base Information |  |  |
| Message Description                                                                                                                                 | Panel            | Field | Row |                                                                                                                                                                                                                                                                                                              |  |  |  |                       |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |
| Save was Successful. All panels were saved.                                                                                                         | Base Information |       |     |                                                                                                                                                                                                                                                                                                              |  |  |  |                       |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |

- Scroll up to the Prior Authorization Maintenance panel and select the “save” button.
- MMIS displays: “Save was successful. All panels were saved.”

## Ending

| Line Item                                                                |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  | Top Nav ? A ↕ X       |  |  |  |
|--------------------------------------------------------------------------|----------------------------|-------------------|------------------|--------------------|--------------------|---------------------|--------------|----------|------------------------|-------------------|-----------|----------|----------------------|--|-----------------------|--|--|--|
| Line Item                                                                | Requested Units            | Requested Dollars | Authorized Units | Authorized Dollars | Procedure Code     | Service Provider ID | Thru Service | NDC Code | Revenue Code           | Revenue Code Thru | ICD9 Code | Status   |                      |  |                       |  |  |  |
| 01                                                                       | 6                          | \$30.00           | 6                | \$30.00            | S5110              | 1881738300 NPI      |              |          |                        |                   |           | Approved |                      |  |                       |  |  |  |
| Type changes below.                                                      |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  |                       |  |  |  |
| Line Item                                                                | 01                         |                   |                  |                    |                    |                     |              |          | Requested Eff. Date*   |                   |           |          | 12/01/2008           |  |                       |  |  |  |
| Service Type Code*                                                       | Procedure Code             |                   |                  |                    |                    |                     |              |          | ICD9 Code              |                   |           |          | Requested End Date*  |  | 12/30/2008            |  |  |  |
| Procedure Code                                                           | S5110 [Search]             |                   |                  |                    |                    |                     |              |          | Thru Service           |                   |           |          | Requested Units      |  | 6                     |  |  |  |
| Modifier 1                                                               | [Search]                   |                   |                  |                    |                    |                     |              |          | Modifier 2             |                   |           |          | Requested Dollars    |  | \$30.00               |  |  |  |
| Modifier 3                                                               | [Search]                   |                   |                  |                    |                    |                     |              |          | Modifier 4             |                   |           |          | Authorized Eff. Date |  | 12/01/2008            |  |  |  |
| Tooth                                                                    | [Search]                   |                   |                  |                    |                    |                     |              |          | Quad                   |                   |           |          | Authorized End Date  |  | 12/30/2008            |  |  |  |
| NDC Lock                                                                 |                            |                   |                  |                    |                    |                     |              |          | NDC Code               |                   |           |          | Authorized Units     |  | 6                     |  |  |  |
| Revenue Code                                                             |                            |                   |                  |                    |                    |                     |              |          | Revenue Code Thru      |                   |           |          | Authorized Dollars   |  | \$30.00               |  |  |  |
| Status*                                                                  | A - Approved               |                   |                  |                    |                    |                     |              |          | Reference to PA Number |                   |           |          | Payment Method*      |  | Pay Unit Fee Price    |  |  |  |
| Service Provider Check*                                                  | Specified Service Provider |                   |                  |                    |                    |                     |              |          | Print Option*          |                   |           |          | Balance Units        |  | 6                     |  |  |  |
| Service Provider ID                                                      | 1881738300 NPI [Search]    |                   |                  |                    |                    |                     |              |          | Date Mailed            |                   |           |          | Balance Dollars      |  |                       |  |  |  |
| Hearing Rights*                                                          | No Notice                  |                   |                  |                    |                    |                     |              |          |                        |                   |           |          | Quantity Used Units  |  | 0                     |  |  |  |
| Diagnosis Notes                                                          |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  | Quantity Used Dollars |  |  |  |
| <input type="button" value="add"/>                                       |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  |                       |  |  |  |
| <b>-Reason Code-</b>                                                     |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  |                       |  |  |  |
| Select row below to update -or- type data below to add.                  |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  |                       |  |  |  |
| *** No rows found ***                                                    |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  |                       |  |  |  |
| Reason Code                                                              |                            |                   |                  |                    | Reason Description |                     |              |          |                        |                   |           |          |                      |  |                       |  |  |  |
| <input type="button" value="delete"/> <input type="button" value="add"/> |                            |                   |                  |                    |                    |                     |              |          |                        |                   |           |          |                      |  |                       |  |  |  |

- Enter the closure date in the “Requested End Date” and “Authorized End Date” fields.

| Prior Authorization Maintenance                                                                                                                     |                  |       |     | - Select Prior Authorization area to add or modify below.                                                                                                                                                                                                                                                    |  |  |  | Prefs Top Bot ? ↕     |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------|--|--|--|------------------|--|--|--|---------------------|-------|-------|-----|---------------------------------------------|------------------|--|--|
| Prior Authorization                                                                                                                                 |                  |       |     | Administrative Review                                                                                                                                                                                                                                                                                        |  |  |  | Appeals               |  |  |  | Attachment       |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Base Information                                                                                                                                                                                                                                                                                             |  |  |  | Claim List            |  |  |  | External Text    |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Internal Text                                                                                                                                                                                                                                                                                                |  |  |  | Letters               |  |  |  | Line Item        |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Miscellaneous Address                                                                                                                                                                                                                                                                                        |  |  |  | Non Medicaid Provider |  |  |  | Notice Selection |  |  |  |                     |       |       |     |                                             |                  |  |  |
|                                                                                                                                                     |                  |       |     | Super PA                                                                                                                                                                                                                                                                                                     |  |  |  |                       |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |
| <input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="New"/> <input type="button" value="copy PA"/> |                  |       |     | <b>The following messages were generated:</b> <table border="1"> <thead> <tr> <th>Message Description</th> <th>Panel</th> <th>Field</th> <th>Row</th> </tr> </thead> <tbody> <tr> <td>Save was Successful. All panels were saved.</td> <td>Base Information</td> <td></td> <td></td> </tr> </tbody> </table> |  |  |  |                       |  |  |  |                  |  |  |  | Message Description | Panel | Field | Row | Save was Successful. All panels were saved. | Base Information |  |  |
| Message Description                                                                                                                                 | Panel            | Field | Row |                                                                                                                                                                                                                                                                                                              |  |  |  |                       |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |
| Save was Successful. All panels were saved.                                                                                                         | Base Information |       |     |                                                                                                                                                                                                                                                                                                              |  |  |  |                       |  |  |  |                  |  |  |  |                     |       |       |     |                                             |                  |  |  |

- Select “save” button in the Prior Authorization Maintenance panel.

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## Resources

- [MMIS Manuals & Common Error Support](#)
- [MMIS Essentials Training Series](#)
- [APD-IM-24-089](#)