Colorado Medical Assistance Program Web Portal

MMIS Provider Data Maintenance User Guide

The (MMIS) Provider Data Maintenance option allows you to update information relating to provider demographics, licensure, billing, and other provider specific information maintained within the MMIS. In some instances, you may be required to submit updates to the provider data that must be submitted on paper instead of through the Web Portal.

Annually, you will be requested to update the provider information. A pop-up reminder screen will appear when the system determines that it is time to conduct the provider update. The process of updating the provider information is the same as the Inquiry/Update Provider data. The pop-up reminder information is found at the end of this user guide.

- To access this feature, you must be assigned the Provider (MMIS) Role by the Trading Partner Administrator in your organization.
- To inquire or update provider data maintained within the MMIS, select (MMIS) Provider Data Maintenance located on the left side of the Main Menu. In the MMIS Provider Inquiry screen, enter a Provider ID and Tax ID/SSN in the field entry boxes provided (Figure 1). Both fields are required.

![Figure 1 – Provider Inquiry screen](image)

- Click on the Submit button.
• If the **Provider ID** and **Tax ID/SSN** combination is not found on the MMIS, a message will be displayed stating that the requested provider is not found (Figure 2).

![Figure 2 – Provider Inquiry response, Provider not found](image)

- Changes to a provider may have already been submitted earlier in the day. A provider’s information may be updated only once per day. Should this occur, the following screen will display (Figure 3).

![Figure 3 – Error message for a provider updated earlier in the day](image)
When a provider is found, the information displayed will be the most current information available from the MMIS (Figure 4). If a provider’s **Status** is **Inactive**, the screen will appear in a view only format.

There are four tabs of information that can be viewed and updated:

- Addresses and Publications
- Medicare/License Information
- Provider Affiliations
- ACC Provider Opt-In

If you have your **NPI** and the **NPI** field is blank, enter your **NPI** in the field entry box near the top of the screen. The **NPI** will be validated against the Luhn check digit algorithm when the **Submit** button is clicked. If the **NPI** fails the check digit validation, you will be prompted to re-enter the **NPI** in the field entry box. If the **NPI** is incorrect, please contact Provider Services at 1-800-237-0757 for assistance.
Addresses and Publications Tab

To update the information, double-click in any entry box to highlight the displayed result and re-enter the new information. To print the information from any tab, click on the Print button. A formatted view of the information is displayed (Figure 5). Use your browser’s print functionality to print the report.

Figure 5 – Formatted provider report
Located next to each address are check boxes. Only one address is saved in the Web Portal Provider Maintenance record. Click on the check box for the address that is desired to be saved in the provider’s Web Portal Maintenance record. Once an address is selected to be saved in the Web Portal, the other address check boxes for Save to Portal will become unavailable. To change the address selected for the Web Portal database, click on the check box currently marked to deselect it. Select the new address for the Web Portal by clicking in the appropriate address check box.

Other address check boxes are available to make data entry more efficient. For example, if the Billing Address is the same as the Location Address, click on the check box for Same as Location and the system will automatically fill in the information for you.

The information regarding how the provider receives publication information is displayed in the bottom right corner of the screen. The method that the provider currently receives publications is listed under the field Current Media. To change the method of publication receipt, click on the down arrow in the drop-down box title Change Media To: and click on the desired option. If the Electronic option is selected, enter the E-mail Address to which publications should be sent.
Medicare/License Information Tab

A Trading Partner may view the Medicare IDs, Begin Dates, and Medicare Types associated to a provider (Figure 6).

Figure 6 – Medicare/License Information tab

To add Medicare information:

- Enter a Medicare ID. Only single occurrences of Medicare IDs can be stored. If a duplicate Medicare ID is attempted to be added, a message will appear stating “The Medicare ID already exists in the grid.”
- Enter a Begin Date by either typing the date in the format mm/dd/yyyy or use the Calendar button located next to the field.
- Select a Type from the drop-down box.
- Click on the Add button. The new record will display in the left hand grid with the letter A displayed in the Add/Del column. This indicates that the record is newly-added to the grid but not yet sent to the MMIS. Only 75 records may be stored. When the 76th record is attempted to be added, a message will display stating “You have reached the maximum amount of records that could be updated.”
To remove Medicare information:
- Click on a Medicare ID record that does not contain a D in the Add/Del column. This will highlight the row. To select multiple records, hold down the Ctrl key and click on each record. To deselect a record, hold down the Ctrl key and click on the record to deselect.
- Click on the Remove button.
- The record will be updated in the grid to display a D in the Add/Del column.

When finished adding or deleting Medicare information, click on the Submit button located at the bottom of the screen. When a response is received from the MMIS, a Provider Confirmation screen will display (Figure 7). Click on the OK button to close the screen.

![Provider Confirmation Screen](image)

**Figure 7 – Provider Confirmation screen**

**Note:** Click on the Submit button only after completing all of the updates for all of the tabs. The system will accept only one submission per provider each day.

**Viewing License Information:**
A Trading Partner can view the past License Numbers for a provider as well as the End Dates of each number. The list contains up to 20 occurrences sorted by the most current to the least current. The grid is located on the right hand side of the Medicare/License Information tab. License information is presented as “view-only” and may not be updated through the Web Portal.
**Provider Affiliation Tab**

A Trading Partner may view provider affiliations on-line (Figure 8). Up to 400 occurrences will be available for viewing on-line. The list displayed is sorted by **Provider ID** for 10 occurrences at a time. Use the scroll bar located on the right hand side of the grid to scroll through the list.

![Provider Affiliation Tab Image](image)

**Figure 8 – Provider Affiliations tab**

**To add an affiliation:**
- Enter the **Provider ID**
- Enter the **Begin Date** by entering the date in the format *mm/dd/yyyy* or by using the **Calendar** button.
- Click on the **Add** button. The record will appear in the grid with an **A** in the **Add/Del** column. This indicates that the record is a newly-added record and has not been submitted to the MMIS.

**To remove an affiliation:**
- Enter the **Provider ID**
- Enter the **End Date** by entering the date in the format *mm/dd/yyyy* or by using the **Calendar** button.
- Click on the **Remove** button. The record will appear in the grid with a **D** in the **Add/Del** column. This indicates that the record is a newly-deleted record and has not been submitted to the MMIS.
When a provider has more than 400 affiliations (Figure 9), updates to affiliations may only be processed by contacting Provider Services. The affiliations display grid will not appear.

![MMIS Provider Information](image)

**Figure 9 – Provider affiliation example exceeding 400 affiliations**

When finished with making the updates to the provider information, click on the Submit button at the bottom of the screen to submit the information to the MMIS. When a response is received from the MMIS, a Provider Confirmation screen will display (Figure 10). Click on the OK button to close the screen.

![Provider Confirmation](image)

**Figure 10 - Provider Confirmation screen**

**Note:** Click on the Submit button only after completing all of the updates for all of the tabs. The system will accept only one submission per provider each day.
**ACC Provider Opt-In Tab**

The Accountable Care Collaborative (ACC) is a Medicaid program to improve clients' health and reduce costs. It is a central part of Medicaid reform that changes the incentives and health care delivery processes for providers to hold them accountable for health outcomes. Medicaid clients in the ACC receive the regular Medicaid benefit package, and also belong to a Regional Care Collaborative Organization (RCCO). Medicaid clients also choose a Primary Care Medical Provider (PCMP).

On the ACC Provider Opt-In tab, providers are able to make a selection to become a PCMP with the ACC program. Providers opting in will be required to electronically sign a contract indicating their acceptance of the terms of becoming a PCMP.

![Image of ACC Provider Opt-In Tab](image)

**Figure 11 - ACC Provider Opt-In/Opt-Out tab**

**Viewing the PCMP Provider Information**
Click the **View PCMP Provider Information** link for a general overview describing ACC (Accountable Care Collaborative) and PCMP (Primary Care Medical Provider).

**Viewing the PCMP State Contract**
Click the **View PCMP State Contract** link to view the PCMP State Contract. The contract will be displayed in a new browser window without the signature information section.

**To Opt-In as a PCMP Provider**
To opt-in as a PCMP, select the **Opt-In as an ACC PCMP Provider** check box.

When finished with making the updates to the provider information, click on the **Submit** button at the bottom of the screen to submit the information to the MMIS. When a response is received from the MMIS, a Provider Confirmation screen will display (Figure 12). Click on the **OK** button to close the screen. If **Opt-In as an ACC**
PCMP Provider selection is made, the PCMP State Contract will display in a new browser window, as shown in Figure 13.

![Provider Confirmation screen](image)

**Figure 12 - Provider Confirmation screen**

**Note:** Click on the **Submit** button only after completing all of the updates for all of the tabs. The system will accept only one submission per provider each day.
portion of the statewide, total cost of care savings accrued by the ACC program with RCCOs and PCMPs.

5.4. GENERAL COMPENSATION

5.4.1. If the Contractor is a FQHC, RHC or a clinic or other group practice enrolled with the Colorado Medicaid program, then any PMPM Payments or incentive payments for the providers employed or contracted by that entity shall be paid to the employing or contracting entity.

5.4.2. The Contractor’s RCCO, or any other RCCO, may develop additional compensation methods or payments for the Contractor under the ACC Program. The existence or amount of these payments, or the absence thereof, shall not impact any payments required by this Contract in any way.

5.5. PAYMENT CALCULATION DISPUTES

5.5.1. In the event that the Contractor believes that the calculation or determination of any incentive payment or PMPM Payment is incorrect, the Contractor shall notify the Department of its dispute within thirty (30) days of the receipt of the payment. The Department shall review calculation or determination and may make changes based on this review. The determination or calculation that results from the Department’s review shall be final. No disputed payment shall be due until after the Department has concluded its review.

Type your name in the box above. Date

Provider ID Trading Partner

I agree to the terms of this contract and affirm I am authorized to enter into such a contract for this Provider ID.

Print Submit Cancel

Figure 13 – PCMP State Contract screen

Signing the PCMP State Contract
Unless the PCMP State Contract is signed, the Opt-In as an ACC PCMP Provider selection will not be accepted. To sign the contract, enter the name of the person signing the contract in the given box, accept the terms of the contract by selecting the available check box and click the Submit button.

To print the signed contract
Once the contract is signed, the Print button can be used to print the signed contract.
Pop-up Reminder

When the system determines that it is time to update your provider information, the following screen (Figure 13) will display upon logging into the Web Portal:

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Tax ID/SSN</th>
<th>Last Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>99999999</td>
<td>MEYER.</td>
<td>9999999999</td>
<td>5/23/2004 8:32:00 AM</td>
</tr>
<tr>
<td>99999999</td>
<td></td>
<td>999999999</td>
<td>5/22/2004 9:46:00 AM</td>
</tr>
<tr>
<td>99999999</td>
<td></td>
<td>10:36:00 AM</td>
<td>5/23/2004 10:36:00 AM</td>
</tr>
<tr>
<td>99999999</td>
<td></td>
<td>7/22/2004 12:27:00 PM</td>
<td>7/22/2004 12:27:00 PM</td>
</tr>
<tr>
<td>99999999</td>
<td></td>
<td>6/15/2004 1:42:00 PM</td>
<td>6/15/2004 1:42:00 PM</td>
</tr>
</tbody>
</table>

Provider Demographic, License and Affiliation data should be reviewed at least once a year. To review or update a provider’s information, please do one of the following:

1) Click on a provider in the display grid, then click on the **Review/Update Provider Information** button.

2) To update a provider not listed in the grid, click on the **Review/Update Provider Information** button. The Provider Inquiry page will display for you to enter a valid Provider ID and Tax ID/SSN and retrieve the provider’s most current information.

For more information, please click on the Help button.

Three options exist for handling this screen according to the three buttons at the bottom of the screen:

1. **Review/Update Provider Information**
2. Postpone the review until the next login – **Remind Me Next Time I Login**
3. Postpone the review until next year – **Remind Me Next Year**

To review and update provider information when the pop-up displays, two options exist:

1. Click on a provider from the display grid and update the information by using the **Review/Update Provider Information** button.

2. Click on the **Review/Update Provider Information** button and enter a specific Provider ID and Tax ID/SSN from the MMIS Provider Inquiry screen that will display when the button is selected and a provider was not highlighted in the display grid.

The provider information screens that are available when the pop-up reminder appears are the same as those for using the **Inquiry/Update Provider Data** from the **Main Menu**.

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