

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.

Department of Health Care Policy and Financing

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MMIS Provider Inquiry

Provider ID: *

Tax ID/SSN: *

Figure 1 – Provider Inquiry screen

- 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).

The screenshot shows the MMIS Provider Inquiry page. At the top is the Department of Health Care Policy and Financing header with the State of Colorado seal and navigation links: Related Sites, Provider Services, CBMS, CHP+, CICIP, CPPC, Old Age Pension, HIPAA, Main, User Guide, Help, and Log Out. Below the header is the title "MMIS Provider Inquiry" and a red error message: "ACS Error - INVALID PROVIDER ID OR TAX/SSN". There are two input fields: "Provider ID: *" and "Tax ID/SSN: *", both with asterisks indicating they are required. Below the fields are "Submit" and "Cancel" buttons.

Figure 2 – Provider Inquiry response, Provider not found

- 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).

The screenshot shows the MMIS Provider Inquiry page. At the top is the Department of Health Care Policy and Financing header with the State of Colorado seal and navigation links: Related Sites, Provider Services, CBMS, CHP+, CICIP, CPPC, Old Age Pension, HIPAA, Main, User Guide, Help, and Log Out. Below the header is the title "MMIS Provider Inquiry" and a red error message: "Cannot Update Provider - An earlier update is still pending for this provider, please review and make further updates tomorrow". There are two input fields: "Provider ID: *" and "Tax ID/SSN: *", both with asterisks indicating they are required. Below the fields are "Submit" and "Cancel" buttons.

Figure 3 – Error message for a provider updated earlier in the day

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

Department of Health Care Policy and Financing

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MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: [REDACTED] Provider Name (Legal Name): [REDACTED] Status Effective Date: [REDACTED]
 Tax ID/SSN: [REDACTED] DBA: [REDACTED] Status: ACTIVE
 Medical Home Provider Effective Date: [REDACTED]

National Provider Identifier: [REDACTED]

Address and Publications | **Medicare/License Information** | **Provider Affiliations** | **ACC Provider Opt-In**

Location Address (Save to Portal)
 (PO Box and intersections are not allowed)
 Address*: [REDACTED]
 Suite # or C/O: [REDACTED]
 City*: [REDACTED]
 State*: [REDACTED] Zip Code*: [REDACTED]
 County*: [REDACTED] Phone*: [REDACTED] Fax*: [REDACTED]

Billing Address (Save to Portal)
 (Same as Location) (Same as Mailing)
 Address: [REDACTED]
 Suite # or C/O: [REDACTED]
 City: [REDACTED]
 State: [REDACTED] Zip Code: [REDACTED]
 County: [REDACTED] Phone: [REDACTED] Fax: [REDACTED]

Mailing Address (Save to Portal)
 (Same as Billing) (Same as Location)
 Address: [REDACTED]
 Suite # or C/O: [REDACTED]
 City: [REDACTED]
 State: [REDACTED] Zip Code: [REDACTED]
 County: [REDACTED] Phone: [REDACTED] Faxback Eligibility: [REDACTED]

Publication Information
 Current Media: NONE
 Change Media To: [REDACTED]
 E-mail Address: [REDACTED]

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

Figure 4 – Provider information returned from MMIS

 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.

PROVIDER INFORMATION					
Provider ID:	[REDACTED]	Provider Name (Legal Name):	[REDACTED]	Tax ID/SSN:	[REDACTED]
Status Effective Date:	05/14/2003	DBA:		Status:	ACTIVE
ADDRESSES AND PUBLICATIONS					
<u>Location Address</u>					
Address:	[REDACTED]	Suite # or C/O:		City:	[REDACTED]
State:	KS	Zip Code:	[REDACTED]	County:	Other, Out of State
Phone:	[REDACTED]	Fax:			
<u>Billing Address</u>					
Address:	PO BOX 503	Suite # or C/O:		City:	[REDACTED]
State:	MO	Zip Code:	00000-0000	County:	Other, Out of State
Phone:	[REDACTED]	Fax:			
<u>Mailing Address</u>					
Address:	[REDACTED]	Suite # or C/O:		City:	[REDACTED]
State:	MO	Zip Code:	00000-0000	County:	Other, Out of State
Phone:	[REDACTED]	Faxback Eligibility:			
<u>Publication Information</u>					
Current Media:	NONE	Change Media To:		E-mail Address:	
MEDICARE/LICENSE INFORMATION					
Add/Del	Medicare ID	Begin Date	Type	License Number	End Date
	[REDACTED]	05/14/2003	Both A & B	[REDACTED]	10/31/2003
	[REDACTED]	05/14/2003	Both A & B		
PROVIDER AFFILIATIONS					
Add/Del	Provider ID	Provider Name	Begin Date	End Date	
	[REDACTED]	[REDACTED] MD,	03/01/2005	12/31/2005	

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).

Department of Health Care Policy and Financing

Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

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MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: [REDACTED] Provider Name (Legal Name): [REDACTED]
 Tax ID/SSN: [REDACTED] DBA: [REDACTED] Status: ACTIVE Status Effective Date: [REDACTED]
 Medical Home Provider Effective Date: [REDACTED]

National Provider Identifier: [REDACTED]

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

Add/Del	Medicare ID	Begin Date	Type	License Number	End Date
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Medicare ID: * [REDACTED] Begin Date: * [REDACTED] Type: * [REDACTED] **Add** **Remove**

Please contact Provider Services to update your license information.

Print **Submit** **Cancel**

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

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.

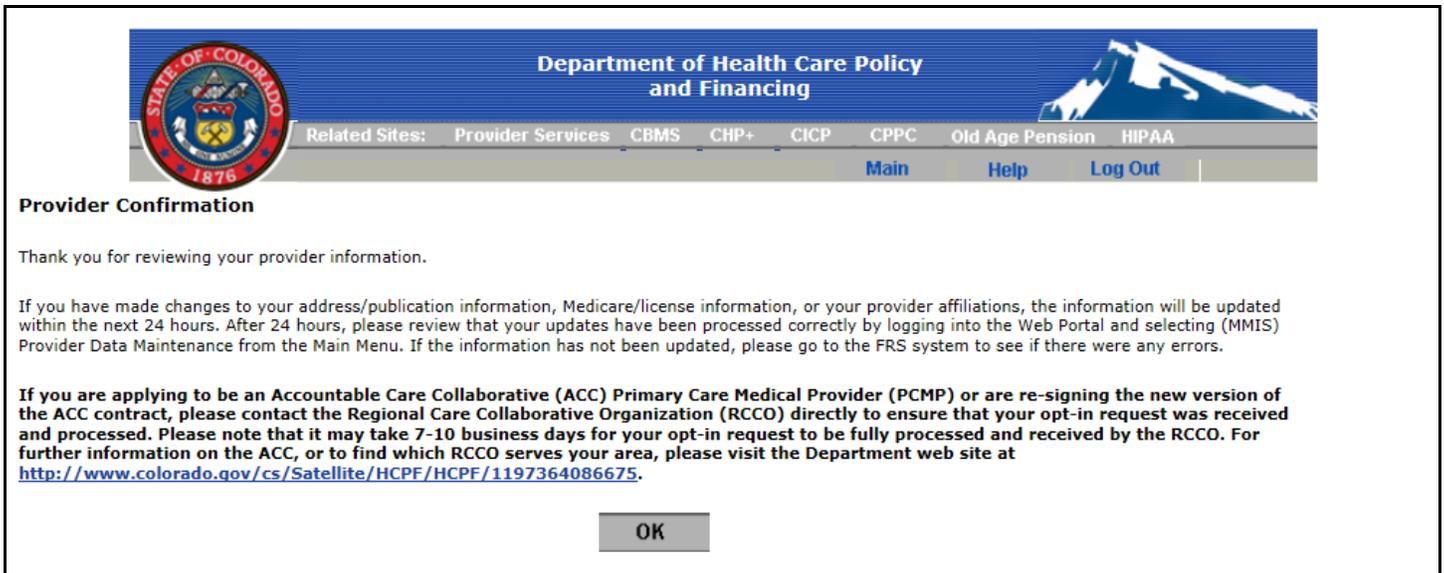


Figure 7 – Provider Confirmation screen

 **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.

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: [REDACTED] Provider Name (Legal Name): [REDACTED]
 Tax ID/SSN: [REDACTED] DBA: [REDACTED] Status: ACTIVE Status Effective Date: [REDACTED]
 Medical Home Provider Effective Date: [REDACTED]

National Provider Identifier: [REDACTED]

Address and Publications | **Medicare/License Information** | **Provider Affiliations** | **ACC Provider Opt-In**

Add/Del	Provider ID	Provider Name	Begin Date	End Date

Provider ID: [REDACTED] Begin Date: [REDACTED] End Date: [REDACTED]

* [REDACTED] * [REDACTED] [Add] [Remove]

[Print] [Submit] [Cancel]

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

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.

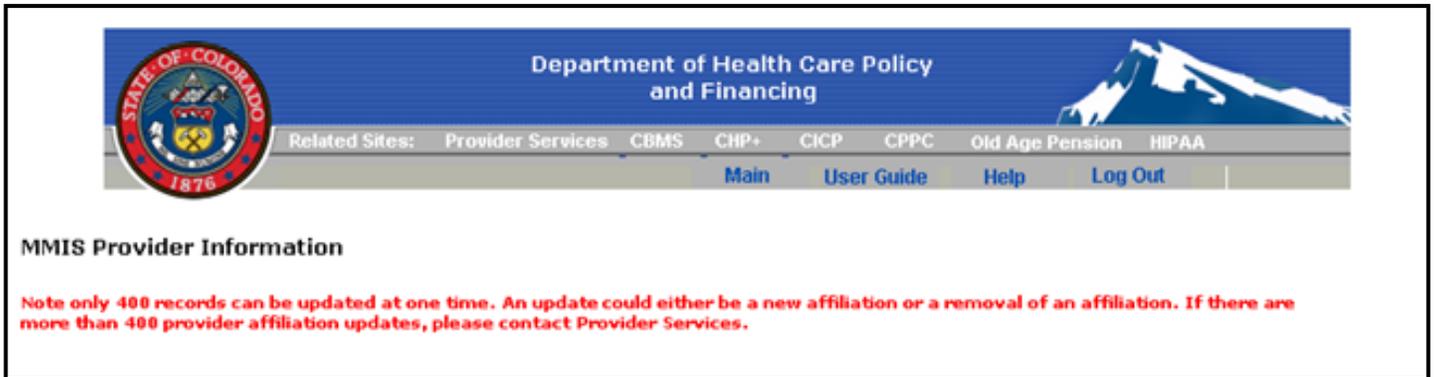


Figure 9 – Provider affiliation example exceeding 400 affiliations

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.

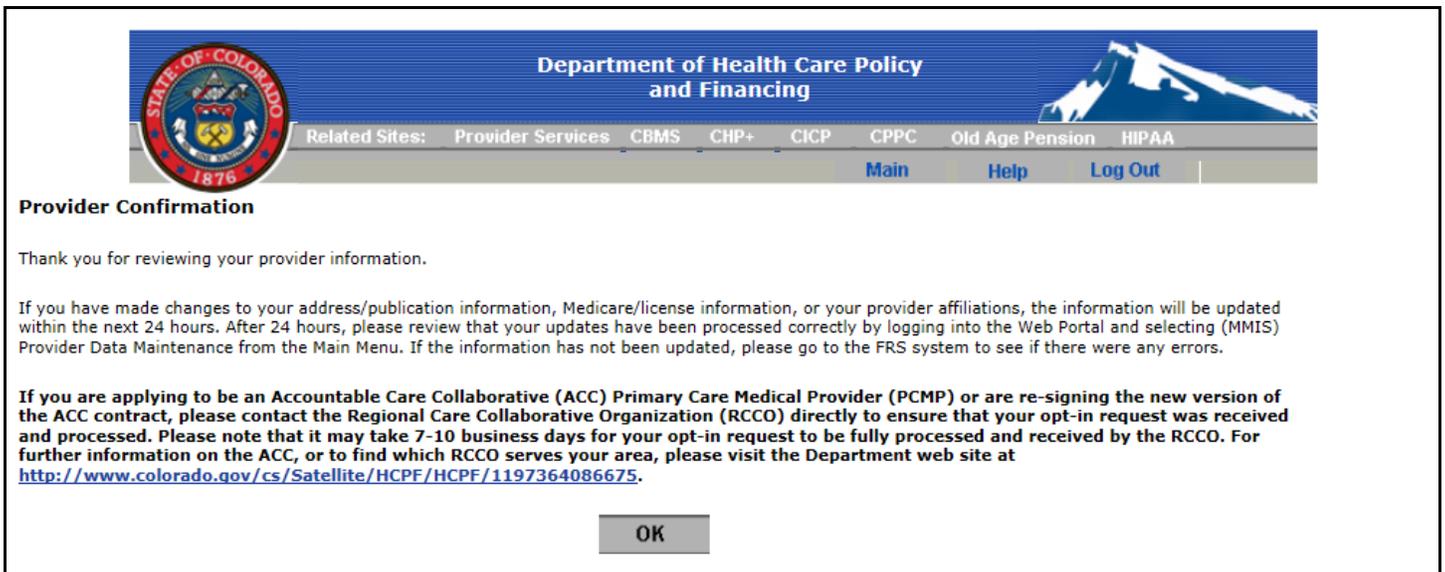


Figure 10 - Provider Confirmation screen

 **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.

The screenshot shows the MMIS Provider Information page for the ACC Provider Opt-In tab. At the top, there is a header for the Department of Health Care Policy and Financing, with the State of Colorado seal on the left and a mountain graphic on the right. Below the header is a navigation bar with links for Related Sites, Provider Services, CBMS, CHP+, CICP, CPPC, Old Age Pension, and HIPAA. A secondary navigation bar includes Main, Help, and Log Out. The main content area is titled "MMIS Provider Information" and includes a note: "Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757". The form displays several fields: Provider ID, Tax ID/SSN, Medical Home Provider Effective Date, Provider Name (Legal Name), DBA, Status:ACTIVE, and Status Effective Date. Below these fields is the National Provider Identifier field. A blue navigation bar at the bottom of the form contains tabs for Address and Publications, Medicare/License Information, Provider Affiliations, and ACC Provider Opt-In. Under the ACC Provider Opt-In tab, there are two links: "View PCMP Provider Information" and "View PCMP State Contract". Below the links is a checkbox labeled "Opt-In as an ACC PCMP Provider". A red note states: "NOTE: If you have chosen to Opt-In as an ACC PCMP provider, a PCMP Agreement will be generated in a separate window. You MUST electronically sign the Agreement to complete this Opt-In process." At the bottom of the form are three buttons: Print, Submit, and Cancel. A note at the very bottom states: "(Note: Updates that are not allowed can be performed by submitting a paper request form.)"

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.

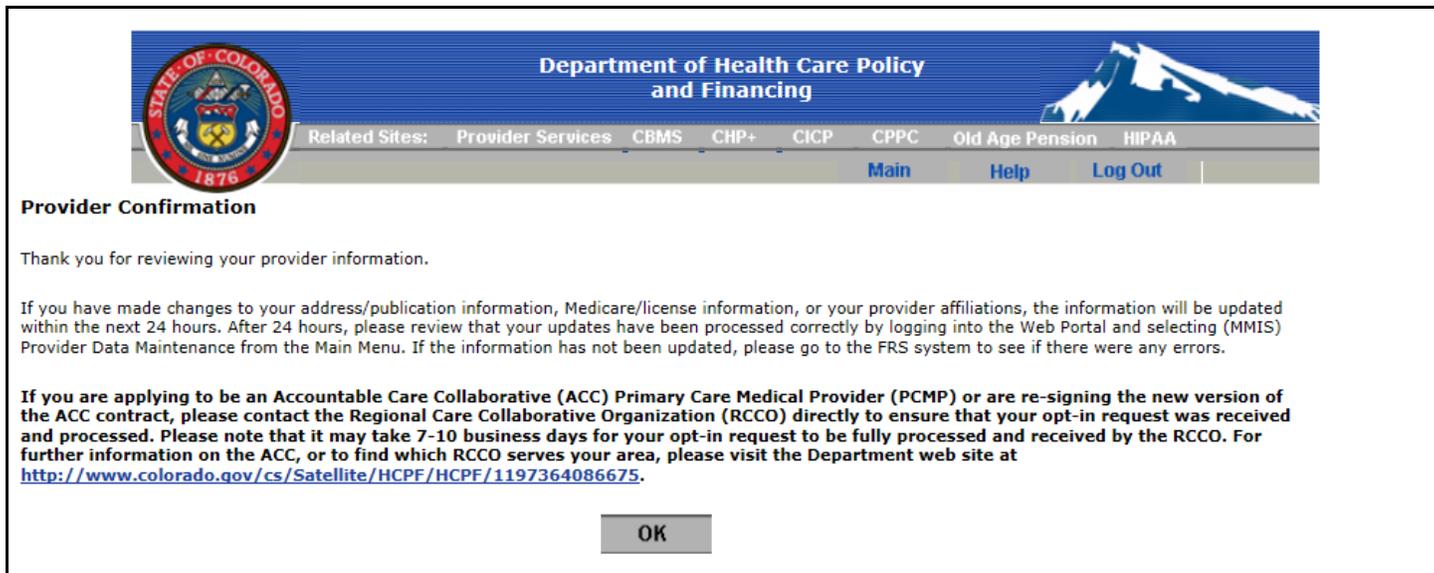


Figure 12 - Provider Confirmation screen

 **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.

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:

Annual MMIS Provider Reminder

Provider ID	Provider Name	Tax ID /SSN	Last Review Date
99999999		999999999	5/23/2004 8:32:00 AM
99999999	MEYER	999999999	5/22/2004 9:46:00 AM
99999999		999999999	5/23/2004 10:36:00 AM
99999999		999999999	7/22/2004 12:27:00 PM
99999999		999999999	6/16/2004 1:42:00 PM

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.

Review/Update Provider Information**Remind Me Next Time I Login****Remind Me Next Year**

Figure 14 – Provider Confirmation screen

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**.