

OREGON ACCESS PROVIDER MAINTENANCE GUIDE

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Oregon ACCESS Provider Component Background/Overview

Background

In order to provide all the information needed to meet the Homecare Worker's Collective Bargaining Agreement and to manage the In-Home program, extensive changes have been made to the Oregon ACCESS (OA) provider information. The process has been changed so that all the provider information will only be entered into one system (Oregon ACCESS or the mainframe OMAP/MMIS file depending on provider type). These systems will exchange information and stay synchronized. This reduces data entry and errors. The new OA screens are also designed to collect the additional data that will be needed to withhold federal and state taxes, which is scheduled to begin soon (more information will come out later). OA will also store information on the status of the provider's application and the review dates.

Old Process Overview

For Homecare Worker (HCW) providers:

HCW provider records are entered and stored in two places. This means the information is entered multiple times and errors may be introduced. The information is entered:

- on the ChX Application that is used to email information to a Central Office person who then retypes everything into the mainframe files (PRV screens) that are "owned" by the Office of Medical Assistance Programs (OMAP); and
- on Oregon ACCESS.

For all other OMAP/MMIS/Medicaid providers:

All other SPD providers must also be entered in both systems. Additionally, the local office must enter any medical providers they need to use in OA.

For Older Americans Act providers:

Older Americans Act providers are added to the Oregon ACCESS provider database only.

New Process Overview

For HCW providers -

The local office provider enrollment staff will enter the HCW information only once - directly into Oregon ACCESS. When they approve the provider they will simply click a button to request an OMAP/MMIS number. Central Office staff will receive notice that a number is needed. They will verify a couple of items regarding the provider (discussed later in this document) and then issue a provider number. This will instantly create an OMAP/MMIS record. None of the data will need to be retyped.

For all other OMAP/MMIS/Medicaid providers:

The local office still needs to submit the ChX Application for other SPD providers but they no longer need to enter the information on Oregon ACCESS. After the provider is enrolled in the OMAP/MMIS file the information will automatically be added to Oregon ACCESS overnight. All medical providers will also be available in OA; the local office will not need to enter the information anymore.

For Older Americans Act providers:

The process has not changed for Older Americans Act providers. They will be maintained in the same Oregon ACCESS database they are currently using. We have made no changes to the Older Americans Act provider data.

About the Provider Information Available in Oregon ACCESS

The new process is supported by grouping the provider's information into several categories. You will see the record type on the provider overview and provider detail screen.

OAA - Older American Act providers

These are the providers associated with OAA services. There is no change in the way their information is entered into Oregon ACCESS except the name under Housekeeping now says Maintain OAA Providers.

OAP - Oregon ACCESS providers

These are the Homecare Worker Providers. Their information will be entered on Oregon ACCESS using the Maintain Provider function.

OMP - OMAP/MMIS providers

These providers are entered directly into the OMAP/MMIS system by Central Office staff using mainframe screens. This group includes all the medical providers and all the SPD service providers except for Homecare Workers. All the information shown in Oregon ACCESS for these providers comes from the mainframe file.

RPO – Referral Providers only

These providers are non-billable/non-Medicaid providers and are stored in Oregon ACCESS only for referral purposes.

About the Provider Information - How was the database “loaded/converted”?

We spent several months reviewing the information in the Oregon ACCESS database and comparing it to the information in the OMAP/MMIS mainframe provider file. One of the major problems with the previous process was that all the information had to be kept up on two systems so it was often out of sync. To clean up the data and prepare it for the new database we:

- Reviewed and cleaned up Oregon ACCESS records.
- Reviewed and cleaned up OMAP/MMIS records.
- Matched the Oregon ACCESS records to the OMAP/MMIS records by adding/correcting the OMAP number on OA.
- Developed a conversion process to build the new database.

In the new “Provider System” there are actually two databases.

The current Oregon ACCESS database – This database had a limited amount of information and can only be accessed from within the Oregon ACCESS application. It will be kept for the OAA providers.

A new SPD Provider database – This database is stored on the mainframe and is available to both Oregon ACCESS and the mainframe functions (like tax withholding). The new database has been created to store data on OMAP/MMIS Medicaid providers. These are the providers you see when you use the SPVM, SPVF, and PRV8 screens. It will also be the database in which the HCW information entered in OA is stored, including the new tax information.

We “loaded” the new database with all of the OMAP/MMIS/Medicaid providers. We did this by first examining the OMAP/MMIS provider data that had been entered over the years into the “old” Oregon ACCESS provider database. We converted records that had been entered incorrectly, so they matched the mainframe files. Once that process was completed, we used the mainframe OMAP/MMIS provider files to load the new provider database. All records were loaded into the new database.

Active HCW records (e.g. AA enrollment status) from the mainframe were brought into the new database with as many fields filled as we could. These records are called Oregon ACCESS providers (record type OrACCESS Prov) and limited staff are allowed to maintain these records through OA.

Inactive HCW records (e.g. BT, IC enrollment status) and all other provider types, were brought into the database with only basic information. These records are called OMAP Only Providers (record type OMAP Only) and cannot be updated in Oregon ACCESS. However, Inactive HCW providers can be reactivated so they become Oregon ACCESS Providers and therefore, can be updated in OA.

Providers who were inactive at the time of the conversion cannot be maintained in OA without being reactivated first. After you reactivate a provider, their record type will change from 'OMAP Only' to 'OrACCESS Prov' and their data fields will be open for updating. To do this, after you search for the provider, select their entry, click the "Provider Overview" button and then click the "Reactivate Provider" button. Once a provider has been made available in OA, the "Reactivate" button will not show and the provider will always be available in OA for update. This does not put the provider in approved status, it just activates or opens the record for data entry. Note: If you watch the record type field on the Provider Overview screen, you will see it change from OMAP Only to OrACCESS Prov after you click the "Reactivate" button.

Basics of Getting Around

You will now have two choices in the Housekeeper drop down for maintaining providers. You will see choices to 'Maintain Provider' (for HCWs only) or 'Maintain OAA Provider'. There is also a button on the main menu that accesses the non-OAA provider search. Depending upon your security rights, you may be able to select one of these options. Staff with access to the Maintain (HCW) provider function may Add and Maintain HCW records. Staff with access to the Maintain OAA provider function may add and maintain OAA records. You will still be able to search for providers from all the places within Oregon ACCESS you currently use (like in CA/PS and when you develop the 708).

We developed a feature called 'See Codes' to display a list of the codes available on each screen. The feature is a button on the toolbar and it is a picture of a pair of binoculars. When you click the button, a window will display all of the codes and their descriptions for that screen. The codes will be listed within the field they correspond to.

We will explore each of the following options individually:

1. Add HCW provider
2. Maintain HCW provider
3. Maintain OAA Provider (unchanged)

Adding an HCW Provider Record

Process Overview

Local office staff recruit, approve and are the ongoing contact for Homecare Workers. All HCW information will be entered through Oregon ACCESS. The local office will be able to start recording data as soon as the provider applies, and will be able to update the records as more information becomes available. This will provide a way for everyone interested to check on the application/approval status. Once the local office has collected all the information needed to approve the provider and obtain an OMAP provider number, they will be able to automatically request a number.

The Verification staff (Central Office staff) will receive an Oregon ACCESS tickler and the provider needing a number will appear on a verification list. Verification staff will check two items regarding the provider: Center for Medicare and Medicaid Services (CMMS) findings of provider fraud, and whether the SSN and provider name match the IRS' information using a secured IRS website. A provider number will be generated once both of these verifications have been completed if there has been no finding of CMMS fraud.

Provider Search

In order to Add or Maintain HCW providers in Oregon ACCESS, the user must first search for the provider in the database. If the provider you are looking for appears to be found, look at the Provider Overview to verify. If the provider you are looking for does not exist in the database, you will have to add them as a new provider.

The Search function in Maintain HCW Provider has been modified. The search is intended to return the broadest range of results, to help ensure providers are not added to the database more than once. The search function will allow you to search on the following items:

- SSN/TIN (tax ID number)
- OMAP/MMIS Provider ID number
- Last Name
- First Name (can only search on First Name if Last Name also entered)
- Business Name
 - You cannot search for both a Person Name (last, or last and first) and a Business Name at the same time

- Soundex (you may ask the search to perform a Soundex search to find names that sound like a name you have entered)

In the Maintain Provider module, the system will look for both active and inactive provider records. Remember the data that's in the new Oregon ACCESS Provider database is the same data that exists on the mainframe provider database you view through SPVM, SPVF, PRV8, etc....

The Provider Search results are returned in a particular order. For example, if you enter an OMAP provider number, an SSN/TIN and a name on the search window, the results will be returned in priority order. An exact match on OMAP provider number will appear first in the list. Exact matches on SSN will appear next. Finally, exact matches, or names that most closely match the name you entered will be listed. The column on the far left of the results window indicates what the record matched with. O = OMAP Provider Number match; S = SSN/TIN match; N = Name matches. Searching by name will bring back up to one hundred records.

Search

SSN/TIN: 112345566 OMAP/MMIS Prov Nbr: 614160

Last Name: PIE First: APPLE

Business:

Sounds Like:

Search Priority (SP) is: O = OMAP#, S = SSN/TIN, N = Name

Search Clear

Result

SP	Full	SSN/TIN	City	State	Type	OMAP#	Enr
O	BURGER, CHEESE M	[REDACTED]	Salem	OR	In-Home Care (CEP)	614160	AA
S	SALAD, TOSSED	[REDACTED]	Salem	OR	In-Home Care (CEP)	000000	
N	PIE, Apple M	[REDACTED]	Salem	OR	In-Home Care (CEP)	000000	
N	PIEARSON, BRENDA	[REDACTED]	PORTLAND	OR	Adult Foster Care	509137	BT
N	PIEFER, DONNA M	[REDACTED]	PORTLAND	OR	In-Home Care (CEP)	681960	ID
N	PIEHL, GARY A	[REDACTED]	PORTLAND	OR	Dispensing Optician	065768	ID
N	PIEHL, MARQUIS	[REDACTED]	THE DALLES	OR	In-Home Care (CEP)	720193	BT
N	PIEHL, PATRICIA A	[REDACTED]	THE DALLES	OR	In-Home Care (CEP)	702233	ID
N	PIEKOW, MICHELLE L	[REDACTED]	WOODBURN	OR	In-Home Care (CEP)	637032	AA
N	PIELAGE, MARIE T	[REDACTED]	VANCOUVER	WA	Physical Therapist	227079	ID

Match found: OMAP#, SSN/TIN, Name Providers Found: 100 More

Provider Overview View/Maintain Provider Cancel Add New Provider

The column on the right side of the screen displays the OMAP/MMIS enrollment status for the provider. This is the enrollment status you would see on PRV8. If the enrollment status column is blank and the OMAP # column is blank, it means the record does not exist on the OMAP/MMIS mainframe provider files.

There are new buttons on the Search screen. Clicking the “More” button will find up to one hundred additional records following the initial search results. (You will see the ‘Providers Found’ count change as more records are returned.) Clicking the “Previous” button will find up to one hundred additional records preceding the initial search results. The “Return to Original Search” button will take you to the top of the results list.

Provider Overview Screen

If you need additional information to ensure a provider on the return list is the one you are looking for, click on the provider line and click on the “Provider Overview” button. The provider overview gives you additional information about the provider you selected.

Oregon Access [Office : Cascades West Council of Governments (2211) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Provider Overview for BURGER, CHEESE M

Detail

Record Type: OrACCESS Prov

Last: BURGER First: CHEESE Mid: M Title:

SSN: [REDACTED] DOB: 05/05/1950 Primary E-mail:

Phone Type	Number	Ext	Other Types
Home	(503) 222-2222		

Prov Credential / MMIS Provider Info

Type	Status	Branch	Start	End	Review Due
In-Home Care	Clr To Work	2211	03/01/2005	03/31/2007	03/31/2007

MMIS Prov # 614160 Prov Type HK Status AA Enroll Status Dt 03/01/2005

MMIS Name: BURGER, CHEESE M

Financial / Tax

TIN: [REDACTED] TIN Name:

Filing Status: Single Alwnc: 01 Addl WH: 000.00 Pymt Mthd: Check

Physical Address

123 Address St Salem, OR 97301-

In Care Of:

View/Maintain Provider

Back to Search

Previous Next

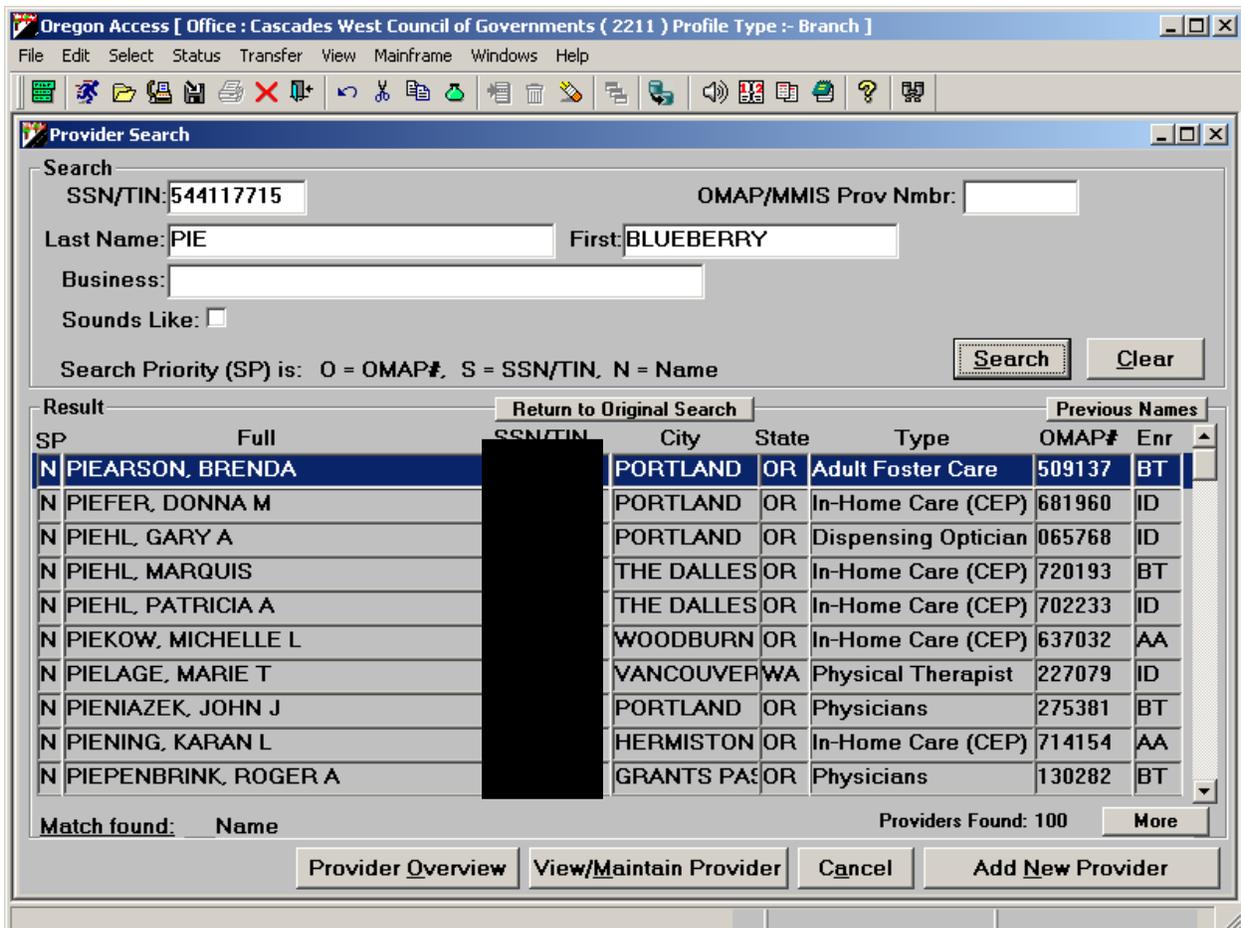
If this is not the provider you are looking for, you may click the “Back to Search” button to go back to the search screen. If this is the provider you do not need to add them to the database. If you are unable to find the HCW provider you are looking for, you will then need to add them to the database.

Note: On the top of the overview screen is an item titled Record Type. This item lets you know where this record can be maintained. OMAP Only records cannot be maintained in Oregon ACCESS while OrACCESS Prov records can be maintained in OA.

The “Previous” and “Next” buttons on this screen will scroll you through the records found from your search.

Provider Add Screen (for HCW Providers)

To add a provider to the database, you will click the “Add New Provider” button on the search window.



The Add Homecare Provider screen will display. This screen was designed to allow staff to enter the majority of the provider data without having to navigate to multiple tabs. If staff do not know some of this data at the time the provider record is being added, the information can be entered later on the provider maintenance screens.

To add a provider to the provider database, you only need minimal information. You must enter the Provider Name and the Branch, and either the Address and Address Type, or the Phone Number and Phone Type. However, the more data you enter now, the easier it will be to track the provider.

The data on the screen is grouped into four “groupings” of data. These groupings are displayed in separate group boxes on the Add Homecare Worker screen. Later in the Provider Maintenance Tree each of these groups has a separate screen.

Homecare Worker Detail Group Box

This group box contains basic demographic/person data about the provider. Most of this data is self-explanatory.

Financial/Tax Info Group Box

This group box contains data that we will be required to gather in order to do tax withholding for HCW providers. Most of this data can be gathered from the provider's W4. Again, if you do not have the data at the time you create the provider record, these fields do not have to be filled in now. You may enter this data in other screens later in the process.

Filing Status: This is the provider's filing status as listed on the W4. For example: "single", "married-filing jointly", "married-filing separately".

Allowances: This is the number of allowances the provider has listed on the W4 form.

Addl WH: The provider may elect to have an additional sum of money withheld for Federal taxes from each check. The W4 would contain this information. Enter the dollar figure of the additional withholding here.

Payment: Currently, we only pay our providers by check. At some point in the future, direct deposit may be another payment option. For now, this field will default to "Check".

Credential Group Box

The Credential group box contains data that pertains to the fitness determination, or credentialing process, that is completed by the local office. The new provider screens contain a great deal of information regarding the provider's credential. This is discussed in more detail in the "Maintaining an Existing HCW Provider Record" section of this guide. Only two of the Credential related fields appear on the Add Provider screen.

Level: The Level has to do with who the provider is permitted to serve. If the provider is restricted to only serving certain clients, they would be marked with a level of Exclusive. If the provider has no restrictions, the level would be Career.

Branch: Enter the number of the branch office that is responsible for "credentialing" or determining the fitness of a provider and for maintaining the provider records.

Address 1 and Address 2 Group Boxes:

These sections are where you will collect Address information related to the provider. The Postal Service has specific requirements around Addressing. Please review the "Standardized Address Format for Provider Enrollment" document.

Type: This is the type of address you are entering (e.g. physical or check/mail). For each record, you must enter a Physical address type and the address. When you enter the ZIP code, a County FIPS box will appear and you will be required to enter/select a valid county. (The field will display the counties associated to the ZIP code). The county name is translated into the FIPS county code on the mainframe.

ICO: This stands for In Care Of. If the provider's mail is to be delivered In Care Of someone else, that person's name would be entered here.

Addl: This field should be used to enter additional address information such as apartment numbers, etc... It should only be used if all the address information does not fit on the primary address line.

Note: if both the ICO and Addl fields are filled out, only the Addl line will go to the mainframe.

Address: Enter the primary address information here.

City: City.

State: Two-digit State abbreviation.

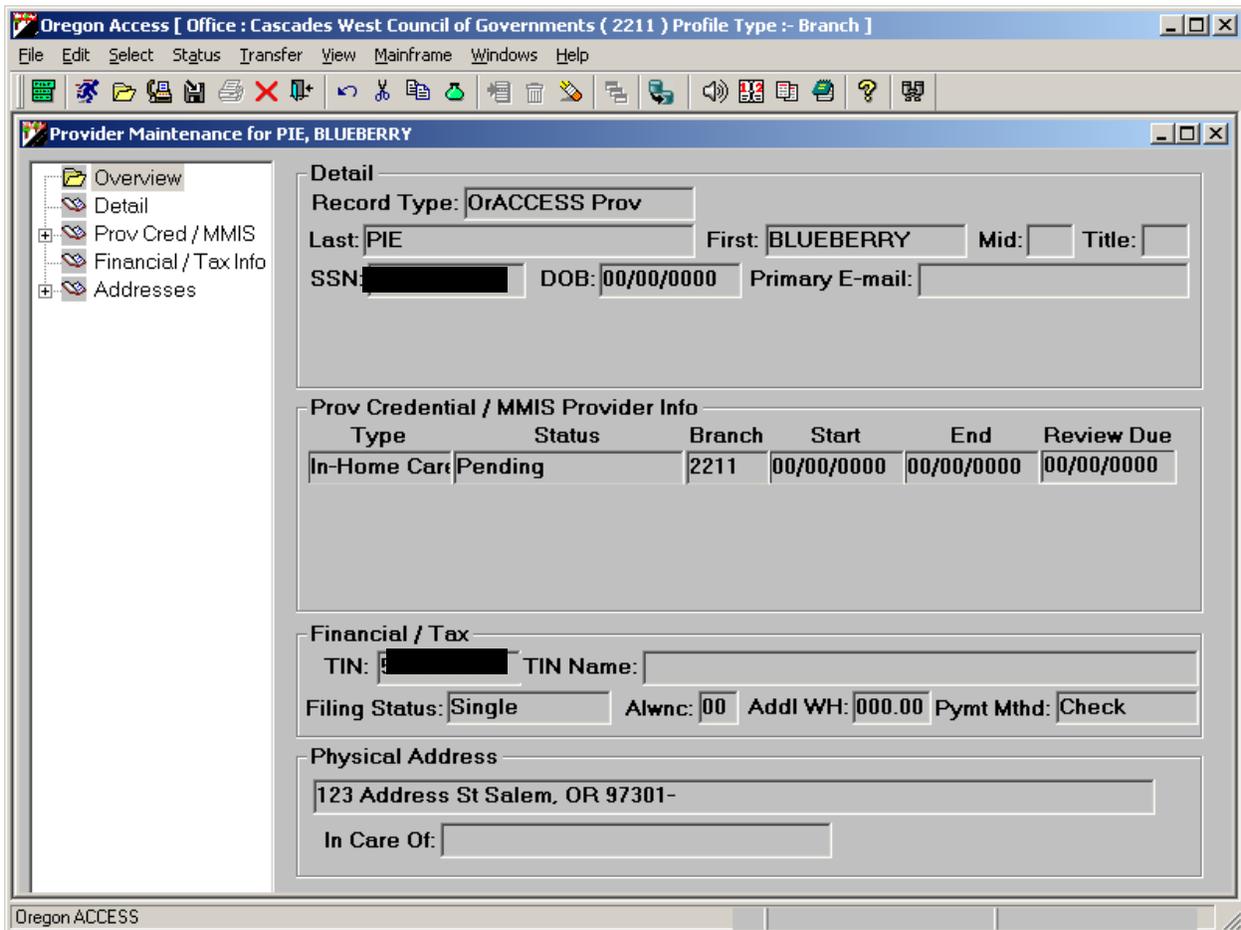
ZIP: You may enter the base ZIP code and the ZIP suffix in these fields.

FIPS: (not displayed on this screen shot.) This field is only available once you've entered the ZIP code for a Physical address. The field will only display the counties associated to the ZIP code entered.

When you have entered all the data you have, and have met the minimum data requirements described above, you can add the provider to the database by clicking the "Add this Provider" button. When you click this button, the system will take you into the Provider Maintenance screens. This is where you can enter additional information about the provider as it becomes available.

Provider Maintenance Overview Screen

When you click the "Add this Provider" button on the Add Provider Screen, the first screen you come to is the Overview screen, which looks almost exactly like the Overview screen you may have looked at when searching for a provider.



On the left side of the screen is what is called a “Tree”. By clicking on different parts of the Tree, you can go to different screens in the Maintain Provider section.

Provider Detail Screen

The Detail screen contains basic Provider information like Name, SSN, phone number, e-mail addresses, etc.... It also contains some new data fields.

Record Type: All HCW records will now be maintained in Oregon ACCESS. So, the provider record you just added will default to a record type of OrACCESSProv. If you happened to be looking at another type of provider that can only be maintained on the mainframe, the Record Type would be OMAP Only.

CMMS Medicaid Fraud/CMMS Medicaid Fraud Date: This field will be completed if there has been a finding of Medicaid fraud. When you add a new provider record, this field will be blank. When you complete the data entry for this record and request an OMAP/MMIS provider number, authorized staff (in Central Office) will check the CMMS online disqualification system and indicate if the provider has a Medicaid fraud record. If they do not have a record on file with CMMS, the staff person will issue an OMAP/MMIS provider number. The CMMS Medicaid Fraud Checked Date represents the date on which the CMMS

Medicaid fraud check was completed and will be filled in by the person performing the check.

SSA Verified?: The SSA Verified field will show if the provider's Name and SSN/TIN have been verified and whether the information matched the IRS file. If the field says Yes, then the Name and SSN/TIN match with the IRS files. If the field shows No, then the Verifier has found a mismatch. If the field is marked No, then Oregon ACCESS will generate a tickler.

Other Names: Staff may enter other names used by the provider. The name in the top portion of the screen is the provider's current Preferred Name. This is the name the provider prefers to go by (e.g. Jim Brown vs. James Brown). In the 'Other Names' field, staff can enter names like, Legal Name, a Tax Payer name, etc. You can also indicate if the person had ever gone by a different preferred name. The field labeled "Current" will let you indicate (Yes or No) if the name and type selected are current. To insert other names, click on a blank line in the Type column, or click on the insert button in the Other Names section. Once you choose a type, you can click in the Name column to open a data entry screen for entering the name.

Note: The preferred name will be the name sent to the OMAP file and used on checks and for mailings. If the preferred name is too long, it can be abbreviated on the OMAP screen. Normally this name will also be used for tax reporting, however the provider may use a preferred name that is different than their official tax payer (IRS/TIN) name. Enter the Tax Payer name and it will be used for W2 tax reporting.

The search function will search on all names that have been associated with a provider. So, for example, if the following names are entered in the Other Name section.

Provider Maintenance for PIE, BLUEBERRY

Detail

Last: PIE First: BLUEBERRY
 Middle: Title:
 Business:
 SSN: DOB: 05/05/1950 Business Type: Individual
 Record Type: OrACCESS Prov SSN is also Tax ID?
 Primary E-mail:
 Secondary:
 CMMS Medicaid Fraud: SSA Verified? No
 CMMS Medicaid Fraud Checked Date: 00/00/0000

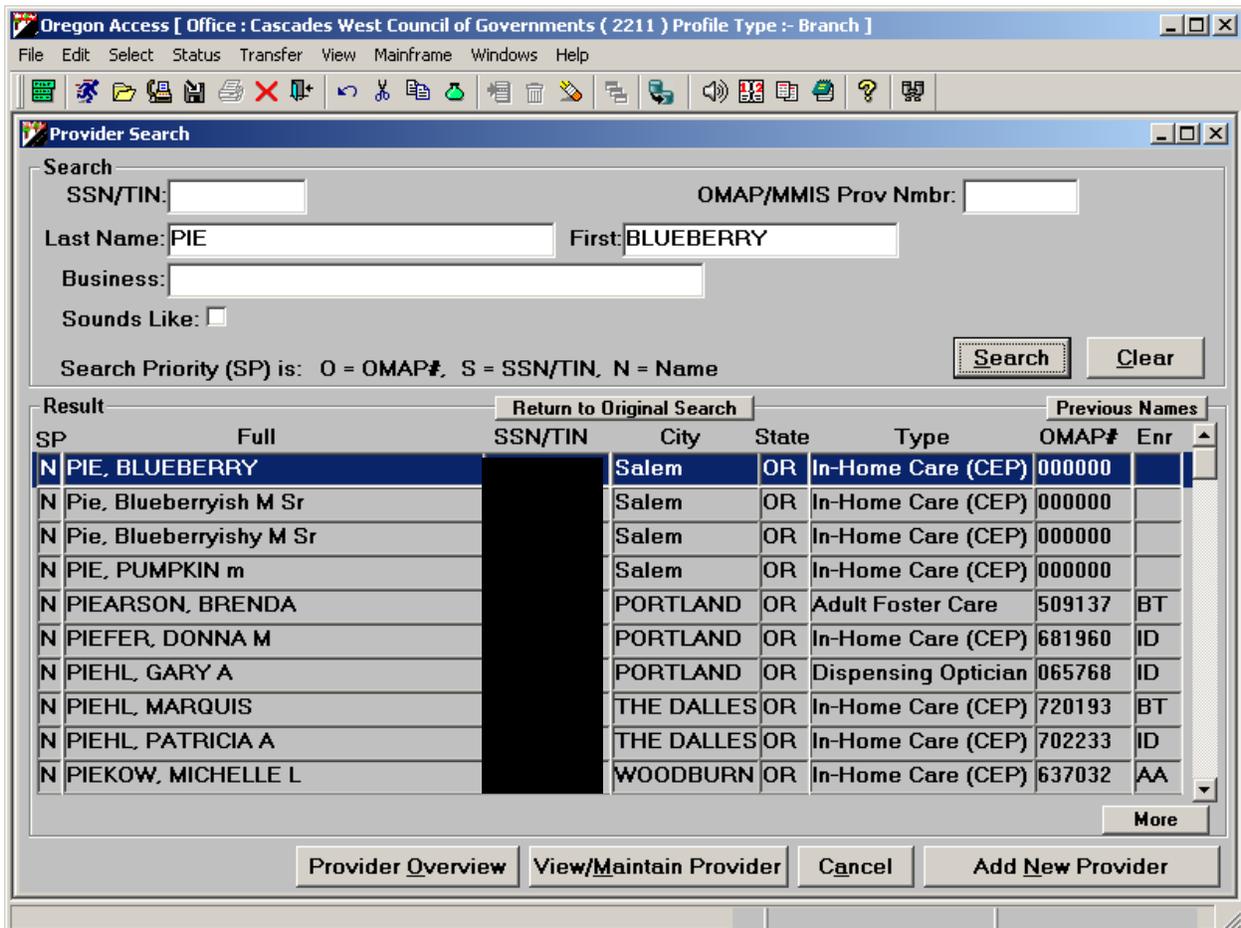
Other Names

Type	Name	Current	Changed
Leg	Pie, Blueberryish M Sr	Yes	3/31/2005
Tax	Pie, Blueberryishy M Sr	Yes	3/31/2005

Phone Numbers

Phone Number	Ext	Phone Type
(503) 222-2222		Home

...a search on Pie, Blueberry will return all three names. Note: In this example, the names used were entered so they fall next to each other alphabetically. In a real situation, the different names may fall in different places. A more likely situation is that Blueberry Pie's maiden name was "Muffin". If she had used that name before and you searched for Blueberry Muffin you would see 'Blueberry Pie's record. The point is that all names entered on this screen are searchable.



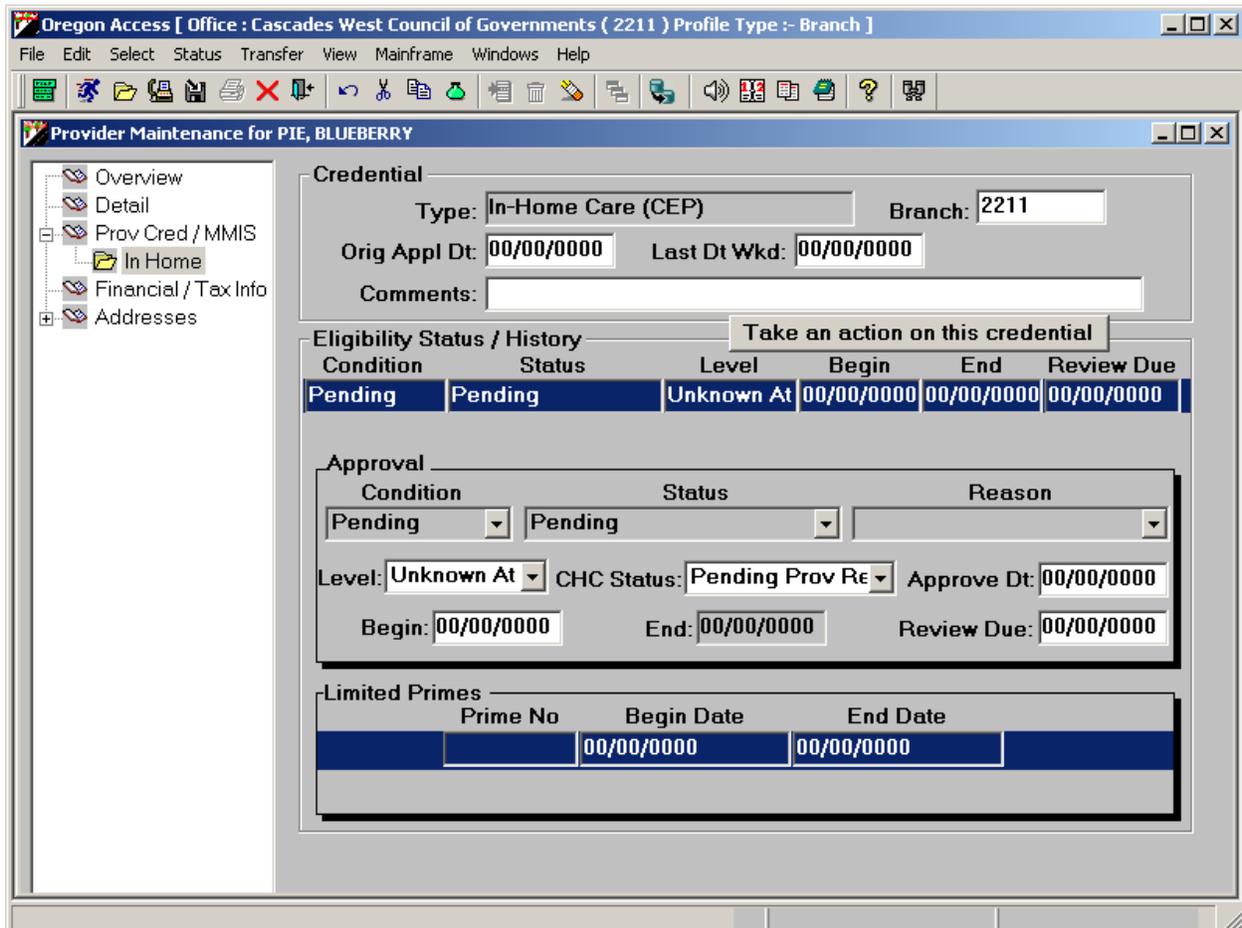
Provider Credential Screen

The Provider Credential Screen is where local office staff can maintain information on a HCW's Provider Fitness Determination. This is the process whereby the local office requests a Criminal Record Check, completes the local office fitness determination considering other factors outside the criminal record check, and decides whether or not the provider should be approved to provide service. We are calling this process the "Credentialing" process. The data on this screen relates to the provider's Credentials – both past and current.

When you add a provider to the database, a "Pending" credential will automatically be created. Staff can then fill in the additional information as it becomes available. As stated previously, once the provider record is completed, staff can submit a request for a provider number.

This screen contains the most functionality of all the new screens, and is the most complex. Some of the complexity is due to the fact that although the local office will go through the same processes in determining a provider's fitness as they

always have, they will now have a way to record their determination. We'll start with a picture of the screen, and go through the fields one by one:



The screen is divided into several “groupings” of data. These groupings are displayed in separate “group boxes”. At the top is some general information about the provider’s Credential. In the middle is the list of the current and past Credential records showing the time period for each. Followed by a section with the detail information for the selected credential record. At the bottom is a section in which staff can list the prime numbers of clients a provider is limited to serving. This is only used if the provider has a credential level of exclusive, which is limited to serving particular clients.

Credential Group Box

Type: This is the credential type. At this point, we are only recording credential information for HCW providers. So, this field will default to In-Home Care (CEP).

Branch: Is used to indicate the branch office responsible for “credentialing” or determining the fitness of a provider and maintaining the provider file.

Orig Appl Date: This is the date on which the provider originally applied to be a HCW provider. Staff will enter the date of original application the first time they enter an HCW provider. The field will then be locked.

Last Date Worked: This field will be used when a provider has notified the local office of their last day worked.

Comments: This is a free text field in which local office staff may enter brief comments about the provider credential. This is not a running narrative, but simply a short text field – approximately 60 characters – where staff can make short notes.

Eligibility Status/History Group Box

This grouping of data has two parts, the list of records (current/past/pending) and the detail information for each Credential record. To see the details for a particular Credential record, you will need to highlight that row.

Condition: The Condition refers to the selected credential record’s overall status. The Credential may be Active, Inactive, or Pending. This field is not entered by the user, but is derived based upon other data entered by the user. As stated earlier, when local office staff create a new provider record, a Pending credential record will automatically be created.

Status: The Status refers to a more detailed description of the selected credential’s status. Some Active Status examples are: Approved to Work (the provider is approved to work), Probationary (the provider is approved on a probationary status; pending the final fitness determination). When the Condition is Inactive, other status codes are available. When the Condition is Pending, the only available status code is Pending.

Reason: Some status codes also allow the user to enter additional information regarding the status. This information is entered in the Reason field. For example, a credential may be terminated because the provider has died. In this example, the Status would be “Terminated”, and the Reason would be “Provider Deceased”. Currently, there are no reason codes for Pending records.

Level: The Level has to do with who the Provider is permitted to serve. The Pending record will originally default to “Unknown at this time”. If the provider is

restricted to serve only certain clients, local office staff should indicate that with a status of Exclusive. If the provider has no restrictions, the level would be Career.

CHC Status: This is the status of the criminal history check. On a Pending record, this field will default to “Pending Provider Response”. This means we are awaiting information from the provider (including their completed packet) before we submit the criminal records check. In this field, local office staff may record that the criminal check was submitted and what the results of the criminal record check were, as information becomes available.

Approve Dt: This is the date on which the local office makes a determination that the provider may begin serving clients. This may be after a preliminary review, pending the results of the criminal record check, or it may be a final determination after the criminal record check results have been returned. Local offices have varying procedures in this area.

Begin: This is the date on which the provider may begin to provide services. THIS IS THE DATE SENT TO THE MAINFRAME OMAP/MMIS FILES AS THE ENROLLMENT DATE. Be sure to enter this date correctly, as the Mainframe OMAP/MMIS provider files are still used to generate payments. CEP vouchers will not be able to be issued before the begin date.

End: This is the last day on which the provider may work under the selected credential. This date will default to two years to the end of the month from the Approval date. It cannot be changed. According to rule, providers must be reviewed every two years.

Review Due: This is the date on which a provider review is due. If no date is entered, this will be filled with the End date two years into the future. If the local office procedure is to review providers more frequently than every two years, staff may enter an earlier date.

Limited Primes Group Box

When the Credential Level is Exclusive, indicating the provider may only serve certain clients, the fields in this group box will open up. Local office staff must enter the prime numbers of those clients the provider is permitted to serve. All prime numbers entered are validated against CI records.

Changing Provider Credentials

Since the Credential screen is the most complex in the system, we have built systems “wizards” to guide staff through different changes they might make to a credential record. As a general rule, staff may only make changes to the current Credential record.

However, a Credential in a Pending condition/status may be updated at any time. Some of the fields will be open for update at the time you select the Pending row. But other actions will require you to click on the “Take an action on this Credential” button.

Provider Maintenance for PIE, BLUEBERRY

Credential

Type: Branch:

Orig Appl Dt: Last Dt Wkd:

Comments:

Eligibility Status / History Take an action on this credential

Condition	Status	Level	Begin	End	Review Due
Pending	Pending	Career	03/01/2005	00/00/0000	00/00/0000

Approval

Condition: Status: Reason:

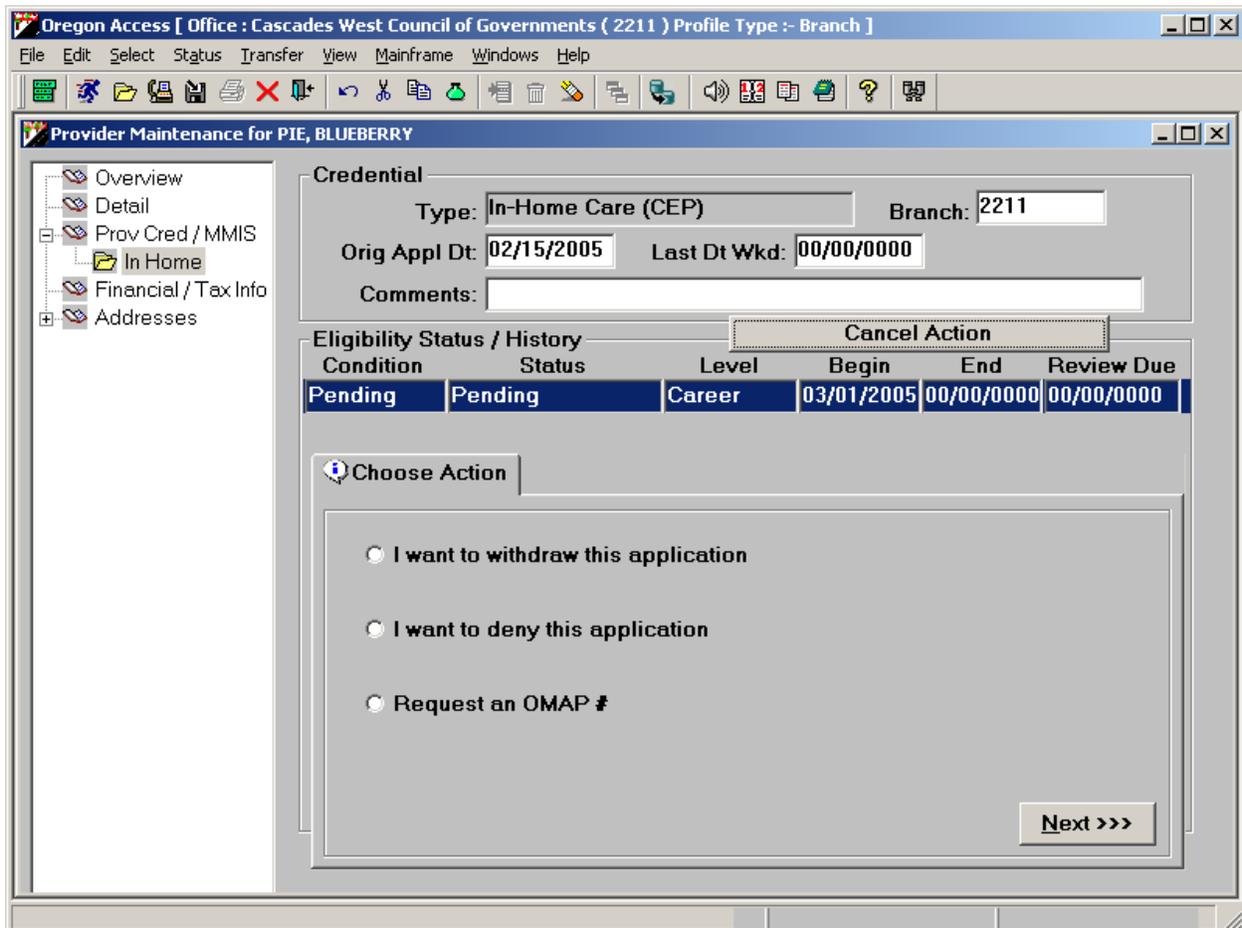
Level: CHC Status: Approve Dt:

Begin: End: Review Due:

Limited Primes

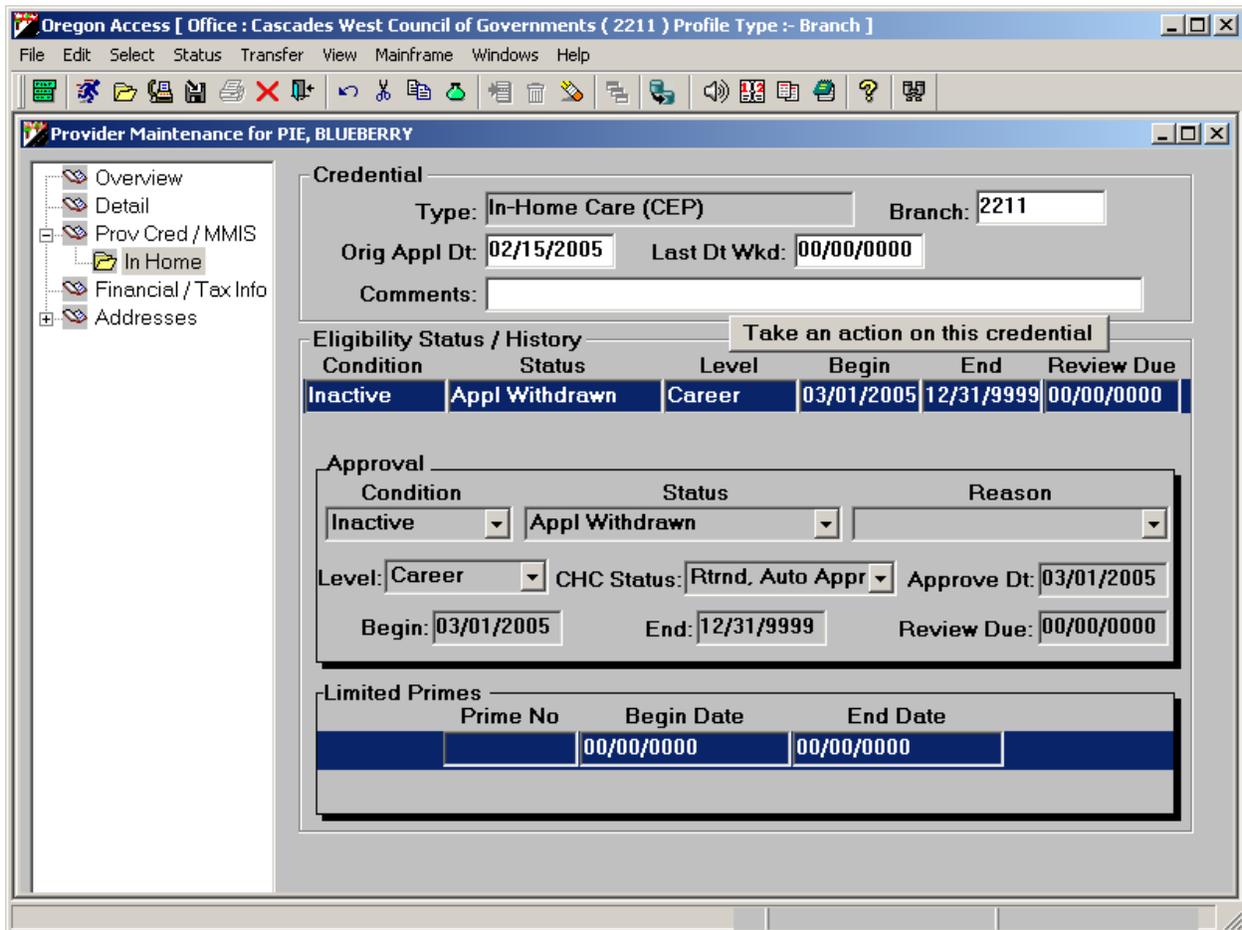
Prime No	Begin Date	End Date
	00/00/0000	00/00/0000

When you click the “Take an action on this Credential” button, a Wizard window will open to help guide you through the available actions. Credential records in a Pending Condition/Status have three options available.



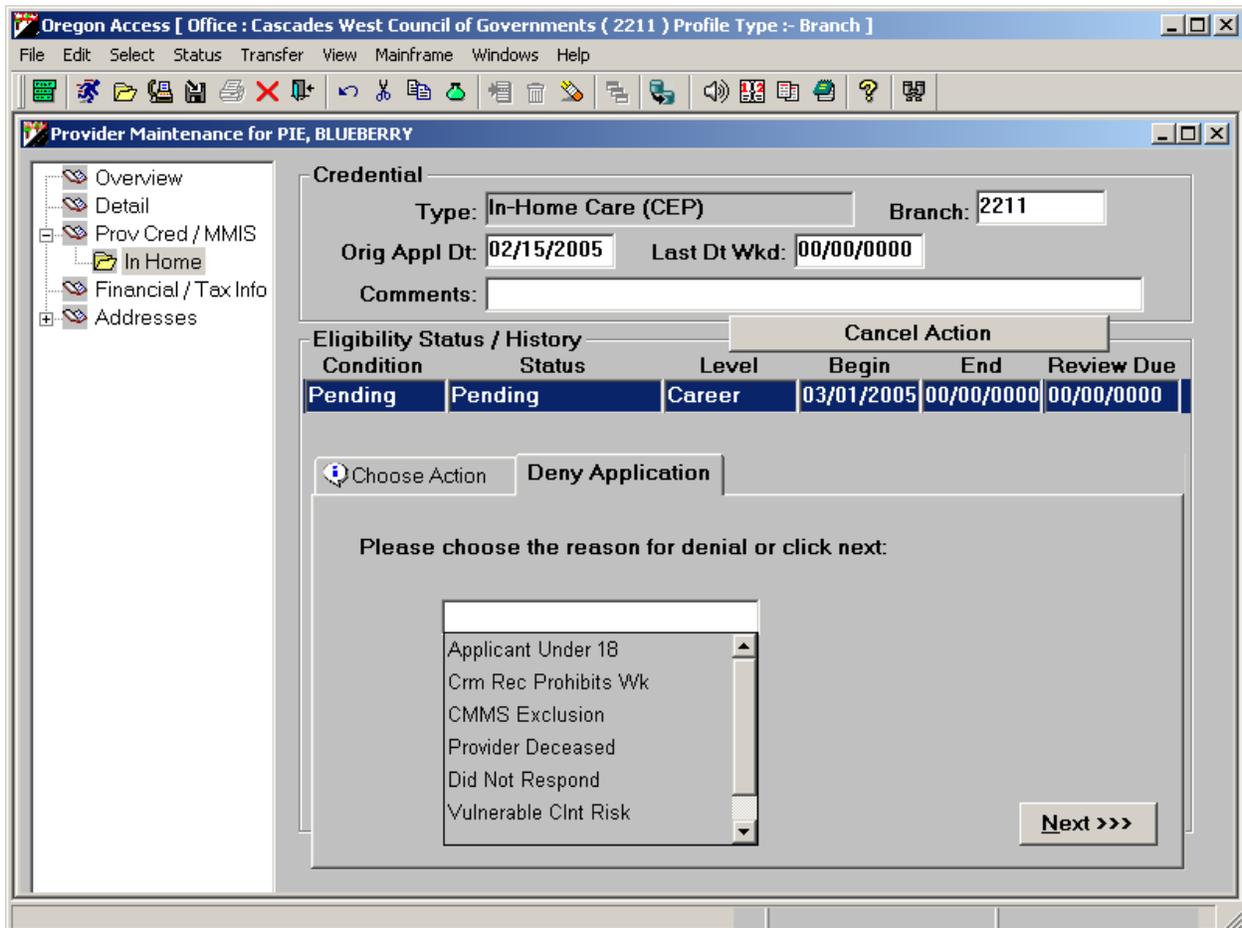
I want to withdraw this application:

This option allows local office staff to indicate a provider has withdrawn his/her application. When this option is selected, and the “Next” button is clicked, the credential will automatically be changed to an Inactive Condition with a Status of Withdrawn.

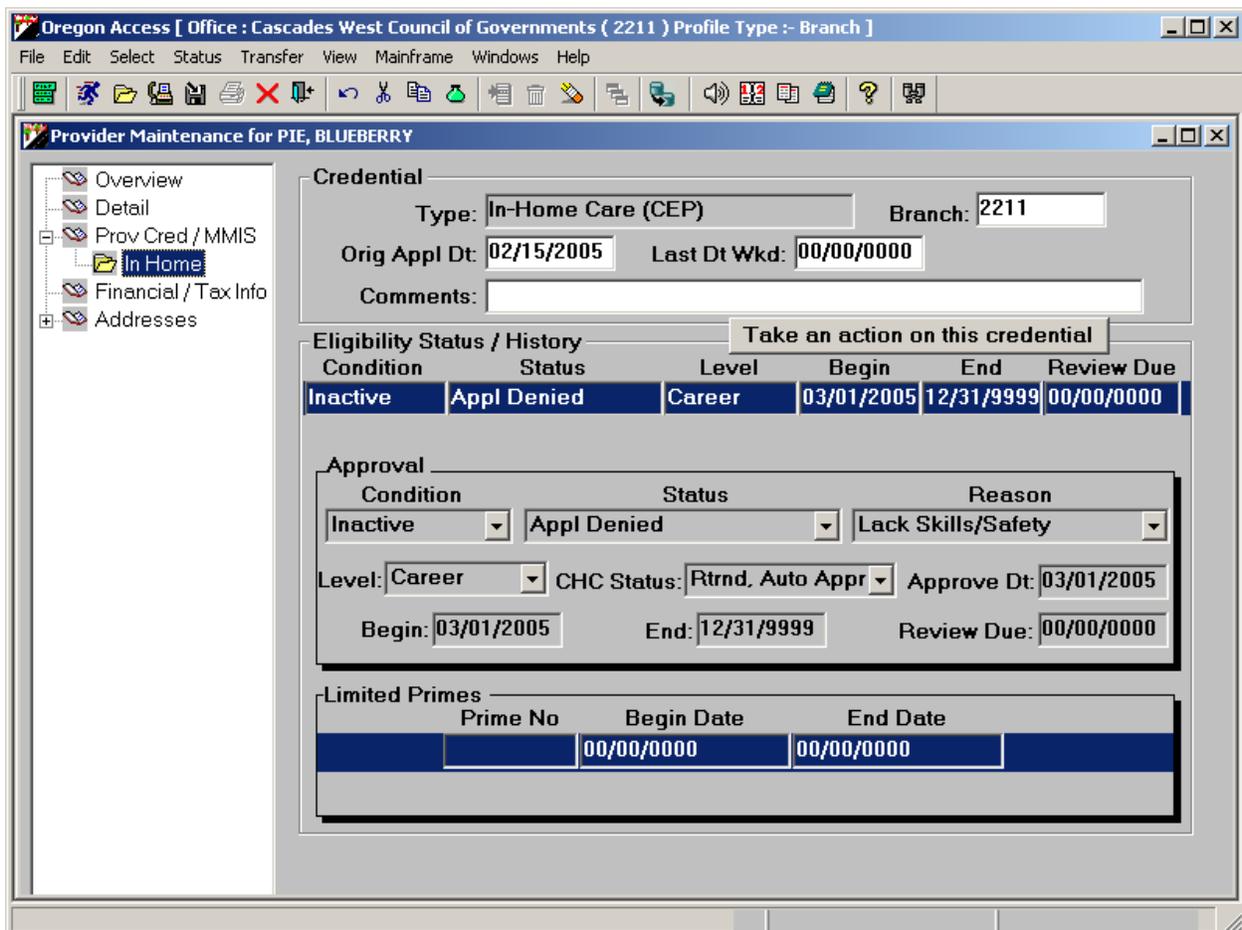


I want to deny this application:

This allows the local office staff to indicate a Credential has been denied. If this option is selected and the “Next” button is clicked, another screen will display asking the user to select a denial reason.



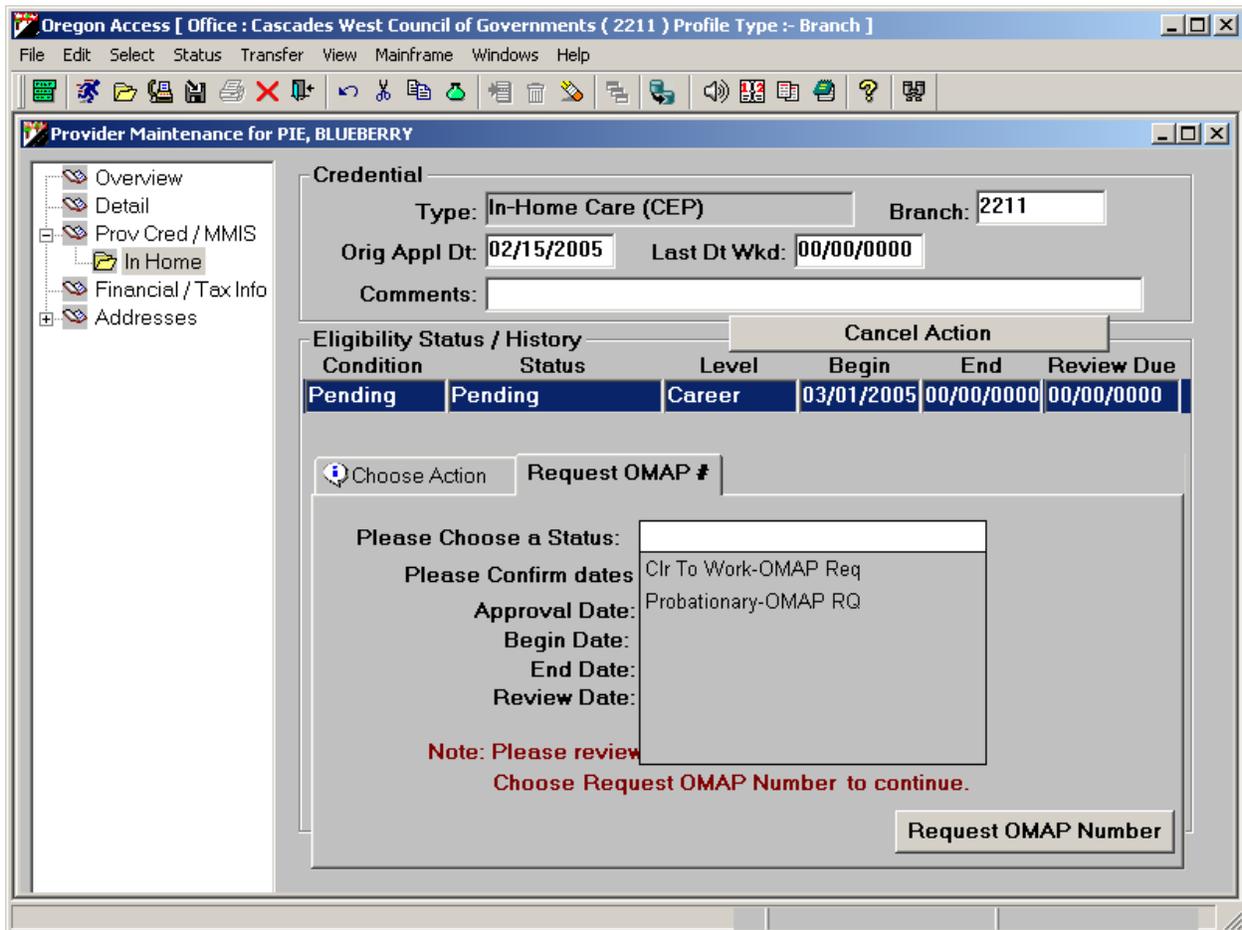
When you have selected a reason, click the “Next” button. The credential will automatically be changed to a Condition of Inactive, with a Status of Denied, and the reason code that was previously selected.



Request an OMAP #

This option will allow local office staff to submit the provider record for an OMAP number. Generally, Central Office staff will review the record, conduct the verifications discussed in the [About Verification](#) section of this guide, and issue a provider number if the provider “passes” the necessary verifications.

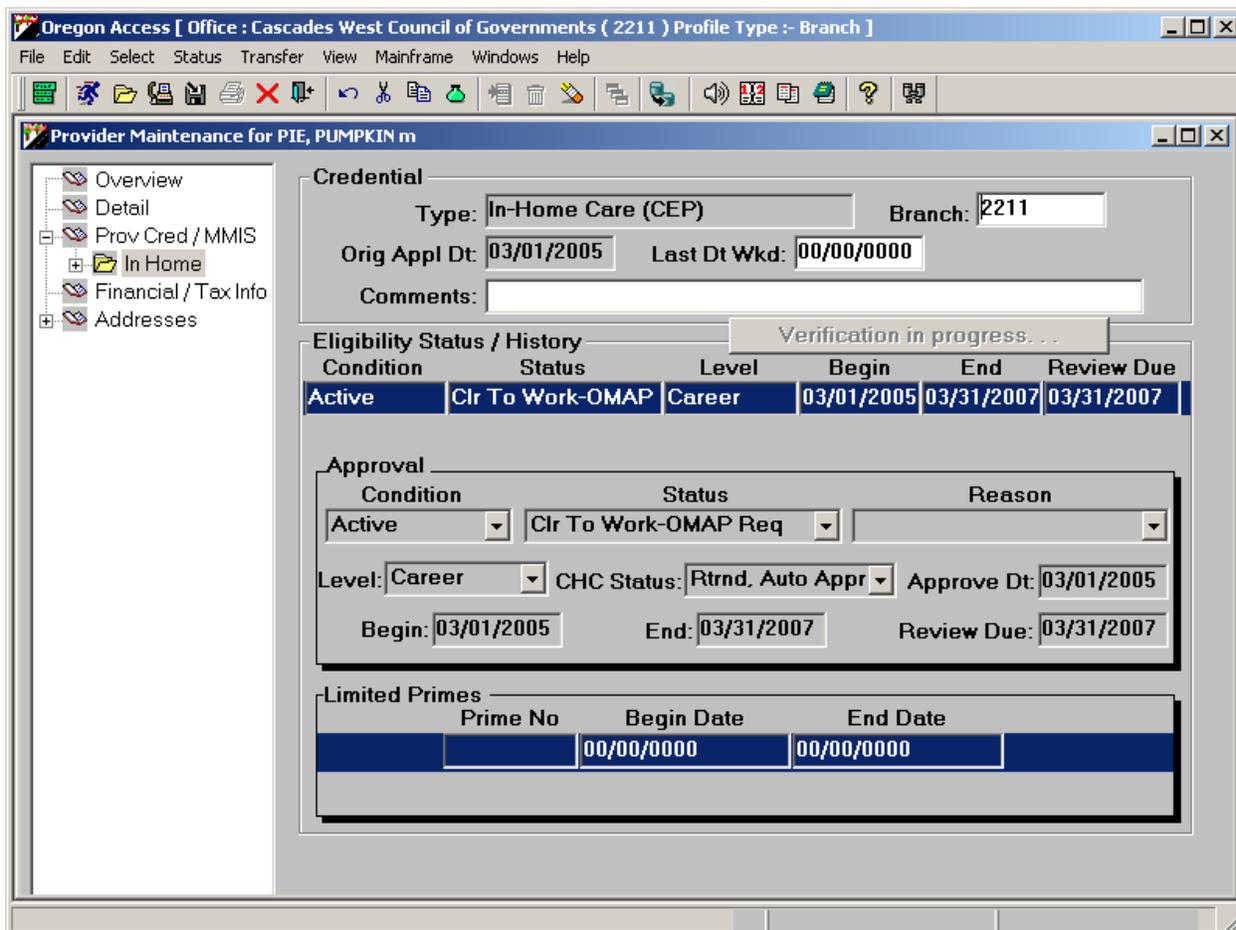
When local office staff select this option and then click the “Next” button, another screen will appear asking them to select the provider’s Status.



When the status is selected, staff should review the dates that will be used for this provider record.

- If the dates look correct, click the “Request OMAP Number” button. This sends a request for Verification staff to verify specific items and then issue an OMAP number if the provider passes the verification process. See the [About Verification](#) section of this document for more information.
- If the dates need to be changed click the “Cancel action” button in the Eligibility Status/History line to return to the credential screen.

Once an OMAP number has been requested, no changes can be made to the credential record. The button normally marked “Take an Action on this credential” will read “Verification in Progress...” and is grayed out, or inactivated. If local office staff need to retract the request for an OMAP number, they must contact the Provider Payment Unit in Central Office.

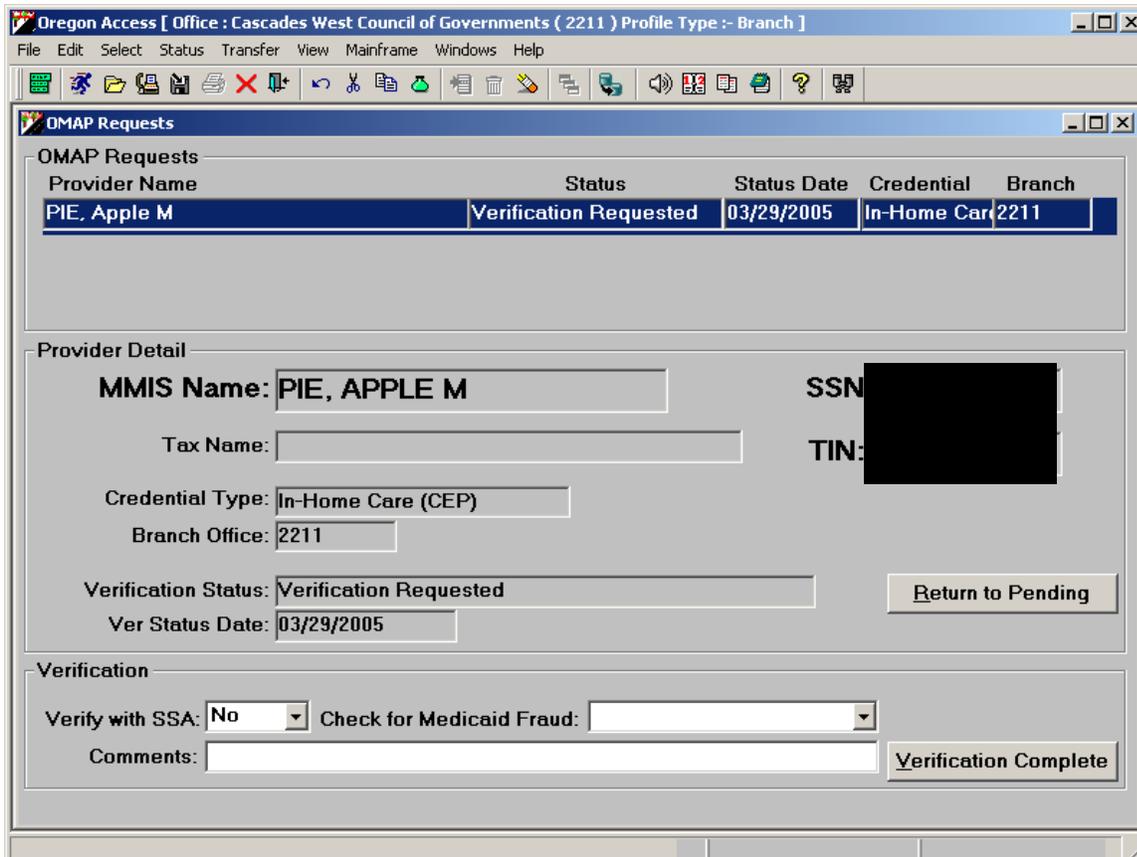


About Verification

We will verify two items. First, we will check to see if the provider is prohibited from providing Medicaid services due to a prior finding of Medicaid/Medicare fraud. We will use an online disqualification system provided by the Centers for Medicare & Medicaid Services (CMMS) to verify the provider's CMMS disqualification status. Second, we will use the online SSN verification process provided by the IRS to ensure the provider name and SSN/TIN match.

Note: On the W4, a person may indicate their name does not match the Social Security card they present, but they will request a new card. In this case, local office staff may record the SSN and provider name do not match on one of the new provider screens. For provider records that are marked as having an SSN/name mismatch, the system will generate a 90-day follow-up tickler to remind local office staff to follow up on the discrepancy. We will look at the new screens later in this guide.

Here is a sample of the Verification screen that Central Office will use. It lists the records submitted by local offices requesting OMAP numbers. Remember, this screen is for Verification staff only. Local office staff will never see or use this screen.



The Verifier will complete the Verification Section of this screen based on the look-ups and will click the “Verification Complete” button. The system automatically sets the condition (active/inactive) based on the information. For approved active providers, it issues a provider number and makes the OMAP/MMIS provider file entry.

I want to return this record to Pending & I want to make changes to this credential

If the status is:

- Verification in Progress – you can contact the Provider Payment Unit to have it returned to pending
- Already in Active (Verification complete) – use the “Take Action” button to either

change information or terminate action. This record cannot be returned to pending.

- Withdrawn or Denied – if you have indicated a Pending record has been Withdrawn or Denied, and there is a need modify or “undo” that action, the system will allow local staff to do so. Select the Withdrawn or Denied record and click the “Take an action on this credential” button. You will be presented with two options. Select the appropriate options and make the necessary changes.

Oregon Access [Office : Cascades West Council of Governments (2211) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Provider Maintenance for PIE, BLUEBERRY

Overview
Detail
Prov Cred / MMIS
In Home
Financial / Tax Info
Addresses

Credential

Type: Branch:

Orig Appl Dt: Last Dt Wkd:

Comments:

Eligibility Status / History Cancel Action

Condition	Status	Level	Begin	End	Review Due
Inactive	Appl Withdrawn	Career	03/01/2005	12/31/9999	00/00/0000

Choose Action

I want to return this credential back to pending

I want to make changes to this credential
(limited based on status)

***Page Reserved for Future Tax
Withholding Information***

Financial/Tax Screen

This screen is where staff will enter the provider's tax information. The screen is divided into four groupings of information. These groupings are called "group boxes".

Tax Identification Group Box

This section of the screen contains basic tax withholding information.

Number: This is the provider's tax identification number. For HCW providers it will default to the provider's SSN as entered on the Add or Detail screen.

SSA Record Correction Pending & Date: These fields are used when the provider indicates, or SSN verification reveals the provider's name does not match the SSN/TIN on file with the IRS.

Tax Name: This is the provider's Tax name on file with the IRS. This data is actually entered on the Detail screen. For more information on adding other name types, including tax names, refer to the section of this guide addressing the [Provider Detail Screen](#). This will pull over to the mainframe as the IRS Name. (Doesn't need to be entered if the name is the same as the preferred name.)

Tax Withholding Group Box

This is the area in which you can enter the provider's withholding information.

Filing Status: This is the provider's filing status as listed on the W4. For example, "single", "married-filing jointly", "married-filing separately".

Allowances: This is the number of allowances the provider has listed on the W4 form.

Addl WH: The provider may elect to have an additional sum of money withheld for Federal taxes from each check. The W4 would contain this information. Enter the dollar figure of the additional withholding here.

Exempt?: This box should be checked if, for some reason, the provider is exempt from tax withholding. The provider should indicate their exemption status on the W4 form.

Code Ded FICA: This is the FICA deduction code that indicates the provider's FICA withholding. All HCW providers will default to FICA ded code of 1.

EIC / W5 Group Box

This section contains information on the provider's Earned Income Credit (EIC) W5 form information. Some providers may be eligible to get part of the EIC as an advance with their pay. In order to receive an advance on the EIC, they must complete the IRS W5 form. The fields in this section should be filled in based upon the provider's W5 form. If the provider does not submit a W5, these fields should not be filled in.

Payment Information Group Box

Currently, we only pay our providers by check. At some point in the future, direct deposit may be another payment option. For now, the Payment Method will default to "Check".

Address Screens

There are two address screens in the Maintain Provider Section. There is one screen where current address information is stored, and another where future address information can be stored. If a provider reports an upcoming address change, you may enter it in the future address screen, along with the date on which that address will become effective. A nightly process will run that moves future addresses into the current address screen on the appropriate day. With the exception of the effective date on the Future address screen, the data fields are identical.

Type: This is the type of address you are entering (e.g. physical or check/mail). For each provider, you must enter a Physical address type and the address. When you enter the ZIP code, a County FIPS box will appear and you will be required to enter/select a valid county. (The field will display the counties associated to the ZIP code.) The county name is translated into the FIPS county code on the mainframe.

ICO: This stands for In Care Of. If the provider's mail is to be delivered In Care Of someone else, that person's name would be entered here.

Addl: This field should be used to enter additional address information such as apartment numbers, etc... It should only be used if all the address information does not fit on the primary address line.

Note: if both the ICO and Addl fields are filled out, only the Addl line will go to the mainframe.

Address: Enter the primary address information here.

City: City.

State: Two-digit State abbreviation.

ZIP: You may enter the base ZIP code and the ZIP suffix in these fields.

FIPS: This field is only available once you've entered the ZIP code for a Physical address. The field will only display the counties associated to the ZIP code entered.

Country: This field should default to 'United States' for any U.S. State entered.

International Postal Code: enter if applicable .

Maintaining an Existing HCW Provider Record

Provider Search

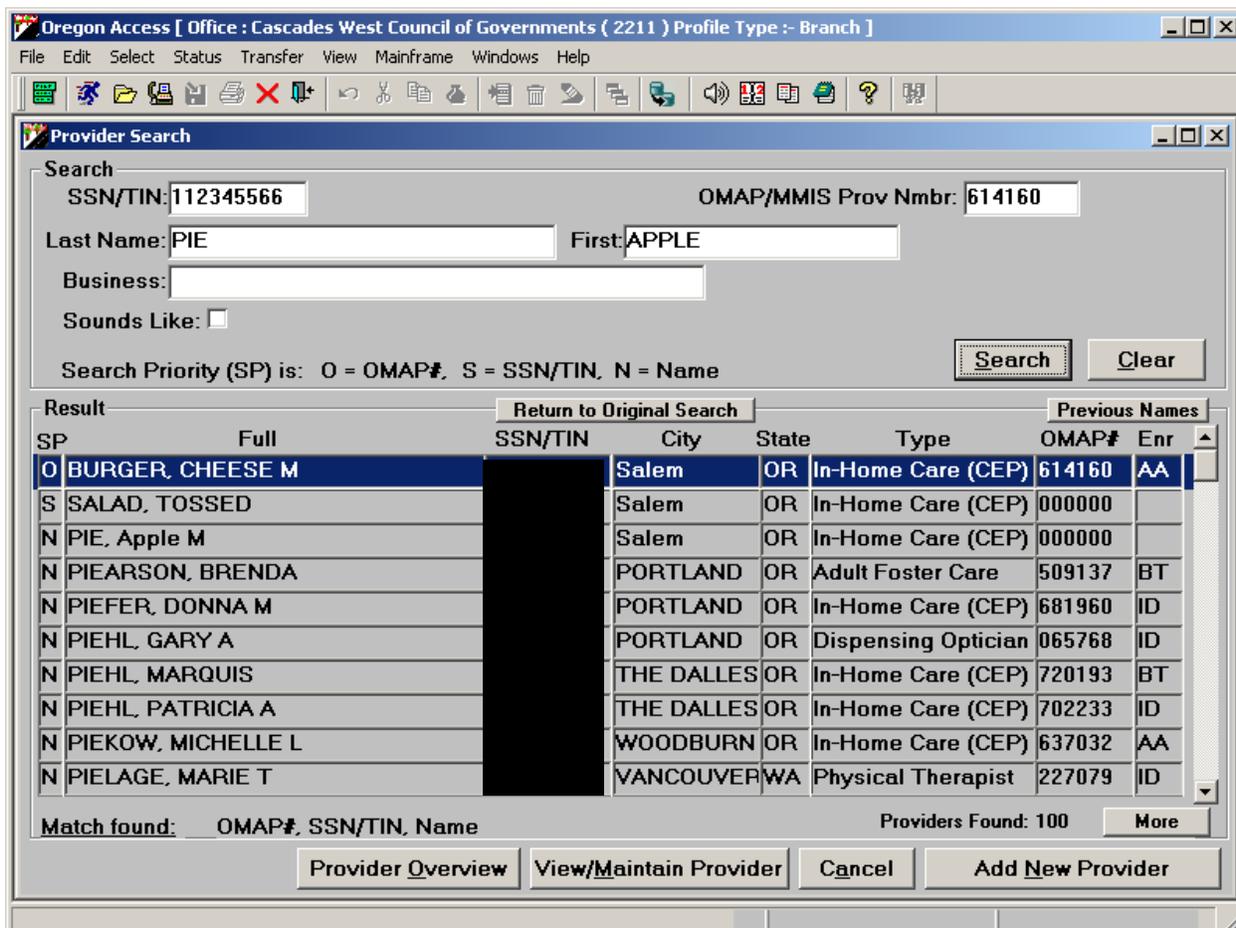
In order to Add or Maintain HCW providers in Oregon ACCESS, the user must first search for the provider in the database. If the provider you are looking for has a record type of OrACCESS prov, local staff will be able to maintain that record.

The Search function in Maintain HCW Provider has been modified. The search is intended to return the broadest range of results, so that we can help to ensure that providers are not added to the database more than once. The search function will allow you to search on the following items:

- SSN/TIN (Tax ID number)
- OMAP/MMIS Provider ID number
- Last Name
- First Name (can only search on First Name if Last Name also entered)
- Business Name
 - You cannot search for both a Person Name (last, or last and first) and a Business Name at the same time
- Soundex (you may ask the search to perform a Soundex search to find names that sound like a name you have entered)

In the Maintain HCW Provider module, the system will look for both active and inactive provider records. Remember that the data that exists in the new Oregon ACCESS Provider database is the same data that exists on the mainframe provider databases that you view through SPVF, PRV8, etc....

The Provider Search results are returned in a specific order. For example, if you enter an OMAP provider number, an SSN/TIN and a name on the search window, the results will be returned in priority order. An exact match on OMAP provider number will appear first in the list. Exact matches on SSN will appear next. Finally, exact matches, or names that most closely match the name entered will be displayed. The column on the far left of the results window indicates what the record matched with. O = OMAP Provider Number match; S = SSN/TIN match; N = Name matches. Searching by name will bring back up to 100 records.



The column on the right side of the screen displays the OMAP/MMIS enrollment status for the provider. This is the enrollment status you would see on PRV8. If the enrollment status column is blank and the OMAP # column is blank, it means the record does not exist on the OMAP/MMIS mainframe provider files.

There are new buttons on the Search screen. Clicking the “More” button will find up to one hundred additional records following the initial search results. (You will see the Providers Found’ count change as more records are returned.) Clicking the “Previous” button will find up to one hundred additional records preceding the initial search results. The “Return to Original Search” button will take you to the top of the results list.

Note: The search within the application that is used to select providers (for example in CA/PS) works differently and only returns one record if there is a match. See the Provider Search Functions guide for more information.

Provider Overview Screen

If you need additional information to ensure a provider on the return list is the one you are looking for, highlight the provider line and click on the “Provider

Overview” button. The provider overview gives you some additional information about the provider you selected.

Detail

Record Type: OrACCESS Prov

Last: BURGER First: CHEESE Mid: M Title:

SSN: [REDACTED] DOB: 05/05/1950 Primary E-mail:

Phone Type	Number	Ext	Other Types
Home	(503) 222-2222		

Prov Credential / MMIS Provider Info

Type	Status	Branch	Start	End	Review Due
In-Home Care	Clr To Work	2211	03/01/2005	03/31/2007	03/31/2007

MMIS Prov # 614160 Prov Type HK Status AA Enroll Status Dt 03/01/2005

MMIS Name: BURGER, CHEESE M

Financial / Tax

TIN: [REDACTED] TIN Name:

Filing Status: Single Alwnc: 01 Addl WH: 000.00 Pymt Mthd: Check

Physical Address

123 Address St Salem, OR 97301-

In Care Of:

Buttons: View/Maintain Provider, Back to Search, Previous, Next

If this is not the provider you are looking for, you may click the “Back to Search” button to go back to the search screen. If this is the provider you are looking for, you may click the “View/Maintain Provider” button to update the details of the provider record.

The “Previous” and “Next” buttons on this screen will scroll you through the records found from your search.

Provider Maintenance Overview Screen

When you click the “View/Maintain Provider” button, the first screen you come to is the Overview screen, which looks almost exactly like the Overview screen you may have just been working on.

Oregon Access [Office : Cascades West Council of Governments (2211) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Provider Maintenance for BURGER, CHEESE M

- Overview
- Detail
- Prov Cred / MMIS
- Financial / Tax Info
- Addresses

Detail

Record Type: OrACCESS Prov

Last: BURGER First: CHEESE Mid: M Title:

SSN: ██████████ DOB: 05/05/1950 Primary E-mail:

Phone Type	Number	Ext	Other Types	
Home	(503) 222-2222			

Prov Credential / MMIS Provider Info

Type	Status	Branch	Start	End	Review Due
In-Home Care	Clr To Work	2211	03/01/2005	03/31/2007	03/31/2007

MMIS Prov #	Prov Type	Status	Enroll Status Dt
614160	HK	AA	03/01/2005

MMIS Name: BURGER, CHEESE M

Financial / Tax

TIN: ██████████ TIN Name:

Filing Status: Single Alwnc: 01 Addl WH: 000.00 Pymt Mthd: Check

Physical Address

123 Address St Salem, OR 97301-

In Care Of:

Oregon ACCESS

On the left side of the screen is what is called a “Tree”. By clicking on different parts of the Tree, you can go to different screens in the Maintain Provider section.

Provider Detail Screen

The Detail screen contains basic Provider information like Name, SSN, phone number, e-mail addresses, etc.... It also contains some new data fields.

Provider Maintenance for BURGER, CHEESE M

Detail

Last: First:
 Middle: Title:
 Business:
 SSN: DOB: Business Type:
 Record Type: SSN is also Tax ID?
 Primary E-mail:
 Secondary:
 CMMS Medicaid Fraud: SSA Verified?
 CMMS Medicaid Fraud Checked Date:

Other Names

Type	Name	Current	Changed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Numbers

Phone Number	Ext	Phone Type
<input type="text" value="(503) 222-2222"/>	<input type="text"/>	<input type="text" value="Home"/>

Record Type: If the record you are looking at is a HCW record and maintained through OA, the record type will be OrAccess Prov. If the record belongs to another type of provider that can only be maintained on the mainframe, the record type will be OMAP Only.

CMMS Medicaid Fraud/CMMS Medicaid Fraud Date: This field indicates if there has been a finding of Medicaid fraud. If the field shows 'No Record', there is no record of Medicaid fraud. It will display 'Disqualified' if there is a record of Medicaid fraud. It will be blank* if the Medicaid fraud check has not been completed. The CMMS Medicaid Fraud Date is where the Verification staff authorized to use the CMMS online disqualification system (Central Office) would enter the day on which the verification was done.

- When we initially convert existing mainframe OMAP/MMIS provider records to the new database, the field will be blank, as we do not currently store this data on the mainframe provider files.

SSA Verified?: The SSA Verified field will show if the provider's Name and SSN/TIN have been verified and whether the information matched the IRS file. If the field says Yes, then the Name and SSN/TIN match with the IRS files. If the field shows No, then the Verifier has found a mismatch. If the field is marked No, then Oregon ACCESS will generate a tickler.

Note: When we initially convert existing mainframe OMAP/MMIS provider records to load the new database, this field will be blank, as we do not currently store this data on the mainframe provider files.

Other Names: Staff may enter other names used by the provider. The name in the top portion of the screen is the provider's current Preferred Name. This is the name the provider prefers to go by (e.g. Jim Brown vs. James Brown). In the 'Other Names' field, staff can enter names like, Legal Name, a Tax Payer name, etc. You can also indicate if the person had ever gone by a different preferred name. The field labeled "Current" will let you indicate (Yes or No) if the name and type selected are current. To insert other names, click on a blank line in the Type column, or click on the insert button in the Other Names section. Once you choose a type, you can click in the Name column to open a data entry screen for entering the name.

Note: The preferred name will be the name sent to the OMAP file and used on checks and for mailings. If the preferred name is too long, it can be abbreviated on the OMAP screen. Normally this name will also be used for tax reporting, however the provider may use a preferred name that is different than their official tax payer (IRS/TIN) name. Enter the Tax Payer name and it will be used for W2 tax reporting.

The search function will search on all names that have been associated with a provider. So, for example, if the following names are entered in the Other Name section (shown on the following screen shot):

Oregon Access [Office : Cascades West Council of Governments (2211) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Provider Maintenance for BURGER, CHEESE M

Overview
 Detail
 Prov Cred / MMIS
 In Home
 OMAP Info
 Financial / Tax Info
 Addresses

Detail

Last: BURGER First: CHEESE
 Middle: M Title:
 Business:
 SSN: ████████ DOB: 05/05/1950 Business Type: Individual
 Record Type: OrACCESS Prov SSN is also Tax ID?
 Primary E-mail:
 Secondary:
 CMMS Medicaid Fraud: No Record SSA Verified? No
 CMMS Medicaid Fraud Checked Date: 03/30/2005

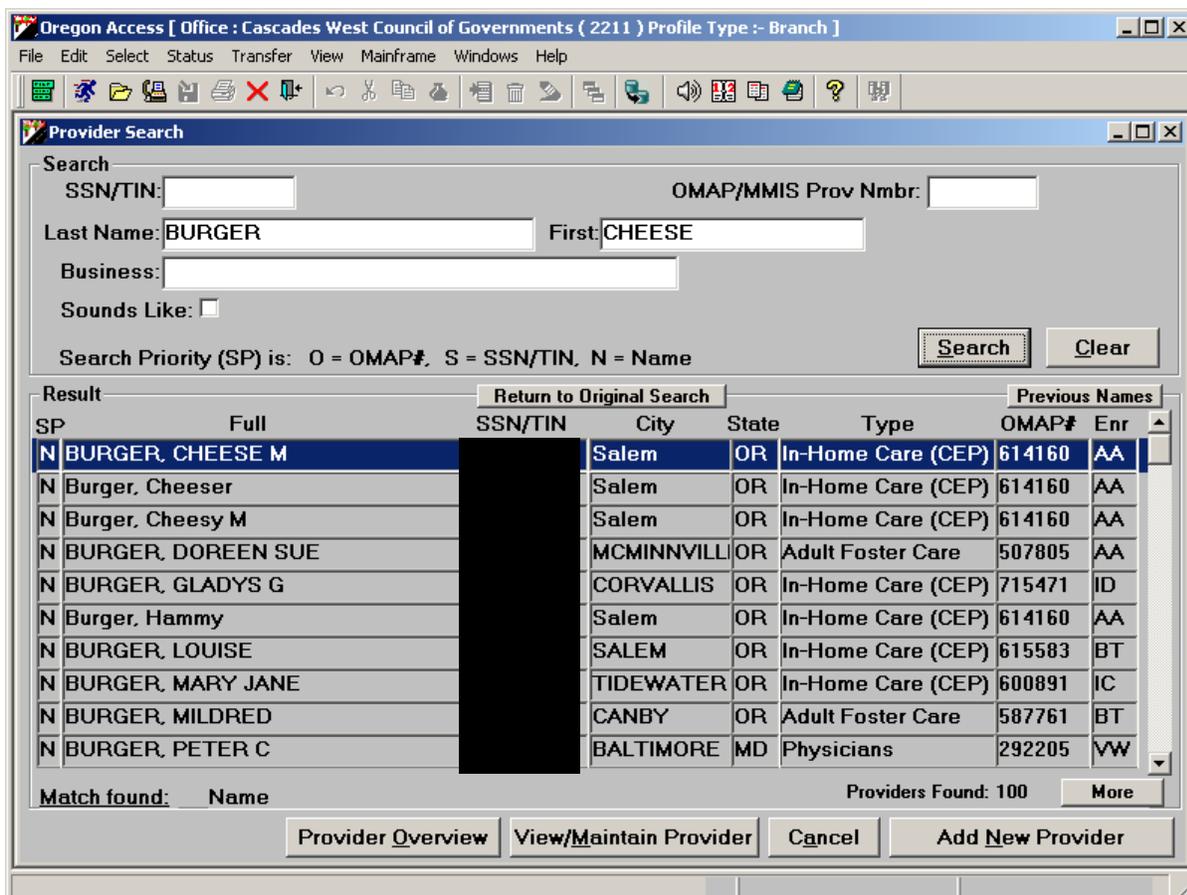
Other Names

Type	Name	Current	Changed
Leg	Burger, Cheesy M	Yes	3/30/2005
Pref	Burger, Hammy	No	3/30/2005

Phone Numbers

Phone Number	Ext	Phone Type
(503) 222-2222		Home

...a search on ‘Burger, Cheese’ will return all three names shown on the screen print above. Cheese Burger is the current preferred name. The provider’s legal name is Cheesy M Burger and a previous preferred name was Hammy Burger.

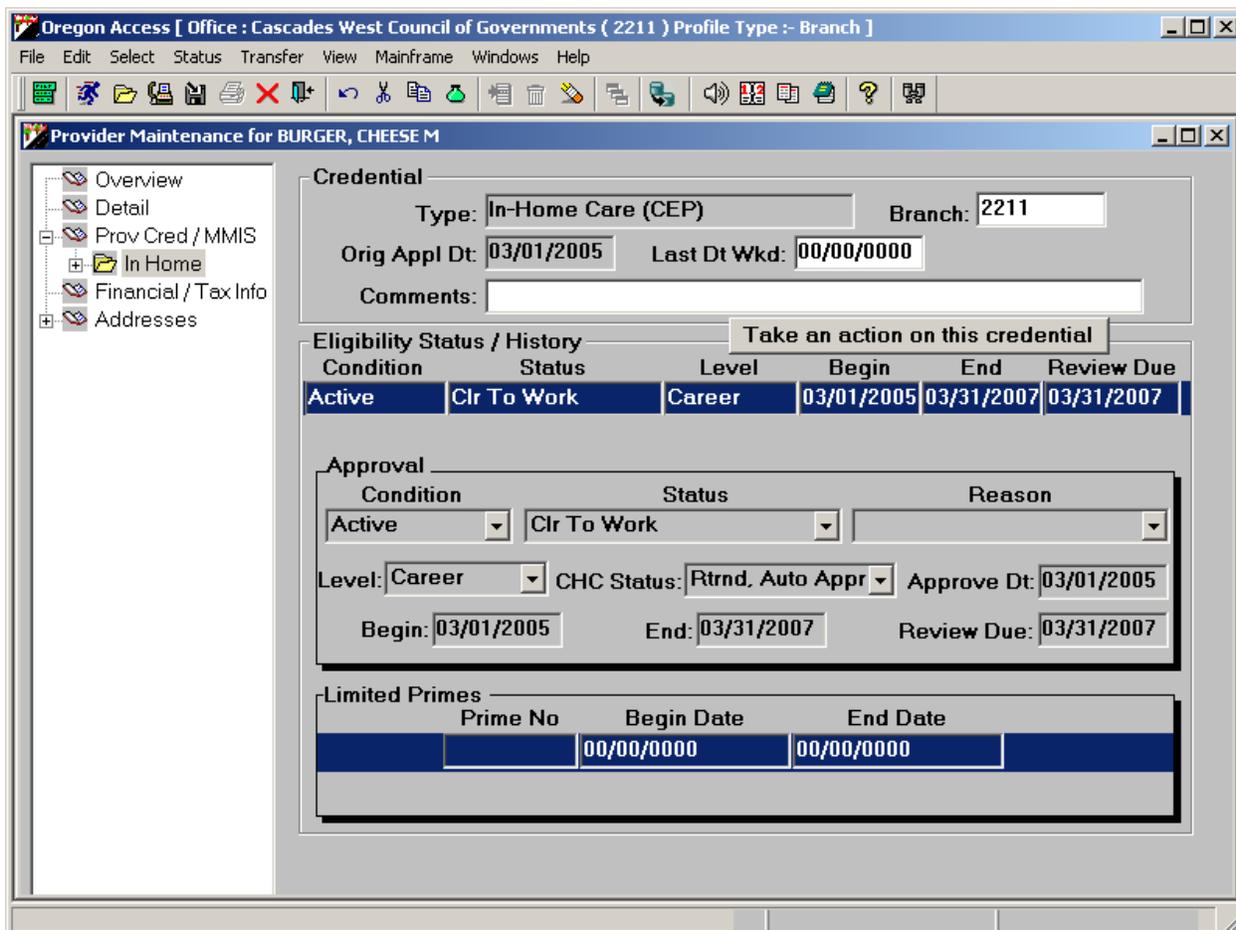


Provider Credential Screen

The Provider Credential Screen is where local office staff can maintain information on a HCW's Provider Fitness Determination. This is the process whereby the local office requests a Criminal Record Check, completes the local office fitness determination considering other factors outside the criminal record check, and decides whether or not the provider should be approved to provide service. We are calling this process the "Credentialing" process. The data on this screen relates to the provider's Credentials – both past and current.

When you add a provider to the database, a "Pending" credential will automatically be created. Staff can then fill in the additional information as it becomes available. As stated previously, once the provider record is completed, staff can submit a request for a provider number.

This screen contains the most functionality of all the new screens, and is the most complex. Some of the complexity is due to the fact that although the local office will go through the same processes in determining a provider's fitness as they always have, they will now have a way to record their determination. We'll start with a picture of the screen, and go through the fields one by one:



The screen is divided into three primary “groupings” of data. These groupings are displayed in separate “group boxes”. At the top is some general information about the provider’s Credential and Credential History. In the middle is the detail information about current and past Credential records. At the bottom is a section in which staff can list the prime numbers of client’s an exclusive provider is limited to serving. Remember that prime numbers are verified against CI records.

Credential Group Box

Type: This is the credential type. At this point, we are only recording credential information for HCW providers. So, this field will default to In-Home Care (CEP).

Branch: Is used to indicate the branch office that is responsible for “credentialing” or determining the fitness of a provider and maintaining the provider file.

Orig Appl Date: This is the date on which the provider originally applied to be a HCW provider. Staff will enter the date of original application the first time they enter an HCW provider. The field will then be locked.

Last Date Worked: This field will be used when a provider has notified the local office of their last day worked.

Comments: This is a free text field in which local office staff may enter brief comments about the provider credential. This is not a running narrative, but simply a short text field – approximately 60 characters – where staff can make short notes.

Eligibility Status/History Group Box

This grouping of data has two parts, the list of records (current/past/pending) and the detail information for each Credential record. To see the details for a particular Credential record, you will need to highlight that row.

Condition: The Condition refers to the selected credential record's overall status. The Credential may be Active, Inactive, or Pending. This field is not entered by the user, but is derived based upon other data entered by the user. As stated earlier, when local office staff create a new provider record, a Pending credential record will automatically be created.

Status: The Status refers to a more detailed description of the selected credential's status. Some Active Status examples are: Active prior to Conversion (auto filled when we originally convert the HCW records from the mainframe to the new ACCESS database), Approved to Work (the provider is approved to work), Probationary (the provider is approved on a probationary status; pending final fitness determination). When the Condition is Pending, the only available status code is pending.

Note: When we initially convert existing mainframe OMAP/MMIS provider records to load the new database, this field will be filled with 'Active Prior to Conversion', as we do not currently store enough data on the mainframe provider files to determine what code is appropriate. Local office staff will enter the appropriate code when the provider credential is renewed.

Reason: Some status codes also allow the user to enter additional information regarding the status. This information is entered in the Reason field. For example, a credential may be terminated because the provider has died. In this example, the Status would be "Terminated", and the Reason would be "Provider Deceased". Currently, there are no reason codes for Pending records.

Level: The Level has to do with who the Provider is permitted to serve. The Pending record will originally default to “Unknown at this time”. If the provider is restricted to serve only certain clients, local office staff should indicate that with a status of Exclusive. If the provider has no restrictions, the level would be Career.

Note: When we initially convert existing mainframe OMAP/MMIS provider records to load the new database, this field will be filled with ‘Conversion’, as we do not currently store enough data on the mainframe provider files to determine what code is most appropriate. Local office staff will enter the appropriate code when the provider credential is renewed.

CHC Status: This is the status of the criminal history check.. On a Pending record, this field will default to “Pending Provider Response”. This means we are waiting for information from the provider (including their original packet) before we submit the criminal records check. As the information becomes available, local office staff may record the criminal check was submitted and what the results of the criminal record check were.

Note: When we initially convert existing mainframe OMAP/MMIS provider records to load the new database, this field will be blank, as we do not currently store this data on the mainframe provider files.

Approve Dt: This is the date on which the local office makes a determination that the provider may begin serving clients. This may be after a preliminary review, pending the results of the criminal record check, or it may be a final determination after the criminal record check results have been returned. Local offices have varying procedures in this area.

Note: When we initially convert existing mainframe OMAP/MMIS provider records to load the new database, this field will be filled with the earliest of the following dates from the mainframe OMAP/MMIS provider files: Enrollment Date, Original Application Date, or Est Enrl date.

Begin: This is the on which the provider may begin to provide services. THIS DATE WILL BE SENT TO THE MAINFRAME OMAP/MMIS PROVIDER FILES AS THE ENROLLMENT DATE. Be sure to enter this date correctly, as the mainframe OMAP/MMIS provider files are still being used to generate payments. CEP vouchers will not be able to be issued before the begin date.

Note: When we initially convert existing mainframe OMAP/MMIS provider records to load the new database, this field will be filled with the earliest of

the following dates from the mainframe OMAP/MMIS provider files:
Enrollment Date, Original Application Date, or Est Enrl date.

End: This is the last day on which the provider may work under the selected credential. This date will default to two years to the end of the month from the Approval date. It cannot be changed. According to rule, providers must be reviewed every two years.

Review Due: This is the date on which a provider's review is due. If no date is entered, End date will be used. If the local office procedure is to review more frequently than every two years, staff may enter an earlier date.

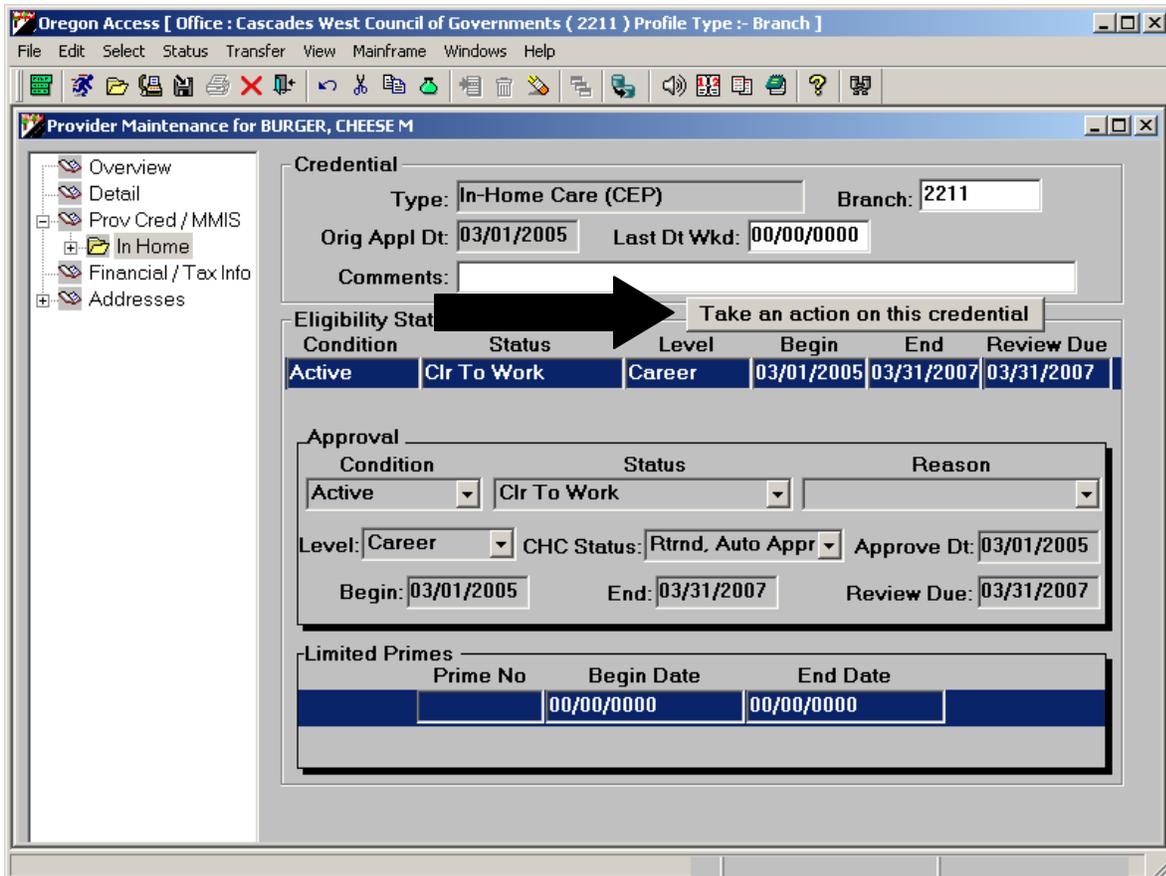
Limited Primes Group Box

When the Credential Level is Exclusive, indicating that the provider may only serve certain clients, the fields in this group box will open up. Local office staff must enter the prime numbers of those clients the provider is permitted to serve. All prime numbers entered are validated against CI records.

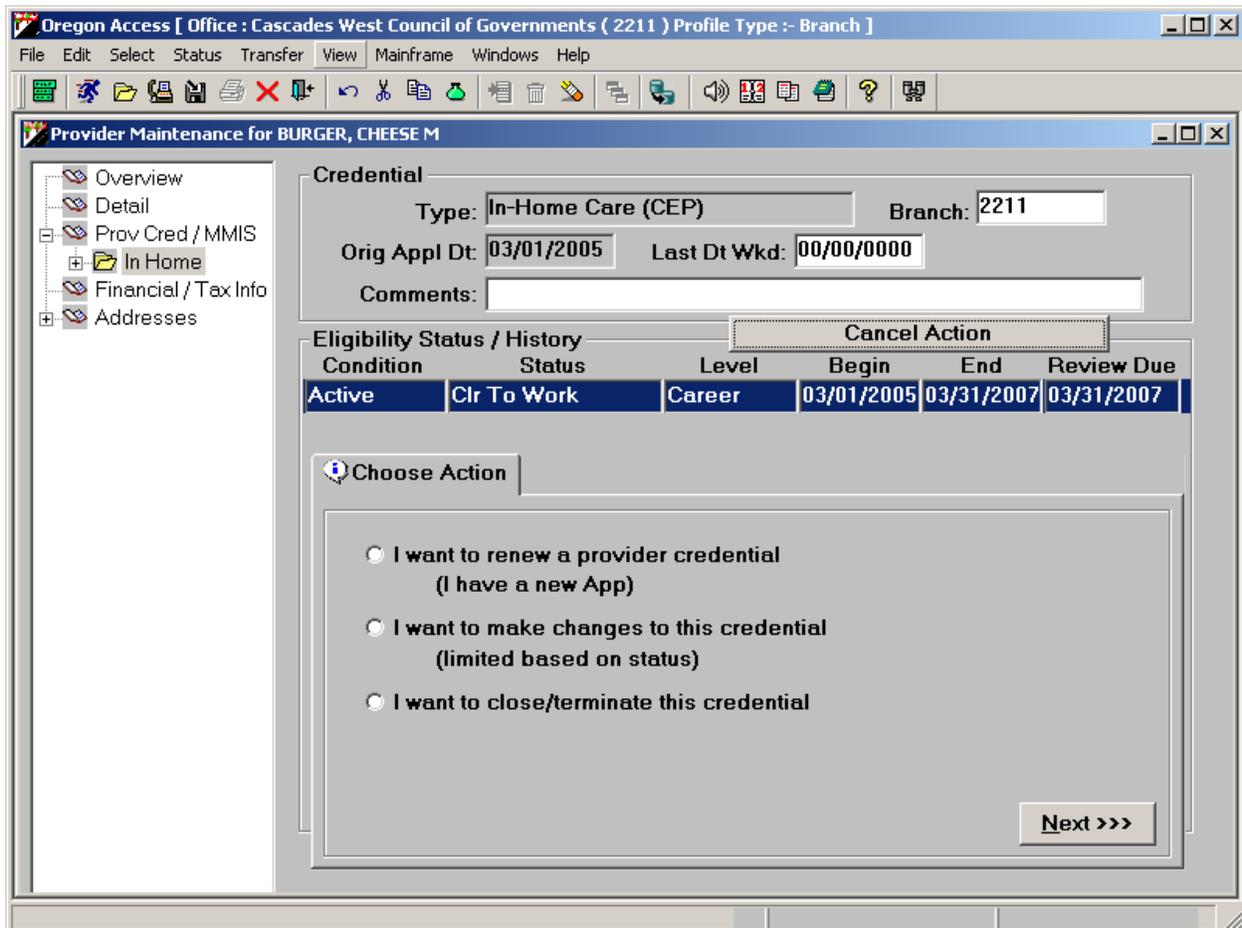
Changing Provider Credentials

Since the Credential screen is the most complex in the system, we have built systems "wizards" to guide staff through different changes that they might make to a credential record. Staff can only make changes to the most current Credential record. A Credential in a Pending condition/status, however, may be updated at any time.

To make a change to the credential, you must first click on it to select it and highlight the row. Then you will click the "Take an action on this credential" button.



When you click on this button a Wizard window will display, showing you the various options available for the selected Credential record. Credentials in an Active Condition/Status have three options available.



I want to renew a provider credential:

This is selected when the provider submits a new application, and a new fitness/credential determination is going to be completed. This would mean that the local office will be submitted the criminal record check and taking other steps to evaluate the provider’s fitness to provide service.

If this option is selected, a pending record will be created. Local office staff may then enter new application, criminal check, etc... data into the pending record.

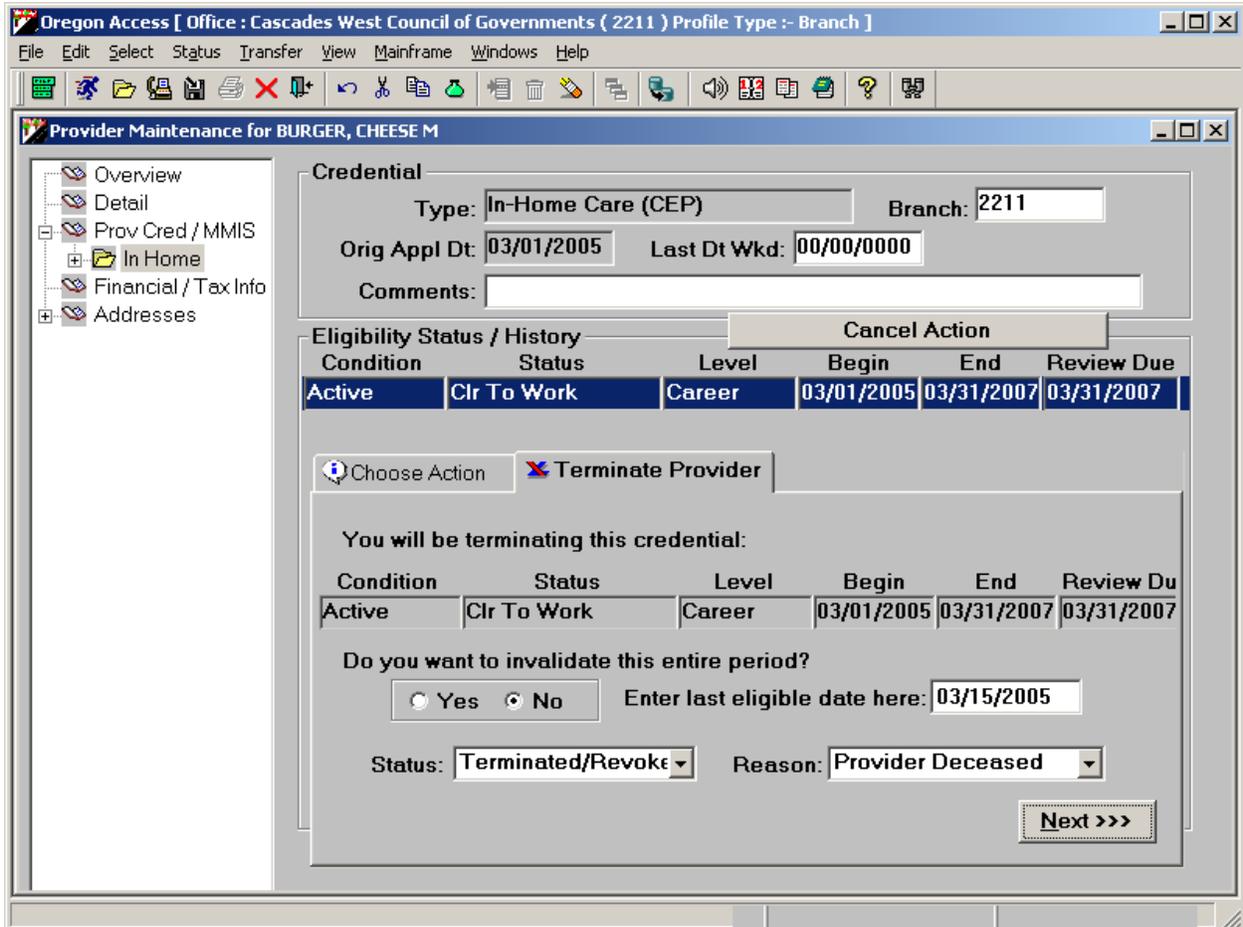
I want to make changes to this credential:

This will allow staff to make modifications to some of the credential data. Some fields are not available for update once the credential has been created.

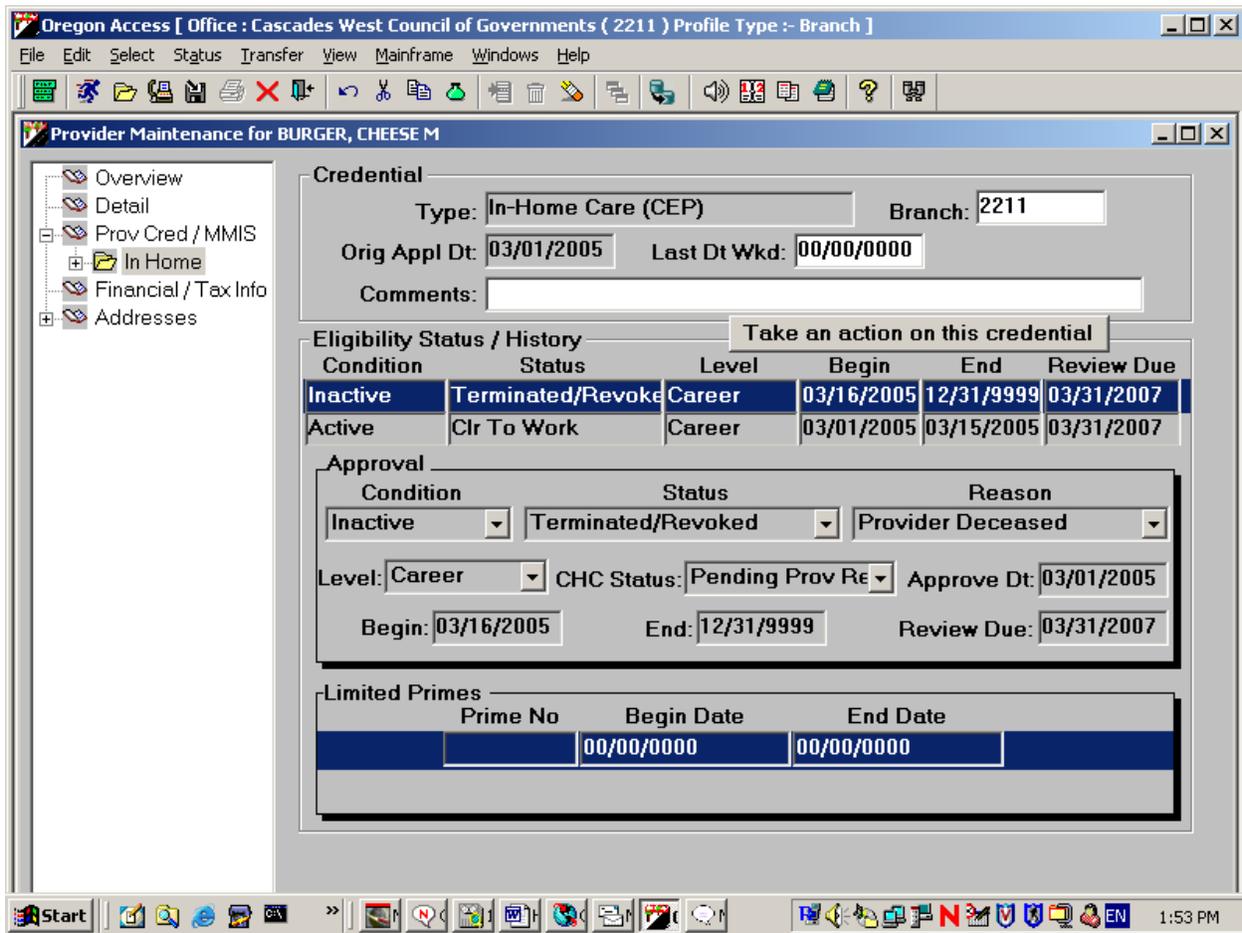
I want to close/terminate this credential:

This is selected when local office staff want to terminate or close a provider’s credential record. Completing this action will move the credential into an Inactive status and update the mainframe OMAP/MMIS provider files. Service payments cannot be authorized to Inactive providers.

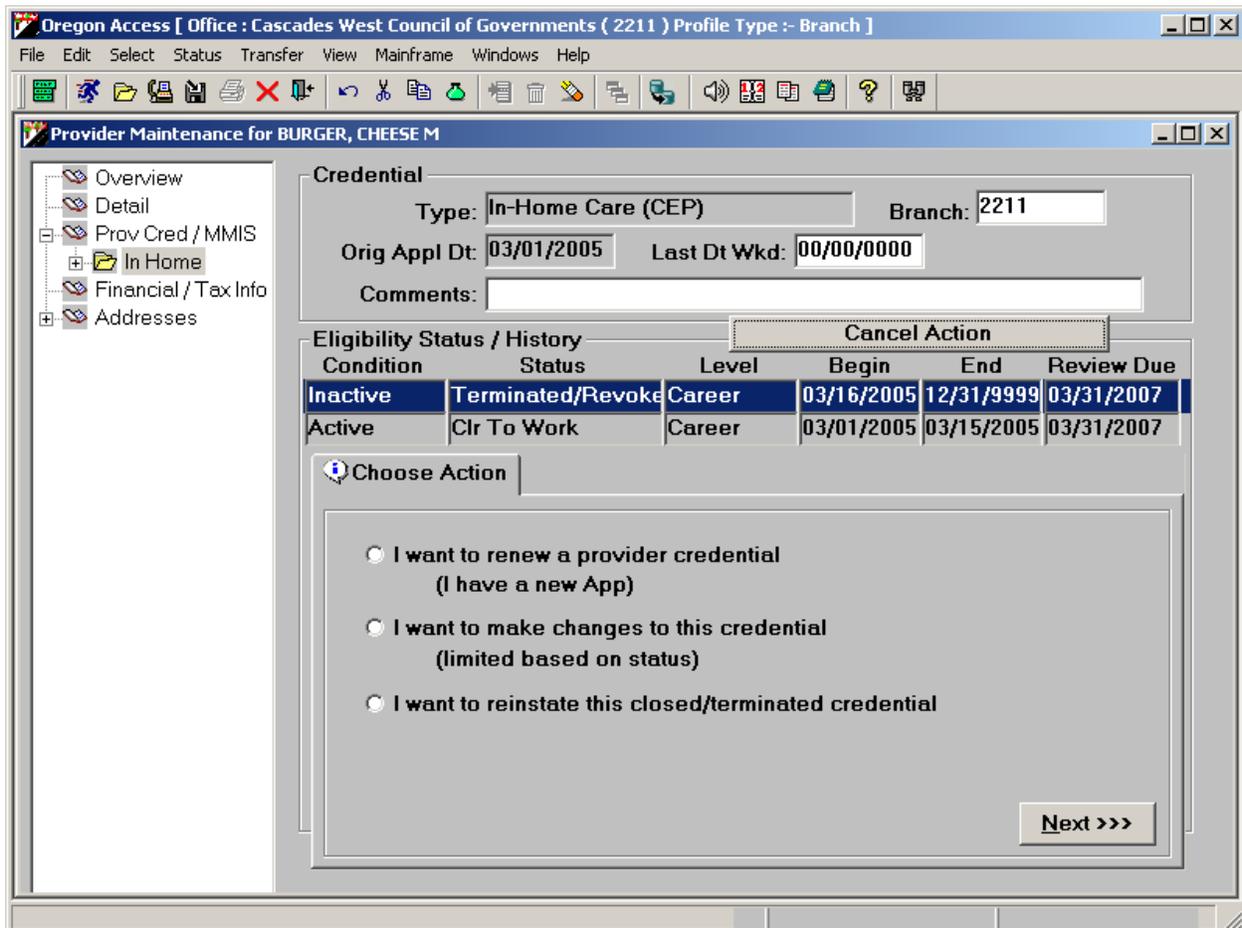
If this option is selected, local office staff will be guided through a series of steps in the Wizard. In this example, the provider credential is going to be terminated with 3/15/05 as the last eligible date. The record is to be Terminated because the provider is deceased.



When you click the “Next” button, the system will take the termination action and adjust the credential dates accordingly.



On an Inactive Credential, the Wizard will present different options. In the example above, the Inactive/Terminated credential record is highlighted. If you click “Take an action on this Credential”, you will get a new set of options.



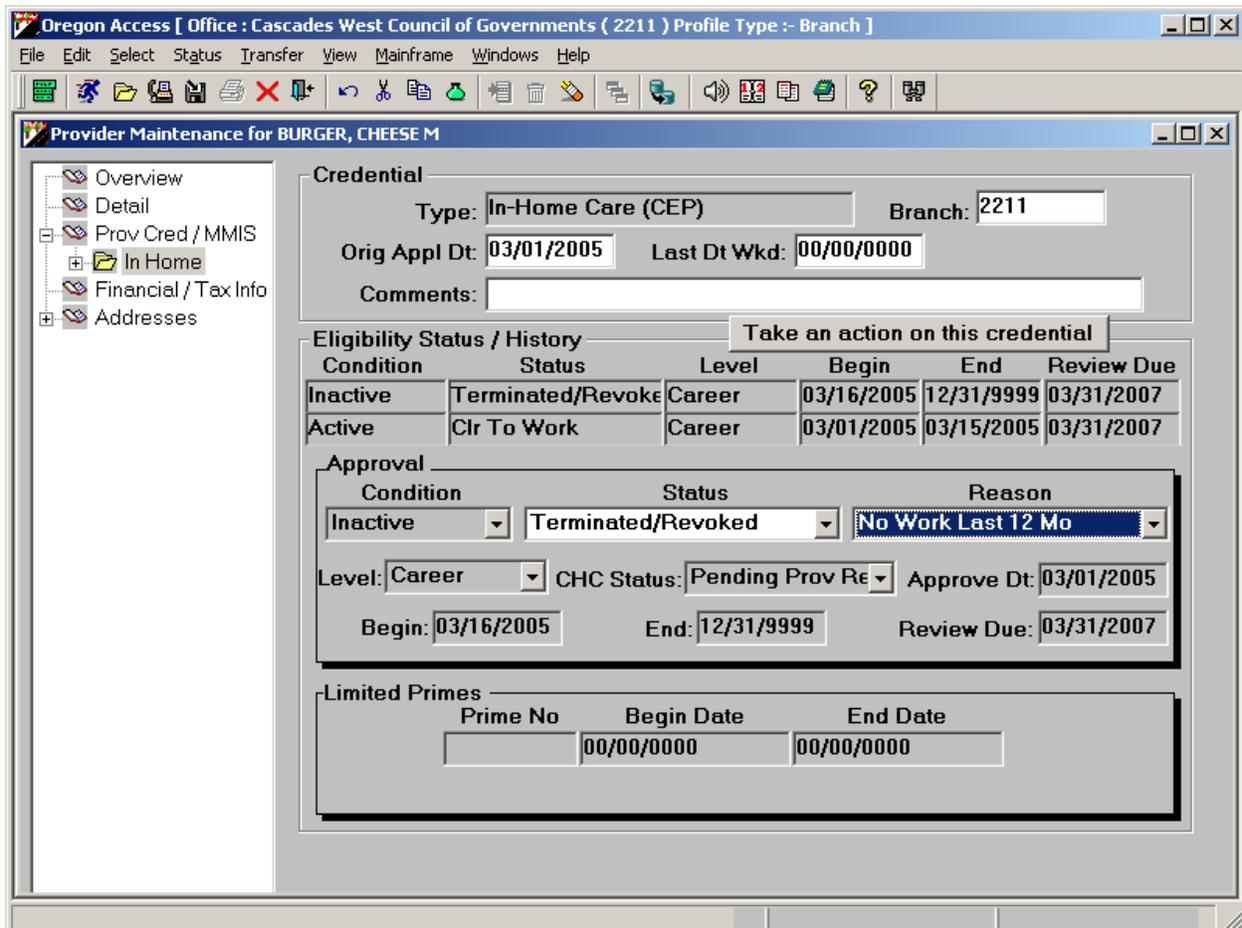
I want to renew a provider credential:

As above, this option would be selected when the provider submits a new application, and a new fitness/credential determination is going to be completed. This would mean the local office will be submitting the criminal record check and taking other steps to evaluate the provider’s fitness to provide service.

If this option is selected, a pending record will be created. Local office staff may then enter new application, criminal check, etc., data into the pending record.

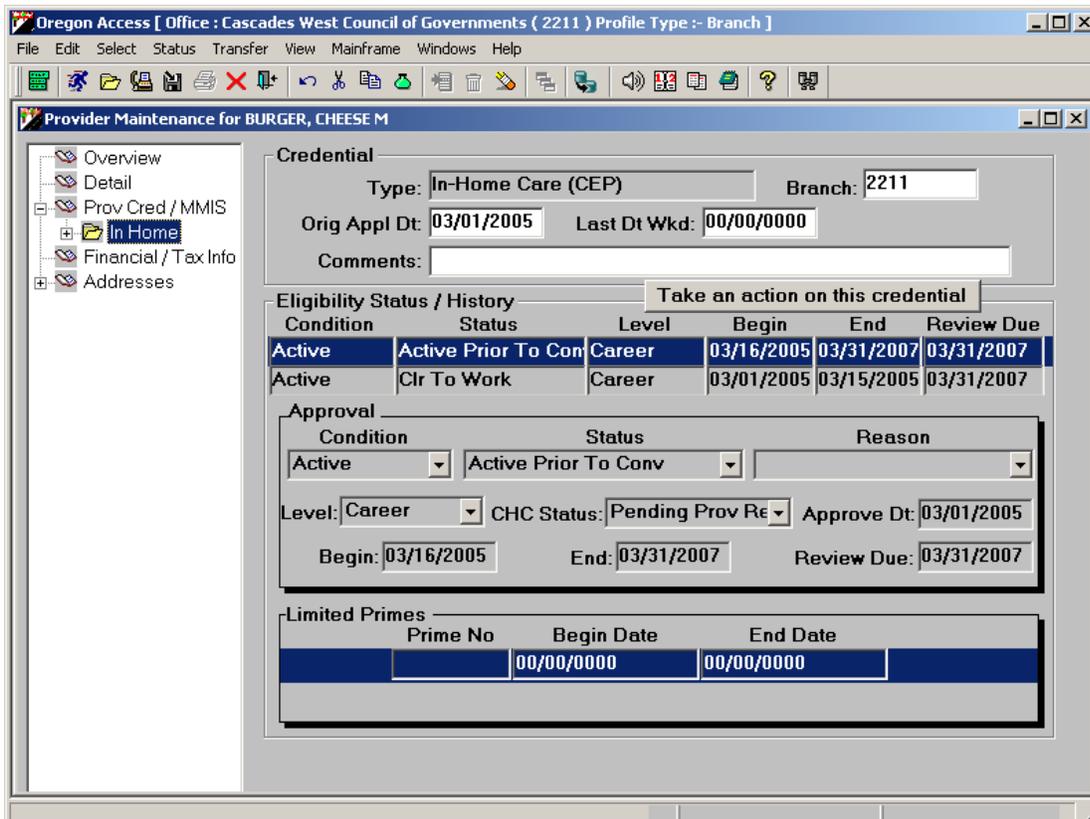
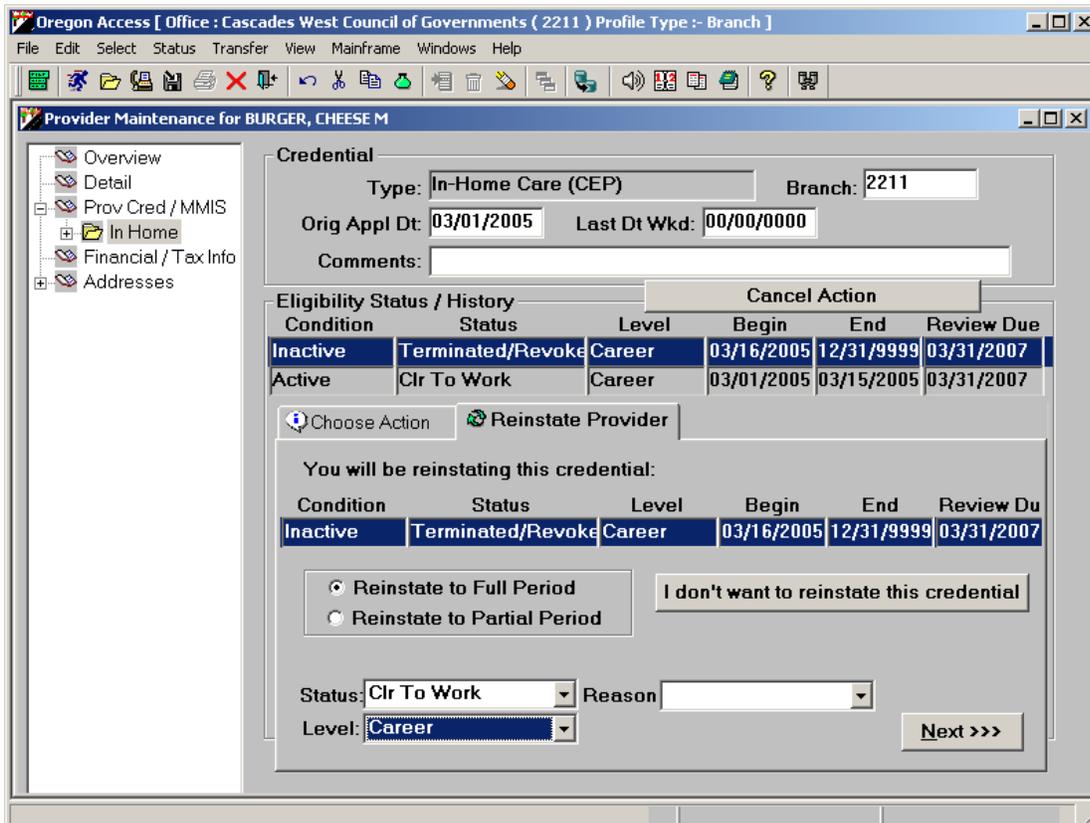
I want to make changes to this credential:

This option will allow the user to make some modifications to the credential record. For example, say I accidentally selected the wrong termination reason when I terminated the credential. I can update the credential with the correct information.



I want to reinstate this Closed/Terminate Credential:

This option will allow the local office to reopen a closed/terminated credential for either the full or a partial period. Again, the Wizard will guide the user through a series of questions so that the system knows what to do. If a partial period reinstatement is selected, the dates on the credential records will all be adjusted appropriately by the system. In the following example, however, the entire Closed/Terminated credential row is going to be reinstated.



Financial/Tax Screen

This screen is where staff will enter the provider's tax information. The screen is divided into four groupings of information. These groupings are called "group boxes".

Tax Identification Group Box

This section of the screen contains basic tax withholding information.

Number: This is the provider's tax identification number. For HCW providers it will default to the provider's SSN; as entered on either the Add or Detail screen.

SSA Record Correction Pending & Date: These fields are used when the provider indicates, or SSN verification reveals the provider's name does not match the SSN/TIN on file with the IRS.

Tax Name: This is the provider's Tax name on file with the IRS. This data is actually entered on the Detail screen. For more information on adding other name types, including tax names, refer to the section of this guide addressing the [Provider Detail Screen](#). This will pull over to the mainframe as the IRS Name. (Doesn't need to be entered if the name is the same as the preferred name.)

Tax Withholding Group Box

This is the area in which you can enter the provider's withholding information.

Filing Status: This is the persons filing status as listed on the W4. For example, "single", "married-filing jointly", "married-filing separately".

Allowances: This is the number of allowances the provider has listed on the W4 form.

Addl WH: The provider may elect to have an additional sum of money withheld for Federal taxes from each check. The W4 would contain this information. Enter the dollar figure of the additional withholding here.

Exempt?: This box should only be checked if the provider is exempt from tax withholding. The provider should indicate their exemption status on the W4 form.

Code Ded FICA: This is the FICA deduction code that indicates the status of the provider's FICA withholding. All HCW providers will default to FICA ded code of 1.

EIC / W5 Group Box

This section contains information on the provider's Earned Income Credit (EIC) W5 form information. Some providers may be eligible to get part of the EIC as an advance with their pay. In order to receive an advance on the EIC, they must complete the IRS W5 form. The fields in this section should be filled in based upon the provider's W5 form. If the provider does not submit a W5, these fields should not be filled in.

Payment Information Group Box

Currently, we only pay our providers by check. At some point in the future, direct deposit may be another payment option. For now, the Payment Method will default to "Check".

Address Screens

There are two address screens in the Maintain Provider Section. There is one screen where current address information is stored, and another where future address information can be stored. If a provider reports an upcoming address change, you may enter it in the future address screen, along with the date on which that address will become effective. A nightly process will run that moves future addresses into the current address screen on the appropriate day. With the exception of the effective date on the Future address screen, the data fields are identical.

Type: This is the type of address you are entering (e.g. physical or check/mail). If you choose Physical as the address type and enter the address including the ZIP code, a County FIPS box will appear and you will be required to enter a valid code. (The field will only display the counties associated to that ZIP code.)

ICO: This stands for In Care Of. If the provider's mail, for example, is to be delivered In Care Of someone else, that person's name would be entered here.

Addl: This field should be used to enter additional address information such as apartment numbers, etc., and should only be used if all the address information does not fit on the primary address line.

Note: if both ICO and Addl fields are filled out, only the Addl line will go to the mainframe.

Address: Enter the primary address information here.

City: City.

State: Two digit State abbreviation.

ZIP: You may enter the base ZIP code and the ZIP suffix in these fields.

FIPS: This is the type of address you are entering (e.g. physical or check/mail). For each provider, you must enter a Physical address type and the address. When you enter the ZIP code, a County FIPS box will appear and you will be required to enter/select a valid county. (The field will display the counties associated to the ZIP code.) The county name is translated into the FIPS county code on the mainframe.

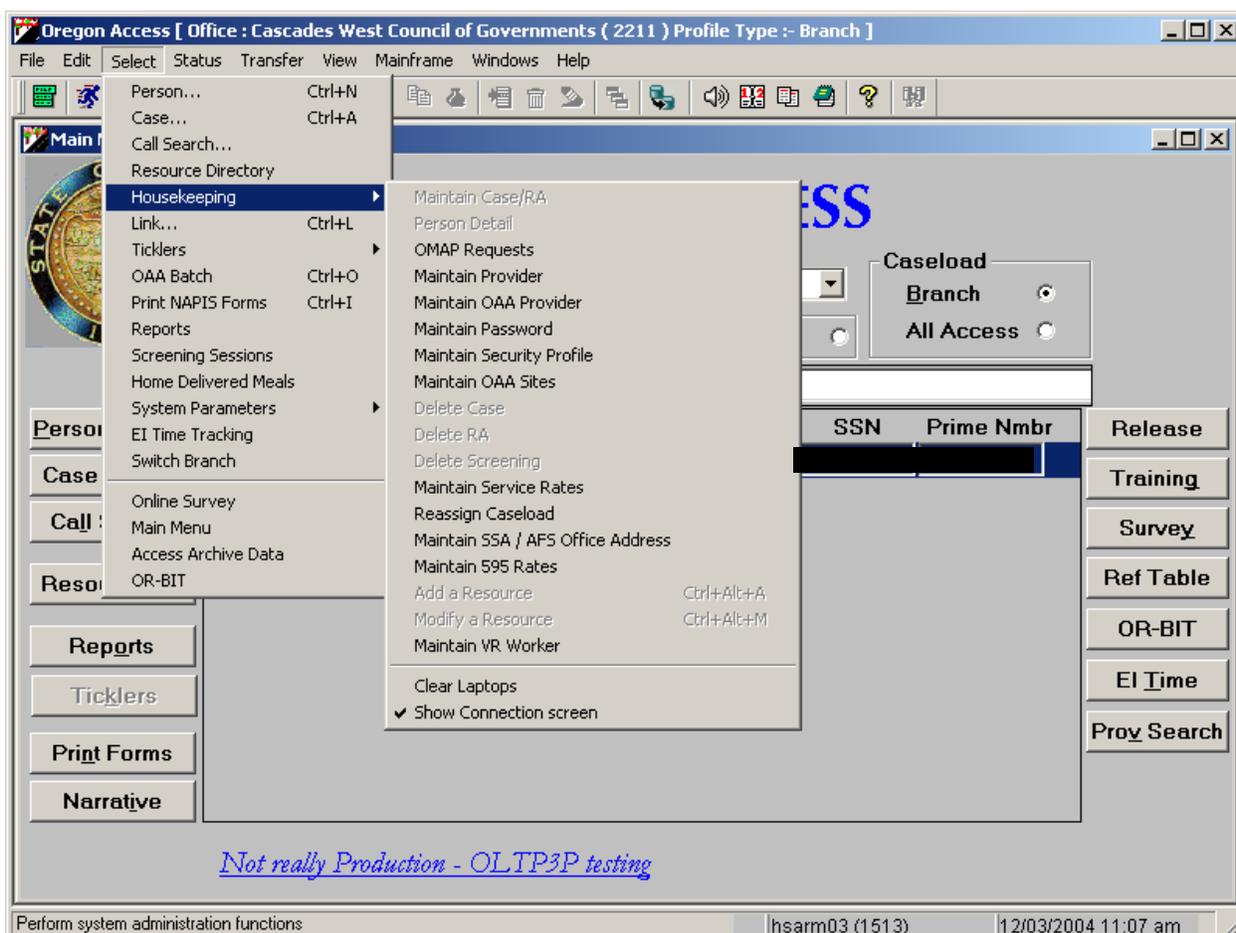
Country: This field should default to 'United States' for any U.S. State entered.

International Postal Code: enter if applicable.

Add/Maintain OAA Provider

As stated in the introductory sections of this guide, the Older Americans Act providers will continue to use the Oregon ACCESS provider database that they have always used. As a result, you will only see minimal changes in the Add and Maintain functions regarding OAA providers.

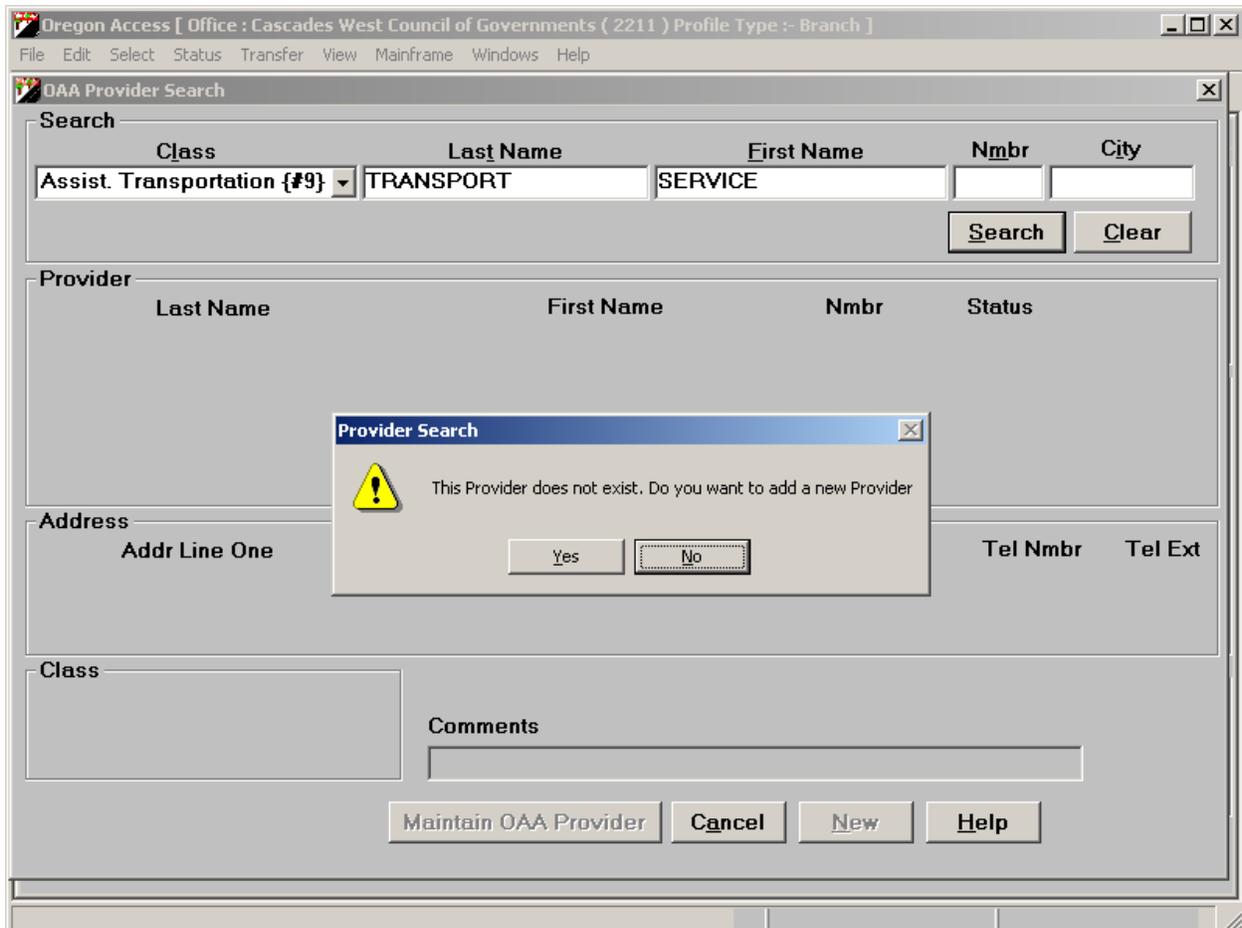
Local office staff will select the Maintain OAA Provider option from the Housekeeping menu to add or maintain OAA provider records.



Adding an OAA Provider Record

If you conduct a provider search and do not find the provider you are looking for, you will need to add your provider to the database. You add a new OAA provider in one of two ways.

Your search results may return no provider records. If this is the case, a message will appear asking if you want to add the provider to the database.



Click YES to this message to add a new provider. You will be taken to the OAA Provider Add screen.

If your search does return results, but not the provider you are looking for, you may click on the “New” button to add an OAA provider to the database.

Oregon Access [Office : Cascades West Council of Governments (2211) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

OAA Provider Search

Search

Class	Last Name	First Name	Nmbr	City
	SMITH	SU		

Search Clear

Provider

Last Name	First Name	Nmbr	Status
SMITH	SUSIE		Active

Address

Addr Line One	Addr Line Two	City	State	Zip	Tel Nmbr	Tel Ext
123 address st		SALEM	OR	97303	(503) 222-2222	

Class

Caregiver Counseling {#70-2a}

Comments

Maintain OAA Provider Cancel New Help

Add/Maintain OAA Provider Update Screen

There is only one screen on which staff will add/update OAA provider information. It is called the OAA Provider Maintenance screen. The screen is divided into three sections, each containing a grouping of data. These sections are called “group boxes”.

OAA Provider Group Box

This group box contains basic information on the provider. Most of the fields are self-explanatory.

Last Name/First Name: This is the Last and First name of the provider.

Comments: This is a small free text area into which local office staff may enter brief comments regarding the provider.

Inactive Provider: Check this box if the provider is no longer active.

Provider is AAA: Check this box if the provider is a AAA office.

Minority Provider: Check this box if the provider is a minority.

Verified: Check this box if the data in this window has been verified with supporting documentation.

Address Group Box

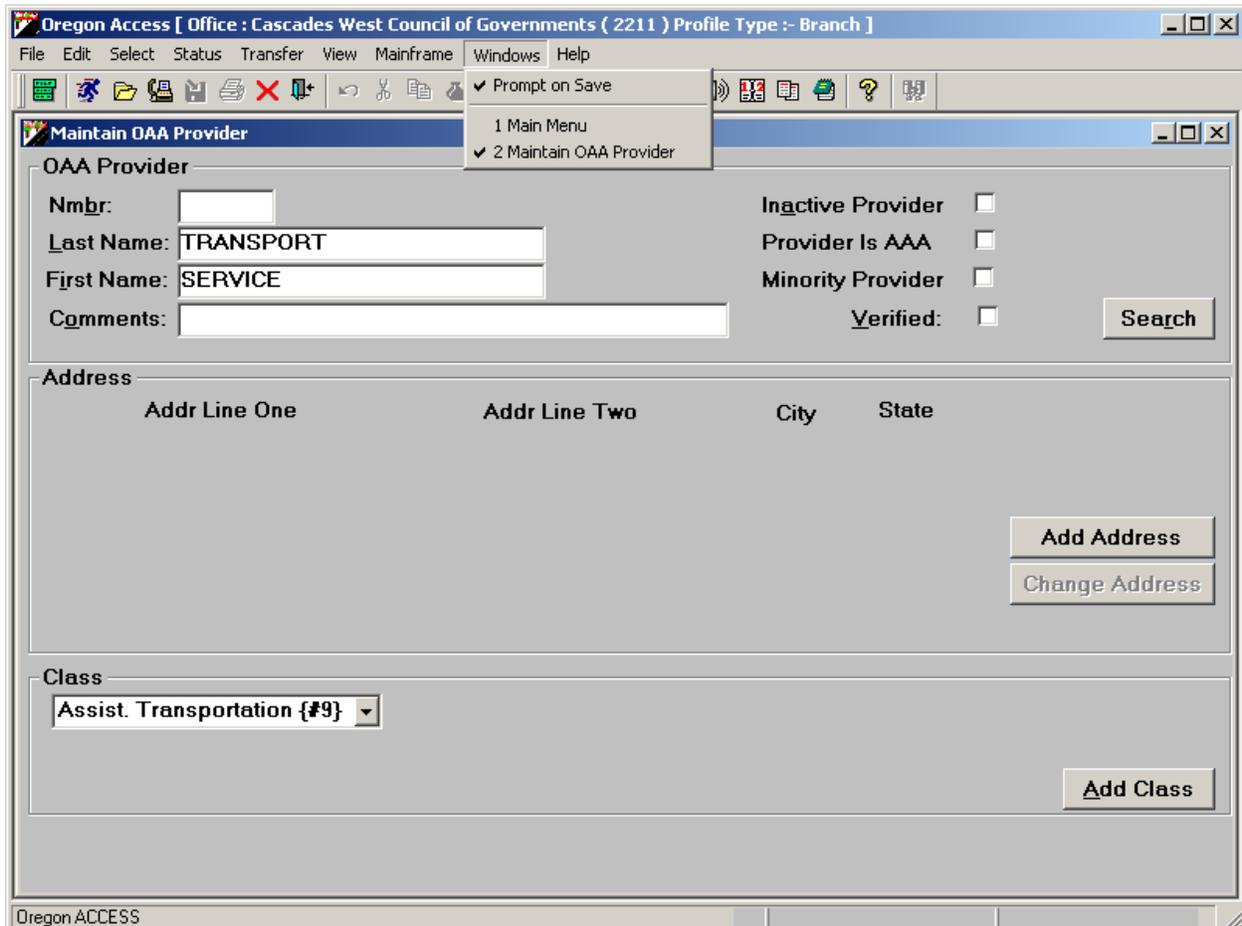
This group box contains information on the provider's addresses. Click the "Add Address" button to add a provider address to the database. Click the "Change Address" button to change information on an existing provider address.

Class Group Box

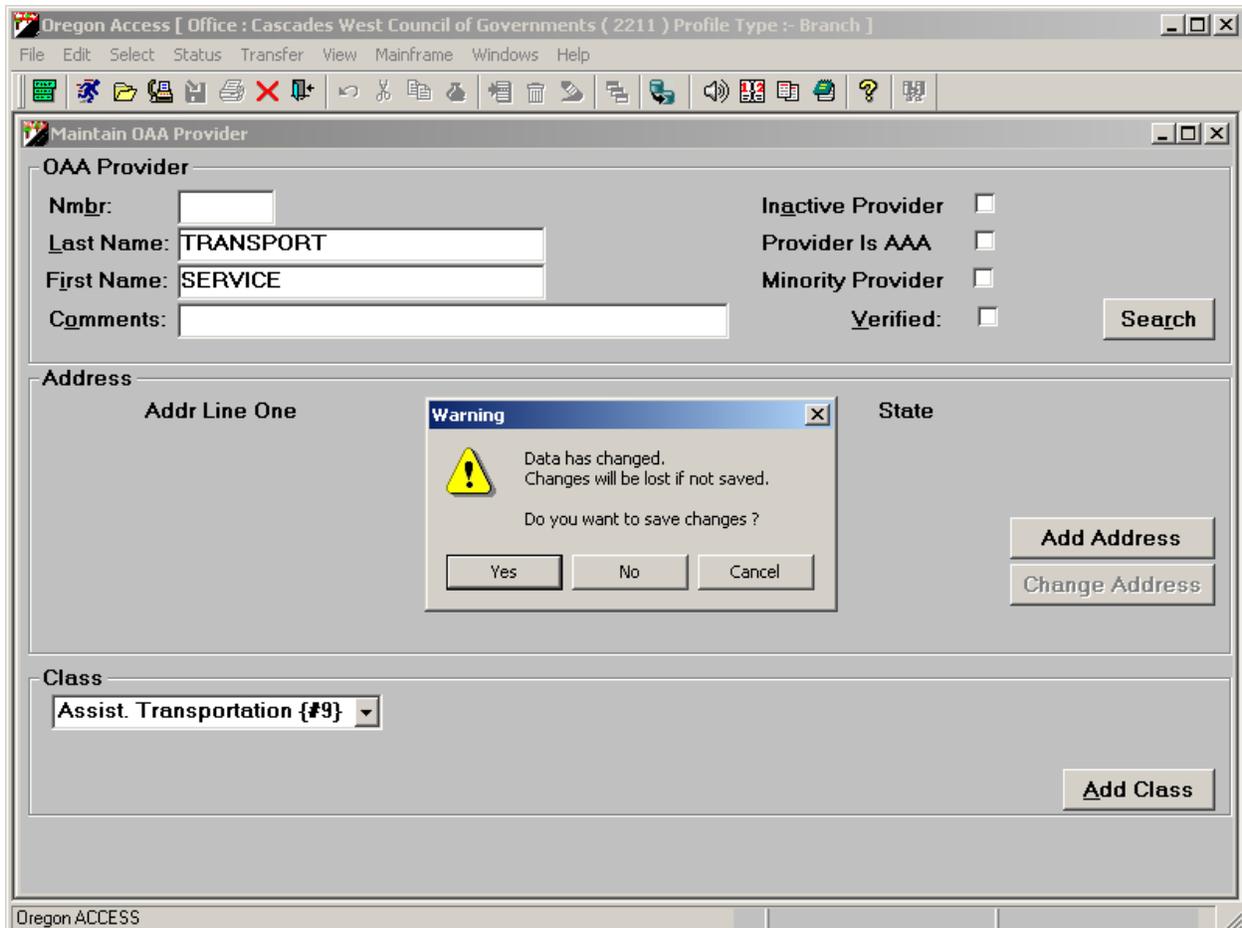
This group box contains information on the provider's Class or classes. Click the "Add Class" button to associate the provider with an OAA provider classification.

What if I don't want to add a provider after all, but I have entered the Add/Maintain OAA provider screen?

There is currently a known "bug" in the system. If you enter the Add OAA Provider screen, and then try to leave the screen without adding a new provider, you will get stuck in a loop. Go to the Windows dropdown selection and select Prompt on Save.



When the Prompt on Save option is selected, you can get out of the loop. When you try to exit the Add OAA provider screen, you will be presented with a message.



Click NO, indicating that you do not want to save the changes you made to the screen and you will be taken back to the Oregon ACCESS main menu.

Maintaining an OAA Provider Record

When you select the Maintain OAA Provider option, you will be taken to a search screen. Enter some search criteria to help you locate your provider in the database. If your provider is found, they will show up in the return results.

Oregon Access [Office : Cascades West Council of Governments (2211) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

OAA Provider Search

Search

Class	Last Name	First Name	Nmbr	City
	SMITH	SUSIE		

Search Clear

Provider

Last Name	First Name	Nmbr	Status
SMITH	SUSIE		Active

Address

Addr Line One	Addr Line Two	City	State	Zip	Tel Nmbr	Tel Ext
123 address st		SALEM	OR	97303	(503) 222-2222	

Class

Caregiver Counseling {#70-2a}

Comments

Maintain OAA Provider Cancel New Help

Click on the “Maintain OAA Provider” button to make changes to the provider record. You will be taken to the OAA Add/Maintain Provider screen.

Add/Maintain OAA Provider Update Screen

There is only one screen on which staff will add/update OAA provider information. It is called the OAA Provider Maintenance screen. Refer to the previous pages for the detail.