

State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
January 2, 2003

MINUTES

Present:

K. Cluggish, J. Martin, L. Daniele, B. Cluggish, J. Hughes, W. Hull, J. Wiant, J. Raab, M. Herrel

Call In:

C. Neff, T. Chambers, P. Coates, P. Garretson, C. Freeman, R. Yeley, J. McIntosh, N. Hill, J. Sager, K. McCloskey, L. Clay, H. Thomas, S. Baker, E. Hood, J. Mausser, B. Heffner

Topics Discussed:

- Project Updates
 - HIPAA
- User Group Updates
 - Members
 - Claims
 - MIS
 - BH Focus
 - Finance
- Global Issues

Project Updates:

HIPAA

- The 1st training for the MACSIS HIPAA EDI Compliance is next week on Jan. 8th at the Radisson Hotel in Middleburg Heights. If you have not registered as of yet, please do so as soon as possible. Contact Vicky Waller at wallerv@mh.state.oh.us to register. Schedule can be found at www.mh.state.oh.us/
- The Perot (SWAT) team is expected to be here next week to help bring up the HSD version 8.
- There will be a notification sent out shortly regarding the implementation of dual parallel systems for FY 2004 that will hopefully avoid two months of down time.

Users Group Updates:

- **Members** – (1) There will be a single member system (as currently exists) after 7/1/2003 when the expected dual systems are implemented. The Boards will enter changes to the new system and the State will update/enter changes to the old system. (2) Current Production environment was updated with “alternate” Medicaid information for those clients with an alternative Medicaid ID. The CTY field in the member screen has an “X” which indicates that additional information is contained on other member screens. (3) There was discussion about board staff adding members to MEMBR when the client resides in a different board area. Guidelines indicate that Board A cannot enroll into or make any changes to a client in a Board B plan, but some board staff are doing this. State staff will write and run a report to analyze which boards are enrolling/changing member information that violates guidelines. Discussion about the HIPAA Governance committee taking over the monitoring of such situations occurred and will be considered as an expanded function.
- **Claims** – Kim & Patti have been asking for feedback on Claims related issues by email – responses are trickling in. The issues will be forwarded to Kathy Cluggish and Laura Daniele for review.
- **MIS** – Jp is negotiating with DAS to upgrade the AIX servers. This will first be tested and if it works out, will also be implemented in the production environment. Also, as soon as version 8 is working, Jp will send out probable changes to the weekly extracts for new variables that will be added to the end of the current file structure.
- **BH Focus** – AOD providers reporting 57 out of 94, Dual (AODMH) providers reporting 118 out of 190 and MH providers reporting 85 out of 297. The next BH Focus meeting will be on Jan. 9th

from 9-10:30am on the bridge line (614) 644-1098. There will be a BH reporting meeting following the Focus group that will continue the discussion of summary reports needed by boards. Currently, Boards are requesting length of stay/diagnosis/service reports by episode of care. Discussion of what constitutes an "episode" occurred, and level of care was decided to be used instead since no decision was made about how to define an episode. Future meetings will involve layout/elements of additional needed reports.

- **Finance** – nothing to report except that a meeting to review the EDI information will be held on 1/23/2003. Contact Charlie Neff for information.

Global Issues :

- Question about why the dollar amount on the weekly APUPD report does not match weekly ERA: Answer is that APUPD/CKPST dollars do not include "F" claims whereas the ERA reports do include "F" claims. This means that negative "F" claims will not appear in the weekly APUPD/CKPST web report so the actual amount providers receive might be lower than what is posted. Boards should inform providers that this may occur and to use the web info as an "approximation" of what they are owed.
- A question was raised about how to enroll a member via EEI when the member is Medicaid and there is a "term date" on the EEI span. John Raab said that for Medicaid members, if a term date is automatically entered from EEI, the board should leave it in the term date field since the nightly update would automatically populate the field anyway. However, for NON-medicaid clients, the term date of the span should always be blank so that when a client changes to Medicaid, the new Medicaid span will be created. If a term date is present in a NON-medicaid span, the nightly maintenance will not be able to create a new Medicaid span.

Next meeting – February 6, 2003 from 9:00-11:00 in Room 806A of the Rhodes State Office Tower.
The call-in phone number is 614-644-1098.