

**State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
February 7, 2002**

MINUTES

Present:

P. Eichner, A. Bergefurd, J. Wiant, B. Cluggish, J. Raab, K. Cluggish, J. Fraser, S. Doklovic

Call In:

W. Hull, J. Hughes, K. Schwartz, C. Fratalone, C. Freeman, C. Muth, J. Dillion, A. Gray, K. McCloskey, R. Yeley, H. Thomas, S. Baker, E. Hood

Prepared By:

Peg Eichner

Topics Discussed:

- Special Topics
 - “F” Claims
- Project Updates
 - HIPAA
 - BTAC
- User Group Updates
 - Member
 - Claims
 - MIS
 - BH Module
 - Finance
 - Outcomes
- Global Issues

Discussion/Decisions:

1. **J. Hughes reported “F” status and “No Check Date” claims are being included in the regular provider remittance advices. No problems have been reported.** Please note that he is populating the “Check Run Date” field with the “Posting Date” in order to include these claims on the remittance advice files. “F” status claims for services prior to January 2001 have not been included pending a letter to be distributed to the boards from the Departments in the near future. The letter will explain the status of those claims and include a list of them.
2. **J. Wiant announced ODMH is about to go through the SAS-70 audit process again.** The SAS-70 audit process is initiated by the State Auditors and is designed to review the MACSIS system operation. Findings from the audit will help State Auditors determine what is not necessary to “re-review” at the board level. Due to the last SAS-70 audit, boards will soon be

receiving a form to terminate MACSIS users, due to changes in job duties or changes in employment. This is also a HIPAA-requirement.

3. S. Doklovic provided an update on the Outcomes Project:

- State-Wide Reporting Workgroup Meeting – The first meeting of this group was held January 31st. Minutes from the meeting and the membership list will be posted on the web in the near future. The purpose of this meeting is to agree upon the types of reports to be produced from the Outcomes data, how they should be used and to whom they should be distributed.
- Communicating Status of Test Results to Providers – The team has received calls from providers concerned about not learning of their test results. The Outcomes Testing Team is up-to-date at this time; however, results are shared with the boards, who must in turn share with their providers. Boards are encouraged to share agency test results in a timely manner.
- Production Files – There are currently 207 files waiting to be posted, pending minor program bug fixes. The goal is to have the bugs fixed and the files processed by early next week.
- Outcomes Users Group Meeting – There will be a meeting today. The call-in number is (614) 644-1097.
- Point of View “Patch” – A fix has been installed by the Mahoning Board and is reportedly working.

4. C. Muth announced there will be a face-to-face Finance Users Group Meeting on Tuesday, February 19th from 10a-3pm at the Office of Support Services on W. Broad Street, Columbus. An e-mail announcing the meeting was sent to members yesterday. P. Eichner will present the BTAC MACSIS Issues Team Recommendations at the meeting.

5. J. Wiant noted Diamond Version 7.0a is now installed in the Test environment. His staff is currently working with HSD-Perot to report and fix bugs; however, this is a challenging process. There is much work to be done before the upgrade will be ready for Production, but at least the process is moving forward. J. Wiant noted Boards will need to upgrade to Basis 3.1 when 7.0 is installed in the Production environment. More information regarding the latter will be forthcoming at the appropriate time.

6. E. Hood provided an update on the Behavioral Health Module:

- Production Environment – There are 126 agencies currently submitting live data. The next production run is scheduled for Monday, February 11th.
- Inconsistency Between BH Data and Claims – The staff is receiving behavioral health data that is not matching up to claims data. The problem is partially due to providers submitting BH data prior to claims data and partially due to providers submitting BH data for clients who will never be paid through MACSIS.
- Next Focus Group Meeting - The meeting is scheduled for Thursday, February 14th at 9 a.m. The call-in line is (614) 644-1098.
- Status Reports Sent to Boards – Reports have been disbursed to the boards estimating how many BH records are missing based on claims data. The “FY02” column on one of the reports will be recalculated after the next large processing of BH records. It will decrease because the calculation will be changed to not double count clients who received services in FY01.
- BH Data Submission Requirements for MH Providers – S. Baker asked if there were any plans for ODMH to send a letter to encourage providers to submit behavioral health data in the near future. J. Wiant will talk with M. Hogan about how he wants to handle this issue.

7. K. McCloskey provided an update on Claims issues:

- Users Group Meeting Held – The last meeting was held on January 15th. P. Eichner presented the findings of the BTAC MACSIS Issues Team. K. McCloskey and P. Quinn will be touching base next week about scheduling a future meeting to possibly review 7.0 changes and/or other issues raised by members.
- Improper Reversing of Claims - K. Cluggish will be publishing a memo to remind claims staff when and when not to reverse claims. There has been an increase in the number of denied, held and/or Medicaid claims being manually reversed. These steps are causing numerous problems. The memo will outline the issues and instruct the claims staff on how to handle them. K. Cluggish asked the boards to remind their staff to review the Board Operations Manual on when and when not to reverse a claim.

8. J. Raab noted he received one email from the Member Users Group regarding feedback on the BTAC MACSIS Issues Recommendation. He will be on vacation the next couple of weeks, so any future feedback should be sent directly to P. Eichner prior to February 20th, which is the last scheduled BTAC MACSIS Issues Team meeting.

9. J. Wiant will be taking several issues to the System Linkages committee today for consideration. The System Linkages committee includes State, board and provider representation. The issues to be presented include:

- Residency Issues for Adults in Specialized Treatment Facilities – These guidelines need to be clarified and simplified and should include board/provider input.
- Setting a State-Wide Standard Around Definition of SMD/SED Clients - A new definition was recently published by S. Martin. P. Eichner will try to obtain a copy and share it with the POP Team. J. Wiant wants to raise the issue about how this definition will or will not affect the question on the MACSIS enrollment form – “Is the client 508 eligible?”

10. W. Hull provided a status on HIPAA-related issues:

- Proposed Federal Funding – 64\$M has been included in the President’s proposed federal budget to support HIPAA. The majority of the money will most likely be used by federal administrators to oversee HIPAA implementation; however, some of the funds will be used to define national provider numbers.
- National Code Sets – NASMHPD reports they have completed an application for final proposed MH codes to CMS. The next step would be for CMS to approve the proposal.
- HIPAA Policy Documents – Draft documents (ex. sample consent forms or privacy notices) have been posted to the ODMH HIPAA website. These documents are being reviewed by the State-wide HIPAA committees.
- HIPAA EDI Deadline Decision Memo – A memo was shared with boards and providers to solicit input on when the State should migrate to the HIPAA-mandated 837 claim formats, given the recent bill which extended the federal deadline. Current feedback indicates that the community is supportive of cutting over to the 837 format on July 1, 2003. This means that all providers would have to be prepared to submit claims in an 837 format on July 1, 2003. The current HCFA 1500 NSF format would be discontinued at that time. A formal decision has not been announced, but is expected in the near future. There are some issues regarding “contingency” plans should providers fail to meet the deadline which need to be worked out.

11. J. Wiant opened discussion on board global issues:

- MH Residential Treatment Facility Procedure Being Placed on Hold (Hamilton MH) – If claims for a client are submitted for both this service and the AOD intensive outpatient

service, the system places the second service received on hold. K. Cluggish explained the situation relates to the Duplicate Checking rule in Diamond which was set up by D. Day. The only known workaround is to manually adjudicate the claim.

Next Meeting:

March 7, 2002, from 9 a.m. to 11 a.m. in Room 806A of the State Office Tower. The call-in phone number is 614-644-1098.