

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

MINUTES

Present:

P. Eichner, L. Daniele, J. Raab, D. Day, W. Hull, J. Hughes, J. Fraser, K. Cluggish, J. Wiant, B. Cluggish, K. Cluggish, S. Doklovic, Jp. Martin

Call In:

L. Bosserman, K. Schwartz, C. Fratalone, C. Couch, B. Tobin, N. Burns, B. Taylor, B. Reynolds, K. McCloskey, C. Freeman, J. McIntosh, A. Gray, L. Clay, B. Hefner, R. Yeley, J. Sager, D. Dunn, T. Chambers, C. Muth, P. Quinn, T. Boyer, H. Thomas, S. Baker, M. Glanville, S. McEldowney, J. Mauser, S. Kirschner, P. Garretson, C.Neff

Prepared By:

Peg Eichner

Topics Discussed:

- Special Topics
 - Retroactive Medicaid Claims
- Project Updates
 - HIPAA
 - BTAC
- User Group Updates
 - Member
 - Claims
 - MIS
 - BH Module
 - Finance
 - Outcomes
- Global Issues

Discussion/Decisions:

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

- Procedure Code Status – The State received a copy of the final application for MH/AOD procedure codes which have been forwarded to CMS for approval. J. Wiant will distribute the list of proposed MH codes to the POP Team. W. Hull noted that proposed

new substance abuse definitions are available via the SAMHSA website, HIPAA link¹. CMS should be responding to the proposal in the near future.

- Test Files (ANSI 837 4010)– Some boards/agencies have asked if they can submit ANSI 837 claim files prior to July 1, 2003. J. Wiant responded that the State will not be able to process 837 production files before July 1, 2003. But, if an agency or board can produce test ANSI 837 files now, the State would be interested in obtaining copies for testing purposes. If boards/agencies are interested, they should contact L. Daniele or the MACSIS Support Desk.
- Testing Approval Process - C. Neff asked if the testing process for the 837 files will be similar to the MACSIS NSF process, in terms of approving vendors and then agencies. J. Wiant responded that the State may not seek to approve vendors as last time, but they are planning on approving at the agency level.

2. **J. Wiant reported that final copies of the BTAC MACSIS Issues Team recommendations have been published.** Copies were distributed yesterday to the chairpersons of all MACSIS Users Groups, the Ohio Council, and the HIPAA Coordinating Committee. The chairpersons have been asked to share the document with their respective team members. J. Wiant will also e-mail it to POP group as an attachment today.

3. **J. Raab provided an update on member or “Double Loop” issues:**

- Upcoming Member Team Meeting – J. Raab is organizing a Member Team Meeting (smaller subset of the Users Group) to discuss updates to the Board Operations Manual and to weblinks pertaining to the enrollment process. The updates relate to the recommendations of the BTAC MACSIS Issues Team. He will also be sharing copies of the final recommendations with the Member Users Group.
- Response Time Concerns – Some boards have reported system response time issues. J. Raab requested the boards first discuss slower response times with their board or consortium MIS representative to rule out problems with the board’s network or GOSIP connections. If the latter is not the cause, he suggested the board contact the MACSIS Support Desk (macsissupport@mhmail.mh.state.oh.us) with dates and times of system slowdowns and the keyword the user was in at the time. The reason why users should contact the Support Desk is so the State can get a handle on how widespread the problem is. K. Cluggish requested that users email the Support Desk directly and not send emails to her attention and/or several people’s attention. (Users can copy as many folks as they want.) The Support Desk staff will take care of forwarding the issue to the appropriate internal staff.
- “Double Loop” Review – J. Raab will be presenting a review of the “Double Loop” process at the next Claims Users Group Meeting.

4. **L. Daniele reported on the status of claims issues:**

- Next Claims Users Group Meeting - The chairpersons are trying to schedule the next Claims Users Group Meeting. L. Daniele asked members to hold March 27th open, until they can confirm room availability. Further information will be forthcoming when the date and location is finalized. The agenda will include discussion on retroactive Medicaid claims.
- Policy Change to Permit Reversing AOD Medicaid claims in MACSIS - K. McCloskey asked about the status of this policy change request. C. Neff responded there was

¹ See www.samhsa.gov/centers/csat/csat.html. Under CSAT Web Resources, select HIPAA and press “Go Now”. Then select “Procedure Codes”. Scroll down to “Additional HCPCS Procedure Codes Proposed by NASADAD”.

discussion with D. Day at the last Finance Users Group Meeting regarding this issue. It is anticipated that the policy will be changed, when ODADAS implements a Medicaid fixed fee structure on July 1, 2002. Services prior to July 1, 2002 will remain under the current policy. C. Freeman supported the effort to permit reversing AOD claims in MACSIS to reduce current manual efforts and to expedite board recovery.

5. **W. Hull strongly encouraged boards who are not yet submitting Behavioral Health data to start doing so.** He specifically mentioned data is needed from the Cuyahoga ADAS, Summit, and Hamilton ADAS boards.

6. **K. Schwartz and J. Martin provided an update on MIS related issues:**

- MIS Users Group Meeting (March 6, 2002) – K. Schwartz reported that D. Dunn and T. Chambers presented the Nexxus Product. Kendall also provided an update on the status of the Diamond 7.0 and 8.0 upgrades.
- Scheduled Downtime (March 17, 2002) – Jp. Martin notified the team that the SOCC will be taking down the AIX servers between 6 a.m. and midnight on March 17th to migrate files to new EMC cabinetry. Servers affected include the production environment, FTP server, MHHUB, MHDW and MHCSN.
- MACSIS Data Mart – J. Wiant asked if anyone had a chance to review the data in the MACSIS DataMart. T. Chambers responded that the feedback has been very positive. He wants to investigate possible discrepancies between board extract data and the warehouse. J. Wiant noted three more training sessions are available and that AOD data will be added during the April refresh of the DataMart. C. Couch asked how to send feedback to the State on the DataMart. J. Fraser suggested using the links off the DataMart. Go to www.dwcubes.mh.state.oh.us and select “Help/Info”. Users can post topics through the message center or send emails directly to M. Hennosy.

7. **J. Wiant reported the SAS 70 Auditors want copies of all User Group minutes and/or agendas.** If the various groups are not currently taking minutes, he encouraged them to start doing so, since the SAS 70 Auditors will be requesting this on a yearly basis. L. Daniele asked if P. Coates, A. Gray, or J. McIntosh could send her copies of the minutes from the Claims Users Group Meetings. She will consolidate them and forward them to J. Wiant.

8. **C. Neff reported the following agenda items were discussed at the last Finance Users Group Meeting on February 19th:**

- P. Eichner presented the BTAC MACSIS Issues Recommendations.
- D. Day and M. Herrel discussed Medicaid reversal policies and 90W plans.
- M. Herrel discussed a memo to be distributed soon regarding “F” claims. She also reviewed the FY 1998 reconciliation status, back-billing for med-somatic services and crisis services for children.
- There was some discussion regarding making State bed day statistics available to the boards.

C. Neff noted the next meeting is planned for March 27th at the Office of Support Services (OSS) in Columbus. An announcement and agenda will be distributed soon.

9. **S. Doklovic reported on outcomes issues:**

- Users Group Call – The next call is scheduled for today from 1:30 p.m. to 3:30 p.m. Current concerns include issues with the Point of View Technology and delivery of bug

patches. There will also be discussion among the boards about how to extract member data automatically and insert it into the Outcomes Module.

- Production File Status – J. Fraser reported there are 249 files pending input into the production environment contingent upon a programming fix. The issue is currently in the programmer's hands and she will touch base with him tomorrow.

9. D. Day reviewed issues regarding retroactively eligible Medicaid claims in MACSIS:

- Increased Volumes of Claims Which are Potentially Recoverable – D. Day reported an increase in the number of claims potentially eligible for Medicaid reimbursement, due to retroactive changes to the member's eligibility. Current reports indicate a collective potential recovery of approximately \$2.5 million. As a result, the departments are planning on providing the following information to boards to assist them in identifying recoverable claims and resubmitting them for reimbursement:
 - A cover letter explaining the issue and the need to correct and resubmit these claims. This letter should be forthcoming soon to members of the POP Team and Claims Users Group.
 - A report indicating the extent of the issue by board.
 - A document drafted by K. Cluggish outlining instructions on how to correct and resubmit these claims.
 - A file(s) per board containing a list of the claims identified as potentially recoverable. This file will be placed in the appropriate county's directory.
- Nature of Claims Identified for Recovery – L. Daniele explained that some fairly complex programming has been required to identify the claims affected by retroactive changes in Medicaid eligibility. Their goal is to identify two sets of claims:
 - Claims which were paid to the provider as Non-Medicaid which are now eligible for FFP reimbursement to the board.
 - Claims which were originally denied and which are now eligible for reimbursement through ODJFS.

Once the program is complete, she will share the SAS program with any interested board.

- Current Retroactive Medicaid Eligibility Reports - .J. Raab reported that the quarterly retroactive eligibility reports go back 11 months, so that claims exceeding the 365 deadline are not included. The results are sorted by oldest claims first. He also noted that claims will be extracted to ODJFS 28 days from the date the claims are corrected. J. McIntosh noted that, if a board reverses and splits a claim, the split portion of the claim is assigned a new date to go thru the APUPD cycle.
- Children Assigned Multiple Medicaid Numbers - C. Neff noted there is an issue with managing retroactive claim processing for children who are assigned more than one Medicaid number due to adoption or other factors. In some cases, the child's name is changed which makes this process even more difficult. He offered to share the Crystal Report logic his board uses to identify clients with potentially more than one Medicaid number. Along the same lines, P. Garretson asked if the "Alternate Medicaid Number Field" was on the member extract file. J. Martin will check to confirm. Franklin is considering using this field to track clients with more than one Medicaid number.
- Future Policy Statement – J. Wiant noted that a policy statement will be forthcoming from both departments encouraging boards to work retroactively eligible claims, so that claims for eligible clients do not remain denied.
- Response Time Hampers Efforts - C. Neff and C. Freeman reported that system response time issues and the unavailability of system in the morning due to APUPD still running adversely affects their board's ability to work retroactively eligible claims. L. Daniele also noted that, if a client has a lot of services/claims in MACSIS, the benefit accumulator data is so large it will reduce response time. (Currently, the benefit accumulator data is not archived, which is why this is an issue.)

10. W. Hull opened discussion on board global issues:

- Negative Claim Amount Remittance Advices (Lorain MH) – C. Neff stated that his board has developed a process to recoup funds from agencies who have “net negative amount due” remittance advices. D. Day reported a letter from the Department should be forthcoming in the next week to address the need for boards to separate “lines of business” when determining the amount to be recouped.
- Will NSF Files Be Accepted After July 1, 2003? (BHG) – J. Wiant reported that a letter will be sent in the next week to the Board Executive Directors explaining the final decision to cutover to the HIPAA-mandated 837 professional claim format on July 1, 2003. NSF files will not be accepted for dates of service after July 1, 2003. It is not clear if the State will require prior dates of service to continue to be sent in the NSF format. The latter issue will require further investigation. J. Wiant noted that the decision to cutover to the 837 format and not to continue a clearinghouse function was shared with the Ohio Board Association, the Ohio Council, OWACA and others for input and comment. All of the associations agreed with the strategy. There are many factors which need to be considered before the State will be able to finalize the specifics regarding submission of 837 data, among which include the implementation of Diamond version 7.0 and 8.0, implementation of the Sybase Paperfree translation product, receipt of final code sets, etc. P. Eichner noted that there are two 837 formats – one is a professional version and one is an institutional version. The professional version will be used for electronically submitted MACSIS claims.
- What is the Status of Permitting Medicaid Claims to be Denied When Received After 320 Days? (Hamilton) – D. Day stated that both departments are still operating under the current interagency agreements and, therefore, the 365-day deadline still applies. The current agreement is set to expire at the end of this month; therefore, it is possible the new agreement may go into affect after that and would permit the 320-day deadline. But, for now, boards must follow the 365-day rule.
- Board Contact List Management (J. Wiant) – Some board representatives have expressed concern about the general availability of their names and email addresses on the MACSIS-related websites. Some have been harassed via this access. J. Wiant asked if the MIS Users Group could discuss this topic and suggest methods to protect a board representative’s privacy without jeopardizing the ability of providers to legitimately contact them regarding issues.
- Single Board Contact WebPage (W. Hull) – Today is deadline for comments from boards relative to the new jointly-supported webpage listing board contact information. Ultimately, this page will be converted to a link to the Ohio Board Association’s website. The latter association will be maintaining board contact information in the future.

Next Meeting:

April 4, 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.