

State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
August 1, 2002

MINUTES

Present:

J. Hughes, D. Day, Jp. Martin, S. Doklovic, J. Fraser, L. Daniele, K. Cluggish, M. Herrel, B. Cluggish, J. Wiant, J. Raab

Call In:

C. Neff, G. Hall, P. Coates, B. Taylor, C. Fratalone, J. Cortez, R. Yeley, P. Quinn, K. McCloskey, L. Clay, B. Heffner, E. Hood, D. Dunn, J. McIntosh, M. Dotts S. Baker, T. Becker, J. Mausser, P. Garretson, N. Hill, S. Kelner, J. Howard

Prepared By:

Johnna Fraser

Topics Discussed:

- Retroactive Medicaid Processing
- OHIO Claims Status, Update, etc.
- FY 1999 MH Reconciliation Status
- Project Updates
 - HIPAA
- User Group Updates
 - Member
 - Claims
 - MIS
 - BH Module
 - Finance
 - Outcomes
- Global Issues

Discussion/Decisions:

1. **J. Raab described the new monthly process that has been developed for the Medicaid Retroactive Eligibility for MACSIS members.** There was an attachment that was sent out with the agenda and will also be sent out with the minutes that describes the highlights of the program, the files that are created and location of those files. If you do not get the attachment, please e-mail J. Raab and he will send a copy to you.
2. **K. Cluggish stated that the MACSIS Reports List on the web has been updated.** The update includes the file naming conventions for the Medicaid Retroactive reports and some obsolete reports have been removed.
3. **K. Cluggish reported on the OHIO Claims status.** The help desk has corrected about 12,000 OHIO claims for FY99, FY00, and FY01. They have also fixed the July claims for FY02. During

the process of fixing these claims problems have been discovered. Boards are either not doing anything with these claims, having the providers resubmit and the OHIO claims staying as they are or when the Board tries to fix them, they are not fixed completely. Boards need to work these claims because the provider never knows what happens to them, unless they rebill the claims after the member has been fixed. Please review the documentation on the web for fixing these correctly. There is a detailed attachment that covers some of the improper corrections as well as an overview.

4. **M. Herrell went over the FY99 MH Reconciliation.** The cutoff date for the reconciliation was July 31, 2002. There were 57 agencies that were sent the FY99 MH Reconciliation process and 20 have sent back in their 020's. There were only three agencies that submitted corrections. A letter will be sent to providers to submit these as soon as possible.
5. **M. Herrell discussed the FY00 reconciliation process.** Within a month to two months information will be going to Boards to coordinate for FY00 020's. C. Neff asked if this would be by UPI and M. Herrell responded that more discussion is taking place on that issue.
6. **L Daniele provided an update on HIPAA:**
 - Procedure Codes/Modifiers – It appears that the meddef's currently in the system can stay by using the new modifiers. However, there are no telephone or jail modifiers and discussion will need to take place on these two issues. There are modifiers that can be used for information purposes only such as in cases where another public entity is picking up the match, like a Children's Services, instead of using the additional two bytes at the end of the procedure code as currently done. The non-healthcare services will keep the current service codes and Medicaid services will have codes that will need to be changed, so possibly not as much adjustment is needed on provider's systems for this. Another issue could be that CSP and Counseling can only be billed in 15-minute increments and this could present problems. Further clarification and discussion will need to take place on this. The code set could be final as early as September.

P. Garretson asked a question about the MH and AOD shared procedures codes and Residential procedure codes. L. Daniele responded that MH residential could hold as is. The modifiers will allow for the shared codes, can get separate prices by manually entering claims but waiting on response from HSD on how this functionality works in EDI.

P. Garretson asked about the non-healthcare services and what is considered in that group. L. Daniele and D. Day responded that very few procedures fall into this category and a few are: Adjunctive, Vocational/Employment and possibly some of the Residential services.

J. Howard asked if residential room and board should not be rolled up together in the budgeting process. L. Daniele responded not sure that as soon as we know, we will let the group know.
7. **P. Garretson asked about the TPA.** J. Wiant responded that a very rough draft would be put out as soon as possible. There are still many questions that need to be answered and many hours have been put into getting a TPA put together for the Boards.
8. **J. Raab provided an update on Member Issues:**
 - Member User Group – Group was asked if they wanted to have a meeting, no one requested a meeting, therefore not scheduled.

- Member Manual – The member manual has been updated on the web and there are links throughout that point to documents referred to in the manual.
- Test Environment-EEI – J. Raab reported that a test environment was being developed for the EXINQ-EEI process that will allow for nine eligibility spans instead of the current three, but will not be available until the next version of diamond.
- Breast and Cervical Cancer – J. Raab reported that there are 29 people in the state that are under this Medicaid program that pays at an enhanced FFP by ODJFS. None of these people are in Diamond at this time, but their numbers begin with 9 and end with 90 and that is how you will distinguish these members as well as BCCP will be placed in the MSTAT field.

9. **K. McCloskey reported that she has had minor requests but did not believe it was enough to have a meeting.** She will forward these requests to K. Cluggish and L. Daniele who will review and determine if a bridge line call could answer these requests.

10. Update on MIS-related issues:

- Next MIS User's Group Meeting – M. Dotts reported that the next MIS User's Group Meeting has been scheduled for August 14, 2002 at the ADAMH Board of Franklin County. There have been a variety of questions that have come up that will be raised at the meeting. He will get an agenda out in the next week.
- Listserver – Jp. Martin reported that an e-mail went out to the MIS User's Group to test a new product for the purposes of e-mail groups. We are using our sister agency's, MR/DD, Listserver/Lyris to create groups that people can join and un-join by sending e-mails. Jp. Martin would like the MIS users to test this functionality and to see if this is something that will work for our needs, since there seem to be some gray areas and would like to see if they create problems. He noted that when you click Reply, it will reply to all users of that group.

11. **C. Neff reported he has requested a meeting with ODADAS on doing away with the 90W plan code but has not heard anything.** J. Hughes stated that he would remind W. Hull about this subject.

12. S. Doklovic reported the following on Outcomes Issues:

- User's Group Meeting – scheduled for next Thursday, August 8 at 1:30 pm. Please check the Outcomes Web Site for the Agenda and last week's minutes.
- Administration Discussion – The last two User's Group Meeting has focused on the administration of an instrument not being done on time. There was discussion on two different ways it was being done; either the next administration was being determined by the administration date of the initial administration or from the most recent administration. The recommendation by the group was to base dates of subsequent administrations on the date of the initial administration. Please refer to the minutes from the last conference call on July 25, 2002 for clarification.
- Outcomes Training in fall – This will be on the line of train the trainers at a provider level and will discuss how to incorporate outcomes into treatment planning for clients.
- Production Efforts – The production databases have just about 52,000 records across all instruments. J. Fraser reported that this week, there were considerably more critical errors and that providers have more to fix on their critical errors and should be ensuring they are sending good data so they do not have as much work on the back end. C. Neff raised a question about the production processing that includes checking if the files have been approved for production. They have a provider that occasionally submits data for kid's instruments; they are approved for production for adult instruments. S. Doklovic asked C. Neff to have D. Staysniak send an e-mail to Outcomes Support for a waiver for this provider and instrument.

- Reporting Workgroup – Phase I of this workgroup has been completed and Emily Bunt is working on the first report of the statewide outcomes data. Reviewers are needed to review these reports, which will be broken out by kids and adults. The second phase of this workgroup will begin around the end of August and will explore follow-up reports that look at comparisons, etc.
- Testing Efforts – Testing is still taking place, however, at a much slower pace. Many providers are approved for production but there are others that still need to do testing before going live.
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13. J. Hughes reported on BH issues:

- Status – As of the latest Production run (7/29), currently there are 228 agencies submitting live data. 114 agencies still testing and 187 agencies not started. Significant increase in agency participation largely due to Cuyahoga ADAS Providers being over 50% on board.
- The Production Pre-Scrub issues list – has been issued, the Board Contact person is reminded to notify E. Hood as to their status ASAP.
- A reminder – That Providers are expected to clean up any warnings or rejections issued during a Production file run. In many cases, this has not been occurring.
- Next BH Production run is scheduled for the week of 8/12/02.
- Next BH Focus Group meeting is scheduled for 8/08/02 (Bridge line).

14. J. Raab opened discussion on board global issues:

- Claims Caution and Outlier Reports – J. McIntosh asked if these reports could have held claims added to the listing. Jp. Martin stated that would not be a problem, but needed a consensus from people before changing code. K. McCloskey will send an e-mail to Claims User's Group to request any negative responses of having this done and then will respond to Jp. Martin with the results.
- Medicare in MACSIS – P. Coates raised an issue on Medicaid/Medicare crossover and that a provider entered these claims into MACSIS and have now been paid via processing in MACSIS and also been paid outside of MACSIS. She wanted to know if they needed to be reversed. M. Herrell confirmed that they did need to be reversed in MACSIS. The new system for this processing has not been implemented at this point. M. Herrell will get additional information on this off-line.
- New Crossover System for Medicare/Medicaid – M. Herrell stated that the new crossover system should have been in place today, however, testing was still taking place at ODJFS. Applications needed to be completed by agencies to receive the number in order to do these billings; so far only 70 agencies have submitted applications. These need to be done because they are part of the Medicaid Agreement. She will be letting the Board's know who has not submitted the application. These claims will not go through MACSIS the processing will take place outside of MACSIS. P. Garretson asked about the step-by-step letter of how this processing will work. M. Herrell responded the letter has not gone out because additional written information is still needed.

Next Meeting:

September 5, 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.