State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
September 6, 2002

MINUTES

Present:

Jp. Martin, L. Daniele, J. Hughes, S. Doklovic, J. Fraser, K. Cluggish, M. Herrel, B. Cluggish and W. Hull

Call In:

T. Becker, P. Coates, C. Fratalonie, R. Yeley, K. Taylor, J. McIntosh, S. Goodwin, N. Hill, K. McCloskey, D. Strawser, J. Averill, P. Quinn, C. Freeman, B. Heffner, L. Clay, H. Thomas, S. Baker, J. Cortez, E. Hood, J. Dillion, T. Chambers, J. Mauser, C. Couch and C. Neff

Prepared By:

V. Waller

Topics Discussed:

- HIPAA
  - Code Sets
  - ANSI 837
- BTAC
- User Group Updates
  - Member
  - Claims
  - MIS
  - BH Module
  - Finance
  - Outcomes
- Global Issues

Discussion/Decisions:

- **HIPAA Code Sets** – Same as last meeting – no update yet from Washington. J. Lynch is working on the worst-case scenarios for shared procedure codes using the 1st, 2nd and 3rd modifiers.

- **HIPAA ANSI 837 Test Files** – No update until Diamond Version 8.0 is installed in a test environment. Boards will be notified when the State is ready to begin testing files.

- **BTAC** – The BTAC committee will be dissolved and the representation will be transferred to the EDI group. HIPAA implementation is our #1 priority to raise awareness. The Children's group and others will meet with the EDI group. The first meeting for the EDI group is to be set with P. Eichner as coordinator.

Users Group Updates:

Members – B. Cluggish reported that the past problem with 3rd party Medicaid amounts on split claims that were missing a reason code has been resolved. Boards were splitting claims and neglecting to enter the reason code, which prevented the 3rd party amount from being extracted. This resulted in the boards being overpaid in FFP amount because the 3rd party amount was not subtracted from the allowed amount. In the future, ODJFS will reverse claims with a 3rd party amount but no reason code.

Clients that are approaching 99 eligibility spans will have their records electronically purged and repopulated so that the number of spans is less than 50. All spans up to 2 years old will be collapsed into a single non-medicaid span and the remaining spans will be renumbered.

K. Cluggish mentioned that no future spans for member eligibility should be entered even if the board knows that a client will be gaining or losing eligibility in the future. She will send out an email on this.

- **Claims** – L. Daniele reported that there are 127,000 held claims in Diamond that have been on hold for as many as 4 years. The state will be denying claims starting with service dates of FY1999 – FY2001. Boards should work the FY2002 and FY2003 claims and remember that guidelines indicate that no claim should be on hold for more than 30 days.

  Some providers are billing over and over again for the same claim. Be careful when doing the duplicate checking, especially for the out-of-county claims, which automatically pay for Medicaid services. Board should remember that Diamond duplicate checking that produces warning messages in the PREDI-Post report uses billed and not allowed amount, so if the provider changes the billed amount on a resubmission by as little as one cent, it will not receive a duplicate warning. In some cases, providers are billing once before they receive insurance and again after receiving insurance and boards must be vigilant in detecting such claims.

  K. Cluggish will send email on the new retro Medicaid files that were run for the beginning of September. Files are on the mhhub server.

  There are 38,000 orphan headers in Diamond that the State is in the process of deleting. These are created when a claim has an invalid procedure code or modifier that is a critical error, but Diamond still writes out the claim header. The State is being more conscious of critical errors in these claim runs and are notifying boards that runs may be cancelled if critical errors are high. If the claim run is large, arrangements will be made to recreate the weekly claim file without the files that created the critical errors.

  J. Hughes commented that Mahoning ADA Board is testing the new Diamond build for TASC (Treatment Alternative on Street Crime) providers so that claims will all be paid as non-medicaid.
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- **BH Focus** – E. Hood reported there is 51% Dual MH/AOD, 54% AOD and 30% MH that are submitting BH data. Cuyahoga MH – endless looping trying to get on board with mistakes. Boards and state are not in sync with the scrubbing process. Current production run – training new person please be patient. Need volunteers to help in designing reports with Evan.

- **MIS** – Jp. Martin will be sending out informal ballot(s) regarding FY'01 archiving and to coordinate this effort with the support people in DAS. Version 7.1 is in place and has been tested. It is almost good to go with the membership updates, member EDI process and ability to read claims. Version 7 will be updated at the end of the month to Version 8 - they are beginning to look at the new programs and software that will comprise the new Diamond 725 base that must be installed for HIPAA compliant transactions.

- **Finance** – C. Neff mentioned that there would be a conference call Monday, 9/9 from 1:30-3:30pm on the 90W plan panels. The deadline is mid-November to come up with recommendation to the 8/26 letter. It is important to come up with single workable procedure for the 90W.

- **Outcomes** – S. Doklovic reported that training would be held this fall with the provider staff in Cambridge, Dayton, Toledo and Columbus. The Statewide Outcomes Workgroup will distribute the first state of the statewide outcome report soon. The subgroup for outcomes datamart is beginning formulation to design, etc. Also, there would be a user group call this afternoon from 1-3p..

  There are four new production reports (one for data entry number, one for entry date, one for provider & one for 3 months graphs (monthly or up to 4 quarters)). There are 86 production problems (10 are pre-check, 4 are too many critical errors, 5100 entries added to system and 72 are critically rejects). Outcomes and BH need to follow same procedure in rolling up. The purpose of connection is that Outcomes & BH to have one single UPI code to have a datamart.

- **Global Issues**
  - Need reminders for follow-up by the end of December.
  - Implement deadlines on non-Medicaid claims – boards not to pay claims.
  - Email helpdesk to remove alternate price schedule.
  - Email W. Hull with significant cut-off dates.

Next meeting – October 3, 2002 from 9:00-11:00 in Room 806A of the Rhodes State Office Tower.
The call-in phone number is 614-644-1098.