

**State of Ohio**  
**MACSIS System Implementation**  
**Project and Operations Planning Meeting**  
**March 2, 2006**

**MINUTES**

**Present:** K. Cluggish, J. Martin, M. Herrel, L. Daniele, B. Taylor, J. Hughes, P. Eichner, B. Cluggish, J. Lynch, H. Bruce, J. Hay

**Call In:** R. Yeley, K. Taylor, B. Tobin, Y. Quinn, D. Vargas, J. McIntosh, S. Baker, H. Thomas, B. Heffner, L. Clay, T. Chambers, J. Dillon, C. Muth, P. Quinn, C. Freeman, P. Garretson, J. Mausser, R. Beegan, C. Fratolonie, J. Springer, C. Neff, G. Hall, R. Heginbotham, T. Becker, K. Schwarz, D. Strawser, J. Averill, D. Downs, P. Coates, K. McFann, S. Kirschner, A. Loftin, C. Shaynak-Diaz, J. Imboden

**Special Topics:**

**NPI:** The federal initiative to assign new National Provider Identification numbers to all healthcare providers will go into effect on 5/23/2007. P. Eichner reported that HIPAA Alert #22 was distributed this week, which provides links to information about required provider and board activities needed to ensure a smooth transition. Boards have until 3/17/2006 to complete worksheets that were prepared for each provider, which are available on the mhub server under /county/common/. These worksheets are intended to assist in determining the number of providers that will be either going from one UPI to multiple NPI or vice versa, and to update MACSIS with closure dates for assigned UPIs that are either closed or no longer submitting claims. The NPI website has been updated to include the alert and documents relating to NPI conversion. The URL for the alert is [www.mh.state.oh.us/legislation/hipaa/hipaa.alert.22.pdf](http://www.mh.state.oh.us/legislation/hipaa/hipaa.alert.22.pdf) (Note that the alert has embedded hotlinks for other documents that have been newly created or updated.)

Boards should complete the newly updated Provider Modification Request Form [www.mh.state.oh.us/ois/macsis/forms/macsis.provider.request.doc](http://www.mh.state.oh.us/ois/macsis/forms/macsis.provider.request.doc) to report provider closures and the NPI when it is obtained. This form can now be completed electronically and then emailed, and it is also available in PDF format that can be manually completed and faxed. K. Cluggish reported that some boards have been using the new form, and she cautioned that if a board completes the electronic form, it should be emailed only, since there is shading in the document that obscures information when it is faxed. If a board wishes to fax the form, the PDF version of the form should be printed and completed, not the e-form.

H. Thomas reported that in his efforts to complete the provider worksheets, it is apparent that some providers are still not aware of the required conversion, or that they are aware but not ready. The information in the HIPAA Alert should provide needed decision tools to help move them forward. Boards should feel free to send comments and recommendations for improving NPI communication strategies to any of the board or State representatives on the NPI Workgroup (P. Eichner, H. Thomas, P. Coates, or T. Chambers).

A vendor conference was held on February, 23, 2006. Many of the vendors attended, and all seemed confident that the conversion from UPI to NPI would not be a problem. Representatives from Netsmart stated that their current versions of Avitar and CMHC are already compliant, and that the CSM-HSIS product needs only minor changes. Four vendors and 2 providers have agreed to participate in special focus groups to examine any issues that may relate to NPI in the Outcomes and BH data systems. Upcoming events that will include NPI discussions include the MACSIS MIS Users Group on 3/16/2006 and the FMG meeting to be held on 4/19/2006.

Telemedicine: Approval to provide MH Individual / Group Counseling and Pharmacologic Management services via video-conferencing was received 12/15/2005. These services should be reported using the standard modifiers for face-to-face contact for the time being. Per the request of the Ohio Council of Behavioral Healthcare Providers, ODMH has agreed to “monitor” video-conferencing services for a period of 2 years, and a committee was created to propose a monitoring strategy within MACSIS. The first suggestion was to use Modifier 3, but many boards use that field for local purposes. Modifier 4 was then suggested, and it was determined that it is currently used by only 3 boards at a total of 4 agencies. Of the 1.3 million claims received for the 3 services, only 3,000 claims used Modifier 4, and the 3 boards involved agreed that reporting GT in Modifier 4 to flag video-conference sessions would not be disruptive. Please note that boards can continue to use Modifier 4 for local needs unless the session was a video-conference.

### **User Group Updates**

Members: The new RMF file format provided by ODJFS was successfully read and incorporated into the nightly member update process. One board requested that a member “refresher course” be considered since it has been quite some time since the last session and that many new staff have been hired. The upcoming HIPAA Privacy notification effort was a concern, especially how to determine which clients should receive the notification. C. Shaynak-Diaz from the Board Association noted that this topic was discussed at the last IS committee meeting, and that the information will be included in the minutes of the meeting which will be distributed to members in the near future.

Claims: None. See MIS notes below for information on claims testing procedures.

BH: Compliance remains at the 74% level. ODADAS has created a new listserv for BH communications. Anyone who did not get notification of this recently and wishes to be added should send an email to Jenny Manning at [manning@ada.state.oh.us](mailto:manning@ada.state.oh.us).

MIS: The next MIS meeting will be held on 3/16/06 from 10 am - 4 pm at the State of Ohio Library. The agenda will be sent early next week. In anticipation of the high volume testing for NPI implementation, the Claims Testing Request Form has been updated to an e-form that can be emailed instead of faxed. The form can now be used for both Tier 1 and Tier 2 testing and it includes NPI testing options in addition to current UPI testing. The URL is

[www.mh.state.oh.us/ois/macsis/forms/macsis.edi.claims.testing.request.form.doc](http://www.mh.state.oh.us/ois/macsis/forms/macsis.edi.claims.testing.request.form.doc) .

Electronic forms should be sent to the new email account was created specifically for claims testing purposes ([macsistesting@mh.state.oh.us](mailto:macsistesting@mh.state.oh.us) ). One form has been received so far, and it worked seamlessly.

Finance: None.

### **Board Global Issues**

- S. Kirschner asked for clarification on the recently announced changes to reporting partial units of Partial Hospitalization services. M. Herrel stated that effective 9/1/2005, claims that included less than a whole unit of service (or claims for children that included more than one but less than 2 units) are no longer billable. Claims that have already been paid can be reversed or they can remain in the system and adjusted during reconciliation. It is the provider's choice as to which option is chosen. Claims that are reversed should be evaluated by the provider to determine if the service can be re-billed under a different procedure code for the activities that occurred. Supporting documentation must exist in the case notes in such instances. Note that claims with a service date of 2/1/2006 or later will now be denied in MACSIS automatically.

**Next Meeting** will be **April 6, 2006** from 9-11am in Room 806A in the Rhodes State Office Tower. The call-in number is (614) 644-1098.