

State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
April 6, 2006

MINUTES

Present: K. Cluggish, D. Day, Jp. Martin, M. Herrel, J. Lynch, B. Taylor, P. Eichner, J. Raab, H. Bruce, A. Paschall, J. Fraser, L. Xin, B. Cluggish, E. Haws

Call In: L. Clay, J. McCluggage, P. Quinn, R. Yeley, B. Tobin, Y. Quinn, C. Fratalone, N. Burns, P. Garretson, C. Freeman, J. Mausser, J. Springer, S. Baker, D. Vargas, G. Hall, T. Becker, J. McIntosh, K. Lafferty, T. Chambers, P. Dehner, K. McFann, P. Coates, A. Gray, K. Schwarz, S. Kirschner, J. Hughes, D. Downs. C. Shaynak-Diaz, J. Inboden, S. Robinson

Project Updates:

Partial Partial Hospitalization: M. Herrel discussed the issue with the partial units for Partial Hospitalization that were billed during the period 9/1/05 – 1/31/06. There were so many complaints to ODJFS about reversing those claims that letters went out to the boards and providers that partial units could be billed during that timeframe. Effective 2/1/06 a check has been placed into the system that no partial units would be allowed for Partial Hospitalization. C. Freeman asked if the providers had reversed those billings if they would be able to re-bill them and M. Herrel responded yes.

FY '07 Medicaid Rates: Margie reported that a letter went out 3/17/06 under ODADAS & ODMH letterhead specified that June 1 (2006) was the cut-off date for the State to receive rate changes and process them into MACSIS by July 1 (2006). If they are not received by 6/1/06 then they will be returned and then must be resubmitted at a later date to be put into the system. This is in accordance with the rate setting and return rule training done in January of this year. The last date any FY2006 rate change can take place is 5/1/06. Board staff can use the special MEDRATES account in Diamond to review the rates in place within the system. We also produce and publish (via the FTP server's common area) an EXCEL workbook which publishes the PROVC and PROCP records. In addition, special "new records/change" reports are placed in each Board's mhhub directories when there are changes in PROVC or PROCP. Liping Xin, author of these reports, wanted to remind Board staff of the obligation and opportunity to review these materials.

Plan and Benefit Rule (Build) Changes: K. Cluggish stated that most changes can take place with a 30 day notices. Plan codes need to be in with a 90 day notice which means they should have been in by 4/1/06 to be effective on 7/1/06. Benefit rules are done twice a year with a 30 days notice, so the deadline for BRULE, BENEF or RIDER changes is 6/1/06. Please remember to use the spreadsheets on the web and indicate on them what the rule currently says and what you want it to be changed to. Then send them to the help desk and you will be notified when the changes have been completed.

MACSIS Related Training Plans: K. Cluggish stated that MACSIS related trainings are being held this Spring. The Member training was held last week. A Claims/Payment training is scheduled for 4/20/06 and a Contracts/Pricing/Adjudication Training is scheduled for 5/2/06. Both are scheduled from 9:00 a.m. – 3:30 p.m. at the State Office Tower, 8th Floor in Room 806A. There are still a few spots left for both of these and if you would like to attend please e-mail the MACSIS Help Desk with the name of the person and the Board they are with. Some questions have been asked as to if there is any new information being presented at these trainings. Note that the processes are the same, with just a few new things are being covered relating to NPI and HIPAA.

ACT/Home Base Update: K. Cluggish stated there have been questions coming in about the Medicaid ceilings for ACT and Home Based Treatment, however these procedures are not currently approved for Medicaid so no ceilings have been set. If the client is Medicaid, claims will pay as Non-Medicaid. The procedures are set up to price with a Non-Medicaid MEDEF. T. Chambers asked when this might be approved for Medicaid. M. Herrel responded that there is communication going back and forth at this point and it is still probably many months away before being approved for Medicaid.

Deleting Claims: K. Cluggish reminded everyone that boards should put the claim on hold when requesting a claim be deleted. Otherwise, the claim will likely be finalized by APUPD and then cannot be deleted! Place the claim to be deleted on hold, then notify the Support Desk. This will ensure that the claim does not process through APUPD. Also when sending requests to delete claims, please be very clear as to what claim should be deleted, the 001R or the split or both.

NPI Update and Developments: P. Eichner stated that the NPI group is preparing for the FMG panel discussion of NPI on 4/18/06. After that they expect to move into a monitoring mode. A BH/Outcomes NPI Workgroup is getting ready to kickoff with their first meeting shortly that includes vendors, providers, boards and state policy and technical staff. Since these are not standard EDI transactions they are on a different timeline and will begin to see what needs to be done to move forward with NPI. We have currently received 1 NPI and have about 400 more to go.

P. Coates thanked everyone on the line for turning in the NPI sheets either on time or early. There are still a few stragglers and she encouraged them to turn their sheets in as soon as possible.

Telemedicine Coding Proposal Continues: J. Lynch stated that the Evaluation Workgroup for the Telemedicine coding met and discussed the last discussion held at the previous POP meeting and that it was agreed using modifier 4 in MACSIS on a temporary basis was agreed to. The workgroup understood that the providers may incur a cost to modify their systems to do this.

The next step is a communication within the next week or two to Boards and providers that the evaluation process will occur and what will need to be done. J. Lynch asked for any input into that communication. P. Garretson suggested including the effective date of change, and a statement that claims would not need to be corrected retroactively. Sharon

Baker suggested 7/1/06 date of service on or after as the effective date and P. Garretson agreed.

POP Schedule: Jp. Martin stated that after his e-mail request to all about the POP schedule went out, he got a dozen or so returns. There seemed a unanimity that the meetings continue and a recognition that monthly meetings may be a bit more than a mature MACSIS system needs. The logical approach seems to be that we keep a monthly room and conference line reservation in place – but we cancel if neither the State Departments nor Board correspondents propose adequate topics of interest or need. It would seem likely at this time that we are migrating towards a once-a-quarter or perhaps every-other-month sort of frequency.

User Group Updates

Members: None.

Claims: None.

BH: Admissions are at 74%, Closures are at 50% (would like to get that up). The contact person for BH is Jenny Manning at ODADAS.

MIS: The first week of May will be the week that those of you receiving the short and long versions of the claims extract will need to make a decision as to which (single) extract you want to continue to receive. Jp. Martin has a list at this point of some of you that want just the short extract but there were still many that wanted the longer version so he delayed removing the longer extract until those of you receiving the shorter extract are comfortable with that version.

As far as servers, DAS has notified us that they are going to begin using their 3-6 a.m. Tuesday maintenance time to do some work on routers. This should not affect us but wanted to make all aware in case they had a need to be on the server at this time of the morning.

Finance: None.

Board Global Issues

- **BH Extract Schedule:** The BH extract schedule has not changed. It is on a bi-weekly schedule. The first run will have extracts and reports and the second run will have reports only. There was a situation where the extracts did not come out on time and this was due to a problem not a change in the schedule.
- **SMD Criteria in Claims Data Mart:** The following definitions are used. This information available in the claims Datamart documentation:

SMD - Severally Mentally Disabled/Severe Emotional Disturbance. In accordance with ODMH definition this is a retrospective determination based on annual service profiles so this dimension will

not be available in the current fiscal year's cube until October following the end of SFY when the data for the fiscal year is considered mostly complete. This is a mental health construct, but is also present in AOD cubes.

- ❑ SMD – client meets the criteria to qualify as an Adult with SMD or child/adolescent under 18 years old with SED (use agegroup dimension to distinguish). Selection criteria are as follows:

- ❑ Criteria for Children (SED) :

- 0. At least one target service claim in MACSIS with a target diagnosis and
- 0. At least 4 target service claims excluding Diagnostic Assessment and
- 0. A minimum of 4 total service units summed across claims with the target service codes excluding Diagnostic Assessment and
- 0. Client was under 18 at some time during the fiscal year.

Where:

- Target diagnosis is from one of the following diagnostic groups: non-psychotic (300, 302.5-302.9), Schizophrenia (295), Major Affective (296), Other Psychoses (297-299), Adjustment Problems (309), Conduct disorder (312), Childhood disorder (313), Non-psychotic (307-308, 310, 314), Other (311)
- Target services (MH only): Crisis Intervention, Pre-hospitalization screening, Med/somatic, Counseling/psychotherapy, CSP, Partial Hospitalization, Residential Treatment, Residential Support and Residential Care

- ❑ Adult (SMD) Criteria:

- 0. At least one target service claim in MACSIS with a target diagnosis and
- 0. A minimum of 4 total service units summed across claims with the target service codes and
- 0. Client was 18 years or older at some time during the fiscal year

Where:

- Target diagnosis is from one of the following diagnostic groups: Organic psychoses (290), other psychoses (291-294, 297-299), schizophrenia (295), major affective (296)
- Target services (MH only): Crisis Intervention, Pre-hospitalization screening, Med/somatic, Counseling/psychotherapy, CSP, Partial Hospitalization

OR

- 0. Client had an episode of care in the state hospital system during the last three fiscal years and
- 0. Client was enrolled in MACSIS and
- 0. Client was 18 years or older at some time during the fiscal year.

For both adults and children, the following are true:

- 0. No pseudo clients.

0. No invalid DOB (missing or later than the end of FY to run).
 0. Modifiers included: 'HE', 'HQ', 'GT'.
 0. If Procedure codes are 'H0004' or 'H0036', then the service units need to be divided by 4 in order to be counted as 1 unit (hourly).
 5. Diagnoses 1-8 are evaluated for diagnosis eligibility.
- CKPST Reports Vs. ERA Totals: There are discrepancies between these two reports what causes this? The differing dates of the two reports. CKPST reports uses check date and ERA uses post date which includes F claims. It was suggested that it would be helpful if there was documentation on the web that would describe these differences in detail to the general public so they would know why there are differences. It was agreed ODADAS would put some additional documentation on this to be placed on the MACSIS web site.

There was an informal but heartfelt recognition of the years of toil and effort on the behalf of MACSIS by John Raab. This is his last POP. John is retiring at the end of the April and all of us wish him many happy years of traveling and joy. He has earned that and our many expressions of thanks and appreciation. You will be missed John.

Next Meeting will be **May 4, 2006** from 9-11am in Room 806A in the Rhodes State Office Tower. The call-in number is (614) 644-1098. Remember, you all will be queried the week prior to this scheduled POP meeting as to whether you have questions or topics that should be discussed. Absent such need, the meeting is subject to cancellation.