

State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
August 7, 2003

MINUTES

Present: L. Daniele, K. Cluggish, J. Hughes, J. Raab, P. Eichner, B. Cluggish, W. Hull and J. Wiant

Call In: H. Thomas, S. Baker, K. Schwarz, G. Hall, K. Taylor, P. Coates, D. Strawser, J. Averill, C. Couch, C. Fratalone, L. Clay, B. Heffner, C. Freeman, P. Garretson, M. Smith, J. Mauser, M. Glanville, J. Cortez, J McIntosh, D. Pinciario, T. Becker, Y. Quinn, D. Dunn, C. Muth, E. Hood

Topics Discussed:

Special Topics

- None

Project Updates

- HIPAA

Tier 1 Testing: 950 files, 400 providers, 330 passed

Tier 2 Testing: 594 files, 207 providers, 116 passed

Analysis of the largest providers shows that 20-25% have not yet submitted a Tier 1 test file which is a concern since we are 1 ½ months into the fiscal year already. Most of these providers have CMHC or CSM software, both of which plan on releasing a major patch in mid August to fix the rollup and rounding problems. Providers should contact their vendor to see if they can get an advance installation of the patch to facilitate Tier 2 testing.

The CMHC Users Group is meeting on Friday, August 8, 2003.

One of the major roadblocks for passing Tier 2 testing is the lack of Board review of rates in mhhipaa for the services listed on the Rate Worksheet. Boards should use the MEDRATES Diamond account and review all the rates in the system prior to submitting a Tier 2 test. Each PROCP in the system should be reflected accurately on the Rate Worksheet. Non-medicaid PROCP records not in the system should be added by the Board; Non-medicaid PROCP records for services not being funded should be marked for deletion; and adjustments to Medicaid PROCPs (addition or deletion) should be submitting in writing via Medicaid policy.

The newly approved Place of Service codes have been added to Diamond on mhhipaa. None of the codes affect adjudication. The most useful new code is for School (code 03).

Production 837 files have sometimes been quite non-compliant after demonstrating no problems in Tier 2 testing, both for file names and file content. This can be attributed in some cases to the installation of a patch between the passing of Tier 2 and the creation of a production file. Boards are requested to communicate to providers the need to retest when major software upgrades occur. All CMHC providers who have passed Tier 2 already must retest before submitting live production files.

Tier 2 835 files have been created and were distributed on 8/1/03. Boards need to make sure the providers receive these files so they can work with their vendor to incorporate the information into their internal systems. Only one vendor has reported receiving a file to date.

J. Wiant reported that the private sector is not nearly as advanced as MACSIS regarding HIPAA requirements. Their concerns were discussed in the national CMS call-in and CMS'

stance is that the deadlines should be kept in place but there could be a “loosening” of enforcement. Penalties would be incurred only if complaints are received and it can be demonstrated that one or both parties are not making a good faith effort to move forward.

C. Couch reported that one provider in Cuyahoga County that contracts with many private payors offered praise for the MACSIS testing process. Many payors simply reject a file with no details about the deficiencies, so the extensive feedback they receive from MACSIS testers is very much appreciated.

- Software Vendors (see website for Peg’s minutes of 8/6 meeting)

ProComp is the only vendor that reported success with the 835 they received.

Qualifax is having quite a bit of difficulty, but they do not have many Ohio customers.

One of the major problems reported by the vendors revolves around providers and boards not communicating clearly about which services are being funded and the unit rates for these services. Providers must create a test file that includes claims for all services, but the provider IT staff are not always aware of the clinical services that must be included in the test file. Also problematical is the minimum number of claims needed in a file for approval. In general, boards need to clearly communicate contract information to the relevant provider staff to expedite testing.

User Group Updates

- Members
 - The number of members that need to be moved from mhipaa to mhprod has decreased from 64% to 24% over the last 3 weeks
 - The autopopulation problem when enrolling members has been reported to HSD/Perot, but no fix date has been assigned.
- Claims
 - Claims User Group Meeting will be Wednesday, 8/13/03 at 9:30 am at the Department of Commerce on Tussing Road in Columbus. This will be a joint MIS-Claims meeting and the agenda is quite full, so the meeting will start promptly at 9:30 am. Electronic copies of materials were emailed on 8/5 to both groups.
- BH Module
 - BH data for AoD and dually funded providers is 38%. There are a few boards that have submitted over 80% of the expected information, and at least a dozen boards that have not submitted any information.
 - MHBH BAA document drafted by ODADAS and is being reviewed by the Board Association. Until this document is finalized and signed by Boards and ODADAS, Mental Health BH information will be collected by BH but not processed, analyzed or distributed.
 - Boards can request that agencies submit BH data for MH clients, but they must remain within the standard system in terms of data elements, etc. They cannot develop “custom” systems that require providers to submit information outside of the approved data set.
- MIS
 - Next MIS User Group Meeting will be in conjunction with the Claims group on 8/13/03 (see above).
 - Claims Extract form mhipaa for FY04 claims are planned for Monday, 8/11/03.
- Finance

- No report.

Miscellaneous Updates:

- o The MACSIS Support Desk answered 332 inquiries in July, much higher than the usual 200.
- o There are currently 3 Business Associate Agreements being used or discussed:
 1. Board-ODMH-ODADAS agreement for MACSIS claims processing and the framework for distributing selected claims and member information to BH and Outcomes initiatives (outlined in section 4 of the agreement);
 2. Board-ODADAS agreement for BH processing and reporting; and
 3. Board-ODMH agreement for Outcomes processing and reporting.

Board Global Issues

- Member extract from mhipaa is missing the SREP and ABUDEF1. J. Martin will look into this.
- M. Glanville reminded boards to put their security code on their non-medicaid PROCP records since anyone can see and change records without security.

Next Meeting will be September 4th from 9-11am in Room 806A in the Rhodes State Office Tower. The call-in number is (614) 644-1098.