

State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
September 1, 2005

MINUTES

Present: K. Cluggish, D. Day, J. Martin, J. Wiant, B. Cluggish, M. Herrel, J. Lynch, L. Daniele, B. Taylor, J. Hughes, P. Eichner, J. Raab

Call In: R. Yeley, K. Taylor, B. Tobin, Y. Quinn, D. Vargas, B. Miller, K. McCann, S. Baker, B. Heffner, T. Chambers, J. Dillon, P. Quinn, D. Pinciario, C. Freeman, P. Garretson, P. Coates, J. Mausser, D. Strawser, J. Averill, S. Kirschner, H. Bruce, S. McCants, P. Dehner, S. Knab, J. Sager, T. Becker, R. Beegan, J. McCluggage

Guest: C. Carstens, ODMH Office of Program Evaluation and Research

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. These new identifiers will be “lifelong” and apply to both the individual and entity levels of service providers. The Board association has been working on the impact of this change as it pertains to MACSIS with a small group of board representatives, and it has been decided that a new committee comprised of board, state and provider staff should be formed to study issues. A HIPAA alert will be sent within a week or so with more details and a list of all representatives. Additionally, a web page is under construction that will provide updates on both the federal initiative and any Ohio-related issues and news.

Affiliation Codes: The ODMH FAST initiative requires that boards enter an affiliation record into MACSIS so that clients eligible for funding are identified. Boards are requesting the Support Desk to delete AFFIL records when a client is no longer enrolled in the program. Please note that the correct way to denote termination is to enter a Termination Date in the AFFIL record since the start and stop date are used in the analysis of participating clients. Deletion of the record results in lost claims information so it is important to enter the correct start and stop dates, along with the correct code (FASTA for alc/drug clients, FASTM for MH clients, and FASTD for dually diagnosed clients) so that covered services are extracted for all enrolled members.

Another issue revolves around the entry of duplicate AFFIL records. It appears that some board staff are having problems entering these records as evidenced by the number of duplicate records and multiple open FAST spans in the system. Boards should be aware that when accessing the AFFIL keyword (either directly or through the MEMBR gateway), it is important to know that after the UCI is entered, you must hit “page down” for the first “real” record to appear, otherwise just a blank record shows and it might seem like there are no affiliation records entered for the client. Board staff should work with their MIS person to analyze the weekly AFFIL file and either correct duplicate

records if a termination date is needed, or ask the MACSIS Support Desk to delete true duplicate records.

Procedure Pricing Records: Some boards are marking PROCP records for deletion when updating rates. Please be aware that the correct procedure is to enter a Termination Date on the PROCP since these records are an audit trail for claims that are in MACSIS. A PROCP record should be marked for deletion only if it was entered in error and no claims are in the system for that procedure for the effective dates.

Guidelines for the Implementation of MACSIS: A section of the Guidelines has been deleted that referred to the creation of a file that contained clients in spend down status. The departments were never able to obtain this information from ODJFS, and will not be able to in the future, so this text was deleted. Please note that this was merely a “correction”, much like fixing a typo. Any policy or substantive changes will continue to be presented, discussed and decided by the appropriate committee structure. The “History of Document Revision” section has been updated to reflect this deletion.

Diagnosis Code Groupings in the MACSIS Claims Datamart: Carol Carstens of ODMH/OPER presented a request to change the diagnostic groupings of primary diagnosis in the Claims Datamart to align with those used in the ODMH Outcomes Datamart that is currently in development. A file of the groupings will be sent to boards for review and input since this could affect clinical analysis and QA/UR at the boards who use the Claims Datamart for such purposes. A request to add the new groupings (rather than replace the current groupings) was suggested and will be considered pending the ease of making a change to the database configuration. If approved, the new categories will only be included in the “unfrozen” files for FY 2004 and later.

For reference purposes, a spreadsheet was created that contains the proposed new outcomes-related codings for adults and children, along with the current Claims Datamart category and the short description for each code from Diamond. The file can be downloaded from mhhub in the /county/common/ subdirectory. It is named dxanalysis.xls. There are 3 sheets in the file: one for all diagnosis codes, one for MACSIS codes not included in the Outcomes recodes, and another for the Outcomes/DSM IV codes not in MACSIS. Remember to FTP in BINARY mode.

UPDATE: In reviewing the classification file, it was apparent that using the ODMH Outcomes categories would seriously affect ODADAS groupings in the Claims Datamart. Since this is an ODMH initiative based on primary diagnosis (both DSM IV and ICD-9) and age of the client, some ODADAS information would be lost (e.g., no client under 18 years of age is grouped into Substance Abuse). There are other differences based on the age of the client which also are significant (e.g., no adults are grouped into Attention Deficit disorders and no children are grouped into Personality disorders). An ODMH meeting will be held with various representatives from the ODMH clinical area to discuss the outcomes grouping methodology. When that has occurred and recommendations

have been made, the file will be sent to boards for review before inclusion in the datamart.

User Group Updates

Members:

The standard report that listed problems with member names was not being created for some unknown reason. This report listed members where the first or last names were inadvertently blanked out during maintenance by the board. It is now being created again, and all overlooked errors have been corrected by MOM staff. Also, a member with a UCI of X was deleted from the system.

Claims: None

BH Module:

AoD providers are at a 73% compliance rate for admissions, and Dual providers are at a 70% rate. Closures are now being analyzed and for FY04, compliance overall is at a 75% rate for AoD and Dual providers. Closure compliance is defined as the submission of a closure record within 180 days from the date of last service. A Closure summary report is being finalized and will be added to the BH website after the users group approves the format.

MIS:

A meeting will be held on 9/28/05 at the State of Ohio Library. Tentative time is 10 am – 4 pm. Please send topics to Jp and Tom Chambers. Please note that space on the hipaa server is getting low and an archive of FY03 data will likely occur in the near future.

Finance: None

Board Global Issues

1. Clarification to minutes from 6/2/05 was requested: The minutes from the last meeting stated “ Boards should make sure that both in-county and out-of-county providers receive the 835 in a timely manner to avoid duplicate payments and possible audits/investigations. ” S. Kirschner asked for clarification for out-of-county providers since the Guidelines Pertaining to the Implementation of MACSIS state that an 835 must be sent only if a provider requests one. No true resolution was reached since the federal HIPAA guidelines state that providers must be sent an 835.
2. T. Chambers reported that information will be coming soon on feedback from boards regarding the elimination of some fields in the claims extract to reduce its size.

Next Meeting will be **October 6, 2005** from 9-11am in Room 806A in the Rhodes State Office Tower. The call-in number is (614) 644-1098.

