

MACSIS HIPAA Member Training

Introduction

- In order to pay claims, clients must be enrolled in MACSIS.
 - Only those clients receiving behavioral health services funded in whole or in part with public funds administered through the boards should be enrolled in MACSIS.
- Board staff must perform member maintenance on a regular basis to correct member information so that claims pay properly.
 - This includes the correct group, plan, panel, line of business, rider codes, eligibility spans, etc.

Agenda

- Member Enrollment
 - Member Enrollment Form
 - Residency Verification Form
 - Entering a member in Diamond
 - F6-Z View/Maintain Additional Member Fields
 - F4 Notes
 - Member/Claims Transfers
- Member Maintenance
 - Board changes
 - Nightly Updates
- Member Reports
- Residency
- Out-of-County Enrollments
- Removal of Client Data from MACSIS
- Affiliation Codes
- Pseudo UCI's

Member Enrollment Form

- Client presents for service.
- Provider completes the New Member Enrollment form.
- County of residency is determined.
 - Residency Verification form is completed and signed if required.

Member Enrollment Form (cont'd)

- Submit enrollment form to appropriate board.
- Board receives enrollment form and checks form for completion.
 - If incomplete – return form to provider with an explanation of what data is missing.
 - If complete – enroll the client following the “Enrolling a Client” flowchart.

New Member Enrollment Form

*** = Required Field** **NEW MEMBER ENROLLMENT/UCI REQUEST**

ADAMH/ADAS/CMH Board Consortium *MACSIS UCI No. (Req'd on change only) *Form Type
 N = New Member
 C = Change/Correction

PROVIDER INFORMATION

*Submitting Provider: _____ Date Faxed to Enrollment Center: _____ *UPI: _____
 *Contact Person: _____ *Fax No.: _____ *Phone No. (include ext.): _____

CLIENT INFORMATION

*Last Name: _____ *First: _____ MI: _____
 *DOB: _____ *Gender: M F
 *Address 1: _____
 Address 2: _____
 *City: _____ *State: _____ *Zip: _____

*Race ("X" all that apply): A - Asian B - Black/African American M - Alaskan Native N - Native American/American Indian
 P - Native Hawaiian/Other Pacific Islander W - White

*Ethnicity ("X" all that apply): A - Puerto Rican B - Mexican C - Cuban Home Phone: _____ Business Phone: _____
 D - Other Hispanic E - Not Hispanic or Latino

Non-English Language Code _____ *Marital Status: S - Single M - Married D - Divorced W - Widowed

Medicaid No.: _____ *SSN: _____ Client ID at Provider (medical record no.): _____
 *Start Date: _____ *Family Size: _____ *Adjusted Gross Mo. Income: _____

*County of Residence (1st 4 letters of co.): _____ Out of State

Plan Type: MH - Mental Health Client is potentially SMD/SED? Yes No
 AD - Alcohol and Other Drugs *AOD release of information signed (AOD only)? Yes No
 DF - Dual Funded *Consent for treatment signed? Yes No
 *Client refused to sign consent for treatment (MH only)? Yes No
 *In crisis at enrollment? Yes No

Sliding Fee Percentage: _____ Member Copy: _____

Referred to

Provider Name: _____ UPI: _____ Other 1: _____ Other 2: _____ Other 3: _____

Prohibition on Redisclosure: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse and/or mental health treatment. State and Federal law prohibit redisclosure of this information without the client's consent. With respect to clients receiving alcohol and other drug addiction treatment, this information has been disclosed to you from records protected by federal confidentiality rules (42CFR Part 2). The Federal rules prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ITEMS COMPLETED BY ENROLLMENT STAFF

Group - Level 3: _____ Plan: _____ Panel: _____
 Riders: _____ Term Date: _____ Term Reason: _____

Staff Entering Data: _____ Date Entered: _____ Date Faxed to Provider: _____

(Rev. 1/04) (codes on reverse)

Completion of Enrollment Form (cont'd)

MACSIS BOARD OPERATIONS MANUAL

MACSIS Client (Member) Enrollment Form Completion Procedures

Within the MACSIS system, the term Member is used to represent those enrolled in the system and receiving services from providers being reimbursed by the system. Since the MACSIS screens and documentation utilize Member when describing those enrolled and receiving services through the system, we have adopted the term when we refer to client information contained in MACSIS to reduce the confusion.

In completing the form it is imperative that the person completing the form to remember to write legibly.

For those that are entering the data into Diamond it is important to remember that all data entered into MACSIS is to be done in CAPITAL LETTERS.

1. **ADAMH/ADAS/CMH Board Consortium:** This is the name of the Board to which the enrollment form is forwarded.
2. **MACSIS UCI:** **Required upon change to existing member.** This field will be completed by the board designated enrollment staff after the form has been processed for new members. A form prepared to change data on an existing member must have this field completed.
3. **FORM TYPE:** **Required.** This indicates whether this form is being completed for enrolling a new member or updating or correcting information on a currently enrolled member. The UCI is required in order for the form to be considered as a change.
4. **Submitting Provider:** **Required.** Enter the name of the agency providing the service.
5. **Date Faxed to Enrollment Center:** Enter the date the form was faxed to the enrollment center.
6. **Submitting Provider UPI:** **Required.** Enter the MACSIS Universal Provider ID for your agency.
7. **Contact Person:** **Required.** Enter first and last name of the person at your agency that the board designated enrollment staff should contact in case there are questions about the data reported on this form. In most cases, this will be the name of your agency's enrollment contact person.
8. **FAX Number:** **Required.** This is the secured agency fax number to which completed enrollment forms should be faxed back to the submitting provider.
9. **Contact Phone number:** **Required.** Enter the phone number at which the "Contact Person" may be reached during business hours.
10. **Last Name:** **Required.** This is the member's second or family name. It must be upper case alphabetic. The only non-alphabetic character allowed is a dash, used in hyphenated last names.
11. **First Name:** **Required.** This is the member's legal first name.
12. **Middle Initial:** This refers to the member's middle initial as his/her second given name. Use one character. If member has no middle name leave blank.
13. **DOB:** **Required.** Enter the member's Date of Birth as a two number month, two number day of the month and four number year (example: 03/15/1956). If not obtainable, use 07/04/1876.
14. **Sex:** **Required.** Indicate the member's gender.
15. **Address 1:** **Required.** Indicate the first line of member's physical address. If the member is homeless, write "HOMELESS".
16. **Address 2:** Indicate second line of member's physical address. If there is no second line, leave blank.
17. **City:** **Required.** Indicate the member's physical city of residence. If the member is homeless and living in a shelter, enter the shelter's city; otherwise, enter the board's city.
18. **State:** **Required.** Indicate the member's physical state of residence. If the member is homeless and living in a shelter, enter the shelter's state abbreviation; otherwise enter "OH".
19. **ZIP:** **First five digits are required.** Indicate the member's physical address zip code (ZIP + 4). If you don't know the last four digits, leave the last four spaces blank. If the member is homeless and living in a shelter, enter the shelter's zip code. If the zip code is unknown, enter "55555".
20. **Race:** **Required.** Indicate the member's self-report of his/her race, selecting all appropriate code(s).

The official policy of the State of Ohio is to use the stated codes for all information entries to the race field. All blanks and entries that do not conform to the code list will be changed to 'U'.

The following codes will be used as the standard for maintaining, collecting, and presenting data on race for all Federal-reporting purposes. *

Code	Race	Definitions (for documentation purposes)
N	American Indian	A person having origins in any of the original peoples of North (excluding Alaska) and South America (including Central America), and who maintains tribal affiliation or community attachment.
M	Alaskan Native	A person having origins in any of the original peoples of Alaska, and who maintains tribal affiliation or community attachment.
A	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

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Completion of Enrollment Form (cont'd)

MACSIS BOARD OPERATIONS MANUAL

Code	Race	Definitions (for documentation purposes)
B	Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
P	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands [which includes: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpeian), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese.]
W	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
U	Unknown	This code should be used only if the race of the member is unknown

* The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race by Federal agencies.

21. **Ethnicity: Required.** Indicate the member's self-report of his/her ethnicity, selecting all appropriate code(s).

The official policy of the State of Ohio is to use the stated codes for all information entries to the ethnicity field. All blanks and entries that do not conform to the code list will be changed to E.

The following codes will be used as the standard for maintaining, collecting, and presenting data on ethnicity for all Federal-reporting purposes. *

Ethnicity Codes and Definitions	
Code	Ethnic Designation
A	Puerto Rican
B	Mexican
C	Cuban
D	Other Hispanic
E	Not Hispanic or Latino

* The categories in this classification are social-political constructs and should not be interpreted as being either scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on ethnicity by Federal agencies. Although OMB only requires the "header classification," Hispanic and Not Hispanic, SAMHSA will continue to require the same breakdown for ethnicity. Instead, they will collapse down to OMB.

22. **Home Phone Number:** Indicate the member's home phone number including the area code. If not known or member prefers not to provide this information leave field blank.
23. **Business Phone Number:** Indicate the member's business phone number including the area code. If not known or member prefers not to provide this information leave field blank.
24. **Non-English Language Code:** Enter the code if the member's primary language is not English. If the member's primary language is English, leave blank. Non-English language codes are located on the back of the form.
25. **Marital Status: Required.** Select the appropriate code for the marital status of the member. Do not fail to select one of the categories. If the member is "separated", check "married".
26. **Medicaid Number:** If you know the member's 12-digit Medicaid Recipient number, enter it here.
27. **Social Security Number: Required.** Enter the nine-digit social security number for the member. This information is crucial to determination of the member's eligibility for Medicaid, and for identifying if they are currently enrolled in MACSIS. Value to "55555555" if unobtainable (report as soon as found).
28. **Client ID at Provider (medical record no.):** Enter the client ID in your provider system that you use for the member.
29. **Start Date: Required.** This is the date that the member is admitted to your agency (Admission Date). This date must be equal to or before the first date of service provided as identified on your claim. This information should be entered in the following format: Two number month, two number day of the month, and four number year (example: 07/13/1998).
30. **Family Size (01-99): Required.** In this field, enter the number of individuals, including the member, who live in the home and are dependent upon the family income. The number of dependents in the family is determined as it would be on the federal income tax return. If unobtainable, value to "01".
31. **Adjusted Gross Monthly Income: Required.** Enter the family's Adjusted Gross Monthly Income.

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Completion of Enrollment Form (cont'd)

MACSIS BOARD OPERATIONS MANUAL

32. **County of Residence:** **Required.** Enter the first four characters of the county responsible for adjudicating the client's behavioral health claims or check "out of state". The Residency Determination Guidelines outline how to determine the county responsible for adjudication, including for special populations such as foster children, out-of-county clients, college students, homeless clients, migrant workers, out-of-State clients, adults in specialized institutions and forensic clients.

Please note that a Residency Verification Form is required along with the enrollment form in the following circumstances:

- The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child or adult, out-of-county)
- The physical address of the client as noted on the enrollment form does not match the legal county of residence of the client (ex. domestic violence shelter case, client temporarily living with relatives, etc., child or adult, out-of-county)
- The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out-of-county)

A Residency Verification Form is not required for adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories. The latter populations require proof of residency as outlined in the Residency Determination Guidelines.

County Table

ADAM	ADAMS	ALLE	ALLEN	ASHL	ASHLAND
ASHT	ASHTABULA	ATHE	ATHENS	AUGL	AUGLAIZE
BELM	BELMONT	BROW	BROWN	BUTL	BUTLER
CARR	CARROLL	CHAM	CHAMPAIGN	CLAR	CLARK
CLER	CLERMONT	CLIN	CLINTON	COLU	COLUMBIANA
COSH	COSHOCOTON	CRAW	CRAWFORD	CUYA	CUYAHOGA
DARK	DARKE	DEFI	DEFIANCE	DELA	DELAWARE
ERIE	ERIE	FAIR	FAIRFIELD	FAYE	FAYETTE
FRAN	FRANKLIN	FULT	FULTON	GALL	GALLIA
GEAU	GEAUGA	GREE	GREENE	GUER	GUERNSEY
HAMI	HAMILTON	HANC	HANCOCK	HARD	HARDIN
HARR	HARRISON	HENR	HENRY	HIGH	HIGHLAND
HOCK	HOCKING	HOLM	HOLMES	HURO	HURON
JACK	JACKSON	JEFF	JEFFERSON	KNOX	KNOX
LAKE	LAKE	LAWR	LAWRENCE	LICK	LICKING
LOGA	LOGAN	LORA	LORAINE	LUCA	LUCAS
MADI	MADISON	MAHO	MAHONING	MARI	MARION
MEDI	MEDINA	MEIG	MEIGS	MERC	MERCER
MIAM	MIAMI	MONR	MONROE	MONT	MONTGOMERY
MORG	MORGAN	MORR	MORROW	MUSK	MUSKINGUM
NOBL	NOBLE	OTTA	OTTAWA	PAUL	PAULDING
PERR	PERRY	PICK	PICKAWAY	PIKE	PIKE
PORT	PORTAGE	PREB	PREBLE	PUTN	PUTNAM
RICH	RICHLAND	ROSS	ROSS	SAND	SANDUSKEY
SCIO	SCIOTO	SENE	SENECA	SHEL	SHELBY
STAR	STARK	SUMM	SUMMIT	TRUM	TRUMBULL
TUSC	TUSCARAWAS	UNIO	UNION	VANW	VAN WERT
VINT	VINTON	WARR	WARREN	WASH	WASHINGTON
WAYN	WAYNE	WILL	WILLIAMS	WOOD	WOOD
WYAN	WYANDOT				

For data items 33 through 45, some of this information may not be pertinent. Contact the board you contract with to determine need for and specific instructions for completing these fields.

33. **Plan Type:** Select the appropriate plan type.
34. **Sliding Fee Percentage:** Enter the percentage as required per the provider's contract with the enrolling board. If no contract with the enrolling board, leave blank.
35. **Member Copay:** This amount is the amount that the member is required to pay. Enter the amount as required per the provider's contract with the enrolling board. If no contract with the enrolling board, leave blank.

Completion of Enrollment Form (cont'd)

MACSIS BOARD OPERATIONS MANUAL

MEMBER DISCLOSURE STATEMENT SECTION

This section confirms that the member has been notified that for billing purposes, information will be released to the appropriate board, the State of Ohio and other entities necessary to recoup the cost of services provided. These documents will be kept in the member's clinical record at the provider agency. If the member is unable to sign these forms, follow your policy on documentation of such situations.

36. **Client is potentially SMD/SED?** Check the yes box if you feel it is likely that the client will qualify as "severely mentally disabled" (SMD) or "severely emotionally disabled" (SED) per the definitions published by the Ohio Department of Mental Health. For clients receiving only AOD services, check "no". The answer to this question may or may not be used to determine the designation of a plan by the enrolling board.
37. **AOD release of information signed (AOD only)?** **Required for AOD or dual-diagnosis clients.** Check the yes box if the AOD release of information was signed. If not applicable, do not check either box.
38. **Consent for treatment signed?** **Required.** Check the yes box if the member has signed the consent for treatment document.
39. **Client refused to sign consent for treatment (MH only)?** **Required for MH or dual-diagnosis clients only.** Check the yes box if the client refused to sign the consent for treatment to receive mental health services.
40. **In crisis at enrollment?** **Required.** Check the yes box if the member is crisis and is not able to sign the Consent to Treatment at the time of enrollment. If the box is checked "yes", then the enrolling board must accept the enrollment request, if the provider has included, at a minimum, the client's last name, first name, gender (best guess) and actual or "default" date of birth on the enrollment form. Every effort should be made by the provider to subsequently obtain complete enrollment information.
41. **Referred to Provider Name:** Enter the name of the lead provider agency to whom the member has been referred for further treatment.
42. **Referred to UPI:** Enter the provider agency's MACSIS UPI (Universal Provider ID).
43. **Other 1:** Indicate "90W" if the client is enrolling or terminating in the Women's Setaside Program. This field may also be used to indicate plan, panel or affiliation codes as instructed by your contracting board.
44. **Other 2:** Same as "Other 1" field.
45. **Other 3:** Same as "Other 1" field.

Items Completed by the Enrollment Staff

Items below the line titled "Items Completed by the Enrollment Staff" on the form, do not need to be completed by the provider. Contact your contracting board/boards to know how to interpret information returned to you in these fields.

46. **Group Level 3:**
47. **Plan:**
48. **Panel:**
49. **Riders:**
50. **Term Date**
51. **Term Reason:**
52. **Staff Entering Data:**
53. **Date Entered:**
54. **Date Faxed to Provider:**

January 2004 - mbrfmain.pdf

Residency Verification Form Completion

Purpose: To clarify which county is responsible for adjudicating claims for behavioral health services provided to the client being enrolled.

When: It should be completed and provided to the enrolling board when:

1. The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child or adult, out-of-county).
2. The physical address of the client as noted on the enrollment form does not match the legal county of residence of the client (example: domestic violence shelter case, client temporarily living with relatives, child or adult, out-of-county).
3. The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out-of-county).

A client's or legal custodian's signature on this form shall be sufficient for documenting residency with the exception of adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines.*

Residency Verification Form

MACSIS RESIDENCY VERIFICATION

The purpose of this form is to clarify which county is responsible for adjudicating claims for behavioral health services provided to the client being enrolled. It should be completed and provided to the enrolling board when:

- The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child or adult, out-of-county).
- The physical address of the client as noted on the enrollment form does not match the legal county of residence of the client (example: domestic violence shelter case, client temporarily living with relatives, child or adult, out-of-county).
- The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out-of-county).

A client's or legal custodian's signature on this form shall be sufficient for documenting residency with the exception of adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines.*

Adult

Client is an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information.	
Client Name (please print)	
Street Address for Residency Determination Purposes	
City, State, and Zip for Residency Determination Purposes	
Signature of Client	Date

Minor

Client is a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate if child is in legal custody of the following (this is not the foster parent). <input type="checkbox"/> Parent <input type="checkbox"/> CSB <input type="checkbox"/> DYS <input type="checkbox"/> Court <input type="checkbox"/> Other (specify): _____
Client Name (please print)	
Name of Legal Custodian Marked Above	Phone No. of Legal Custodian
County of Legal Custodian	
If Parent, Address of Parent (if different from client's physical address on enrollment form)	
Signature of Legal Custodian	Date

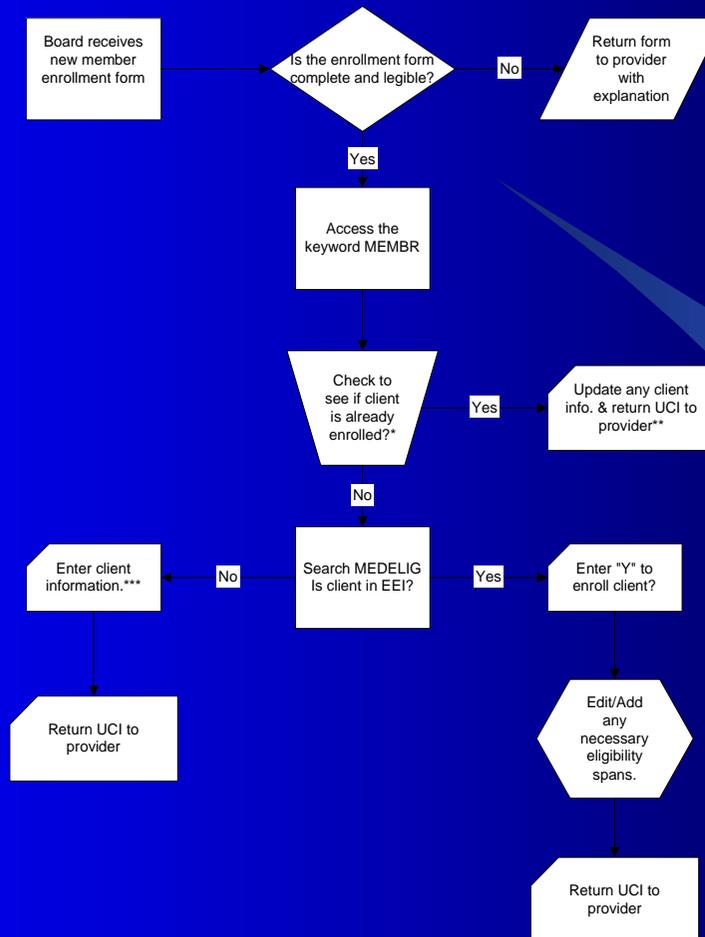
*For the special exceptions noted, this form should not be used. Refer to the residency guidelines for more information on how to determine residency in these cases and/or what documentation is needed to provide proof of residency.

DMH-MACSIS-001 (Rev. 3/02)

Enrollment/Residency Verification Form

- There is a minimal data set required for enrolling a client who is in crisis into MACSIS.
 - Last name
 - First name
 - Date of birth (use default if unobtainable – 7/4/1876)
 - Gender
- Boards should not refuse to enroll a client who is in crisis where the provider was unable to complete the enrollment form or residency verification form and “Client in Crisis at time of enrollment?” is checked on the enrollment form.
 - Board should enroll client
 - Provider should get the information from the client once the client is out of crisis and forward the completed enrollment form and residency verification form (if required) to the board.
 - This does not mean crisis providers do not have to try and get this information.

Enrolling a Client



*See "How to Search for a Member".

**If client is enrolled in another group and plan, move to your group and plan and notify the other board.

***See "How to Complete the Member Screen".

Entering a Member in Diamond

- Board staff accesses the Diamond keyword MEMBR.
- The number one priority of board staff is to make sure that we do not enter duplicate members into Diamond.
 - Each potential enrollment should be looked up to make sure the client is not already in the system.
 - Do not limit yourself to just one search option

Entering a Member in Diamond (cont'd)

- EXINQ Search

- From the MEMBR screen access EXINQ (external eligibility inquiry) by pressing F6-X
 - 3 suggested inquiries are:
 - Medicaid number (if known)
 - First character of the last name and DOB
 - Enter a question mark in the Medicaid number field and client's social security number
- If the client is in EXINQ and is already enrolled the UCI number will be displayed in the UCI field

Entering a Member in Diamond (cont'd)

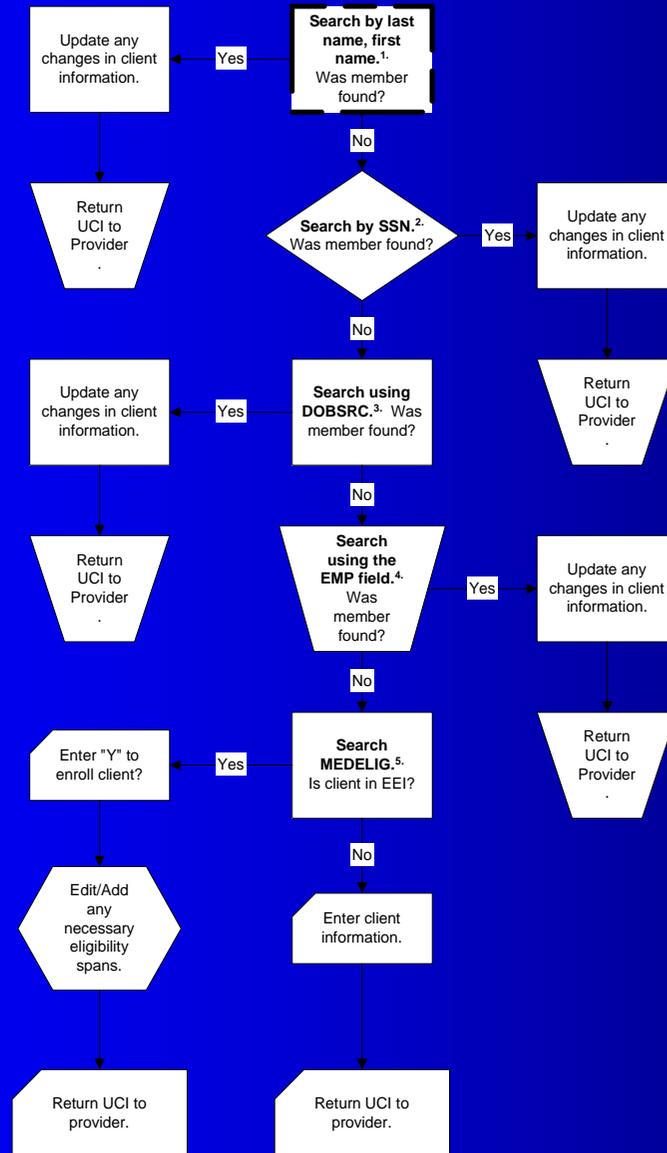
- EXINQ Search (cont'd)
 - If the client is in EEI (EXINQ) and is already enrolled, access the UCI in MEMBR
 - Edit/add any necessary eligibility spans
 - Return UCI to provider
 - If the client is in EEI and not yet enrolled, enter “Y” to enroll.
 - Edit/add any necessary eligibility spans
 - Return UCI to provider

Entering a Member in Diamond (cont'd)

- Member Search

- If client is not in EEI, search member in Diamond using F3 (overview screen)
 - Mandatory searches are Last Name, Social Security Number and Date of Birth
- If client is not in Diamond, enroll member in Diamond and return the UCI number to provider.

How to Search for a Member



1. Search by last name, first name – from the member screen choose F3 (Overview scrn), in upper case enter last name, comma, space then first name. Hit enter twice.
2. Search by SSN – from the member screen choose F3, then hit F3 four more times and enter the SSN. Hit enter twice.
3. Search using DOBSRC – from the member screen choose F3, hit F3 seven more times. Enter date of birth like mmddyyyy. Hit enter twice.
4. Search using the EMP field – from the member screen choose F3, hit F3 one more time. Enter the Employee # which is the first 3 initials of the last name, date of birth and gender (XXXmmddyyF).
5. Search using MEDELIG – from the member screen choose F6 (SpecFuncts), then select X (External Eligibility Inquiry) then hit enter. If you have the Medicaid ID you can enter and search on that. If you do not have the Medicaid ID, it is best to search on the first two letters of their last name and date of birth. You can search on SSN only by entering a ? In the Medicaid ID field and the SSN.

Diamond Keyword MEMBR

VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Members

Member Identification

*Sub ID : ██████████ *Person No : Sub :

General Information

Last Nm: First : MI :

DOB : Gndr: Rel : RACE :

Addr 1 : ETHNIC: Sal :

Addr 2 : DOBSRC: Lang:

City : St : Hom Ph: Mar :

Zip : County: Country: Bus Ph: COB

Other Identification ID's

MedCare: Medcaid: SocSec :

Emp : MedRec : Security :

Latest Coverage

Start : Term : Elig Sts : SeqNo:

Group : Plan : Riders :

PCP ID : Prov2 : Panel :

IPA

MCareSt: MiscSt : DEF3: Hire Dt :

Salary : OvrAmt: Term Rsn :

USERDEF: USERDEF: Privacy: OvrTyp : OStep :

Sales Rep:

F1=Help, F2=Delete, F3=Overview scrn, F4=Notes, F6=SpecFuncts, F7=Ltrs

Press <Enter> to automatically assign a Subscriber ID.

EXINQ Screen

```
VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]
File Edit View Setup Execute Connect Help
EXINQ External Eligibility Inquiry
-----Primary Search Criteria-----
Medicaid ID      :
-----Secondary Search Criteria (Two required if primary search not entered)-----
Last Name        :
Date of Birth    :
SSN              :
-----Additional Optional Criteria-----
First Name       :
Middle Initial   :
Gender (M/F)     :
Current Eligibility Date:
F1=Help
Enter 'S' to submit Inquiry or 'Q' to quit: S
```

EXINQ- Member Found

VT320W/32 - [HIPAA (mhhpaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

EXINQ External Eligibility Member History

Medicaid#: [REDACTED] Last: [REDACTED] First: [REDACTED] MI:
DOB: 10/28/1921 SSN: [REDACTED] UCI: 1008172 Gender: F

Addr1: [REDACTED] Addr2: [REDACTED]
City: COLUMBUS State: OH Zip: 43214

Eligibility History:

Begin Date	End Date	County	Category	Ext Mcd	Case Type	Spend Down	SSI Ind
01/01/2004	/ /	FRAN	1	N	C	R	
11/01/2003	12/31/2003	FRAN	1	N	3	N	
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						

Select Member for Enrollment (Y/N)?:

F1=Help, F8=Eligibility Results

Do you want to Select this Member for enrollment?

Completing the Member Screen

- Instructions for completing the member screen are contained in the Member Section of the Board Operations Manual and the step-by-step document “Completing the Member Screen”.
- Key things to remember:
 - UCI is automatically assigned
 - Person no. is always 00
 - All values should be entered in all caps
 - Last Nm field – only special character allowed is a dash for hyphenated last names
 - Start date should be the start date on the enrollment form.
 - **Never enter future dates** – the nightly update process can only update the current span, entering future dates would keep the member from being updated.

Special Functions – F6

- From the main member screen there are several special functions that are accessed by selecting F6. The most commonly used ones are:
 - T = Terminate/Unterminate
 - R = Reinstatement
 - E = View/Maintain Elig History
 - B = Display Benefit Accumulators
 - X = External Eligibility Inquiry
 - Z = View/Maint Additional Member Fields

F6-E = View/Maintain Elig. History

VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Members

Ln	EffDate	TermDate	SeqE	Group	Plan	Riders	PCP	IPA
001	01/01/2004	/ /	003E	FRAN	DFMCD255		000000006723	25C
002	11/01/2003	12/31/2003	002E	FRAN	DFMCD255		000000006723	25C
003	12/08/2000	10/31/2003	001E	FRAN	DFNON255		000000006723	25C

—Current Coverage—

Start : 12/08/2000	Term : 10/31/2003	Elig Sts : E	SeqNo: 001
Group : FRAN	Plan : DFNON255	Riders :	
FRANKLIN ADAMH	LOB=NON	Panel : 25B	
PCP ID : 000000006723	Prov2 : 000000006723	IPA : 25C	
SOUTHEAST INC	SOUTHEAST INC	Hire Dt : / /	
MCareSt:	MiscSt : 01	DEF3:	Term Rsn : ETERM
Salary :	504.00	OvrrAmt : 0.00	OverrTyp : 0
USERDEF:	USERDEF: / /	Privacy: N	Sales Rep: FRAN

F1=Help

Add, change, delete, exit (A/C/D/<Home>): █

[Enter line no to display detail.]

B = Display Benefit Accumulators

VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

DSPBN Display Benefit Accumulators

—Identification Information—

Subscriber # : ██████████ Person # : 00 As of date : 01/20/2004
 ██████████ Auths?: N

—Eligibility Information—

Start date : 01/01/2004 End date : / / Status : E
 Group : FRAN FRANKLIN ADAMH Plan Code : DFMCD255
 Benefit package : 25B00001 FRAN DEFAULT

—Benefit Rule Summary—

Rule ID	Description	Basic Amt	Accum Amt	Auth Accum	Remain Amt
ADMCDAYS	AOD MCD DAY S	1.00	0.00	0.00	1.00
		0.00	0.00	0.00	0.00
ADMCDOUTP1	AOD MCD OUTPA	96.00	0.00	0.00	96.00
		0.00	0.00	0.00	0.00
ADMCDOUTP2	AOD MCD OUTPA	24.00	0.00	0.00	24.00
		0.00	0.00	0.00	0.00
OHINVALID	DENY INVALID	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
MHPARHOSPA	MH PAR HOSP A	1.00	0.00	0.00	1.00
		0.00	0.00	0.00	0.00
MHPARHOSPC	MH PAR H < 18	2.00	0.00	0.00	2.00
		0.00	0.00	0.00	0.00

<Up/Down>=scroll, <Enter>=display claims, <F8>=Expand Fields, <Home>=exit: █

X = External Eligibility Inquiry

```
VT320W/32 - [HIPAA (mhhipaa.odn.state.oh.us - 1)]
File Edit View Setup Execute Connect Help
[Icons]
EXINQ External Eligibility Inquiry
-----Primary Search Criteria-----
    Medicaid ID      :
-----Secondary Search Criteria (Two required if primary search not entered)-----
    Last Name       :
    Date of Birth   :
    SSN             :
-----Additional Optional Criteria-----
    First Name      :
    Middle Initial   :
    Gender (M/F)    :
    Current Eligibility Date:
F1=Help
Enter 'S' to submit Inquiry or 'Q' to quit: S
```

Z = View/Maintain Additional Member Fields Screen 1

VT320W/32 - [MHIPAA (mhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Members Screen 1 of 2

Identification

*Subscriber ID : *Person :

Additional Member Information

Provider A :	LITERAL7aa :
Provider B :	LITERAL8aa :
CSB Number :	LITERAL9aa :
Alt.MCD.Id :	LITERAL10a :
Unused :	LITERAL11a :
XREF UCI :	DONTREPORT :

ProvA Date :	/ /	Benefit St :	/ /
ProvB Date :	/ /	Medicare St :	/ /
CSB Date :	/ /	Medicare End:	/ /
Alt.MCDbeg :	/ /	Employee St :	
Alt.MCDend :	/ /	Death Date :	/ /
		Fax Phone :	

Email :		Citizenship :	
Ethnicity :			
Security :			

F1=Help, F8=Next Screen

Connected

SCO-ANS 80 ONLINE 6 17 N

If you are including member information on this screen, a "Z" should be entered in the first position of the COUNTY field on the member screen.

Z = View/Maintain Additional Member Fields Screen 2

VT320W/32 - [MHHIPAA (mhhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Member Maintenance Screen 2 of 2

Identification

*Subscriber ID : *Person :

Responsible Party Information

Type :
Last Name :
First Name:
Address 1 :
Address 2 :
City : State: Zip:
Country : Phone: Fax:
Email :

F1=Help, F8=Previous Screen

OK? (Y/N): Y

Connected SCO-ANS 80 ONLINE 25 17 N

F4 Notes

- This function is available from the main member screen or directly from the main menu.
 - You should only enter NOTES from the main menu when the NOTE TYPE is NOTES. The note will not be linked to a specific keyword
- The Notes keyword can be used to enter new notes or edit existing notes.
- This keyword includes a header section, a detail section and the actual note/text section.
 - Header section is used to enter search criteria
 - Detail section is used to add new notes or edit existing notes.
 - Notes/text section is where you can add a free text note
- Additional information concerning Notes is available from Diamond Help.
 - From the Notes screen enter F1

F4 Notes – Initial Screen

VT320W/32 - [default (adtest.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Members

Search Criteria

Filter Notes By: Date Sort? Y/N: Consolidate Notes By:

Type	Eff Date	Term Date	Note ID	Short	Description
MEMBR	01/08/2004	/ /	MEMBR	LNAME	DIFFERENCE

F1=Help, F4=Create New Note

<Up/Down>=scroll, <Enter>=select note, <Home>=exit:

Connected SCO-ANS 80 ONLINE 24 61 N

If there are no existing notes nothing will be displayed here. To edit a NOTE, highlight the note and select <Enter>.

F4 Notes – Note Detail

VT320W/32 - [default (adtest.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Members

Notes

Filter Notes By : Date Sort? Consolidate Notes By:

—Read/Write Notes—

*Note Type : MEMBR Eff Date : 01/08/2004 Source ID : MEMBR

*Note ID : 01 Term Date: / / Security :

Note Desc : LNAME DIFFERENCE

Subscriber : ██████████ 00 Provider : 000000001186 Group : FRAN

—User Defined Fields—

UCI	: ██████████	DATE	: / /
MISC.	: LNAME AT	DATE	: / /
MISC.	: PROVIDER IS	DATE	: / /
MISC.	: SHAWVER	DATE	: / /
MISC.	: REQUEST UPDATE	DATE	: 01/08/2004

Hit <End> to go to the actual note/text.

—F1=Help, F2=Delete—

UPDATE? (Y/N): █

Connected SCO-ANS 80 ONLINE 24 20 N

F4 Notes – Note Text

VT320W/32 - [default (adtest.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Members

Notes

Filter Notes By : Date Sort? Consolidate Notes By:

—Read/Write Notes—

*Note Type : MEMBR Eff Date : 01/08/2004 Source ID : MEMBR

*Note ID : 01 Term Date: / / Security :

Note Desc : LNAME DIFFERENCE

Subscriber : ██████████ 00 Provider : 000000001186 Group : FRAN

—User Defined Fields—

UCI : ██████████ DATE : / /

MISC. : LNAME AT DATE : / /

MISC. : PROVIDER IS DATE : / /

<- 1--Col: 29-Row: 1-of: 99-Ins:-----

PROVIDER IS NORTH COMMUNITY.

When you have completed entering the text, select F4 Exit and you will return to the Note Detail screen. Where you will need to save the note.

<F1> Help, <F3> Delete Note, <F4> Exit, <F5> clear, <F6> print note

Connected SCO-ANS 80 ONLINE 14 31 N

Entering Notes

- If you are in the keyword MEMBR when you enter a note, NOTE TYPE will be populated with MEMBR.
- If you enter a note from the main menu the only NOTE TYPE that is valid is “Notes”. Notes that are to be linked to a keyword should not be entered from the main menu.

Entering Notes (cont'd)

- To enter a new note from the main MEMBR screen, enter the client's UCI number and bring up the member information
- Hit F4 twice
 - The Note Type, Subscriber, Provider, Source ID and Group will automatically be populated.
- Hit <Enter> and the Note ID field will be populated with the next note number.
- Enter a Note Desc if desired or hit <Enter>
- The Eff Date will automatically populate with today's date
 - This date can be overwritten with the desired date

Entering Notes (cont'd)

- Enter Term Date (optional)
- Enter a security code (optional)
- Complete any relevant information in User Defined Fields
 - You must enter through all of the User Defined Fields (whether you are populating them or not) in order to bring up the Notes text field.
- Enter information in the Notes text field – when finished select F4 to exit the screen.
- Enter “Y” to Update (save) the note

Editing Notes

- To edit a note from the main MEMBR screen, enter the client's UCI number and bring up the member information
- Select F4 from the MEMBR screen
 - Only use the NOTES keyword from the main menu to edit notes that have the NOTE TYPE of NOTES.
- Enter any search criteria (optional) or enter through the 3 search fields
- A list of the current notes will then be displayed

Editing Notes (cont'd)

- Select the note you wish to edit and select <Enter>
- Edit any fields in the “Read/Write Notes” or “User Defined Fields”
 - To edit the text field select <End>
- Enter “Y” to Update (save) the changes.

MHIST Keyword

- Provides an audit trail of demographic and eligibility changes made to a member.
 - Enter Subscriber (UCI) and Person 00
 - From date and thru date are optional
 - This will bring up a list of changes made to the member
 - Arrow or page down to find the entry you want to check
 - Highlight/select the change you want to view and press enter
 - This brings up the main member screen with the information that was in the member fields after the changes were made on that date, initials of the person making the change, type of change and date of the change.

MHIST Keyword

The screenshot shows a terminal window titled "VT320W/32 - [HIPAA (mhipaa.odn.state.oh.us - 1)]". The window contains a menu bar with "File", "Edit", "View", "Setup", "Execute", "Connect", and "Help". Below the menu bar is a toolbar with various icons. The main display area is titled "MHIST Member Change History Display". It contains four input fields: "Subscriber:" with a blacked-out value, "Person:", "From date:", and "Thru date:". At the bottom of the window, there is a prompt: "Enter subscriber number or <F5> for list by name". A status bar at the bottom left of the window displays "F1=Help".

VT320W/32 - [HIPAA (mhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MHIST Member Change History Display

Subscriber: ██████████ Person:

From date: Thru date:

F1=Help

Enter subscriber number or <F5> for list by name

MHIST Results

VT320W/32 - [HIPAA (mhipaa.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MHIST Member Change History Display STEMP=MHIST

Memb ██████████ 00 ██████████ ██████████ DOB 10/28/1921 F

START	TERM	REASN	PLAN	GRP	PNL	R	MCD	ID	CHG DATE	TYPE
12/08/2000	/ /		DFNON255	FRAN	25B				07/10/03	E
12/08/2000	/ /		DFNON255	FRAN	25B				10/09/03	D
12/08/2000	/ /		DFNON255	FRAN	25B				10/09/03	D
12/08/2000	/ /		DFNON255	FRAN	25B				12/05/03	D
12/08/2000	12/31/2003		DFMCD255	FRAN	25B			██████████	12/05/03	D
12/08/2000	10/31/2003	ETERM	DFNON255	FRAN	25B				12/05/03	T
11/01/2003	12/31/2003		DFMCD255	FRAN	25B			██████████	12/05/03	R
11/01/2003	12/31/2003	ETERM	DFMCD255	FRAN	25B				12/05/03	T
11/01/2003	12/31/2003		DFMCD255	FRAN	25B				12/06/03	E
01/01/2004	/ /		DFMCD255	FRAN	25B				12/31/03	R

<Up/Down>=scroll, <Enter>=Display member history, <Home>=exit: █

Member/Claims Transfer

- There will be times when a county (County “A”) will need to take over a member who is enrolled in another board’s (County “B”) group/plan.
 - Client has moved from one county to another
 - Legal guardian has moved
 - Client is in jail in other than the home county and that county has agreed to pay for services
 - Client is “homeless”
 - Etc.

Member/Claims Transfer (cont'd)

- Once County “A” has determined that a client is now a resident of their county or have agreed to take over financial responsibility for a client, they should:
 - Terminate the client’s current eligibility span by choosing F6-T
 - Enter a termination date and the term reason code of MBMOV (member has moved out of county)
 - Reinststate the client by choosing F6-R
 - Enter a start date, your board’s group, plan, rider, panel and any other information that may need changed.
 - Save/Update the information

Member/Claims Transfer (cont'd)

- County “A” should then notify County “B” that they have assumed financial responsibility for the client and the effective date of the change.
 - County “A” should also indicate whether they prefer any potential outstanding claims they may be receiving be put on hold.

Member/Claims Transfer (cont'd)

- Upon notification of client transfer, County “B’s” claims staff should check claims history (PSDSP) for any claims incurred from the date of transfer to the present
 - Reimbursement for claims already finalized must be billed to County “A” via a manual invoice
 - Do not reverse and split the original claim
 - Un-finalized claims can be corrected so that they are paid by County “A”.
 - To correct these claims the header must be refreshed, the claim re-priced and re-adjudicated and the correct security put on the claim. (If requested place the claim on hold with a hold reason of CLMAN). (For further information about claims correction refer to the Claims Correction Procedure which can be found on the web at:
<http://www.mh.state.oh.us/ois/macsis/claims/macsis.hipaa.claim.correction.proc.pdf>

Member/Claims Transfer (cont'd)

- County “B” should notify County “A” when the claims have been corrected and now carry the new board’s security.
 - A list of the claims that have been corrected should be provided to County “A”.
 - County “A” should then review these claims for appropriate adjudication and remove any holds prior to APUPD

Member/Claims Transfer (cont'd)

- The member transfer form and instructions for completing member/claims transfer are located on the MACSIS website.
 - The Transfer form can be found at:
<http://www.mh.state.oh.us/ois/macsis/member/member.claims.xfr.req.form.pdf>
 - The instructions for completing member/claims transfer can be found at:
<http://www.mh.state.oh.us/ois/macsis/member/proc.claims.member.xfr.pdf>

Member/Claims Transfer Form

Complete Address: _____

Phone: _____
 Fax: _____
 Member / claims Transfer Request Form

Board Enrollment
 Department

Fax

To: _____ From: Enrollment Specialist: _____

Fax: _____ Date: July 23, 2002

Phone: _____ Pages: _____

Re: Member Transfer CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

UCI: _____ Effective Date: ____ / ____ / ____

Name: _____

Message: The ____ County Board has determined that the above listed member(s) having previously been enrolled in your Group and Plan are now residents of this county. This courtesy notice is provided to inform you that we have terminated your Board's Group and Plan and opened a new ____ County Group and Plan eligibility span. This Board is assuming financial responsibility for these members as of the effective date above.

Claims Security Release Request: One or more of ____ County agencies may have submitted claims for services prior to this change in MACSIS. Please search for any claims with payment status "UNPOSTED," and if found, refresh each claim header (s), and re-adjudicate each claim detail. Lastly, change your Board's security code to our security code "____" so these claims will adjudicate properly. Upon completion, return this form via fax immediately listing of the associated claims. Please DO NOT place these claims on hold.

If there are questions or concerns, please contact me. Thank you for your cooperation.

UCI Number	Last Name	First Name	Date of Service	Claim Number

IMPORTANT: This message is intended only for the use of the individual or entity to which it is address and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please notify us immediately by telephone, and return the original message to us at the above address via the United States Postal Service.
member.claims.xfr.req.form.pdf - July 2002

Correcting Members

- There are three main types of member corrections that routinely need to be made:
 - General Information – demographic information such as address, DOB, race, etc.
 - Other Identification ID's – Medicaid ID, SSN, MedRec, etc.
 - Latest Coverage – eligibility information such as rider, group, plan, etc.

Correcting Members (cont'd)

- When the information in the General Information or Other Identification ID's section needs to be corrected for a member, access the member screen (keyword MEMBR), enter the UCI number, bring up the client information and make the appropriate changes and save the changes.

Correcting Members (cont'd)

- If the client has a Medicaid number and the information in Diamond is different from the information from ODJFS, the information from ODJFS will replace what is in Diamond during the nightly update process when the client becomes Medicaid eligible.

Correcting Members (cont'd)

- If the last name, first name or M.I. from ODJFS is incorrect:
 - Make sure the correct information is in Diamond and set the Medicaid Name Override flag by placing a “Y” in the first character of the MedCare field in the Other Identification ID’s section of the member screen.
 - Setting this flag prevents the last name, first name and M.I. from being overwritten with the incorrect information from ODJFS.
 - The member’s eligibility will continue to be updated, but last name, first name and M.I will not be overwritten with the incorrect information from ODJFS.

Correcting Members (cont'd)

- Sometimes the information from ODJFS will also include incorrect DOB and/or SSN. In this case board staff should contact the MACSIS Support Desk and request that the Medicaid Override flag be set.
 - The Medicaid Override flag keeps the nightly update from replacing last name, first name, M.I., DOB and SSN with the information on the RMF file that comes from ODJFS.
 - Board staff should make sure the correct information is in the member fields before requesting the Medicaid Override flag be placed on a member record.
 - MACSIS Support will set the Medicaid Override flag at the end of the day.
 - The member's eligibility will continue to be updated, but last name, first name, M.I., DOB and SSN will not be overwritten with the incorrect information from ODJFS.

Correcting Members (cont'd)

- Sometimes the information from ODJFS will also include an incorrect address. There is no override flag that can be set to prevent the information from the RMF file from replacing the address in Diamond.
 - You may want to document the correct address using the Notes function.

Correcting Members (cont'd)

- When ODJFS has incorrect information this incorrect information will also be reflected in EEI (MEDELIG).
- The only way to get the information corrected is for the client to contact their local DJFS office and have them correct the information.
- This information CANNOT be corrected by ODMH staff.

Correcting Members (cont'd)

- To correct a member's eligibility span(s) or view the complete details of an eligibility span, you must use the special function key F6 – E.
 - You can then add a span or change a span
 - Be sure to save any changes.

Correcting Members (cont'd)

- To add a span, select “A”
 - Complete the information for the span being added.
 - If you are adding a Medicaid span, be sure to enter the Medicaid number in the USERDEF field. If you do not, any claims for this eligibility period will not be able to be extracted and sent to ODJFS for reimbursement of the FFP.
 - You can only have one open span, so if the span you are adding will become the most current, you will need to term the old span first.
 - Diamond will automatically put the span in the correct chronological order and will add the line number (Ln) and sequence number (SeqE)
 - SeqE is assigned based on the order the spans were entered.
 - LN is assigned based on the chronological order of the spans
 - Based on the order they were entered the SeqE may not be in sequential order

Correcting Members (cont'd)

- To change a span, select “C”
 - Enter the line number (Ln) of the span you wish to change
 - Correct the information and save the changes.
- To view the details of an eligibility span, enter the sequence number of the span you wish to view.
- Only State staff can delete eligibility spans.

Correcting Members (cont'd)

- Things to remember when correcting members:
 - Certain changes made to an eligibility span will require corrections to claims (plan, rider, panel, etc.)
 - Refer to the MACSIS Claim Correction Policy/Procedure (<http://www.mh.state.oh.us/ois/macsis/claims/macsis.hipaa.claim.correction.policy.pdf>) and <http://www.mh.state.oh.us/ois/macsis/claims/macsis.hipaa.claim.correction.proc.pdf>)
 - Never enter future eligibility spans
 - These will be deleted by the State
 - If you move a member to your group and plan from another board area, you need to notify the other board so that they can look for unfinalized claims that need corrected.
 - Refer to “Instructions for Completing Member/Claims Transfer” (<http://www.mh.state.oh.us/ois/macsis/member/proc.claims.member.xfr.pdf>)

Correcting Members (cont'd)

- You can only make corrections to members in your group and plan no matter how minor the corrections.
 - If you move someone to your group and plan in error you cannot move them back to the other board's group and plan – you must notify the other board and have them make the correction.

OHEXT Error Report Corrections

- Claims with Medicaid MEDEF's are extracted and sent to ODJFS for payment. This results in the FFP reimbursement to the boards.
- Claims that were unable to be extracted and sent to ODJFS appear on the OHEXT Error Report.
 - These claims will have an Error Indication of Medicaid Number not Found or Invalid Medicaid Number
 - The error is caused when a claim is adjudicated as Medicaid but there is no Medicaid number in the USERDEF field or the Medicaid number does not pass the check digit validation.
- It is the board's responsibility to make the necessary changes to correct the errors being reported on the OHEXT Error Report

OHEXT Error Report Corrections (cont'd)

- Whether it is a member correction or a claim correction depends on whether the client actually was Medicaid eligible on the date of service.
 - First verify the client was Medicaid eligible on the date of service and that you have a valid Medicaid ID:
 - Add the Medicaid ID to the appropriate member eligibility span in the USERDEF field
 - The claim will be extracted the next time the OHEXT process is run
 - If the person was not Medicaid eligible on the date of service then:
 - Reverse the original claim and enter the adjustment reason code – ADMBR
 - Correct the member's eligibility from MCD to non-MCD
 - Split the original claim, refresh the header, access the detail screen and enter the necessary information.

Member Maintenance Process

- The MACSIS Membership Support Group runs various maintenance programs to maintain the quality of the membership data in the MACSIS system.
 - Some of these programs are run nightly and others at scheduled intervals

Member Maintenance Process (cont'd)

- The nightly update process uses the Recipient Master File (RMF) received from ODJFS to post demographic and eligibility changes to members.
 - This process can only update the current span
 - Members termed with MBDEC, MBINL, MBMOS, ERR01, EDUP1, EDUP2 and EDUP3 will not be updated

Member Maintenance Process (cont'd)

- A few of the other member maintenance programs that run:
 - Look for members in Diamond with no MCD ID to see if there is one in the RMF file
 - Term members with ERR01, EDUP1, EDUP2 and EDUP3 if they meet the criteria
 - Look for future eligibility spans
 - Look for SSN with all 9's, zeroes or a pattern and they are changed to all 5's
 - Open spans for Non-MCD members who were termed improperly
- Member Maintenance Reports are created and distributed to the boards weekly.
 - Some of the reports are informational only
 - Not all reports are created each week if there are no members that meet the criteria for the report

Member Maintenance Process (cont'd)

- Members are termed with the following term reasons if:
 - **ERR01**
 - Either the last name or first name is all spaces and any part of DOB = zeroes (i.e., month = 00, day = 00 or year = 0000)
 - The last name is less than 2 characters
 - **EDUP1**
 - Contains other than all 5's in SSN and the SSN and DOB are equal to that of another member

Member Maintenance Process (cont'd)

– EDUP2

- Duplicate SSN, and one digit of DOB is different and same last name

– EDUP3

- Same first 8 characters of last name, same first 8 characters of the first name, same DOB and either of the two SSN's = all 5's

Member Maintenance Process (cont'd)

- Correcting members termed with ERR01
 - Correct the invalid information (if you do not know the client's correct DOB, enter the default DOB of 07/04/1876).
 - Remove the term date
 - Remove the term reason

Member Maintenance Process (cont'd)

- Members termed with EDUP1
 - If the UCI that was termed is the one that you want to remain active:
 - First enter a term date and term reason code of EDUP1 on the currently active UCI and remove the Medicaid ID (if there is one) from the Other Identification ID section only.
 - Do not remove the Medicaid ID from the USERDEF field.
 - Remove the term date and term reason code of EDUP1 from the termed UCI and enter the Medicaid ID (if there is one).
 - Verify that the member information and eligibility spans are correct.
 - Verify the MCD ID is in the USERDEF field on any MCD spans.
 - Notify the provider(s) of the correct UCI they should be billing under.

Member Maintenance Process (cont'd)

- Open spans for Non-MCD members who were termed improperly:
 - The only valid reason for completely terming a Non-MCD client (no open spans) is if they have been termed with MBDEC (member is deceased), MBINL (member is ineligible due to income), MBMOS (member moved out-of-state) ERR01, EDUP1, EDUP2 and EDUP3.
 - If you term a Non-MCD span for any reason other than those mentioned above you must create a new open span.
 - If you do not, there is a member maintenance program that looks for termed Non spans that do not have one of the above term reasons and the span will be re-opened by removing the term date and term reason.

Member Maintenance Reports

- The reports created after completion of the member maintenance programs are:
 - Members With More than One RMF Medicaid Number
 - Mailed weekly
 - Purpose: identify Diamond members with more than one Medicaid ID that matches the first 6 characters of the last name, date of birth, gender and SSN to ODJFS Medicaid information
 - Board Action: identify the appropriate MCD ID and enter it in the member's Medicaid field
 - Medicaid Number Check Digit Error Report
 - Mailed weekly (usually aren't any)
 - Purpose: report Medicaid ID's that fail a check digit routine or are not in MEDELIG
 - Board Action: none (information only)

Member Maintenance Reports (cont'd)

- Duplicate Records by SSN – as of DDMMYY
 - Mailed weekly
 - Purpose: identify Diamond members with the same SSN but a different date of birth
 - Board action: review corrections made by member maintenance staff
- Potential Duplicates – as of DDMMYY
 - Mailed weekly
 - Purpose: identify Diamond members in an extract with the same first 8 characters of the last name, first character of the first name, date of birth and gender
 - Board action: review corrections made by member maintenance staff

Member Maintenance Reports (cont'd)

- Potential Medicaid Eligible Clients
 - Mailed weekly
 - Purpose: identify Diamond members with no MCD ID that matches the SSN on a MEDELIG record
 - Board action: review corrections made by member maintenance staff
- Daily Membership Maintenance –Critical Errors
 - Mailed weekly (usually aren't any)
 - Purpose: Report ERR01 errors
 - Missing last name or first name
 - Any part of DOB = zeroes
 - Last name is less than 2 characters
 - Board action: make corrections in Diamond and clear term date and term reason

Member Maintenance Reports (cont'd)

- Daily Membership Maintenance – Electronic Duplicates
 - Mailed weekly
 - Purpose: report EDUP1, 2, 3 errors
 - EDUP1 – same SSN and DOB
 - EDUP2 – same SSN and DOB off by one digit
 - EDUP3 – same DOB and one SSN is all 5's
 - Board action: notify providers of correct UCI or if correction was invalid, make Diamond corrections and clear term reason and term date
- Medicaid/Diamond Comparison
 - Mailed weekly
 - Purpose: identify Diamond members with MCD ID that has a DOB different than the DOB from ODJFS.
 - Board action: research and change the Diamond DOB. Will have to have the Medicaid override flag set if the ODJFS DOB is incorrect.

Member Extract

- A Member Extract file is created weekly for each board/group/consortium
 - File identifies all members and their eligibility for the board/group/consortium
 - File is FTP'd to the /county/extract/ subdirectory
 - Naming convention is: hmmondd.group_xx.gz (ex. hmsep01.group09b.gz)

Note: Reports that remain on the MHHUB server over 30 days are deleted.

How to determine residency?

- The Guidelines Pertaining to the Implementation of MACSIS under HIPAA has a section on Residency Guidelines (Topic 8) which covers the various guidelines involved in determining residency. Boards should be familiar with these guidelines and interpret them to the best of their ability.
 - The Guidelines also outline the procedure to follow when residency is disputed.

Out-of-County Enrollment Process

- Step 1 - Provider determines client's county of residence
- Step 2 - Provider completes the enrollment form and makes sure client signs necessary releases/consents
- Step 3 - Provider submits form to enrollment center for board where client is a resident
- Step 4 - Board enrolls client or works with provider to clarify questions
- Step 5 - Board returns UCI back to provider.

Disputed Out-of-County Enrollments

- Step 1 - provider follows normal out-of-county enrollment process
- Step 2 - board of residency refuses to enroll an out-of-county client or fails to provide a UCI within ten business days, provider should contact the MACSIS Support Desk
- Step 3 - after receipt of the proper documentation, MACSIS Support Desk enrolls the client
- Step 4 - if board where client is enrolled disputes the client's residency and/or action taken by the Support Desk, they should file a formal Residency Dispute.

Support Desk's Enrollment Procedure

- If the client is Medicaid eligible on the date they received services from the provider and is currently enrolled in MACSIS
 - Support Desk will notify the board where client is currently enrolled via email and wait one working day before giving the UCI to the provider. If the board where client is currently enrolled feels the client is no longer a resident of their board area, the board may file a residency dispute.

Support Desk's Enrollment Procedure (cont'd)

- If client is MCD eligible on the date they received services from the provider and is not currently enrolled in MACSIS
 - Support Desk will notify the board affected via email and wait one working day before enrolling the client in a generic group and plan of that board area. They will then notify the affected board and the provider of the UCI number and any pertinent information. If the board does not agree with the enrollment, they may file a formal RDD.

Support Desk's Enrollment Procedure (cont'd)

- Client is non-MCD eligible on the date they received services from the provider and is currently enrolled in MACSIS and is receiving crisis services
 - The board where the client is currently enrolled will be notified via email and the Support Desk will wait 1 working day before giving the UCI to the provider. If the board disagrees and feels the client is no longer a resident of their board area, they should file a formal RDD.

Support Desk's Enrollment Procedure (cont'd)

- Client is non-Medicaid eligible on the date they received services from the provider and is not currently enrolled in MACSIS and is receiving crisis services
 - The affected board will be notified and the Support Desk staff will wait one working day before doing the enrollment. Both the affected board and the provider will be notified of the UCI number and any pertinent information. Again, if the board does not agree they may file a RDD.

Removal of Client Data from MACSIS

- There are conditions and a process for when client information can or cannot be removed from MACSIS, MH Outcomes and the Behavioral Health Module
 - Client information can be removed if:
 - Client is enrolled but there are no claims
 - Client is enrolled and has received services but they have not been paid in whole or part with public funds
 - Client information cannot be removed if:
 - Client is enrolled and has received services that have been paid in whole or part with public funds
- The guideline and process can be found on the web at: <http://www.mh.state.oh.us/ois/macsis/policies/removal.client.data.pdf>

Request To Remove Client from MACSIS

REQUEST TO REMOVE CLIENT FROM MACSIS	
Please complete the following information for the client you wish to have removed from MACSIS.	
UCI #: _____ DOB: _____ First 3 letters of last name: _____	
Reason for request:	
<input type="checkbox"/> Client is enrolled in MACSIS and has no claims in the system.	
<input type="checkbox"/> Client is enrolled in MACSIS and has services in the system but they were not paid in whole or part by public funds.	
Request initiated by:	
<input type="checkbox"/> Client	
<input type="checkbox"/> Provider : _____ UPI #: _____	
Contact Person: _____ Phone #: _____	
Fax #: _____	
<input type="checkbox"/> Board: _____ Board #: _____	
Contact Person: _____ Phone #: _____	
Fax #: _____	
If Client/Provider initiated, date sent to Board: _____	
Date received by Board: _____	
Action Taken by Board:	
<input type="checkbox"/> Request denied	
Comments/reason: _____	
<input type="checkbox"/> Provider notified	
<input type="checkbox"/> Request approved. Date sent to State: _____	
Date received by State: _____ Rec'd By (Staff Initials): _____	
Action Taken by State:	
<input type="checkbox"/> Client deleted	
Date Deleted: _____ Staff Initials: _____	
<input type="checkbox"/> Claims for services that were not paid by public funds were deleted.	
Date Deleted: _____ Staff Initials: _____	
<input type="checkbox"/> Forwarded to Outcomes staff	
Date: _____	
<input type="checkbox"/> Outcome records deleted:	
Date Deleted: _____ Staff Initials: _____	
<input type="checkbox"/> Notification of action taken sent to Board.	
Date Deleted: _____ Staff Initials: _____	

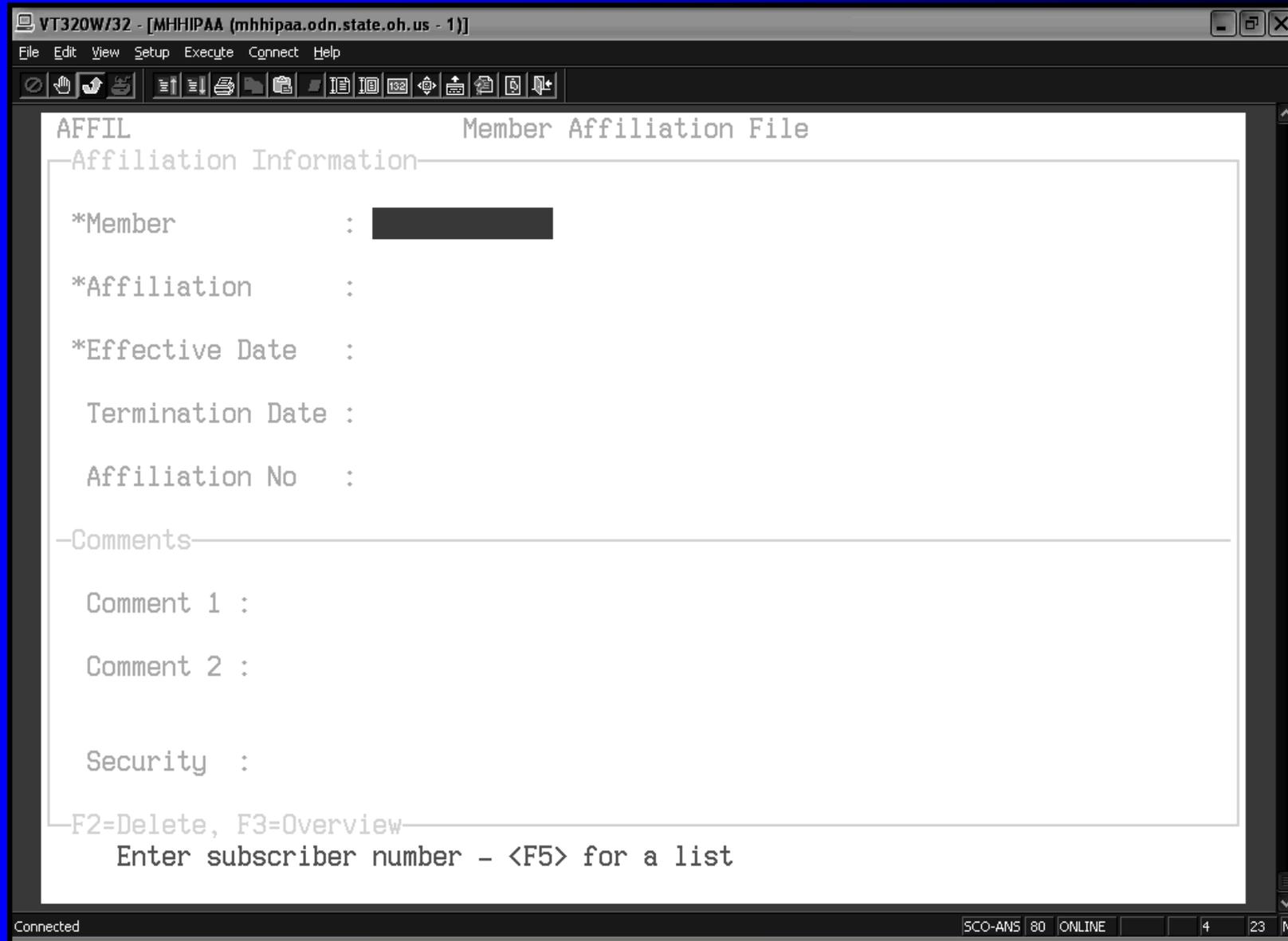
Affiliation Codes

- Affiliation Codes are used in MACSIS to link groups with common membership characteristics (SMD, SED), to track specific programs (ACT, IHBT) and to track funding sources (FAST\$).
 - Affiliation records are required for ACT, IBHT and FAST\$ clients.
- You can access the screen to add an Affiliation Code to a member by entering the Diamond keyword AFFIL or from the MEMBR screen.

Affiliation Codes (cont'd)

- Affiliation Codes must be defined in the Diamond keyword AFFCD.
 - To get an Affiliation Code entered please refer to the Change Control Policy (<http://www.mh.state.oh.us/ois/macsis/policies/change.control.pdf>)
- A special Affiliation extract is created by request
 - Email MacsisSupport@mh.state.oh.us

Affiliation Screen (screenshot)



Affiliation Codes (cont'd)

- To enter an Affiliation Code from MEMBR:
 - Once the client information has been entered, hit the “end” key and type “F” for Affiliation.
 - The client’s UCI, person number and name will automatically be populated
 - Verify that the Affiliation Code has not already been entered by entering “page down”
 - Enter the appropriate Affiliation Code (or hit F5 then enter to get a list of current Affiliation Codes)
 - Enter the effective date
 - Enter your security code
 - Update the record (you will then be returned to the MEMBR screen)

Affiliation Codes (cont'd)

- To enter an Affiliation Code from the main screen:
 - Enter the Diamond keyword AFFIL
 - Enter the client's UCI number and the person number of "00"
 - The client's name will automatically be populated
 - Enter the appropriate Affiliation Code (or hit F5 then enter to get a list of current Affiliation Codes)
 - Enter the effective date
 - Enter your security code
 - Update the record

Affiliation Codes (cont'd)

- Members may have more than one Affiliation record associated with their UCI in Diamond.
 - When a client is no longer associated with the program, funding source, etc. that is associated with an affiliation code, the affiliation record should be termed.
- Boards can use the affiliation member extract file in conjunction with the claims extract file to determine what services a client received while enrolled under the various affiliation codes.

Pseudo UCI's

- Pseudo UCI's are used to bill for non-client specific services that are not limited to a single member at a time.
 - i.e., MH Education, Transportation, Training, Alternatives, Prevention, etc.
 - For AOD services that need to be billed under a pseudo UCI please refer to ODADAS Procedure Codes and look for the “Code Descriptions” followed by an asterisk located on the web at:
<http://www.mh.state.oh.us/ois/macsis/codes/macsis.aod.hipaa.proc.code.table.pdf>

Entering a Pseudo UCI

- Below are the mandatory fields and proper values that are used when entering a pseudo UCI
 1. UCI – BBBBTxxxxxPP where BBBB is the four letter board ID, T is the type of board (A=AOD, M=MH, B=Both), xxxxx is the provider ID (if the provider ID is 4 digits enter a 0 before the 4 digit ID and PP represents the service population (a list of Service Population Codes can be found on the web at: http://www.mh.state.oh.us/ois/macsis/codes/service_populations.pdf)

Entering a Pseudo UCI (cont'd)

2. NAME - The First, Last and MI fields should be used by the boards for identification
3. GENDER - If the program is gender specific enter either "M" for male or "F" for female; if not gender specific, enter "U" for unknown
4. DOB - Enter 07/01/2000 – this date should never reflect a real client's birth date
5. REL -This field should always be "O"
6. SSN – Should always be all 1's (111111111)

Entering a Pseudo UCI (cont'd)

7. Start Date – This field should be the effective date of the program
8. Elig Sts – This field should always be “E”
9. Group – This field should be the first four letters of the board in the UCI number for the pseudo client
10. Plan – Enter the plan code
11. Panel – This field should reflect the panel the pseudo UCI is a member of (most boards only have one panel – if your board uses more than one panel make sure you enter the correct one because panel is used in claims pricing and adjudication)
12. Sales Rep – Enter the first 4 letters of the county of residence

Pseudo UCI

VT320W/32 - [default (adtest.odn.state.oh.us - 1)]

File Edit View Setup Execute Connect Help

MEMBR Members

Member Identification

*Sub ID : FRANB0109505 *Person No : 00 Sub : 00

General Information

Last Nm: YOUTH First : DELINQUENT MI :
DOB : 07/01/2000 Gndr: U Rel : 0 RACE : Sal :
Addr 1 : DELINQUENT/VIOLENT YOUTH, ETHNIC: LTyp:
Addr 2 : YOUTH DIVERSION DOBSRC: Lang:
City : St : Hom Ph: Mar :
Zip : County: Country: Bus Ph: COB N

Other Identification ID's

MedCare: Medcaid: SocSec : 111111111
Emp : MedRec : Security :

Latest Coverage

Start : 07/01/2001 Term : / / Elig Sts :E SeqNo:001
Group : FRAN Plan : DFNON252 Riders :
FRANKLIN ADAMH LOB=NON Panel :25P
PCP ID : Prov2 : IPA
Hire Dt : / /
MCareSt: MiscSt : DEF3: Term Rsn :
Salary : 0.00 OvrAmt 0.00 OvrTyp : OStep : 0
USERDEF: USERDEF: / / Privacy: N Sales Rep: FRAN

F1=Help, F2=Delete, F3=Overview scrn, F4=Notes, F6=SpecFuncts, F7=Ltrs

Save, save->aAffiliation, Abandon? (S,F,A) - F7=Ltrs : S

Connected SCO-ANS 80 ONLINE 24 55

Summary

- Accurate and timely enrollment
- Regular member maintenance
 - Work your reports
 - Update member information as needed
- Communication
 - Between Boards and Providers
 - Board to Board
- Follow the procedures in the **Member Section of the Board Operations Manual** and the **Guidelines Pertaining to the Implementation of MACSIS under HIPAA.**

Where to Get More Information

- MACSIS Web Site
- MACSIS Support Desk
- Member Section of the Board Operations Manual
- Attend the Member Users Group Meetings
- Participate in the monthly POP bridge calls