

**State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
February 1, 2007**

MINUTES

Present: K. Cluggish, Jp. Martin, M. Herrel, J. Lynch, P. Eichner, B. Cluggish, L. Daniele, K. Fells, J. Hink, M. Declouet, J. Hughes, A. Paschall

Call In: L. Clay, B. Heffner, K. Taylor, R. Yeley, C. Fratalone, C. Freeman, C. Spencer, S. Baker, A. Parker, T. Chambers, J. Dillon, P. Dehner, C. Shaynak-Diaz, C. Neff, G. Hall, K. Schwarz, S. Greaves, B. Miller, J. McIntosh, J. Sager, P. Coates, K. McCann, Y. Quinn, B. Tobin, T. Becker, J. Averill, J. Edgell, P. Quinn, A. Loftin, D. Vargas, S. Kirschner, T. Slater, E. Hawes, H. Bruce, D. Day

Project Updates:

NPI Update and Developments: On January 18, 2007, letters from the directors of ODMH and ODADAS were sent to providers who have not passed tier 2 testing. Boards reported that NPI activity at the provider level has increased since then, which indicates the letters seem to have had their intended impact. Currently 79% of the providers have an NPI but only 36% have passed tier 2 testing.

These numbers may actually be slightly better than they appear due to the issue of providers that are funded but do not submit claims via EDI. The worksheets completed in March, 2006 allowed boards to indicate such providers, but it now appears that some boards did not do so. The compliance percentages in bi-weekly NPI Status Report are based on the “expected” number of providers that need an NPI and must pass tier 2 testing. ODADAS clarified that all TASC providers that submit claims are required to obtain an NPI.

To more accurately reflect the status of NPI implementation, the NPI committee recommends sending an email to L. Daniele if a provider falls into one of these two categories:

- Providers that submit paper forms to the board for manual entry. These providers must obtain an NPI but do not need to go through tier 2 testing. The NPI is required because these providers will receive an 835 where the NPI is mandatory.
- Providers that are funded but do not submit any claims. These providers may not need to obtain an NPI, although this is a “gray” area. Providers that apply for federal or state grants may also need to obtain an NPI even if they do not submit claims. Providers should verify the need for an NPI with funding sources.

Please send an email to danielel@mh.state.oh.us indicating the name of the provider, the UPI, and the funding/claims reporting status so that the NPI Status Report program can be updated to accurately reflect compliance.

New Place of Service Codes: Two new codes were added to MACSIS effective 1/1/2007: 01 for Pharmacy and 09 for Prison/Correctional Facility. Since MACSIS currently utilizes code 99 for Prison, the medical definitions for Mental Health medicaid billable services were rewritten to adjudicate 09 along with 99 (currently used to capture services provided in a Prison/Correctional Facility). Effective 7/1/2007, 99 will no longer be used for Prison. Boards that have benefit rules that limit, hold, or exclude some services for clients in a Prison/Correctional Facility should pay special attention to their claims extract for providers who serve this population to make sure that they have converted to the new code prior to 7/1/07.

835 Adjustment Reason Codes: National standards have been updated to expand and enhance this code set, including the deactivation of some codes and newly required “remarks” codes for others. Representatives from ODADAS, ODMH and the boards reviewed the existing codes and the new codes to update the crosswalk. The ODJFS error codes were also mapped to the new national code set, although it should be noted that ODJFS has not changed their codes since 2003. These crosswalks were attached to the POP agenda sent on 1/30/07 (changed fields shown in red) and will be placed on the MACSIS website.

ODADAS has stated that programming the coding changes for implementation will be ready for the 3/4/07 production run of the 835 files. Boards should contact MACSIS Support if they find this date to be too aggressive. Many thanks to Jennifer McIntosh (Montgomery County) and Steve Kirschner (BHG) for their work on this project.

MACSIS Guidelines Efforts: a group composed of ODMH and ODADAS staff has been reviewing the Guidelines in order to separate actual “policy” from the purely technical and operational information. The new document will be more in alignment with administrative rules as requested by all constituencies of the BH service delivery system. In the near future, boards will be invited to participate in the drafting of the final policy document.

Managed Care Plan Information and MACSIS: Boards requested that the ODJFS medicaid Managed Care information be added to MACSIS to evaluate what, if any, impact occurs at the local level in terms of cost shifting. Boards are particularly concerned that the ABD population may be greatly affected and that state hospitalizations might increase as a result of the new Managed Care initiative by ODJFS. Another concern is a possible increase in medication changes that may occur because of proprietary formularies. Medicaid staff for both ODMH and ODADAS stated that there is no need to change the reporting of “Other Carrier” information for clients in one of the new Managed Care plans, and that medicaid claims will adjudicate and pay as usual.

ODMH staff have examined the RMF tape and found that although there is some information available, it is coded and JFS will need to provide details on the values in the fields. Also, there is currently no way to know if the information on the file is the most recent. There is some question about how often the RMF tape gets updated from the master medicaid files, and again, clarification from JFS is needed. Once the information has been verified and clarified, the work needed to move the medicaid Managed Care Plan information into MACSIS is estimated to require 120 staff hours.

ODJFS has been conducting training and information seminars across the state on the implementation of managed care for the ABD population. Two PDF files are attached to the email for sessions to be held on 2/8/07, 2/9/07, and 2/12/07. ODMH and ODADAS medicaid staff are included on the agenda for these meetings to discuss details regarding BH services for clients enrolled in the new plans.

Claims DataMart/Cognos Update: Version 8 of Cognos has been installed on a test server and reviewed, and the degree of “difference” is not as significant as originally expected. Version 8 requires a new server which should be delivered within the next week or so. Once the software is installed and the data loaded, the Claims DataMart will be converted, probably in the next 4-6 weeks.

FY 2006 Archiving: As has been the case for the last 4 years, this effort is tentatively scheduled to occur over the Christmas holiday in December, 2007 when claims are not run. This advance notice is being provided so that boards can schedule staff vacations, etc. during the down time.

User Group Updates

Members: There has been a recent spate of multiple eligibility spans with “future” dates being entered for members. Boards are being advised to be especially careful for spans that cross calendar years because future spans cannot be updated by the nightly eligibility maintenance.

Claims: Boards need to remember that correcting either client UCI or primary date of service cannot be accomplished by splitting the inaccurate claim. In such cases, the correct procedure is to reverse the original claim and then enter an entirely new claim so that the claim can be extracted for submission to ODJFS.

BH: Compliance rates for admissions is currently 81% for AoD providers and 78% overall. The Blue Ribbon Panel assembled last fall has been analyzing the BH system relative to Federal reporting requirements and is expected to report recommended changes during the week of February 5, 2007.

MIS: The Spring MIS meeting will be held on 5/3/2007 at the State Library. DAS has announced that a 30-45 minute server bump will be required sometime in the next 2-3 weeks in order to accommodate software changes needed for the switch to daylight savings time. An email will be sent when the actual date is known.

Finance: None.

Board Global Issues

Remittance Advice Files: it was requested that ODADAS remove incorrect files when a corrected version is created. H. Bruce stated that this could be done, but a one-time email authorization is needed to do so. Boards should email him at bruce@ada.ohio.gov and include the following information:

[Board name] agrees to allow ODADAS to remove 835/ERA/RA/RJ files from the MHHUB subdirectory, once it has been determined by ODADAS that the files were either sent in error or incorrect information exists in the files. ODADAS will inform the Board that the action has been taken in the normal manner.

This email authorization will remain in effect until it is revoked by the board. Boards that do not wish to have the erroneous files removed by state staff do not need to send an email.

ODADAS is requesting volunteers to test RA changes when they occur. Boards should email H. Bruce if they are interested.

Next Meeting is scheduled for **March 1, 2007** from 9-11am in Room 806A in the Rhodes State Office Tower, assuming there are enough items to fill an agenda. The call-in number is (614) 644-1098. Remember, POP listserv members 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.