



Orman Hall, ODADAS Director • John R. Kasich, Governor • Tracy J. Plouck, ODMH Director

February 3, 2012

Memorandum To: Behavioral Health Providers and ADAMH Boards
From: Tracy Plouck and Orman Hall, Directors
Subject: MACSIS and MITS Claims processing in State Fiscal Year 2013 (SFY 13)

The decision to elevate financial responsibility for Medicaid community mental health and addiction treatment services to the state level has resulted in some operational changes for both the current fiscal year and next fiscal year. This memorandum provides a status update of those changes, explains how your organization will be affected in SFY 13 (which begins July 1, 2012) and outlines how you can become involved in planning for a smooth transition.

Background

Today, both Medicaid and non-Medicaid claims are submitted and ultimately paid via MACSIS, with Medicaid claims being fed through the state's MITS system in order to obtain the federal share of reimbursement for services rendered. The non-federal share of the Medicaid claims for SFY 12 is assumed by the state --either ODMH or ODADAS, depending on the service type -- relieving the ADAMH boards from expending any local money for Medicaid services.

Beginning in SFY 13, the state's share of these Medicaid claims will be funded by the Ohio Department of Job and Family Services (ODJFS), which is Ohio's single state Medicaid agency. The state resources to support Medicaid claims are appropriated in the ODJFS budget along with most of the Medicaid programs. As a result, the MITS claims payment system is being modified to enable that department to pay behavioral health providers directly for these claims.

Over the past couple of months, ODADAS, ODJFS and ODMH have discussed with ADAMH boards and providers the various options regarding Medicaid claims submission for services in SFY 13. Specific models evaluated were:

- 1) Providers submit Medicaid claims directly to MITS and payment is provided to them directly from MITS;
- 2) Providers submit Medicaid claims to MACSIS, which are then sent to MITS and payment is provided to them directly from MITS; or
- 3) Providers have the option of submitting to MITS and being paid directly by MITS, or submitting to MACSIS (if the ADAMH board is willing to facilitate access to MACSIS for Medicaid claims) and being paid directly by MITS.

In evaluating each of these potential models, the state agencies engaged The Ohio Council of Behavioral Health and Family Services Providers and the Ohio Association of County Behavioral Health Authorities. A technical review was conducted that included feedback from the state's MITS vendor.

Decision

Subsequent to the stakeholder discussions, a decision has been made by the state to proceed with option 1 as outlined above. Therefore, all Medicaid claims with a date of service July 1, 2012 and later, providers will submit Medicaid claims directly to MITS.

- Medicaid claims MUST go directly into MITS. Boards cannot require providers to use MACSIS for Medicaid claims.
- This change is based on date of service, so if a Medicaid claim with an earlier date of service is submitted after July 1, that claim must be submitted through MACSIS for adjudication. We will work with the field in the next couple of months to determine whether there is a more efficient way to collect Medicaid claims with a FY 12 date of service.
- If a consumer is Medicaid eligible and is seeking and receiving services prior to July 1, 2012, the board will continue to be responsible for enrollment of the client in MACSIS. Boards will only be responsible for enrollments in MACSIS for a consumer seeking and receiving services with a start date after July 1, 2012, in the instance that the board is financially responsible for that consumer's services (e.g., a Medicaid consumer receiving non-Medicaid reimbursable services or a non-Medicaid consumer). With that said, the state will facilitate the updating of Medicaid information to boards in order to inform payment of related non-Medicaid services and manage overall behavioral health community planning. Further guidance on board and provider responsibilities versus the state's role in eligibility will be available after subsequent discussions.
- Medicaid retroactive claiming will continue so boards can recoup reimbursement from Medicaid as appropriate in situations where a service is rendered on a date when the person was later determined to be Medicaid eligible. Please note that claims for services with dates of service prior to July 1, 2012, would still be billed through MACSIS even if the eligibility is established after July 1 and then retroactively covers prior dates of service.

Non-Medicaid Claims Approach

MACSIS will remain available for non-Medicaid claims throughout SFY 13 and beyond, until a replacement approach for non-Medicaid claims payment and data exchange is identified and implemented with ADAMH boards. As you may be aware, initial discussions have begun with boards on this topic and opportunities for input will be extended to providers as appropriate.

Immediate Next Steps

The state departments will be supportive of work necessary for local business transformation to occur. Examples of our near-term focus include:

- 1) Determining the most efficient way to collectively manage SFY 12 Medicaid claims run-out via MACSIS;
- 2) Establishing a training approach for the provider community;
- 3) Working through potential operational and technical transition issues; and
- 4) Outlining best approaches to address information access and reporting needs.

There is plenty of work to be done prior to July 1. To help ensure that this transition occurs as smoothly as possible, work sessions will be convened to address various technical details and operational concerns. The first session will be held on **Thursday, February 16, 9:30-11:30 AM, at ODMH, 30 E. Broad Street, 8th Floor, Columbus, Ohio**. For those of you who would like to participate from your offices, a call-in number is available: 614-644-1098. Please RSVP to Jody.Anderson@MH.Ohio.gov to receive meeting materials via email prior to the meeting. The goals of this initial meeting are to discuss specific topics, establish a time line for the necessary work, and identify people who want to participate on ad-hoc work teams related to specific topics.

While recognizing that this is a complicated undertaking in a relatively short period of time, we are committed to timely and effective communication -- as well as collaborative partnership -- to identify the critical next steps and work through them together.

Thank you in advance for your engagement over the coming weeks and months.