



# FY 13 MITS and Medicaid Community Behavioral Health Claims Session #1- Minutes

February 16, 2012  
9:00AM to 11:30 AM  
Room 806

Attendees:  
99 Registered

- **ODADAS**
- **ODMH**
- **ODJFS**
- **Boards**
- **Providers**

## Opening

ODMH Director **Tracy J. Plouck** and ODADAS Director **Orman Hall** opened the meeting providing:

- A. Context
- B. Environment
- C. "What we are going to do"
- D. Logistics
- E. Agenda -

<http://mentalhealth.ohio.gov/assets/macsis/directormeetinginfo/mits-planning-session-2-16-12.docx>

## Context

MITS went live in August. Initial focus since has been to resolve implementation issues.

Jan 26, Determined that a MACSIS pipe for 2013 DOS Medicaid claims would not be used, MITS is the system of choice.

Jan 31, Boards were notified of the decisions to go to MITS.

Overall issues, plans, etc. are documented in the letter sent by Tracy and Orman dated 2/3/2012.

February 3, Field notified of decision

Memo - <http://mentalhealth.ohio.gov/assets/macsis/directormeetinginfo/macsis-and-mits-claims-processing-fy13-1.pdf>

July cutover to MITS is the target goal for claims with dates of service in SFY 2013.

In Jan, meetings were started to discuss transition plans.

## Environment

To engage Boards and providers in discussions for the July implementation, we want feedback to ensure an effective transition. This meeting is a point of organization.

**“What we are going to do”**

Identify plans for future meetings for the entire group and for specialty focus groups.

**ODJFS/ODADAS/ODMH Matrix/JAD:**

**Summary of ODJFS/ODADAS/ODMH JAD (*Joint Application Design*) sessions:**

JAD Matrix Link - <http://mentalhealth.ohio.gov/assets/macsis/directormeetinginfo/jad-topic-summary.docx>

Initial goal – To successfully implement MITS without changes to current policy.

**Retrospective Claims**

- Internal process will be the same but Medicaid payment/corrections will change. We are working to maintain eligibility in MACSIS, which will allow the internal process to continue.
- Claims with a date-of-service before 7/1/2012: Current process. Claims paid in MACSIS as non-Medicaid, but due to retroactive Medicaid eligibility, would now be reimbursable as Medicaid will be reversed and split by board staff and then sent to MITS for payment. There is no change in the process to providers.
- Claims with a date-of service after 7/1/2012: The same process as above except that the boards will reverse claims and providers will need to submit new claims to MITS for payment. Providers will be able to identify these claims on the MACSIS 835 payment files.
- Training required.

**EDI**

Providers will be submitting directly to MITS not the Boards. Providers – may need to confirm NPI. MACSIS #s will not be in MITS.

**Reporting**

ODADAS and ODMH will have access to the Decision Support System (DSS), Recipient Master File (RMF), Third Party Liability (TPL) File, Provider Master File (PMF), and claims file extracts. ODMH/ODADAS will have JAD sessions with Boards and as necessary with providers as we move towards July 1.

**Questions and Answers**

Q. Do we expect any changes to the service limits in 2013?

A. This undertaking is for transitioning to MITS only – No Policy changes are being contemplated with the effort.

Q. What ability will Boards have to determine if a person is Medicaid eligible? A.

Boards will be able to determine a client’s Medicaid eligibility as they do today through EEI (External Eligibility Inquiry)?

Q. If a client is on spend down but claims are submitted to MITS during the ineligible spend down period what happens?

A. Ideally, It will come out on an 835 with a denied reason code that indicates the claim was denied because the client was on spend down. Based on the contract between the provider and their board, the claim may be able to be billed to MACSIS for payment as non-Medicaid. ODJFS will look to determine if a reason code exists to identify claims denied because a client is on spend down.

Q. Is the 837 the same in MITS and MACSIS?

A. The structure of the MITS 837 5010 is the same, but data content will be different. Example: data content required for TPL accuracy. Robyn Colby, ODJFS, advised that their 5010 format implementation guide is on the JFS MITS web site.

Q. Help is needed to determine if a client changes between Medicaid and non-Medicaid. Is there the ability to do batch eligibility verification?

A. Providers can look up a client's eligibility via the MITS Portal. Batch eligibility verification was not covered in the JAD sessions but ability can be explored as we move forward.

Q. What will claims corrections processes be?

A. Claims corrections for claims with a date-of-service prior to 7/1/2012 will remain the same as it is now. Claims with a date-of-service 7/1/2012 and after can be manually done via the MITS Portal. We do not know at this time if electronic claims corrections are available in MITS.

Q. Eligibility, will there be the ability for boards to look to determine Medicaid eligibility post 7/2012?

A. At this point ODADAS and ODMH will continue to have access to the RMF and will continue to update eligibility in MACSIS. Boards would still be able to determine a client's Medicaid eligibility as they do today through EEI (External Eligibility Inquiry).

Q. Reimbursement - Why is the CPST and CM reimbursement methodology separate from the service rates?

A. MITs programming logic needs to mirror the tiered pricing logic that is currently contained in MACSIS.

Q. TPL (Third Party Liability)?

A. Historically, MACSIS has not fully followed national standards. MITS TPL will be done in accordance with the EDI standards. This will be at the detail level. This has been the hardest transition for other Medicaid provider types and will be a focus for future standards. The data content of the 837 for MITS will be different than the 837 in MACSIS although the 837 structure itself will remain the same.

Q. Will the provider be able to test the 837?

A. Yes, but timeframe and details are not yet defined. Even though the 837 structures will be the same, data content will be different. Providers that continue to submit claims to MACSIS and MITS will need to submit different data content. This is an area that will require training. MITS follows EDI standards, using ARC and remark codes to balance. This will require specific training. Providers that bill both MACSIS and MITS will need to

have their software handle both data content requirements.

Q. Will procedure codes change in MITS?

A. No.

Q. Will claims that are rolled up, need to be submitted together Parent /child example?

A. Claims for the same date-of-service, the same procedure code and the same required modifier will continue to require rollup. If a service is provided to a client face-to-face (HE modifier) and later that day the same service is provided to the client in a group setting (GT modifier), these two services would not be rolled up. If a service is provided to the client with the client present and then the same service is provided on the same day with the client not present (in the case of a child), these services would not be rolled up. A service where the client is not present requires a secondary modifier of HS or UK. No policy changes. Duplicate checking is on modifiers and procedure code.

Q. Since duplicate checking in MITS will be done at the procedure code level will the procedure codes change?

A. No

Q. When you provide a CPST service to a parent and child in MACSIS and these are currently rolled will these need to be rolled together in the future?

A. If services are provided with HE and then the same service is provided with HS modifier they will not be duplicates. MACSIS assigns medical definitions to prevent duplication. MITS does not use medical definitions but will perform duplicate checking using the procedure code and required modifier combination.

Place of service will not be used to perform duplicate checking.

The intent is not meant to change policy but to accommodate the requirements a little differently than in MACSIS.

Q. Provider Type

A. MACSIS UPI numbers will not be in MITS. Additional work is needed to assure proper providers numbers are used. Training will be required.

Q. Claims submission - Can providers submit direct to MITS without using a clearinghouse?

A. Yes

Q. What is MARP?

A. Medicaid Adolescent Rehabilitation Program t, a small capitation demonstration project for AoD services operated by a Cuyahoga county AoD program.

Q. J-Codes – Concern was expressed that this will negatively impact consumer access to medications.

A. ODMH/ODJFS agree to follow-up to assure everyone has a consistent understanding of all conversations occurring at all levels related to billing for long acting injectable medications for MH consumers.

Q. Will the providers need to submit separate files for MH vs AoD?

A. Providers may need to submit separate 837 files to MITs based upon MH or AoD claims. Additional information and guidance will follow as we progress on this project.

Q. NPI – will NPI need to be assigned to the staff level?

A. No.

Q. How will a new client be enrolled?

A. If Medicaid; ODJFS county process through eligibility determination. MACSIS workgroup will be convened to assist in determining this process post July 1, 2012.

Q. Will the types of information available to the Board be the same? Will format or mechanism for getting this information remain the same?

A. A group of boards and department staff will work to gather business requirements

**MITs Milestones** - <http://mentalhealth.ohio.gov/assets/macsis/directormeetinginfo/mits-milestones-and-target-dates.pptx>

### **Next steps**

- Convene workgroups to discuss specific work areas including: software requirements for 837/835; Board access to data; electronic data interface (EDI) standards for third party liability (TPL); retrospective Medicaid eligibility; Medicaid spend down; batch eligibility; new client enrollment; parallel MACSIS changes; provider training; and SFY 12 Medicaid claims run-out.

### **Feedback Needed**

Business process changes – What can we do to help?

- Regular and ongoing communications, weekly or bi-weekly,
- MITS communication model worked well
- Boards need more lead time
- Would like communication about differences sent directly to software providers.
- Recommendation was made that the State issue the change that would require vendors to adhere thus not creating expense to the provider
- Will there be a MITS SWAT team?

### **Next meetings to be convened**

- Week of Mon 2/27 (small groups)
- March 7 morning (larger status reporting)
- March 21 (larger group status)
- Contact [Jody.Anderson@mh.ohio.gov](mailto:Jody.Anderson@mh.ohio.gov) to be added to the distribution group.

### **Next Meeting**

Tentatively Planned Wednesday, March 7, 2012 – Room TBD

