MACSIS AND MITS CLAIMS PROCESSING IN STATE FISCAL YEAR 2013

FY 13 ODMH/ODADAS MITS & Medicaid Community Behavioral Health Claims - Focus Groups		
Focus Group	**Focus Group Area**	**Focus Description**
1	Software Requirements for 837/835	To understand and document MITS 837/835 format requirements, differences between MITS and MACSIS formats, software vendor identification to communicate changes. Existing JFS trading partners are encouraged to join and share their experiences.
2	Board Access to Data	To understand and document data needs, where that data is available, how to access the data and data refresh frequency.
3	EDI Standards for TPL	To understand and document JFS's requirements for TPL identification. Existing JFS trading partners are encouraged to join and share their experiences.
4	Retroactive Medicaid	To understand how retroactive Medicaid eligibility and claims adjustments should be handled based upon date of service and submission date.
5	Medicaid Spend Down	To understand how MITS and MACSIS should be used to coordinate care for Medicaid spend down consumers.
6	Batch Medicaid Eligibility Verification	To understand options for Medicaid eligibility verification. Existing JFS trading partners are encouraged to join and share their experiences.
7	New Client Enrollment	To understand new client enrollment and how that process may change at the board and/or provider level.
8	Parallel MACSIS Changes	To understand MACSIS changes required in support of MITS integration.
9	Provider Training	To understand and document the provider training needed, identify gaps between JFS offering and need and timing of training. Existing JFS trading partners are encouraged to join and share their experiences.
10	FY 12 Medicaid Claims Run Out	To understand and document how FY12 Medicaid claims are to be handled in MACSIS and determine if boards are able to leverage board resources to maximize efficiences.