

Ohio Department of Mental Health

Implementing Unique Client IDs

NRI DIG TA Session

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Alexandria, VA

BH in Ohio

- Counties are “Insurance Companies”
- ~ 800 MH & SA Community Providers
- 9 State Psychiatric Hospital sites
- ODMH is clearinghouse for medicaid
- Boards own service data
- Boards have legal responsibility for determining inpatient vs. outpatient needs and placement

BH Volume – SFY 2005

- 350,000 community clients (2/3 Mcd)
- \$800,000,000 total community cost
- \$275,000,000 Medicaid FFP
- 10,000,000 community claims
- MH is 67%, SA is 33%
- 6,000 State Hospital clients
- 1,000 ADRP

History of UCIs in Ohio

1987 – 1997: Mental Health Information System (MHIS) for Community MH Services

- All clients served in all funded agencies
- Admission, Closure, Annual Summary
- First 3 letters of last name, DOB, Gender
- Merged with data from Mcd, AoD, SMD, MH Hosp, Youth Svcs, Health databases

History (continued)

1998 – Present: Multi-Agency Community Service Information System (MACSIS)

- Purpose is payment of BH claims for clients receiving services paid for with public funds
- Requires enrollment to obtain UCI for payment
- Clients fully identified, assigned 7 digit ID
- Merged with Mcd, MH Outcomes, SMD, BH Demographics (enrollment and closure)

Constructed IDs: Pros/Cons

- No central enrollment; can be assigned at place of service
- Easy to construct from available info
- 98% accuracy on stable population (SMD)
- 93% accuracy for families/children due to twins and name changes over time
- Using part of first name improves accuracy

Compliance: Monthly Edit Reports

- Last name not 3 alpha characters (blanks, hyphens, apostrophes)
- Pad 2 letter last names with letter A
- DOB after admission date
- Invalid or missing DOB
- Invalid or missing gender
- Same 1st 3 letters, DOB, gender (twins?)

Motivation: Constructed UCIs

- Not directly tied to ODMH funding; compliance voluntary
- County boards could make mandatory
- Published annual reports (legislature/guilt)
- Linked with SMD database used to allocate certain fund sources
- User defined fields, special requests
- Annual reports used by counties

Central Enrollment: Pros/Cons

- Fully identified (SSN, Name, DOB, Mcd #)
- Regular analysis of these fields to report duplicates for investigation/action
- Can be 99% accurate (crisis clients ??)
- Requires one database with daily reports via programming support

Central Enrollment: Pros/Cons (continued)

- Improved accuracy with updates from other data sources (e.g., Medicaid, SS verification)
- Enough info to construct other types of UCIs for merging purposes with other databases

Why Ohio Uses Central Enrollment

- MACSIS is the main fiduciary for Medicaid billing of BH services (MH and AoD)
- Jointly run by ODMH and ODADAS
- Essential to have clean client database with one UCI per Mcd ID
- Nightly update of Mcd eligibility status
- Accurate linkage of BH enrollment and demographics, Outcomes, and Services

How Central Enrollment Works in Ohio

- Providers complete Enrollment form and fax to County MH Board
- Board staff check to see if client enrolled
- Lookup by Name, DOB, SSN, Mcd ID
- If not, enroll client and get UCI
- Give UCI to provider via fax or e-fax

Compliance: Nightly Maintenance

- Daily Medicaid change tape
- Compare Mcd file to MACSIS file
- Update MACSIS with eligibility changes
- Update MACSIS with demographic changes (SSN, DOB, Name)
- Terminate duplicate UCIs in MACSIS
- Generate reports

Compliance: Nightly Reports (Critical Errors)

- Blank last name or first name
- Last name is less than 2 characters
- SSN and DOB same as another UCI
- SSN, Last Name same, DOB one digit different from another UCI
- Same first 8 characters of LN and FN, same DOB, no SSN
- Member deceased

Compliance: Nightly Reports (Warnings)

- Clients with more than one Mcd ID
- Medicaid ID check digit error
- Duplicate SSN, different DOB (verify)
- SSN matches Mcd file, no Mcd ID in MACSIS
- DOB on Mcd file does not match DOB in MACSIS for same Mcd ID
- Same first 8 letters LN, first initial, DOB, Gender

Motivation: Central Enrollment

- Labor intensive, but counties control what they pay for (e.g., non-medicaid services)
- \$20,000,000 annual increase in Medicaid funding due to automatic nightly updates
- No need for providers to buy third-party medicaid eligibility verification service
- Consolidated service reporting (4 to 1)
- Expedited payment, better cash flow

Remaining Obstacles

- System is for publicly funded clients only
- No info on private/self pay clients
- 1/3 clients not Mcd; lack SSN verification
- Crisis clients enrolled with pseudo-UCI
- Lower compliance for grant-funded programs (e.g., residential services)
- Primary diagnosis varies based on service
- Limited demographics – need BH data

References

- ODMH and MACSIS Website:
- www.mh.state.oh.us

- MACSIS Datamart
- www.dwcubes.mh.state.oh.us

- Laura Daniele, ODMH
- danielel@mh.state.oh.us