



Ohio Department of Mental Health

30 East Broad Street
Columbus, Ohio 43215-3430

DATE: May 3, 2007 NUMBER: C-05-07-01 ORIGINATOR & TITLE: Margie Herrel, Manager, Program Administration

OFFICE:
Office of Medicaid, ODMH

APPROVED BY:
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DISTRIBUTION:
 BHO's Boards Provider Agencies Shareholder Organizations

SUBJECT:
 Allocations Certification Critical Information Licensure
 MACSIS Medicaid MSPA Policy
 Procedure Other (specify):

TITLE OF CORRESPONDENCE:
24th Set of Reversals for Repayment for MACSIS

CONTENT:

This is to inform you that ODMH has produced the 24th set of reversal reports. These reports, which are for the months of January 1, 2007 through March 30, 2007 is the final step in the Medicaid Claim Correction process. This process is to recover monies connected with the manual reversals of Medicaid claims in MACSIS. This report will include reversals for FY 06 and FY 07. Prior years have been archived off of MACSIS. Please refer to the Claims Correction Process within MACSIS on the ODMH website for information about the claims reversal process.

The Department produces reports that are put in the Boards' directories and the Summary Report that is attached to this letter which separate the State Children's Insurance Plan (SCHIP) totals and the regular Medicaid totals. The SCHIP Program is a separate program from the Medicaid Program with a separate Catalogue of Federal Domestic Assistance (CFDA) number of 93.767. The Medicaid Program CFDA number is 93.778. The Breast and Cervical Cancer Program (BCCP) is included in the Medicaid Program CFDA number 93.778. The deductions must be made from the appropriate program to be reported to the Ohio Department of Job and Family Services and the Federal Government.

Enclosed is a listing of the totals by fiscal year with a grand total for each Board. Payment for the reversals must be paid in full with a check made payable to "Treasurer, State of Ohio", which must be received by ODMH no later than June 8, 2007. Please submit the checks to:

Margie Herrel, Manager of Program Administration
Office of Medicaid
Ohio Department of Mental Health
30 E. Broad Street, 7th Floor
Columbus, OH 43215-3430

Payments not received by June 8, 2007 will be deducted from subsequent Board ARAs/vouchers. All monies repaid by Boards will be paid to the Ohio Department of Job and Family Services (ODJFS).

ODMH has also produced reports that identify the claims that were paid by ODJFS and manually reversed by the Boards. The reports include all manually reversed claims that were finalized from January 1, 2007 through March 30, 2007. The reversal reports will be put into each Board's directory /county/login/other/manrev.company name.06q3fy06 for FY 06. (i.e. if the Board is the Hamilton County Mental Health Board for FY 06 services, the file will be under: /county/18M/other/manrev.hamim.06q3fy06). In other words, the login is the Board number plus either 'M' or 'B'. There will be a report for each fiscal year for which there are reversals. The fiscal year will be identified by the last two digits of the file name. The files will be put into the Board directories on Thursday, May 3, 2007. To produce the reports, all 001 MACSIS claim lines paid by ODJFS were reviewed to see if there was a corresponding manual reversal (001R line). A SAS report was run against the Claims master file that took the reversal line and attached the reimbursed and FFP amounts. The reversal line was then linked to the paid line for additional service information. The reports are by FY, Board and provider.

REQUIRED ACTION:

Boards must submit checks for repayment of the 24th set of manual reversals.

DATES FOR REQUIRED ACTION:

Checks are due to ODMH by June 8, 2007. Payments not received by that date will be deducted from subsequent Board ARA's/vouchers.

NAME, TELEPHONE NO., AND EMAIL OF CONTACT PERSON(S)

If you need more information regarding the reports or the process, please contact Margie Herrel at (614) 466-9655 or herrelm@mh.state.oh.us.

Enclosure

Cc:Dalon K. Myricks
Margie Herrel
Area Directors
Cheri Walter