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Auditor of State

## SUMMARY INFORMATION - MACSIS SAS 70 REPORT

Audit Period:	January 1, 2009 – December 31, 2009
Opinion date of the report:	April 23, 2010
Release date of the report:	June 17, 2010
Users of the MACSIS report:	Auditors of the 54 ADAMH, community mental health, and drug/alcohol boards.
Perspective to the state of Ohio:	Transactions not material to any state CAFR opinion units
Perspective to ODMH, ODADAS, and DAS/OIT:	Transactions not material to overall state agency transactions.
Scope of the SAS 70 audit:	Identify and test key controls related to the MACSIS application software and the key hardware/infrastructure that processes the MACSIS transactions.
Summary of Results:	Eleven general control and ten application control objectives were tested. Four control objectives related to program change controls were partially met as a result of control deficiencies for certain subsystems. All other control objectives were met.
Transmittal letter comments:	Four comments: 1. Lack of Program Change Controls; 2. Termination Procedures*; 3. System and Application Level Password Controls*; 4. Lack of a Formalized Business Resumption Plan* (* - repeat comments)

MACSIS is the acronym for the Multi-Agency Community Services Information Systems and is the centralized claims administration and processing software maintained and secured by the Ohio Department of Mental Health (ODMH), Ohio Department of Drug and Alcohol Addiction Services (ODADAS) and Department of Administrative Services/Office of Information Technology (DAS/OIT).

There are 54 Alcohol, Drug, Mental Health, (ADAMH) and community mental health and drug/alcohol boards statewide using MACSIS to process provider claims. Of these 54 boards, some have grouped together to form board consortiums for their county or group of Ohio counties. These boards have contracted with approximately 500 providers to perform services for clients. The boards are responsible for the adjudication and payment of behavioral health claims to these providers using the state-supported MACSIS application. The boards collect all claims from the providers and pre-process them before submitting them to MACSIS to be finalized for payment processing, according to the pre-defined board and provider agreements. The software provides for eligibility verification, enrollment, service assessment, billing, and outcome monitoring functions.