



Ohio Department of Mental Health

30 East Broad Street
Columbus, Ohio 43215-3430

DATE: 8/15/2006 NUMBER: C-08-07-02 ORIGINATOR & TITLE: Margie Herrel, Manager of Program Administration

OFFICE:
Administrative Services

APPROVED BY:
Donald C. Anderson, Deputy Director: Administrative Services

DISTRIBUTION:

BHO's Boards Provider Agencies Shareholder Organizations

SUBJECT:

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

TITLE OF CORRESPONDENCE:

STATE FISCAL YEAR 2005 RECONCILIATION RATE MASTER FILE REPORT
ACTUAL COST OF SERVICE FORM (DMH-MED-020).

CONTENT:

Rule 5101:3-27-05 paragraph (c) of the Ohio Administrative Code states that all facilities participating in the Community Mental Health Medicaid Program must submit annual cost reports for the services that were billed through this program. The purpose of preparing the cost reports is to enable the Department to reconcile the amount paid for each service with the actual allowable cost of providing the service. This will allow the Department to assure that each participating agency did not receive Medicaid funding that was in excess of the actual allowable costs incurred by the agency in delivering the Medicaid services in SFY 2005 that were billed through MACSIS.

Enclosed is the Actual Cost of Service Form (DMH-MED-020) for SFY 2005 by MACSIS Unique Provider ID (UPI) under which the agency has billed in SFY 2005 and the guidelines for the completion of the Actual Cost of Service Form. The SFY 2005 Actual Cost of Service Form (DMH-MED-020) must be submitted to ODMH by September 25, 2006.

The enclosed SFY 2005 Actual Cost of Service Form is the only document that must be submitted to the Department in the completion of the actual costs. It is the responsibility of the agency to retain all working papers and other supporting documents used in the development of the cost report. Agencies

must resubmit the DMH-MED-020 for each UPI. Each form reports the Medicaid services for each service that was paid through MACSIS and through the Department of Job and Family Services (ODJFS) at the Z-code level for each fiscal year. The Department will reconcile using the ODJFS Z-codes that are used to adjudicate claims by ODJFS rather than the MACSIS procedure codes. Below is a conversion table.

<u>MACSIS Procedure code</u>	<u>ODJFS Z-code</u>	<u>Service Description</u>
90862	Z1831	Pharmacological Management
H0031	Z1832	Mental Health Assessment (non-Physician)
90801	Z1839	Mental Health Assessment (Physician)
H0004	Z1833	BH Counseling & Therapy (Individual)
H0004	Z1834	BH Counseling & Therapy (Group)
S9484	Z1837	Crisis Intervention Behavioral Health Services
S0201	Z1838	Partial Hospitalization, less than 24 hours
H0036	Z1840	Community Psychiatric Supportive Treatment (Ind.)
H0036	Z1841	Community Psychiatric Supportive Treatment (Group)

REQUIRED ACTION:

Agencies must submit the SFY 2005 DMH-MED-020s to ODMH by September 25, 2006. If an agency is out of business, has declared bankruptcy, or may be petitioning for bankruptcy, please provide any documentation that you may have by the September 25, 2006 date.

Submit all forms to:

Theresa Rohrbaugh, Assistant of Program Administration
 Office of Medicaid
 Ohio Department of Mental Health
 30 E. Broad Street, 7th Floor
 Columbus, OH 43215-3430

DATES FOR REQUIRED ACTION:

The SFY 2005 DMH-MED-020 forms are due to ODMH by September 25, 2006.

NAME, TELEPHONE NO., AND EMAIL OF CONTACT PERSON(S): Margie Herrel, Manager of Program Administration, (614) 466-9655, herrelm@mh.state.oh.us

Enclosures

Cc: Angie Bergefurd, ODMH
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 Chiwayi Lin, ODMH
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 Hugh Wirtz, OCOBHCP
 Margaret Burns, Family Serv. Council of Ohio
 Penny Wyman, Ohio Assoc. Of Child Caring Agencies