



Ohio Department
of Mental Health

30 East Broad Street, 8th Floor
Columbus, Ohio 43215

Sandra Stephenson, Director



Department of Alcohol &
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280 North High Street, 12th Floor
Columbus, Ohio 43215

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TO: Community Medicaid Participating ODADAS Certified/Licensed Treatment Programs
Community Medicaid Participating ODMH Certified Community Mental Health Agencies
Executive Directors, ADAMHS/ADAS/CMHS Boards

FROM: Angie Bergefurd, Assistant Deputy Director, ODMH ^{AB}
Douglas L. Day, Medicaid Administrator, ODADAS ^{DLD}

DATE: April 6, 2009

RE: SFY 2010 Community Medicaid Rate Submission Instructions
SFY 2009 Final Submission Date for Rate Adjustments

As you know, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), the Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Mental Health (ODMH) are working to finalize the details of state plan amendments with the Center for Medicare and Medicaid Services (CMS) to transition from the current reimbursement methodology to that of a fee schedule. However, until the state plan amendments are approved and the implementing rules are finalized, provider agencies need to proceed with SFY 2010 budgets and rate submissions as in past years under the current ODJFS Medicaid rules. The instructions for SFY 2010 community Medicaid rate submissions are written below and further details on the fee schedules will be distributed as they are finalized.

SFY 2010 Community Medicaid Rate Submission Instructions

Enclosed are the ODADAS and ODMH Community Medicaid Rate Sheets, the instructions for completion of the rate sheets and sample ODADAS and ODMH uniform cost reports (UCRs) for use when requesting Medicaid rate revisions for SFY 2010. It is critical that each agency and/or program read the enclosed instructions carefully prior to completing both the rate sheet(s) and the UCR(s) in order to assure timely and accurate processing of SFY 2010 community Medicaid rates. Ohio Administrative Code rules 3793:2-1-09 and 5122-26-19 contain the instructions for completing each Department's uniform cost report.

Providers must submit the appropriate rate sheet(s) with the appropriate budgeted UCR(s) attached to ODADAS and/or ODMH no later than June 1, 2009 to ensure a rate effective date of July 1, 2009. A copy of these documents should be sent to the local board indicated in Block (3) of the rate sheet(s). If there are boards in addition to the one in Block (3) you want to receive copies of the processed documents, please submit a cover letter with the rate sheet(s) and UCR(s) stating the additional board(s).

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Rate information received after June 1, 2009 will be returned to the agency/program as unprocessed. The agency/program may resubmit the rate sheet(s) and UCR(s) after July 1, 2009 as a rate adjustment request which will be processed in accordance with OAC rule 5101:3-27-05 or 5101:3-30-04. All Medicaid agencies are asked to submit a budgeted UCR and rate sheet(s) for SFY 2010 even if the agency's costs are at or above the rate ceilings. If an agency chooses to add a new service(s) or remove a previously billed service(s), they need to submit a cover letter to the appropriate Department with the requested change(s) stating the service changes and the effective date of the change(s).

Once the rate sheet(s) have been processed, the Departments will return the rate sheet(s) and a copy of budgeted UCR(s) to the agency/program. A copy of these documents will be sent to the local board as specified in Block (3) of the rate sheet(s) and any board(s) listed on the cover letter.

Community Medicaid Mental Health Services Rate Sheets and budgeted Uniform Cost Reports should be sent to:

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

For questions related to Community Medicaid Mental Health Services Rate Sheet or the ODMH Uniform Cost Report please contact Theresa Rohrbaugh at (614) 644-1513 or rohrbaught@mh.state.oh.us.

Community Medicaid Alcohol and Other Drug Treatment Services Rate Sheets and budgeted Uniform Cost Reports should be sent to:

Nilu Ekanayake
Medicaid Program Specialist
Ohio Department of Alcohol and Drug Addiction Services
280 North High Street, 12th Floor
Columbus, Ohio 43215

For questions related to Community Medicaid Alcohol and Other Drug Treatment Services Rate Sheet or the ODADAS Uniform Cost Report please contact Nilu Ekanayake at (614) 644-8458 or nekanayake@ada.ohio.gov.

SFY 2009 Final Submission Date for Rate Adjustments

OAC rules 5101:3-27-05 and 5101:3-30-04 require SFY 2009 rate adjustments must be received by the Departments no later than May 1, 2009. SFY 2009 rate adjustments received after May 1, 2009 will not be processed and will be returned to the program/agency. Please send SFY 2009 rate adjustments to the addresses above.

**Instructions for completing a
Community Medicaid Alcohol and Other Drug Treatment Services Rate Sheet or a
Community Medicaid Mental Health Services Rate Sheet**

I. Introduction

These instructions are intended to assist Community Mental Health Provider Agency personnel and Alcohol and Other Drug Treatment Program personnel who are responsible for the completion of either Department's Community Medicaid Rate Sheet to be submitted to either ODADAS or ODMH.

Form A-1; aka Uniform Cost Report (UCR); aka DMH-FIS-047 or ODADAS-FIS-047

AoD or MH service Medicaid rates are based on prospective budgeted allowable unit costs. Beginning with SFY 2006, the first step in calculating Medicaid rates is the completion of an appropriate Form A-1 (i.e. DMH-FIS-047 and/or ODADAS-FIS-047). UCRs and instructions for their completion are filed as OAC 5122-26-19, for services certified by ODMH, and OAC 3793:2-1-09 for programs certified by ODADAS.

OAC 5122-26-19 can be found at the following web-site:

http://b9962ed140049a571a710839f1f71c989aaf09ce.gripelements.com/licensurecert/rules_cert_standards/5122-26-19.pdf

OAC 3793:2-1-09 can be found at the following web-site:

<http://codes.ohio.gov/oac/3793%3A2-1-09>

II. Completion of the Community Medicaid Rate Sheet

Community Medicaid rate sheets are a means for communicating to ODADAS and/or ODMH an Agency/Program's Medicaid rates for entry into MACSIS. A Community Medicaid Rate Sheet must be completed and submitted with a corresponding budget based UCR for each UPI. The UCR rules allow the following three options for completion:

- 1) By discreet UPIs,
- 2) By bundling projected costs from multiple physical locations and budgeting these under a single UPI, or
- 3) At the corporate level by projecting all service costs associated with multiple physical locations under a single UPI and federal tax identification number combination.

In most cases the number of Community Medicaid Rate Sheets being submitted will equal the number of UCRs (option 1 above). If there are multiple physical locations utilizing a single billing UPI (options 2 and 3 above), a unique Community Medicaid rate sheet should be submitted for each location (distinguished by addresses) indicating the services that are provided at each location. This is needed to verify that the agency/program will be providing and billing for only certified services and programs at each specific location.

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The Departments have made the Community Medicaid rate sheets available in Adobe PDF and Microsoft Excel formats. A Community Medicaid rate sheet may be obtained from the following web pages:

For AoD Treatment Services:

<http://www.odadas.ohio.gov/public/ContentLinks.aspx?SectionID=bbb613ba-dc26-47c3-8e3d-9e95c8c009c4>

For MH Services:

<http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/medicaid/index.shtml>

In order to fully utilize the features of these forms, you will also need the free Adobe Acrobat Reader program available here:

<http://www.adobe.com/products/acrobat/readstep2.html>

Once you have either an electronic PDF open in the Adobe Acrobat Reader program, the Microsoft Excel version open in Excel, or a blank printed copy of the appropriate rate sheet, the following information needs to be filled in. If using the electronic PDF version, you will be able to type into the appropriate fields and then print the completed rate sheet. **Because of the limitations of the free Adobe Acrobat Reader program, you will only be able to save a blank copy of the rate sheets. You will not be able to save a filled in version. When navigating between fields using the free Adobe Acrobat Reader program, do not use the enter key rather use the tab key.**

For each Community Medicaid rate sheet, fill in the following information:

- Field (1): Enter the Agency/Program name and address. This should be the address of the location where the services on the rate sheet are provided. Keep in mind that if one UPI is being used for billing purposes (options 2 and 3 from earlier), then a rate sheet should be submitted for each location (address) being billed using that UPI.
- Field (2): Enter the nine digit Federal Tax Identification (FTID) number. When completing this field using the Adobe Acrobat Reader program, there is only space for nine digits, therefore, do not include any dashes. This FITD must exactly match the Federal Tax Identification number on the corresponding UCR.
- Field (3): Enter the name and address of the ADAMHS/ADAS/CMHS Board where the agency/program's primary place of business is located. Regardless of how many rate sheets are submitted by an agency/program, this should be the same Board in all cases. For example, if an agency/program primarily operating in Franklin County also has a site operating in Pickaway County, the address in field (1) should be the Pickaway County address and the information in field (3) should be for the Franklin County ADAMHS Board.

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- Field (4): Enter the Unique Provider Identification number (UPI) through which the services documented on the rate sheet will be billed. For agency's/programs utilizing option 1 from earlier, this UPI should be the same UPI that is on the UCR. For agency's/programs utilizing option 2 or 3, this UPI should be the UPI where services are being billed through (UPI will not correspond to the address).
- Field (5): Enter the ODMH Certification number and effective date or the ODADAS certification type, certification number, effective date and, if applicable, the ODADAS Opioid Agonist Program License number and effective date.
- Column (6): Do not enter or alter the information in this column.
- Column (7): Do not enter or alter the information in this column.
- Column (8): Enter the budgeted allowable cost per unit for each service. **For each service, this must be the same amount as found in column 12 (Allowable Cost Per Unit) of the UCR that is submitted with the Community Medicaid rate sheet.** When typing information into this column using the Adobe Acrobat Reader program, you will only be able to enter numbers. You will not type a dollar sign (\$) but you will need to enter a decimal point.
- Column (9): This column contains the Medicaid Rate Ceiling information for each service. Do not enter or alter the information in this column.
- Column (10): This column will contain the Prospective Cost Based Unit Rate. **The amount entered in column (10) must be the lower of the Budgeted Allowable Cost Per Unit entered in column (8) or the service specific Medicaid Rate Ceiling found in column (9).** If you are completing the form by typing using the free Adobe Acrobat Reader program, this column will automatically calculate and enter the correct amount.
- Column (11): This column contains the requested Rate Effective Dates. You should enter the date you would like the rate(s) to become effective for billing purposes. **The requested effective date will be used if it is prospective when received by the Departments, with the exception of a new service rate or rates. If the requested effective date is not prospective when received by the Departments, the rate effective date will be the date the rate is entered into MACSIS.** When entering this information using the free Adobe Acrobat Reader program, you must use the following format: mm/dd/yyyy and including entering the slashes.

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Ohio Department of Mental Health
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Nilu Ekanayake
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