

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES
Medicaid Reconciliation Forms Completion and Submission Guidelines
For State Fiscal Year's 2000-2005

General Guidelines

1. It is the responsibility of each program, with an approved ODADAS Medicaid contract against which services were billed and paid, to complete the Medicaid Actual Cost of Service Form and the Reconciliation Report Form for each state fiscal year (SFY).
2. The use of correction fluid/tape or other correction practices is not allowable.
3. Only original signatures will be accepted. Xerox copies, facsimiles or rubber stamp signatures are not acceptable.
4. Because ODADAS' Medicaid Reconciliation Process is approved by ODJFS and overpayments must be collected in accordance with Ohio Revised Code (ORC) 5111.914 and Ohio Administrative Code (OAC) 5101:6-51-01, 02, 03, 04, 05, 06 & 07, no recovery of any funds will be undertaken until the program is notified by ODADAS of the overpayment amount.
5. The Department will demonstrate due diligence in seeking recovery of overpayments made to a closed program. As permitted by law, ODADAS will pursue recovery of overpayments from a defunct program's officers and/or directors. Unless individual circumstances warrant, ODADAS will not pursue overpayments from ADAS/ADAMHS Boards.
6. In instances where required information is missing, the Department will default values to zero(es). This will result in implied overpayments when computations are done by the Department. This action will be taken because the burden of proving a service was properly provided and billed is upon the program.
7. The program should have completed an Actual Expense Budget Overview (ODADAS FIS-047) for the SFY being reconciled. It is the program's responsibility to make sure all unallowable costs are backed out of the actual costs. Examples of unallowable costs can be found in the Office of Management and Budget Circular A-122.
8. In order to align with the implementation of MACSIS and system transition of provider payments, overpayment amounts will reflect 100% payment versus previous reconciliations only recovering the Federal Financial Participation (FFP).

A. Actual Cost of Service Form (ACSF)

1. Enter the actual cost for each service category in Column A of this form. Actual program costs for Column A may be taken directly from Column 8 of the program's actual ODADAS FIS-047.

To identify the total cost of each Medicaid service, include the total costs incurred by the program for each type of Medicaid service delivered regardless of whether all units were billed to or reimbursed by Medicaid. The cost allocation methodology used in identifying total service costs must be consistent with the methodology used to develop the budgeted ODADAS FIS-047 for that SFY.

2. If unallowable costs have not already been backed out of the total costs in the Actual Expense Budget Overview ODADAS FIS-047, enter the amount of unallowable costs, by service, in Column B.
3. The allowable program costs (Column C) are calculated by subtracting the unallowable costs (Column B) from the actual total costs (Column A).
4. Enter the total number of units delivered for each service in Column D regardless of whether or not the units were billed to or reimbursed by Medicaid.
5. The Allowable Unit Costs (Column E) are calculated by dividing the allowable cost of each service (Column C) by the total number of units provided (Column D) regardless of whether or not the units were billed or reimbursed by Medicaid.
6. Electronic versions of this form in pdf and excel are available from the ODADAS website: www.odadas.ohio.gov/public/ under Fiscal and Funding and then Medicaid Documents.

B. Reconciliation Report Form (RRF)

Complete the Reconciliation Report Form. (Numbers 1 through 9 below are referenced on the example Reconciliation Report Form). Reconciliation is completed by using the Date of Service not the Billing Date.

1. If all of the service codes are not listed on the RRF, this indicates that the organization did not receive reimbursement for those particular services in the SFY.
2. The different FFP Rates shown on the sample RRFs may not appear on an actual RRF. If that is the case, complete the RRFs based only on the FMAPs listed, the other rates were not applicable for the SFY.
3. Enter the Allowable Unit Cost (AUC) for each service by copying the Allowable Unit Cost from Column E on the Actual Cost of Service Form. In instances where the AUC exceeds the Medicaid rate ceiling for a SFY, enter the Medicaid rate ceiling. The rate ceiling chart is included.
4. Calculate the number of Agency Verified Units (AVUs). Compare units by Service Code to actual internal client data information. Identify all discrepancies and enter the corrected

AVUs on the Reconciliation Report Form. You may not “add” previously unbilled units, therefore the total AVUs can not exceed those reported in the Paid Units column.

5. Calculate the Reconciled Amount. Multiply the AUC by the number of AVUs: $AUC \times AVU = \text{Reconciled Amount}$. Enter the Reconciled Amount in the appropriate column. (NOTE: A service may have been reimbursed at up to six FMAPs for the SFY being reconciled.)

EXAMPLE 1: Use the attached example reports labeled “not overpaid” for this example. Service Code 01 (MACSIS Code A016) with FMAPs of 58.26 and 58.67:

Step a. The AUC is the Medicaid rate ceiling: \$60.00.

Step b. In this example, there were 192.00 AVUs of service delivered and reimbursed at an FMAP of 58.26 and there were 26.00 AVUs of service delivered and reimbursed at an FMAP of 58.67.

Step c. Multiply the AUC (\$60.00) by the first AVU (192.00). The result is \$11,520.00

For the second FMAP: Multiply the AUC (\$60.00) by the second AVU (26.00). The result is \$1,560.00.

$$\$60.00 \times 192.00 = \$11,520.00$$

$$\$60.00 \times 26.00 = \$1,560.00$$

To calculate the Reconciled Difference, subtract the Net Amount from the Reconciled Amount and enter the result in the Reconciled Difference column.

FMAP of 58.26:

Reconciled Amount	\$ 11, 520.00
Net Amount	<u>\$-11, 520.00</u>
Reconciled Difference	<u><u>\$ 0.00</u></u>

FMAP of 58.67:

Reconciled Amount	\$ 1,560.00
Net Amount	<u>\$ -1,560.00</u>
Reconciled Difference	<u><u>\$ 0.00</u></u>

These amounts should be entered into the appropriate columns on the RRF.

Please Note: The example Reconciliation Report Form has been completed using example numbers to demonstrate how Reconciled Differences are to be entered. Additionally, negative values represent overpayments.

EXAMPLE 2: Use the attached example report for amounts overpaid. Service Code 02 (MACSIS Code A016) with FMAPs of 58.67 and 59.03:

- Step a. Assume an AUC of \$95.76.
- Step b. Count the AVU using the example report as described in #4. In this example, there were 5.00 AVUs of service delivered and reimbursed with an FMAP of 58.67. And there were 2.00 AVUs of service delivered and reimbursed with an FMAP of 59.03.
- Step c. Multiply the AUC (\$95.76) by the first AVU (5.00). The result is \$478.80.

For the second FMAP: Multiply the AUC (\$95.76) by the second AVU (2.00). The result is \$191.52.

$$\begin{aligned} \$95.76 \times 5.0 &= \$478.80 \\ \$95.76 \times 2.0 &= \$191.52 \end{aligned}$$

To calculate the Amount Overpaid, subtract the Net Amount from the Reconciled Amount. Enter the negative number in the Reconciled Difference column. Using the above example:

A: FMAP of 58.67:	
Reconciled Amount	\$ 478.80
Net Amount	<u>\$-670.32</u>
Reconciled Difference	<u>\$-143.64</u>

B: FMAP of 59.03:	
Reconciled Amount	\$ 191.52
Net Amount	<u>\$-287.28</u>
Reconciled Difference	<u>\$ -95.76</u>

These overpaid amounts should be entered into the appropriate columns on the RRF.

Please Note: The example Reconciliation Report Form has been completed using example numbers to demonstrate how Reconciled Differences are to be entered. Additionally, negative values represent overpayments.

4. Total the Amounts Reconciled column and enter the results on the "Totals" lines.
5. Calculate the "Reconciled Difference" line by adding the values in the Reconciled Difference column. Enter the result as a positive or negative number.
6. Calculate the Reconciled FFP dollar amount by multiplying the FMAP rate by the Reconciled Amount.
-Using above example 2a: Reconciled Amount (\$478.80) * FMAP Rate (58.67) = \$280.91

7. Calculate the Reconciled Medicaid Match dollar amount by subtracting the Reconciled FFP from the Reconciled Amount.
-Using above example 2a: Reconciled Amount (\$478.80) – FFP Reconciled Amt (\$280.91) = \$197.89.
8. Enter the program's estimated Total Medicaid Agreement Value (FFP + matching funds) for the SFY.
9. Reconciliation Report Form should be signed and dated by the person at the program who completed the form along with their phone number and the signature of the Executive Director of the agency.
10. Do not send overpayments back to ODADAS. The Department will notify the program of overpayments due and methods of repayment. Non-overpayments will not be reimbursed to the program.

C. Notification of Overpayment and Recovery Process

1. Once all reconciliation reports are received by ODADAS, they will be reviewed for completeness and accuracy. The data will be entered into a database which will calculate the overpayments. In accordance with the ODJFS rules and Ohio's CMS approved state plan, under payments will not be reimbursed to the program.
2. ODADAS will request voluntary repayment in full via check within 30 calendar days of the agency receipt of a letter (verified by the date of delivery on the United States Postal Service Domestic Return Receipt). A courtesy copy of the voluntary repayment letter will be sent to the ADAS/ADAMHS Board area where the agency is located.
3. If voluntary repayment is not made in full within the 30 days, ODADAS will proceed with sending a formal notice of hearing rights in accordance with section 5111.914 of the Revised Code. Enclosed with this letter are copies of the ODJFS statute (RC 5111.914) and the ODJFS rules (Ohio Administrative Codes 5101:6-51-01, 02, 03, 04, 05, 06, and 07) ODADAS is required to follow when recovering Medicaid overpayments.
4. As an alternative to payment in full, a written statement disputing the overpayment amount and requesting an opportunity to negotiate a settlement may be submitted to ODADAS. This request for settlement must be received by ODADAS within 30 days of the mailing date of the request for voluntary repayment.