

ODADAS and ODMH Fee Schedule FAQ

1. Will the Medicaid Rate for each service category be billed and paid at the Medicaid ceiling, or will different rates be paid to each provider depending on their UCR filed for the current fiscal year?

All provider rates in MACSIS will be the fee schedule (by service), therefore they will be the same (by service) for all providers. A provider will be paid based upon the lesser of their Usual and Customary Charge, the fee schedule or their billed amount. (See attached agency example)

2. Will a new rate be applied with each fiscal year as budgeted UCR's are submitted by the boards?

No, the statewide fee schedules can only be changed through amending the authorizing ODJFS rules. Providers are now only required to submit the AUCR AUP report in accordance with the applicable ODADAS or ODMH rule, neither department will be collecting budget UCRs for the Medicaid programs.

3. If providers are being instructed to bill their usual and customary charge, with the new rule changes, is there anything prohibiting a provider to change their usual and customary charge to the new fee schedule?

No, a provider has certain discretion in determining their UCC. Here is a good overview from the Illinois department of insurance, http://www.insurance.illinois.gov/healthinsurance/usual_customary_fees.asp. Even though the explanation is from another state, it is a general healthcare industry concept that has been around for a long time.

4. Are providers supposed to artificially inflate their UCC to at least the fixed rates for Medicaid reimbursable services. Are Boards allowed to ask for verification/substantiation of these new charges?

No, providers should not artificially inflate their UCC.

No, boards do not have authority to ask for verification/substantiation of the new charges.

5. Can Medicaid be charged for other services that are not Medicaid Reimbursable, for example Client Education?

No, providers may only bill for the approved Medicaid billable alcohol and other drug and mental health services.

6. As long as a provider bills both Medicaid and Non-Medicaid services at their usual and customary charge, may a provider contract with an entity, such as a Board, insurance company,

or other 3rd party provider, for a different rate (lower or higher) for the same service to non-Medicaid consumers, and receive payment for the service at that different rate?

Yes, as long as the provider bills their usual and customary charge to everyone.

7. If this is allowable, is there a process to set non-Medicaid rates independently from the Medicaid rates that are established in MACSIS?

The local Board enters the non-Medicaid rates so it is necessary to contact them.

8. Should providers change rates in their electronic billing files for services dated October 4, 2010 and forward?

The departments cannot make that determination for the providers. Providers should update their Usual and Customary Charges as needed.

9. Does a provider have to submit a budgeted UCR?

No, providers are no longer required to submit a budgeted UCR to reflect changes in their rates. However, providers are still required to submit an AUCR and AUP per each departments' requirements. No changes have been made to those requirements.

ODADAS and ODMH Fee Schedule FAQ Glossary

“Actual uniform cost report” (AUCR) means

ODMH: The uniform cost report completed retrospectively after the close of the state fiscal year (SFY) using actual cost data. The form is designated as "ODMH-FIS-047" in appendix A of the Ohio Administrative Code 5122-26-19.

ODADAS: The uniform cost report completed retrospectively after the close of the state fiscal year (SFY) using actual cost data. The form is designated as “ODADAS-FIS-047” in appendix A in the Ohio Administrative Code rule 3793:2-1-09.

"ADAMHS board" means an Alcohol, Drug Addiction and Mental Health Services Board as defined in Chapter 340.02 of the Ohio Revised Code.

“ADAS board” means Alcohol and Drug Addiction Services Board as defined in Ohio Revised Code section 340.021.

“AoD Program” means any alcohol and drug addiction program as defined in Ohio Revised Code 3793.01 which has been issued a certificate from the Ohio Department of Alcohol and Drug Addiction Services in accordance with the requirements of section 3793.06 of the Ohio Revised Code or has been issued a license from the Ohio Department of Alcohol and Drug Addiction Services in accordance with the requirements of section 3793.11 of the Ohio Revised Code.

“Agreed-Upon Procedures” (AUP) means

ODMH: Reference Ohio Administrative Code 5122-26-19.1

ODADAS: Reference Ohio Administrative Code 3793:2-1-10

“Billed Amount” means the amount billed by the agency for the service being remitted.

“Budgeted uniform cost report” (BUCR) means a uniform cost report completed prospectively using anticipated budgeted cost data for an upcoming SFY.

ODMH: The form is designated as "ODMH-FIS-047" in appendix A of Ohio Administrative Code 5122-26-19.

ODADAS: The form is designated as “ODADAS-FIS-047” in Ohio Administrative Code 3793:2-1-09.

"CMH agency" means any community mental health agency as defined in section 5122.01 of the Ohio Revised Code which has been certified by the Ohio Department of

Mental Health in accordance with the requirements of section 5119.611 of the Ohio Revised Code.

"CMH board" means a community mental health board as defined in Chapter 340 of the Revised Code.

"Medicaid Rate" means the fee schedule unit rate, by service, which is entered into the MACSIS rate table. It is utilized by MACSIS in the claims adjudication cycle to calculate (units on a claim times the Medicaid rate) a potential payment amount, keeping in mind that payment will be the lesser of the billed amount submitted by the provider using their usual and customary charge or the calculated net amount. Payment can be further reduced when third party payments are reported on a claim in either situation,

"Medicaid Billable Services" means

ODMH: Reference Ohio Administrative Code 5101:3-27-02.

ODADAS: reference Ohio Administrative Code 5101:3-30-02 and 5101:3-30-03.

"ODADAS" means the Ohio Department of Alcohol & Drug Addiction Services as defined in Ohio Revised Code 3793.02 and 3793.03.

"ODMH" means the Ohio Department of Mental Health as defined in Ohio Revised Code 5119.

"Rate Ceiling" means

ODMH: the maximum amount per unit of service a Medicaid participating mental health agency may be paid for a Medicaid covered mental health service listed in Ohio Administrative Code 5101:3-27-05.

ODADAS: the maximum amount per unit of service a Medicaid participating AoD program may be paid for a Medicaid covered AoD service listed in Ohio Administrative Code 5101:3-30-04 .

"Usual and Customary Fee" (UCF) or "Usual and Customary Charge" (UCC) is defined as the charge for health care that is consistent with the average rate or charge for identical or similar services in a certain geographical area.

ODMH: Reference Ohio Administrative Code 5101:3-27-05.

ODADAS: Reference Ohio Administrative Code 5101:3-30-04.

Reference http://www.insurance.illinois.gov/healthinsurance/usual_customary_fees.asp for a more detailed description of the UCF/UCC.

Reimbursement and Rate Setting Rules - Fee Schedule of Usual & Customary Charges

- Each agency shall maintain a fee schedule of usual and customary charges for all community mental health and alcohol and other drug addiction services it provides.
- The agency collects third party insurance information from all Medicaid and non-Medicaid clients.

Reimbursement and Rate Setting Rules - Fee Schedule of Usual & Customary Charges – Agency Example

Service	Usual and Customary Charge (UCC) – Per Unit
Mental Health	
Pharm. Management	\$350.00
Crisis Intervention	\$200.00
Alcohol and Other Drug	
Intensive Outpatient	\$112.50
Assessment	\$150.00

Reimbursement and Rate Setting Rules - Fee Schedule of Usual & Customary Charges

- The agency shall bill the community Medicaid program its usual and customary charge for the Medicaid covered service.
- Agencies will be reimbursed the lesser of the agency's usual and customary charge or the prospective unit rate.

Agency Example

Service	Usual and Customary Charge	Medicaid Fee Schedule Rate (in MACSIS)	Payment Amount (for one unit)
Pharm. Management (MH)	\$350.00	\$210.87	\$210.87
Crisis Intervention (MH)	\$200.00	\$118.33	\$118.33
Intensive Outpatient (AoD)	\$112.50	\$136.90	\$112.50
Assessment (AoD)	\$150.00	\$82.03	\$82.03

Reimbursement and Rate Setting Rules – Free Care & Reduced Charges

- The community Medicaid program will not pay for community mental health or alcohol and other drug addiction services for a Medicaid client when those same services are routinely provided to non-Medicaid clients at no charge
 - Except when Medicaid reimbursement for such services are prescribed by federal law or in rule 5101:3-1-03 of the OAC.

Reimbursement and Rate Setting Rules – Free Care & Reduced Charges

- If a reduced charge or no charge is made, the lowest charge made becomes the Medicaid rate for that service.
- The community Medicaid mental health or alcohol and other drug addiction services are not considered to be provided to non-Medicaid clients at no charge or at a reduced charge if all of the following requirements are met: