



Ohio Department of Mental Health

30 East Broad Street
Columbus, Ohio 43215-3430

DATE: NUMBER: ORIGINATOR & TITLE:
June 8, 2007 C-06-07-01 Margie Herrel, Manager, 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):

TITLE OF CORRESPONDENCE:
SFY 2008 Community Medicaid Agreements and Board/Agency List

CONTENT:

Enclosed is a copy of the SFY 2008 Agreement between the ODMH and ADAMH/CMH Boards; the Board/CMH Agency Agreement to Provide Community Mental Health Medicaid Assistance Services; and a SFY 2008 Board/Agency List. Each Board must complete the agreement and the SFY 2008 Board/Agency list and submit a hand-signed original to ODMH. Boards and CMH agencies must complete the Board/CMH agency agreement and submit the originals to ODMH. All Agreements and the Board/Agency list must be submitted by July 9, 2007. **Boards and agencies may not make changes to the agreements.**

Neither agreement has changed substantially from the past. The Agreements have been updated to reflect the change in rules; rearranged, hopefully to make reading them a little easier, and put into one document, instead of an additional extension with amendments. The ODMH/Board Agreement and the Board/CMH Agency Agreement will remain in effect until terminated and will be updated as needed.

The Agreements and Exhibits can be found on the ODMH website at: <http://www.mh.state.oh.us/medicaid/general/medicaid.index.html>. As a reminder, Boards and agencies are subject to the current ODJFS/ODMH Interagency Agreement, Exhibit A, of the Community Medicaid Agreements which is also located on the ODMH website address listed above.

Agencies that are new Medicaid contract agencies in SFY 2008 must submit The Declaration Regarding Material Assistance/non-Assistance to a Terrorist Organization; the Ohio Health Plans Provider Enrollment Application/Agreement for Organizations; Exhibit E, and the W-9 in their entirety and submit them through the Boards to ODMH. The Declaration Regarding Material Assistance/non-Assistance to a Terrorist Organization; The Ohio Health Plans Provider Enrollment Application/Agreement for Organizations; Exhibit E, and the W-9 are located on the ODMH website listed above.

If the new agency is a Medicare Provider, they must also submit a copy of the letter from CMS enrolling them as a Medicare Provider or a copy of an Explanation of Benefits (EOB) with the client information removed with the agreement. The agency must also submit a copy of the National Plan and Provider Enumeration System (NPPES) entity type 2 NPI notification received. The agency must also complete the JFS 01796 form to verify their group Medicare legacy PIN numbers associated with their respective group Ohio Medicaid legacy provider (cross-over) number. A PDF version of the JFS 01796 form can also be found at: <http://www.odjfs.state.oh.us/forms/interfind.asp?formnum=01796>. **ODMH will enroll the agency in the Medicare/Medicaid Crossover system** so that they can receive Medicaid co-insurance and deductible payments. The checks and remittance statements for the Medicare/Medicaid process are mailed directly to the agency. The process will only pay for services that are *currently* being processed with services that are provided within 365 days prior to the ODJFS pay date.

As a reminder, agencies may not bill services through MACSIS for which they received Medicare reimbursement. Agencies are only allowed to receive the Medicaid co-insurance and deductible through the Medicare/Medicaid Crossover process.

Agencies must submit Agreement information through the Board. Boards must submit the Agreements to Margie Herrel at the address listed below.

As a reminder, a memo dated March 6, 2007 was distributed to all Boards and CMH agencies detailing the SFY 2008 rate process, instructing the CMH agencies to submit the original UCRs and Rate Sheets to ODMH with a copy to the board. As stated in the memo, in order to ensure an effective date of July 1, 2007, the signed originals were due to ODMH by June 1, 2007. UCRs and rate sheets received after that date will be returned to the agency unprocessed. The agency/program may resubmit the rate sheet(s) and UCR(s) after July 1, 2007 as a rate adjustment request which will be processed in accordance with OAC rule 5101:3-27-05.

Agencies must submit UCR and Rate documentation to:

Margie Herrel, Manager, Program Administration
Office of Medicaid
Ohio Department of Mental Health
30 E. Broad Street, 7 Floor
Columbus, Ohio 43215-3430

REQUIRED ACTION:

AGENCIES SEEKING MEDICAID REIMBURSEMENT FOR THE FIRST TIME IN SFY 08

Agencies seeking Medicaid reimbursement for the first time in SFY 2008 must submit the SFY 2008 Agreement; The Declaration Regarding Material Assistance/non-Assistance to a Terrorist Organization; the Ohio Health Plans Provider Enrollment Application/Agreement for Organizations; and the W-9 in their entirety and submit them through the Boards to ODMH. All forms and agreements are located on the ODMH website listed above.

If the new agency is a Medicare Provider, they must also submit the following: a copy of the letter from Medicare enrolling them as a Medicare Provider with the agency name and address or a copy of an Explanation of Benefits (EOB) with the client information removed; a copy of the National Plan and Provider Enumeration System (NPPES) entity type 2 NPI notification received; and a completed JFS 01796 form. This documentation must be submitted through the Boards. **The signed original UCR and revised rates sheet must be submitted directly to ODMH with a copy to the Board.**

AGENCIES THAT HAD AGREEMENTS IN SFY 2007

Agencies that had agreements in SFY 2007 must submit the signed original agreement to the Board. The Board will submit the signed original to ODMH.

BOARDS

Boards must submit a signed ODMH/Board Community Medicaid Services Agreements and the completed Board/Agency list to ODMH.

DATES FOR REQUIRED ACTION:

All SFY 2008 Community Medicaid Agreement documentation required in this communication is due to ODMH by July 9, 2007. **Boards and agencies cannot make changes to the agreements.**

NAME, TELEPHONE NO., AND EMAIL OF CONTACT PERSON(S):

If you have questions regarding this process, please contact Margie Herrel at (614) 466-9655 or herrelm@mh.state.oh.us .

Enclosures

Cc: Angie Bergefurd, ODMH
Kyme Rennick, Staff Counsel
Area Directors, ODMH
Douglas L. Day, Medicaid Administrator, ODADAS
Tim Ferguson, Bureau of Community Access, ODJFS
Cheri Walter, OACBHA
Hugh Wirtz, OCOBHCP
Margaret Burns, Family Serv. Council of Ohio Dept of Mental Health
Penny Wyman, Ohio Assoc. of Child Caring Agencies