Ohio | Department of Alcohol & Drug Addiction Services

John R. Kasich, Governor
Mary Taylor, Lieutenant Governor
Orman Hall, Director

To: ADAMHS/ADAS Boards

From: Monica D. Burke, Medicaid Program Administrator

Date: Sent via the ODADAS Medicaid Board e-distribution list on September 15, 2011

RE: ODADAS and ODJFS Medicaid Provider Enrollment Process – **New Providers Only**

In order to enroll an ODADAS-certified treatment program into community Medicaid for the first time (**this procedure is not applicable to adding sites/programs or for providers/programs currently enrolled in community Medicaid**), several paper documents must be submitted to ODADAS **PRIOR** to the provider enrolling via the ODJFS MITS Provider Portal. To facilitate timely processing, ODADAS will need the following information submitted by a Board on behalf of a program:

1) The standardized "Ohio Department of Alcohol and Drug Addiction Services AoD Treatment Program Agreement Between ADAMHS/ADAS Boards and ODADAS-Certified Treatment Programs Contract B" (attached to this communication and to the SFY 2012 ODJFS/ODADAS Interagency Agreement);

2) A service array sheet or sheets and, if applicable the rate sheet or sheets and budget uniform cost report if services are being provided prior to the implementation of the fee schedule on October 4, 2010, and

3) Contact information for the ODADAS-Certified Treatment Program.

Board staff that process ODADAS Medicaid provider contracts should use the information on the second page of this letter as a "check list" before submitting them to ODADAS. Provider contracts submitted with incomplete or inaccurate information may be returned for correction.

The document checklist and information form on page two of this letter should be provided to ODADAS-certified treatment programs to share important information with them prior to their enrollment into the community Medicaid program. In particular, we recommend providing the ODADAS-certified treatment program with Board contact information, as specified on page two.   .

Also attached is the ODADAS Board/Provider Medicaid contract as required under the interagency agreement between ODADAS and ODJFS.

If there are any questions, please contact me either by phone at (614)752-8360 or e-mail at Monica.Burke@ada.ohio.gov.

Attachments

280 North High Street, 12th Floor
Columbus, Ohio 43215-2550
Main 614-466-3445

FAX 614-728-4936
800-788-7254 Treatment and Recovery Hotline
www.odadas.ohio.gov

The State of Ohio is an equal opportunity employer.

ADAMHS/ADAS Board Contact Information:

Board Contact Name: _____
Contact Email Address: _____
Contact Phone Number: _____
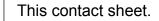
ODADAS-Certified Treatment Program Contact Information:

MACSIS UPID/ODADAS-Certification Number: _____
Contact Name: _____
Contact Email Address: _____
Contact Phone Number: _____

Information for submission to Board:

☐ The AoD Treatment Program Agreement Between ADAMHS/ADAS Boards and ODADAS-Certified Treatment Programs Contract B.

☐ If services are provided on or after October 4, 2010, the ODADAS Medicaid Service Array Sheet.

☐ If services are provided on or before October 3, 2010, the ODADAS Medicaid Rate Sheet and a Budget Uniform Cost Report.

☐ This contact sheet.

Upon receipt of this information, ODADAS will contact the provider designee via e-mail and instruct the provider to proceed with enrolling through the MITS internet provider portal. PLEASE **NOTE: Once you have initiated a Medicaid provider enrollment application, you have only three (3) calendar/business days to fully complete and submit the ODJFS application within the MITS portal system. If the application is not completed within this timeframe, you will have to start all over with a new electronic application process.**

When you have completed the enrollment through the MITS provider portal, you must send ODADAS a notification to the MedicaidRates@ada.ohio.gov mailbox in order for ODADAS and ODJFS to complete your provider enrollment.

In order to assure timely processing and approval, please make sure the following are completed and included in your electronic ODJFS provider agreement submission:

- Signed W-9 form
- Copy of the notice from the NPI Enumerator
- Copy of the printed and uploaded Signature page
- Copy of certificate for Clinical Laboratory Improvement Act Information (if applicable)

Applications that are approved will be assigned an **ODJFS provider number.** Please maintain this number for your records. You will need it in order to use the MITS provider portal system to verify Medicaid client eligibility and maintain provider demographics.

Once all materials have been reviewed and approved, and rates have been entered into the MACSIS system, ODADAS will return the paper materials to the submitting Board for return to the ODADAS-certified treatment program. The Board will then assist with the approval process necessary for MACSIS.

If you have any questions regarding the agreement or the submission process, please contact Monica Burke by phone at (614) 752-8360 or by e-mail to Monica.Burke@ada.ohio.gov.

HELPFUL WEB LINKS

ODJFS MITS Provider Enrollment Site:
https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx

NPI Website:
https://nppes.cms.hhs.gov

ODADAS Medicaid Information:
http://www.odadas.state.oh.us/public/ContentLinks.aspx?SectionID=2e4c5671-2ee3-436a-bc94-ca7351080fee

ODADAS/ODMH Medicaid listserv:
http://mh.ada.ohio.gov/public/subscribe/SubscribeMedicaid.htm

ODADAS/ODMH MACSIS Provider listserv:
http://www.mh.state.oh.us/what-we-do/protect-and-monitor/macsis/listserv-providers.shtml

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES
AoD Treatment Program Agreement
Between ADAMHS/ADAS Boards and ODADAS-Certified Treatment Programs
Contract B

This Agreement is made and effective by and between the
_____, ("Board")
and _____, ("AGENCY")
for the provision of Medicaid covered community based alcohol and other drug (AoD) treatment services covered under the Ohio Department of Job and Family Services (ODJFS) Ohio Administrative Code (OAC) chapter 5101:3-30 and provided to Ohio Medicaid eligible individuals. This agreement shall be effective upon the date of the latest signature and renews every July 1 thereafter.

A.   General Terms

1. This Agreement is entered into pursuant to the intent and effect of the Interagency Agreement A-92-05-109 effective July 1, 1991 and its Amendments, or its successors, between the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Human Services (ODHS, now known as the Ohio Department of Job and Family Services [ODJFS]). The interagency agreement and its Amendments, or its successors, gives ODADAS the responsibility to establish requirements for Boards and ODADAS-certified/licensed which provide AoD treatment services to ensure compliance with the provisions of the Interagency Agreement and its Amendments, or its successors, as well as all the requirements of federal or state law or rules governing the Medicaid program.

2. Copies of the Interagency Agreements are posted on ODADAS' website. The Interagency Agreements are incorporated into this Agreement by reference as if fully set out herein. In case of conflict between any provision of this Agreement and Exhibit A, the posted Exhibit A shall be controlling.

3. This Agreement is subject to the provisions of Chapter 5101:3-30, "Alcohol and Drug Addiction Services," and all other applicable Ohio Administrative Code (OAC) rules. In case of conflict between any provision of this Agreement and Chapter 5101:3-30 as in effect for the date a service is rendered, as it may be amended, the provisions of OAC Chapter 5101:3-30 shall be controlling.

4. If ODJFS, the Ohio General Assembly, the federal government, or any other source at any time disapproves or ceases to continue funding to ODJFS or ODADAS for payments due hereunder, this agreement is terminated as of the date funding expires without notice or further obligation.

5. Due to the statewide nature of Ohio's Medicaid program, it is possible for an agency to serve clients from more than one (1) Board service district. For purposes of this agreement, the agency need only have an Agreement with only one Board in order for claims to process to the appropriate Board which is responsible for payment as determined by enrollment into a "plan" in MACSIS.

6. Claims will be reimbursed according to the methodology defined in Ohio Administrative Code section 5101:3-30 as applied to the date the service was provided.

B.   Agency Responsibilities

1. The agency shall be subject to all requirements of all Exhibits posted on ODADAS' website and/or referenced herein (and any amendments to said Exhibits) and all of these Exhibits and amendments thereto are made part of this agreement as if fully set forth herein. These include:

    - Exhibit A – All previous and current Interagency Agreements between ODADAS and ODHS/ODJFS.
    - Exhibit B – Rate Ceilings, Fee Schedule and other payment methodology related materials and instructions.
    - Exhibit C – The Ohio Health Plans Provider Enrollment Application.

2. The agency agrees to provide the medical assistance services covered under this Agreement. Claims will be reimbursed according to the methodology defined in Ohio Administrative Code section 5101:3-30 as applied to the date the service was provided.

3. The agency shall submit claims for payment using the electronic 837 Professional Claim Format as required by the Health Insurance Portability and Accountability Act (HIPAA) and adhering to the technical specifications contained in the most recent version of the "Guidelines Pertaining to Implementation of MACSIS under HIPAA", available from the Multi-Agency Community Services Information System (MACSIS) website.

4. The agency shall be responsible for receiving, replying to, and/or complying with any audit exception by appropriate Board, State, Federal, or independent audit directly related to the provision of this Agreement. The agency agrees to pay the full amount of any liability resulting from said audit exceptions unless the audit was the direct result of actions or omissions of either the Department or the Board.

5. The agency shall not knowingly alter, falsify, destroy, conceal, or remove any records that are necessary to fully disclose the nature of all goods and services claimed and all income and expenditures upon which the rates of reimbursement are received under the Medicaid Program.

6. The agency must keep all supporting documentation that is necessary to fully disclose the extent of services provided and costs associated with providing those services for a period of seven SFYs from the date a service is rendered, or until all financial reporting obligations have been completed, whichever is longer. If an audit is initiated during this time period, the agency shall retain all records until the audit is concluded and all issues are resolved. All records shall be made available by the agency for audit by the State of Ohio (including but not limited to ODADAS, ODJFS, the Auditor of the State of Ohio, the Ohio Inspector General, or any duly authorized individual, entity or law enforcement officials) and agencies of the United States government for the minimum of six years after final payment.

7. The records shall document the service type and all records shall contain the documentation requirements defined in OAC chapter 5101:3-30, OAC chapter 5101:3-1 and OAC chapter 3793:2-1. For billing purposes, agencies must use the Service Units Rounding Conventions as stated in the "Guidelines Pertaining to Implementation of MACSIS under HIPAA" for each type of billing unit.

C. **Board Responsibilities**
   1. The Board agrees to pay participating agencies, for the medical assistance services covered under this Agreement. The Board will pay claims according to the methodology defined in Ohio Administrative Code section 5101:3-30 as applied to the date the service was provided.
   2. The Board shall pay at 100%, valid Medicaid and SCHIP claims for reimbursable services provided to residents of the Board's service district by any provider organization which has a Community Alcohol and Other Drug Treatment Services Medicaid agreement with any ADAMH/ADAS Board.
   3. The Board shall cooperate with ODADAS, and with governmental entities which receive nonfederal public funds and are certified by the Department, by entering into direct agreements with such governmental entities. Such governmental entities must certify that sufficient state and/or local public funds not otherwise encumbered are committed to match Title XIX funds.

D. **General Assurances**
   1. The undersigned, duly authorized by the agency hereby assures that: In the performance of this agreement and in the hiring of any employees for the performance of work under this agreement, the agency shall not by reason of race, color, religion, sex, sexual preference, age, handicap, national origin, Vietnam-era veteran's status, or ancestry discriminate against any citizen of this State in the employment of a person qualified and available to perform the work to which the agreement relates.

2. The agency agrees to comply with all federal and state laws, rules, regulations and auditing standards which are applicable to the performance of this agreement.

3. The agency agrees that it shall not use any information, systems, or records made available to either party for any purpose other than to fulfill the obligations specified herein. The confidentiality of all records and patient identification information shall be maintained in accordance with federal and state laws and regulations.

4. The agency further recognizes that no member or employee of the Board shall serve as a member of the Board of any agency with which the Board has entered into an Agreement for the provision of services or facilities. No member of a Community Board shall be an employee of any agency with which the Board has entered into an agreement for the provision of services or facilities. No person shall serve as a member of the Community Board whose spouse, child, parent, brother, sister, grandchild, step-parent, step-child, step-brother, step-sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law serves as the member of the Board of any agency with which the Board has entered into such an agreement.

5. This agreement constitutes the entire Agreement between the parties pertaining to community alcohol and other drug treatment services and no other prior oral or written communication shall have any force or effect.

<u>Alcohol, Drug Addiction and Mental Health Services or</u>
<u>Alcohol and Drug Addiction Services Board</u>

By: _____Title: _____

Date: _____

_____
Print name and title

<u>Agency</u>

By: _____Title: _____

Date: _____

_____
Print name and title

Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
New Medicaid Provider Enrollment Instructions
Issued September 15, 2011

This document is intended to assist an ODADAS-certified/licensed treatment program in successfully enrolling as a provider of Medicaid covered alcohol and other drug (AoD) treatment services. While it may seem to be a complex process involving multiple levels of state and local government, without these partnerships Medicaid coverage of the ten (10) AoD treatment services would not exist.

Background

Medicaid is a federal/state healthcare entitlement program whose primary responsibility is to provide healthcare to Medicaid eligible Ohioans. As with other Medicaid covered healthcare services, the AoD treatment services are those that are necessary for the diagnosis or treatment of disease or illness and without which the patient can be expected to suffer prolonged, increased or new morbidity or impairment of function. The Ohio Department of Job and Family Services (ODJFS) is Ohio's single state agency (SSA) that is responsible for the statewide Medicaid program. Coverage of the ten AoD treatment services provided by ODADAS-certified/licensed treatment programs is authorized under Ohio's Centers for Medicare & Medicaid Services (CMS) approved Medicaid State Plan and executed through an Interagency Agreement (IA) between ODJFS and ODADAS and under ODJFS' Ohio Administrative Code (OAC) chapter 5101:3-30. The initial IA became effective for services provided on and after July 1, 1991 and has been consistently renewed/reentered since that date. All providers of Medicaid services, including participating ODADAS-certified/licensed treatment programs, are required to adhere to ODJFS' OAC chapter 5101:3-1. ODADAS-certified/licensed treatment programs are also required to be in compliance with ODADAS certification regulations under OAC Chapter 3793. Local Boards of Alcohol, Drug Addiction and Mental Health Services (ADAMHS) and Local Boards of Alcohol and Drug Addiction Services (ADAS) are also significantly involved in Ohio's Medicaid program, particularly in claims processing and payment.

Covered Services

Ohio's Medicaid program covers ten (10) AoD treatment services. They are: Ambulatory Detoxification, Assessment, Case Management, Crisis Intervention, Group Counseling, Individual Counseling, Intensive Outpatient (IOP), Laboratory Urinalysis, Medical/Somatic and Opioid Agonist (Methadone) Administration. These services must be provided by appropriately credentialed staff working for an ODADAS-certified/licensed treatment program and includes supervisory requirements as well. All services must also be provided and documented in accordance with ODADAS certification regulations under OAC Chapter 3793 and ODJFS' OAC chapter 5101:3-30 and ODJFS' OAC chapter 5101:3-1, as applicable to the date the service or services are rendered.

While reference is made to many of the regulations that govern these AoD treatment services, there are a few specific requirements worth noting, some of which are not overtly stated in the regulations.

Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
New Medicaid Provider Enrollment Instructions
Issued September 15, 2011 (Version 1.0)

1) Only ODADAS-Licensed Methadone programs may provide the Opioid Agonist (Methadone) Administration Service.

2) All component services provided on a given day that combine to become a client's intensive outpatient (IOP) service must be provided on site at the ODADAS-certified treatment program because the IOP service must be provided on site.

3) Ambulatory Detoxification and Opioid Agonist (Methadone) administration must be provided at the ODADAS-certified treatment program site.

4) The laboratory testing component of a laboratory urinalysis service must be performed by a Clinical Laboratory Improvement Amendments (CLIA) certified or waived laboratory. The following is a hyperlink to the CMS CLIA Overview website. Prior to providing and billing for this service, providers should assure the laboratory being contracting with is appropriately CLIA certified. Laboratories operating within the state of Ohio would have a CLIA certificate issued by the Ohio Department of Health. For laboratories located outside of Ohio, the following hyperlink connects to CMS' State Agency & Regional Office CLIA Contacts. ODJFS regulations also require laboratory urinalysis must be ordered by a Physician. The costs associated with the laboratory testing are covered as a component of the ODADAS laboratory urinalysis service and should not be billed separately by the laboratory to Ohio's Medicaid program. It is recommended that this be clearly stated in the contract with the laboratory. Finally, the ODADAS laboratory urinalysis service is billed as one screen no matter how many panel tests are performed.

Prerequisites to Participating as a Provider of AoD Treatment Services

First, the AoD treatment program must be certified by ODADAS. If the program is not currently certified by ODADAS, please contact ODADAS' Division of Treatment and Recovery (T&R) to inquire about the certification process. You may contact the T&R Division by phone at (614) 644-9141 or by sending an e-mail to Rosland.Hawkins@ada.ohio.gov. You can also access information located in the certification section of the ODADAS Website.

Establishing a Contract to Participate

In order to participate as a Medicaid provider of community based AoD treatment services, ODJFS requires a contract between the ODADAS-certified/licensed treatment program and a local ADAMHS/ADAS Board. This requirement is located in OAC 5101:3-30-01. In order to make this process as efficient and simple as possible, ODADAS and ODJFS have developed a contract template that all ADAMHS/ADAS Boards and ODADAS-certified/licensed treatment programs must use. No changes can be made to this contract template nor can any external or additional separate agreement or agreements add, alter or delete any of the terms of the contract. The contract and attachments are accessible by contacting the local ADAMHS/ADAS Board. The Ohio Association of County Behavioral Health Authorities maintains an electronic directory of all the ADAMH/ADAS Boards in Ohio. ***The local ADAMHS/ADAS Boards are significantly involved in claims submission and financing, it is extremely important to***

contact them and seek their assistance throughout the Medicaid contracting process. They are also responsible, as local partners, in helping with the claims testing process to assure the program is able to submit a Health Insurance Portability and Accountability (HIPAA) compliant 835 claim file, including any Multi-Agency Community Services Information System (MACSIS) specific requirements.

The contract, including the attachments, is also located in the Medicaid section of the ODADAS Website.

Completing the Contract and Attachments, a Step-by-Step Guide

In SFY 2000, ODADAS transitioned the Board/Provider agreement to an open-ended agreement. This was done as an administrative efficiency measure and reduced a systemic administrative burden at all levels, provider, boards and state, of performing the contracting process on an annual basis. Additionally, a fee schedule payment methodology is effective for services provided on or after October 4, 2010 for the ten Medicaid covered AoD treatment services. The change in payment methodology also implements another administrative efficiency by phasing out the historical cost reconciliation process for services provided on or after the fee schedule implementation date. However, it is important to note that the cost reconciliation process must still be completed for all services provided on and before October 3, 2010. This change also brought the program's payment methodology into alignment with Medicaid payments for Ohio's other fee for service arrangements and impacts how cost based service rates and fee schedule service arrays are communicated to ODADAS depending on the dates of services involved.

Have all of the following documents available/on hand:

1) The "Ohio Department of Alcohol and Drug Addiction Services AoD Treatment Program Agreement Between ADAMHS/ADAS Boards and ODADAS-Certified Treatment Programs Contract B". This is a three page document that only contains two (2) fields to be filled in along with signatures from the Agency and Board.
2) If the contract covers services provided on or before October 3, 2010, the "Community Medicaid Alcohol and Other Drug Treatment Services Rate Sheet".
3) If the contract will covers services provided on or after October 4, 2010, the "Community Medicaid Alcohol and Other Drug Treatment Services Service Array Sheet".

Completing the Ohio Department of Alcohol and Drug Addiction Services AoD Treatment Program Agreement Between ADAMHS/ADAS Boards and ODADAS-Certified Treatment Programs Contract B

Completion of this contract document is simple and straightforward. In the first available field, fill in the name of the ADAMHS/ADAS Board you will be submitting the contract to. This Board should be the Board in which the agency's primary place of business is located, i.e. the Board you have been copying on your Actual Uniform Cost Report Agreed Upon Procedures (AUCR

AUP) report. Alternatively, if you are contracting with multiple boards because of having ODADAS-certified programs located in multiple board areas, you will need to complete a contract for each Board.

The second line should to be filled in with the name of the agency/program. Preferably, this should match what is listed on the ODADAS treatment program certificate that was issued for the program.

Then sign, date and print your name and title in the "agency" area on page three.

Community Medicaid Alcohol and Other Drug Treatment Services Rate Sheet for Services Provided on and Before October 3, 2010

The supporting document you will need for completing this rate sheet is a copy of the program/agency's current budgeted Uniform Cost Report (BUCR) prepared in accordance with OAC 3793:2-1-09. The BUCR should cover the entire SFY, either SFY 2010 or 2011 (due to the cost based reimbursement method for dates of service between July 1, 2010 and October 3, 2010). Community Medicaid rate sheets are a means for communicating to ODADAS 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.

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.

- Field (4): Enter the MACSIS 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 ODADAS certification type, certification number, effective date and, if applicable, the ODADAS Opioid Agonist Program License number and effective date.

- 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).

- 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, but no more than three hundred sixty five (365) days in arrears.

Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
New Medicaid Provider Enrollment Instructions
Issued September 15, 2011 (Version 1.0)
Community Medicaid Alcohol and Other Drug Treatment Services Service Array Sheet for Services Provided on and After October 4, 2010

A budgeted UCR is no longer required to be submitted under the fee schedule payment methodology. A service array sheet (attached) has been created to accommodate the fee schedule implementation, specifically when services are added or terminated.

- Field (1): Enter the Agency/Program name and address. A service array sheet should be submitted for each location (address) being billed using that Unique Provider Identification number (UPI).

- Field (2): Enter the nine digit Federal Tax Identification (FTID) number associated with the UPI.

- Field (3): Enter the name and address of the ADAMHS/ADAS Board where the agency/program's primary place of business is located. Regardless of how many service array 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.

- Field (4): Enter the Unique Provider Identification number (UPI) through which the services documented on the service array sheet will be billed.

- Field (5): Enter the ODADAS certification type, certification number, effective date and, if applicable, the ODADAS Opioid Agonist Program License number and effective date.

- Column (9):   Enter a date, no earlier than October 4, 2010, on the appropriate line for each service being offered.

- Column (10): Leave blank.

NOTE: While a BUCR is no longer being utilized for Medicaid rate setting purposes under the fee schedule payment arrangement, all ODADAS-certified treatment programs are still required to comply with the Uniform Cost Reporting rule (OAC 3793:2-1-09) and the Actual Uniform Cost Report (AUCR) Agreed Upon Procedures (AUP) reporting (OAC 3793:2-1-10) requirements.

Once you have completed the Community Medicaid Alcohol and Other Drug Treatment Services Service Array Sheet put it with the Ohio Department of Alcohol and Drug Addiction Services AoD Treatment Program Agreement Between ADAMHS/ADAS Boards, the ODADAS-Certified Treatment Programs Contract B, the ODJFS Medicaid Provider Agreement and

attachments and, if applicable, the Community Medicaid Alcohol and Other Drug Treatment Services Rate Sheet(s).

Submitting the Contract and Attachments to the local ADAMHS/ADAS Board

Because the ODJFS rules require an ODADAS-certified/licensed treatment program to contract with a local ADAMHS/ADAS board for participation in Ohio's Medicaid program as a provider of community based AoD treatment services, the entire enrollment package must go to the local ADAMHS/ADAS Board for their signature. **DO NOT SUBMIT THIS INFORMATION DIRECTLY TO ODADAS AS THIS WILL UNNECESSARILY DELAY THE APPROVAL PROCESS.**

Once the local ADAMHS/ADAS Board receives the enrollment package they will forward it on to ODADAS. When a new program enrollment package is received at ODADAS our initial review is to check that all necessary documents are included and fully and accurately completed. If anything is missing or not complete or incorrectly filled out, ODADAS will return the information to the local ADAMHS/ADAS board for return to the program/agency.

If everything is complete and included in the enrollment package, ODADAS will contact the provider/agency and instruct them to access the ODJFS MITS provider portal to submit their ODJFS electronic provider agreement. This is an important step as ODJFS will assign a unique provider number that may be used to access their ODJFS MITS Provider Portal and ODADAS will be unable to enter rate table information into MACSIS until the ODJFS provider agreement is approved. The primary function of the Medicaid provider portal is for verifying Medicaid consumer eligibility and for maintaining provider demographic information.

Completing the Ohio Department of Job and Family Services Electronic Medicaid Provider Agreement

With the implementation of the Medicaid Information Technology System (MITS), ODJFS has implemented an electronic process for their Medicaid Provider Agreement. You will need to have the following documents available in one of the following electronic formats: pdf, tiff, gif, bmp, jpg, ppt, doc, xls, txt or mdi as these documents **MUST** be included as attachments to the electronic provider agreement. Each individual file must be less than 50 MB in size and you can have a maximum of 10 attachments.

- Signed W-9 form

- Copy of the notice from the National Provider Identifier (NPI) Enumerator

- Copy of Department of Health and Human Services approval letter Medicare Identification (if applicable)

- Copy of certificate for Clinical Laboratory Improvement Act Information (if applicable)

Once ODADAS receives notification that the ODJFS Provider Agreement has been approved by ODJFS, we will input all necessary information into the MACSIS system so that Medicaid claims

can be processed. Once all necessary information is in MACSIS, ODADAS will copy all of the submitted documents for our records and return the originals to the local ADAMHS/ADAS Board. The local ADAMHS/ADAS Board should make a copy of all of the submitted documents and return the originals to the program. This will also initiate contact between the Board and the program to facilitate the 835 claim testing procedure so Medicaid claims can be submitted to MACSIS.

Registering for the ODADAS and ODMH Medicaid and MACSIS e-Distribution Listserves

ODADAS and ODMH maintain e-mail listserves for distribution of Medicaid and MACSIS provider related information. Program staff should register for the ODADAS and ODMH Medicaid Email Subscription Service and the ODADAS and ODMH MACSIS Provider Listserve. These listserves are maintained on a "self-serve" basis and there are no limits to the number of persons at any given agency/program that may register. There are also no restrictions on which of the four Medicaid lists a registrant may sign up for.

If you have any questions, please contact either Ms. Monica Burke, ODADAS' Medicaid Program Administrator at (614) 752-8360 or Mr. Douglas L. Day, ODADAS' Medicaid Administrator at (614) 644-9144.