



Ohio Department of Mental Retardation and Developmental Disabilities

Ted Strickland, Governor

John L. Martin, Director

July 28, 2008

To: County Board of MRDD Superintendents
County Board of MRDD COG Directors
Ohio Association of County Boards MRDD
Ohio Provider Resource Association

From: Patrick Stephan, Deputy Director, Medicaid Development and Administration, ODMRDD

Subject: Daily Billing Unit & Claims Exceeding \$403.98

Daily Rate Application:

It has come to the attention of the Ohio Department of MRDD that there are residential sites and the associated costs which have not yet been entered into the DRA; which prevents Providers from utilizing the DRA and billing for services provided.

Per Ohio Administrative Code (OAC) Individual Options Waiver-Homemaker/Personal Care Daily Billing Unit for Congregate Settings Where Individuals Share Services, 5123:2-13-07 (D)(5)-(D)(6), (F)(2), Counties must enter all congregate setting information into the DRA, and all Providers must use the DRA to generate the daily billing unit.

Section (F)(2) of the above rule requires individuals in congregate settings who had converted to the fifteen (15) minute billing unit prior to March 20, 2008, to utilize the DRA no later than December 31, 2008. However, for individuals in this situation who currently have PAWS listing daily billing unit codes (ADP/ADL) all site information must be listed in the Daily Rate Application to allow the Provider to generate the appropriate Daily Billing Unit for billing purposes.

For Counties who have not yet entered all necessary sites and site costs into the DRA or Providers who are not using the DRA to generate your daily billing unit, please take action to resolve the situation as soon as possible.

For questions or assistance, contact dailyrate-support@odmrdd.state.oh.us

Daily Billing Unit Claims (DBU) over \$403.98

As indicated in Appendix A of Ohio Administrative Code (OAC) 5101:3-41-11, the maximum Daily Billing Unit permitted per rule is \$403.98. ODMRDD understands there will be circumstances in which a daily billing unit may legitimately exceed the \$403.98 threshold. ODMRDD, working in conjunction with the Ohio Department of Job and Family Services (ODJFS), and the Centers for Medicare and Medicaid (CMS), has developed a protocol for approving those claims.

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Upon receipt of a claim over \$403.98, Fiscal will:

- Review the DRA for entries that may be erroneous or appear inconsistent (obvious data entry errors; rates on claims not agreeing with DRA calculated rates).
- Contact Providers regarding possible DRA data entry issues.
- Hold claims until any needed corrections have been made.
- If there seem to be no errors; Fiscal will forward the claim information to Medicaid Division (MDA).
- In cases where an inflated rate is the result of the absence of an individual from the site, Fiscal will approve the claim(s) for payment without Medicaid review.

MDA will contact the County to:

- Assure County is aware of claim.
- Verify all information has been entered into the system (such as DRA, 20/20, PAWS, ISP, etc.) correctly.
- Verify the circumstances are appropriate* for the claim, and the DBU is constructed correctly.
 - If circumstances are not appropriate* for such a claim, ODMRDD will work with the County in whatever manner necessary to correct the situation and assure the Provider submits a new claim for the appropriate amount.
- Gather information regarding the expected length of time the circumstances are expected to continue.
 - If circumstances are appropriate*, and will cease within 4 calendar weeks, ODMRDD will release the claim for payment.
 - If circumstances are appropriate*, and will continue beyond 4 calendar weeks, ODMRDD will work with the County in whatever manner necessary to allow for payment of the claim. This may involve a detailed discussion of the situation to ensure system integrity. It is also possible that Counties will need to conduct team meetings, ISP revisions, cost calculation tool revisions, PAWS revisions, or an expedited prior authorization submission. ODMRDD will work with Counties as needed until all necessary components are in place, and assurances can be provided to ODJFS.
- ODMRDD will maintain a written record of all County interaction conducted to verify claim appropriateness*.

Please note:

Claims will be held after 4 calendar weeks if the above process has not been completed to resolution. Claims will be reviewed upon receipt. Therefore, it is best practice for Providers to submit these claims as incurred, to avoid unnecessary delays in payment, and best practice for Counties to begin any revision processes at the onset of an individual's change in circumstances. We would encourage Counties and Providers to collaborate closely on these types of situations.

*Appropriate means the individual's situation warrants the claim of \$403.98 or above, and there is documentation to reflect this. Typically, this situation occurs when there are fewer individuals in the home than originally intended, and/or an individual is getting an unusually high number of staffing hours, such as 2:1.

* In addition to the outlined procedures, ODMRDD will also be closely analyzing claims that are reasonably close to the \$403.98 threshold to help ensure the integrity of the system.

Multiple Providers and the Daily Billing Unit:

During trainings conducted by the ODMRDD, Providers were instructed to use the DRA to generate a daily billing unit regardless of the number of Providers providing services in a congregate setting on any given day. ODMRDD has recently been informed by The Ohio Department of Job and Family Services that their billing system cannot currently support more than one Provider billing the DBU on a given day.

Therefore, when multiple Providers serve a congregate setting on the same day, one Provider must use the DRA as outlined in Ohio Administrative Code (OAC) 5123:2-13-07, and the additional Providers must use the 15 minute unit construct as outlined in OAC 5123:3-9-06.

County Boards must coordinate the determination of which method a Provider will use, and must change the affected PAWS to reflect the determined billing methods.

ODMRDD understands this process deviates from the original guidance provided, and sincerely apologizes for any inconvenience incurred. ODJFS has indicated to us that they will continue to try and develop a methodology to accommodate multiple Providers utilize the daily billing unit on the same day, but it continues to be a challenge.

If you have specific questions, please direct them to dailyrate-support@odmrdd.state.oh.us.

Thank you very much.