

## **Instructions for Completing the MH and ODADAS Service Rates Worksheets**

(Revised 2/02/06)

### **Rationale**

In order to ensure that all of the rates and also the correct rates are in MACSIS for each provider, we are requesting that Boards complete either one or both worksheets as appropriate and submit the completed worksheets with their Tier 2 Test form. These worksheets will be used to verify that the action denoted on the PROCP spreadsheets is accurately represented in MACSIS during Tier 2 testing.

If a board has more than one panel contract with a provider, a set of worksheets must be completed for each panel if the contracted services and/or rates are different. If all the panels have the same services and rates, one set of worksheets should be completed and all the panels for which the rates/services apply should be listed at the top next to Panel(s). For example, if the Cuyahoga MH board has the same rates and services for both panel 18M and 18D, only one MH Rate worksheet needs to be completed for the provider but the PANEL line must show both panels.

PLEASE NOTE THAT THE DEPARTMENTS WILL NOT BE ABLE TO CONDUCT TIER 2 EDI TESTING ON ANSI 837 DATA FILES IF THESE RATE WORKSHEETS HAVE NOT BE SUBMITTED WITH THE MACSIS EDI CLAIMS TESTING FORM. Tier 2 testing requires verification of accurate pricing and the application of benefits, and if the expected procedure rates are not loaded, it will be impossible to assess the correctness of the Diamond build.

The MACSIS website at: <http://www.mh.state.oh.us/ois/macsis/mac.forms.index.html> includes Excel versions of the MH and AoD Rate worksheets, along with a PDF of these instructions. Boards may download the Excel files, enter the information, and email or fax the worksheets along with their Macsis EDI Claims Testing Form to [macsistesting@mh.state.oh.us](mailto:macsistesting@mh.state.oh.us) or 614-752-6474 (fax). Please make sure that all required information is complete.

### **Instructions**

1. Enter the board name/ID e.g. Franklin 25B.
2. Enter the billing provider's name.
3. Enter the billing provider's National Provider Identifier (NPI)
4. Enter the provider's MACSIS Submitter ID (UPI).
5. Enter the PANEL(s) for which the rates and services apply.

6. Please indicate “yes” or “no” on the upper right of the form if the provider is Medicaid-only, Non-Medicaid only, or if the Medicaid rates differ from Non-Medicaid rates. This will help us determine that the Price Region on the Provider Contracts and the PROCP records match for accurate pricing.
7. If you wish to use a local price region for Non-Medicaid contracts, please denote it at the top of the Non-Medicaid Contract Rate column.
8. For each service that you will be purchasing from a provider, enter the rate in the appropriate column. If you are purchasing a service for both Medicaid and Non-Medicaid clients, you must enter a rate in both columns even if it is the same rate. This will enable the Departments to make sure all appropriate PROCP records are in the system.
9. Procedure codes with a “yes” in the “15 Min Svc” column are reported in 15 minute increments and rates must be recorded accordingly.
10. For Medicaid and other Healthcare procedures, only one procedure code and one rate are permitted.
11. For Non-Medicaid / Non-Healthcare procedures, extended procedure codes may be used for alternative pricing. Non-Medicaid/Non-Healthcare procedure codes are only 5 bytes in length. The last byte can be changed for specific pricing needs up to 10 different values (0-9). For example, Procedure Code M3140 (MH-Other Non-Healthcare) actually has the values of M3140, M3141, M3142 ... M3149. If a board needs to use the extended procedure codes, blank lines are at the bottom of the rate grid that can be used to denote the expanded codes that will be utilized. Enter the code you wish to use, the procedure name, and the rate in the appropriate column(s).