



BUDGET INSTRUCTIONS

Contract Year 2022

I. ALLOCATION & CLIENTS

A. *Overview*

The intent of this worksheet is to identify the Provider's total allocations, how those allocations correspond to the KY22 projected encounter values and projected expenses, and how many unique clients are expected to be served by each allocation.

All allocations have been categorized as either "Required" or "Exempt" block grants

ADAMH will again use fixed rates for all services in 2022. Note that the encounter value (volume of encounter claim units x unit rate) of each allocation will not necessarily equal a provider's cost/expense but should align closely to the allocation amount (+/- 10%).

Cells highlighted in **yellow** will require Provider data entry.

B. *Field Descriptions*

Column A is a **hidden column used by ADAMH to record the Provider's unique identification code.**

Column B **Provider** lists the name of the Provider.

Column C **Allocation Type** identifies whether the allocation is reimbursed through a block grant or is associated with Central Pharmacy.

Column D **Allocation Line** identifies the allocation's System of Care category. All allocations have been categorized as Crisis, Family Supports, Housing, Prevention, Recovery Supports, or Treatment,

Column E **Allocation SubType** identifies the purpose of the allocations that are exempt from encounter claiming. Allocations that require encounter claiming in Smartcare do not have SubTypes (with the exception of special allocations such as MST, PATH, DD, etc).

Column F **Encounter Claim Status** indicates whether the allocation requires encounter claiming in Smartcare or is exempt from encounter claiming.

Column G **120 Day Notice** identifies the allocation that have a special set-aside. If an allocation has a "yes" in this column, Providers should refer to the 120 Day notice(s) emailed in early September.

Column H **KY22 Allocation** identifies the initial allocation amounts as approved by the ADAMH Board of Trustees for KY22 services.

Column I **Projected Encounter Value** identifies the encounter claims the Provider anticipates earning for each allocation. For budgeted allocations, the Projected Encounter Value will be determined by a formula that references cells in the SOC Detail worksheets. Note that formulas are not inserted for block grants exempt from encounter claims..

Column J **Projected Expense** will need to be entered (cells highlighted in yellow) by the Provider to reflect the projected expenses for all Block Grants and Central Pharmacy. Data in this column should reflect what Providers anticipate to spend for each allocation, regardless of claiming activity. Projected expenses should only reflect costs associated with ADAMH-paid services (should not include Medicaid, commercial insurance or other grant funding).

Column K **Projected Unrealized Allocations** calculates the variance between annual allocations (Column H) and projected expense (Column J). If a Provider is proposing a shift between allocations on the “Proposed SOC Shifts” worksheet, the proposed shift should align with the variances indicated in this column.

Column L **Projected Clients** will need to be entered (cells highlighted in yellow) by the Provider to show the number of unique ADAMH-funded clients that are anticipated to be served by each allocation.

C. Provider Action Required

1. After completing the budget worksheets for the System of Care categories, review the calculated Projected Encounter Value (Column I) for accuracy.
2. Enter the Projected Expense (Column J) for Central Pharmacy allocations.
3. Enter the Projected Expense (Column J) for Block Grant allocations.
4. Enter the count of unique ADAMH-funded clients (Column L) that are anticipated to be served by each allocation.

II. SOC (CRISIS, FAMILY SUPPORTS, HOUSING, PREVENTION, RECOVERY SUPPORTS, AND TREATMENT SYSTEM OF CARE) DETAILWORKSHEET

A. Overview

A consolidated budget worksheet has been provided for all of the System of Care (SOC) categories associated with a Provider's allocations. **Please pay close attention to the assigned SOC (in Column C) when budgeting service volume for each procedure code.**

Please note that ADAMH will not entertain rate adjustments during the 2022 ASP/Budgeting process. ADAMH will conduct a comprehensive review of all encounter values assignments after all 2021 claims have been submitted into SmartCare and may adjust rates in 2022 accordingly.

B. The intent of this worksheet is to quantify service mix and volume for each SOC category. Field Descriptions

Column A is a **hidden column used by ADAMH to record the Provider's unique identification code.**

Column B **Provider** lists the name of the Provider.

Column C **System of Care Category** identifies which of the six (6) System of Care categories pertains to that procedure code. Note that procedure codes can only be assigned to one SOC category.

Column D **Organizational Client Required** identifies whether each procedure code should be claimed using a unique enrolled client ("N") or is required to be claimed using the Provider's assigned Organizational Client ("Y") (formerly known as a "group member" in SHARES and a "pseudo-UCI in MACSIS).

Column E **Crisis Benefit Plan Eligible** indicates if the procedure code is valid to be used with ADAMH's Crisis Benefit Plan. If populated with a "N", the code is only eligible to be used for clients enrolled in ADAMH's Standard Benefit Plan. If populated with a "Y", the code is eligible for either the Crisis or Standard Benefit Plans.

Column F **SmartCare Code** lists the corresponding 5-digit procedure code that will be used to submit claims in Contract Year 2022. SmartCare codes are either derived from national code sets or proprietary to the SmartCare system (codes that start with Z****). ADAMH uses Ohio's BH Redesign code set for Medicaid-eligible services.

Column G **SmartCare Procedure Code Description** lists the corresponding SmartCare procedure code description that will be used to submit claims in Contract Year 2022.

Column H **Rendering Provider** Select BH Redesign codes have different rates based only on the rendering provider(s). This column indicates the rendering provider type(s) associated with the corresponding encounter value.

Column I **Mod 1** is the modifier in position one and will be used for select Medicaid-eligible services (replicates BH Redesign).

Column J **Mod 2** is the modifier in position two and will be used for select Medicaid-eligible services (replicates BH Redesign).

Column K **Medicaid Eligible? Y/N** identifies if a SmartCare procedure code is deemed eligible for Medicaid reimbursement by ADAMH.

Column L **Rendering Provider Required** Select BH Redesign codes have different rates based only on the rendering provider(s). This column indicates whether claim submission will require providing the rendering provider type(s) associated with the corresponding encounter value.

Column M **SmartCare Unit Definition** states the unit definition for each SmartCare procedure code.

Column N **2022 Encounter Value** lists the SmartCare encounter value rate for Contract Year 2022. Unit rates have been standardized and cannot be customized for individual providers.

Column O **Service Authorization Required** indicates if a Service Authorization is required prior to submitting a claim in SmartCare.

Column P **2022 Projected Unit Volume** must be completed by the Provider to show anticipated service volume for each procedure code.

Column Q **Projected Encounter Claim Value** is calculated as the product of the 2022 Unit Rate (Column N) and the 2022 Projected Unit Volume (Column P).

C. Provider Action Required

1. Review worksheet for accuracy and to understand the “mechanics” of how ADAMH allocations are earned in the SmartCare environment.
2. Enter the anticipated 2022 Projected Unit Volume (Column P) for each procedure code. Review the Projected Claims for each allocation (refer to “Allocations and Clients” worksheet). The projected claim volume for each allocation is NOT required to match the allocation but should reflect the Provider’s best estimate of projected service activity for KY 2022.

III. PROPOSED SOC SHIFTS

A. Overview

ADAMH recognizes that the KY22 allocations may need to be realigned for various reasons.

For example, in the transition to BH Redesign some providers may find that their service mix (procedure codes) is inconsistent with the current allocations. This worksheet enables providers to identify shifts that ADAMH should consider.

Please note that all shift requests must net to \$0.

B. Field Descriptions

1. FROM – Allocation Line – to identify the allocation line that is requested to be reduced
2. FROM – Allocation SubType – to identify the allocation subtype that is requested to be reduced, if applicable (exempt block grants only)
3. FROM – Amount – the requested reduction amount
4. TO – Allocation Line – to identify the allocation line that is requested to be increased
5. TO – Allocation SubType – to identify the allocation subtype that is requested to be increased, if applicable (exempt block grants only)
6. TO – Amount – the requested increase amount

C. Provider Action Required

1. Compare the Projected Expenses on the Allocations and Clients tab to current Allocations to evaluate if proposed shifts are needed.
2. For requested shifts, provide the Allocation Line, Allocation SubType, and Amount for the reduction and increase (making sure the net change is \$0).

PLEASE ADD A BRIEF NARRATIVE EXPLAINING THE PROPOSED SHIFT IN ALLOCATIONS.

IV. PROPOSED NEW SERVICES

A. Overview

ADAMH recognizes that Providers may want to request new services in KY 2022 for various reasons.

For example, with the transition to BH Redesign, a Provider may have inadvertently not added a Medicaid eligible service to the 2021 contract.

B. Field Descriptions & Provider Action Required

1. **SmartCare Code** (if already established) – please add the SmartCare code for proposed new services. A complete list of SmartCare codes can be found on the Provider Portal (refer to link in budget file). If the new proposed service is not already established in SmartCare, please leave this field blank.
2. **Procedure Code Description** – please add the description of the service in this field. If the proposed service is an established SmartCare code, please enter the description found in the dictionary (a complete list of SmartCare codes can be found on the Provider Portal - refer to link in budget file). If the new proposed service is not already established in SmartCare, please provide a brief description of the service and provide additional details in the narrative section below.
3. **Mod 1** please use this field if you are requesting a BH Redesign (Medicaid-eligible) service that requires a modifier. Otherwise, please leave this field blank.
4. **Mod 2** please use this field if you are requesting a BH Redesign (Medicaid-eligible) service that requires a second modifier. Otherwise, please leave this field blank.
5. **Unit Rate** please add the fixed fee unit rate (if an existing SmartCare code). A complete list of SmartCare codes can be found on the Provider Portal - refer to link in budget file). If the proposed service does not have an established rate, please propose a rate and provider a rationale in the narrative section.
6. **Proposed Unit Volume** please insert the projected annual volume of service for the proposed code(s).
7. **Projected Encounter Claim Value** calculated field.

RATIONALE PLEASE PROVIDE A NARRATIVE EXPLAINING THE NEED FOR THE NEW CODE(S), A DETAILED DESCRIPTION OF THE SERVICE(S) AND A RATIONALE FOR THE PROPOSED RATES (IF NOT AN ESTABLISHED FIXED RATE)