

**ADAMH BOARD OF FRANKLIN COUNTY
ENTERPRISE SERVICES POLICIES**

POLICY E.01.010: POLICIES AND DEFINITIONS

1. ADAMH staff shall maintain an enterprise system for purposes including but not limited to the following:
 - a. Establishment of contracts and rate schedules
 - b. Receipt of claims from providers for payment of ADAMH-covered services
 - c. Enrollment requests and consumer coverage.
2. Operational aspects of the enterprise system shall be governed by the following in order of precedence:
 - a. The current provider services contract
 - b. The current versions of applicable ADAMH policies and procedures
 - c. The current version of the provider enterprise system manual
 - d. Enterprise system transmittal letters currently in effect
 - e. Any other training or technical assistance materials
3. The policies, procedures, and guidelines that are applicable to the utilization of the current enterprise system by provider agencies will be made available to provider agency staff electronically and timely notice will be given of any changes or updates to policies, procedures or guidelines which have been changed.¹
4. Definitions of common terms and concepts regarding the enterprise system will be identified and utilized consistently in policy, procedure and guidance materials.
5. ADAMH staff responsible for the operation and maintenance of the enterprise system shall administer the system in accordance with ADAMH policy and procedures.
6. Staff of provider agencies responsible for interacting with the enterprise system shall adhere to all contractual obligations and the provisions of ADAMH policy and procedures as applicable.

POLICY E.01.020: REPORT AND DATA REQUESTS

1. ADAMH staff shall prepare summaries of information, upon request of the provider, which are reasonably required for the provider to carry out its duties under this contract. In making requests for information under this section, the provider shall specify the information being requested with reasonable particularity and the reasons for the request. Information exchanged between ADAMH and the providers shall adhere to federal HIPAA regulations, including 45 CFR Part 164 for HIPAA security and privacy.²
2. Any uses or disclosures of PHI will be made in accordance with the HIPAA regulations and when applicable, any stricter or more stringent requirements of other federal or state law will be adhered to.³
3. Requests for and disclosures of PHI will comply with the minimum necessary standard as required by federal HIPAA regulations, including 45 CFR Part 164 for HIPAA security and privacy and consistent with ADAMH's policy.⁴
4. ADAMH staff shall seek to fulfill provider data requests in a timely manner, dependent upon the size, complexity and novelty of the data report requested.

POLICY E.01.030: CLIENT RECORDS

1. ADAMH staff shall ensure the integrity and accuracy of data in the enterprise system and establish

¹ Article 3.3 of the ADAMH provider services contract

² Article 3.7 of the ADAMH provider services contract

³ Article 4.14.2 of the ADAMH provider services contract

⁴ Article 4.14.3 of the ADAMH provider services contract

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methods for remedying inaccuracies identified or making requested corrections to data in the system as needed. In the event that incorrect data is identified, action will be taken to correct or remove the erroneous data as appropriate.

2. Upon identification of incorrect or erroneous data related to a consumer record by ADAMH or provider staff, ADAMH staff will correct the information in the enterprise system in a timely manner.
3. Provider staff shall cooperate with ADAMH staff to ensure the accuracy of data maintained in the enterprise system and shall provide documentation to substantiate corrections and accurate data entry as needed upon request.
4. Requests by a consumer or personal representative to correct protected health information shall be processed by the Privacy Officer in accordance with HIPAA Privacy Policy H.01.120 Amendment of Protected Health Information.

POLICY E.01.040: DATA VALIDATION AND VERIFICATION

1. ADAMH staff may engage provider staff to receive and review information which is reasonably necessary to permit ADAMH staff to monitor and evaluate the accuracy of claims for reimbursement submitted in the enterprise system.⁵
2. ADAMH staff shall have the right to inspect the provider's member residency and financial eligibility documentation, client records and any other supporting financial or clinical documentation to verify the accuracy of claims for reimbursement.⁶
3. Any review of provider agency records shall comply with HIPAA regulations and ADAMH policy, including, but not limited to, minimum necessary standards for review.⁷

POLICY E.02.010: ACCEPTABLE USE

1. ADAMH staff shall ensure that all member data residing in the current enterprise system be protected by restricting access only those individuals with approved account access.
 - a. ADAMH staff will assign unique credentials (username or number) for the purpose of identifying and tracking individual user identity and utilization of the current enterprise system.
 - b. The account user agrees that they will not permit any other person to access the enterprise system using the individual user's account credentials.
 - c. The account user must keep their access credentials confidential and not disclose the credentials to any other person.
 - d. Failure to comply with the confidentiality and non-disclosure requirements may result in suspension or termination of the user account. Prior to restoration of the account access, the user may be required to complete remedial training regarding access and use requirements.
 - e. Any breaches of confidentiality and non-disclosure requirements by an individual with user account credentials shall promptly be reported to ADAMH staff for remedial action.
2. All ADAMH and provider agency staff users of ADAMH's current enterprise system will ensure that access and utilization of the system will be compliant with federal HIPAA Privacy Rule [45 CFR Part 160 (General Administrative Requirements) and Subparts A and E of Part 164 (Security and Privacy)].⁸
3. All ADAMH and provider agency staff users of ADAMH's current enterprise system will ensure that the access and utilization of the system is conducted in accordance with any supplemental requirements of ADAMH's electronic data interchange (EDI) guidelines for the current system.

⁵ Articles 6.1.1 and 6.1.2(a) of the provider contract (Information and Reports: General Access by ADAMH Board)

⁶ Article 6.1.2 of the provider contract (Information and Reports: General Access by ADAMH Board)

⁷ Article 6.1.2 of the provider contract (Information and Reports: General Access by ADAMH Board)

⁸ Article 3.8 of the provider contract (HIPAA & Code of Federal Regulations Privacy Compliance)

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4. Provider agency staff will ensure that user accounts issued by ADAMH staff for utilization of the enterprise system adheres to the technical safeguards defined in federal HIPAA rules [45 CFR, Part 164, including §164.312 a(2)(i) Unique user identification (Required)].⁹
5. All ADAMH and provider staff utilizing ADAMH's current enterprise system shall access only those client records and system functions necessary for the proper and efficient completion of business functions related to claims submissions, enrollment requests and consumer coverage.

POLICY E.02.020: ACCOUNT MANAGEMENT

1. ADAMH staff shall establish and maintain functional user roles in the current enterprise system which shall allow assigned individuals the appropriate access and permissions to execute their job duties in regard to claims submissions, enrollment requests and other business requirements.
2. All ADAMH and provider staff granted access to the current enterprise system must have an approved and documented user role with an established scope of access.
 - a. Individual users of the current enterprise system will not be granted any privileges that are not necessary for the job functions the user will perform.
 - b. When establishing accounts, standard security principles of "least required access" to perform a function must always be used, where administratively feasible.
3. All ADAMH and provider staff in need of access privileges for the current enterprise system shall submit information to ADAMH staff in accordance with the procedures for requesting user access credentials in order for ADAMH staff to evaluate and assign appropriate user account access.
4. Provider agency staff shall promptly notify ADAMH staff if an employee or contractor of the agency with user access credentials for the enterprise system no longer needs access or needs access modified due to termination or change of job duties.
 - a. ADAMH staff shall promptly disable the user account of any individual upon receiving notification of termination from employment.
5. All user access accounts for the enterprise system will be administered by ADAMH staff and shall be reviewed at least annually by ADAMH staff to ensure that access and account privileges for account users continue to be commensurate with job functions, employment status and "need to know" information principles.
 - a. ADAMH staff may also conduct periodic reviews of user accounts and roles to evaluate the need for revisions to user roles based on business functions or individual accounts based on utilization.

POLICY E.02.030: USER ACCOUNT AUDITS

1. ADAMH staff shall review all individual user accounts for the current enterprise system on a quarterly basis to evaluate utilization of system access and to identify accounts that appear to be dormant or not in regular usage.
2. User accounts that do not indicate recent usage will be flagged by ADAMH staff for potential deactivation in order to minimize potential security issues arising from dormant accounts.
3. Prior to deactivation of an account, ADAMH staff shall contact the individual user assigned the account credentials to determine if the account access is still needed and appropriate.

POLICY E.03.010: MANUALS

1. ADAMH staff shall maintain a central resource which summarizes contractual requirements, policy guidance, operational procedures and technical assistance for ADAMH's current enterprise system that is appropriate for use by ADAMH and provider agency staff responsible for utilization of the system.

⁹ Article 3.8.4 of the provider contract (HIPAA & Code of Federal Regulations Privacy Compliance)

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2. The central resource shall be provided in the form of a manual (referred to as the enterprise system manual) and consist of a written version that will be made available electronically to ADAMH and provider staff who are enterprise system users through a publicly available website (referred to as the provider portal).
3. The enterprise system manual will serve as the default authority for operational procedures related to ADAMH's current enterprise system where no other contractual or ADAMH policy provisions apply.
4. Supplemental guidance documents, transmittal letters and forms related to the current enterprise system will be incorporated into the enterprise system manual or otherwise referenced and available as attachments or appendices to the manual.
5. The enterprise system manual shall be kept current at all times and shall be updated at regular intervals to incorporate new or modified requirements or guidance.

POLICY E.03.020: TRAINING

1. ADAMH staff shall provide individuals granted access to the current enterprise system with training, technical assistance and consultation in order to meet applicable requirements for the efficient and effective utilization of the system.¹⁰
 - a. Training on system requirements and functionality shall be delivered through both in-person trainings and through delivery of topic-based courses in an online, on-demand learning management system (LMS).
 - b. Training content shall be designed and delivered in order to reasonably ensure individuals receiving the training are appropriately equipped to carry out necessary business functions in ADAMH's enterprise system.
2. Prior to initial assignment of user access account credentials for ADAMH's current enterprise system, ADAMH and provider agency staff shall be required to successfully complete training appropriate for their user role(s) in the system as designated by ADAMH staff. User account credentials shall not be provided until training is completed.
3. All ADAMH and agency staff granted access to the current enterprise system shall be required to complete annual refresher training appropriate for their user access role(s) and system utilization as designated by ADAMH staff.
4. At the discretion of ADAMH staff, individual users of the enterprise system may be required to complete remedial training on specific topics on an "as needed" basis if such training is determined necessary to ensure continued effective and efficient utilization of the system.
5. At the discretion of ADAMH staff, access for an individual user account may be temporarily suspended or disabled for failure to complete required training as designated by ADAMH staff within a reasonable timeframe.
 - a. ADAMH staff shall, to the greatest extent possible, give advance notice of initial, refresher and remedial training requirements and the availability of training opportunities to meet access and utilization requirements.
 - b. Individuals who are subject to suspension of user account access due to non-compliance with training requirements shall be notified in advance of the suspension and advised of requirements for reinstatement.

POLICY E.03.030: PROVIDER TECHNICAL ASSISTANCE

1. ADAMH staff shall ensure that provider agency staff are provided with appropriate and sufficient technical assistance and consultation in order to effectively and efficiently carry out business functions and resolve operational issues related to claims submissions, enrollment requests and consumer coverage in ADAMH's enterprise system.

¹⁰ Article 5.4 of the ADAMH - Provider Services Contract

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2. ADAMH staff shall make available to provider agency staff methods for the submission of requests for technical assistance, including but not limited to, a secure, web-based “help desk” ticketing system for the transmission of questions or issues related to the enterprise system or data which includes protected health information (PHI).
 - a. Provider agency staff shall use ADAMH’s designated “help desk” ticketing system as the method for transmission of PHI.
 - b. Provider agency staff shall submit questions, issues and data requests which do not include PHI to the designated ADAMH contact(s) via e-mail for resolution.
 - c. Access and utilization of ADAMH’s “help desk” ticketing system shall be restricted to designated account holders at each provider agency. The account user must keep the “help desk” access credentials confidential and not disclose the credentials for use by other individuals.
3. ADAMH staff shall ensure that all requests from provider agency staff for provision of technical assistance are addressed and responded to in a timely manner.

POLICY E.04.010: MEMBER BENEFIT PLANS

1. ADAMH staff shall configure the current enterprise system to assign appropriate benefit plans to individuals enrolled in the system for the purposes of determining eligibility for payment of claims for reimbursement for services rendered to eligible members by contract service provider agencies in accordance with the annual agency services plan (ASPs) and budget.
2. Benefit plans configured in ADAMH’s current enterprise system shall reflect the standards and qualifications for services in accordance with article 4.5 of the ADAMH provider services contract. Members who qualify for ADAMH services in accordance with article 4.5 shall be enrolled in coverage for services.¹¹
3. The benefit plans defined by ADAMH staff shall consist of the Franklin County standard plan and the Franklin County crisis plan effective January 1, 2021.
4. The Franklin County standard plan shall provide coverage for a broad taxonomy of services rendered by contracted provider agencies for individuals who meet residency and income eligibility requirements.
 - a. Coverage under the standard plan shall be limited to residents of Franklin County. A resident of Franklin County means a person who is physically present in Franklin County, with a stated documented intent to remain here, as verified by documentation accepted and approved by the ADAMH staff.¹²
 - b. Members who qualify for ADAMH services in accordance with article 4.5.2 of the ADAMH provider services contract shall be enrolled in the standard plan.
 - c. Eligibility for the standard plan shall extend for 365 days from the date of enrollment or until services are terminated due to the member having moved out of Franklin County with the intent to establish residency in another county, whichever is sooner.¹³
 - d. Reimbursement for services rendered to eligible members in a standard plan by contract service provider agencies will be made in accordance with the annual agency services plan (ASP) and budget.
5. The Franklin County crisis plan shall provide coverage for a limited taxonomy of services for the purposes of addressing urgent or emergency behavioral health needs of individuals in crisis.
 - a. Coverage under the crisis plan shall be available to any individual presenting in crisis regardless of county of residency.

¹¹ Article 4.5.4 of the ADAMH provider services contract

¹² Article 2.46 of the ADAMH provider services contract

¹³ Article 4.8.1(e) of the ADAMH provider services contract

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- b. Members who qualify for ADAMH services in accordance with article 4.5.1 of the ADAMH provider services contract shall be enrolled in the crisis services plan.
 - c. Eligibility for the crisis services plan shall extend for 30 days from the date of enrollment.
 - d. Reimbursement for services rendered to eligible members in a crisis plan by contract service provider agencies will be made in accordance with the annual agency services plan (ASP) and budget.
6. Provider agency staff shall submit all requests for determination of eligibility in ADAMH's enterprise system and upon receipt of the enrollment request ADAMH staff shall evaluate and assign the appropriate benefit plan and eligibility span for the individual.

POLICY E.04.020: PROVIDER CONTRACTS

- 1. ADAMH staff shall create an agreement or electronic record in the enterprise system that operationalizes the contractual agreement between ADAMH and each provider regarding the particular services for which each provider agency is authorized to claim and the billing terms for claims for reimbursement in accordance with the contractual agreement between ADAMH and the provider agency.
- 2. ADAMH staff shall ensure that the agreement in the enterprise system is created in accordance with the terms of each provider agency's approved agency services plan (ASP) and budget for the current contract year and reimbursement for services is made at the rates approved in the provider's approved budget.
- 3. Each provider agency must have an approved agency service plan (ASP) and budget for the contract year prior to establishment of the agreement in ADAMH's current enterprise system.¹⁴
- 4. Provider agency staff shall submit claims for reimbursement in ADAMH's current enterprise system in accordance with the ADAMH provider services contract as established in the electronic record unless and until such time as there is a modification or termination of the agreement reflected in the enterprise system.¹⁵
 - a. ADAMH staff shall establish the budgetary limits for services allowed by each provider agency in the electronic record and provider agencies shall render services from within the approved service taxonomy to members.¹⁶

POLICY E.04.030: PROVIDER RATE SCHEDULES

- 1. In accordance with each provider agency contract, agency services plan (ASP) and budget, ADAMH staff shall establish a rate schedule in the current enterprise system in order to delineate the specific scope of services for which provider agencies may submit claims for reimbursement and to establish the correct value of procedure codes specific to each provider agency.
 - a. The rate schedules established by ADAMH staff in the enterprise system shall consist of an alpha-numeric procedure code and a unit rate designating the dollar amount value for a single unit specific to the procedure code.
- 2. ADAMH staff shall establish provider rate schedules for each provider agency on a contract year basis and budget revisions involving claims reimbursement shall be effective on the date the revisions are entered into ADAMH's current enterprise system.
- 3. Each provider agency shall be responsible for ensuring the accuracy of the rate schedules established by ADAMH staff within the enterprise system and the associated billing functions for the provider agency's electronic health/medical record system for billing upon initial set up and throughout the contract year.

¹⁴ Article 5.2.1 of the ADAMH provider services contract

¹⁵ Article 4.4 of the ADAMH provider services contract

¹⁶ Article 4.7.2 of the ADAMH provider services contract

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4. ADAMH staff shall not authorize payment of claims for reimbursement to provider agencies for any service at an amount which exceeds the budgeted rate approved and recorded by ADAMH staff in the enterprise system or the amount charged by the provider, whichever is lower.¹⁷
5. ADAMH staff shall make reimbursement for claims submitted in the current enterprise system at the rates specified in each provider's rate schedule and, unless specifically provided for otherwise by contract, the reimbursement rate shall be made in full for services rendered.¹⁸

POLICY E.04.040: ADAMH PROCEDURE CODE TAXONOMY

1. ADAMH staff shall maintain a taxonomy of codes and descriptors that represent reimbursable procedures and services that may be provided to individuals or organizational members.
 - a. ADAMH staff shall design and maintain the taxonomy of services in order to promote uniform reporting, utilization of codes, and data collection of procedures and services.
 - b. ADAMH staff shall design and maintain the taxonomy of services in order to promote uniform data collection, reporting and payment of procedures and services.
2. The taxonomy shall utilize the healthcare common procedure coding system (HCPCS), including the current procedural terminology (CPT) definitions, as the standard collection of codes and descriptors that represent procedures and services where such codes are defined by industry standards.
 - a. ADAMH staff and provider agency staff shall refer to the current version of the HCPCS level II professional guide as the controlling authority for descriptions and guidance regarding the appropriate use of procedure codes and associated definitions.
 - b. For services not defined under the HCPCS, ADAMH staff shall create and utilize five-digit alphanumeric codes to identify and define other payable services.
 - c. For services not defined under the HCPCS, ADAMH staff shall establish definitional standards and other attributes, including but not limited to system of care alignment and allowable rendering providers, for each service sufficient for the procedure code to be uniquely identified from other services and billed by providers in a consistent manner.
 - d. ADAMH shall identify modifiers, consisting of two-digit codes and descriptors, that shall be used to indicate that a service or procedure performed has been altered by some specific circumstance (such as telehealth delivery) but is unchanged in its definition or code.
3. In the taxonomy of services, ADAMH staff shall identify those Medicaid-eligible procedure codes currently allowable for payment for Medicaid-eligible consumers.
 - a. ADAMH staff shall submit claims for reimbursement from provider agencies for Medicaid-eligible services to the Ohio Department of Medicaid for verification of coverage of the services rendered.

POLICY E.04.050: ORGANIZATIONAL MEMBERS

1. ADAMH staff shall establish a method in the enterprise system for the submission of encounter data for services rendered by each provider agency to collect service activity data in situations where it is not feasible or appropriate to individually enroll clients for the evaluation of claims for reimbursement.
 - a. Encounter data submitted by provider agencies for organizational members shall establish the basis for the value of services rendered, including procedure codes, units of service and rates) to be used in determination of non-exempt block grant payments and to substantiate program expenses in the annual contract reconciliation.
2. ADAMH staff shall establish a single organizational member for each provider agency with a unique identifying number in ADAMH's enterprise system for eligibility purposes.

¹⁷ Article 10.3 of the ADAMH provider services contract

¹⁸ Article 11.1.1 of the ADAMH provider services contract

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- a. ADAMH staff shall define the data elements of an organization member and shall establish the required elements to be included in encounter claims submitted by provider agencies, including but not limited to service location address.
- b. Provider agency staff shall submit encounter claims using organizational clients in accordance with the requirements established by ADAMH staff.

POLICY E.04.060: SUBSIDY SCALE ADMINISTRATION

1. ADAMH staff shall annually publish an updated public subsidy schedule which defines percentage of member responsibility and ADAMH subsidy for claims for reimbursement submitted by providers based upon current federal poverty guidelines for monthly income and household size that shall be in effect for the current contract year.
2. ADAMH staff shall establish a method in the current enterprise system for assigning member responsibility for services rendered by provider agencies that effectively and efficiently administers the public subsidy scale for member financial eligibility identified in the ADAMH provider services contract.
3. ADAMH staff shall configure the current enterprise system to assign member responsibility for payment of services based upon household size and income according to the
 - a. Individuals enrolled in ADAMH's benefit plan(s) with a monthly adjusted gross income at or below 250% of the federal poverty level shall be eligible for full subsidy of services rendered by contract service providers (0%-member responsibility).
 - b. Individuals enrolled in ADAMH's benefit plan(s) with a monthly adjusted gross income above 250% but at or below 400% of the federal poverty level shall be eligible for partial subsidy of services rendered by contract service providers on a sliding scale basis (40 to 95% member responsibility).
 - c. Individuals enrolled in ADAMH's benefit plan(s) with a monthly adjusted gross income above 400% of the federal poverty level shall be not eligible for subsidized payment of services rendered by contract service providers and shall be eligible for coverage (100% member responsibility).
4. ADAMH staff shall implement the subsidy scale and member responsibility schedule in an efficient and cost-effective manner that ensures individuals are treated equitably in the determination of eligibility for subsidized coverage from ADAMH.
5. Provider agencies shall establish policies and procedures to implement the contractual requirements of public subsidy eligibility and shall utilize ADAMH's current enterprise system to submit member financial information for ADAMH staff to assign member responsibility¹⁹.
 - a. Provider agencies shall render services to individuals regardless of income or ability to pay and shall ensure that all individuals are accorded the same treatment under policy, procedure and practice in determining eligibility for subsidized coverage from ADAMH.
6. Provider agency staff shall submit information for individuals seeking services in ADAMH's current enterprise system in accordance with policy E.05.010 as necessary for ADAMH staff to determine a client's financial eligibility for subsidized services, including but not limited to, sources and amounts of income of the individual's household and the household size.
 - a. Provider agency staff shall collect and retain documentation of the individual's household income and family size, including a fee agreement signed by the individual, and shall make available for review by ADAMH staff upon request.
7. Provider agency staff may request a waiver of a member's co-payment amount on behalf of the individual for reasons including, but not limited to, severity of client's danger to self or others, a disruptive family situation such as fire, flood, or storm damage that contributes to unusual demand on

¹⁹ Article 11.8.1 of the ADAMH provider services contract

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family income, the "breadwinner" refuses to be responsible for needed treatment of dependent members of family, and other serious interruptions of normal family income.

- a. Provider agency staff requesting a waiver of member co-payments shall submit documentation of the circumstances indicated in the waiver request to support the evaluation of the request by ADAMH staff in the enterprise system.
- b. ADAMH staff shall evaluate the request to waive the member's co-payment and notify the provider agency of a determination within ten business days of receipt of the request in the enterprise system.
- c. Upon the determination of ADAMH staff to approve the waiver of member co-payments, claims for reimbursement submitted by the provider agency for the member shall be fully subsidized by ADAMH for a period of 90 days.
- d. Upon the determination of ADAMH staff to deny the waiver of member co-payments, the provider agency may submit an appeal to ADAMH staff with additional documentation for further evaluation by ADAMH staff.
- e. Upon the expiration of an approved waiver of member co-payments, the provider agency shall be required to submit a new request and documentation of circumstances in the enterprise system in accordance with this policy.

POLICY E.05.010: CONSUMER ELIGIBILITY FOR SERVICES

1. ADAMH staff shall require the provision of consumer information by providers in order to evaluate an individual's eligibility for ADAMH's coverage of services including demographic details to establish the individual's identity, residency status, income and eligibility for Medicaid coverage or other third-party insurance coverage.
2. Provider agency staff shall provide verification of an individual's Identity in order for ADAMH staff to evaluate an individual's residency, income and Medicaid eligibility.
 - a. Provider agency staff shall take all steps reasonably necessary to permit the ADAMH staff to collect name-identifying information for the purpose of enrolling clients in publicly-funded services, establishing eligibility of clients and processing their claims for payment.²⁰
3. Provider agency staff shall provide verification of an individual's residency status for ADAMH staff to evaluate the appropriate benefit plan assignment.
 - a. Provider agency staff shall review and maintain a record of documentation verifying that a person seeking or being referred for ADAMH Services is a resident of Franklin County prior to enrolling the individual.²¹
 - b. A resident of Franklin County may be eligible for services of the provider agency in accordance with ADAMH policies.²²
 - c. If the provider agency is certified to provide emergency/crisis intervention services, such services shall be provided based on need without regard to the county of residence of the individual presenting in crisis.²³
4. Provider agency staff shall maintain verification of an individual's household income for ADAMH staff to evaluate the individual's eligibility for subsidized services.
 - a. Provider agency staff shall verify the person's financial eligibility for the ADAMH public subsidy for ADAMH services and responsibility for cost sharing, in accordance with attachment 14 of the current ADAMH provider services contract, prior to enrolling the individual.²⁴

²⁰ Article 4.11.2 of the ADAMH provider services contract

²¹ Article 4.5.2(b) of the ADAMH provider services contract

²² Article 4.5.2(a) of the ADAMH provider services contract

²³ Article 4.5.1(a) of the ADAMH provider services contract

²⁴ Article 4.5.3(c) of the ADAMH provider services contract

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5. Provider agency staff shall maintain verification of an individual's Medicaid eligibility status or other third-party payor coverage for ADAMH staff to evaluate coordination of benefits for coverage.
 - a. Provider agency staff shall review and maintain a record of documentation verifying if the person seeking or being referred for services covered by ADAMH staff is eligible for Medicaid and other third-party payors, prior to enrolling the individual.²⁵
 - b. ADAMH staff may request documentation of Medicaid and other third-party payor eligibility at the time of enrollment or perform periodic record reviews to verify the documentation.²⁶
 - c. Provider agency staff shall ensure that individuals who are potentially eligible for Medicaid and other insurance receive reasonable assistance in applying for, securing, and maintaining coverage.²⁷
 - d. Payment of ADAMH services on behalf of an enrolled Medicaid consumer are subject to the provisions of section 4.5 of current ADAMH provider services contract.²⁸

POLICY E.05.020: CONSENT, AUTHORIZATION AND RELEASE

1. Prior to rendering services to an individual seeking services, provider agency staff shall provide the member with the required disclosure statement; and shall have the member sign all consent for treatment, authorization to bill, or release forms in accordance with applicable requirements.²⁹
2. The disclosure statement shall conform to the applicable requirements of ORC 1347 and ORC 5119.28, and which informs the member of required information and includes, at a minimum, all of the following information:³⁰
 - a. The purpose of the personal information system currently in use by ADAMH (e.g. the ADAMH's current enterprise system),
 - b. Details regarding how information will be used by the appropriate state agencies, ADAMH and other public funders,
 - c. The security provisions in place to prevent re-disclosure of information,
3. Provider agency staff shall ensure that members sign all releases which are necessary under applicable laws and rules, including, but not limited to, releases of information (written consent) on drug and alcohol treatment and prevention which conform to requirements of federal law under 42 CFR, Part 2 (for substance use disorder confidentiality) and state law under ORC 5119.27 (Confidentiality of records pertaining to identity, diagnosis or treatment).³¹
4. Providers will ensure each -ADAMH-funded client served by its agency during the contract period will receive the ADAMH notice of privacy practices.³²
5. Provider shall ensure that releases are entered or uploaded to the enterprise system in accordance with the process detailed in the provider enterprise system manual.

POLICY E.05.030: MEMBER ENROLLMENT

1. Provider agency staff shall submit information and supporting documentation for individuals seeking services and benefit coverage to the extent necessary for ADAMH staff to evaluate eligibility for services in accordance with policy E.05.010.

²⁵ Article 4.5.3(a) of the ADAMH provider services contract

²⁶ Article 4.5.3(a) of the ADAMH provider services contract

²⁷ Article 4.5.3(b) of the ADAMH provider services contract

²⁸ Article 4.5.5(b) of the ADAMH provider services contract

²⁹ Article 4.11.3 of the ADAMH provider services contract

³⁰ Article 4.13.1 of the ADAMH provider services contract

³¹ Article 4.13.2 of the ADAMH provider services contract

³² Article 3.8.3 of the ADAMH provider services contract

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- a. After meeting the requirements of policy E.05.020, provider agency staff shall submit enrollment requests in ADAMH's enterprise system within ten business days of the individual's first date of service or "screening" date.³³
 - b. All demographic, eligibility and other individual information shall be submitted by provider agency staff in ADAMH's current enterprise system according to the procedures established by ADAMH staff.
2. ADAMH staff shall review the enrollment information and documentation for completeness and accuracy within ten business days of receipt of the submission in ADAMH's enterprise system and shall assign the appropriate benefit eligibility plan for the individual.

POLICY E.05.040: MEMBER UPDATES

1. In order to ensure the accuracy of member information and data for claims adjudication provider agency staff shall submit changes to the member's enrollment information including, but not limited to, changes of address, residency, income, client name or other demographic data to ADAMH staff for updates or corrections to the record in ADAMH's current enterprise system in accordance with the process established by ADAMH staff.
2. Provider agency staff shall at all times maintain a current record of an individual's residential address and that the individual is a resident of Franklin County and any subsequent changes regarding the individual's address or residency status must be submitted in ADAMH's enterprise system within ten business days of notice of the change of address.³⁴
 - a. Provider agency staff shall update the individual's record in ADAMH's enterprise system if the provider becomes aware that the individual has moved out of Franklin County with the intent to establish residency in another county.³⁵
3. Provider agency staff shall maintain a current record of an individual's financial eligibility for services subsidized by ADAMH and any subsequent changes regarding the individual's household income must be submitted in ADAMH's enterprise system within ten business days of notice of the reported change of income.
4. ADAMH staff shall process updates to member records submitted by provider agency staff within ten business days of receipt of the update request in ADAMH's enterprise system.
 - a. ADAMH staff shall evaluate update requests submitted by provider agency staff for potential changes to individual eligibility and assign appropriate benefit plans in accordance with policy E.05.010 within ten business days of receipt of the update request in ADAMH's enterprise system.
 - b. The effective date of changes to individual benefit plans resulting from member update requests shall be the date of receipt in ADAMH's enterprise system.

POLICY E.05.050: MEMBER RENEWALS

1. ADAMH staff shall require the provision of consumer information by provider agency staff in order to periodically re-evaluate an individual's eligibility for ADAMH's coverage of services including demographic details to establish the individual's identity, residency status, income and eligibility for Medicaid coverage or other third-party insurance coverage.
 - a. For individuals eligible for services under crisis services plan, provider agency staff shall submit current verification documents for the member in ADAMH's enterprise system in accordance with policy E.05.010 no later than 30 days from the first date of benefit plan eligibility.³⁶

³³ Article 4.11.4 of the ADAMH provider services contract

³⁴ Article 4.5.2(b) of the ADAMH provider services contract

³⁵ Article 4.8.1(e) of the ADAMH provider services contract

³⁶ Article 4.5.4(a) of the ADAMH provider services contract

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- b. For individuals eligible for services under crisis services plan, provider agency staff shall submit current verification documents for the member in ADAMH's enterprise system in accordance with policy E.05.010 no later than 365 days from the first date of benefit plan eligibility.³⁷
- 2. ADAMH staff shall evaluate documentation for eligibility re-determination submitted by provider agency staff for potential changes to individual eligibility and assign appropriate benefit plans in accordance with policy E.05.010 within ten business days of receipt of the update request in ADAMH's enterprise system.
 - a. The effective date of changes to individual benefit plans resulting from member update requests shall be the date of receipt in ADAMH's enterprise system.

POLICY E.06.010: CLAIM SUBMISSION

- 1. Contracted agency providers shall utilize ADAMH's current enterprise system for the submission of claims for reimbursement for services rendered to individuals enrolled in ADAMH's benefit plans.
- 2. ADAMH staff shall utilize claims data submitted in the enterprise system for the purposes of adjudicating claims for payment, the collection of encounter data for substantiating block grant payments, service utilization reviews and other business rule impact analyses.
- 3. Provider agency staff shall submit claims in the enterprise system using the following methods:
 - a. Electronically submitted using an ANSI 837 electronic file (837P-5010 file format) through ADAMH's current enterprise system³⁸
 - b. Manually entered in ADAMH's current enterprise system utilizing the "simple claim" process.
- 4. Providers are responsible for ensuring that all claim information is accurate at the time of submission and that confidential or protected health information is accessed only on an as-needed basis.
- 5. Providers shall submit clinically accurate primary and secondary diagnosis on all claims submitted in ADAMH's current enterprise system.³⁹

POLICY E.06.020: MEDICAID ELIGIBILITY VERIFICATION

- 1. Provider agency staff shall provide verification of an individual's identity in accordance with policy E.05.010 for ADAMH staff to evaluate an individual's Medicaid eligibility for individuals enrolled in ADAMH's current enterprise system.
- 2. ADAMH staff shall submit information to the Ohio Department of Medicaid (ODM) on behalf of the provider agency to determine the individual's Medicaid eligibility status in accordance with ODM requirements and ADAMH procedures.
 - a. Provider agency staff shall appoint ADAMH as the representative for the purposes of seeking verification of Medicaid eligibility for individual consumers for those claims for reimbursement of services covered in the Medicaid taxonomy.
 - b. ADAMH staff shall share verification of an individual's current Medicaid eligibility status for Medicaid in the member's enrollment record in ADAMH's enterprise system.⁴⁰
- 3. Provider agency staff shall maintain verification of an individual's Medicaid eligibility status or other third-party payor coverage for ADAMH staff to evaluate coordination of benefits for coverage.
 - a. Provider agency staff shall review and maintain a record of documentation verifying if the person seeking or being referred for services covered by ADAMH is eligible for Medicaid and other third-party payors, prior to enrolling the individual with ADAMH.⁴¹

³⁷ Article 4.5.4(b) of the ADAMH provider services contract

³⁸ Article 11.3.1 of the ADAMH provider services contract

³⁹ Article 7.6.5 of the ADAMH provider services contract

⁴⁰ Article 3.6 of the ADAMH provider services contract

⁴¹ Article 4.5.3(a) of the ADAMH provider services contract

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- b. ADAMH staff may request documentation of Medicaid and other third-party payor eligibility at the time of enrollment or perform periodic record reviews to verify the documentation.⁴²
 - c. Provider agency staff shall ensure that individuals who are potentially eligible for Medicaid and other insurance receive reasonable assistance in applying for, securing, and maintaining coverage.⁴³
 - d. Payment of ADAMH services on behalf of an enrolled Medicaid consumer are subject to the provisions of section 4.5 of current ADAMH provider services contract.⁴⁴
4. ADAMH staff shall not pay for Medicaid eligible services for individuals eligible for Medicaid coverage at on the date of services rendered and except as otherwise provided by law, ADAMH shall be the payor of last resort.⁴⁵
- a. Provider agency staff seeking reimbursement for services on behalf of an individual eligible for Medicaid coverage shall submit behavioral healthcare Medicaid claims directly to ODM or the appropriate Medicaid managed care organization.⁴⁶
 - b. Provider agency staff shall accept any reimbursement from Medicaid for services rendered as payment in full and shall not balance bill any unpaid charge to ADAMH.⁴⁷

POLICY E.06.030: COORDINATION OF BENEFITS

- 1. Provider agency staff shall establish and implement procedures to submit claims for reimbursement from Medicaid, Medicare or other third-party payors for eligible individuals and shall make utilization of ADAMH's current enterprise system for coordination of benefits in order to appropriately account for other third-party payments and patient responsibility.⁴⁸
- 2. Provider agency staff shall not submit claims for reimbursement from ADAMH for services until either verification of non-coverage by Medicaid or other third-party payors is received or 60 days have elapsed after billing of the third-party payors, whichever occurs first.
- 3. If full or partial reimbursement is received from Medicaid or other third-party payors after submission of claims for reimbursement to ADAMH, adjustments to the claims or payments shall be made by ADAMH staff in accordance in ADAMH's current enterprise system.

POLICY E.06.040: CLAIM ADJUDICATION

- 1. ADAMH staff shall publish an annual calendar for the processing of claims submitted by provider agency staff in the enterprise system and the expected schedule for the issuance of payments from ADAMH's fiscal system for the contract year. ⁴⁹
- 2. ADAMH staff shall configure the current enterprise system to process all claims received from provider agency staff submitted in accordance with policy E.06.010 according to the annual claims processing calendar in the claims run batch process.
- 3. ADAMH staff shall utilize the current enterprise system to review claim for reimbursement received in the enterprise system and apply business rules to assign the appropriate adjudication status based upon individual benefit plan eligibility, the approved budget for the provider agency and other contractual terms, including, but not limited to, timely billing requirements.
 - a. ADAMH staff shall assign an adjudication status of "approved" to claims for reimbursement of services received from provider agency staff that are payable.

⁴² Article 4.5.3(a) of the ADAMH provider services contract

⁴³ Article 4.5.3(b) of the ADAMH provider services contract

⁴⁴ Article 4.5.5(b) of the ADAMH provider services contract

⁴⁵ Article 11.7.4 of the ADAMH provider services contract

⁴⁶ Article 4.5.5(a) of the ADAMH provider services contract

⁴⁷ Article 11.7.5 of the ADAMH provider services contract

⁴⁸ Article 11.8.2 of the ADAMH provider services contract

⁴⁹ Article 11.3.2 of the ADAMH provider services contract

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- b. ADAMH staff shall assign an adjudication status of “pending” to claims for reimbursement of services received from provider agency staff that do not include all elements required for determination of adjudication.
- c. ADAMH staff shall assign an adjudication status of “denied” to claims for reimbursement of services received from provider agency staff that are not payable due to violation of one of more business rules in the current enterprise system.
- d. Provider agency staff shall access ADAMH’s current enterprise system to review the adjudication status of claims submitted for reimbursement and to make corrections to claims receiving an initial adjudication status of “pending” or “denied” in accordance with policy E.06.060.
- e. ADAMH staff shall re-adjudicate claims initially assigned an adjudication status of “pending” or “denied” in accordance with policy E.06.060.

POLICY E.06.050: CLAIM REVIEW AND VERIFICATION

- 1. Provider agency staff shall cooperate with ADAMH staff in all monitoring activities relating to the verification of claims for reimbursement in the current enterprise system, including, but not limited to program reviews, chart audits and other fiscal monitoring.⁵⁰
- 2. ADAMH staff may engage provider agency staff to receive and review information which is reasonably necessary to permit the ADAMH staff to monitor and evaluate the accuracy of claims for reimbursement submitted in ADAMH’s enterprise system.⁵¹
- 3. ADAMH staff shall have the right to inspect the provider’s member residency and financial eligibility documentation, client records and any other supporting financial or clinical documentation to verify the accuracy of claims for reimbursement.
- 4. Provider agency staff shall make corrections to claims for reimbursement which have been determined to be ineligible or incorrect as a result of a review conducted by ADAMH staff in a timely basis and such reversals must be processed in accordance with ADAMH procedures.⁵²

POLICY E.06.060: CLAIM CORRECTIONS

- 1. Provider agency staff shall request correction of any claim for reimbursement submitted in ADAMH’s current enterprise system in which the error affects the appropriate disposition and payment of the original claim.
 - a. Provider agency staff shall request correction of any claim in which the service data submitted in the original claim was subsequently determined to be incorrect and material to the payment of the claim by ADAMH staff.
 - b. Provider agency staff may request correction of any claim which is assigned an adjudication status of “pending” or “denied” in ADAMH’s current enterprise system in order to revise the claim for re-adjudication by ADAMH staff.
- 2. ADAMH staff shall utilize the enterprise system to revert claims for reimbursement which have been assigned an adjudication status for provider agency staff to correct the claim and submit for re-adjudication in accordance with policy E.06.040.
- 3. Provider agency staff shall utilize the functionality of ADAMH’s current enterprise system in order to make corrections to reverted claims and re-submit for processing in a timely basis.

POLICY E.06.070: SERVICE AUTHORIZATION REQUESTS

- 1. ADAMH staff shall identify procedure codes which designate specific services as requiring a service authorization or service request to be approved prior to adjudication or payment of the service.

⁵⁰ Article 7.1 of the ADAMH provider services contract

⁵¹ Article 6.1.2(a) of the ADAMH provider services contract

⁵² Article 7.1.1 of the ADAMH provider services contract

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- a. ADAMH staff shall only utilize service authorizations or service requests as a mechanism for the monitoring and pre-approval of specific services subject to utilization management.
- b. Services subject to prior approval through service authorizations or service requests shall be identified in the provider agency budget annually.
2. Provider agency staff shall submit a request for service authorization in ADAMH's current enterprise system for any service, as identified by procedure code in the provider agency budget, which is subject to utilization management.
3. ADAMH staff shall review each request for service authorization in the enterprise system and approve or deny the request within ten business days of receipt of the request.
 - a. Requests for service authorization approved by ADAMH staff shall delineate the maximum number of units and the duration of the authorization.
 - b. Requests for service authorizations denied or partially approved by ADAMH staff shall delineate the reasons for the denial or reduced authorization.
4. Provider agency staff shall submit claims for reimbursement in the enterprise system for services requiring service authorization once approval is received from ADAMH staff and shall not submit claims in excess of the unit or duration limits of the authorization.

POLICY E.06.080: ENCOUNTER DATA

1. Provider agency staff shall submit encounter data in ADAMH's current enterprise system to support the disbursement of funds made by ADAMH through the block grant payment process for allocations designated by ADAMH staff as non-exempt block grants.⁵³
 - a. The encounter claim value will be quantified using approved/accepted dollar volume or approved unit volume (approved units as a percentage of approved budgeted units).⁵⁴
2. ADAMH staff shall designate block grant funds that are not exempt from encounter claiming in the annual budget for provider agencies and indicate if encounter claims are to be submitted in the enterprise system for individual consumers or through the use of the provider agency's organizational member.⁵⁵
3. Provider agency staff shall submit all encounter claims for the contract year in ADAMH's current enterprise system prior to the cut-off date for the submission of claims.⁵⁶

⁵³ Article 7.1.2 of the ADAMH provider services contract

⁵⁴ Article 11.2.9(a) of the ADAMH provider services contract

⁵⁵ Article 7.1.2 of the ADAMH provider services contract

⁵⁶ Article 11.2.6 of the ADAMH provider services contract