

Exhibit 1 - Certification Page

All data is automatically populated from other Exhibits except for Signature, Title, Date, Phone Number and Email Address.

Field	Title	Source
1	Provider Name and Address	Provider Data Exhibit 2
2	IRN	Provider Data Exhibit 2
3	Reporting Period	Provider Data Exhibit 2
4	Medicaid Provider Number	Provider Data Exhibit 2
5a.	Total Computable Expenditure by Type	Settlement Page Exhibit 7
5b.	Claimed Expenditures Certification	Provider Data Exhibit 2
6	Certification by Officer of the Provider Signature Title Date Phone Number E-Mail Address	Direct input

Exhibit 2- Provider Data

All data is manually entered which populates various exhibits including primarily the Certification Page – Exhibit 1.

Title	Action
Provider (LEA) Name	Enter Name per ODE designation
Medicaid Provider Number	Enter provider number per Medicaid Provider Agreement.
Provider IRN	Enter number per ODE issuance
National Provider Identifier	Enter number issued through national clearinghouse
Cost Report Date	Enter beginning and ending dates for submitted cost report
Provider Name	Enter name per Medicaid provider agreement
Business Manager/Treasurer	Enter designated individual per school district
Provider Contact	Enter designated individual per school district
Contact Phone	Enter phone number of designated individual per school district
Contact E-mail Address	Enter contact per school district designation
Provider Address 1	Enter address per school district of physical location
Provider Address 2	Enter additional address information per school district
Provider City, State, ZIP	Enter applicable information for provider address above
Prepared by	Enter person designated by school district to complete cost report
Preparer's Phone	Phone number to allow contact by ODE and ODJFS
Preparer's E-Mail Address	Enter preparers e-mail address
Submission Date	Date cost report is submitted
Time Period of Time Study	Enter beginning and ending dates of participating time studies
Provider Restricted Cost Rate	Enter indirect cost rate per ODE

Exhibit 3 – Statistics

Data entered into this exhibit calculates the various percentages based on the schools population. Calculations from Exhibit 3 are used along with salary and time study data to calculate the actual cost of services for the school district.

Administrative Claiming Allocation Statistics

Name	Action
Total Medicaid Students	Enter resulting number by comparing the total student count in the second full week in October of the applicable cost report period to the Medicaid Master Recipient File.
Total All Students – Applicable Period	Total students per the Average Daily Membership (ADM) per ORC 3317.03
Medicaid Students to All Students	Self calculated ratio (Total Medicaid Students / Total All Students – Applicable Period)

IEP Utilization Ratios

Name	Action
Total Medicaid IEP Students	Enter count of total Medicaid eligible students with an IEP in the second full week of October
Total Healthy Start (HS) IEP Students	Enter count of total Healthy Start (HS) eligible students with an IEP in the second full week of October
Total IEP Students	Enter count of all students with an active IEP in the second full week in October
Medicaid IEP Students to Total IEP Students	Self calculated ratio using data above (Total Medicaid IEP Students/Total IEP Students)
Healthy Start IEP Students to Total IEP Students	Self calculated ratio using data above (Total Healthy Start (HS) IEP Students/Total IEP Students)

Transportation Ratios

Name	Action
Total Students	Total students per the Average Daily Membership (ADM) per ORC 3317.03
Total IEP Students	Enter school district wide count of all students with an active IEP
Total Medicaid IEP students with special transportation need relating to medical services	Enter total count per active IEP as of the second full week of October.
Total HS IEP students with special transportation need relating to medical services	Enter the number of HS Eligible IEP Students per the RMF as of the second full week of October
Total Medicaid IEP students with special transportation need to total students	Self calculating ratio using data above (Total Medicaid IEP students with special transportation need relating to medical services / Total Students)
Total HS IEP students with	Self calculating ration using data above (Total HS IEP

special transportation need to total students	students with special transportation need relating to medical services / Total Students)
Total Medicaid IEP students with special transportation needs to total IEP students	Self calculating ratio (Total Medicaid IEP students with special transportation need relating to medical services / Total IEP Students)
Total HS IEP students with special transportation need to total IEP students	Self calculating ration (Total HS IEP students with special transportation need relating to medical services / Total IEP Students)

Exhibits 4A, 4B and 4C

MSP providers participate in quarterly statewide time studies utilizing random one minute moments for each cost pool to calculate a time study results, which is used by every participating provider. As a result, every provider uses the same percentages by activity.

Exhibit 4A – Cost Pool 1 Direct Medical Service Personnel Time Study

Enter time study results for direct services (*cost pool 1*) in the column titled “Activity % from Time Study”.

Exhibit 4B – Cost Pool 2 TCM and Administration Personnel

Enter time study results for Targeted Case Management (TCM) (*cost pool 2*) in the column titled “Activity % from Time Study”. All other data and calculations are self-calculated. Enter

Exhibit 4C – Cost Pool 3 Administration Personnel

Enter time study results for Administration (*cost pool 3*) in the column titled “Activity % from Time Study”. All other data and calculations are self-calculated.

Activity % from Time Study

Exhibit 5A, 5B, 5C, 5D and 5D-1

Most cells in Exhibits 5A, 5B, 5C and 5D are populated using the Payroll Exhibit. MSP providers are free to use alternative methods to aggregate payroll costs for the three cost pools but must submit the electronic file with their cost report to facilitate the AUP and cost reconciliation processes.

Exhibit 5A – Direct Medical Cost

The only manual data entered into this exhibit are *II. Purchased Services* and *III. Allowable Medical Equipment and Supplies*

II. Purchased Services

Name	Action
Purchased Direct Medical Services	Enter the actual allowable cost of purchased direct medical services. No overhead (indirect costs) are permitted for contracted services.
Billing cost for direct medical services	If the provider contracts with an outside entity to bill for medical services, enter the actual allowable cost of billing activities.

III. Allowable Medical Equipment and Supplies

Name	Action
Direct Medical supplies	Enter the actual cost of allowable medical services.
Direct Medical equipment (Less than Capitalization threshold)	Enter the actual cost of allowable expensable medical equipment in compliance with HIM 15-1.
Depreciation	Enter the allowable depreciation for the cost report period for capitalized direct medical equipment

Exhibit 5B – TCM Cost

The only manual data entered into this exhibit are *II. Purchased Services*

II. Purchased Services

Name	Action
Purchased TCM Services	Enter the actual contract cost of purchased direct medical services. No overhead (indirect costs) are permitted for contracted services.

Exhibit 5C – Administration Cost

All data is automatically populated from the payroll exhibit.

Name	Action
Purchased TCM Services	Enter the actual contract cost of purchased direct medical services. No overhead (indirect costs) are permitted for contracted services.

Exhibit 5D and 5D-1

Exhibit 5D and 5D-1 are used to report the cost of transportation services. As there are multiple methods to account for transportation costs, we have included both a Summary and Specialized Exhibit for provider use.

Exhibit 5D – Total Transportation Costs

All data is automatically populated from the payroll exhibit except for Other Transportation Costs.

II. Other Transportation Costs

Name	Action
Maintenance	Enter actual maintenance costs.
Gasoline	Enter actual fuel costs
Insurance	Enter actual insurance costs
Depreciation	Enter actual depreciation costs
Other	Enter actual other allowable costs

Exhibit 5D-1 – Specialized Transportation Costs

All data is automatically populated from the payroll exhibit except for Other Transportation Costs.

II. Other Transportation Costs

Name	Action
Maintenance	Enter actual maintenance costs.
Gasoline	Enter actual fuel costs
Insurance	Enter actual insurance costs
Depreciation	Enter actual depreciation costs
Other	Enter actual other allowable costs

Exhibit 7 – Cost Settlement

All data to facilitate cost settlement of all cost pools (1, 2 and 3) are automatically populated except for actual paid claim cost data.

Name	Column	Action
Total Medicaid Claims Paid	Direct Medical	Enter Direct Service (except TCM) amounts received for Medicaid and Healthy Start claims
Total TCM Claims Paid	TCM	Enter amounts received for TCM for Medicaid and Healthy Start claims
Total Administration Paid	MAC	If payments were received for the cost report period, enter amount here
Total Transportation Claims Paid	Transportation	Enter amounts received for Medicaid and Healthy Start transportation claims