

3301-69-03

**Medicaid school component
administrative costs.**

(A) Pursuant to section 5162.363 of the Revised Code, the purpose of this rule is to establish a process by which qualified medicaid school providers participating in the medicaid school component of the medicaid program pay to the department of education the nonfederal share of the department's expenses incurred administering the component.

(B) As used in this rule, the following definitions apply:

(1) "Medicaid school component of the Medicaid program" means the program established pursuant to sections 5162.36 to 5162.364 of the Revised Code;

(2) "Provider" means a qualified medicaid school provider as defined in section 5162.36 of the Revised Code;

(3) "Department" means the Ohio department of education;

(4) "Administering office" means the office within the department assigned the duty of administering the department's responsibilities related to the medicaid program;

(5) "Administering costs" means the costs incurred by the department in carrying out its administrative responsibilities related to the medicaid school component of the medicaid program. Such costs include, but shall not be limited to, personnel, contracted services, costs expected to be paid to the Ohio department of medicaid pursuant to the interagency agreement entered into pursuant to section 5162.363 of the Revised Code, and other appropriate indirect costs; and

(6) "State education aid" has the same meaning as defined in section 5751.20 of the Revised Code.

(C) The administering office shall compute the following for each fiscal year during which the medicaid school component is in operation:

(1) An estimate of the total administrative costs for the fiscal year, developed pursuant to this paragraph, which may be revised from time to time as determined by the administering office. Amounts to ensure sufficient cash flow may be included in this estimate;

(2) An estimate of the federal share of funding to be reimbursed to the department from the department of medicaid for administrative costs for the fiscal year;

(3) In consultation with the department of medicaid, a numeric value for each provider, reflective of the proportion that each provider's estimated paid claims represents, of the estimated total of all paid claims to all providers for the fiscal year;

(4) An estimate of the amount to be collected from each provider for administrative costs by subtracting the amount computed pursuant to paragraph (C)(2) of this rule from

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the amount computed pursuant to paragraph (C)(1) of this rule and multiplying the resulting value by the numeric value developed for each provider pursuant to paragraph (C)(3) of this rule. The results of these computations shall be published on the department's website, and should specify for each provider the estimate of the annual amount computed to be collected and the schedule, frequency, and proportion by which such amounts shall be calculated; and

(5) After the close of each fiscal year, the following shall be computed by the administering office:

(a) The department's actual administrative costs;

(b) The actual federal share of funding reimbursed to the department;

(c) The actual federal share of funding reimbursed to each provider, and for the program as a whole, and a numerical value for each provider reflective of the actual proportion of each provider's actual paid claims to the actual total of all paid claims for the fiscal year;

(d) The amount each provider would have actually contributed toward the administrative costs by subtracting the amount computed in paragraph (C)(5)(b) of this rule from the amount computed in paragraph (C)(5)(a) of this rule and multiplying the resulting value by the numeric value developed for each provider in paragraph (C)(5)(c) of this rule.

(e) The difference between the actual amount each provider should have contributed as computed in paragraph (C)(5)(d) of this rule and the amount estimated and actually collected pursuant to paragraph (C)(4) and paragraph (D) of this rule. The results of this computation shall be published on the department's website and disseminated to providers.

(D) Pursuant to a schedule published on the department's website and proportions determined by the administering office, the estimated amount to be collected from each provider as determined pursuant to paragraph (C)(4) of this rule shall be collected in the following manner:

(1) In the case of a city, exempted village, or local school district, the amount shall be deducted from the state education aid calculated for the district, and, if necessary, from the payment made to the district under sections 321.24 and 323.156 of the Revised Code;

(2) In the case of a community school, the amount shall be deducted from the payment made to the school pursuant to division (D) of section 3314.08 of the Revised Code; and

(3) In the case of the state school for the blind or the state school for the deaf, the amount shall be collected by the submission of an intrastate transfer voucher for the amount owed to the respective entity.

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73 (E) ~~Upon the computation of amounts pursuant to paragraph (C)(5)(e) of this rule, if the~~
74 ~~computation is a positive value, additional collections shall be made in the manner~~
75 ~~specified in paragraphs (D)(1) to (D)(3) of this rule. If the amount is a negative value,~~
76 ~~amounts shall be repaid to the provider in a manner determined by the administering~~
77 ~~office and communicated to the effected providers.~~

Supplemental Information

Authorized By: ~~3301.07, 5162.363~~

Amplifies: ~~5162.36 to 5162.364~~

Five Year Review Date: ~~12/30/2026~~

Prior Effective Dates: ~~1/23/2009, 3/27/2014~~