

August 28, 2009

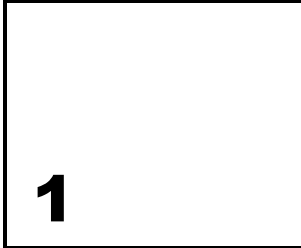
**Attachment 1: Supplemental
Data Request for
Provider-specific Adjustments**

Commonwealth of Pennsylvania
Office of Developmental Programs

FINAL

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Background

In early July 2009, the Department of Public Welfare (DPW), Office of Developmental Programs (ODP) published a document titled “Cost Report Instructions for the Consolidated and Person/Family Directed Supports Waiver Programs.” The document outlined the requirements and instructions for providers to follow in reporting their historical financial experience from rendering services to individuals in the Consolidated and Person/Family Directed Supports (P/FDS) Waiver (Waiver) programs. Providers will complete Cost Reports with experience data from Fiscal Year (FY) 2008/2009, and ODP will use this data as the basis for FY 2010/2011 rate development (Year 2).

Purpose of Attachment 1

Since the data reported in the Year 2 Cost Report reflects FY 2008/2009 expenses, it must be supplemented to develop the prospective payment rates for FY 2010/2011. ODP is issuing this supplemental data request to collect data in order to make two types of adjustments.

- First, the FY 2008/2009 Cost Report data must be adjusted to account for the service definition changes effective July 1, 2009, which clarified that day program providers are responsible for all required staffing needs for Waiver participants attending their programs. The service definitions also clarified that residential providers are responsible for all transportation to and from the day program for Waiver participants for whom they provide residential habilitation.
- Second, FY 2008/2009 data must be adjusted to account for mid-year changes in staff to accommodate a Waiver participant’s change in need. In these cases, the expenses related to the change in staff may only be reflected in the Cost Report for a partial year for changes that happened in FY 2008/2009 or may not be reflected at all for changes that happened in FY 2009/2010.

Situations Requiring Completion of Attachment 1

If your Cost Report submission was approved through the Desk Review process and your experience satisfies one of the conditions outlined in the bullets above, ODP requests that you complete an Attachment 1 submission. If you are unsure whether your Cost Report submission was approved, please confirm with the Administrative Entity (AE) or the ODP Regional Program Manager who was assigned to perform the Desk Review for your primary Master Provider Index (MPI) number.

Please use the Year 2 Attachment 1 Excel file template, "xxxxxxxxx_A1_2009_01of01.xls", which is located on the ODP Consulting website. After completing the applicable worksheets, upload the file to the Cost Report submission website between December 1, 2009 and **December 31, 2009**, at the latest. If you upload the file to the Cost Report submission website after December 31, 2009, ODP will assume the changes described above do not apply to you and no Attachment 1 data adjustments will be made to the expenses submitted in your Cost Report(s).

All Attachment 1 Excel files uploaded by December 31, 2009 will undergo a Desk Review process. The AE who performed the Desk Review of your Cost Report submission will also perform the review of your Attachment 1 submission. Initial review will be completed by January 8, 2010 and any resubmissions that are required as the result of the initial review will be reviewed by January 15, 2010. All Attachment 1 Excel files must be approved by the AE by January 15, 2010 to be considered in rate development. Note that the provider may be contacted to obtain additional clarification regarding an approved form after January 15, 2010.

Please note that this supplemental request does not apply to Supports Coordination Organizations (SCOs).



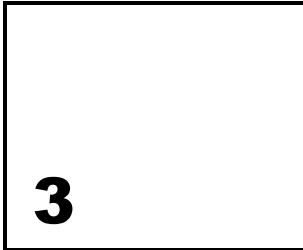
Attachment 1 Template

The Attachment 1 template file contains six worksheets. An overview of each worksheet is provided below. Subsequent sections of this document provide detailed information for how to complete each row and column of each worksheet.

- **“Certification” Worksheet** — This worksheet collects provider-identifying information and the certification of an authorized officer of the provider.
- **“ResDay — Residential Providers” Worksheet** — This worksheet collects information related to residential providers who reported expenses for staff accompanying Waiver participants to a day program in FY 2008/2009 in the Cost Report(s). Effective July 1, 2009, residential providers were no longer responsible for these staffing expenses and all expenses submitted in this worksheet will be removed from the expenses submitted in the Cost Report(s) for the location(s) and service(s) provided, as appropriate.
- **“ResDay — Day Program Providers” Worksheet** — This worksheet collects information related to day program providers that had residential staff accompanying Waiver participants to the day program in FY 2008/2009, but could not reflect the associated staffing expenses in the Cost Report(s). Effective July 1, 2009, day program providers were responsible for these staff expenses and all expenses submitted in this worksheet will be applied as described in the ‘Residential Staff in Day Programs’ section of this document.
- **“Residential Transportation” Worksheet** — This worksheet collects information related to residential providers that did not provide transportation to and from a day program in FY 2008/2009 and are responsible for these expenses effective July 1, 2009. All expenses submitted in this worksheet will be added to the expenses submitted in the Cost Report(s) for the location(s) and service(s) provided, as appropriate.
- **“Change in Need — FY 2008.2009” Worksheet** — This worksheet collects information related to residential providers and day program providers that had an increase or decrease in staff in FY 2008/2009 as the result of a Waiver participant’s change in need. Please note this worksheet only includes staff changes that were **approved** in the

individuals' Individual Service Plan (ISP) and authorized by the AE for services that occurred in FY 2008/2009. Expenses for these staff changes are likely only partially reflected in the Cost Report(s) since they went into effect sometime during FY 2008/2009, and an adjustment is necessary to reflect the appropriate expense during the FY 2010/2011 rating period. All changes submitted in this worksheet will result in an adjustment to the expenses submitted in the Cost Report(s) for the location(s) and service(s) provided, as appropriate.

- **“Change in Need — FY 2009.2010” Worksheet** — This worksheet collects information related to residential providers and day program providers that had an increase or decrease in staff in FY 2009/2010 as the result of a Waiver participant's change in need. Please note this worksheet only includes staff changes that were **approved** in the individuals' ISP and reflected in the service authorization for supports that occurred in FY 2009/2010. Since the Year 2 Cost Report collects data for FY 2008/2009, expenses for these staff changes are not reflected in the Cost Report(s), and an adjustment is necessary to reflect the appropriate expenses during the FY 2010/2011 rating period. All changes submitted in this worksheet will result in an adjustment to the expenses submitted in the Cost Report(s) for the location(s) and service(s) provided, as appropriate.

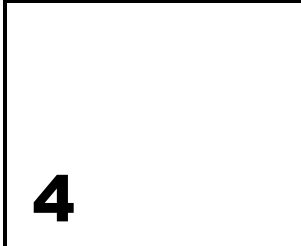


Certification Page (Certification Worksheet)

The purpose of this worksheet is to collect provider identifying information. The provider must complete every item on this worksheet, and detailed instructions for how to complete each line are set forth below.

Line	Instructions
1 — Provider Name	Enter the official (1) provider name, (2) street address and (3) city, state (two-letter abbreviation) and zip code (five-digit). Generally, this is the name and address that appears on the provider’s license or official letterhead. Please note this information should match what was submitted in the Cost Report(s) and will be used for Attachment 1 correspondence in Year 2.
2 — Address	
3 – City, State, ZIP	
1a — MPI Number	Enter the provider MPI number in XXXXXXXXX format. This is the nine-digit number that can be found in PROMISe and HCSIS. If the MPI number contains leading zeros, these values must be entered in order to comply with the nine-digit requirement for this cell. Please note the MPI number is the number used in service authorizations and submitted on claim forms. Each provider submitting information in response to this supplemental data request should submit a single file, regardless of the number of Cost Report files submitted. For a provider with multiple MPI numbers who combined MPI numbers when submitting Cost Report(s), the primary MPI number should be entered on Line 1a and a single Attachment 1 Excel file should be submitted combining all MPI numbers that are impacted by one or more changes discussed above.
1b — IRS Tax ID Number	Enter the number assigned to the facility for Federal tax purposes (Federal withholding, etc.) in the XX-XXXXXXX format.
2a — Date of Fiscal Year End	Enter the end date of the FY for the primary MPI in the MM/DD/YYYY format (e.g., 06/30/2009).
4 — Period of Report	Enter the beginning date for the period of report that was reported in the Cost Report(s) submitted under the MPI number entered in Line 1a.

Line	Instructions
5 — Officer or Administrator Name	Enter the name of the provider's officer or administrator. This should be the same person who is responsible for the certification of the Cost Report and the Attachment 1 for the MPI number entered in Line 1a.
6a — Primary Contact Person	Provide the name of the primary contact person with whom ODP or its agent can address questions about the information provided in the Attachment 1. Generally, this will be the same person who prepared the Attachment 1 file.
6b — Secondary Contact Person	Provide the name of the secondary contact person with whom ODP or its agent can address questions about the information provided in the Attachment 1.
3a — Primary Contact Telephone Number 3b — Primary Contact Email Address	Enter the area code and telephone number in the XXX-XXX-XXXX format and the current, valid email address for the primary contact person identified on Line 6a. Please note this information will be used for all subsequent Attachment 1 correspondence in Year 2.
4a — Secondary Contact Telephone Number 4b — Secondary Contact Email Address	Enter the area code and telephone number in the XXX-XXX-XXXX format and the current, valid email address for the secondary contact person identified on Line 6b. Please note this information will be used for all subsequent Attachment 1 correspondence in Year 2.
5a — Qualifying AE	Enter the name of the AE that has qualified the services the provider will offer. A provider with multiple MPI numbers, whose experience was combined in a single Cost Report submission, should include the AE that has qualified the services the provider will offer for the MPI listed on Line 1a. This should match the name of the AE submitted in the Cost Report(s) for the MPI number entered in Line 1a.
7 — Form of Certification	As the Attachment 1 is an addendum to the Cost Report, it is bound by the certification signed in the Cost Report. No additional input is required here.



Residential Staff in Day Programs

(Res-Day – Residential Providers and Res-Day – Day Program Providers Worksheets)

The expenses for a residential direct care worker who accompanied a Waiver participant to a day program should have been reported by the residential provider in the FY 2008/2009 Cost Report data. Effective July 1, 2009, these staff expenses must be reflected in the rate for the day program, consistent with the change in the service definitions. As such, the salary and employee-related expenses (ERE) submitted in the Cost Report(s) by residential providers impacted by this change will be decreased and the salary and ERE for the corresponding day program provider will be increased, as appropriate.

Providers that render both residential and day program services and already shifted the salary and ERE in the data submitted in the Cost Report do not need to complete either Res-Day worksheet. In addition, providers who are not affected by this residential/day program issue do not need to complete either of these worksheets.

Residential Providers

The “Res-Day — Residential Providers” worksheet should be completed by ***residential providers only*** who are impacted by this change. All expenses submitted in this worksheet will be removed from the expenses submitted in the Cost Report(s) for the location(s) and service(s) provided, as appropriate.

Day Program Providers

The “Res-Day — Day Program Providers” worksheet should be completed, as described below, by ***day program providers only*** who are impacted by this change.

1. If the service requires 1:1 staffing and the day program provider has already submitted expenses for this service at the 1:1 staffing level in the Cost Report(s), please do **not**

submit an adjustment. An adjustment is not required in this case because ODP anticipates the expenses in the Cost Report already reflect an appropriate staff expense for this level of care, and day program providers will be reimbursed for the additional staff hired by billing additional units of the 1:1 service. If an adjustment is submitted for this case, the adjustment will not be made.

2. If the service requires 1:1 staffing and the day program provider has **not submitted** expenses for this service at the 1:1 staffing level in the Cost Report(s), please complete the “Res-Day — Day Program Providers” worksheet. For day program providers that became responsible for 1:1 staffing effective July 1, 2009, but who had not previously provided 1:1 level of care in FY 2008/2009, a provider-specific rate for the 1:1 level of care will be developed using the salary and ERE submitted in the supplemental data request and the non-salary expenses from the Cost Report data for similar services.
3. If a day program provider expects additional staff will be necessary to support an individual who currently has a residential staff person accompany them to day program, but the day program provider anticipates a level of care other than 1:1 will be used to authorize the service in the ISP and bill through PROMISE, the day program provider should complete this worksheet. ODP does not expect this scenario to happen very often and will follow up with the provider to determine if an adjustment is necessary.

Completing the Worksheet

Detailed instructions for how to complete each column on the “Res-Day” worksheets are set forth below. Please note that the data request is limited to expenses associated with Waiver participants. Do not include expenses for base-funded services or individuals.

Column	Instructions
1 — MPI Number	Please enter the 9-digit MPI number for the service location impacted by the change in provider staffing. Include all leading zeros, if applicable. The MPI number must tie to an MPI number submitted in the Cost Report indicated in Column (10).
2 — Service Location Name	Please enter the name of the service location that will have a decrease (‘Res-Day – Residential Providers’ worksheet) or increase (‘Res-Day – Day Program Providers’ worksheet) in staffing due to the change in provider staffing responsibility.
3 — Service Location Address	Please enter the street address of the service location identified in Column (2).
4 — City	Please enter the city in which the service location identified in Column (2) is located.
5 — County	Please enter the county in which the service location identified in Column (2) is located.
6 — Service Location Code	Please enter the 4-digit service location code for the service location identified in Column (2). Include all leading zeros, if applicable. The service location code must tie to a service location code submitted in the Cost Report indicated in Column (10).

Column	Instructions
7 — Procedure Code	<p>Residential Providers (Res-Day – Residential Providers' worksheet) – Please enter the eligible procedure code(s) to which expenses were assigned in the Cost Report. The eligible procedure code/modifier (entered in Columns (8) and (9)) combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10). Please do not submit adjustments for ineligible procedure codes.</p> <p>Day Program Providers (Res-Day – Day Program Providers' worksheet) – Please enter the day program procedure code(s) for which residential staff persons have provided support. The procedure code/modifier (entered in Columns (8) and (9)) combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).</p>
8 – Applicable Modifier 1	<p>Residential Providers (Res-Day – Residential Providers' worksheet) – Please enter the first modifier (if applicable) for the procedure code entered in Column (7) which expenses were assigned in the Cost Report. The eligible procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10). Please do not submit adjustments for ineligible procedure codes.</p> <p>Day Program Providers (Res-Day – Day Program Providers' worksheet) – Please enter the first modifier (if applicable) for the procedure code entered in Column (7) which residential staff persons have provided support. The procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).</p>
9 – Applicable Modifier 2	<p>Residential Providers (Res-Day – Residential Providers' worksheet) – Please enter the second modifier (if applicable) for the procedure code entered in Column (7) which expenses were assigned in the Cost Report. The eligible procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10). Please do not submit adjustments for ineligible procedure codes.</p> <p>Day Program Providers (Res-Day – Day Program Providers' worksheet) – Please enter the second modifier (if applicable) for the procedure code entered in Column (7) which residential staff persons have provided support. The procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).</p>
10 — Cost Report File Name	<p>Please enter the name of the Cost Report file in which the MPI number/service location code combination identified in Columns (1) and (6) and the procedure code/modifier combination identified in Columns (7), (8), and (9) were included. For example, 123456789_CR_2009_01of02.xls.</p>
11 — Number of Staff	<p>Residential Providers (Res-Day – Residential Providers' worksheet) – Please enter the number of staff persons at the service location identified in Column (2) that have accompanied Waiver participants to day programs and for which the provider will no longer be responsible.</p> <p>Day Program Providers (Res-Day – Day Program Providers' worksheet) – Please enter the number of staff persons that will be added to current staff levels at the service location identified in Column (2) to replace the support that has been provided by residential program staff.</p>
12 — Total ANNUAL Salary and ERE	<p>Please enter the total ANNUAL salary and ERE related to the staff persons identified in Column (11).</p>

Column	Instructions
13 — Total Staff Hours per WEEK	Please enter the total weekly number of staff hours scheduled for the staff persons identified in Column (11). For example, a provider with two full-time employees who accompanied Waiver participants to a day program for a portion of their time would enter 80 in this Column if the provider's normal work week is 40 hours.
14 — Hours at Day Program per WEEK	Please enter the total number of staff hours each week directly related to the provision of a day program service for the staff persons identified in Column (11). For example, a provider with two employees, each scheduled to spend 25 hours each week accompanying a Waiver participant to a day program, would enter 50 in this Column. <i>Please note Column (14) is a subset of Column (13).</i> Continuing with the example described in Column (13) (Total Staff Hours per Week), if one of the employees accompanies a Waiver participant to a day program for 10 hours a week and the other employee accompanies a Waiver participant to a day program for 20 hours per week, then 30 hours would be entered in this Column.
15 — Other Provider Name(s)	<p>Residential Providers ('ResDay – Residential Providers') – Please enter the name(s) of the day program provider(s) to which your staff at the service location identified in Column (2) have accompanied Waiver participants to a day program.</p> <p>Day Program Providers ('ResDay – Day Program Providers' worksheet) – Please enter the name(s) of the residential provider(s) that currently send staff to your program at the service location identified in Column (2) to support Waiver participants at the day program.</p>
16 — Comments	Please enter supporting documentation and information related to the data request, as appropriate.

5

Residential Transportation to and from Day Program (Residential Transportation Worksheet)

The expenses for transporting a Waiver participant receiving residential habilitation to and from a day program by a provider other than the residential provider would not have been reflected in the residential provider's FY 2008/2009 Cost Report data. Effective July 1, 2009, these transportation expenses must be reflected in the rate for residential habilitation, consistent with the change in the service definitions.

The "Residential Transportation" worksheet should be completed by residential providers who are impacted by this change. **Providers who already provide transportation to and from a day program are not affected by this change and do not need to complete this worksheet.**

Completing the Worksheet

Detailed instructions for how to complete each column are set forth below. Please note that the data request is limited to expenses associated with Waiver participants. Do not include expenses for base-funded services or individuals.

Column	Instructions
1 — MPI Number	Please enter the 9-digit MPI number for the service location impacted by the change in provider staffing. Include all leading zeros, if applicable. The MPI number must tie to an MPI number submitted in the Cost Report indicated in Column (10).
2 — Service Location Name	Please enter the name of the service location that will have an increase in transportation expenses due to the change in the service definitions.
3 — Service Location Address	Please enter the street address of the service location identified in Column (2).
4 — City	Please enter the city in which the service location identified in Column (2) is located.

Column	Instructions
5 — County	Please enter the county in which the service location identified in Column (2) is located.
6 — Service Location Code	Please enter the 4-digit service location code for the service location identified in Column (2). Include all leading zeros, if applicable. The service location code must tie to a service location code submitted in the Cost Report indicated in Column (10).
7 — Procedure Code	Residential Providers – Please enter the procedure code requiring an adjustment to include transportation expenses. The procedure code/modifier (entered in Columns (8) and (9)) combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).
8 – Applicable Modifier 1	Residential Providers – Please enter the first modifier (if applicable) for the procedure code entered in Column (7) requiring an adjustment to include transportation expenses. The procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).
9 – Applicable Modifier 2	Residential Providers – Please enter the second modifier (if applicable) for the procedure code entered in Column (7) requiring an adjustment to include transportation expenses. The procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).
10 — Cost Report File Name	Please enter the name of the Cost Report file in which the MPI number/service location code combination identified in Columns (1) and (6) and the procedure code/modifier combination identified in Columns (7), (8) and (9) were included. For example, 123456789_CR_2009_01of02.xls.
11 — Total ANNUAL Transportation Cost	Please enter the total annual expense for transportation of residents at the service location identified in Column (2) to and from a day program.
12 — Name of Current Transportation Provider(s)	Please enter the name(s) of the provider(s) currently transporting residents at the service location identified in Column (2) to and from a day program.
13 — Comments	Please enter supporting documentation and information related to the data request, as appropriate.

**6**

Mid-year Changes in Staff to Meet Change in Need (Change in Need – FY 2008.2009 and Change in Need – FY 2009.2010 Worksheets)

The Cost Report does not reflect a full year of salary and ERE expenses for direct care workers added by a residential provider or day program provider in the middle of the year to provide increased support to Waiver participants who experienced a permanent change in need during FY 2008/2009 or any salary and ERE for such staff added during FY 2009/2010. In addition, the Cost Report includes salary and ERE expenses for direct care workers who were no longer needed by a residential provider due to a Waiver participant experiencing a permanent change in need to a lower level of support in the middle of FY 2008/2009 or during FY 2009/2010. Therefore, the Cost Report data must be adjusted to reflect the appropriate annual salary and ERE expenses for changes to direct care staff levels in developing the rate for the residential services for FY 2010/2011.

The “Change in Need — FY 2008.2009” worksheet should be completed by residential providers or day program providers who changed direct care staffing levels during FY 2008/2009 and for whom an adjustment to the salary and ERE expenses for direct care staff is necessary. Providers who were not affected by this change in FY 2008/2009 do not need to complete this worksheet.

The “Change in Need — FY 2009.2010” worksheet should be completed by residential providers or day program providers who changed direct care staffing levels during FY 2009/2010 and for whom an adjustment to the salary and ERE expenses for direct care staff is necessary. Providers who were not affected by this change in FY 2009/2010 do not need to complete this worksheet.

Completing the Worksheet

Please note both worksheets should include ONLY those staff changes that resulted from an approved change in need reflected in an individual’s ISP and authorized by the AE.

Detailed instructions for how to complete each column on either worksheet are set forth below. Please note the data request is limited to expenses associated with Waiver participants. Do not include expenses for base-funded individuals or services.

Column	Instructions
1 — MPI Number	Please enter the 9-digit MPI number for the service location impacted by the change in staffing due to an approved change in need. Include all leading zeros, if applicable. The MPI number must tie to an MPI number submitted in the Cost Report indicated in Column (10).
2 — Service Location Name	Please enter the name of the service location with a change in staffing due to an approved change in need on the appropriate worksheet. If the change in staffing occurred during FY 2008/2009, please enter the adjustment information on the “Change in Need — FY 2008.2009” tab. If the change in staffing occurred during FY 2009/2010, please enter the adjustment information on the “Change in Need — FY 2009.2010” tab. Please note that each row can only collect information related to a single, approved change in need (although it is possible for a single, approved change in need to require a change for multiple staff). A service location with changes to staff resulting from multiple, approved changes in need must be reported on multiple lines.
3 — Service Location Address	Please enter the street address of the service location identified in Column (2).
4 — City	Please enter the city in which the service location identified in Column (2) is located.
5 — County	Please enter the county in which the service location identified in Column (2) is located.
6 — Service Location Code	Please enter the 4-digit service location code for the service location identified in Column (2). Include all leading zeros, if applicable. The service location code must tie to a service location code submitted in the Cost Report indicated in Column (10).
7 — Procedure Code	Residential Providers — Please enter the procedure code requiring an adjustment for changes to staff expenses. The procedure code/modifier combination must tie to a procedure code/modifier (entered in Columns (8) and (9)) combination submitted in the Cost Report indicated in Column (10).
8 — Applicable Modifier 1	Residential Providers – Please enter the first modifier (if applicable) for the procedure code entered in Column (7) requiring an adjustment for changes to staff expenses. The procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).
9 — Applicable Modifier 2	Residential Providers – Please enter the second modifier (if applicable) for the procedure code entered in Column (7) requiring an adjustment for changes to staff expenses. The procedure code/modifier combination must tie to a procedure code/modifier combination submitted in the Cost Report indicated in Column (10).
10 — Cost Report File Name	Please enter the name of the Cost Report file in which the MPI number/service location code combination identified in Columns (1) and (6) and the procedure code/modifier combination identified in Columns (7), (8), and (9) were included. For example, 123456789_CR_2009_01of02.xls.

Column	Instructions
11 — Number of Staff	Please enter the number of staff person(s) at the service location identified in Column (2) that were impacted by the approved change in need.
12 — Total ANNUAL Salary and ERE	Please enter the total ANNUAL salary and ERE related to the staff person(s) identified in Column (11).
13 — Effective Date of Staff Change	Please enter the date the staff changes resulting from the approved change in need began. For example, a provider with additional staff who began working on April 15, 2009, would enter 4/15/09 in this Column. The “Change in Need — FY 2008.2009” worksheet should only contain dates between 7/1/2008 and 6/30/2009. The “Change in Need — FY 2009.2010” worksheet should only contain dates between 7/1/2009 and 6/30/2010.
14 — Comments	Please enter supporting documentation and information related to the data request, as appropriate.



Submitting the Completed Attachment 1

Each provider submitting information in response to this supplemental data request should submit a single file, regardless of the number of Cost Report files submitted. Providers who combined MPI numbers when submitting Cost Report(s) should submit a single file for all MPI numbers that are impacted by one or more changes discussed above. Attachment 1 submissions should follow the file naming conventions outlined in Section 22 of the Cost Report Instructions. For example, Attachment 1 submissions should be named as *xxxxxxxx_A1_2009_01of01.xls*, where “xxxxxxxx” is the provider’s 9-digit MPI number and “2009” represents FY 2008/2009. Using a process similar to the Cost Report upload process, providers should upload the completed Attachment 1 file to the www.odpconsulting.net website via the link under “ODP PIC”.

Please note you do not need to submit this data request if you do not have an approved Cost Report, or if you do not require an adjustment to your Cost Report data for any of the changes described in previous sections of this document. If a file is not submitted by **December 31, 2009**, ODP will assume the changes described above do not apply to you and no Attachment 1 data adjustments will be made to the expenses submitted in your Cost Report(s).

Questions related to the instructions or the template file may be sent via email to odpcostreporhelp@mercer.com until October 16, 2009. After this date, providers can direct questions via email to the Administrative Entity (AE) who was assigned to review your Cost Report submission(s) and Attachment 1.

Commonwealth of Pennsylvania
Office of Development Programs