

**COST & FINANCIAL REPORTING  
SYSTEM**

**FISCAL YEAR 2020-21**

**CALIFORNIA  
DEPARTMENT OF  
HEALTH CARE SERVICES**

**INSTRUCTION MANUAL**

<b>Forms</b>	<b>Page Number</b>
MH 1900 - INFO	5
MH 1901 - Schedule A	7
MH 1901 - Schedule B	8
MH 1901 - Schedule C	13
MH 1960	16
MH 1961	21
MH 1962	24
MH 1963	25
MH 1964	29
MH 1965	30
MH 1960_HOSP_COSTS	31
MH 1960_HOSP_05	34
MH 1960_PHYS_05	38
MH 1960_HOSP_05_ADMIN	41
MH 1960_PHYS_05_ADMIN	45
MH 1960_HOSP_10	48
MH 1960_PHYS_10	51
MH 1960_HOSP_15	54
MH 1960_PHYS_15	57
MH 1966 (Program 1)	60
MH 1966 (Program 2)	65
MH 1966 (Modes 45 and 60)	71
MH 1966 (Mode 55)	72
MH 1968	73
MH 1969 - INST	113
MH 1969 (Optional)	114
MH 1979	117
MH 1979B	135
MH 1991	143
MH 1992	144

**Detail Forms for ALL Legal Entities**

This section details the following forms and their requirements for ALL Legal Entities. This includes county and contract legal entities.

MH 1900	Information Worksheet
MH 1901 Schedule A	Published Charges
MH 1901 Schedule B	Worksheet for Units of Service and Revenues by Mode and Service Function
MH 1901 Schedule C	Supporting Documentation for the Method Used to Allocate Totals to Mode of Service and Service Function
MH 1960	Calculation of Program Costs – Non Hospital Legal Entities
MH 1960_HOSP_COSTS	Calculation of Cost per Day and Cost-to-Charge Ratios – Hospital Legal Entities
MH 1960_HOSP_05	Calculation of Mode 05 (Hospital Psychiatric Inpatient) Program Costs – Hospital Legal Entities
MH 1960_PHYS_05	Calculation of Mode 05 (Hospital Psychiatric Inpatient) Physician Costs – Hospital Legal Entities
MH 1960_HOSP_05_ADMIN	Calculation of Mode 05 (Hospital Administrative Days) Program Costs – Hospital Legal Entities
MH 1960_PHYS_05_ADMIN	Calculation of Mode 05 (Hospital Administrative Days) Physician Costs – Hospital Legal Entities
MH 1960_HOSP_10	Calculation of Mode 10 (Day Services) Program Costs – Hospital Legal Entities
MH 1960_PHYS_10	Calculation of Mode 10 (Day Services) Physician Costs – Hospital Legal Entities
MH 1960_HOSP_15	Calculation of Mode 15 (Outpatient Services) Program Costs – Hospital Legal Entities
MH 1960_PHYS_15	Calculation of Mode 15 (Outpatient Services) Physician Costs – Hospital Legal Entities
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments

MH 1963	Payments to Contract Providers
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 05, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SD/MC Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SD/MC Preliminary Desk Settlement
MH 1991	Calculation of SD/MC (Hospital Administrative Days)
MH 1992	Funding Sources
MH 1995	Report of Mental Health Services Act (MHSA) – Distribution of Expenditures

**MH 1900****Information Worksheet**

The information worksheet is the starting point for completing the automated Short-Doyle Medi-Cal (SD/MC) Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and county code, legal entity name and legal entity number on the cost report forms and schedules. The information provided here applies to county and contract legal entities for Medi-Cal and non-Medi-Cal Cost Reports.

The Information Worksheet is divided into two sections. Section I should be completed by **all legal entities** and Section II should be completed by **county legal entities only**.

**Section I: All Legal Entities**

- **Name of Preparer:** Please enter the name of the person who prepared the cost report.
- **Date:** Please enter the date the cost report was completed.
- **Legal Entity Name:** Please enter the name of the legal entity for which this cost report was prepared.
- **Legal Entity Number:** Please enter the five digit legal entity number assigned by the Department of Health Care Services to the legal entity for which this cost report was prepared.
- **County:** Please enter the name of the county for which this cost report was prepared.
- **County Code:** Please enter the two digit county code of the county for which this cost report was prepared.
- **Is this a County Legal Entity Report? (Y or N):** Please enter “Yes” if this cost report was prepared for a county legal entity or enter “No” if this cost report was prepared for a non-County legal entity.
- **Are you reporting SD/MC? (Y or N):** Please enter “Yes” if this cost report includes SD/MC units of service on the MH 1901\_Schedule B or enter “No” if this cost report does not include SD/MC units of service on the MH 1901\_Schedule B.

**Section II: County Legal Entities Only**

**Address:** If the cost report is prepared for a county legal entity, please enter the county legal entity’s address.

**Phone Number:** If the cost report is prepared for a county legal entity, please enter the county legal entity’s phone number.

**County Population: Over 125,000? (Y or N):** If the cost report is prepared for a county legal entity, please enter “Yes” if the county’s population is more than 125,000 or enter “No” if the county’s population is less than or equal to 125,000. Each county legal entity is required to respond to this question.

**Contract Provider Other Medi-Cal Direct Service Gross Reimbursement – 07/01/2020 – 06/30/2021 (Used to Populate MH 1979 Line 2):** If this cost report is prepared for a county legal entity, please report the gross payments to contract providers for Medi-Cal inpatient and outpatient services with dates of service from July 1, 2020 through June 30, 2021. The amounts reported here populate the MH 1979, Line 2, Columns B and C, which are used to determine the 30% limit applied to Medi-Cal administrative reimbursement during the COVID 19 Public Health Emergency (PHE). The amount to report for outpatient services is equal to the sum of MH 1968, Lines 4, 8, 20, 24, 28, 36, and 40 Column K for all contract providers that reported Medi-Cal units on the MH 1901 Schedule B. The amount to report for inpatient services is equal to the sum of MH 1968, Lines 4, 8, 20, 24, 28, 36, and 40 of Column G plus the gross payments to FFS/MC hospitals.

**Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement – 07/01/2020 – 06/30/2021 (Used to populate MH 1979 Line 10):** If this cost report is prepared for a county legal entity, please report the gross payments to contract providers for SD/MC Enhanced (Children) inpatient and outpatient services. The amounts reported here populate the MH 1979, Line 10, Columns B and C, which are used to determine the 10% limit applied to SD/MC Enhanced (Children) administrative reimbursement. The amount to report on these lines is equal to MH 1968, Line 12, Columns G and K for all contract providers that reported SD/MC Enhanced (Children) units on the MH 1901 Schedule B.

**Fee for Service – Mental Health Specialty Provider Numbers For Individual and Group Providers:** If this cost report is being prepared for a county legal entity and it is reporting units of service for mental health specialty individual and group providers on the MH 1901\_Schedule B, please enter the provider numbers for those providers.

**Adjust Medi-Cal FFP due to Costs in Excess of CPE by Mode of Service (Used to Calculate FFP on the MH 1992):** Please enter any adjustments to FFP due to costs in excess of the county's certified public expenditure by mode of service. These figures are used to calculate FFP on the MH 1992. The sum of adjustments to FFP by mode of service should equal the sum of adjustments to FFP by settlement group.

**Adjust Medi-Cal FFP due to Costs in Excess of CPE by Settlement Group (Used to Populate MH 1979 Column J):** Please enter any adjustments to FFP due to costs in excess of the county's certified public expenditures by settlement group. These adjustment figures are used to populate the MH 1979, Column I. The sum of adjustments to FFP by settlement group should equal the sum of adjustments to FFP by mode of service.

**MH 1901 SCHEDULE A****Statewide Maximum Allowances and Published Charges**

MH 1901 Schedule A requires information on published charges (PC) for all authorized services. The form layout is by Mode of Service and Service Function. The form serves as a source document that will enable the PC rates to be cell referenced to other applicable forms.

**Column E – Published Charge (PC)**

Enter published charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is the usual and customary charge prevalent in the public mental health sector that is used to bill the general public, insurers, or other non-Medi-Cal payors. The published charge for Mode 05, Service Function 19, Hospital Administrative Days, should include physician and ancillary costs.

**Column E, Lines 32-35 – Medi-Cal Eligibility Factor**

Please enter the Medi-Cal Eligibility Factor for each quarter of the fiscal year if the legal entity participated in the Medi-Cal Administrative Activities (MAA) claiming process. A separate eligibility factor should be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DHCS.

**Column F, County Non-Medi-Cal Contract Rate**

A provider may enter the non-Medi-Cal contract rates agreed to between the county and its service provider for non-Medi-Cal modes and service functions. Do not enter Medi-Cal contract rates in this column.

**Column G, Rate for Allocation**

This column picks up the Non-Medi-Cal Contract Rate entered in Column E.

**MH 1901 SCHEDULE B**

**Worksheet for Units of Service and Revenues by Mode and Service Function**

MH 1901 Schedule B is an all-purpose type worksheet. Data reported here is used to populate the MH 1901\_Schedule C and the MH 1966 for each mode of service. This worksheet identifies services according to “settlement type”, modes and service functions, settlement group, and the period of service. You should complete the MH 1991 if you report units of service for Mode 05, Service Function 19.

Total units of service and units allocated to SD/MC, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal Programs, Affordable Care Act, Medi-Cal Access Program, State Funded beneficiaries, and Medi-Cal Administrative Activities are accounted for here. Total units reported must equal the sum of Columns E, G, K, M, O, Q, S, U, W, Y., and I. Patient and other payor revenues must also be reported on this worksheet. If unable to isolate patient and other payor revenues at the service function level, revenues may be reported at the mode of service level under the first reported service function within each mode.

**Column A – Settlement Type**

Enter the settlement type (CR, TBS, ASO, MAA, MHS, CAW, HOSP, or CCR) in Column A. Settlement type identifies the method used to determine reimbursement limits due to the application of each program’s rules. All services provided by a hospital must be reported with settlement type HOSP.

- **CR** Cost Reimbursement (CR) method of reimbursement is based on lower of cost or public charges.
- **TBS** Therapeutic Behavioral Services (TBS) are individual or group providers that contract with county mental health plans (MHP) to provide TBS only services. These providers are not required to submit annual cost reports to the State. County MHPs should reimburse this provider type and report these costs to DHCS as actual costs to the county under the county legal entity number in Program 2 – TBS costs.
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary (FI) for the provision of services to children placed outside of the county. Administrative fees paid to the FI must be included as part of the County’s administrative costs reported on the MH 1960 (Calculation of Program Costs Non-Hospital Legal Entities).
- **MAA** Medi-Cal Administrative Activities (MAA) method of reimbursement is based on actual costs to the county for counties participating in mental



health MAA. Participation includes submission of a claiming plan, State and Federal level approval of a County Mental Health MAA Plan, and the submission of invoices to DHCS during the year. All MAA invoices must be submitted by the time the cost report is due, and the units of service identified on the cost report must match the invoiced units. Please contact your MAA Coordinator for additional participation requirements.

- **MHS** Mental Health Specialty (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, case aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services administer this program.
- **HOSP** Hospital (HOSP) services include psychiatric inpatient hospital services (Mode 05, service function code 10-18), administrative day services (Mode 05, Service Function Code 19), day services (Mode 10), and outpatient services (Mode 15) provided by a hospital. Costs associated with these services are reported on the forms MH 1960\_HOSP\_COSTS, MH 1960\_HOSP\_05, MH 1960\_PHYS\_05, MH 1960\_HOSP\_05\_Admin, MH 1960\_PHYS\_05\_Admin, MH 1960\_HOSP\_10, MH 1960\_PHYS\_10, MH 1960\_HOSP\_15, MH 1960\_PHYS\_15. Please use this settlement type to separately identify units of service associated with costs reported by hospital providers.
- **CCR** Please use this settlement type for units of service provided to children and youth returned from Out of State Placement in January of 2021 and for units of service provided pursuant to the Continuum of Care Reform. The Continuum of Care Reform (CCR) requires mental health plans to assess children prior to placement in a Short-Term Residential Therapeutic Program (STRTP). All children who have an open child welfare case are entitled to a child and family team. Mental health plans are required to participate in the child and family team when the child needs specialty mental health services. DHCS reimburses mental health plans the non-federal share of the mental health plan's certified public expenditures to provide these services. This settlement type can be used with all modes and service functions

**Column B – Mode**

Enter the mode of service.

**Column C – Service Function**

Enter the service function.

**Column D – Total Units of Service**

Enter the total units of service for each mode and service function.

**Column E – SD/MC Units (07/01/20 - 06/30/21)**

Enter the total regular SD/MC and Medicare/Medi-Cal Crossover units of service for each Medi-Cal service function for the period 07/1/20 through 06/30/21. Do not include enhanced SD/MC units here. **See Appendix A for SD/MC Aid Codes and program descriptions.**

**Column F – SD/MC 3<sup>RD</sup> Party Revenue (07/01/20 – 06/30/21)**

In Column G, enter the third party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal Crossover units of service for the period July 1, 2020 – June 30, 2021. Third party revenue should include patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units of service. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to the service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenue for services provided during this cost reporting fiscal year. **Prior year** Medicare revenues should **not** be included in the cost report.

**Column G – Units of Service for Enhanced FMAP Non CHIP Beneficiaries (07/01/20 – 06/30/21)**

Enter the units of service for each service function provided to beneficiaries enrolled in aid code E2, E4, or E5 for the period July 1, 2020 – June 30, 21.

**Column H – Third Party Revenue Enhanced FMAP Non CHIP Beneficiaries (07/01/20 – 06/30/21)**

Enter the third party revenue received by the agency and attributed to units of service provided to beneficiaries enrolled in aid code E2, E4, or E5 for the period July 1, 2020 – June 30, 2021.

**Column I – Units of Service for Enhanced FMAP CHIP Beneficiaries (07/01/20 – 09/30/20)**

Enter the units of service for each service function provided to Enhanced FMAP CHIP Beneficiaries from July 1, 2020 – September 30, 2020. Please do not include units of service provided to beneficiaries enrolled in aid code E2, E4, and E5. **See Appendix A for Enhanced SD/MC FMAP CHIP Beneficiary Aid Codes.**

**Column J – Third Party Revenue Enhanced FMAP CHIP Beneficiaries (07/01/20 – 09/30/21)**

Enter the third party revenue received by the agency and attributed to services provided to Enhanced FMAP CHIP Beneficiaries from July 1, 2020 – September 2021. Please do not include third party revenue for services provided to beneficiaries enrolled in aid code E2, E4, or E5. **See Appendix A for Enhanced SD/MC FMAP CHIP Beneficiary Aid Codes.**

**Column K – Units of Service for Enhanced FMAP CHIP Beneficiaries (10/01/20 – 06/30/21)**

Enter the units of service for each service function provided to Enhanced FMAP CHIP Beneficiaries from October 1, 2020 – June 30, 2021. Please do not include units of service provided to beneficiaries enrolled in aid code E2, E4, or E5. **See Appendix A for Enhanced SD/MC FMAP CHIP Beneficiary Aid Codes.**

**Column L – Third Party Revenue Enhanced FMAP CHIP Beneficiaries (10/01/19 – 06/30/21)**

Enter the third party revenue received by the agency and attributed to services provided to Enhanced FMAP CHIP Beneficiaries from October 1, 2020 – June 30, 2021. Please do not include third party revenue for services provided to beneficiaries enrolled in aid code E2, E4, or E5. **See Appendix A for Enhanced SD/MC FMAP CHIP Beneficiary Aid Codes.**

**Column M – Units of Service for Enhanced SD/MC – BCCTP (07/01/20 – 06/30/21)**

Enter the units of services for each service function for Enhanced SD/MC – BCCTP for the period of July 1, 2020 – June 30, 2021. **See Appendix A for Enhanced SD/MC– BCCTP Aid Codes.**

**Column N – 3<sup>rd</sup> Party Revenue Enhanced SD/MC – BCCTP (07/01/20 – 06/30/21)**

Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - BCCTP units of service for the period July 1, 2020 – June 30, 2021. **See Appendix A for Enhanced SD/MC– BCCTP Aid Codes.**

**Column O – Units of Service for Enhanced SD/MC – Pregnancy (07/01/20 – 06/30/21)**

Enter units of service for each service function for Enhanced SD/MC – Pregnancy for the period July 1, 2020 – June 30, 2021.

**Column P – 3<sup>rd</sup> Party Revenue Enhanced SD/MC – Pregnancy (07/01/20 – 06/30/21)**

Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - Pregnancy units of service for the period July 1, 2020 – June 30, 2021.

**Column Q – Units of Service for Enhanced SD/MC – Refugee (07/01/20 - 06/30/21)**

Enter units of service for each service function for Enhanced SD/MC – Refugee for the period July 1, 2020 – June 30, 2021 **See Appendix A for Enhanced SD/MC– Refugee Aid Codes.**

**Column R – 3<sup>rd</sup> Party Revenue Enhanced SD/MC – Refugee (07/01/20 – 06/30/21)**

Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - Refugee units of service for the period July 1, 2020 – June 30, 2021 **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes.**

**Column S – Units of Service ACA SD/MC – Affordable Care Act (07/01/20 – 06/30/21)**  
Enter units of service for each service function for ACA SD/MC – Affordable Care Act for the period July 1, 2020 – June 30, 2021 for 90% FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes.**

**Column T – 3<sup>rd</sup> Party Revenue ACA SD/MC – Affordable Care Act (07/01/20 – 06/30/21)**  
Enter the third party revenue received by the agency and attributed to Affordable Care Act - ACA units of service for the period July 1, 2020 – June 30, 2021 for FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes.**

**Column U – Units of Service Medi-Cal Access Program (MCAP) (07/01/20 – 09/30/20)**  
Enter units of service for each service function for Medi-Cal Access Program (MCAP) for the period July 1, 2020 – September 30, 2020. **See Appendix A for MCAP Aid Codes.**

**Column V – 3<sup>rd</sup> Party Revenue Medi-Cal Access Program (MCAP) (07/01/20 – 09/30/20)**  
Enter the third party revenue received by the agency and attributed to Med-Cal Access Program (MCAP) units of service for the period July 1, 2020 – September 30, 2020. **See Appendix A for MCAP Aid Codes.**

**Column W – Units of Service Medi-Cal Access Program (MCAP) (10/01/20 – 06/30/21)**  
Enter units of service for each service function for Medi-Cal Access Program (MCAP) for the period October 1, 2020 – June 30, 2021. **See Appendix A for MCAP Aid Codes.**

**Column X – 3<sup>rd</sup> Party Revenue Medi-Cal Access Program (MCAP) (10/01/20 – 06/30/21)**  
Enter the third party revenue received by the agency and attributed to Med-Cal Access Program (MCAP) units of service for the period October 1, 2020 – June 30, 2021. **See Appendix A for MCAP Aid Codes.**

**Column Y – Units of Service for State Funded Beneficiaries (07/01/20 – 06/30/21)**  
Enter units of service for each service function for services provided to State Funded beneficiaries for the period of July 1, 2020 – June 30, 2021. **DHCS will provide each county with an approved claims report counties may use to determine the units to enter in this column.**

**Column Z– 3<sup>rd</sup> Party Revenue for State Funded Beneficiaries (07/01/20 – 06/30/21)**  
Enter the third party revenue received by the agency and attributed to services provided to State Funded beneficiaries for the period of July 1, 2020 – June 30, 2021. **DHCS will provide each county with an approved claims report counties may use to determine the 3<sup>rd</sup> party revenue to enter in this column.**

**Column AA – Non-Medi-Cal Units (07/01/20 - 06/30/21)**

No entry. This column calculates total units less all SD/MC units. Column AA equals Column D less Columns E, G, K, M, O, Q, S, U, W, Y., and I. If the sum of columns E, G, K, M, O, Q, S, U, W, Y, and I is greater than Column D, Column AA will display an error.

**MH 1901 SCHEDULE C****Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function**

MH 1901 Schedule C is designed to allocate the **mode costs** determined on Line 35 Column J of the MH 1960. This worksheet is also designed to automatically distribute mode costs to modes and service functions through the application of any of the three approved allocation methods: Costs determined at the service function level, time study, and relative value. The calculations performed here automatically populate MH 1966, programs 1 and 2. Selection of an "Allocation Method" from the Allocation Box will allow the distribution of mode costs to modes and service functions. For example, if the user selects Published Charges as an allocation option from the Allocation Box, this worksheet will perform a relative value calculation using information from MH 1901 Schedule A to allocate mode costs to modes and service functions.

The method chosen must be applied consistently and uniformly to all mode costs, and must be consistent from year to year. A legal entity may request to change its allocation method by writing to DHCS.

**Allocation Methodology****1. Costs Determined at the Service Function Level**

Some legal entities have the technology and reporting mechanisms to capture costs at the service function level. Legal entities with this capability should allocate costs in this manner.

**2. Time Study**

The time study procedure used previously to allocate costs between modes of service may be used to allocate costs between service functions. To accomplish this, hours must be reported at the service function level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each service function by the total costed hours.

**3. Relative Value**

Units of service/time multiplied by the legal entity's charge for each service function determines the relative value assigned to each service function and is populated in Column G. A legal entity's charge for each service function is: 1) the legal entity's

published charge; 2) the legal entity's usual and customary charge; or 3) the legal entity's charge to the general public for providing services. The relative value for each service function is divided by the sum of all relative values to determine the percentage of the total for each service function and is populated in Column H. The allocated cost is equal to the percentage in Column H multiplied by the unallocated cost and is populated in Column I. This method should be used by legal entities whose charges are established and updated annually based on the costs of providing the service. The relative value method may not be used to allocate Mode 05, Service Functions 10 through 19, service costs according to the Department's Fiscal Audits Unit.

### **Allocation Method Option Box – Select an Allocation Method**

- 1. Rate for Allocation** – Select “Rate for Allocation” to use the relative value method based on the county non-Medi-Cal contract rates to allocate costs to modes and service functions. Do not select this option if you have not negotiated all your service functions for a Mode of Service.
- 2. Published Charge** – Select “Published Charges” for relative value method of cost allocation based on published charges, if you reported published charge rates for all the modes and service functions.
- 3. Directly Allocated** – Select “Directly Allocated” for the direct cost allocation method. This method may be used if costs were developed based on a time study or any other approved costing method.

### **Column A – Settlement Type**

No entry. This column automatically populates from MH 1901 Schedule B, Column A.

### **Column B – Mode**

No entry. This column automatically populates from MH 1901 Schedule B, Column B.

### **Column C – Service Function**

No entry. This column automatically populates from MH 1901 Schedule B, Column C.

### **Column D – Total Units**

No entry. This column automatically populates from MH 1901 Schedule B, Column D.

### **Column E – Eligible Direct Cost**

Enter costs associated with TBS, ASO, MHS, and CAW. These costs, except for CAW, are reported on MH 1966, Program 2. Non-Medi-Cal costs for Modes 45 and 60 may also be entered in this column.

### **Column F – Directly Allocated Data**

Enter costs directly assigned to each service function on MH 1966, Program 1. Please select the “Directly Allocated” option from the allocation method option box when entering data in this column. Do not report costs associated with TBS, ASO, MHS and CAW.

**Column G – Relative Value**

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying the rate for allocation, or published charge by the service function total units of service. For example, if published charge is the selected allocation base from the “Allocation Method” option box, the amount generated and placed in column G will be the product of the published charge rate from **MH 1901 Schedule A** published charge column and the total units reported on MH 1901 Schedule C, Column D for each service function.

To compute a relative value, please select an allocation base from the allocation box (i.e., rate for allocation or published charge). Do not enter data into Column E or F next to the service functions for which a relative value statistic is to be calculated.

**Column H – Allocation Percentage**

No entry. This column computes the allocation percentages for each service function that is allocating costs using the relative value method. This is achieved by dividing each service function relative value statistic by the aggregate of all the service functions relative value statistics.

**Column I – Allocated Costs**

No entry. This column computes the allocated cost for each service function.

**MH 1960****Calculation of Program Costs – Non-Hospital Legal Entities**

The purpose of the form MH 1960 is to determine the legal entity's allowable costs applicable to the following cost objectives: 1) administration, utilization review and modes of service. The purpose of lines 1 – 23 is to capture indirect costs incurred by the legal entity. Indirect costs include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The purpose of lines 24 – 38 is to capture direct costs incurred by the legal entity. Direct costs include all costs that can be identified with a final cost objective. Legal entities should enter cost data in Columns A and B directly from their trial balance. The designation of costs as direct and indirect should be consistent with the county's indirect cost rate plan (ICRP) as approved by the Federal government. Report costs on the line that is most appropriate given the below definitions.

**Indirect Cost Centers – County Only**

**Only county legal entities are required to complete lines 1 thru 23.**

**Line 1 – Land:** Please enter expenditures for the acquisition of land, which is used by the legal entity to benefit more than one cost objective and/or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 2 – Buildings and Improvements:** Please enter expenditures for the acquisition of structures and improvements, which are used by the legal entity to benefit more than one cost objective and/or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 3 – Equipment:** Please enter expenditures for the acquisition of physical property of a permanent nature, other than land and buildings and improvements, which are used by the legal entity to benefit more than one cost objective and/or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 4 – Rents and Leases - Equipment:** Please enter expenditures for renting or leasing equipment and other articles that are used by the legal entity to benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 5 – Rents and Leases - Buildings and Improvements:** Please enter expenditures for renting or leasing land, structures and improvements that are used by the legal entity to benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.



**Line 6 – Taxes and Assessments:** Please enter expenditures for taxes and assessments levied against the legal entity by a governmental agency.

**Line 7 – Insurance:** Please enter expenditures for liability insurance, such as general liability or malpractice insurance, which benefits more than one cost objective and/or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. Do not include expenditures for health, dental, and other group insurance made available to employees.

**Line 8 – Maintenance – Equipment:** Please enter expenditures for keeping equipment, whether or not capitalized, in efficient operating condition, when the equipment is used by the legal entity to benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 9 – Maintenance – Buildings and Improvements:** Please enter expenditures for maintaining the useful life of buildings and improvements that are used by the legal entity to benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 10 – Utilities:** Please enter expenditures for utilities that are used by the legal entity to benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. Utilities include coal, wood, electricity, heating and cooling supplies, natural gas, butane, fuel oil, sewage disposal, street lighting on county grounds, and water.

**Line 11 – Household Expenses:** Please enter expenditures for household items that are used by the legal entity to benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. Household items include items such as custodial services, toilet tissue, and drinking water.

**Line 12 – Interest on Bonds:** Please enter expenditures for interest on bonded debt that is used by the legal entity to benefit more than one cost objective and/or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 13 – Interest on Other Long-Term Debt:** Please enter expenditures for interest on long-term debt, other than bonded debt, that is used by the legal entity to benefit more than one cost objective and/or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 14 – Contracts Administration:** Please enter legal entity expenditures for administration of contracts that benefit more than one cost objective.

**Line 15 – Legal and Accounting:** Please enter legal entity expenditures for legal and accounting activities that benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 16 – Data Processing:** Please enter legal entity expenditures for data processing activities that benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 17 – Personnel Administration:** Please enter legal entity expenditures for personnel administration activities that benefit more than one cost objective and/or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 18 – Medical Records:** Please enter legal entity expenditures for maintaining mental health patient records that benefit more than one cost objective or are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 19 – Professional and Specialized Services:** Please enter legal entity expenditures for professional and specialized services purchased from outside vendors that benefit more than one cost objective or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. **Do not include payments to direct service contract providers on this line.**

**Line 20 – Transportation and Travel:** Please enter legal entity expenditures for transportation of persons and things that benefit more than one cost objective or is not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved.

**Line 21 – Communications:** Please enter legal entity expenditures for telephone, telegraph, teletype, radio, microwave, and messenger services; and fax machines, pagers, and cell phones. Please do not include radio report services and supplies. Enter these expenditures on line 8, Maintenance – Equipment. Please do not include rental of communication equipment. Enter these expenditures on line 4 Rents and Leases – Equipment.

**Line 22 – Other:** Please enter legal entity indirect costs that are not properly classified in any of the available cost centers.

**Line 23 – A-87 Countywide Cost Allocation (COWCAP):** Please enter the external county costs allocated to the Department of Mental Health pursuant to the County's countywide cost allocation plan prepared in accordance with the State Controller's Office *Handbook of Cost Plan Procedures for California Counties*.

## **Direct Cost Centers**

**Line 24 – 35: Administrative Costs:** County legal entities must report total costs that are directly assigned to the administrative cost center and incurred from July 1, 2020 through September 30, 2020 on line 24 and incurred from October 1, 2020 through June 30, 2021 on line 30. Administrative costs include expenditures incurred for activities necessary for the proper and efficient administration of the Medi-Cal Specialty Mental Health Services program. Please refer to the Mental Health Plan contract for activities the mental health plan must perform to administer the Medi-Cal Specialty Mental Health Services program. Administrative costs must be reclassified to the Short-Doyle Medi-Cal program (Lines 25 and 31), MCHIP program: 7/1/20 – 9/30/20 (Line 26), MCHIP program: 10/1/20 – 6/30/21 (Line 32) Non SD Medi-Cal programs (Lines 27 and 33), Proposition 30 – State Required (Lines 28 and 34), and Proposition 30 – Federally Required (Lines 29 and 35). Please use one of the following methods to determine the amount of administrative costs to allocate to the Short-Doyle Medi-Cal program, MCHIP program, and Non SD Medi-Cal program.

1. The percentage of program beneficiaries of the population served by the county  
This is the number of units of service of the beneficiaries for each program divided by total units of service for all beneficiaries of the population served by the programs for all the programs.
2. Relative values based on units and published charges  
This is the number of units for each program multiplied by the published charge for the program.
3. Gross costs of each program  
Gross cost is the total of direct cost and allocated costs

Mental Health Plans must allocate administrative costs to Proposition 30 – State Required (Line 28 and 34) and Proposition 30 – Federally Required (Line 29 and 35) based upon the result of a time study that identifies the percentage of time staff spend performing administrative activities required after September 30, 2012. Costs incurred to perform an administrative activity the State required after September 30, 2012 must be reclassified to lines 28 and 34 and costs incurred to perform an administrative activity that the federal government required after September 30, 2012 must be reclassified to line 29 and 35.

**Lines 36-43: Utilization Review Costs (County Only):** County legal entities must report total costs directly assigned to the utilization review cost center on line 36. The total utilization review costs must be reclassified to lines 37 (Skilled Professional Medical Personnel), 38 (Other SD/MC Utilization Review), 39 (Proposition 30 – Federally Required – SPMP), 40 (Proposition 30 – Federally Required – Other UR), 41 (Proposition 30 – State Required – SPMP), 42 (Proposition 30 – State Required – Other UR), and 43 (Non SD/MC Utilization Review) on the MH 1965. The federal government reimburses 75% of the amount reported on lines 37, 39, and 41; and reimburses 50% of the amount reported on lines 38, 40, and 42. The

State reimburses 50% of the amount reported on line 3, 25% of the amount reported on lines 40 and 41, and 12.5% of the amount reported on line 39. Documentation supporting the amount on lines 36 through 43 must be maintained by the county legal entity. The MAA Instruction Manual provides a detailed discussion of how to identify Skilled Professional Medical Personnel.

**Line 44 – Mode Costs (Direct Service and MAA):** All legal entities must enter the direct service and MAA costs on line 38. Direct service and MAA costs include all direct costs of providing mental health services and Medi-Cal Administrative Activities. If the legal entity operates hospital and/or non-hospital providers, please enter hospital and non-hospital costs in Columns A and B and then remove the hospital costs on the MH 1962.

**Line 45 – Total Direct Costs:** Line 39 is equal to the sum of lines 24, 30, 36, and 44.

**Column A** – Please enter the salary and benefit costs accumulated in each indirect cost center listed on lines 1-23, and each direct cost center listed on lines 24, 30, 36, and 44.

**Column B** – Please enter all costs other than salary and benefit costs accumulated in each indirect cost center listed on lines 1 – 23 and each direct cost center listed on lines 24, 30, 36, and 44..

**Column C** – No entry. This column calculates the sum of Columns A and B for each cost center listed in lines 1-23, 24, 30, 36, and 44..

**Column D** – No entry. This column automatically populates from data entered on form MH 1961.

**Column E** – No entry. This column automatically populates from data entered on form MH 1962.

**Column F** – No entry. This column automatically populates from data entered on the form MH 1963.

**Column G** – No entry. This column sums the data contained in Columns C, D, E, and F.

**Column H** – No entry. This column converts the amounts in lines 1-23 to negative numbers. Please allocate the sum of lines 1 – 23 among lines 24, 30, 36, and 44..

**Column I, Lines 1 - 23** – No entry. This Column populates from MH 1965.

**Column J** – No entry. This column calculates the sum of Columns G, H, and I.

**MH 1961****Medi-Cal Adjustments to Cost**

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to the appropriate line in column D of the MH 1960. The following highlights some reasons why a provider may need to enter adjustments on the MH 1961. Please refer to the Centers for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual for further explanation of Medi-Cal allowable and non-allowable costs.

**Depreciation Adjustment**

The principles of reimbursement for provider costs provide that payment for services should include depreciation on all depreciable type assets that are used to provide covered services to beneficiaries. The CMS Provider Reimbursement Manual, Part I, Chapter 1 provides instructions for how assets may be depreciated. Costs reported on the MH 1960 may need to be adjusted to comply with this principle of reimbursement. Please enter any adjustments for depreciation expenses on the MH 1961.

**Bad Debt**

Bad debts are not to be included in allowable costs unless attributable to deductibles and coinsurance amounts. Please refer to the CMS Provider Reimbursement Manual, Part I, Chapter 3 for guidance regarding how to treat bad debts. Please enter any adjustments to costs due to bad debts on the MH 1961.

**Charity Allowance**

Charity allowances are not included in allowable costs. Please refer to CMS Provider Reimbursement Manual, Part I, Chapter 3 for guidance regarding how to treat charity allowance. Please enter any adjustments to costs due to charity allowance on the MH line 3.

**Courtesy Allowance**

Courtesy allowances are not included in allowable costs. Please refer to CMS Provider Reimbursement Manual, Part I, Chapter 3 for guidance regarding how to treat courtesy allowance. Please enter any adjustments to costs due to courtesy allowance on the MH 1961.

**Unallowable Tax Expenses**

Certain taxes levied on providers are not allowable costs. Please refer to the CMS Provider Reimbursement Manual, Part I, Chapter 21, Section 2122.2 for more information about unallowable tax expenses. Please make any adjustments due to unallowable tax expenses on the MH 1961.

**Unallowable Advertising Costs**

Whether or not advertising costs are allowable depends on whether they are appropriate and helpful in developing, maintaining, and furnishing covered services to Medi-Cal beneficiaries by providers of services. To be allowable, such costs must be common and accepted occurrences in the field of the provider's activity. Please refer to the CMS Provider Reimbursement Manual, Part I, Chapter 21, Sections 2136 through 2136.2 for guidance regarding allowable and unallowable advertising costs. Please enter any adjustments to costs due to advertising on the MH 1961.

**Political and Lobbying Activities**

Provider political and lobbying activities are not related to the care of patients and are, therefore, not allowable costs. Please refer to the CMS Provider Reimbursement Manual, Part I, Chapter 21, Sections 2139 through 2139.3 for guidance regarding unallowable political and lobbying activities. Please enter any adjustments to costs due to political and lobbying activities on the MH 1961.

**Unallowable Central Service Costs**

The following expenditures are not allowable: 1) general administrative costs of local governments – such as the general expenses of local governments in carrying out the coordinating, fiscal and administrative functions of government, and public services such as fire, police, sanitation, tax administration and collection, and water, 2) chief executive officer's expenditures – includes salaries and expenditures of the office of the chief executive of a political subdivision, 3) legislative expenditures – including salaries and other expenditures of the local governmental lawmaking bodies such as county supervisors and city councils, and 4) tax anticipation warrants and property tax functions. Please refer to the CMS Provider Reimbursement Manual, Part I, Chapter 21, Section 2156.1 for guidance regarding unallowable central service costs. Please enter any adjustments to costs due to unallowable central service costs on the MH 1961.

**Unallowable Insurance Costs**

Certain insurance costs may not be allowable. Please refer to the CMS Provider Reimbursement Manual Part I, Chapter 21, Sections 2161 and 2162 for guidance regarding unallowable insurance costs. Please enter any adjustments to costs due to unallowable insurance costs on the MH 1961.

**Unallowable Liability Losses**

Liability damages paid by the provider, either imposed by law or assumed by contract, which should reasonably have been covered by liability insurance, are not allowable. Please refer to the CMS Provider Reimbursement Manual, Part I, Chapter 21, Section 2160.2 for guidance regarding allowable liability losses. Please enter any adjustments to costs due to unallowable liability losses on the MH 1961.

**Abandonment of Construction in Progress**

Where a provider begins construction of a new facility to expand, rebuild, or relocate its present certified facility and then later abandons the partially completed asset. The cost of this abandoned asset, excluding planning costs, is an investment loss and is not allowable. If a provider abandons a partially constructed asset which would have become a newly certified facility, the loss, including abandoned planning costs, is not allowable. Please refer to the CMS Provider Reimbursement Manual, Part I, Chapter 21, Section 1254 for a description of planning cost. Please refer to the CMS Provider Reimbursement Manual, Part I, Section 2155 for more information about how to treat costs of abandoned construction in progress. Please enter any adjustments to costs due to abandonment of construction in process on the MH 1961.

**Other Adjustments to Cost**

Please enter any other adjustments to costs to comply with Medi-Cal principles of reimbursement on the MH 1961. Please refer to the CMS Provider Reimbursement Manual, Part I, for guidance regarding allowable and unallowable costs.

**Line 20 – Total Adjustments**

No entry. Line 20 is equal to the sum of lines 1-19.

**Description**

Please enter a brief description of the reason for the adjustment. For example, enter “Unallowable Central Service Costs” to identify an adjustment to remove central service costs that are included on the MH 1960 but are not eligible for federal reimbursement.

**Column A – Amount**

Please enter the amount of the adjustment. Enter reductions in cost as a negative number and increases in costs as a positive number. The amount entered in column A will automatically populate the appropriate line in Column E of the MH 1960.

**Column B – MH 1960 Line Number**

Please enter the line on the MH 1960 with the costs that are to be adjusted. The amount entered in Column B will automatically populate the line on the MH 1960, Column D that is entered in Column C.

**Column C – MH 1960 Description**

No entry. This column is automatically populated when a line number is entered in Column B.

**MH 1962****Other Adjustment**

The purpose of the MH 1962 is to provide detail information of other adjustments for each cost center. Use this form to make additional positive or negative adjustments to cost that are not captured on the MH 1961. For example, if the amount reported on the MH 1960 includes costs of the county substance abuse division, the costs of the substance abuse division would be deducted. Information entered here will automatically populate the appropriate line in Column E of the MH 1960.

**Description**

Please enter a brief description of the purpose for the adjustment.

**Column A – Amount**

Please enter the amount of the adjustment. Enter reductions in cost as a negative number and increases in costs as a positive number. The amount entered in column A will automatically populate the appropriate line in Column E of the MH 1960.

**Column B – MH 1960 Line Number**

Please enter the line on the MH 1960 with the costs that are to be adjusted. The amount entered in Column B will automatically populate the line on the MH 1960, Column E that is entered in Column C.

**Column C – MH 1960 Description**

No entry. This column is automatically populated when a line number is entered in Column B.



**MH 1963****Payments To Contract Providers (County Only)**

The purpose of the MH 1963 is to capture payments to contract providers for services provided in the cost reporting fiscal year. Information entered here automatically populates MH 1960, Line 38, Column F.

Payments to contract provider legal entities include all interim payments to providers with which the county has a service contract and should be reported in the year in which services/units are provided. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this form. Most county legal entities will not record the Fee-for-Service/Medi-Cal (FFS/MC) payments in their auditor-controller's report because these payments are pass-through funds to the hospital. If payments to FFS/MC hospitals contracted under inpatient consolidation are included on MH 1960, Line 38, these expenditures should be included on this form in order to reduce total mental health expenditures by the FFS/MC amount. Payments to contract providers should be reported in the year in which services/units are provided.

**Column B – Legal Entity Name**

Please enter the contract provider's legal entity name or one entry for the FFS/MC hospitals.

**Column C – Legal Entity Number**

Please enter the contract provider's legal entity number.

**Column D – Total Payments (07/01/20 - 06/30/21)**

Please enter the amount paid to the contract provider for all mental health services provided in the cost report fiscal year. This amount should equal the adjusted gross costs on the legal entity's cost report, MH 1992, line 3, column J. A cost report should be submitted for each contract provider payment listed.

**Column E – SD/MC Payments (07/01/20 – 06/30/21)**

Please enter the total amount paid to the contract provider for the specialty mental health services that the contractor reported on its cost report in Column E of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 32, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on lines 3, Column D of the MH 1979 minus the Medi-Cal payment entered on Column E of the MH 1963 multiplied by 56.2%.

**Column F – Enhanced FMAP Non CHIP Children (07/01/20 – 06/30/21)**

Please enter the total amount paid to the contract provider for the specialty mental health services that the contractor reported on its cost report in Column G of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 33, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 33, Column D of the MH 1979 minus the Medi-Cal payment entered on Column F of the MH 1963 multiplied by 69.34%.

**Column G – Enhanced SD/MC Payments - Children (07/01/20 - 09/30/20)**

Please enter the total amount paid to the contract provider for the specialty mental health services that the contractor reported on its cost report in Column I of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 34, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 34, Column D of the MH 1979 minus the Medi-Cal payment entered on Column G of the MH 1963 multiplied by 76.5%.

**Column H – Enhanced SD/MC Payments - Children (10/01/01/20 - 06/30/210)**

Please enter the total amount paid to the contract provider for the specialty mental health services that the contractor reported on its cost report in Column K of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 35, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 35, Column D of the MH 1979 minus the Medi-Cal payment entered on Column H of the MH 1963 multiplied by 69.34%.

**Column I – Enhanced FMAP Payments - BCCTP (07/01/20 – 06/30/21)**

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column M of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 36, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 36, Column D of the MH 1979 minus the Medi-Cal payment entered on Column I of the MH 1963 multiplied by 69.34%.

**Column J – Enhanced FMAP Payments - Pregnancy (07/01/20 – 06/30/21)**

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column O of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs

subject to reimbursement on line 37, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 37 Column D of the MH 1979 minus the Medi-Cal payment entered on Column J of the MH 1963 multiplied by 69.34%.

**Column K – Enhanced SD/MC Payments - Refugee (07/01/20 - 06/30/21)**

Please enter the amount paid to the contract provider for the specialty mental health services the contract provider reported on its cost report in Column Q of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 38, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 38, Column D of the MH 1979 minus the Medi-Cal payment entered on Column K of the MH 1963 multiplied by 100%.

**Column L – Medi-Cal Access Program (MCAP) Payments (07/01/20 – 09/30/20)**

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column U of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 40, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 40, Column D of the MH 1979 minus the Medi-Cal payment entered on Column I of the MH 1963 multiplied by 80.84%.

**Column M – Medi-Cal Access Program (MCAP) Payments (10/01/20 - 06/30/21)**

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Columns W of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 41, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 41, Column D of the MH 1979 minus the Medi-Cal payment entered on Column M of the MH 1963 multiplied by 69.34%.

**Column N – Affordable Care Act (ACA) Payments (07/01/20 – 06/30/21)**

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column S of the MH 1901\_Schedule B. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on line 39, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to

reimbursement on line 39, Column D of the MH 1979 minus the Medi-Cal payment entered on Column N of the MH 1963 multiplied by 90%.

**Column O – State Funded Beneficiaries (07/01/19 - 06/30/20)**

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column Y of the MH 1901\_Schedule B.

**Column P – Medi-Cal Administrative Activities – 50% (07/01/19 - 06/30/20)**

Please enter the amount paid to the contract provider for the performance of mental health Medi-Cal Administrative Activities eligible for 50% federal reimbursement the contractor reported on its cost report under Mode 55 service function codes 01 through 19 and 31 through 39. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on lines 31 and 32, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on lines 31 and 32, Column D of the MH 1979 minus the Medi-Cal payment entered on Column X of the MH 1963 multiplied by 50%.

**Column Q – Medi-Cal Administrative Activities – 75% (07/01/19 - 06/30/20)**

Please enter the amount paid to the contract provider for the performance of mental health Medi-Cal Administrative Activities eligible for 75% federal reimbursement the contractor reported on its cost report under Mode 55 service function codes 21 through 26. If the amount the county paid the contract provider is less than the contract provider's total costs subject to reimbursement on lines 33, Column D, of the MH 1979, please enter an appropriate adjustment to the legal entity's FFP on the MH 1900\_Info of the legal entity's cost report. The adjustment to FFP must be equal to the contract provider's total costs subject to reimbursement on line 33, Column D of the MH 1979 minus the Medi-Cal payment entered on Column Y of the MH 1963 multiplied by 75%.

**MH 1964****Allocation of Costs to Modes of Service**

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA.

**Line 1 – Mode Costs (Direct Service and MAA) from MH 1960**

No entry. This line is automatically populated from E134, I131 and K134 of the MH1901 Schedule C.

**Line 2 through 8 – Modes**

No entry. These lines are automatically populated from the MH 1901 Schedule C, Column I.

**Line 9 – Total - Lines 2 through 8**

No entry. This line sums lines 2 through 8. The amount on line 9 should equal the amount on line 1. Any difference between the two amounts should be corrected on MH 1960 before proceeding.

**MH 1965****Reclassification(s) of Program Costs**

The purpose of the MH 1965 is to reclassify costs from one cost center to another cost center on the MH 1960. For example, administrative costs reported in Column C of line 24 must be reclassified to lines 25, 26, 27, 28 and 29 as appropriate.

**Explanation of Reclassification**

Please enter a brief explanation of the reason the costs are being reclassified. For example, the purpose may be to distribute administrative costs to the SD/MC, MCHIP, and non-SD/MC programs.

**Column A – Code**

Please enter a letter in each line that contains data to identify each entry.

**Column B – Cost Center**

Please enter the name of the cost center on the MH 1960 to which costs are being reclassified.

**Column C – MH 1960 Line #**

Please select from the drop-down list the line number on the MH 1960 to which the costs are being reclassified.

**Column D – Costs**

Please enter the amount of costs to be reclassified to the cost center identified in Columns B and C. Column D must always be a positive number. The absolute value of the sum of all entries in Column D must equal the absolute value of the sum of all entries in Column G.

**Column E – Cost Center**

Please enter the name of the cost center on the MH 1960 from which costs are to be reclassified.

**Column F – MH 1960 Line #**

Please select from the drop-down list the line number on the MH 1960 from which costs are to be reclassified.

**Column G – Costs**

Please enter the amount of costs to be reclassified from the cost center identified in Columns E and F. Column G must always be a negative number. The absolute value of the sum of entries in Column G must equal the absolute value of the sum of all entries in Column D.

**MH 1960 HOSP COSTS****Calculation of Cost Per Day and Cost To Charge Ratios – Hospital Legal Entities**

The purpose of form MH 1960\_HOSP\_COSTS is to determine the hospital's cost per day for routine cost centers, and its cost to charge ratio for ancillary, outpatient, and non-physician practitioner cost centers applicable for providing psychiatric inpatient hospital services (mode 05), day services (mode 10), and outpatient services (mode 15). A hospital legal entity must first complete the CMS 2552, Hospital and Hospital Health Care Complex Medicare or Medi-Cal cost report. A hospital that does not submit a CMS 2552 to CMS and/or DHCS must at least complete worksheets A, A6, A7, A8, A8-2, A8-4, and worksheet B, Part I of the CMS 2552.

**Column 1 – Total Costs per W/S B, Part I**

Please enter the costs from the CMS-2552, Worksheet B, Part I, Column 27 for all cost centers.

**Column 2 – Total Graduate Medical Education (GME) Costs**

Please enter the intern and resident cost and post step down adjustments from Worksheet B, Part I, Column 26 of the CMS 2552.

**Column 3 – Total Costs**

No entry. This column calculates the sum of columns 1 and 2.

**Column 4 – Total Medi-Cal Days/Charges**

Please enter total inpatient days, including administrative days, for each routine cost center and total charges for each ancillary cost center, each outpatient cost center, and each non-physician practitioner cost center from the hospital's records.

**Column 5 – Cost Per Day/Cost to Charge Ratio**

No entry. This column divides costs by days for each routine cost center to calculate the cost per day and by charges for each ancillary, outpatient, and non-physician practitioner cost center to calculate the cost to charge ratio.

**Column 6 – Physician Professional Component Costs (From W/S A8-2, Column 4)**

Please enter total physician professional component costs as reported on Worksheet A8-2 of the CMS 2552.

**Column 7 – Physician and Non Physician Practitioner Professional Costs (W/S A-8)**

Please enter physician and non-physician practitioner professional costs as reported on Worksheet A-8 of the CMS 2552.

**Column 8 – Physician Professional Component Related Administrative, Data Processing, and Patient Business Office Costs (W/S A-8)**

Please enter any costs associated with physician administrative, data processing and patient business office costs for physicians as reported on Worksheet A-8 of the CMS 2552.

**Column 9 – Total Physician Professional Component Related Costs**

No entry. This column calculates the sum of columns 6, 7 and 8.

**Column 10 – Total Physician Billed Professional Charges/RVU**

Please enter total charges or an approved RVU for physician and non-physician practitioner services.

**Column 11 – Ratio of Physician Professional Costs to Billed Professional Charges**

No entry. Column 11 calculates the ratio of column 9 to column 10 (Column 9/Column 10).

**Column 12 – Medi-Cal SMHS Mode 05 Hospital Costs**

No entry. Column 12 is equaled to the sum of Column 24 of MH 1960\_HOSP\_05 and Column 24 of the MH1960\_HOSP\_05\_Admin

**Column 13 – Medi-Cal SMHS Mode 05 Physician Costs**

No entry. Column 13 is equal to the sum of Column 24 of the MH 1960\_PHYS\_05 and Column 24 of the MH1960\_PHYS\_05\_Admin.

**Column 14 – Medi-Cal SMHS Mode 05 Total Costs**

No entry. Column 14 is equal to the sum of columns 12 and 13.

**Column 15 – Medi-Cal SMHS Mode 10 Hospital Costs**

No entry. Column 15 is automatically populated with data from Column 24 of the MH 1960\_HOSP\_10.

**Column 16 – Medi-Cal SMHS Mode 10 Physician Costs**

No entry. Column 16 is automatically populated with data from Column 24 of the MH 1960\_PHYS\_10.

**Column 17 – Medi-Cal SMHS Mode 10 Total Costs**

No entry. Column 17 is equal to the sum of columns 15 and 16.

**Column 18 – Medi-Cal SMHS Mode 15 Hospital Costs**

No entry. Column 18 is automatically populated with data from Column 24 of the MH 1960\_HOSP\_15.

**Column 19 – Medi-Cal SMHS Mode 15 Physician Costs**

No entry. Column 19 is automatically populated with data from Column 24 of the MH 1960\_PHYS\_15.



**Column 20 – Medi-Cal SMHS Mode 15 Total Costs**

No entry. Column 20 is equal to the sum of columns 18 and 19.

**Column 21 – Medi-Cal SMHS Total Costs**

No entry. Column 21 is equal to the sum of columns 14, 17, and 20.

**MH 1960\_HOSP\_05****Calculation of Mode 05 (Hospital Psychiatric Inpatient) Program Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_HOSP\_05 is to apportion the hospital's costs of acute psychiatric inpatient hospital services to the appropriate settlement groups using the cost per day and cost to charge ratios calculated on form MH 1960\_HOSP\_COSTS.

**Column 1 – Cost Per Day to Cost to Charge Ratio**

No entry. The cost per day for routine cost centers and the cost-to-charge ratio for all other costs centers are automatically populated with data from Column 5 of the MH 1960\_HOSP\_COSTS.

**Column 2 – SD/MC Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for SD/MC beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to SD/MC beneficiaries for the period July 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 3 – SD/MC Costs (07/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4, or E5 for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 5 – Enhanced Non CHIP (Children) Costs (07/01/20 – 06/30/21)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/20 - 09/30/20)**

For routine cost centers, please enter the total acute psychiatric inpatient days for SD/MC Enhanced (Children) beneficiaries for the period July 1, 2020 through September 30, 2020. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to SD/MC Enhanced (Children) beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 7 – SD/MC Enhanced (Children) Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/20 - 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for SD/MC Enhanced (Children) beneficiaries for the period October 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to SD/MC Enhanced (Children) beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 9 – SD/MC Enhanced (Children) Costs (10/01/20 - 06/30/21)**

No entry. Column 9 is equal to the product of columns 1 and 8.

**Column 10 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for SD/MC Enhanced (BCCTP) beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to SD/MC Enhanced (BCCTP) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 11 – SD/MC Enhanced (BCTTP) Costs (07/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 13 – SD/MC Enhanced (Pregnancy) Costs (07/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for SD/MC Enhanced (Refugees) beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to SD/MC Enhanced (Refugee) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 15 – SD/MC Enhanced (Refugee) Costs (07/01/19 – 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/20 - 09/30/20)**

For routine cost centers, please enter the total acute psychiatric inpatient days for Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2020 through September 30, 2020. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to MCAP beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 17 – Medi-Cal Access Program (MCAP) Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/20 - 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to MCAP beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 19 – Medi-Cal Access Program (MCAP) Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for Affordable Care Act (ACA) beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to Affordable Care Act (ACA) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 21 – Affordable Care Act (ACA) Costs (07/01/20 – 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total acute psychiatric inpatient days for State Funded beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for acute psychiatric inpatient days provided to State Funded beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 23 – State Funded Beneficiaries Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.

**MH 1960 PHYS 05****Calculation of Mode 05 (Hospital Psychiatric Inpatient) Physician Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_PHYS\_05 is to apportion the hospital's physician and non-physician practitioner's professional costs related to acute psychiatric inpatient hospital services to the appropriate settlement groups using the cost-to-charge ratios calculated on form MH 1960\_HOSP\_COSTS.

**Column 1 – Ratio of Physician Professional Costs to Billed Professional Charges**

No entry. The cost-to-charge ratio for all other non-routine cost centers are automatically populated with data from Column 11 of MH 1960\_HOSP\_COSTS.

**Column 2 – SD/MC Physician Charges/RVU (07/01/20 – 06/30/20)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 3 – SD/MC Costs (07/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 5 – Enhanced Non CHIP (Children) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to SD/MC Enhanced

Children beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 7 – SD/MC Enhanced (Children) Physician Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to SD/MC Enhanced Children beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 9 – SD/MC Enhanced (Children) Physician Costs (10/01/2006/30/21)**

No entry. Column 9 is equal to the product of columns 1 and 8.

**Column 10 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to SD/MC Enhanced BCCTP beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 11 – SD/MC Enhanced (BCTTP) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to SD/MC Enhanced Pregnancy beneficiaries for the period July 1, 2020 through June 20, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 13 – SD/MC Enhanced (Pregnancy) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to SD/MC Enhanced Refugee beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 15 – SD/MC Enhanced (Refugee) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to Medi-Cal Access Program beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 17 – Medi-Cal Access Program (MCAP) Physician Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (10/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to Medi-Cal Access Program beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 19 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to Affordable Care Act (ACA) Optional Expansion beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 21 – Affordable Care Act (ACA) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Physician Charges/RVU (07/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for acute psychiatric inpatient physician and non-physician practitioner professional services provided to State Funded beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 23 – State Funded Beneficiaries Physician Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.



**MH 1960\_HOSP\_05\_ADMIN****Calculation of Mode 05 (Hospital Administrative Days) Program Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_HOSP\_05\_ADMIN is to apportion the hospital's costs of hospital administrative days to the appropriate settlement groups using the cost per day and cost-to-charge ratios calculated on form MH 1960\_HOSP\_COSTS.

**Column 1 – Costs Per Day/Cost-to-Charge Ratio**

No entry. The cost per day for routine cost centers and the cost-to-charge ratio for all other costs centers are automatically populated with data from Column 5 of the MH 1960\_HOSP\_COSTS8

**Column 2 – SD/MC Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for SD/MC beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for SD/MC beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 3 – SD/MC Costs (07/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4, or E5 for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 5 – Enhanced Non CHIP (Children) Costs (07/01/20 – 06/30/2021)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/20 - 09/30/20)**

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Children) beneficiaries for the period July 1, 2020 through September 30, 2020. For all other cost centers, please enter the total charges for hospital administrative days provided to SD/MC Enhanced (Children) beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 7 – SD/MC Enhanced (Children) Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/20 - 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Children) beneficiaries for the period October 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days provided to SD/MC Enhanced (Children) beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 9 – SD/MC Enhanced (Children) Costs (10/01/20 - 06/30/20)**

No entry. Column 9 is equal to the product of columns 1 and 8.

**Column 10 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (BCCTP) beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 11 – SD/MC Enhanced (BCTTP) Costs (07/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 13 – SD/MC Enhanced (Pregnancy) Costs (07/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/20 – 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Refugees) beneficiaries for the period July 1, 2020 – June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days for SD/MC Enhanced (Refugee) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 15 – SD/MC Enhanced (Refugee) Costs (07/01/20 – 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/20 - 09/30/20)**

For routine cost centers, please enter the total hospital administrative days for Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2020 through September 30, 2020. For all other cost centers, please enter the total charges for hospital administrative days for MCAP beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 17 – Medi-Cal Access Program (MCAP) Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/20 - 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days for MCAP beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 19 – Medi-Cal Access Program (MCAP) Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Charges/RVU (07/01/20 - 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for Affordable Care Act (ACA) beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days for Affordable Care Act (ACA) beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 21 – Affordable Care Act (ACA) Costs (07/01/20 - 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Charges/RVU (07/01/20 - 06/30/21)**

For routine cost centers, please enter the total hospital administrative days for State Funded beneficiaries for the period July 1, 2020 through June 30, 2021. For all other cost centers, please enter the total charges for hospital administrative days for State Funded beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Excel Line 83 contains a crosscheck, to ensure that the total sum of units entered matches the number of total units as entered on Schedule B. If Line 83 reads ERROR, please confirm the totals match.

**Column 23 – State Funded Beneficiaries Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.

**MH 1960 PHYS 05 ADMIN****Calculation of Mode 05 (Hospital Administrative Days) Physician Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_PHYS\_05\_ADMIN is to apportion the hospital's physician and non-physician practitioner professional costs related to hospital administrative days to the appropriate settlement groups using the cost-to-charge ratios calculated for physician professional costs on form MH 1960\_HOSP\_COSTS.

**Column 1 – Ratio of Physician Professional Costs-to-Billed Professional Charges Ratio/RVU**

No entry. The cost-to-charge ratio/RVU for each applicable costs center is automatically populated with data from Column 11 of the MH 1960\_HOSP\_COSTS.

**Column 2 – SD/MC Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for hospital administrative days for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 3 – SD/MC Costs (07/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for hospital administrative days for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 5 – Enhanced Non CHIP (Children) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Children beneficiaries for hospital administrative days for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 7 – SD/MC Enhanced (Children) Physician Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Children beneficiaries for hospital administrative days for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 9 – SD/MC Enhanced (Children) Physician Costs (10/01/20 - 06/30/21)**

No entry. Column 9 is equal to the product of columns 1 and 8.

**Column 10 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (07/01/20 – 06/20/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced BCCTP beneficiaries for hospital administrative days for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 11 – SD/MC Enhanced (BCTTP) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Pregnancy beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 13 – SD/MC Enhanced (Pregnancy) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Physician Charges/RVU (7/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Refugee beneficiaries for hospital administrative days for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 15 – SD/MC Enhanced (Refugee) Physician Costs (7/01/20 - 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal Access Program beneficiaries for hospital administrative days for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 17 – Medi-Cal Access Program (MCAP) Physician Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (10/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal Access Program beneficiaries for hospital administrative days for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 19 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Physician Charges/RVU (07/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Affordable Care Act (ACA) Optional Expansion beneficiaries for hospital administrative days for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 21 – Affordable Care Act (ACA) Physician Costs (07/01/20 – 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Physician Charges/RVU (07/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to State Funded Beneficiaries for hospital administrative days for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 23 – State Funded Physician Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.

**MH 1960\_HOSP\_10****Calculation of Mode 10 (Day Services) Program Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_HOSP\_10 is to apportion the hospital's costs of day services to the appropriate settlement groups using the cost-to-charge ratios calculated on form MH 1960\_HOSP\_COSTS.

**Column 1 – Cost-to-Charge Ratio**

No entry. The cost-to-charge ratio for all non-routine cost centers are automatically populated with data from Column 5 of the MH 1960\_HOSP\_COSTS.

**Column 2 – SD/MC Days/Charges/RVU (07/01/20 – 06/30/21)**

Please enter the total charges for day services provided to SD/MC beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 3 – SD/MC Costs (07/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Days/Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for day services provided to beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 5 – Enhanced Non CHIP (Children) Costs (7/01/20 – 06/30/21)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/20 - 09/30/20)**

Please enter the total charges for day services provided to SD/MC Enhanced Children beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 7 – SD/MC Enhanced (Children) Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/20 - 06/30/21)**

Please enter the total charges for day services provided to SD/MC Enhanced Children beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 9 – SD/MC Enhanced (Children) Costs (10/01/20 - 06/30/21)**

No entry. Column 9 is equal to the product of columns 1 and 8.



**Column 10 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for day services provided to SD/MC Enhanced BCCTP beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 11 – SD/MC Enhanced (BCTTP) Costs (7/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for day services provided to SD/MC Enhanced Pregnancy beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 13 – SD/MC Enhanced (Pregnancy) Costs (7/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/20 - 06/30/21)**

Please enter the total charges for day services provided to SD/MC Enhanced Refugee beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 15 – SD/MC Enhanced (Refugee) Costs (07/01/20 - 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/20 - 09/30/20)**

Please enter the total charges for day services provided to Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 17 – Medi-Cal Access Program (MCAP) Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/20 - 06/30/21)**

Please enter the total charges for day services provided to Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 19 – Medi-Cal Access Program (MCAP) Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for day services provided to Affordable Act Optional Expansion beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 21 – Affordable Care Act (ACA) Costs (7/01/20 – 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Charges/RVU (07/01/20 - 06/30/21)**

Please enter the total charges for day services provided to State Funded beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 23 – State Funded Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.

**MH 1960 PHYS 10****Calculation of Mode 10 (Day Services) Physician Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_PHYS\_10 is to apportion the hospital's physician and non-physician practitioner professional costs associated with the provision of day services to the appropriate settlement groups using the cost-to-charge ratios calculated for physician professional costs on form MH 1960\_HOSP\_COSTS.

**Column 1 – Cost-to-Charge Ratio/RVU**

No entry. The cost-to-charge ratio/RVU for each applicable costs center is automatically populated with data from Column 11 of the MH 1960\_HOSP\_COSTS.

**Column 2 – SD/MC Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for day services for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 3 – SD/MC Costs (7/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for day services for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 5 – Enhanced Non CHIP (Children) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Children beneficiaries for day services for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 7 – SD/MC Enhanced (Children) Physician Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Children beneficiaries for day

services for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 9 – SD/MC Enhanced (Children) Physician Costs (10/01/20 - 06/30/21)**

No entry. Column 9 is equal to the product of columns 1 and 8.

**Column 10 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced BCCTP beneficiaries for day services for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 11 – SD/MC Enhanced (BCTTP) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Pregnancy beneficiaries for day services for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 13 – SD/MC Enhanced (Pregnancy) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Refugee beneficiaries for day services for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 15 – SD/MC Enhanced (Refugee) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal Access Program beneficiaries for day services for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 17 – Medi-Cal Access Program (MCAP) Physician Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (10/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal Access Program beneficiaries for day services for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 19 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Affordable Care Act (ACA) Optional Expansion beneficiaries for day services for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 21 – Affordable Care Act (ACA) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Physician Charges/RVU (07/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to State Funded beneficiaries for day services for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 23 – State Funded Beneficiaries Physician Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.

**MH 1960\_HOSP\_15****Calculation of Mode 15 (Outpatient Services) Program Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_HOSP\_15 is to apportion the hospital's costs to the appropriate settlement groups using the cost-to-charge ratios calculated on form MH 1960\_HOSP\_COSTS.

**Column 1 – Cost-to-Charge Ratio**

No entry. The cost-to-charge ratios are automatically populated with data from Column 5 of the MH 1960\_HOSP\_COSTS.

**Column 2 – SD/MC Days/Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for outpatient services provided to SD/MC beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 3 – SD/MC Costs (7/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Days/Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for outpatient services provided to beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 5 – Enhanced Non CHIP (Children) Costs (7/01/20 – 06/30/21)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/20 - 09/30/20)**

Please enter the total charges for outpatient services provided to SD/MC Enhanced Children beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 7 – SD/MC Enhanced (Children) Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/20 - 06/30/21)**

Please enter the total charges for outpatient services provided to SD/MC Enhanced Children beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 9 – SD/MC Enhanced (Children) Costs (10/01/20 - 06/30/21)**

No entry. Column 9 is equal to the product of columns 1 and 8.

**Column 10 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for outpatient services provided to SD/MC Enhanced BCCTP beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 11 – SD/MC Enhanced (BCTTP) Costs (7/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for outpatient services provided to SD/MC Enhanced Pregnancy beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 13 – SD/MC Enhanced (Pregnancy) Costs (7/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/20 - 06/30/21)**

Please enter the total charges for outpatient services provided to SD/MC Enhanced Refugee beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 15 – SD/MC Enhanced (Refugee) Costs (07/01/20 - 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/20 - 09/30/20)**

Please enter the total charges for outpatient services provided to Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 17 – Medi-Cal Access Program (MCAP) Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/20 - 06/30/21)**

Please enter the total charges for outpatient services provided to Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 19 – Medi-Cal Access Program (MCAP) Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Charges/RVU (7/01/20 – 06/30/21)**

Please enter the total charges for outpatient services provided to Affordable Care Act Optional Expansion beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 21 – Affordable Care Act (ACA) Costs (7/01/20 – 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Charges/RVU (07/01/20 - 06/30/21)**

Please enter the total charges for outpatient services provided to State Funded beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 23 – State Funded Beneficiaries Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.



**MH 1960 PHYS 15****Calculation of Mode 15 (Outpatient Services) Physician Costs – Hospital Legal Entities**

The purpose of the form MH 1960\_PHYS\_15 is to apportion the hospital's physician and non-physician practitioner professional costs to the appropriate settlement groups using the cost per day and cost-to-charge ratios calculated for physician professional costs on form MH 1960\_HOSP\_COSTS.

**Column 1 – Cost-to-Charge Ratio/RVU**

No entry. The cost-to-charge ratio/RVU for each applicable costs center is automatically populated with data from Column 11 of the MH 1960\_HOSP\_COSTS

**Column 2 – SD/MC Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to SD/MC beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 3 – SD/MC Costs (7/01/20 – 06/30/21)**

No entry. Column 3 is equal to the product of columns 1 and 2.

**Column 4 – Enhanced Non CHIP (Children) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 5 – Enhanced Non CHIP (Children) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 5 is equal to the product of columns 1 and 4.

**Column 6 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to SD/MC Enhanced Children beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 7 – SD/MC Enhanced (Children) Physician Costs (07/01/20 - 09/30/20)**

No entry. Column 7 is equal to the product of columns 1 and 6.

**Column 8 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to SD/MC Enhanced

Children beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 9 – SD/MC Enhanced (Children) Physician Costs (10/01/20 - 06/30/21)**

No entry. Column 9 is equal to the product of columns 1 and 8.

**Column 10 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to SD/MC Enhanced BCCTP beneficiaries for the period July 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 11 – SD/MC Enhanced (BCTTP) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 11 is equal to the product of columns 1 and 10.

**Column 12 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to SD/MC Enhanced Pregnancy beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 13 – SD/MC Enhanced (Pregnancy) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 13 is equal to the product of columns 1 and 12.

**Column 14 – SD/MC Enhanced (Refugee) Physician Charges/RVU (07/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC Enhanced Refugee beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 15 – SD/MC Enhanced (Refugee) Physician Costs (07/01/20 - 06/30/21)**

No entry. Column 15 is equal to the product of columns 1 and 14.

**Column 16 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/20 - 09/30/20)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to Medi-Cal Access Program beneficiaries for the period July 1, 2020 through September 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 17 – Medi-Cal Access Program (MCAP) Costs (07/01/20 - 09/30/20)**

No entry. Column 17 is equal to the product of columns 1 and 16.

**Column 18 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to Medi-Cal Access Program beneficiaries for the period October 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 19 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/20 - 06/30/21)**

No entry. Column 19 is equal to the product of columns 1 and 18.

**Column 20 – Affordable Care Act (ACA) Physician Charges/RVU (7/01/20 – 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services for outpatient services provided to Affordable Care Act (ACA) Optional Expansion beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

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**Column 21 – Affordable Care Act (ACA) Physician Costs (7/01/20 – 06/30/21)**

No entry. Column 21 is equal to the product of columns 1 and 20.

**Column 22 – State Funded Beneficiaries Physician Charges/RVU (07/01/20 - 06/30/21)**

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to State Funded beneficiaries for the period July 1, 2020 through June 30, 2021 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

**Column 23 – State Funded Beneficiaries Physician Costs (07/01/20 - 06/30/21)**

No entry. Column 23 is equal to the product of columns 1 and 22.

**Column 24 – Total Medi-Cal Hospital Costs**

No Entry. Column 24 is equal to the sum of Columns 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, and 23.

**MH 1966 Mode 05 (Other) and Mode 15 (Program 2)****Allocation of Costs to Service Functions – Mode Total**

MH 1966, Mode 05 (Other) distributes mode costs among Medi-Cal and non-Medi-Cal units of service for all mode 05 (24-hour services) service functions except for psychiatric inpatient hospital services. MH 1966 Mode 15 (Program 2) distributed mode costs among Medi-Cal and non-Medi-Cal units of service for all Mode 15 service functions with a settlement type of TBS, ISA, ASO, or MHS. Mode 15 (Program 2) services are settled to cost rather than the lower of cost or charges.

**Line 1 – Allocation Percentage**

No entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from the MH 1901 Schedule C divided by the Total Allocated Cost for the respective mode of service.

**Line 2 – Total Units**

No entry. This field is automatically populated for each Medi-Cal service function from the MH 1901 Schedule C, Column D.

**Line 3 – Gross Cost**

No entry. This field is automatically populated for each Medi-Cal service function from the MH 1901 Schedule C, Column I. The distribution of the amount on line 3, Column A, to the appropriate service functions is completed automatically from the MH 1901 Schedule C.

**Line 4 – Cost Per Unit**

No entry. Starting in Column C, line 4 is automatically calculated as line 3 divided by line 2.

**Line 5 – Published Charge per Unit**

No entry. Starting in Column C, this field is automatically populated for each Medi-Cal service function from the MH 1901 Schedule A, Column D. Please see the MH 1901 Schedule A instructions for more information about the published charge.

**Line 6 – Medi-Cal Units (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column E.

**Line 7 – Enhanced Non CHIP Units (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units (from billing records) for each Medi-Cal service functions fills in automatically from the MH 1901 Schedule B, Column G.

**Line 8 – Enhanced CHIP (Children) Units (07/01/20 - 09/30/20)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units (from billing records) for each Medi-Cal service functions fills in automatically from the MH 1901 Schedule B, Column I.

**Line 9 – Enhanced CHIP (Children) Units (10/01/20 - 06/30/21)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units (from billing records) for each Medi-Cal service functions fills in automatically from the MH 1901 Schedule B, Column K.

**Line 10 – Enhanced SD/MC (BCCTP) Units (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Enhanced SD/MC (BCCTP) units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column M.

**Line 11 – Enhanced SD/MC (Pregnancy) Units (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Enhanced SD/MC (Pregnancy) units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column O.

**Line 12 – Enhanced SD/MC (Refugee) Units (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Enhanced SD/MC (Refugee) units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column Q.

**Line 13 – Affordable Care Act (ACA) Units (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Affordable Care Act units (from billing records) for each Affordable Care Act Service function fills in automatically from the MH 1901 Schedule B, Column S.

**Line 14 - State Funded Beneficiaries Units (07/01/20 - 06/30/21)**

No entry. Starting in Column B, SB75 units (from billing records) for each SB75 Service function fills in automatically from the MH 1901 Schedule B, Column Y.

**Line 15 - Medi-Cal Access Program (MCAP) Units (07/01/20 - 09/30/20)**

No entry. Starting in Column B, MCAP units (from billing records) for each Service function fills in automatically from the MH 1901 Schedule B, Column U.

**Line 16 - Medi-Cal Access Program (MCAP) Units (10/01/20 - 06/30/21)**

No entry. Starting in Column B, MCAP units (from billing records) for each Service function fills in automatically from the MH 1901 Schedule B, Column W.

**Line 17 - Non Medi-Cal Units (7/01/20 – 06/30/21)**

No entry. Non-Medi-Cal units for each service function fills in automatically by subtracting Line 6 through Line 16 (Medi-Cal Units) from Line 2 (Total Units).

**Line 18 – Medi-Cal Costs (7/01/20 – 06/30/21)**

No entry. Starting in Column B, line 4 is multiplied by line 6 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column A, Line 18.

**Line 19 – Medi-Cal Published Charges (7/01/20 – 06/30/21)**

No entry. Starting in Column B, line 5 is multiplied by line 6 for each SD/MC service function. The product of all SD/MC SD/MC service functions computed are summed up on Column A, Line 19.

**Line 20 – Enhanced Non CHIP (Children) Costs (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 7 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20.

**Line 21 – Enhanced Non CHIP (Children) Published Charges (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 5 is multiplied by line 7 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21.

**Line 22 – Enhanced SD/MC (Children) Costs (07/01/20 - 09/30/20)**

No entry. Starting in Column B, Line 4 is multiplied by line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22.

**Line 23 – Enhanced SD/MC (Children) Published Charges (07/01/20 - 09/30/20)**

No entry. Starting in Column B, Line 5 is multiplied by line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23.

**Line 24 – Enhanced SD/MC (Children) Costs (10/01/20 - 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24.

**Line 25 – Enhanced SD/MC (Children) Published Charges (10/01/20 - 06/30/21)**

No entry. Starting in Column B, Line 5 is multiplied by line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25.

**Line 26 – Enhanced SD/MC (BCCTP) Costs (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26.

**Line 27 – Enhanced SD/MC (BCCTP) Published Charges (7/01/20 – 06/30/21)**

No entry. Starting in Column B Line 5 is multiplied by line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27.

**Line 28 – Enhanced SD/MC (Pregnancy) Costs (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28.

**Line 29 – Enhanced SD/MC (Pregnancy) Published Charges (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 5 is multiplied by line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29.

**Line 30 – Enhanced SD/MC (Refugee) Costs (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 12 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30.

**Line 31 – Enhanced SD/MC (Refugee) Published Charges (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 5 is multiplied by line 12 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31.

**Line 32 – Affordable Care Act (ACA) Program Costs (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 13 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32.

**Line 33 – Affordable Care Act (ACA) Program Published Charges (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 5 is multiplied by line 13 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 33.

**Line 34 – State Funded Beneficiaries Cost (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 14 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 34.

**Line 35 – State Funded Beneficiaries Published Charges (7/01/20 – 06/30/21)**

No entry. Starting in Column B, Line 5 is multiplied by line 14 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 35.

**Line 36 – Medi-Cal Access Program (MCAP) Cost (07/01/20 - 09/30/20)**

No entry. Starting in Column B, Line 4 is multiplied by line 15 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 36.

**Line 37 – Medi-Cal Access Program (MCAP) Published Charges (07/01/20 - 09/30/20)**

No entry. Starting in Column B, Line 5 is multiplied by line 15 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 37.

**Line 38 – Medi-Cal Access Program (MCAP) Cost (10/01/20 - 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 16 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 38.

**Line 39 – Medi-Cal Access Program (MCAP) Published Charges (10/01/20 - 06/30/21)**

No entry. Starting in Column B, Line 5 is multiplied by line 16 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 39.

**Lines 40 – Non-Medi-Cal Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column B, Line 4 is multiplied by line 17 for each service function. The products of all Non-Medi-Cal service functions computed are summed up in Column A, Line 40.



**MH 1966 Mode 10 and MH 1966 Mode 15 (Program 1)****Allocation of Costs to Service Functions – Mode Total**

MH 1966, Mode 10 distributes mode costs among Medi-Cal and non-Medi-Cal units of service for all Mode 10 (Day Services) service functions and MH 1966, Mode 15 (Program 1) distributes mode costs among Medi-Cal and non-Medi-Cal units of service for all Mode 15 (Outpatient Services) Program 1 service functions. Program 1 service functions have a settlement type of CR, HOSP, CCR, or CAW.

**Line 1 – Allocation Percentage**

No entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from the MH 1901 Schedule C divided by the Total Allocated Cost for the respective mode of service.

**Line 2 – Total Units**

No entry. This field is automatically populated for each Medi-Cal service function from the MH 1901 Schedule C, Column D.

**Line 3 – Gross Cost**

No entry. This field is automatically populated for each Medi-Cal service function from the MH 1901 Schedule C, Column I. The distribution of the amount on line 3, Column A, to the appropriate service functions is completed automatically from the MH 1901 Schedule C.

**Line 4 – Cost Per Unit**

No entry. Starting in Column C, line 4 is automatically calculated as line 3 divided by line 2.

**Line 5 – Published Charge per Unit**

No entry. Starting in Column C, this field is automatically populated for each Medi-Cal service function from the MH 1901 Schedule A, Column D. Please see the MH 1901 Schedule A instructions for more information about the published charge.

**Line 6 – Medi-Cal Units (07/01/20 – 06/30/21)**

No entry. Starting in Column D, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column E.

**Line 7 – Enhanced Non CHIP (Children) Units (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Enhanced SD/MC (Children) units (from billing records) for each Medi-Cal service functions fills in automatically from the MH 1901 Schedule B, Column G.

**Line 8 – Enhanced CHIP (Children) Units (07/01/20 - 09/30/20)**

No entry. Starting in Column D, Enhanced SD/MC (Children) units (from billing records) for each Medi-Cal service functions fills in automatically from the MH 1901 Schedule B, Column I.

**Line 9 – Enhanced CHIP (Children) Units (10/01/20 - 06/30/21)**

No entry. Starting in Column D, Enhanced SD/MC (Children) units (from billing records) for each Medi-Cal service functions fills in automatically from the MH 1901 Schedule B, Column K.

**Line 10 – Enhanced SD/MC (BCCTP) Units (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Enhanced SD/MC (BCCTP) units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column M.

**Line 11 – Enhanced SD/MC (Pregnancy) Units (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Enhanced SD/MC (Pregnancy) units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column O.

**Line 12 – Enhanced SD/MC (Refugee) Units (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Enhanced SD/MC (Refugee) units (from billing records) for each Medi-Cal service function fills in automatically from the MH 1901 Schedule B, Column Q.

**Line 13 – Affordable Care Act (ACA) Units (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Affordable Care Act units (from billing records) for each Affordable Care Act Service function fills in automatically from the MH 1901 Schedule B, Column S.

**Line 14 - State Funded Beneficiaries Units (7/01/20 - 06/30/21)**

No entry. Starting in Column D, SB75 units (from billing records) for each SB75 Service function fills in automatically from the MH 1901 Schedule B, Column Y.

**Line 15 - Medi-Cal Access Program (MCAP) Units (07/01/20 - 09/30/20)**

No entry. Starting in Column D, MCAP units (from billing records) for each Service function fills in automatically from the MH 1901 Schedule B, Column U.

**Line 16 - Medi-Cal Access Program (MCAP) Units (10/01/20 - 06/30/21)**

No entry. Starting in Column D, MCAP units (from billing records) for each Service function fills in automatically from the MH 1901 Schedule B, Column W.

**Line 17 - Non Medi-Cal Units (7/01/20 - 06/30/21)**

No entry. Non-Medi-Cal units for each service function fills in automatically by subtracting Line 6 through Line 35 (Medi-Cal Units) from Line 2 (Total Units).

**Line 18 – Medi-Cal Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column D, line 4 is multiplied by line 6 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column

B, and the produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 18.

**Line 19 – Medi-Cal Published Charges (7/01/20 - 06/30/21)**

No entry. Starting in Column D, line 5 is multiplied by line 6 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 19.

**Line 20 – Enhanced Non CHIP (Children) Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 7 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 20.

**Line 21 – Enhanced Non CHIP (Children) Published Charges (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 5 is multiplied by line 7 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 21.

**Line 22 – Enhanced SD/MC (Children) Costs (07/01/20 - 09/30/20)**

No entry. Starting in Column D, Line 4 is multiplied by line 8 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 22.

**Line 23 – Enhanced SD/MC (Children) Published Charges (07/01/20 - 09/30/20)**

No entry. Starting in Column D, Line 5 is multiplied by line 8 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 23.

**Line 24 – Enhanced SD/MC (Children) Costs (10/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 9 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 24.

**Line 25 – Enhanced SD/MC (Children) Published Charges (10/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 5 is multiplied by line 9 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 25.

**Line 26 – Enhanced SD/MC (BCCTP) Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 10 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 26.

**Line 27 – Enhanced SD/MC (BCCTP) Published Charges (7/01/20 - 06/30/21)**

No entry. Starting in Column D Line 5 is multiplied by line 10 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 27.

**Line 28 – Enhanced SD/MC (Pregnancy) Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 11 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 28.

**Line 29 – Enhanced SD/MC (Pregnancy) Published Charges (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 5 is multiplied by line 11 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 29.

**Line 30 – Enhanced SD/MC (Refugee) Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 12 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 30.

**Line 31 – Enhanced SD/MC (Refugee) Published Charges (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 5 is multiplied by line 12 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 31.

**Line 32 – Affordable Care Act (ACA) Program Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 13 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 32.

**Line 33 – Affordable Care Act (ACA) Program Published Charges (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 5 is multiplied by line 13 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 33.

**Line 34 – State Funded Beneficiaries Cost (07/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 14 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 34.

**Line 35 – State Funded Beneficiaries Published Charges (07/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 5 is multiplied by line 14 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 35.

**Line 36 – Medi-Cal Access Program (MCAP) Cost (07/01/20 - 09/30/20)**

No entry. Starting in Column D, Line 4 is multiplied by line 15 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 36.

**Line 37 – Medi-Cal Access Program (MCAP) Published Charges (07/01/20 - 09/30/20)**

No entry. Starting in Column D, Line 5 is multiplied by line 15 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C,

the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 37.

**Line 38 – Medi-Cal Access Program (MCAP) Cost (10/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 16 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 38.

**Line 39 – Medi-Cal Access Program (MCAP) Published Charges (10/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 5 is multiplied by line 16 for each SD/MC service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 39.

**Lines 40 – Non-Medi-Cal Costs (7/01/20 - 06/30/21)**

No entry. Starting in Column D, Line 4 is multiplied by line 17 for each service function. The product of all SD/MC service functions computed are summed up in Column C, the product of all SD/MC service functions with an HOSP settlement type are summed in Column B, and the product of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 40.

**MH 1966 Modes 45 and 60****Outreach and Support**

MH 1966 for Mode 45 (Outreach) and Mode 60 (Support) services are not Medi-Cal reimbursable. For these modes, the format consists of only six lines. MH 1966 for Modes 45 and 60 automatically populates from the MH 1901 Schedules A, B, and C.

**Lines 1 – 3**

No entry. These fields populate automatically from the MH 1901 Schedules B and C.

**Line 4 – Cost Per Unit**

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function.

**Line 5 – Non-Medi-Cal Units**

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in from Line 2.

**Line 6**

No entry. Starting from Column B, non-Medi-Cal costs for each service function fills in from Line 3.

**MH 1966 Mode 55****Medi-Cal Administrative Activities (MAA)**

MH 1966 for Mode 55 is for Medi-Cal Administrative Activities and consists of five lines. MH 1966 for Mode 55 is automatically populated from the MH 1901 Schedules B, and C. Legal entities must have an approved MAA plan with DHCS in order to report Mode 55.

**Lines 1 through 3**

No entry. These fields are automatically populated from the MH 1901 Schedules B and C.

**Line 4 – Cost Per Unit**

No entry. Starting from Column B, Line 3 is divided by line 2 for each service function to calculate the cost per unit.

**Line 5 – Non-Medi-Cal Costs**

No entry. In Column A, this field automatically populated by subtracting MH1968 Column D, Line 18 (SD/MC Reimbursement for MAA) from Line 16 (Total Expenditures from MAA).



**MH 1968****Determination of SD/MC Direct Services and MAA Reimbursement**

The purpose of the MH 1968 is to determine the net SD/MC reimbursement (FFP and State Match) for inpatient and outpatient services as well as MAA reimbursement. MAA service function expenditures are combined on the MH 1968.

**Nominal Fee Provider**

The first step in the cost report settlement process is to determine whether or not the legal entity meets the Nominal Fee provider criteria (42 CFR 413.13). Legal entities with a significant proportion of low-income patients may complete an optional form, MH 1969 Nominal Fee Provider Determination, prior to completing the MH 1968. Nominal fee providers' reimbursement is limited to the lower of reasonable and allowable cost.

**Determination of Cost Settlement Process**

The cost report template completed for non-county legal entities automatically determines the lower of cost or published charge for SD/MC inpatient and outpatient services separately. The determination is based upon the cost or published charge amounts for services provided to all SD/MC beneficiaries (i.e., Medi-Cal, Medicare/Medi-Cal crossover, Enhanced Children, Enhanced BCCTP, Enhanced Pregnancy, Enhanced Refugee, Affordable Care Act, Medi-Cal Access Program) with the exception of Hospital Inpatient Administrative Days (mode 05, SF 19). Reimbursement of hospital inpatient administrative days is based upon the lower of cost, published charge, or SMA.

The cost report template completed for county legal entities automatically determines cost for SD/MC inpatient and outpatient services separately. Except for Hospital Inpatient Administrative Days (Mode 05, SF 19), the cost report does not limit county legal entities to the lower of cost or published charges. Reimbursement of hospital inpatient administrative days is based upon the lower of cost or SMA.

**Column E: Mode 05 – Hospital Inpatient Services (SF 10-18)****Line 1 – Medi-Cal Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05, Hospital Inpatient Services (SF 10-18) to regular Medi-Cal beneficiaries is equal to the sum of Column 3 of MH 1960\_HOSP\_05 and Column 3 of the MH 1960\_PHYS\_05.

**Line 2 – Medi-Cal SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 3 – Medi-Cal Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05, Hospital Inpatient Services (SF 10-18) to regular Medi-Cal beneficiaries is equal to the sum of Column 2, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 4 – Medi-Cal Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 4 is equal to Line 1. Otherwise Line 4 is equal to Line 3. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 5 Enhanced Non CHIP (Children) Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 5, Line 81 of MH 1960\_HOSP\_05 and Column 5, Line 81 of the MH 1960\_PHYS\_05.

**Line 6 – Enhanced Non CHIP (Children) SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 7– Enhanced Non CHIP (Children) Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 4, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 8 – Enhanced Non CHIP (Children) Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 8 is equal to Line 5. Otherwise Line 8 is equal to Line 7. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 9 - Enhanced SD/MC (Children) Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 7, Line 81 of MH 1960\_HOSP\_05 and Column 7, Line 81 of the MH 1960\_PHYS\_05.

**Line 10 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 11– Enhanced SD/MC (Children) Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 6, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 12 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 12 is equal to Line 9. Otherwise Line 12 is equal to Line 11. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 13 – Enhanced SD/MC (Children) Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 9, Line 81 of MH 1960\_HOSP\_05 and Column 9, Line 81 of the MH 1960\_PHYS\_05.

**Line 14 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 15 – Enhanced SD/MC (Children) Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 8, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 16 is equal to Line 13. Otherwise Line 16 is equal to Line 15. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 17 - Enhanced SD/MC (BCCTP) Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in BCCTP enhanced aid codes is equal to the sum of Column 11, Line 81 of MH 1960\_HOSP\_05 and Column 11, Line 81 of the MH 1960\_PHYS\_05.

**Line 18 – Enhanced SD/MC (BCCTP) SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 19– Enhanced SD/MC (BCCTP) Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 10, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 20 – Enhanced SD/MC (BCCTP) Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 20 is equal to Line 17. Otherwise Line 20 is equal to Line 19. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 21 Enhanced SD/MC (Pregnancy) Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries who received pregnancy related services is equal to the sum of Column 13, Line 81 of MH 1960\_HOSP\_05 and Column 13, Line 81 of the MH 1960\_PHYS\_05.

**Line 22 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 23– Enhanced SD/MC (Pregnancy) Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to who received pregnancy related services is equal to the sum of Column 12, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 24 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 24 is equal to Line 21. Otherwise Line 24 is equal to Line 23. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 25 - Affordable Care Act Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is equal to the sum of Column 21, Line 81 of MH 1960\_HOSP\_05 and Column 21, Line 81 of the MH 1960\_PHYS\_05.

**Line 26 – Affordable Care Act SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 27– Affordable Care Act Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled Affordable Care Act Optional Expansion aid codes is equal to the sum of Column 20, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 28 – Affordable Care Act Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 28 is equal to Line 25. Otherwise Line 28 is equal to Line 27. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 29 State Funded Beneficiaries Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is equal to the sum of Column 23, Line 81 of MH 1960\_HOSP\_05 and Column 23, Line 81 of the MH 1960\_PHYS\_05.

**Line 30 – State Funded Beneficiaries) SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 31– State Funded Beneficiaries Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled State Only Medi-Cal for all Children (SB 75) and the Young

Adult Expansion programs is equal to the sum of Column 22, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 32 – State Funded Beneficiaries Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 32 is equal to Line 29. Otherwise Line 32 is equal to Line 31. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 33 Enhanced SD/MC (Refugees) Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 15, Line 81 of MH 1960\_HOSP\_05 and Column 15, Line 81 of the MH 1960\_PHYS\_05.

**Line 34 – Enhanced SD/MC (Refugees) SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 35– Enhanced SD/MC (Refugees) Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled Enhanced SD/MC Refugee aid codes is equal to the sum of Column 14, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 36 – Enhanced SD/MC (Refugees) Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 36 is equal to Line 33. Otherwise Line 36 is equal to Line 35. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 37 Medi-Cal Access Program Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 17, Line 81 of MH 1960\_HOSP\_05 and Column 17, Line 81 of the MH 1960\_PHYS\_05.

**Line 38 Medi-Cal Access Program SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 39– Medi-Cal Access Program Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 16, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 40 – Medi-Cal Access Program Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays "COSTS", Line 40 is equal to Line 37. Otherwise Line 40 is equal to Line 39. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 41 – Medi-Cal Access Program Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 19, Line 81 of MH 1960\_HOSP\_05 and Column 19, Line 81 of the MH 1960\_PHYS\_05.

**Line 42 – Medi-Cal Access Program SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 43 – Medi-Cal Access Program Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 18, Lines 16-29 of the MH1960\_HOSP\_05 multiplied by Column E, Line 1 on MH\_1901\_Schedule\_A.

**Line 44 – Medi-Cal Access Program Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays "COSTS", Line 44 is equal to Line 41. Otherwise Line 44 is equal to Line 43. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 46 - Medi-Cal Access Program Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 46 is equal to the sum of Column E when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 47 – Enhanced Non CHIP (Children) Revenue (7/01/20 - 06/30/21)**

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 47 is equal to the sum of Column H when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 48 – Enhanced SD/MC (Children) Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 48 is equal to the sum of Column J when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 49 – Enhanced SD/MC (Children) Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 49 is equal to the sum of Column L when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 50 – Enhanced SD/MC (BCCTP) Revenue (7/01/20 - 06/30/21)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 50 is equal to the sum of Column N when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 51 – Enhanced SD/MC (Pregnancy) Revenue (7/01/20 - 06/30/21)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 51 is equal to the sum of Column P when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 52 – Enhanced SD/MC (Refugee) Revenue (7/01/20 - 06/30/21)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 52 is equal to the sum of Column R when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 53 – Affordable Care Act (ACA) Revenue 90% (7/01/20 - 06/30/21)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1901 Schedule B. Line 53 is equal to the sum of Column T when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 54 – State Funded Beneficiaries Revenue (7/01/20 - 06/30/21)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to State Funded beneficiaries is automatically populated from the MH 1901 Schedule B. Line 54 is equal to the sum of Column Z when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 55 – Medi-Cal Access Program Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is

automatically populated from the MH 1901 Schedule B. Line 55 is equal to the sum of Column V when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 56 - Medi-Cal Access Program Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 56 is equal to the sum of Column X when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Column F: Mode 05 – Hospital Inpatient Administration (SF 19)**

**Line 1 – Medi-Cal Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05, Hospital Inpatient Administration (SF 19) to regular Medi-Cal beneficiaries is equal to the sum of Column 3 of MH 1960\_HOSP\_05\_Admin and Column 3 of the MH 1960\_PHYS\_05\_Admin.

**Line 2 – Medi-Cal SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 1 of MH 1991.

**Line 3 – Medi-Cal Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05, Hospital Inpatient Administration (SF 19) to regular Medi-Cal beneficiaries is equal to the sum of Column 2, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 4 – Medi-Cal Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 4 is equal to Line 1. If Cell I7 displays “SMA”, Line 4 is equal to Line 2. Otherwise Line 4 is equal to Line 3.

**Line 5 - Enhanced Non CHIP (Children) Costs (7/01/20 - 06/30/21)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 15, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 15, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 6 – Enhanced Non CHIP (Children) SMA Upper Limits (7/01/20 - 06/30/21)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 2 of MH 1991.

**Line 7 – Enhanced Non CHIP (Children) Published Charges (7/01/20 - 06/30/21)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to



the sum of Column 4, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 8 – Enhanced Non CHIP (Children) Gross Reimbursement (7/01/20 - 06/30/21)**

No entry. If Cell I7 displays “COSTS”, Line 8 is equal to Line 5. If Cell I7 displays “SMA”, Line 8 is equal to Line 6. Otherwise Line 8 is equal to Line 7.

**Line 9 - Enhanced SD/MC (Children) Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 21, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 21, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 10 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 3 of MH 1991.

**Line 11– Enhanced SD/MC (Children) Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 6, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 12– Enhanced SD/MC (Children) Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 12 is equal to Line 9. If Cell I7 displays “SMA”, Line 12 is equal to Line 10. Otherwise Line 12 is equal to Line 11.

**Line 13 – Enhanced SD/MC (Children) Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 27, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 27, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 14 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 4 of MH 1991.

**Line 15 – Enhanced SD/MC (Children) Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 8, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays "COSTS", Line 16 is equal to Line 13. If Cell I7 displays "SMA", Line 16 is equal to Line 14. Otherwise Line 16 is equal to Line 15.

**Line 17 - Enhanced SD/MC (BCCTP) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in BCCTP enhanced aid codes is equal to the sum of Column 11, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 11, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 18 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 5 of MH 1991.

**Line 19– Enhanced SD/MC (BCCTP) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 10, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 20 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays "COSTS", Line 20 is equal to Line 17. If Cell I7 displays "SMA", Line 20 is equal to Line 18. Otherwise Line 20 is equal to Line 19.

**Line 21 - Enhanced SD/MC (Pregnancy) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries who received pregnancy related services is equal to the sum of Column 13, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 13, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 22 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 6 of MH 1991.

**Line 23– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to who received pregnancy related services is equal to the sum of Column 12, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 24 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays "COSTS", Line 24 is equal to Line 21. If Cell I7 displays "SMA", Line 24 is equal to Line 22. Otherwise Line 24 is equal to Line 23.

**Line 25 - Affordable Care Act Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is equal to the sum

of Column 21, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 21, Line 81 of the MH 1960\_PHYS\_05-Admin.

**Line 26 – Affordable Care Act SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 7 of MH 1991.

**Line 27– Affordable Care Act Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled Affordable Care Act Optional Expansion aid codes is equal to the sum of Column 20, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 28 – Affordable Care Act Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 28 is equal to Line 25. If Cell I7 displays “SMA”, Line 28 is equal to Line 26. Otherwise Line 28 is equal to Line 27.

**Line 29- State Funded Beneficiaries Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is equal to the sum of Column 23, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 23, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 30 – State Funded Beneficiaries) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 8 of MH 1991.

**Line 31–State Funded Beneficiaries Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is equal to the sum of Column 22, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 32 – State Funded Beneficiaries Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 32 is equal to Line 29. If Cell I7 displays “SMA”, Line 32 is equal to Line 30. Otherwise Line 32 is equal to Line 31.

**Line 33 - Enhanced SD/MC (Refugees) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 15, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 15, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 34 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 9 of MH 1991.

**Line 35– Enhanced SD/MC (Refugees) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled Enhanced SD/MC Refugee aid codes is equal to the sum of Column 14, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 36 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 36 is equal to Line 33. If Cell I7 displays “SMA”, Line 36 is equal to Line 34. Otherwise Line 36 is equal to Line 35.

**Line 37 - Medi-Cal Access Program Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 17, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 17, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 38 - Medi-Cal Access Program SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 10 of MH 1991.

**Line 39– Medi-Cal Access Program Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 16, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 40 – Medi-Cal Access Program Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 40 is equal to Line 37. If Cell I7 displays “SMA”, Line 40 is equal to Line 38. Otherwise Line 40 is equal to Line 39.

**Line 41 – Medi-Cal Access Program Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 19, Line 81 of MH 1960\_HOSP\_05\_Admin and Column 19, Line 81 of the MH 1960\_PHYS\_05\_Admin.

**Line 42 – Medi-Cal Access Program SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 11 of MH 1991.

**Line 43 – Medi-Cal Access Program Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to the sum of Column 18, Lines 16-29 of the MH1960\_HOSP\_05\_ADMIN multiplied by Column E, Line 2 on MH\_1901\_Schedule\_A.

**Line 44 – Medi-Cal Access Program Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 44 is equal to Line 41. If Cell I7 displays “SMA”, Line 44 is equal to Line 42. Otherwise Line 44 is equal to Line 43.

**Line 46 - Medi-Cal Access Program Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 46 is equal to the sum of Column E when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 47 – Enhanced Non CHIP (Children) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 47 is equal to the sum of Column H when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 48 – Enhanced SD/MC (Children) Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 48 is equal to the sum of Column J when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 49 – Enhanced SD/MC (Children) Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 49 is equal to the sum of Column L when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 50 – Enhanced SD/MC (BCCTP) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 50 is equal to the sum of Column N when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 51 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is

automatically populated from the MH 1901 Schedule B. Line 51 is equal to the sum of Column P when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 52 – Enhanced SD/MC (Refugee) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 52 is equal to the sum of Column R when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 53 – Affordable Care Act (ACA) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1901 Schedule B. Line 53 is equal to the sum of Column T when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 54 – State Funded Beneficiaries Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Medi-Cal through the Medi-Cal for All Children and Young Adult Expansion programs is automatically populated from the MH 1901 Schedule B. Line 54 is equal to the sum of Column Z when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 55– Medi-Cal Access Program Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 55 is equal to the sum of Column AY when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Line 56 - Medi-Cal Access Program Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 56 is equal to the sum of Column BE when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

**Column G: Total Mode 05 – Hospital Inpatient Services**

**Lines 1 – 56:** No entry. Lines 1 through 56 are equal to the sum of Columns E and F.

**Column H: Mode 05 – Other 24-Hour Services**

**Line 1 – Medi-Cal Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05, Other 24-Hour Services to regular Medi-Cal beneficiaries is equal to Column A, Line 18 of MH 1966\_MODE5\_(OTHR).

**Line 2 – Medi-Cal SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 3 – Medi-Cal Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05, Other 24-Hour Services to regular Medi-Cal beneficiaries is equal to Column A, Line 19 of MH 1966\_MODE5\_(OTHR).

**Line 4 – Medi-Cal Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 4 is equal to Line 1. Otherwise Line 4 is equal to Line 3. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 5 - Enhanced Non CHIP (Children) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to Column A, Line 19 of MH 1966\_MODE5\_(OTHR).

**Line 6 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 7– Enhanced Non CHIP (Children) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Non CHIP enhanced aid codes is equal to Column A, Line 20 of MH 1966\_MODE5\_(OTHR).

**Line 8 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 8 is equal to Line 5. Otherwise Line 8 is equal to Line 7. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 9 - Enhanced SD/MC (Children) Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to Column A, Line 22 of MH 1966\_MODE5\_(OTHR).

**Line 10 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 11 – Enhanced SD/MC (Children) Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to Column A, Line 23 of MH 1966\_MODE5\_(OTHR).

**Line 12 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 12 is equal to Line 9. Otherwise Line 12 is equal to Line 11. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 13 – Enhanced SD/MC (Children) Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to Column A, Line 24 of MH 1966\_MODE5\_(OTHR).

**Line 14 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 15 – Enhanced SD/MC (Children) Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to Column A, Line 25 of MH 1966\_MODE5\_(OTHR).

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 16 is equal to Line 13. Otherwise Line 16 is equal to Line 15. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 17 - Enhanced SD/MC (BCCTP) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is equal to Column A, Line 26 of MH 1966\_MODE5\_(OTHR).

**Line 18 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 19– Enhanced SD/MC (BCCTP) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is equal to Column A, Line 27 of MH 1966\_MODE5\_(OTHR).

**Line 20 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 20 is equal to Line 17. Otherwise Line 20 is equal to Line 19. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 21 - Enhanced SD/MC (Pregnancy) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is equal to Column A, Line 28 of MH 1966\_MODE5\_(OTHR).

**Line 22 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.



**Line 23– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is equal to Column A, Line 29 of MH 1966\_MODE5\_(OTHR).

**Line 24 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 24 is equal to Line 23. Otherwise Line 24 is equal to Line 23. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 25 - Affordable Care Act Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is equal to Column A, Line 32 of MH 1966\_MODE5\_(OTHR).

**Line 26 – Affordable Care Act SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 27– Affordable Care Act Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is equal to Column A, Line 33 of MH 1966\_MODE5\_(OTHR).

**Line 28 – Affordable Care Act Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 28 is equal to Line 25. Otherwise Line 28 is equal to Line 27. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 29 - State Funded Beneficiaries Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in State Only Medi-Cal for All Children or Young Adult Expansion Programs is equal to Column A, Line 34 of MH 1966\_MODE5\_(OTHR).

**Line 30 – State Funded Beneficiaries SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 31– State Funded Beneficiaries Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is automatically populated from the MH 1966\_MODE5\_(OTHR), Column A, Line 35.

**Line 32 – State Funded Beneficiaries Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays "COSTS", Line 32 is equal to Line 29. Otherwise Line 32 is equal to Line 31. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 33 - Enhanced SD/MC (Refugees) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Refugees) aid codes is equal to Column A, Line 30 of MH 1966\_MODE5\_(OTHR).

**Line 34 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 35– Enhanced SD/MC (Refugees) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Enhanced SD/MC (Refugees) aid codes is equal to Column A, Line 31 of MH 1966\_MODE5\_(OTHR).

**Line 36 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays "COSTS", Line 36 is equal to Line 33. Otherwise Line 36 is equal to Line 35. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 37 - Medi-Cal Access Program Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to Column A, Line 36 of MH 1966\_MODE5\_(OTHR).

**Line 38 - Medi-Cal Access Program SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 39– Medi-Cal Access Program Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to Column A, Line 37 of MH 1966\_MODE5\_(OTHR).

**Line 40 – Medi-Cal Access Program Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays "COSTS", Line 40 is equal to Line 37. Otherwise Line 40 is equal to Line 39. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 41 – Medi-Cal Access Program Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to Column A, Line 38 of MH 1966\_MODE5\_(OTHR).

**Line 42 – Medi-Cal Access Program SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

**Line 43 – Medi-Cal Access Program Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges of providing Mode 05 – Other 24-Hour Services to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to Column A, Line 39 of MH 1966\_MODE5\_(OTHR).

**Line 44 – Medi-Cal Access Program Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 44 is equal to Line 41. Otherwise Line 44 is equal to Line 43. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 46 - Medi-Cal Access Program Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 46 is equal to the sum of Column E when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 47 – Enhanced Non CHIP (Children) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 47 is equal to the sum of Column H when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 48 – Enhanced SD/MC (Children) Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 48 is equal to the sum of Column J when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 49 – Enhanced SD/MC (Children) Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 49 is equal to the sum of Column L when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 50 – Enhanced SD/MC (BCCTP) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 50 is equal to the sum of Column N when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 51 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 51 is equal to the sum of Column AO when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 52 – Enhanced SD/MC (Refugee) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 52 is equal to the sum of Column R when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 53 – Affordable Care Act (ACA) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1901 Schedule B. Line 53 is equal to the sum of Column T when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 54– State Funded Beneficiaries Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to State Funded beneficiaries is automatically populated from the MH 1901 Schedule B. Line 54 is equal to the sum of Column Z when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 55 – Medi-Cal Access Program Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 55 is equal to the sum of

Column V when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Line 56 - Medi-Cal Access Program Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 56 is equal to the sum of Column X when Column B (Mode) equals 05 and Column C (Service Function) equals 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79.

**Column I: Mode 10 – Day Services**

**Line 1 – Medi-Cal Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to regular Medi-Cal beneficiaries is equal to the sum of Column 3, Line 81 of MH 1960\_HOSP\_10; Column 3, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 18, of the MH 1966\_Mode10

**Line 2 – Medi-Cal SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 3 – Medi-Cal Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services to regular Medi-Cal beneficiaries is automatically populated from the MH 1966\_Mode10, Column C Line 19.

**Line 4 – Medi-Cal Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 4 is equal to Line 1. Otherwise Line 4 is equal to Line 3. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 5 - Enhanced Non CHIP (Children) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is equal to the sum of Column 15, Line 81 of MH 1960\_HOSP\_10; Column 15, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 20, of the MH 1966\_Mode10

**Line 6 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 7 – Enhanced Non CHIP (Children) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 21.

**Line 8 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 8 is equal to Line 5. Otherwise Line 8 is equal to Line 7. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 9 Enhanced SD/MC (Children) Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 21, Line 81 of MH 1960\_HOSP\_10; Column 21, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 22, of the MH 1966\_Mode10

**Line 10 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 11– Enhanced SD/MC (Children) Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 23.

**Line 12 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 12 is equal to Line 9. Otherwise Line 12 is equal to Line 11. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 13 – Enhanced SD/MC (Children) Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 27, Line 81 of MH 1960\_HOSP\_10; Column 27, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 24, of the MH 1966\_Mode10

**Line 14 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 15 – Enhanced SD/MC (Children) Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 25.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 16 is equal to Line 13. Otherwise Line 16 is equal to Line 15. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 17 Enhanced SD/MC (BCCTP) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is equal to the sum of Column 29, Line 81 of MH

1960\_HOSP\_10; Column 29, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 26, of the MH 1966\_Mode10

**Line 18 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 19– Enhanced SD/MC (BCCTP) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 27.

**Line 20 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 20 is equal to Line 17. Otherwise Line 20 is equal to Line 19. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 21 Enhanced SD/MC (Pregnancy) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is equal to the sum of Column 35, Line 81 of MH 1960\_HOSP\_10; Column 35, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 28, of the MH 1966\_Mode10

**Line 22 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 23– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 29.

**Line 24 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 24 is equal to Line 21. Otherwise Line 24 is equal to Line 23. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 25 Affordable Care Act Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is equal to the sum of Column 53, Line 81 of MH 1960\_HOSP\_10; Column 53, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 32, of the MH 1966\_Mode10

**Line 26 – Affordable Care Act SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 27– Affordable Care Act Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 33.

**Line 28 – Affordable Care Act Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 28 is equal to Line 25. Otherwise Line 28 is equal to Line 27. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 29 State Funded Beneficiaries) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Medi-Cal through State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is equal to the sum of Column 59, Line 81 of MH 1960\_HOSP\_10; Column 59, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 34, of the MH 1966\_Mode10

**Line 30 – State Funded Beneficiaries SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 31– State Funded Beneficiaries Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Medi-Cal through State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is automatically populated from the MH 1966\_Mode10, Column C Line 35.

**Line 32 – State Funded Beneficiaries Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 32 is equal to Line 29. Otherwise Line 32 is equal to Line 31. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 33 Enhanced SD/MC (Refugees) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 41, Line 81 of MH 1960\_HOSP\_10; Column 41, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 30, of the MH 1966\_Mode10

**Line 34 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 35– Enhanced SD/MC (Refugees) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Enhanced SD/MC (Refugees) aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 31.



**Line 36 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 36 is equal to Line 33. Otherwise Line 36 is equal to Line 35. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 37 Medi-Cal Access Program Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 45, Line 81 of MH 1960\_HOSP\_10; Column 45, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 36, of the MH 1966\_Mode10

**Line 38 Medi-Cal Access Program SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 39– Medi-Cal Access Program Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 37.

**Line 40 – Medi-Cal Access Program Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 40 is equal to Line 37. Otherwise Line 40 is equal to Line 39. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 41 – Medi-Cal Access Program Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 51, Line 81 of MH 1960\_HOSP\_10; Column 51, Line 81 of the MH 1960\_PHYS\_10; and Column A, Line 38, of the MH 1966\_Mode10

**Line 42 – Medi-Cal Access Program SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

**Line 43 – Medi-Cal Access Program Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 10, Day Services provided to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 39.

**Line 44 – Medi-Cal Access Program Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 44 is equal to Line 41. Otherwise Line 44 is equal to Line 43. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 46 - Medi-Cal Access Program Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 46 is equal to the sum of Column E when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 47 – Enhanced Non CHIP (Children) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 47 is equal to the sum of Column H when Column B (Mode) equals 10.

**Line 48 – Enhanced SD/MC (Children) Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 48 is equal to the sum of Column J when Column B (Mode) equals 10.

**Line 49 – Enhanced SD/MC (Children) Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 49 is equal to the sum of Column L when Column B (Mode) equals 10.

**Line 50 – Enhanced SD/MC (BCCTP) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 50 is equal to the sum of Column N when Column B (Mode) equals 10.

**Line 51 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 51 is equal to the sum of Column P when Column B (Mode) equals 10.

**Line 52 – Enhanced SD/MC (Refugee) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 52 is equal to the sum of Column R when Column B (Mode) equals 10.

**Line 53 – Affordable Care Act (ACA) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1901 Schedule B. Line 53 is equal to the sum of Column T when Column B (Mode) equals 10.

**Line 54 – State Funded Beneficiaries Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Medi-Cal through the Medi-Cal for All Children and Young Adult Expansion programs is automatically populated from the MH 1901 Schedule B. Line 54 is equal to the sum of Column Z when Column B (Mode) equals 10.

**Line 55 – Medi-Cal Access Program Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 55 is equal to the sum of Column V when Column B (Mode) equals 10.

**Line 56 Medi-Cal Access Program Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 10, Day Services to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 56 is equal to the sum of Column X when Column B (Mode) equals 10.

**Column J: Mode 15 – Outpatient Services (Program 1)**

**Line 1 – Medi-Cal Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to regular Medi-Cal beneficiaries is equal to the sum of Column 3, Line 81 of MH 1960\_HOSP\_15; Column 3, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 18, of the MH 1966\_Mode15(1).

**Line 2 – Medi-Cal SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 3 – Medi-Cal Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966\_Mode15(1), Column C Line 19.

**Line 4 – Medi-Cal Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays "COSTS", Line 4 is equal to Line 1. Otherwise Line 4 is equal to Line 3. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 5 - Enhanced Non CHIP (Children) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is equal to the sum of Column 15, Line 81 of MH 1960\_HOSP\_15; Column 15, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 20, of the MH 1966\_Mode15(1)

**Line 6 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 7– Enhanced Non CHIP (Children) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 21.

**Line 8 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 8 is equal to Line 5. Otherwise Line 8 is equal to Line 7. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 9 - Enhanced SD/MC (Children) Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 21, Line 81 of MH 1960\_HOSP\_15; Column 21, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 22, of the MH 1966\_Mode15(1).

**Line 10 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 11 – Enhanced SD/MC (Children) Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 23.

**Line 12 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 12 is equal to Line 9. Otherwise Line 12 is equal to Line 11. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 13 – Enhanced SD/MC (Children) Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to the sum of Column 27, Line 81 of MH 1960\_HOSP\_15; Column 27, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 24, of the MH 1966\_Mode15(1).

**Line 14 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 15 – Enhanced SD/MC (Children) Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 25.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 16 is equal to Line 13. Otherwise Line 16 is equal to Line 15. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 17 - Enhanced SD/MC (BCCTP) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is equal to the sum of Column 29, Line 81 of MH 1960\_HOSP\_15; Column 29, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 26, of the MH 1966\_Mode15(1).

**Line 18 - Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 19– Enhanced SD/MC (BCCTP) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 27.

**Line 20 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 20 is equal to Line 17. Otherwise Line 20 is equal to Line 19. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 21 - Enhanced SD/MC (Pregnancy) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is equal to the sum of Column 35, Line 81 of MH 1960\_HOSP\_15; Column 35, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 28, of the MH 1966\_Mode15(1)

**Line 22 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 23– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 29.

**Line 24 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 24 is equal to Line 21. Otherwise Line 24 is equal to Line 23. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 25 - Affordable Care Act Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is equal to the sum of Column 53, Line 81 of MH 1960\_HOSP\_15; Column 53, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 32, of the MH 1966\_Mode15(1).

**Line 26 – Affordable Care Act SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 27– Affordable Care Act Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 33.

**Line 28 – Affordable Care Act Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 28 is equal to Line 25. Otherwise Line 28 is equal to Line 27. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 29 - State Funded Beneficiaries Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Medi-Cal through State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is equal to the sum of Column 59, Line 81 of MH 1960\_HOSP\_15; Column 59, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 34, of the MH 1966\_Mode15 (1).

**Line 30 – State Funded Beneficiaries SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 31– State funded Beneficiaries Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Medi-Cal through State Only Medi-Cal for all Children (SB 75) and the Young Adult Expansion programs is automatically populated from the MH 1966\_Mode15(1), Column C Line 35.

**Line 32 – State Funded Beneficiaries Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 32 is equal to Line 29. Otherwise Line 32 is equal to Line 31. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 33 - Enhanced SD/MC (Refugees) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 41, Line 81 of MH 1960\_HOSP\_15; Column 41, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 30, of the MH 1966\_Mode15(1).

**Line 34 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 35 – Enhanced SD/MC (Refugees) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Enhanced SD/MC (Refugees) aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 31.

**Line 36 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 36 is equal to Line 33. Otherwise Line 36 is equal to Line 35. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 37 - Medi-Cal Access Program Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 45, Line 81 of MH 1960\_HOSP\_15; Column 45, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 36, of the MH 1966\_Mode15(1).

**Line 38 - Medi-Cal Access Program SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 39 – Medi-Cal Access Program Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1966\_Mode10, Column C Line 37.

**Line 40 – Medi-Cal Access Program Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. If Cell I7 displays “COSTS”, Line 40 is equal to Line 37. Otherwise Line 40 is equal to Line 39. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1)

**Line 41 – Medi-Cal Access Program Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to the sum of Column 51, Line 81 of MH 1960\_HOSP\_15; Column 51, Line 81 of the MH 1960\_PHYS\_15; and Column A, Line 38, of the MH 1966\_Mode15(1).

**Line 42 – Medi-Cal Access Program SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

**Line 43 – Medi-Cal Access Program Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) provided to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1966\_Mode15(1), Column C Line 39.

**Line 44 – Medi-Cal Access Program Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. If Cell I7 displays “COSTS”, Line 44 is equal to Line 41. Otherwise Line 44 is equal to Line 43. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

**Line 45 – SD/MC & Medi-Medi Crossover Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in regular SD/MC aid codes, including beneficiaries dually eligible for Medicare and Medi-Cal, is automatically populated from the MH 1901 Schedule B. Line 45 is equal to the sum of Column G when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 46 - Medi-Cal Access Program Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 46 is equal to the sum of Column E when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 47 – Enhanced Non CHIP (Children) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 47 is equal to the sum of Column H when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 48 – Enhanced SD/MC (Children) Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 48 is equal to the sum of Column J when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 49 – Enhanced SD/MC (Children) Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 49 is equal to the sum of Column L when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 50 – Enhanced SD/MC (BCCTP) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 50 is equal to the sum of Column N when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.



**Line 51 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 51 is equal to the sum of Column P when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 52 – Enhanced SD/MC (Refugee) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 52 is equal to the sum of Column R when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 53 – Affordable Care Act (ACA) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1901 Schedule B. Line 53 is equal to the sum of Column T when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 54 – State Funded Beneficiaries Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Medi-Cal through the Medi-Cal for All Children and Young Adult Expansion programs is automatically populated from the MH 1901 Schedule B. Line 54 is equal to the sum of Column Z when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 55 – Medi-Cal Access Program Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 55 is equal to the sum of Column V when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Line 56 Medi-Cal Access Program Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 56 is equal to the sum of Column X when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

**Column K: Mode 15 – Total Outpatient Excluding (Program 2)**

**Lines 1 – 56:** No entry. Lines 1 through 55 are equal to the sum of columns H, I, and J.

**Column L: Mode 15 – Outpatient Services (Program 2)**

**Line 1 – Medi-Cal Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to regular Medi-Cal beneficiaries is equal to Column A, Line 18, of the MH 1966\_Mode15(2).

**Line 2 – Medi-Cal SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 3 – Medi-Cal Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966\_Mode15(2), Column A Line 19.

**Line 4 – Medi-Cal Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. Line 4 is equal to Line 1. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 5 - Enhanced Non CHIP (Children) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is equal to Column A, Line 20, of the MH 1966\_Mode15(2)

**Line 6 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 7 – Enhanced Non CHIP (Children) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 21.

**Line 8 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. Line 8 is equal to Line 5. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 9 - Enhanced SD/MC (Children) Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to Column A, Line 22, of the MH 1966\_Mode15(2).

**Line 10 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 11 – Enhanced SD/MC (Children) Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 23.

**Line 12 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. Line 12 is equal to Line 9. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 13 – Enhanced SD/MC (Children) Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is equal to Column A, Line 24, of the MH 1966\_Mode15(2).

**Line 14 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 15 – Enhanced SD/MC (Children) Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 25.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. Line 16 is equal to Line 13. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 17 - Enhanced SD/MC (BCCTP) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is equal to Column A, Line 26, of the MH 1966\_Mode15(2).

**Line 18 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 19– Enhanced SD/MC (BCCTP) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Enhanced SD/MC (BCCTP) aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 27.

**Line 20 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. Line 20 is equal to Line 17. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 21 Enhanced SD/MC (Pregnancy) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is equal to Column A, Line 28, of the MH 1966\_Mode15(2)

**Line 22 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 23– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Enhanced SD/MC (Pregnancy) aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 29.

**Line 24 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. Line 24 is equal to Line 21. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 25 - Affordable Care Act Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is equal to Column A, Line 32, of the MH 1966\_Mode15(2).

**Line 26 – Affordable Care Act SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 27 – Affordable Care Act Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 33.

**Line 28 – Affordable Care Act Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. Line 28 is equal to Line 25. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 29 - State Funded Beneficiaries) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to State Funded beneficiaries is equal to Column A, Line 34, of the MH 1966\_Mode15(2).

**Line 30 – State Funded Beneficiaries SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 31 – State Funded Beneficiaries Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to State Funded beneficiaries is automatically populated from the MH 1966\_Mode15(2), Column A Line 35.

**Line 32 – State Funded Beneficiaries Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. Line 32 is equal to Line 29. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 33 - Enhanced SD/MC (Refugees) Costs (07/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to Column A, Line 30, of the MH 1966\_Mode15(2).

**Line 34 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 35– Enhanced SD/MC (Refugees) Published Charges (07/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Enhanced SD/MC (Refugees) aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 31.

**Line 36 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2020 – 06/30/2021)**

No entry. Line 36 is equal to Line 33. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 37 - Medi-Cal Access Program Costs (07/01/2020 – 09/30/2020)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to Column A, Line 36, of the MH 1966\_Mode15(2).

**Line 38 - Medi-Cal Access Program SMA Upper Limits (07/01/2020 – 09/30/2020)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 39 – Medi-Cal Access Program Published Charges (07/01/2020 – 09/30/2020)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1966\_Mode15(2), Column A, Line 37.

**Line 40 – Medi-Cal Access Program Gross Reimbursement (07/01/2020 – 09/30/2020)**

No entry. Line 40 is equal to Line 37. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 41 – Medi-Cal Access Program Costs (10/01/2020 – 06/30/2021)**

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC Refugee aid codes is equal to Column A, Line 38, of the MH 1966\_Mode15(2).

**Line 42 – Medi-Cal Access Program SMA Upper Limits (10/01/2020 – 06/30/2021)**

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

**Line 43 – Medi-Cal Access Program Published Charges (10/01/2020 – 06/30/2021)**

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) provided to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1966\_Mode15(2), Column A Line 39.

**Line 44 – Medi-Cal Access Program Gross Reimbursement (10/01/2020 – 06/30/2021)**

No entry. Line 44 is equal to Line 41. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

**Line 46 - Medi-Cal Access Program Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 46 is equal to the sum of Column E when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

**Line 47 – Enhanced Non CHIP (Children) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 47 is equal to the sum of Column H when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 48 – Enhanced SD/MC (Children) Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 48 is equal to the sum of Column J when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 49 – Enhanced SD/MC (Children) Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 49 is equal to the sum of Column L when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 50 – Enhanced SD/MC (BCCTP) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 50 is equal to the sum of Column N when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 51 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 51 is equal to the sum of Column P when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 52 – Enhanced SD/MC (Refugee) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 52 is equal to the sum of Column R when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 53 – Affordable Care Act (ACA) Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1901 Schedule B. Line 53 is equal to the sum of Column T when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 54 – State Funded Beneficiaries Revenue (07/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Medi-Cal through the Medi-Cal for All Children and Young Adult Expansion programs is automatically populated from the MH 1901 Schedule B. Line 54 is equal to the sum of Column Z when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 55 – Medi-Cal Access Program Revenue (07/01/2020 – 09/30/2020)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 55 is equal to the sum of Column V when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Line 56 - Medi-Cal Access Program Revenue (10/01/2020 – 06/30/2021)**

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Medi-Cal Access Program aid codes is automatically populated from the MH 1901 Schedule B. Line 56 is equal to the sum of Column X when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

**Column M: Total Outpatient Services**

**Lines 1 – 56:** No entry. Lines 1 through 55 equal the sum of Columns K and L.

**Medi-Cal Administrative Activities (Lines 56-58)**

**Line 57 – Total Expenditures from MAA (Mode 55) (07/01/2020 – 06/30/2021)**

No entry. Line 57 is equal to total expenditures identified in MH 1966, Mode 55, Line 3 for Service Functions 1 through 9 in Column A; Service Functions 11 through 19 and 31 through 39 in Column B; and Service Functions 21 through 29 in Column C automatically populate these fields. The sum of Columns A, B and C are automatically calculated in Column D.

**Line 58 – Medi-Cal Eligibility Factor (Average) (07/01/2020 – 06/30/2021)**

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column D, Line 36.

**Line 59 –SD/MC Net Reimbursement for MAA (07/01/2020 – 06/30/2021)**

No entry. Column A automatically populated by the amount from Line 58. Columns B and C are equal to the product of lines 57 and 58. Column D is equal to the sum of Columns A, B and C.



**MH 1969 INST****Instructions for Lower of Costs or Charges Determination**

The purpose of MH 1969 is to determine if a legal entity qualifies as a Nominal Fee Provider. Before completing the MH 1969, the following questions must be answered.

- Does the legal entity have a published schedule of its full (non-discounted) charges?
- Are the legal entity's revenues for patient care based on application of a published charge schedule?
- Does the legal entity maintain written policies for its process of making patient indigence determinations?
- Does the legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

If the answer to any of the above questions is no, the legal entity DOES NOT qualify as a Nominal Fee Provider and the MH 1969 should not be completed.

**MH 1969 (Optional)****Lower of Costs or Charges Determination**

The legal entity must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether a legal entity is exempt from the Lower of Costs or Charges (LCC) principles. MH 1969 is an optional form and should be completed by legal entities whose charges are lower than costs. If a legal entity answered yes to all four questions on the MH 1969 INST and its Medi-Cal adjusted customary charges are equal to or less than 60 percent of its Medi-Cal costs, the legal entity is exempt from having to include charges in the comparison on MH 1968.

The exemption must be proved separately for Medi-Cal Inpatient Services (Mode 05 – Hospital Inpatient Services) and Medi-Cal Outpatient Services (Mode 05 – Other 24-Hour Services, Mode 10 – Day Services, and Mode 15 – Outpatient Services). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges are calculated using several different methods, all of which result in the same outcome.<sup>1</sup> MH 1969 employs the calculation method applicable to most legal entities. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60 percent of Medi-Cal costs and, if equal to or less, the legal entity is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

**Line 1 – Amount Billed to Medi-Cal (07/01/2020 – 06/30/2021)**

Enter the amount billed to Medi-Cal (through DHCS) for the cost report fiscal year. The amount should be derived from the county's monthly billing records. Enter amount for each mode of service in the appropriate column. The sum of Columns B through D is automatically populated in Column E.

**Line 2 – Non-Medicare/Medi-Cal Patient Revenues (07/01/2020 – 06/30/2021)**

Enter the total patient revenues for the cost report fiscal year billed (not necessarily collected) to non-Medicare patients and non-Medi-Cal patients based on the Uniform Method of Determining Ability to Pay (UMDAP). Billings to patients liable for payment on a charge basis (non-contractual patients) based on the UMDAP should be reported.

Billing to Health Maintenance Organizations (HMOs), County Organized Health Systems (COHSs), Preferred Provider Organizations (PPOs), or Primary Care Case Management (PCCM) should not be included. Line 2, Column A, represents amount billed to patients for Mode 05 – Hospital Inpatient Services and Line 2, Column E, represents amount billed to

<sup>1</sup> See: *Medicare and Medicaid Guide, Commerce Clearing House, ¶7585, August 1989.*

patients for Mode 05 – Other 24-Hour Services, Mode 10 – Day Services, and Mode 15 – Outpatient Services.

**Line 3 – Non-Medicare/Medi-Cal Patient Insurance (07/01/2020 – 06/30/2021)**

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05 – Hospital Inpatient Services and Line 3, Column E, represents patient insurance collected for Mode 05 – Other 24-Hour Services, Mode 10 – Day Services, and Mode 15 – Outpatient Services.

**Line 4 – Subtotal (07/01/2020 – 06/30/2021)**

No entry. This line sums Lines 2 and 3 for Column A (Inpatient) and Column E (Outpatient).

**Line 5 – Non-Medicare/Medi-Cal Published Charges (07/01/2020 – 06/30/2021)**

Non-Medicare/Medi-Cal Published Charges represent the amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the legal entity, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the legal entity's published charge or rate for each service function. These amounts should be aggregated by mode of service and reported in the appropriate Columns on Line 5. The sum of Columns B through D is automatically populated in Column E. Columns A and E represent the legal entity's non-Medicare/Medi-Cal published charges for inpatient and outpatient services.

**Line 6 – Ratio of Actual to Published Charges (07/01/2020 – 06/30/2021)**

No entry. The calculation is Line 4 divided by Line 5 in Column A (Inpatient) and Column E (Outpatient).

**Line 7 – Medi-Cal Adjusted Customary Charges (07/01/2020 – 06/30/2021)**

No entry. The calculation is Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

**Line 8 – Medi-Cal Costs (07/01/2020 – 06/30/2021)**

No entry. The legal entity's total cost for providing Medi-Cal Inpatient and Outpatient services are automatically populated in Columns A and E. These costs are derived from the sum of MH 1968, Lines 1, 5, and 9 Column G and Column K.

**Line 9 – 60 Percent of Medi-Cal Costs (07/01/2020 – 06/30/2021)**

No entry. Columns A and E are automatically calculated by multiplying Line 8 by 60 percent.

If the amount on line 9, Column A (60 percent of Medi-Cal inpatient costs), is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for Mode 05 – Hospital Inpatient Services. If Line 7, Column A, is greater than Line 9, Column A, the legal entity is not exempt from having to apply the

LCC principle for Mode 05 – Hospital Inpatient Services on MH 1968, and must include Medi-Cal Mode 05 – Hospital Inpatient charges in the comparison on MH 1968.

If the amount on Line 9, Column E (60 percent of Medi-Cal outpatient costs), is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for outpatient services. If Line 7, Column E, is greater than Line 9, Column E, the legal entity is not exempt from having to apply the LCC principle for outpatient services on MH 1968, and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

**MH 1979****SD/MC Preliminary Desk Settlement**

The objective of the MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due the mental health plan for all SD/MC services provided by the legal entity.

**SD/MC Other Administrative Reimbursement (County Only) 07/01/2020 – 06/20/2021**

**Line 1 (Column B) – County SD/MC Other Direct Services Gross Reimbursement (Total Inpatient):** No entry. Line 1, Column B is equal to the sum of Column G, Lines 4, 8, 12, 16, 20, 24, 28, 32, and 36 on the MH 1968 when the cost report is completed by a county legal entity. These lines equal the costs eligible for Medi-Cal reimbursement for psychiatric inpatient hospital services provided from 7/1/2020 through 06/30/2021 to beneficiaries enrolled in regular SD/MC aid codes (Lines 4 and 8), Enhanced Non CHIP (Children) aid codes (Line 8), Enhanced SD/MC (BCCTP) aid codes (Line 20), Enhanced SD/MC (Pregnancy) aid codes (Line 24), ACA Optional Expansion aid codes (28), and Enhanced SD/MC (Refugees) aid codes (36).

**Line 1 (Column C) – County SD/MC Other Direct Services Gross Reimbursement (Total Outpatient):** No entry. Line 1, Column C is equal to the sum of Column M, Lines 4, 8, 12, 16, 20, 24, 28, 32, and 36 on the MH 1968 when the cost report is completed by a county legal entity. These lines equal the costs eligible for Medi-Cal reimbursement for outpatient specialty mental health services provided from 7/1/2020 through 06/30/2021 to beneficiaries enrolled in regular SD/MC aid codes (Lines 4 and 8), Enhanced Non CHIP (Children) aid codes (Line 8), Enhanced SD/MC (BCCTP) aid codes (Line 20), Enhanced SD/MC (Pregnancy) aid codes (Line 24), ACA Optional Expansion aid codes (28), and Enhanced SD/MC (Refugees) aid codes (36).

**Line 1 (Column D) – County SD/MC Other Direct Services Gross Reimbursement (Total):** No entry. Line 1, Column D is equal to the sum of Column B and Column C.

**Line 2 (Column B) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Inpatient):** No entry. Line 2, Column B is equal to the amount entered into Cell B25 on the MH 1900\_Info. This line equals the amount the county paid contract providers, including fee-for-services Medi-Cal hospitals that bill through the Fiscal Intermediary and are paid by DHCS, for psychiatric inpatient hospital services provided from July 1, 2020 through June 30, 2021.

**Line 2 (Column C) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Outpatient):** No entry. Line 2, Column C is equal to the amount entered into Cell B26 on the MH 1900\_Info. This line equals the amount the county paid

contract providers for Specialty Mental Health Outpatient Services provided from July 1, 2020 through June 30, 2021.

**Line 2 (Column D) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total):** No entry. Line 2, Column D is equal to the sum of Column B and Column C.

**Line 3 (Column D) – Total Medi-Cal Direct Service Gross Reimbursement (Total):** No entry. Line 3, Column D is equal to the sum of line 1, Column D and Line 2, Column D. Line 3, Column D is the base used to calculate the 30% limit placed upon a county's administrative costs pursuant to Welfare and Institutions Code 14711 (c).

**Line 4 (Column D) – Medi-Cal Administrative Reimbursement Limit (Total):** No entry. Line 4, Column D is equal to Line 3, Column D multiplied by 30%. Line 4, Column D calculates the 15% limit placed upon a county's administrative costs pursuant to Welfare and Institutions Code, Section 14711 (c).

**Line 5 (Column D) – Medi-Cal Administration (Total):** No entry. Line 5, Column D is equal to the sum of Column J, Lines 25 and 31 on the MH 1960. This amount reflects the costs the county incurred to administer the Medi-Cal Specialty Mental Health Services Program, excluding Proposition 30 eligible costs, from July 1, 2020 through June 30, 2021 for beneficiaries enrolled under Title XIX of the Social Security Act.

**Line 6 (Column D) – Proposition 30 Medi-Cal Administration (Total):** No entry. Line 6, Column D is equal to the sum of Column D, Lines 35 and 36 on the MH 1979. This amount reflects the costs the county incurred to administer state and federal requirements implemented after September 30, 2012 from July 1, 2020 through June 30, 2021 for beneficiaries enrolled under Title XIX of the Social Security Act.

**Line 7 (Column D) – Total Medi-Cal Administration (Total):** No entry. Line 7, Column D is equal to the sum of Column D, Lines 5 and 6. The amount reflects the total costs incurred by the county to administer the Medi-Cal Specialty Mental Health Services Program from July 1, 2020 through June 30, 2021 for beneficiaries enrolled under Title XIX of the Social Security Act.

**Line 8 (Column D) – Medi-Cal Administrative Reimbursement (Total):** No entry. Line 8, Column D is equal to Line 4, Column D if Line 4, Column D is less than Line 7, Column D; or is equal to Line 5, Column D if Line 7, Column D is less than Line 4 Column D. This amount reflects county administrative costs, excluding Proposition 30 eligible costs, incurred from July 1, 2020 through June 30, 2021 that are eligible for reimbursement.

**Line 8 (Column E) – Medi-Cal Administrative Reimbursement (50% FFP):** No entry. Line 8, Column E is equal to Line 8, Column D multiplied by 50%. This amount is the total federal

reimbursement due to the county for administrative costs incurred from July 1, 2020 through June 30, 2021.

**Line 8 (Column J) – Medi-Cal Administrative Reimbursement (Total FFP):** No Entry. Line 8, Column J is equal to Line 8, Column E. This amount is the total federal reimbursement due to the county for administrative costs incurred from July 1, 2020 through June 30, 2021.

**SD/MC Enhanced (Children) Administrative Reimbursement (County Only):**  
**07/01/20 - 09/30/20**

**Line 9 (Column B) – County SD/MC Other Direct Services Gross Reimbursement (Total Inpatient):** No entry. Line 9, Column B is equal to the sum of Column G, Line 12 and Column G, Line 40 on the MH 1968 when the cost report is completed by a county legal entity. This line equals the costs eligible for Medi-Cal reimbursement for psychiatric inpatient hospital services provided by county operated hospitals from 7/1/2020 through 09/30/2020 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

**Line 9 (Column C) – County SD/MC Other Direct Services Gross Reimbursement (Total Outpatient):** No entry. Line 9, Column C is equal to the sum of Column M, Line 12 and Column M, Line 40 on the MH 1968 when the cost report is completed by a county legal entity. These lines equal the costs eligible for Medi-Cal reimbursement for outpatient specialty mental health services provided by county operated providers from 7/1/2020 through 09/30/2020 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

**Line 9 (Column D) – County SD/MC Other Direct Services Gross Reimbursement (Total):** No entry. Line 9, Column D is equal to the sum of Column B and Column C.

**Line 10 (Column B) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Inpatient):** No entry. Line 10, Column B is equal to the amount entered into Cell B29 on the MH 1900\_Info. This line equals the amount the county paid contract providers, including fee-for-service Medi-Cal hospitals that bill through the Fiscal Intermediary, for psychiatric inpatient hospital services provided to Enhanced SD/MC (Children) beneficiaries from July 1, 2020 through September 30, 2020.

**Line 10 (Column C) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Outpatient):** No entry. Line 10, Column C is equal to the amount entered into Cell B30 on the MH 1900\_Info. This line equals the amount the county paid contract providers for Specialty Mental Health Outpatient Services provided to Enhanced SD/MC (Children) beneficiaries from July 1, 2020 through September 30, 2020.

**Line 10 (Column D) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total):** No entry. Line 10, Column D is equal to the sum of Column B and Column C.

**Line 11 (Column D) – Total Medi-Cal Direct Service Gross Reimbursement (Total):** No entry. Line 11, Column D is equal to the sum of line 9, Column D and Line 10, Column D. Line 19, Column D is the base used to calculate the 10% limit placed upon a county's administrative costs to provide specialty mental health services to beneficiaries enrolled through Title XXI, pursuant to Title 42, Code of Federal Regulations 457.618.

**Line 12 (Column D) – Medi-Cal Administrative Reimbursement Limit (Total):** No entry. Line 12, Column D is equal to Line 11, Column D multiplied by 10%. Line 12, Column D calculates the 10% limit placed upon a county's administrative costs incurred to implement the Children's Health Insurance Program, pursuant to Title 42, Code of Federal Regulations 457.618.

**Line 13 (Column D) – Medi-Cal Administration (Total):** No entry. Line 13, Column D is equal to Column J, Line 8 on the MH 1960. This amount reflects the costs the county incurred to administer the Children's Health Insurance Program, excluding Proposition 30 eligible costs, from July 1, 2020 through September 30, 2020 for beneficiaries enrolled under Title XXI of the Social Security Act.

**Line 14 (Column D) – Medi-Cal Administrative Reimbursement (Total):** No entry. Line 14, Column D is equal to the lower of Line 12, Column D and Line 13, Column D. This amount reflects county administrative costs incurred from July 1, 2020 through September 30, 2020 that are eligible for reimbursement.

**Line 14 (Column E) – Medi-Cal Administrative Reimbursement (Variable FFP):** No entry. Line 14, Column E is equal to Line 14, Column D multiplied by 80.84%. This amount is the total federal reimbursement due to the county for administrative costs incurred from July 1, 2020 through September 30, 2020 to implement the Children's Health Insurance Program.

**Line 14 (Column J) – Medi-Cal Administrative Reimbursement (Total FFP):** No Entry. Line 14, Column J is equal to Line 14, Column E. This amount is the total federal reimbursement due to the county for administrative costs incurred from July 1, 2020 through September 30, 2020 to implement the Children's Health Insurance Program.

**SD/MC Enhanced (Children) Administrative Reimbursement (County Only):**  
**10/01/20 - 06/30/21**

**Line 15 (Column B) – County SD/MC Other Direct Services Gross Reimbursement (Total Inpatient):** No entry. Line 15, Column B is equal to the sum of Column G, Line 16 and Column G, Line 44 on the MH 1968 when the cost report is completed by a county legal entity. This line equals the costs eligible for Medi-Cal reimbursement for psychiatric inpatient hospital services provided by county operated hospitals from 10/01/2020 through 06/30/2021 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.



**Line 15 (Column C) – County SD/MC Other Direct Services Gross Reimbursement (Total Outpatient):** No entry. Line 15, Column C is equal to the sum of Column M, Line 16 and Column M, Line 44 on the MH 1968 when the cost report is completed by a county legal entity. These lines equal the costs eligible for Medi-Cal reimbursement for outpatient specialty mental health services provided by county operated providers from 10/01/2020 through 06/30/2021 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

**Line 15 (Column D) – County SD/MC Other Direct Services Gross Reimbursement (Total):** No entry. Line 15, Column D is equal to the sum of Column B and Column C.

**Line 16 (Column B) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Inpatient):** No entry. Line 16, Column B is equal to the amount entered into Cell I29 on the MH 1900\_Info. This line equals the amount the county paid contract providers, including fee-for-service Medi-Cal hospitals that bill through the Fiscal Intermediary, for psychiatric inpatient hospital services provided to Enhanced SD/MC (Children) beneficiaries from October 1, 2020 through June 30, 2021.

**Line 16 (Column C) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Outpatient):** No entry. Line 16, Column C is equal to the amount entered into Cell I30 on the MH 1900\_Info. This line equals the amount the county paid contract providers for Specialty Mental Health Outpatient Services provided to Enhanced SD/MC (Children) beneficiaries from October 1, 2020 through June 30, 2021.

**Line 16 (Column D) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total):** No entry. Line 16, Column D is equal to the sum of Column B and Column C.

**Line 17 (Column D) – Total Medi-Cal Direct Service Gross Reimbursement (Total):** No entry. Line 17, Column D is equal to the sum of line 15, Column D and Line 16, Column D. Line 17, Column D is the base used to calculate the 10% limit placed upon a county's administrative costs to provide specialty mental health services to beneficiaries enrolled through Title XXI, pursuant to Title 42, Code of Federal Regulations 457.618.

**Line 18 (Column D) – Medi-Cal Administrative Reimbursement Limit (Total):** No entry. Line 18, Column D is equal to Line 16, Column D multiplied by 10%. Line 18, Column D calculates the 10% limit placed upon a county's administrative costs incurred to implement the Children's Health Insurance Program, pursuant to Title 42, Code of Federal Regulations 457.618.

**Line 19 (Column D) – Medi-Cal Administration (Total):** No entry. Line 19, Column D is equal to the sum of Column J, Line 38 and Column J, Line 44 on the MH 1960. This amount reflects the costs the county incurred to administer the Children's Health Insurance Program, excluding Proposition 30 eligible costs, from October 1, 2020 through June 30, 2021 for beneficiaries enrolled under Title XXI of the Social Security Act.

**Line 20 (Column D) – Medi-Cal Administrative Reimbursement (Total):** No entry. Line 20, Column D is equal to the lower of Line 18, Column D and Line 19, Column D. This amount reflects county administrative costs incurred from October 1, 2020 through June 30, 2021 that are eligible for reimbursement.

**Line 20 (Column E) – Medi-Cal Administrative Reimbursement (Variable FFP):** No entry. Line 20, Column E is equal to Line 20, Column D multiplied by 69.34%. This amount is the total federal reimbursement due to the county for administrative costs incurred from October 1, 2020 through June 30, 2021 to implement the Children’s Health Insurance Program.

**Line 20 (Column J) – Medi-Cal Administrative Reimbursement (Total FFP):** No Entry. Line 20, Column J is equal to Line 20, Column E. This amount is the total federal reimbursement due to the county for administrative costs incurred from October 1, 2020 through June 30, 2021 to implement the Children’s Health Insurance Program.

**County - Administrative Cost - Proposition 30: 07/01/20 – 06-30-21**

**Line 21 (Column D) - Proposition 30 – State Required:** No entry. Line 21, Column D is equal to the sum of lines 28, 34, and 40, Column J of the MH 1960.

**Line 21 (Column E) - Proposition 30 – State Required:** No entry. Line 21, Column E is equal to Line 21, Column D multiplied by 50%, which is the portion of these administrative costs the federal government reimburses.

**Line 21 (Column J) - Proposition 30 – State Required:** No entry. Line 21, Column J is equal to Line 21, Column E, which is the portion of these administrative costs the federal government reimburses.

**Line 21 (Column K) - Proposition 30 – State Required:** No entry. Line 21, Column K is equal to Line 21, Column D minus Line 35, Column J, which is the portion of these administrative costs that DHCS reimburses.

**Line 22 (Column D) – Proposition 30 – Federally Required:** No entry. Line 22, Column D is equal to the sum of lines 29, 35, and 41, Column J of the MH 1960.

**Line 22 (Column E) - Proposition 30 – Federally Required:** No entry. Line 22, Column E is equal to Line 22, Column D multiplied by 50%, which is the portion of these administrative costs the federal government reimburses.

**Line 22 (Column J) - Proposition 30 – Federally Required:** No entry. Line 22, Column J is equal to Line 22, Column E, which is the portion of these administrative costs the federal government reimburses.

**Line 22 (Column K) - Proposition 30 – Federally Required:** No entry. Line 22, Column K is equal to half of the difference between Line 22, Column D and Line 22, Column J, which is the portion of these administrative costs that DHCS reimburses.

**Utilization Review and Quality Assurance - Proposition 30**

**Line 23 (Column D) - Proposition 30 - Federally Required- SPMP:** No entry. Line 23, Column D is equal to Line 51, Column J on the MH 1960.

**Line 23 (Column G) – Proposition 30 – Federally Required – SPMP:** No entry. Line 23, Column E is equal to Line 23, Column D multiplied by 75%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 23 (Column J) – Proposition 30 – Federally Required – SPMP:** No entry. Line 23, Column J is equal to Line 23, Column E, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 23 (Column K) – Proposition 30 – Federally Required – SPMP:** No entry. Line 23, Column K is equal to Line 23, Column D multiplied by 12.5%, which is the portion of these utilization review and quality assurance costs that the DHCS reimburses.

**Line 24 (Column D) - Proposition 30 - Federally Required- Other:** No entry. Line 24, Column D is equal to Line 52, Column J on the MH 1960.

**Line 24 (Column) E – Proposition 30 – Federally Required – Other:** No entry. Line 24, Column E is equal to Line 24, Column D multiplied by 50%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 24 (Column J) – Proposition 30 – Federally Required – Other:** No entry. Line 24, Column J is equal to Line 24, Column E, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 24 (Column K) – Proposition 30 – Federally Required – Other:** No entry. Line 24, Column K is equal to Line 24, Column D multiplied by 25%, which is the portion of these utilization review and quality assurance costs that the DHCS reimburses.

**Line 25 (Column D) - Proposition 30 - State Required- SPMP:** No entry. Line 25, Column D is equal to Line 53, Column J on the MH 1960.

**Line 25 (Column G) – Proposition 30 – State Required – SPMP:** No entry. Line 25, Column G is equal to Line 25, Column D multiplied by 75%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 25 (Column J) – Proposition 30 – State Required – SPMP:** No entry. Line 25, Column J is equal to Line 25, Column G, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 25 (Column K) – Proposition 30 – State Required – SPMP:** No entry. Line 25, Column K is equal to Line 25, Column D multiplied by 25%, which is the portion of these utilization review and quality assurance costs that the DHCS reimburses.

**Line 26 (Column D) - Proposition 30 - State Required - Other:** No entry. Line 26, Column D is equal to Line 54, Column J on the MH 1960.

**Line 26 (Column E) – Proposition 30 – State Required – Other:** No entry. Line 26, Column E is equal to Line 26, Column D multiplied by 50%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 26 (Column J) – Proposition 30 – State Required – Other:** No entry. Line 26, Column J is equal to Line 26, Column E, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

**Line 26 (Column K) – Proposition 30 – State Required – Other:** No entry. Line 26, Column K is equal to Line 26, Column D multiplied by 50%, which is the portion of these utilization review and quality assurance costs that the DHCS reimburses.

#### **SD/MC Net Reimbursement for MAA**

**Line 27 (Column A) – Medi-Cal Admin. Activities Svc Functions 01-09:** No entry. Line 27, Column A is equal to Column A, Line 151 on the MH 1968.

**Line 27 (Column D) – Medi-Cal Admin. Activities Svc Functions 01-09:** No entry. Line 27, Column D is equal to Line 27, Column A.

**Line 27 (Column E) – Medi-Cal Admin. Activities Svc Functions 01-09:** No entry. Line 27, Column E is equal to Line 27, Column D multiplied by 50%, which is the portion of these costs the federal government reimburses.

**Line 27 (Column I) – Medi-Cal Admin. Activities Svc Functions 01-09:** No entry. Line 27, Column I is equal to Excel cell F72 on MH 1900\_Info. This is the amount Line 27, Column E needs to be reduced because the county did not pay the contract provider the full amount in Line 43, Column D.

**Line 27 (Column J) – Medi-Cal Admin. Activities Svc Functions 01-09:** No entry. Line 27, Column J is equal to Line 27, Column E minus Line 43, Column I.

**Line 28 (Column A) – Medi-Cal Ain. Activities Svc Functions 11-19; 31-39:** No entry. Line 28 is equal to Column B, Line 151 on the MH 1968.

**Line 28 (Column D) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39:** No entry. Line 28, Column D is equal to Line 28, Column A.

**Line 28 (Column E) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39:** No entry. Line 28, Column E is equal to Line 28, Column D multiplied by 50%.

**Line 28 (Column I) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39:** No entry. Line 28, Column I is equal to Excel cell F73 on MH 1900\_Info. This is the amount Line 28, Column E needs to be reduced because the county did not pay the contract provider the full amount in Line 28, Column D.

**Line 28 (Column J) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39:** No entry. Line 28, Column J is equal to Line 28, Column E minus Line 28, Column I.

**Line 29 (Column A) – Medi-Cal Admin. Activities Svc Functions 21-29:** No entry. Line 29 is equal to Column C. Line 151 on the MH 1968.

**Line 29 (Column D) – Medi-Cal Admin. Activities Svc Functions 21-29:** No entry. Line 29, Column D is equal to Line 28, Column A.

**Line 29 (Column L) – Medi-Cal Admin. Activities Svc Functions 21-29:** No entry. Line 29, Column L is equal to Line 29, Column D multiplied by 75%.

**Line 29 (Column J) – Medi-Cal Admin. Activities Svc Functions 21-29:** No entry. Line 29, Column J is equal to Line 29, Column L.

### **Utilization Review and Quality Assurance**

**Line 30 (Column D) - Utilization Review-Skilled Prof. Med. Personnel (County Only):** No entry. Line 30, Column D is equal to Line 49, Column J on the MH 1960.

**Line 30 (Column H) - Utilization Review-Skilled Prof. Med. Personnel (County Only):** No entry. Line 30, Column H is equal to Line 30, Column D multiplied by 75%.

**Line 30 (Column J) - Utilization Review-Skilled Prof. Med. Personnel (County Only):** No entry. Line 30, Column J is equal to Line 30, Column H. This is the amount of federal reimbursement due to the county for utilization review quality assurance activities performed by skilled professional medical personal, excluding Proposition 30 eligible costs.

**Line 31 (Column D) - Utilization Review-Skilled Prof. Med. Personnel (County Only):** No entry. Line 31, Column D is equal to Line 50, Column J on the MH 1960.

**Line 31 (Column E) - Utilization Review-Skilled Prof. Med. Personnel (County Only):** No entry. Line 31, Column H is equal to Line 33, Column D multiplied by 50%.

**Line 31 (Column J) - Utilization Review-Skilled Prof. Med. Personnel (County Only):** No entry. Line 31, Column J is equal to Line 31, Column E. This is the amount of federal reimbursement due to the county for utilization review quality assurance activities performed by skilled professional medical personal, excluding Proposition 30 eligible costs.

### **Medical Assistance**

**Line 32 (Column B) - SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21):** No entry. Line 32, Column B equals Line 4, Column G minus Line 46, Column G on the MH 1968.

**Line 32 (Column C) - SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21):** No entry. Line 32, Column C equals Line 4, Column M minus Line 46, Column M on the MH 1968.

**Line 32 (Column D) - SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21):** No entry. Line 32, Column D equals the sum of Column B and Column C.

**Line 32 (Column F) - SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21):** No entry. Line 32, Column F equals Line 32, Column D multiplied by 50%.

**Line 32 (Column I) - SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21):** No entry. Line 32, Column I equals Excel Cell F57 on the MH 1900\_Info.

**Line 32 (Column J) - SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21):** No entry. Line 32, Column J equals Column F minus Column I. This is the amount of federal reimbursement due to the county.

**Line 32 (Column K) - SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21):** No entry. Line 32, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to regular SD/MC and Medicare and Medi-Cal dually eligible beneficiaries from 7/1/2020 through 06/30/21.

**Line 33 (Column B) - Enhanced Non CHIP Children (07/01/20 – 06/30/21):** No entry. Line 33, Column B equals Line 29, Column G minus Line 47, Column G.

**Line 33 (Column C) - Enhanced Non CHIP Children (07/01/20 – 06/30/21):** No entry. Line 33, Column C equals Line 29, Column M minus Line 47, Column M.

**Line 33 (Column D) - Enhanced Non CHIP Children (07/01/20 – 06/30/21):** No entry. Line 33 Column D equals the sum of Column B and Column C.

**Line 33 (Column G) - Enhanced Non CHIP Children (07/01/20 – 06/30/21):** No entry. Line 33, Column G equals Line 33, Column D multiplied by 65%.

**Line 33 (Column I) - Enhanced Non CHIP Children (07/01/20 – 06/30/21):** No entry. Line 33, Column I equals Excel Cell F59 on the MH 1900\_Info.

**Line 33 (Column J) - Enhanced Non CHIP Children (07/01/20 – 06/30/21):** No entry. Line 33, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

**Line 33 (Column K) - Enhanced Non CHIP Children (07/01/20 – 06/30/21):** No entry. Line 33, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries enrolled in Enhanced Non CHIP Children aid codes from 07/1/2020 through 06/30/2021.

**Line 34 (Column B) - Enhanced SD/MC (Children) (07/01/20 - 09/30/20):** No entry. Line 34, Column B equals Line 41, Column G minus Line 48, Column G.

**Line 34 (Column C) - Enhanced SD/MC (Children) (07/01/20 - 09/30/20):** No entry. Line 34, Column B equals Line 41, Column M minus Line 48, Column M.

**Line 34 (Column D) - Enhanced SD/MC (Children) (07/01/20 - 09/30/20):** No entry. Line 34 Column D equals the sum of Column B and Column C.

**Line 34 (Column G) - Enhanced SD/MC (Children) (07/01/20 - 09/30/20):** No entry. Line 34, Column G equals Line 34, Column D multiplied by 80.84%.

**Line 34 (Column I) - Enhanced SD/MC (Children) (07/01/20 - 09/30/20):** No entry. Line 34, Column I equals Excel Cell F61 on the MH 1900\_Info.

**Line 34 (Column J) - Enhanced SD/MC (Children) (07/01/20 - 09/30/20):** No entry. Line 34, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

**Line 34 (Column K) - Enhanced SD/MC (Children) (07/01/20 - 09/30/20):** No entry. Line 34, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries enrolled in Enhanced SDMC Children aid codes from 07/01/2020 through 09/30/2020.

**Line 35 (Column B) - Enhanced SD/MC (Children) (10/01/20 - 06/30/21):** No entry. Line 35, Column B equals Line 41, Column G minus Line 48, Column G.

**Line 35 (Column C) - Enhanced SD/MC (Children) (10/01/20 - 06/30/21):** No entry. Line 35, Column B equals Line 41, Column M minus Line 48, Column M.

**Line 35(Column D) - Enhanced SD/MC (Children) (10/01/20 - 06/30/21):** No entry. Line 35 Column D equals the sum of Column B and Column C.

**Line 35 (Column G) - Enhanced SD/MC (Children) (10/01/20 - 06/30/21):** No entry. Line 35, Column G equals Line 35, Column D multiplied by 80.84%.

**Line 35 (Column I) - Enhanced SD/MC (Children) (10/01/20 - 06/30/21):** No entry. Line 35, Column I equals Excel Cell F61 on the MH 1900\_Info.

**Line 35 (Column J) - Enhanced SD/MC (Children) (10/01/20 - 06/30/21):** No entry. Line 35, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

**Line 35 (Column K) - Enhanced SD/MC (Children) (10/01/20 - 06/30/21):** No entry. Line 35, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries enrolled in Enhanced SDMC Children aid codes from 10/01/2020 through 06/30/2021.

**Line 36 - Enhanced SD/MC Net Reimb. (BCCTP) (07/01/20 – 06/30/21):** No entry.

**Line 37 - Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/20 – 06/30/21):** No entry.

**Line 38 - Enhanced SD/MC Net Reimb. (Refugees) (07/01/20 – 06/30/21):** No entry.

**Line 39 - Affordable Care Act (ACA) Net Reimbursement (07/01/20 – 06/30/21):** No entry.

**Line 40 - MCAP Net Reimbursements (07/01/20 - 09/30/20):** No entry.

**Line 41 - MCAP Net Reimbursement (10/01/20 - 06/30/21):** No entry.

**Line 1 – County SD/MC Other Direct Service Gross Reimbursement (07/01/20 – 06/30/21)**  
No entry. In Columns B and C, the county legal entity's SD/MC direct service gross reimbursement for inpatient and outpatient services are automatically populated from MH 1968, Columns G and M, Line 38 minus Lines 13, and 17. Column D is equal to the sum of Columns B and C.

**Line 2 – Contract Provider Medi-Cal Other Direct Service Gross Reimbursement (07/01/20 – 06/30/21)**

No entry. In Columns B and C, contract providers SD/MC direct service gross reimbursement for inpatient and outpatient services is automatically populated from the MH 1900 Information



Sheet. These amounts are manually entered on the MH 1900 Information Sheet from the MH 1968, Columns G and M, sum of Lines 9, 13, 17, 21, 25, 29, 33, 42, and 46 for all contract providers. This entry should also include payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 2A, 6, and 7 plus FFP) that have not been included in net costs of MH 1960 (Column J). Column D is equal to the sum of Columns B and C.

**Line 3 – Total Medi-Cal Direct Service Gross Reimbursement (07/01/20 – 06/30/21)**

No entry. Line 3 is equal to the sum of Lines 1 and 2. This amount represents the total allowable SD/MC direct service costs in the county that will be used to determine the maximum allowable SD/MC administrative reimbursement for the county legal entity.

**Line 4 – SD/MC Administrative Reimbursement Limit (07/01/20 – 06/30/21)**

No entry. SD/MC administrative costs are limited to 30% of SD/MC direct service costs. Line 4 is equal to Line 3 multiplied by 30%.

**Line 5 – SD/MC Administration (07/01/20 – 06/30/21)**

No entry. SD/MC administrative costs are automatically populated from MH 1960, Column J, Line 25.

**Line 6 – Continuum of Care Reform Administration (CCR) (07/01/20 – 06/30/21)**

Continuum of Care Reform administrative costs are automatically populated from MH1960, Column J, Line 29. Total Stage General Fund, column O is multiplied by 50 percent.

**Line 7 – SD/MC Administrative Reimbursement (07/01/20 – 06/30/21)**

No entry. Line 7, Column D, is equal to the lower of lines 4 and 5, Column D. Line 7, Column E, is equal to line 7, Column D, multiplied by 50 percent. The result is rounded to the nearest whole dollar and entered in Column E.

**Line 8 – County SD/MC Enhanced (Children) Direct Service Gross Reimbursement (07/01/18 - 06/30/19)**

No entry. Line 8, Columns B and C, are automatically populated from Line 13 and 17, Columns G and M, of the MH 1968. Column D is equal to the sum of Columns B and C.

**Line 9 – Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reimbursement (07/01/18 - 06/30/19)**

No entry. Columns B and C are manually entered in the MH 1900 Information Sheet based on the sum of Line 13 and 17, Columns G and M, of the MH 1968 for all contract providers. Column D is equal to the sum of Columns B and C.

**Line 10 – Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement (07/01/18 - 06/30/19)**

No entry. The sum of Lines 8 and 9 in Column D are automatically populated on Line 13. This amount represents total allowable SD/MC enhanced (Children) direct service costs in the

county that will be used to determine maximum allowable SD/MC enhanced (Children) administrative reimbursement for the county legal entity.

**Line 11 – SD/MC Enhanced (Children) Administrative Reimbursement Limit (07/01/18 - 06/30/19)**

No entry. SD/MC enhanced (Children) administrative costs are limited to 15 percent of SD/MC enhanced (Children) direct service gross costs. Column D, Line 10, is automatically multiplied by 15 percent to compute the SD/MC enhanced (Children) administrative limit.

**Line 12 – SD/MC Enhanced (Children) Administration (07/01/18 - 06/30/19)**

No entry. The SD/MC Enhanced Children Administrative costs are automatically populated from Column N, Line 27, of the MH 1960.

**Line 13 – SD/MC Enhanced (Children) Administrative Reimbursement (07/01/18 - 06/30/19)**

No entry. The lower of Lines 11 and 12 from Column D is automatically selected and populated in Column D, Line 13. The amount in Column D is automatically multiplied by 65 percent to determine the FFP for Enhanced Children administrative costs. The result is rounded to the nearest whole dollar and populated on Line 13, Column G.

**Line 14 – Federal Medicaid Final Rule (07/01/20 – 06/30/21)**

Enter the county administrative expenses related to Federal Medicaid Final Rule on line14, Column B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied 50% and entered in Columns G and J.

**Line 15 – Performance Outcome Systems (POS) IT Hardware and Software Upgrades (07/01/20 – 06/30/21)**

Enter the county administrative costs related to Performance Outcome Systems and Software Upgrade on line15, Columns B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied by 50% and enter in column G and J.

**Line 16 – Federal Medicaid Managed Care Final Rule – SPMP (07/01/20 – 06/30/21)**

Enter the Utilization Review and Quality Assurance costs related to Federal Medicaid Managed Care Final Rule on line16, Column B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied by 75% and entered in Columns G and J

**Line 17 – Federal Medicaid Managed Care Final Rule – Other (07/01/20 – 06/30/21)**

Enter the Utilization Review and Quality Assurance costs related to Federal Medicaid Final Rule on line17, Column B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied by 50% and entered in Columns G and J

**Line 18 – Performance Outcome Systems (POS) IT Hardware and Software Upgrades – SPMP****(07/01/20 – 06/30/21)**

Enter the Utilization Review and Quality Assurance costs related POS IT Hardware and Software Upgrades for Specialized Professional Medical Personnel on line 18, Column B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied by 75% and entered in Column G and J.

**Line 19 – Performance Outcome Systems (POS) IT Hardware and Software Upgrades – Other (07/01/20 – 06/30/21)**

Enter the Utilization Review and Quality Assurance costs related POS IT Hardware and Software Upgrades for Other Personnel on line 19, Column B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied by 50% and entered in Column G and J.

**Line 20 – Foster Family Agency (FFA) Upgrade Costs – SPMP (07/01/20 – 06/30/21)**

Enter the Utilization Review and Quality Assurance costs related FFA IT Hardware and Software Upgrades for Specialized Professional Medical Personnel on line 20, Column B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied by 75% and entered in Column G and J.

**Line 21 – Foster Family Agency (FFA) Upgrade Costs – Other (07/01/20 – 06/30/21)**

Enter the Utilization Review and Quality Assurance costs related FFA IT Hardware and Software Upgrades for Other Personnel on line 21, Column B and C. No entry in Column D. Column D is automatically populated with the total of Column B and C. The result is multiplied by 50% and entered in Column G and J.

**Line 22 – Medi-Cal Administrative Activities Service Functions 01-09 (07/01/20 – 06/30/21)**

No entry. The amount in columns A and D are automatically populated from Line 60, Column A, of the MH 1968. The result in Column D is automatically populated by 50 percent and entered in Columns E and J.

**Line 23 – Medi-Cal Administrative Activities Service Functions 11-19 and 31-39 (07/01/20 – 06/30/21)**

No entry. The amount in Columns A and D are automatically populated from Line 60, Column B, of the MH 1968. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J.

**Line 24 – Medi-Cal Administrative Activities Service Functions 21-29 (County Only) (07/01/20 – 06/30/21)**

No entry. The amount in Columns A and D are automatically populated from Line 60, Column C, of the MH 1968. The result in Column D is automatically multiplied by 75 percent and populated in Columns H and J.

**Line 25 – Utilization Review – Skilled Professional Medical Personnel (County Only) (07/01/20 – 06/30/21)**

No entry. The SD/MC utilization review costs for skilled professional medical personnel are populated from Column N, Line 31, of MH 1960. The result in Column D is automatically multiplied by 75 percent to determine FFP and populated in Columns H and J.

**Line 26 – Other SD/MC Utilization Review (County Only) (07/01/20 – 06/30/21)**

No entry. The other SD/MC utilization review costs are automatically populated from Column N, Line 32, of the MH 1960. The result in Column D is automatically multiplied by 50 percent to determine FFP and populated in Columns E and J.

**Line 27 – SD/MC Net Reimbursement for Direct Services (07/01/20 – 06/30/21)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Line 9 minus Line 48 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by the appropriate FMAP to determine FFP for SD/MC direct services and is populated in Columns F and J. Column O calculates the State General Fund portion of payments to counties. It determines the non-federal share of the net reimbursement for services provided under CCR to beneficiaries enrolled in regular and crossover Medi-Cal aid codes. The cell is automatically populated from the MH1966's and MH1968.

**Line 28 – Enhanced SD/MC Net Reimbursement (Children) E2, E4, E5 (07/01/18 - 06/30/19)**

No entry. The enhanced SD/MC (Children) E2, E4, and E5 direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Lines 13 minus Line 49 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for enhanced SD/MC (Children) direct services and is populated in Columns G and J. Column J is equal to Column G minus Column I. Column O calculates the State General Fund portion of payments to counties. It determines the non-federal share of the net reimbursement for services provided under CCR to beneficiaries enrolled in enhanced children aid codes. The cell is automatically populated from the MH1966's and MH1968.

**Line 29 – Enhanced SD/MC Net Reimbursement (Children) (07/01/18 - 06/30/19)**

No entry. The enhanced SD/MC (Children) direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Lines 17 minus Line 50 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 80.84% to determine FFP for enhanced SD/MC (Children) direct services and is populated in Columns G and J. Column J is equal to Column G minus Column I. Column O calculates the State General Fund portion of payments to counties. It determines the non-federal share of the net reimbursement for services provided under CCR to beneficiaries enrolled in enhanced children aid codes. The cell is automatically populated from the MH1966's and MH1968.

**Line 30 – Enhanced SD/MC Net Reimbursement (BCCTP) (07/01/20 – 06/30/21)**

No entry. The enhanced SD/MC (BCCTP) direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Line 21 minus Line 51, of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 69.34% to determine FFP for enhanced SD/MC (BCCTP) direct services and is populated in Columns G and J. Column J is equal to Column G minus Column I. Column O calculates the State General Fund portion of payments to counties. It determines the non-federal share of the net reimbursement for services provided under CCR to beneficiaries enrolled in BCCTP aid codes. The cell is automatically populated from the MH1966's and MH1968.

**Line 31 – Enhanced SD/MC Net Reimbursement (Pregnancy) (07/01/20 – 06/30/21)**

No entry. The enhanced SD/MC (Pregnancy) direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Line 25 minus Line 52 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 69.34% to determine FFP for enhanced SD/MC (Pregnancy) direct services and is populated in Columns G and J. Column J is equal to Column G minus Column I. Column O calculates the State General Fund portion of payments to counties. It determines the non-federal share of the net reimbursement for services provided under CCR to beneficiaries enrolled in pregnancy related services. The cell is automatically populated from the MH1966's and MH1968.

**Line 32 – Enhanced SD/MC Net Reimbursement (Refugees) (07/01/20 – 06/30/21)**

No entry. The enhanced SD/MC (Refugees) direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Line 42 minus Line 53 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for enhanced SD/MC (Refugees) direct services and is populated in Columns G and J. Column J is equal to Column G minus Column I. Column O is gray shaded.

**Line 33 – SD/MC Net Reimbursement (Affordable Care Act) (07/01/20 – 06/30/21)**

No entry. The Affordable Care Act (ACA) direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Line 29 minus Line 54 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for SD/MC Affordable Care Act (ACA) direct services and is populated in Columns G and J. Column J is equal to Column G minus Column I. Column O is gray shaded.

**Line 34 – Medi-Cal Access Program Net Reimbursement (07/01/20 – 06/30/21)**

No entry. The Medi-Cal Access Program (MCAP) direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Line 46 minus Line 57 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 88 percent to determine FFP for SD/MC Affordable Care Act (ACA) direct services and is populated in

Columns G and J. Column J is equal to Column G minus Column I. Column O calculates the State General Fund portion of payments to counties. It determines the non-federal share of the net reimbursement for services provided under CCR to beneficiaries enrolled in MCAP aid codes. The cell is automatically populated from the MH1966's and MH1968.

**Line 35 – Total SD/MC Reimbursement (FFP) (07/01/20 – 06/30/21)**

No entry. The sum of Lines N7, N13, N14, N15, N16, N17, J18, N19, J20, N21, N22 N23, N24, J25, N26, N27, N28, N29, N30, N31, N32, N33, N33A, and N34.

**Line 36 – State Funded Beneficiaries (07/01/20 – 06/30/21)**

No entry. The State Funded Beneficiaries direct services net reimbursement for inpatient and outpatient services (Columns B and C) are automatically populated from Columns G and M, Line 37 minus Line 56 of the MH 1968. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent in column K to determine FFP for SD/MC State Funded Beneficiaries direct services and is populated in Columns K. Column K is equal to Column D.

**MH 1979B****Total Certified Public Expenditures (CPE)**

The purpose of the MH 1979B is to determine total certified public expenditures for the county and its contract providers for SD/MC direct services reimbursement (FFP and State Match) for inpatient and outpatient services as well as MAA reimbursement

**Line 1 – Medi-Cal Administrative Reimbursement (07/01/20 – 06/30/21)**

No entry. The Medi-Cal Administrative Reimbursement, Column A is populated from MH 1979 Line 7, Column D. Column C is the total of Columns A and B. Column E is the product of Column A and C.

**Column D (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 1 Medi-Cal Administrative Reimbursement is part of the worksheet.

**Line 2 – SD/MC Enhanced (Children) Administrative Reimbursement (07/01/20 – 06/30/21)**

No entry. The SD/MC Enhanced (Children) Administrative Reimbursement, Column A is populated from MH 1979 Line 13, Column D. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 2, SD/MC Enhanced (Children) Administrative Reimbursement is part of the worksheet.

**Line 3 – Medi-Cal Administrative Activities (Service Functions 01-09) (07/01/20 – 06/30/21)**

No entry. The Medi-Cal Administrative Activities (Functions 01 -09), Column A is populated from MH 1979 Line 22. Column B is populated from of MH1963, Column N, Line 51. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, Line 3 (10/1/18 - 06/30/19)**

No entry. The FMAP percentage in Column D, Line 3 for Medi-Cal Administrative Activities (Service Functions 01-09) is part of the worksheet.

**Line 4 – Medi-Cal Administrative Activities (Service Functions 11-19, 31-39) (07/01/18 - 06/30/19)**

No entry. The Medi-Cal Administrative Activities (Service Functions 11-19, 31-39), Column A is populated from MH 1979 Line 23, Column D. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP (01/01/18 – 06/30/19)**

No entry. The FMAP percentage in Column D, Line 4 for Medi-Cal Administrative Activities (Service Functions 11-39, 31-39) is part of the worksheet.

**Line 5 – Medi-Cal Administrative Activities (Service Functions (21-29) (10/1/18 - 06/30/19)**

No entry. The Medi-Cal Administrative Activities (Service Functions 21-29), Column A is populated from MH 1979 Line 24, Column D. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP**

No entry. The FMAP percentage in Column D, Line 5 for Medi-Cal Administrative Activities (Service Function 21-29) is part of the worksheet.

**Line 6 – Utilization Review Skilled Professional Medical Personnel (SPMP) (10/1/18 - 06/30/19)**

No entry. The Utilization Review Skilled Professional Medical Personnel (SPMP), Column A is populated from MH 1979 Line 25, Column D. Column C is the total of Columns A and B. Column E is the product of Column C and D

**Column D, FMAP (10/1/18 - 06/30/19)**

No entry. The FMAP percentage in Column D, Line 6 for Utilization Review Skilled Professional Medical Personnel (SPMP) is part of the worksheet.

**Line 7 – Other SD/MC Utilization Review (10/1/18 - 06/30/19)**

No entry. The Utilization Review Skilled Professional Medical Personnel (SPMP), Column A is populated from MH 1979 Line 16, Column D. Column C is the total of Columns A and B. Column E is the product of Column C and D

**Column D, FMAP (10/1/18 - 06/30/19)**

No entry. The FMAP percentage in Column D, Line 7 for Other SD/MC Utilization Review is part of the worksheet.

**Line 8 – SD/MC Net Reimbursement for Direct Services (10/1/18 - 06/30/19)**

No entry. The SD/MC Net reimbursement for direct services Column A is populated from MH 1979 Line 27, Column D. Column B is populated from MH 1963 Line 51 Column E. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP (10/1/18 - 06/30/19)**

No entry. The FMAP percentage in Column D, Line 8 for SD/MC Net Reimbursement for Direct Services is part of the worksheet.

**Line 9 – Enhanced SD/MC Net Reimbursement (Children) E2, E4, E5 (10/1/18 - 06/30/19)**

No entry. The Enhanced SD/MC Net reimbursement (Children) E2, E4, E5 Column A is populated from MH 1979 Line 28, Column D. Column B is populated from MH 1963 line 51,



Column F. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 9 for Enhanced SD/MC Net Reimbursement (Children) E2, E4, E5 is part of the worksheet.

**Line 10 – Enhanced SD/MC Net Reimbursement (Children) (07/01/18 - 06/30/19)**

No entry. The Enhanced SD/MC Net reimbursement (Children) Column A is populated from MH 1979 Line 29, Column D. Column B is populated from MH 1963 line 51, Column G. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 10 for Enhanced SD/MC Net Reimbursement (Children) is part of the worksheet.

**Line 11 – Enhanced SD/MC Net Reimbursement (BCCTP) (07/01/20 – 06/30/21)**

No entry. The Enhanced SD/MC Net reimbursement (BCCTP) Column A is populated from MH 1979 Line 30, Column D. Column B is populated from MH1963, line 51 Column H. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 11 for Enhanced SD/MC Net Reimbursement (BCCTP) is part of the worksheet.

**Line 12 – Enhanced SD/MC Net Reimbursement (Pregnancy) (07/01/20 – 06/30/21)**

No entry. The Enhanced SD/MC Net reimbursement (Pregnancy) Column A is populated from MH 1979 Line 31, Column D. Column B is populated from MH1963, line 51, Column I. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP (07/01/20 – 06/30/21)** No entry. The FMAP percentage in Column D, Line 12 for Enhanced SD/MC Net Reimbursement (Pregnancy) is part of the worksheet.

**Line 13 – Enhanced SD/MC Net Reimbursement (Refugees) (07/01/20 – 06/30/21)**

No entry. The Enhanced SD/MC Net reimbursement (Refugees) Column A is populated from MH 1979 Line 32, Column D. Column B is populated from MH1963, line 51, Column J. Column C is the total of Columns A and B. Column E is the product of Column C and D.

**Column D, FMAP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 13 for Enhanced SD/MC Net Reimbursement (Refugees) is part of the worksheet.

**Line 14 – Affordable Care Act (Net Reimbursement (ACA) (07/01/20 – 06/30/21)**

No entry. The Enhanced SD/MC Net reimbursement (ACA) Column A is populated from MH 1979 Line 33, Column D. Column B is populated from MH1963, line 51, Column L. Column C is the total of Columns A and B. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 14 for Enhanced SD/MC Net reimbursement (ACA) is part of the worksheet.

**Line 15 Medi-Cal Access Program (MCAP) Net Reimbursement (07/01/18 - 06/30/19)**

No entry. The Medi-Cal Access Program (MCAP) Net reimbursement Column A is populated from MH 1979 Line 34, Column D. Column B is populated from MH1963, line 51, Column K. Column C is the total of Columns A and B. Column E is the product of Column C and D

**Column D, No FFP (07/01/18 - 06/30/19)**

No entry. The FMAP percentage in Column D, Line 16 for Enhanced SD/MC Net reimbursement (ACA) is part of the worksheet

**Line 16, Column A – Total Short/Doyle Medi-Cal Reimbursement (07/01/20 – 06/30/21)**

No entry. The sum of lines 1 through 16, Column A populates line 17.

**Line 16, Column B – Total Short/Doyle Medi-Cal Reimbursement (07/01/20 – 06/30/21)**

No entry. The sum of lines 1 through 25, Column B populates line 17.

**Line 16, Column C – Total Short/Doyle Medi-Cal Reimbursement (07/01/20 – 06/30/21)**

No entry. The sum of line 25, Column A and B populates line 17, Column C.

**Line 16, Column E – Total Short/Doyle Medi-Cal Reimbursement (07/01/20 – 06/30/21)**

No entry. The sum of lines 1 through 16, Column E populates line 17.

**Line 17, Federal Medicaid Managed Care - Final Rule**

No entry. The Federal Medicaid Managed Care Final Rule Net Reimbursement Column A is populated from MH 1979 Line 14, Column D. No Entry in Column B. Column C is the total of Columns A and B. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 18 for Enhanced SD/MC Net reimbursement Federal Medicaid Managed Care Final Rule is part of the worksheet.

**Line 18, Performance Outcome Systems (POS) IT Hardware and Software Upgrades**

No entry. The Federal Medicaid Managed Care Final Rule Net Reimbursement Column A is populated from MH 1979 Line 15, Column D. No entry in Column B. Column D is the total of Columns B and C. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 19 for Enhanced SD/MC Net reimbursement Federal Medicaid Managed Care Final Rule is part of the worksheet.

**Line 19, Federal Medicaid Managed Care – Final Rule SPMP for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The Federal Medicaid Managed Care Final Rule for Utilization Review and Quality Assurance Net Reimbursement Column A is populated from MH 1979 Line 16, Column D. No entry in Column B. Column D is the total of Columns B and C. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 20 reimbursement for Federal Medicaid Managed Care Final Rule for Utilization Review -SPMP is part of the worksheet.

**Line 20, Federal Medicaid Managed Care Final Rule - Other for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The Federal Medicaid Managed Care Final Rule –Other for Utilization Review and Quality Assurance Net Reimbursement Column A is populated from MH 1979 Line 17, Column D. No entry in Column B. Column D is the total of Columns B and C. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 21 reimbursement for Federal Medicaid Managed Care Final Rule for Utilization Review and Quality Assurance - Other is part of the worksheet.

**Line 21, Performance Outcome System (POS IT Hardware and Software Upgrades - SPMP for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The POS IT Hardware and Software Upgrades -SPMP for Utilization Review and Quality Assurance Net Reimbursement Column A is populated from MH 1979 Line 18, Column D. No entry in Column B. Column D is the total of Columns B and C. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 22 reimbursement for POS IT Hardware and System Upgrades for Utilization Review and Quality Assurance - SPMP is part of the worksheet.

**Line 22, Performance Outcome System (POS IT Hardware and Software Upgrades - Other for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The POS IT Hardware and Software Upgrades - Other for Utilization Review and Quality Assurance Net Reimbursement Column A is populated from MH 1979 Line 19, Column D. No entry in Column B. Column D is the total of Columns B and C. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 23 reimbursement for POS IT Hardware and System Upgrades – Other for Utilization Review and Quality Assurance - Other is part of the worksheet.

**Line 23, Foster Family Agency (FFA) Costs - SPMP for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The FFA Costs – SPMP for Utilization Review and Quality Assurance Net Reimbursement Column A is populated from MH 1979 Line 20, Column D. No entry in Column B. Column D is the total of Columns B and C. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 24 reimbursement for FFA costs-SPMP for Utilization Review and Quality Assurance is part of the worksheet.

**Line 24, Foster Family Agency (FFA) Costs - SPMP for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The FFA Costs – Other for Utilization Review and Quality Assurance Net Reimbursement Column A is populated from MH 1979 Line 20, Column D. No entry in Column B. Column D is the total of Columns B and C. Column E is the product of Column C and D

**Column D, No FFP (07/01/20 – 06/30/21)**

No entry. The FMAP percentage in Column D, Line 25 reimbursement for FFA costs - Other for Utilization Review and Quality Assurance is part of the worksheet.

**Line 26 Affordable Care Act (6% SGF) (07/01/18 - 12/31/18)**

No entry. The Affordable Care Act, Column A is populated from MH 1979 Line 33, Column H. Column B is populated from MH1963, line 66, Column L. Column C is the total of Columns A and B. Column E is 5% of Column C.

**Line 27 Affordable Care Act (7% SGF) (01/01/19 - 06/30/19)**

No entry. The Affordable Care Act, Column A is populated from MH 1979 Line 33A, Column D. Column B is populated from MH1963, line 66, Column M. Column C is the total of Columns A and B. Column E is 5% of Column C.

**Line 26 Continuum of Care (07/01/20 – 06/30/21)**

No entry. The Continuum of Care, Column A is populated from MH 1979 Line 6, Column D. Column C is the total of Columns A. Column E is 50% of Column C.

**Line 27 State Funded Beneficiaries (07/01/20 – 06/30/21)**

No entry. The Medi-Cal for ALL Children, Column A is populated from MH 1979 Line 36, Column D. Column C is the total of Columns A and B. Column E is 100% of Column C.

**Line 28 Federal Medicaid Managed Care Final Rule for County Administrative Costs (07/01/20 – 06/30/21)**

No entry. The Federal Medicaid Managed Care Final Rule for county administrative costs, Column A is populated from MH 1979 Line 14, Column D. Column C is the total of Columns A and B. Column E is 50% of Column C

**Line 29 Performance Outcome Systems IT Hardware and Software Upgrades for County Administrative Costs (07/01/20 – 06/30/21)**

No entry. The POS IT Hardware and Software Upgrades for county administrative costs Column A is populated from MH 1979 Line 15, Column D. Column C is the total of Columns A and B. Column E is 50% of Column C

**Line 30 Federal Medicaid Managed Care Final Rule - SPMP for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The Federal Medicaid Managed Care Final Rule –SPMP for Utilization Review and Quality Assurance, Column A is populated from MH 1979 Line 16, Column D. Column C is the total of Columns A and B. Column E is 50% of Column C

**Line 31 Federal Medicaid Managed Care Final Rule - Other for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The Federal Medicaid Managed Care Final Rule – Other for Utilization Review and Quality Assurance, Column A is populated from MH 1979 Line 17, Column D. Column C is the total of Columns A and B. Column E is 50% of Column C

**Line 32 Performance Outcome Systems (POS) IT Hardware and Software Upgrades – SPMP for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The POS IT Hardware and Software Upgrades – SPMP for Utilization Review and Quality Assurance , Column A is populated from MH 1979 Line 18, Column D. Column C is the total of Columns A and B. Column E is 25% of Column C

**Line 33 Performance Outcome Systems (POS) IT Hardware and Software Upgrades – Other for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The POS IT Hardware and Software Upgrades – Other for Utilization Review and Quality Assurance , Column A is populated from MH 1979 Line 19, Column D. Column C is the total of Columns A and B. Column E is 25% of Column C

**Line 34 Foster Family Agency (FFA) Costs – SPMP for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The FFA Costs – SPMP for Utilization Review and Quality Assurance, Column A is populated from MH 1979 Line 20, Column D. Column C is the total of Columns A and B. Column E is 25% of Column C

**Line 35 Foster Family Agency (FFA) Costs – Other for Utilization Review and Quality Assurance (07/01/20 – 06/30/21)**

No entry. The FFA Costs – Other for Utilization Review and Quality Assurance , Column A is populated from MH 1979 Line 21, Column D. Column C is the total of Columns A and B. Column E is 25% of Column C

**Line 36, Column A Total for all State General Fund Reimbursement (07/01/20 – 06/30/21)**

No entry. The sum of lines 28 through 35, Column A automatically populates line 38, Columns A.

**MH 1991****Calculation of SD/MC (Hospital Administrative Days)**

The objective of the MH 1991 is to identify the amount of Physician and Ancillary costs associated with SD/MC Hospital Administrative Days (Mode 05, Service Function 19) for use on the MH 1966.

**Column A – Settlement Group**

No entry. Settlement groups are provided.

**Column B – SMA Rate**

No entry. SMA Rate for FY 2020-21 is provided.

**Column C – Period of Service**

No entry. Period of services is provided.

**Column D – Administrative Days**

Enter the number of SD/MC administrative days according to the period during which services were provided and by the settlement group to which the services were rendered during the fiscal year. This column should match the number of Medi-Cal units reported on MH 1901 Schedule B for Mode 05, Service Function 19.

**Column E – Subtotal Amount**

No entry. This is the result of Column B multiplied by Column D.

**Column F – Physician Costs**

Enter cost of physician services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

**Column G – Ancillary Costs**

Enter cost of ancillary services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal)

**Column H – Total Amount**

No entry. This is the sum of Columns E, F, and G for each period and settlement group.

**MH 1992****Funding Sources**

The objective of MH 1992 is to identify the types of resources used to finance specific mental health program activities for each legal entity by mode of service. Funding source identifies who is paying for programs authorized by the county mental health agency.

**Line 1 – Gross Cost (07/01/20 – 06/30/21)**

No entry. Column A, Line 1, is the sum of Column J, Lines 25 through 29, of the MH 1960. Column B is the sum of Column J, Lines 31 through 33, of the MH 1960. Columns C through I, Line 1, are from Column A, Line 3, of the relevant MH 1966.

**Line 2 – Adjustments (07/01/20 – 06/30/21)**

Enter in Columns C through I the amounts needed to adjust legal entity costs to actual program funding, such as the difference between county contract rate and actual cost incurred by contract providers.

For legal entities that provide services to multiple counties, adjust gross aggregate county legal entity allowable costs on Line 2, Columns C through I, to agree with the amount received from each county for which a cost report is being submitted. Report aggregate gross county legal entity costs for all county legal entities on MH 1960, and aggregate gross county legal entities units of service on MH 1901 Schedule B for the determination of cost per unit.

**Line 3 – Adjusted Gross Costs (07/01/20 – 06/30/21)**

No entry. Line 1 plus Line 2 automatically populates Line 3.

**Line 4 – SAMHSA Grants (07/01/20 – 06/30/21)**

Enter revenues expended from the SAMHSA community mental health block grant for appropriate modes of service.

**Line 5 – PATH Grants (07/01/20 – 06/30/21)**

Enter revenues expended from the PATH grant for appropriate modes of service.

**Line 6 – RWJ Grants (07/01/20 – 06/30/21)**

Enter revenues expended from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

**Line 7 – Other Grants (07/01/20 – 06/30/21)**

Enter revenues expended from other grants not reported on Lines 4 through 6 for appropriate modes of service.

**Line 8 – Total Grants Accrued (07/01/20 – 06/30/21)**

No entry. Lines 4 through 7 for Columns A through I are automatically populated in Line 8.



**Line 9 – Patient Fees (07/01/20 – 06/30/21)**

Enter revenue received from patient fees for appropriate treatment program modes of service.

**Line 10 – Patient Insurance (07/01/20 – 06/30/21)**

Enter revenue received from patient insurance for appropriate treatment program modes of service.

**Line 11 – Federal IDEA Funds (07/01/20 – 06/30/21)**

Enter revenues expended from federal idea funds for appropriate modes of service.

**Line 12 – Low Income Health Plan (LIHP) FFP (07/01/20 – 06/30/21)**

Enter the amount of FFP the legal entity received for services provided through the Low Income Health Program which are reported on MH 1901 Schedule B.

**Line 13 – Regular and Enhanced SD/MC (FFP Only) (07/01/20 – 06/30/21)**

No entry. SD/MC and enhanced SD/MC net reimbursement (FFP portion only) are included on this line. Column A is equal to the sum of MH 1979, Column J, Lines 7 and 13. Column B is equal to the sum of MH 1979, Column J, Lines 17 and 18.

**Column C, Line 13 is populated from the MH1968, Column K as follows: (07/01/20 – 06/30/21)**

The difference of Affordable Care Act (ACA) Gross Cost Reimbursement 07/01/18-12/31/18) and ACA Revenue (07/01/18-12/31/18) (MH1968 K29-K54) multiplied by 95 percent plus the difference of Affordable Care Gross Reimbursement (01/01/18-06/30/18) and ACA Revenue (01/01/18-06/30/18) (MH1968 K33-K55) multiplied by 94 percent plus Total SD/MC plus Crossover Reimbursement and Medi-Medi Crossover Revenue (MH1968 K9-K48) multiplied by 50 percent plus the sum of the difference of Enhanced SD/MC Children Gross Cost Reimbursement - E2, E4, and E5 and SD/MC Children Revenue – E2, E4 and E5 (MH1968 K17-K49) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC Children Gross Cost Reimbursement and SD/MC Children Revenue (MH1968 K17-K50) multiplied by 88 percent plus the difference of Enhanced SD/MC (BCCTP) Gross Reimbursement and Enhanced SD/MC (BCCTP) Revenue (MH1968 K21-K51) multiplied by 65 percent plus the difference of Enhanced SD/MC (Pregnancy) Gross Reimbursement and Enhanced SD/MC (Pregnancy) Revenue (MH1968 K25-K52) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC (Refugees) Gross Reimbursement and Enhanced SD/MC (Refugees) Revenue (K42-K53) multiplied by 100 percent plus the adjustment to FFP for Mode 05-Other Hospital Inpatient on the MH1900\_Info (B59) plus the difference of MCAP Gross Reimbursement and MCAP Revenue (MH1968 K46-K57) multiplied by 88 percent.

**Columns D Line 13 is populated from MH1968, Column L as follows: (07/01/20 – 06/30/21)**

The sum of the difference of Affordable Care Act (ACA) Gross Cost Reimbursement (07/01/18-12/31/18) and ACA Revenue (07/01/18-12/31/18) (MH1968 L29-L54) multiplied by 95 percent plus the difference of Affordable Care Gross Reimbursement (01/01/19-06/30/19) and ACA

Revenue(01/01/97-06/30/19) (MH1968 L33-L55 multiplied by 94 percent plus the difference of Total SD/MC plus Crossover Reimbursement and Medi-Medi Crossover Revenue (MH1968 L9-L48) multiplied by 50 percent plus the difference of Enhanced SD/MC Children Gross Cost Reimbursement –E2, E4 and E5 and SD/MC Children Revenue – E2, E4, and E5 (MH1968 L13-L49) multiplied by 65 percent plus the difference of Enhanced SD/MC Children Gross Cost Reimbursement first period and SD/MC Children Revenue first period (MH1968 L17-L50) multiplied by 88 percent plus the sum of the difference of Enhanced SD/MC (BCCTP) Gross Reimbursement and Enhanced SD/MC (BCCTP) Revenue (MH1968 L21-51) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC (Pregnancy) Gross Reimbursement and Enhanced SD/MC (Pregnancy) Revenue (MH1968 L25-L52) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC (Refugees) Gross Reimbursement and Enhanced SD/MC (Refugees) Revenue (L42-L53) multiplied by the adjustment to FFP for Mode 05-Other 24 Hour Services on the MH1900\_Info (B60) plus the difference of MCAP Gross Reimbursement and MCAP Revenue (MH1968 L46-L57) multiplied by 88 percent.

**Column E, Line 13 is populated from the MH 1968, Column M as follows:  
(07/01/20 – 06/30/21)**

The difference of Affordable Care Act (ACA) Gross Cost Reimbursement and ACA Revenue (07/01/18-12/31/18) (MH1968 M29-M54) multiplied by 95 percent plus the difference of Affordable Care Act (ACA) Gross Cost Reimbursement and ACA Revenue (01/01/19-06/30/19) (MH1968 M23-M55) multiplied by 94 percent plus the sum of the difference of Total SD/MC plus Crossover Reimbursement and Medi-Medi Crossover Revenue (MH1968 M9-M48) multiplied by 50 percent plus the sum of the difference of Enhanced SD/MC Children Gross Cost Reimbursement first period and SD/MC Children Revenue E2, E4, E5 (MH1968 M13-M49) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC Children Gross Cost Reimbursement first period and SD/MC Children Revenue (MH1968 M17-M50) multiplied by 88 percent plus the difference of Enhanced SD/MC (BCCTP) Gross Reimbursement and Enhanced SD/MC (BCCTP) Revenue (MH1968 M21-M51) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC (Pregnancy) Gross Reimbursement and Enhanced SD/MC (Pregnancy) Revenue (MH1968 M25-M52) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC (Refugees) Gross Reimbursement and Enhanced SD/MC (Refugees) Revenue (42-M53) multiplied by the adjustment to FFP for Mode 10 Day Services on the MH1900\_Info (B61) plus the difference of MCAP Gross Reimbursement and MCAP Revenue (MH1968 M46-M57) multiplied by 88 percent.

**Column F, Line 13 is populated from the MH 1968, Columns N and P as follows:  
(07/01/20 – 06/30/21)**

The sum of the difference of Affordable Care Act (ACA) Gross Cost Reimbursement and ACA Revenue for Mode 15 Program 1 (07/01/18-12/30/18) (MH1968 N29-N54) multiplied by 95 percent plus and the difference of ACA Gross Cost Reimbursement and ACA Revenue for Program 1 (01/01/19-06/30/19) (MH1968 N33-N55) multiplied by 94 percent plus the difference of Total SD/MC plus Crossover Reimbursement and Medi-Medi Crossover Revenue

for Program 1 (MH1968 N9-N48) multiplied by 50 percent plus the difference of Enhanced SD/MC Children Gross Cost Reimbursement first period and SD/MC Children Revenue first period for Program 1- E2, E4, and E5 (MH1968 N13-N49) multiplied by 65 percent plus the difference of Enhanced SD/MC Children Gross Cost Reimbursement period and SD/MC Children Revenue first period for Program 1 (MH1968 N17-N50) multiplied by 65 percent plus the difference of Enhanced SD/MC (BCCTP) Gross Reimbursement and Enhanced SD/MC (BCCTP) Revenue for Program 1 (MH1968 N17-N46) multiplied by 65 percent plus the difference of Enhanced SD/MC (Pregnancy) Gross Reimbursement and Enhanced SD/MC (Pregnancy) Revenue for Program 1 (MH1968 N21-47) multiplied by 65 percent plus the sum of the difference of Enhanced SD/MC (Refugees) Gross Reimbursement and Enhanced SD/MC (Refugees) Revenue for Program 1 (N38-N48) ) plus the difference of MCAP Gross Reimbursement and MCAP Revenue (MH1968 N42-N52) multiplied by 88 percent plus the sum of the difference of Affordable Care Act (ACA) Gross Cost Reimbursement and ACA Revenue for Mode 15 Program 2 (07/01/16-12/31/16) (MH1968 P25-N49) multiplied by 100 percent plus and the difference of ACA Gross Cost Reimbursement and ACA Revenue for Program 1 (01/01/17-06/30/17) (MH1968 P29-P50) multiplied by 95 percent plus the difference of Total SD/MC plus Crossover Reimbursement and Medi-Medi Crossover Revenue for Program 2 (MH1968 P9-P44) multiplied by 50 percent plus of the difference of Enhanced SD/MC Children Gross Cost Reimbursement first period and SD/MC Children Revenue first period for Program 2 (MH1968 P13-P45) multiplied by 88 percent plus the difference of Enhanced SD/MC (BCCTP) Gross Reimbursement and Enhanced SD/MC (BCCTP) Revenue for Program 2 (MH1968 P17-P46) multiplied by 65 percent plus the difference of Enhanced SD/MC (Pregnancy) Gross Reimbursement and Enhanced SD/MC (Pregnancy) Revenue for Program 2 (MH1968 P21-P47 multiplied by 65 percent plus the difference of Enhanced SD/MC (Refugees) Gross Reimbursement and Enhanced SD/MC (Refugees) Revenue for Program 2 (MH1968 P38-P48) multiplied by 100% and the adjustment to FFP for Mode 15 Day Services on the MH1900\_Info (B62) plus the difference of MCAP Gross Reimbursement and MCAP Revenue (MH1968 P42-P52) multiplied by 88 percent.

**Column H** is equal to the sum of Lines 13, 14, and 15, Column J, from the MH1979.

**Column J** is equal to the sum of Columns A through I.

**Line 16 – Medicare – Federal Share (07/01/20 – 06/30/21)**

Enter Medicare revenue accrued/received for appropriate treatment programs modes of service.

**Line 17 – Conservator Administrative Fees (07/01/20 – 06/30/21)**

Enter conservator administration fees received in Column I, Line 17.

**Line 18 – Other Revenue (07/01/20 – 06/30/21)**

Enter all other revenues expended including AB100 distributions for Managed Care and Educationally Related Mental Services (ERMS) that are not reported on Lines 4 through 18.

AB100 funds are not subject to repayment. Please do not report AB100 funding on Line 21 as MHSA.

**Line 19 – 19-20 SGF Rollover (07/01/20 – 06/30/21)**

Enter by mode of service, categorical SGF rolled over from the previous fiscal year. Please include county match for rollover that requires county share.

**Line 20 – 2011 Realignment (07/01/20 – 06/30/21)**

Enter amount expended per realignment funding. Include realignment funds used to match FFP under the SD/MC program. Exclude realignment funding for State Hospitals, county Match for SGF allocated by State Department of Health Care Services, and services provided through the Low Income Health Program (LIHP)

**Line 21 – 1991 Realignment/MOE (07/01/20 – 06/30/21)**

Enter amount expended per realignment funding and county Maintenance of Effort (MOE) obligations pursuant to Welfare and Institutions Code Section 17608.05 for each mode of service. Include realignment funds used to match FFP under the SD/MC program. Exclude realignment funding for State Hospitals, county match for SGF allocated by State Department of Health Care Services, and services provided through the Low Income Health Program (LIHP).

**Line 22 – Prior Years MHSA (07/01/20 – 06/30/21)**

No entry.

**Line 23 – MHSA (07/01/20 – 06/30/21)**

Enter amount expended per MHSA funding, including MHSA funds used to match FFP under the SD/MC program for each applicable Mode of Services. Please exclude amount expended on services provided through the Low Income Health Program (LIHP).

**Line 24 – County Overmatch (07/01/20 – 06/30/21)**

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law for each applicable Mode of Service.

**Line 25 – CalWORKS (07/01/20 – 06/30/21)**

Enter the county CalWORKS funds used for mental health services for each applicable Mode of Service.

**Line 26 – State General Fund (07/01/20 – 06/30/21)**

No entries. Column A, Line 24, is the Total State General Fund (SGF) of the Continuum of Care Reform Administration on MH1979, Column O Line 18. Column F is the Total SGF of the SD/MC Net Reimbursement for Direct Services, Enhanced SD/MC Children, BCCTP, Pregnancy, ACA and MCAP programs on MH1979, Colum O Lines 19-23 and 25, 25A and 26.

**Line 32 – Total Funding Sources (07/01/20 – 06/30/21)**

No entry. This line sums Lines 8 through 31 for Columns A through I. Amount in Column J, Line 32, should equal amount in Column J, Line 3. Any difference between the amounts should be corrected before submitting the cost report.

## **COST REPORT TEMPLATES AND NAMING CONVENTION SUBMITTAL FILE TO DHCS**

## Introduction

The FY2018-2019 Cost Report packaging, naming conventions, automated desk edits, error correction cycle, and submittal process to DHCS are described in this section.

The cost report will be distributed to the counties via the DHCS Information Technology Web Server (ITWS). Counties are required to download the appropriate cost report template(s) from ITWS and distribute the template(s) to their contract provider legal entities by any method that will not change the electronic format of the template(s). The contract provider legal entities, after the completion of their cost reports, must return them to their county for review, verification, and approval. The counties are required to package these cost reports and submit the package” to DHCS through the ITWS electronic submission process

### COST REPORT FILES

The cost report files for this year remain an Excel based spreadsheet application. There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report for Legal Entities (contract or county), Medi-Cal and Non-Medi-Cal; and
2. A Summary Cost Report for each county or local mental health agency linking information from all legal entities.

### SUBMITTAL FILE

The county Submittal File is the “package” that the county submits to DHCS. The completed detail cost reports and the summary county cost report are combined into a single “package” called a “submittal file”. This packaging is completed through an archiving process called zipping. (Zipping gets its name from a product, or multitude of products, which combine files, called PKZIP. Further description and product information can be found at <http://www.pkware.com> and/or your local county information technology group.)

The submittal file (zipped file) is uploaded (submitted) to DHCS ITWS. The name of the submittal file must conform to the submittal file naming conventions. See the sections on File Naming Conventions. Files not conforming to the specified naming conventions cannot be processed by DHCS.

- Step 1. Logon to ITWS
- This requires enrollment to ITWS and permission to access the Cost and Financial Reporting System (CFRS). We also recommend that you request permission to access the Provider / Legal Entity System.
- Step 2. Download the Cost Report Template(s)
- The Detail Cost Report Template is:  
CFRS\_20142015\_CC99999X\_Detail\_Template.xls
  - The Summary Cost Report Template is:  
CFRS\_20142015\_CC00000X\_Summary\_Template.xls
- NOTE:** There may be additional information attached to the names of these file to describe the versions that are currently being used. Please download the most recent version of these files; i.e.,
- Step 3. Rename and complete the Cost Report(s)
- RENAME and CREATE a COPY of the Detail Cost Report Template for:
    - 1 for EACH Contract Provider Legal Entity
    - 1 for the County Legal Entity
  - RENAME and CREATE a COPY of the Summary Cost Report Template for:
    - 1 for The County Only
  - Complete these cost reports according to the instructions in the manual.
- Step 4. ZIP ALL excel.xls and create Submittal File
- ALL cost report files (.xls) must be Zipped together into a submittal file (.zip). This ZIP file is also called an archive. Use the ZIP utility (i.e., PKZIP) to accomplish this.
  - Note, you must create the name of this submittal file according to the naming conventions specified in this section.
- Step 5. Upload/Submit the Cost Report package to ITWS
- Logon to ITWS (ITWS.dhcs.ca.gov) and go to the CFRS system.
  - Select FUNCTIONS > UPLOAD, and specify the name of the submittal file that was created from the ZIP step for submission to DHCS.
  - ITWS will return a confirmation message stating a successful upload process.
  - You and CRFS will also receive an email notification stating that the file has been successfully received by DHCS.
  - The email will entail specific information regarding your email, and also an accompanying Upload ID number, which indicates this file in the CFRS system. Please note this Upload ID number for further notices and reports.

- Step 6. Automated DHCS Desk Edits
- DHCS will automatically process the Submittal ZIP file and perform the automated desk edits on the cost reports.
  - You will receive an email stating that the file has been processed through the automated desk edits. The results of the automated desk edits will be attached. The attached RESULTS FILE is a TEXT file and will be named according to the submittal file that was uploaded. The name of the RESULTS FILE will include the Upload ID number that was assigned when the submittal file was received by DHCS.
  - You can also logon to ITWS to review the RESULTS text file. Use the Upload ID number assigned to the submittal file to find the appropriate RESULTS text file.
- Step 7. Review the Results File
- The Results File will include any processing errors found by the automated Desk Edit for all Detail Cost Reports and the Summary Cost Report.
- Step 8. Correct any errors
- The county corrects the errors listed in the Results File.
  - After corrections to the cost reports are completed, ALL cost report files (.xls) must again be Zipped together into a submittal file (.zip), see Step 4. The submittal file (zipped file) is uploaded to DHCS ITWS, see Step 5.
- Step 9. Repeat Step 4 through Step 8 until the Results File contains no errors.
- Step 10. Finished

**NOTE:** After completing Step 5, the Upload/Submit step, the accompanying email that you receive specifies the Upload ID number of the submittal file. This Upload ID number must be used on the MH1940 that is sent to DHCS. It is the “binding” number, which details when your cost report is actually received by DHCS. You must submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification package to DHCS within 10 (ten) business days of the first submission of your cost report.



## Cost Report Template Files

The FY 2018-2019 Cost Report Templates are downloaded by the county from DHCS ITWS. Remember, there are two templates:

- A template for the Detail Cost Report. RENAME and create a COPY of the Detail Cost Report template for EACH Legal Entity (contract or county), Medi-Cal and Non-Medi-Cal. Name the files according to the naming conventions specified in this section.
- A template for the Summary Cost Report. RENAME and create a copy of the Summary Cost Report template. Name the file according to the naming conventions specified in this section. The Summary Cost Report is to be completed by the County Only.

These files are located on ITWS have the following name:

- CFRS\_20182019\_CC99999X.XLS\_Detail\_Template.XLS
  - This is the Detail Cost Report.
  - The '99999' will be replaced by the number associated with the Legal Entity.
- CFRS\_20182019\_CC00000X.XLS\_Summary\_Template.XLS
  - This is the Summary Cost Report
  - The '00000' denotes a Summary Cost Report. It must remain as '00000' as it indicates the Summary Cost Report to be complete by the County.

**NOTE:** These files reflect a version number that is used internally when creating the Cost Reports. These files are the templates to be used for completing the Cost Reports, and the versions and names are for identification purposes.

**File Naming Conventions – Detail Cost Report(s)**

All naming conventions for DETAIL Cost Reports follow this format:

**CFRS\_20182019\_CC99999X.XLS**

Where:

<b>CC</b>	County Code - Two digit code
<b>99999</b>	5 digit number which identifies the legal entity # of the cost report for which the file is being submitted. Check your Legal Entity file for correct Legal Entity numbers of your providers that you are using.
<b>X</b>	<p>“B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete)</p> <p>“F”inal Settlement, (i.e., after any SD/MC adjustments)</p> <p>“Z” for Audits,</p> <p>“T” for Test files and/or DMH use.</p>

## LEGAL ENTITY NUMBERS

Legal Entity numbers are assigned by DHCS by the type of Legal Entity they represent. These are essentially encoded with the 5-character Legal Entity numbering system of the Legal Entity File. Your 5-character Legal Entity numbers will resemble the following format. These are general rules and you should contact the DHCS Statistics and Data Analysis (SDA) group if you have further questions or problems about these designations.

<i>00000</i>	A Legal Entity number with 5 zeroes indicates that this is a Summary County Cost Report. This is very important!!!
<i>000##</i>	A Legal Entity number with 3 leading zeroes indicates that this is the County Legal Entity. Example, 00087 would indicate the County Legal Entity for County 87.
<i>00F87</i>	A Legal Entity number with 2 leading zeroes, then an “F” and a number, indicates that this is the FFS (Fee for Service) Legal Entity for the county. Example, 00F87 would indicate the FFS Legal Entity for County 87.
<i>AFC##</i>	A Legal Entity number with “AFC” as the preceding 3 characters indicates that this is an Administrative Services Organization (ASO) Legal Entity. The remaining 2 characters indicates that County Code. Example, AFC87 would indicate the ASO Legal Entity for County 87.
<i>HFP##</i>	A Legal Entity number with “HFP” as the preceding 3 characters indicates that this is a Healthy Families (Fee-For-Service) inpatient services and is used to claim all HFP inpatient services that occur in hospitals settings that would be fee-for-service if used for Medi-Cal children.
<i>#####</i>	Any other number is the 5-digit number which identifies the Legal Entity number. Check your Legal Entity File for correct Legal Entity numbers of the providers that you are using.

**File Naming Conventions - Summary Cost Report**

All naming conventions for the SUMMARY Cost Reports follow this format:

**CFRS\_20182019\_CC00000X.XLS**

Where:

<b>CC</b>	County Code – Two digit code
<b>00000</b>	5-zeroes. This must be specified.
<b>X</b>	“B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete) “F”inal Settlement, (i.e., after any SD/MC adjustments) “Z” for Audits, “T” for Test files and/or DHCS use.

**File Naming Conventions - Submittal File**

All naming conventions for **SUBMITTAL** Package follow this format:

**CFRS\_20182019\_CC\_X\_SUBMITTAL.ZIP**

Where:

CC	County Code – Two digit code
X	“B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete) “F”inal Settlement, (i.e., after any SD/MC adjustments) “Z” for Audits, “T” for Test files and/or DHCS use.

**NOTE:** If you need help using ZIP, or more formally known as PKZIP, please see <http://www.pkware.com> for instructions on using this and other ZIP products.

Further, when this file is uploaded to ITWS, it will be assigned an internal Upload ID (UpID) number. This UpID number will be referenced in all documentation regarding this file. You will also receive an email describing this and its newly renamed file.

Example:

**1. CFRS\_20182019\_87\_B\_SUBMITTAL.ZIP**

The cost reports uploaded for a sample county 87. You will receive email confirmation of this submission, and it will entail the Upload ID that was assigned when this file was uploaded. This number will now be in the name of the file in your county directory on ITWS and all reference documentation regarding this upload will be specified.

**2. CFRS\_20182019\_87\_B\_7070\_SUBMITTAL.ZIP**

This is how the file will look with the Upload ID specified as part of the renamed file. This will be automatically be done by DHCS and will look this way on ITWS.

## Desk Edits Results File

After you have UPLOADED your Cost Report submittal file to ITWS, you will receive the following electronic communication from DHCS:

1. An instant notification from ITWS saying your file was successfully uploaded.
2. Also, you will receive an email notification in your Inbox stating that DHCS received your file as well.

In the meantime, DHCS will be processing your uploaded submittal file and when done, the following will happen:

1. Notify you via an email notification in your Inbox stating that DHCS has processed your file and the results of this process are available for viewing (or downloading) on ITWS.
2. Next, you need to Logon to ITWS to view the file and determine if the automated desk edit processing is successful or not.
3. If NOT, then make necessary corrections on your local copies of the cost reports, re-ZIP into a new Submittal File, and re-Upload to ITWS.
4. Cost report is not considered ACCEPTED, until all errors on both the detail and summary cost reports pass the automated edits.

The attached report file returned to you in the email will be named according to the following format. It will also be on ITWS with the same name as:

**CFRS\_20182019\_CC\_X\_UPID\_REPORT.TXT**

Where:

<i>CC</i>	County Code – Two digit code
<i>X</i>	<p>“B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete)</p> <p>“F”inal Settlement, (i.e., after any SD/MC adjustments)</p> <p>“Z” for Audits,</p> <p>“T” for Test files and/or DMH use.</p>
<i>UPID</i>	Upload ID that was assigned when your submittal file was uploaded to ITWS.

Example:

**CFRS\_20182019\_87\_B\_123456\_REPORT.TXT**

**NOTE:** This is a text document. Use Notepad or a similar product to open and read its content.

The Cost Report submission, editing and correction cycles will produce files of different types. These files may be Notification and Return Files, or possible Error files as well. These files are created by the DHCS Cost and Financial Reporting System (CFRS) and placed on the DHCS ITWS servers so the counties may download them, examine them, and determine if any corrective or continuing action needs to be taken. Also, any errors that they may have submitted in the Cost Report submission package will be listed here as well.

After a cost report has been submitted, the CFRS will process the submission package and will create the files on the ITWS server within one day after DHCS receives a CFRS submittal file.

**File Naming Conventions – Samples**

The Detail and Summary Cost Reports are built and named according to the naming conventions. Reminder, the Summary Cost Report contains the list of the Legal Entities that are being submitted as part of the Cost Report package.

This example would represent a sample of names for cost reports to be submitted as part of the submittal package to DHCS ITWS:

CFRS_20182019_8700000B.XLS	Summary County Cost Report for County 87. Notice all 0's (Zeroes) in the file name and only the County Code is present
CFRS_20182019_8700087B.XLS	Detail Cost Report for County 87 Legal Entity. Notice the 3 0's (Zeroes) in the file name and then the County Code is present.
CFRS_20182019_8700877B.XLS	Detail Cost Report for Legal Entities by #. Notice the Legal Entity number is used here. “ “ “ “ “ “ “ “
CFRS_20182019_8700887B.XLS	
CFRS_20182019_8700755B.XLS	
CFRS_20182019_8700205B.XLS	
CFRS_20182019_8700223B.XLS	
CFRS_20182019_8700227B.XLS	
CFRS_20182019_8700249B.XLS	
CFRS_20182019_8700269B.XLS	
CFRS_20182019_8700277B.XLS	
CFRS_20182019_8700279B.XLS	



**APPENDIX A**

Please see the link below for FY2018-19 Aid Codes

[https://www.dhcs.ca.gov/services/MH/Documents/Final\\_Aid\\_Code\\_Master\\_Chart\\_5-1-19.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Final_Aid_Code_Master_Chart_5-1-19.pdf)