

**COST & FINANCIAL REPORTING
SYSTEM**

FISCAL YEAR 2019-20

**CALIFORNIA
DEPARTMENT OF
HEALTH CARE SERVICES**

INSTRUCTION MANUAL

Forms	Page Number
MH 1900 - INFO	5
MH 1901 - Schedule A	7
MH 1901 - Schedule B	8
MH 1901 - Schedule C	14
MH 1960	17
MH 1961	22
MH 1962	25
MH 1963	26
MH 1964	30
MH 1965	31
MH 1960_HOSP_COSTS	32
MH 1960_HOSP_05	35
MH 1960_PHYS_05	39
MH 1960_HOSP_05_ADMIN	42
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 (Mode 05, Service Function 19)	60
MH 1966 (Program 1)	67
MH 1966 (Program 2)	73
MH 1966 (Modes 45 and 60)	78
MH 1966 (Mode 55)	79
MH 1968	80
MH 1969 - INST	99
MH 1969 (Optional)	100
MH 1979	103
MH 1979B	110
MH 1991	118
MH 1992	119

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 – 07/01/2019 – 02/29/2020 (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, 2019 through February 29, 2020. The

amounts reported here populate the MH 1979, Line 2, Columns B and C, which are used to determine the 15% limit applied to Medi-Cal administrative reimbursement. The amount to report for outpatient services is equal to the sum of MH 1968, Lines 4, 8, 16, 20, 29, 33, 57, 61, 69, 73, 81, 85, 101, 105, and 109 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, 16, 20, 29, 33, 57, 61, 69, 73, 81, 85, 101, 105, and 109 of Column G plus the gross payments to FFS/MC hospitals.

Contract Provider Other Medi-Cal Direct Service Gross Reimbursement – 03/01/2020 – 06/30/2020 (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 Medi-Cal inpatient and outpatient services with dates of service from March 1, 2020 through June, 30 2020. 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. The amount to report for outpatient services is equal to the sum of MH 1968, Lines 12, 24, 37, 65, 77, 89, 113 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 12, 24, 37, 65, 77, 89, 113 of Column G plus the gross payments to FFS/MC hospitals.

Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement – 07/01/2019 – 09/30/2019 (Used to populate MH 1979 Line 18): 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 9, 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 41, Columns G and K for all contract providers that reported SD/MC Enhanced (Children) units on the MH 1901 Schedule B.

Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement – 10/01/2019 – 12/31/19 (Used to populate MH 1979 Line 24): 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 9, 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, Lines 45, 49, and 53, 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, Senate Bill 75 and the Young Adult Expansion beneficiaries, and Medi-Cal Administrative Activities are accounted for here. Total units reported must equal the sum of Columns E, F, H, I, K, L, N, P, R, T, V, X, Z, AB, AD, AF, AH, AJ, AL, AN, AP, AR, AT, AV, AX, AZ, BB, BD, and BF. 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_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** 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.

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 (07/01/19 - 12/31/19)

Enter the total regular SD/MC units of service for each Medi-Cal service function for the period 07/1/19 through 12/31/19. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here. **See Appendix A for SD/MC Aid Codes and program descriptions.**

Column F – Medi-Medi Crossover Units (07/01/19 - 12/31/19)

Enter the total regular Medicare/Medi-Cal crossover units of service for each Medi-Cal service function for the period 07/1/19 through 12/31/19.

Column G – SD/MC 3RD Party Revenue (07/01/19 - 12/31/19)

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, 2019 – December 31, 2019. 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 report fiscal year. **Prior year** Medicare revenues should **not** be included in the cost report.

Column H– SD/MC Units (01/01/20 - 02/29/20)

Enter the total regular SD/MC units of service for each Medi-Cal service function for the period 01/01/20 through 02/29/20. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here. **See Appendix A for SD/MC Aid Codes and program descriptions.**

Column I – Medi-Medi Crossover Units (01/01/20 - 02/29/20)

Enter the total regular Medicare/Medi-Cal crossover units of service for each Medi-Cal service function for the period 01/01/20 through 02/29/20.

Column J – SD/MC 3RD Party Revenue (01/01/20 - 02/29/20)

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 January 1, 2020 – February 29, 2020. 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 report fiscal year. **Prior year** Medicare revenues should **not** be included in the cost report.

Column K– SD/MC Units (03/01/20 - 06/30/20)

Enter the total regular SD/MC units of service for each Medi-Cal service function for the period 03/01/20 through 06/30/20. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here. **See Appendix A for SD/MC Aid Codes and program descriptions.**

Column L – Medi-Medi Crossover Units (03/01/20 - 06/30/20)

Enter the total regular Medicare/Medi-Cal crossover units of service for each Medi-Cal service function for the period 03/01/20 through 06/30/20.

Column M – SD/MC 3RD Party Revenue (03/01/20 - 06/30/20)

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 March 1, 2020 – June 30, 2020. 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 report fiscal year. **Prior year** Medicare revenues should **not** be included in the cost report.

Column N – Units of Service for Enhanced FMAP Non CHIP Beneficiaries (07/01/19 - 12/31/19)

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, 2019 – December 31, 2019.

Column O – Third Party Revenue Enhanced FMAP Non CHIP Beneficiaries (07/01/19 - 12/31/19)

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, 2019 – December 31, 2019.

Column P – Units of Service for Enhanced FMAP Non CHIP Beneficiaries (01/01/20 - 02/29/20)

Enter the units of service for each service function provided to beneficiaries enrolled in aid code E2, E4, or E5 for the period January 1, 2020 – February 29, 2020.

Column Q – Third Party Revenue Enhanced FMAP Non CHIP Beneficiaries (01/01/20 - 02/29/20)

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 January 1, 2020 – February 29, 2020.

Column R – Units of Service for Enhanced FMAP Non CHIP Beneficiaries (03/01/20 - 06/30/20)

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

Column S – Third Party Revenue Enhanced FMAP Non CHIP Beneficiaries (03/01/20 - 06/30/20)

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 March 1, 2020 – June 30, 2020.

Column T – Units of Service for Enhanced FMAP CHIP Beneficiaries (07/01/19 - 09/30/19)

Enter the units of service for each service function provided to Enhanced FMAP CHIP Beneficiaries from July 1, 2019 – September 30, 2019. 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 and Program descriptions.**

Column U – Third Party Revenue Enhanced FMAP CHIP Beneficiaries (07/01/19 - 09/30/19)

Enter the third party revenue received by the agency and attributed to services provided to Enhanced FMAP CHIP Beneficiaries from July 1, 2019 – September 30, 2019. 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 and Program descriptions.**

Column V – Units of Service for Enhanced FMAP CHIP Beneficiaries (10/01/19 - 12/31/19)

Enter the units of service for each service function provided to Enhanced FMAP CHIP Beneficiaries from October 1, 2019 – December 31, 2019. 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 and Program descriptions.**

Column W – Third Party Revenue Enhanced FMAP CHIP Beneficiaries (10/01/19 - 12/31/19)

Enter the third party revenue received by the agency and attributed to services provided to Enhanced FMAP CHIP Beneficiaries from October 1, 2019 – December 31, 2019. 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 and Program descriptions.**

Column X – Units of Service for Enhanced FMAP CHIP Beneficiaries (01/02/20 - 02/29/20)

Enter the units of service for each service function provided to Enhanced FMAP CHIP Beneficiaries from January 1, 2020 – February 29, 2020. 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 and Program descriptions.**

Column Y – Third Party Revenue Enhanced FMAP CHIP Beneficiaries (01/02/20 - 02/29/20)

Enter the third party revenue received by the agency and attributed to services provided to Enhanced FMAP CHIP Beneficiaries from January 1, 2020 – February 29, 2020. 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 and Program descriptions.**

Column Z – Units of Service for Enhanced FMAP CHIP Beneficiaries (03/01/20 - 06/30/20)

Enter the units of service for each service function provided to Enhanced FMAP CHIP Beneficiaries from March 1, 2020 – June 30, 2020. 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 and Program descriptions.**

Column AA – Third Party Revenue Enhanced FMAP CHIP Beneficiaries (03/01/20 - 06/30/20)

Enter the third party revenue received by the agency and attributed to services provided to Enhanced FMAP CHIP Beneficiaries from March 1, 2020 – June 30, 2020. 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 and Program descriptions.**

Column AB – Units of Service for Enhanced SD/MC – BCCTP (07/01/19 - 12/31/19)

Enter the units of services for each service function for Enhanced SD/MC – BCCTP for the period of July 1, 2019 – December 31, 2019. **See Appendix A for Enhanced SD/MC– BCCTP Aid Codes and program descriptions.**

Column AC – 3rd Party Revenue Enhanced SD/MC – BCCTP (07/01/19 - 12/31/19)

Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - BCCTP units of service for the period July 1, 2019 – December 31, 2019. **See Appendix A for Enhanced SD/MC– BCCTP Aid Codes and program descriptions.**

Column AD – Units of Service for Enhanced SD/MC – BCCTP (01/01/20 - 02/29/20)

Enter the units of services for each service function for Enhanced SD/MC – BCCTP for the period of January 1, 2020 – February 29, 2020. **See Appendix A for Enhanced SD/MC– BCCTP Aid Codes and program descriptions.**

Column AE – 3rd Party Revenue Enhanced SD/MC – BCCTP (01/01/20 - 02/29/20)

Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - BCCTP units of service for the period January 1, 2020 – February 29, 2020. **See Appendix A for Enhanced SD/MC– BCCTP Aid Codes and program descriptions.**

Column AF – Units of Service for Enhanced SD/MC – BCCTP (03/01/20 - 06/30/20)

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

Column AG – 3rd Party Revenue Enhanced SD/MC – BCCTP (03/01/20 - 06/30/20)

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

Column AH – Units of Service for Enhanced SD/MC – Pregnancy (07/01/19 - 12/31/19)

Enter units of service for each service function for Enhanced SD/MC – Pregnancy for the period July 1, 2019 – December 31, 2019. **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AI – 3rd Party Revenue Enhanced SD/MC – Pregnancy (07/01/19 - 12/31/19)
Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - Pregnancy units of service for the period July 1, 2019 – December 31, 2019. **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AJ – Units of Service for Enhanced SD/MC – Pregnancy (01/01/20 - 02/29/20)
Enter units of service for each service function for Enhanced SD/MC – Pregnancy for the period January 1, 2020 – February 29, 2020. **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AK – 3rd Party Revenue Enhanced SD/MC – Pregnancy (01/01/20-02/29/20)
Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - Pregnancy units of service for the period January 1, 2020 – February 29, 2020. **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AL – Units of Service for Enhanced SD/MC – Pregnancy (03/01/20 - 06/30/20)
Enter units of service for each service function for Enhanced SD/MC – Pregnancy for the period March 1, 2020 – June 30, 2020. **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AM – 3rd Party Revenue Enhanced SD/MC – Pregnancy (03/01/20 - 06/30/20)
Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - Pregnancy units of service for the period March 1, 2020 – June 30, 2020. **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AN – Units of Service for Enhanced SD/MC – Refugee (07/01/19 - 02/29/20)
Enter units of service for each service function for Enhanced SD/MC – Refugee for the period July 1, 2019 – February 29, 2020. **See Appendix A for Enhanced SD/MC– Refugee Aid Codes and program descriptions.**

Column AO – 3rd Party Revenue Enhanced SD/MC – Refugee (07/01/19 – 02/29/20)
Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - Refugee units of service for the period July 1, 2019 – February 29/2020 . **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AP – Units of Service for Enhanced SD/MC – Refugee (03/01/20 – 06/30/20)
Enter units of service for each service function for Enhanced SD/MC – Refugee for the period March 1, 2020 – June 30, 2020 . **See Appendix A for Enhanced SD/MC– Refugee Aid Codes and program descriptions**

Column AQ – 3rd Party Revenue Enhanced SD/MC – Refugee (03/01/20 – 06/30/20)
Enter the third party revenue received by the agency and attributed to Enhanced SD/MC - Refugee units of service for the period March 1, 2020 – June 30, 2020. **See Appendix A for Enhanced SD/MC– Pregnancy Aid Codes and program descriptions.**

Column AR Units of Service ACA SD/MC – Affordable Care Act (07/01/19 - 12/31/19)

Enter units of service for each service function for ACA SD/MC – Affordable Care Act for the period July 1, 2019– December 31, 2019 for 94% FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes and program descriptions.**

Column AS – 3rd Party Revenue ACA SD/MC – Affordable Care Act (07/01/19 - 12/31/19)
Enter the third party revenue received by the agency and attributed to Affordable Care Act - ACA units of service for the period July 1, 2019 – December 31, 2019 for FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes and program descriptions.**

Column AT – Units of Service ACA SD/MC – Affordable Care Act (01/01/20 - 02/29/20)
Enter units of service for each service function for ACA SD/MC – Affordable Care Act for the period January 1, 2020 – February 29, 2020 for 93% FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes and program descriptions.**

Column AU – 3rd Party Revenue ACA SD/MC – Affordable Care Act (01/01/20 - 02/29/20)
Enter the third party revenue received by the agency and attributed to Affordable Care Act - ACA units of service for the period January 1, 2020 – February 29, 2020 for FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes and program descriptions.**

Column AV – Units of Service ACA SD/MC – Affordable Care Act (03/01/20 - 06/30/20)
Enter units of service for each service function for ACA SD/MC – Affordable Care Act for the period March 1, 2020 – June 30, 2020 for 93% FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes and program descriptions.**

Column AW – 3rd Party Revenue ACA SD/MC – Affordable Care Act (03/01/20 - 06/30/20)
Enter the third party revenue received by the agency and attributed to Affordable Care Act - ACA units of service for the period March 1, 2020 – June 30, 2020 for FFP reimbursement. **See Appendix A for Affordable Care Act Aid Codes and program descriptions.**

Column AX – Units of Service Medi-Cal Access Program (MCAP) (07/01/19 - 09/30/19)
Enter units of service for each service function for Medi-Cal Access Program (MCAP) for the period July 1, 2019 – September 30, 2019 for 88% FFP. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column AY – 3rd Party Revenue Medi-Cal Access Program (MCAP) (07/01/19 - 09/30/19)
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, 2019 – September 30, 2019. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column AZ – Units of Service Medi-Cal Access Program (MCAP) (10/01/19 - 12/31/19)
Enter units of service for each service function for Medi-Cal Access Program (MCAP) for the period October 1, 2019 – December 31, 2019 for 76.5% FFP. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column BA – 3rd Party Revenue Medi-Cal Access Program (MCAP) (10/01/19 - 12/31/19)

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, 2019 – December 31, 2019. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column BB – Units of Service Medi-Cal Access Program (MCAP) (01/01/20 – 02/29/20)
Enter units of service for each service function for Medi-Cal Access Program (MCAP) for the period January 1, 2020 – February 29, 2020 for 80.84% FFP. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column BC – 3rd Party Revenue Medi-Cal Access Program (MCAP) (01/01/20 - 02/29/20)
Enter the third party revenue received by the agency and attributed to Med-Cal Access Program (MCAP) units of service for the period January 1, 2020 – February 29, 2020. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column BD – Units of Service Medi-Cal Access Program (MCAP) (03/01/20 - 06/30/20)
Enter units of service for each service function for Medi-Cal Access Program (MCAP) for the period March 1, 2020 – June 30, 2020 for 80.84% FFP. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column BE – 3rd Party Revenue Medi-Cal Access Program (MCAP) (03/01/20 - 06/30/20)
Enter the third party revenue received by the agency and attributed to Med-Cal Access Program (MCAP) units of service for the period 1, 2019 – September 30, 2019. **See Appendix A for MCAP Aid Codes and program descriptions.**

Column BF – Units of Service for Medi-cal for All Children and Young Adults (SB75) (07/01/19 – 02/29/20)
Enter units of service for each service function for services provided to children and young adults with unsatisfactory immigration status eligible for full scope Medi-Cal benefits for the period of July 1, 2019 – February 29, 2020. **DHCS will provide each county with an approved claims report counties may use to determine the units to enter in this column.**

Column BG – 3rd Party Revenue Third Party Medical for All Children (SB75) (07/01/19 – 02/29/20)
Enter the third party revenue received by the agency and attributed to services provided to children and young adults with unsatisfactory immigration status eligible for full scope Medi-Cal benefits for the period of July 1, 2019 – February 29, 2020. **DHCS will provide each county with an approved claims report counties may use to determine the 3rd party revenue to enter in this column.**

Column BH – Units of Service for Medi-cal for All Children and Young Adults (SB75) (03/01/20 – 06/30/20)
Enter units of service for each service function for services provided to children and young adults with unsatisfactory immigration status eligible for full scope Medi-Cal benefits for the period of March 1, 2020 – June 30, 2020 . **DHCS will provide each county with an approved claims report counties may use to determine the units to enter in this column.**

Column BI – 3rd Party Revenue Third Party Medical for All Children (SB75) (03/01/20 – 06/30/20)

Enter the third party revenue received by the agency and attributed to services provided to children and young adults with unsatisfactory immigration status eligible for full scope Medi-Cal benefits for the period of March 1,2020 – June 30, 2020. **DHCS will provide each county with an approved claims report counties may use to determine the 3rd party revenue to enter in this column.**

Column BJ – Non-Medi-Cal Units (07/01/19 - 06/30/20)

No entry. This column calculates total units less all SD/MC units. Column BJ equals Column D less Columns E, F, H, I, K, L, N, P, R, T, V, X, Z, AB, AD, AF, AH, AJ, AL, AN, AP, AR, AT, AV, AX, AZ, BB, BD, BF, and BH. If the sum of columns E, F, H, I, K, L, N, P, R, T, V, X, Z, AB, AD, AF, AH, AJ, AL, AN, AP, AR, AT, AV, AX, AZ, BB, BD, BF, and BH is greater than Column D, Column BJ 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 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 – 45 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 – 41: Administrative Costs: County legal entities must report total costs that are directly assigned to the administrative cost center and incurred from July 1, 2019 through September 30, 2019 on line 24, incurred from October 1, 2019 through December 31, 2019 on line 30, incurred from January 1, 2020 - February 29, 2020 on line 36, and incurred from March 1, 2020 through June 30, 2020 on line 42. Administrative costs include expenditures incurred for activities necessary for the proper and efficient administration of 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, 31, and 37), MCHIP program (Lines 26, 32, and 38) and Non SD Medi-Cal programs (Lines 27, 33, and 39). 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 (Lines 28, 34, and 40) and Proposition 30 – Federally Required (Lines 29, 35, and 41) 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, 34, and 40 and costs incurred to perform an administrative activity that the federal government required after September 30, 2012 must be reclassified to lines 29, 35, and 41.

Lines 48 – 55: Utilization Review Costs (County Only): County legal entities must report total costs directly assigned to the utilization review cost center on line 48. The total utilization review costs must be reclassified to lines 49 (Skilled Professional Medical Personnel), 50 (Other SD/MC Utilization Review), 51 (Proposition 30 – Federally Required – SPMP), 52 (Proposition 30 – Federally Required – Other UR), 53 (Proposition 30 – State Required – SPMP), 54 (Proposition 30 – State Required – Other UR), and 55 (Non SD/MC Utilization Review) on the MH 1965. The federal government reimburses 75% of the amount reported on lines 49, 51, and 53; and reimburses 50% of the amount reported on lines 50, 52, and 54. The State reimburses 50% of the amount reported on line 54, 25% of the amount reported on lines 52 and 53, and 12.5% of the amount reported on line 51. Documentation supporting the amount on lines 48 through 55 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 56 – Mode Costs (Direct Service and MAA): All legal entities must enter the direct service and MAA costs on line 50. 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 57 – Total Direct Costs: Line 57 is equal to the sum of lines 24, 30, 36, 42, 48 and 56.

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, 42, 48 and 56.

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, 42, 48 and 56.

Column C – No entry. This column calculates the sum of Columns A and B for each cost center listed in lines 1-57.

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, 42, 48 and 56.

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. A provider that received a loan through the Paycheck Protection Program and spent money from that loan on allowable

activities must enter the amount it spent on the MH 1961 to reduce the costs reported on the MH 1960.

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 50, 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 33, 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 (07/01/19 - 06/30/20)

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 (07/01/19 - 12/31/19)

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 Columns E and F 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 lines 36, Column D of the MH 1979 minus the Medi-Cal payment entered on Column E of the MH 1963 multiplied by 50%.

Column F – SD/MC Payments (01/01/20 - 06/30/20)

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 Columns H, I, K, and L 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 lines 36, Column D of the MH 1979 minus the Medi-Cal payment entered on Column E of the MH 1963 multiplied by 56.2%.

Column G – Enhanced FMAP Non CHIP Children (07/01/19 - 12/31/19)

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 N of the MH 1901_Schedule B. If the amount the county paid the contractor 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 G of the MH 1963 multiplied by 65%.

Column H – Enhanced FMAP Non CHIP Children (01/01/20 - 06/30/20)

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 Columns P and R of the MH 1901_Schedule B. If the amount the county paid the contractor 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 G of the MH 1963 multiplied by 69.34%.

Column I – Enhanced SD/MC Payments - Children (07/01/19 - 09/30/19)

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 T of the MH 1901_Schedule B. If the amount the county paid the contractor 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 88%.

Column J – Enhanced SD/MC Payments - Children (10/01/19 - 12/31/19)

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 V of the MH 1901_Schedule B. If the amount the county paid the contractor 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 J of the MH 1963 multiplied by 76.5%.

Column K – Enhanced SD/MC Payments - Children (01/01/20 - 06/30/20)

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 Columns X and Z of the MH 1901_Schedule B. If the amount the county paid the contractor provider is less than the contract provider's total costs subject to reimbursement on line 42, 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 42, Column D of the MH 1979 minus the Medi-Cal payment entered on Column K of the MH 1963 multiplied by 80.84%.

Column L – Enhanced FMAP Payments - BCCTP (07/01/19 - 12/31/19)

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column AB 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 43, 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 43, Column D of the MH 1979 minus the Medi-Cal payment entered on Column H of the MH 1963 multiplied by 65%.

Column M – Enhanced FMAP Payments - BCCTP (01/01/20 - 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 Columns AD and AF of the MH 1901_Schedule B. If this amount is less than the contract provider's total costs subject to reimbursement on line 44, 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 43, 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 – Enhanced FMAP Payments - Pregnancy (07/01/19 - 12/31/19)

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column AH 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 45, 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 45, Column D of the MH 1979 minus the Medi-Cal payment entered on Column N of the MH 1963 multiplied by 65%.

Column O – Enhanced FMAP Payments - Pregnancy (01/01/20- 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 Columns AJ and AL 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 46, 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 46, Column D of the MH 1979 minus the Medi-Cal payment entered on Column O of the MH 1963 multiplied by 69.34%.

Column P – Enhanced SD/MC Payments - Refugee (07/01/19 - 06/30/20)

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 AN 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 47, 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 47, Column D of the MH 1979 minus the Medi-Cal payment entered on Column J of the MH 1963 multiplied by 100%.

Column Q – Medi-Cal Access Program (MCAP) Payments (07/01/19 - 09/30/19)

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column AV 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 51, 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 51, Column D of the MH 1979 minus the Medi-Cal payment entered on Column Q of the MH 1963 multiplied by 88%.

Column R – Medi-Cal Access Program (MCAP) Payments (10/01/19 - 12/31/19)

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column AX 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 52, 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 52, Column D of the MH 1979 minus the Medi-Cal payment entered on Column R of the MH 1963 multiplied by 76.5%.

Column S – Medi-Cal Access Program (MCAP) Payments (01/01/20 - 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 Columns BB and BD 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 53, 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 53, Column D of the MH 1979 minus the Medi-Cal payment entered on Column S of the MH 1963 multiplied by 80.84%.

Column T – Affordable Care Act (ACA) Payments (07/01/19 - 12/31/19)

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column AR 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 48, 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 48, Column D of the MH 1979 minus the Medi-Cal payment entered on Column T of the MH 1963 multiplied by 93%.

Column U – Affordable Care Act (ACA) Payments (01/01/20 - 02/29/20)

Please enter the amount paid to the contract provider for the specialty mental health services the contractor reported on its cost report in Column AR 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 49, 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 49, Column D of the MH 1979 minus the Medi-Cal payment entered on Column U of the MH 1963 multiplied by 90%.

Column V – Affordable Care Act (ACA) Payments (03/01/20 - 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 AV 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 50, 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 50, Column D of the MH 1979 minus the Medi-Cal payment entered on Column V of the MH 1963 multiplied by 90%.

Column W – MediCal for All Children and Young Adults (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 BG of the MH 1901_Schedule B.

Column X – 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 Y – 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 58 of MH 1960_HOSP_05 and Column 58 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 58 of the MH 1960_PHYS_05 and Column 58 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 58 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 58 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 58 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 58 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 (07/01/19 - 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Days/Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Days/Charges/RVU (7/01/19 - 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Medi X-Over beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for Medi-Medi-X-Over beneficiaries during the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Days/Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Medi X-Over beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for Medi-Medi-X-Over beneficiaries during the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Days/Charges/RVU (03/01/20 - 06/30/20)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Medi X-Over beneficiaries for the period March 1, 2020 through June 30, 2020. For all other cost centers, please enter the total charges for Medi-Medi-X-Over beneficiaries during the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Days/Charges/RVU (07/01/19 - 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for psychiatric inpatient days provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4, or E5 for the period July

1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Costs (07/01/19 - 12/31/20)

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

Column 16 – Enhanced Non CHIP (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Cal beneficiaries enrolled in aid codes E2, E4 or E5 for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for psychiatric inpatient days provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4, or E5 for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/19 - 09/30/19)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (Children) beneficiaries for the period July 1, 2019 through September 30, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/19 - 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (Children) beneficiaries for the period October 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (Children) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (Children) beneficiaries for the period March 1, 2020 through June 30, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries for the period July 1, 2019 through September 30, 2019 March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 27 – SD/MC Enhanced (Children) Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (07/01/19 – 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (BCCTP) beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (BCCTP) beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Costs (07/01/19 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (01/01/20 – 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (BCCTP) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (BCCTP) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (07/01/19 – 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (01/01/20 – 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (Pregnancy) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Pregnancy) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/19 – 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for SD/MC Enhanced (Refugees) beneficiaries for the period July 1, 2019 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Refugee) beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 40.

Column 42 – SD/MC Enhanced (Refugee) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Costs (03/01/2020 – 06/30/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/19 - 09/30/19)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2019 through September 30, 2019. For all other cost centers, please enter the total charges for MCAP beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/19 - 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for MCAP beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Cal Access Program (MCAP) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for MCAP beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 49.

Column 52 – Affordable Care Act (ACA) Charges/RVU (07/01/19 – 12/31/19)

For routine cost centers, please enter the total psychiatric inpatient days for Affordable Care Act (ACA) beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for Affordable Care Act (ACA) beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for Affordable Care Act (ACA) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for Affordable Care Act (ACA) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Charges/RVU (07/01/19 – 02/29/20)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Cal for all Children (SB75) and Young Adult (Young Adult Expansion) beneficiaries for the period July 1, 2019 through February 29, 2020. For all other cost centers, please enter the total charges for services provided to Medical For All Children and Young Adult beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Costs (07/01/19 - 02/29/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Charges/RVU (03/01/20 – 06/30/20)

For routine cost centers, please enter the total psychiatric inpatient days for Medi-Cal for all Children (SB75) and Young Adult (Young Adult Expansion) beneficiaries for the period March 1, 2020 through June 30, 2020. For all other cost centers, please enter the total charges for services provided to Medical For All Children and Young Adult beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Costs (03/01/20 – 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 62 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, and 61.

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 (07/01/19 - 12/31/19)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Physician Charges/RVU (01/01/20 - 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Physician Charges/RVU (7/01/19 - 12/31/19)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Medi X-Over SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Physician Charges/RVU (01/01/20 - 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Med-Medi X-Over SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Physician Charges/RVU (07/01/19 - 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Physician Costs (07/01/19 - 12/31/20)

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

Column 16 – Enhanced Non CHIP (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Physician Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Physician Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/19 - 09/30/19)

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 the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Physician Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/19 - 12/31/19)

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 the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Physician Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 27 – SD/MC Enhanced (Children) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (07/01/19 – 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Physician Costs (07/01/12 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (01/01/20 – 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (07/01/19 – 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (01/01/20 – 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Physician Charges/RVU (07/01/19 – 02/29/20)

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, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Physician Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 41.

Column 42 – SD/MC Enhanced (Refugee) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Physician Costs (07/01/19 – 02/29/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (07/01/19 - 09/30/19)

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 the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Physician Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (10/01/19 - 12/31/19)

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 the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 50.

Column 52 – Affordable Care Act (ACA) Physician Charges/RVU (07/01/19 – 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (07/01/20 – 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Physician Costs (07/01/19 – 02/29/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (03/01/19 - 06/30/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for the period March 1, 2019 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Physician Costs (03/01/19 - 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 62 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59 and 61.

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 (07/01/19 - 12/31/19)

For routine cost centers, please enter the total hospital administrative days for SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Days/Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total hospital administrative days for SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Days/Charges/RVU (7/01/19 - 12/31/19)

For routine cost centers, please enter the total hospital administrative days for Medi-Medi X-Over beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost

centers, please enter the total charges for Medi-Medi-X-Over beneficiaries during the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Days/Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total hospital administrative days for Medi-Medi X-Over beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for Medi-Medi-X-Over beneficiaries during the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Days/Charges/RVU (07/01/19 - 12/31/19)

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, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for psychiatric inpatient days provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4, or E5 for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Costs (07/01/19 - 12/31/20)

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

Column 16 – Enhanced Non CHIP (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

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 January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for psychiatric inpatient days provided to Medi-Cal beneficiaries enrolled in aid codes E2, E4, or E5 for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/19 - 09/30/19)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Children) beneficiaries for the period July 1, 2019 through September 30, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/19 - 12/31/19)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Children) beneficiaries for the period October 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Children) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Children) beneficiaries for the period March 1, 2020 through June 30, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Children) beneficiaries

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

Column 27 – SD/MC Enhanced (Children) Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (07/01/19 – 12/31/19)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (BCCTP) beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Costs (07/01/12 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (01/01/20 – 02/29/20)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (BCCTP) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Pregnancy) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (07/01/19 – 12/31/19)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for SD/MC Enhanced (Pregnancy) beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (01/01/20 – 02/29/20)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Pregnancy) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Pregnancy) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/19 – 02/29/20)

For routine cost centers, please enter the total hospital administrative days for SD/MC Enhanced (Refugees) beneficiaries for the period July 1, 2019 through February 29, 2020. For all other cost centers, please enter the total charges for SD/MC Enhanced (Refugee) beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 41.

Column 42 – SD/MC Enhanced (Refugee) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Costs (03/01/20 – 06/30/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/19 - 09/30/19)

For routine cost centers, please enter the total hospital administrative days for Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2019 through September 30, 2019. For all other cost centers, please enter the total charges for MCAP beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/19 - 12/31/19)

For routine cost centers, please enter the total hospital administrative days for Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for MCAP beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total hospital administrative days for Medi-Cal Access Program (MCAP) beneficiaries for the period January 1, 2020 through February 29, 2020. For all other cost centers, please enter the total charges for MCAP beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 50.

Column 52 – Affordable Care Act (ACA) Charges/RVU (07/01/19 – 12/31/19)

For routine cost centers, please enter the total hospital administrative days for Affordable Care Act (ACA) beneficiaries for the period July 1, 2019 through December 31, 2019. For all other cost centers, please enter the total charges for Affordable Care Act (ACA) beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Charges/RVU (01/01/20 - 02/29/20)

For routine cost centers, please enter the total hospital administrative days for Affordable Care Act (ACA) beneficiaries for the period January 1, 2020 through February 29, 2020. For all

other cost centers, please enter the total charges for Affordable Care Act (ACA) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Charges/RVU (07/01/19 – 02/29/20)

For routine cost centers, please enter the total hospital administrative days for Medi-Cal for all Children and Young Adult beneficiaries for the period July 1, 2019 through February 29, 2020. For all other cost centers, please enter the total charges for services provided to Medical For All Children and Young Adult beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Costs (07/01/19 - 06/30/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Charges/RVU (03/01/20 - 06/30/20)

For routine cost centers, please enter the total hospital administrative days for Medi-Cal for all Children and Young Adult beneficiaries for the period March 1, 2020 through June 30, 2020. For all other cost centers, please enter the total charges for services provided to Medical For All Children and Young Adult beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Costs (07/01/19 - 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 62 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59 and 61.

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 (07/01/19 - 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Physician Charges/RVU (01/01/20 - 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Physician Charges/RVU (7/01/19 - 12/31/19)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Medi X-Over SD/MC beneficiaries for hospital administrative days for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Physician Charges/RVU (01/01/20 - 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Med-Medi X-Over SD/MC beneficiaries for hospital administrative days for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Physician Charges/RVU (07/01/19 - 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Physician Costs (07/01/19 - 12/31/20)

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

Column 16 – Enhanced Non CHIP (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Physician Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Physician Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/19 - 09/30/19)

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, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Physician Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/19 - 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Physician Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 27 – SD/MC Enhanced (Children) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (07/01/19 – 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Physician Costs (07/01/12 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (01/01/20 – 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (07/01/19 – 12/31/19)

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 hospital administrative days for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (01/01/20 – 02/29/20)

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 hospital administrative days for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Physician Charges/RVU (07/01/19 – 02/29/20)

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 July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Physician Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 41.

Column 42 – SD/MC Enhanced (Refugee) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (07/01/19 - 09/30/19)

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, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Physician Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (10/01/19 - 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (01/01/20 - 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 50.

Column 52 – Affordable Care Act (ACA) Physician Charges/RVU (07/01/19 – 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Physician Charges/RVU (01/01/20 - 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (07/01/19 – 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for hospital administrative days for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Physician Costs (07/01/19 – 02/29/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (03/01/20 - 06/30/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for hospital administrative days for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Physician Costs (03/01/20 - 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 62 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, and 61.

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 (07/01/19 - 12/31/19)

Please enter the total charges for SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Days/Charges/RVU (7/01/19 - 12/31/19)

Please enter the total charges for Medi-Medi X-Over beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for Medi-Medi X-Over beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Days/Charges/RVU (03/01/20 - 06/30/20)

Please enter the total charges for Medi-Medi X-Over beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Days/Charges/RVU (07/01/19 - 12/31/19)

Please enter the total charges for beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Costs (07/01/19 - 12/31/19)

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

Column 16 – Enhanced Non CHIP (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for beneficiaries enrolled in aid codes E2, E4 or E5 for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/19 - 09/30/19)

Please enter the total charges for SD/MC Enhanced Children beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/19 - 12/31/19)

Please enter the total charges for SD/MC Enhanced Children beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for SD/MC Enhanced Children beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 27 – SD/MC Enhanced (Children) Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (07/01/19 – 12/31/19)

Please enter the total charges for SD/MC Enhanced BCCTP beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Costs (07/01/12 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (01/01/20 – 02/29/20)

Please enter the total charges for SD/MC Enhanced BCCTP beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (07/01/19 – 12/31/19)

Please enter the total charges for SD/MC Enhanced Pregnancy beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (01/01/20 – 02/29/20)

Please enter the total charges for SD/MC Enhanced Pregnancy beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/19 – 02/29/20)

Please enter the total charges for SD/MC Enhanced Refugee beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 41.

Column 42 – SD/MC Enhanced (Refugee) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Costs (03/20/20 - 06/30/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/19 - 09/30/19)

Please enter the total charges for Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/19 - 12/31/19)

Please enter the total charges for Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for Medi-Cal Access Program (MCAP) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 50.

Column 52 – Affordable Care Act (ACA) Charges/RVU (07/01/19 – 12/31/19)

Please enter the total charges for Affordable Act Optional Expansion beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for Affordable Act Optional Expansion beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Charges/RVU (07/01/19 – 02/29/20)

Please enter the total charges for Medi-Cal for All Children (SB 75) and Young Adults (Young Adult Expansion) beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Costs (07/01/19 – 02/29/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Charges/RVU (03/01/20 - 06/30/20)

Please enter the total charges for Medi-Cal for All Children (SB 75) and Young Adults (Young Adult Expansion) beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Costs (03/01/20 - 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 62 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, and 61.

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 (07/01/19 - 12/31/19)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Physician Charges/RVU (01/01/20 - 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Physician Charges/RVU (7/01/19 - 12/31/19)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Medi X-Over SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Physician Charges/RVU (01/01/20 - 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Med-Medi X-Over SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Physician Charges/RVU (07/01/19 - 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Physician Costs (07/01/19 - 12/31/20)

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

Column 16 – Enhanced Non CHIP (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Physician Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Physician Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/19 - 09/30/19)

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 the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Physician Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/19 - 12/31/19)

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 the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Physician Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 27 – SD/MC Enhanced (Children) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (07/01/19 – 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Physician Costs (07/01/12 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (01/01/20 – 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (07/01/19 – 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (01/01/20 – 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Physician Charges/RVU (07/01/19 – 02/29/20)

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, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Physician Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 41.

Column 42 – SD/MC Enhanced (Refugee) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (07/01/19 - 09/30/19)

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 the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Physician Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (10/01/19 - 12/31/19)

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 the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 50.

Column 52 – Affordable Care Act (ACA) Physician Charges/RVU (07/01/19 – 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (07/01/19 – 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Physician Costs (07/01/19 – 02/29/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (03/01/20 - 06/30/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Physician Costs (03/01/20 - 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 62 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, and 61.

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 (07/01/19 - 12/31/19)

Please enter the total charges for SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Days/Charges/RVU (7/01/19 - 12/31/19)

Please enter the total charges for Medi-Medi X-Over beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for Medi-Medi X-Over beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Days/Charges/RVU (03/01/20 - 06/30/20)

Please enter the total charges for Medi-Medi X-Over beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Days/Charges/RVU (07/01/19 - 12/31/19)

Please enter the total charges for beneficiaries enrolled in aid codes E2, E4 or E5 for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Costs (07/01/19 - 12/31/19)

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

Column 16 – Enhanced Non CHIP (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for beneficiaries enrolled in aid codes E2, E4 or E5 for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Days/Charges/RVU (07/01/19 - 09/30/19)

Please enter the total charges for SD/MC Enhanced Children beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Days/Charges/RVU (10/01/19 - 12/31/19)

Please enter the total charges for SD/MC Enhanced Children beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Days/Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for SD/MC Enhanced Children beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 27 – SD/MC Enhanced (Children) Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (07/01/19 – 12/31/19)

Please enter the total charges for SD/MC Enhanced BCCTP beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Costs (07/01/19 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (01/01/20 – 02/29/20)

Please enter the total charges for SD/MC Enhanced BCCTP beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (07/01/19 – 12/31/19)

Please enter the total charges for SD/MC Enhanced Pregnancy beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (01/01/20 – 02/29/20)

Please enter the total charges for SD/MC Enhanced Pregnancy beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Days/Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Days/Charges/RVU (07/01/19 - 02/29/20)

Please enter the total charges for SD/MC Enhanced Refugee beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 40.

Column 42 – SD/MC Enhanced (Refugee) Days/Charges/RVU (03/01/20 - 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Costs (03/01/20 - 06/30/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Charges/RVU (07/01/19 - 09/30/19)

Please enter the total charges for Medi-Cal Access Program (MCAP) beneficiaries for the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Charges/RVU (10/01/19 - 12/31/19)

Please enter the total charges for Medi-Cal Access Program (MCAP) beneficiaries for the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for Medi-Cal Access Program (MCAP) beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 50.

Column 52 – Affordable Care Act (ACA) Charges/RVU (07/01/19 – 12/31/19)

Please enter the total charges for Affordable Act Optional Expansion beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Charges/RVU (01/01/20 - 02/29/20)

Please enter the total charges for Affordable Act Optional Expansion beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Charges/RVU (07/01/19 – 02/29/20)

Please enter the total charges for Medi-Cal for All Children (SB 75) and Young Adults (Young Adult Expansion) beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Costs (07/01/19 – 02/29/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Charges/RVU (03/01/20 - 06/30/20)

Please enter the total charges for Medi-Cal for All Children (SB 75) and Young Adults (Young Adult Expansion) beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Costs (03/01/20 - 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 62 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, and 61.

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 (07/01/19 - 12/31/19)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/19 - 12/31/19)

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

Column 4 – SD/MC Physician Charges/RVU (01/01/20 - 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/20 - 02/29/20)

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

Column 6 – SD/MC Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 7 – SD/MC Costs (03/01/20 - 06/30/20)

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

Column 8 – Medi-Medi X-Over Physician Charges/RVU (7/01/19 - 12/31/19)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Medi X-Over SD/MC beneficiaries for the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 9 – Medi-Medi Costs X-Over Costs (07/01/19 - 12/31/19)

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

Column 10 – Medi-Medi X-Over Physician Charges/RVU (01/01/20 - 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Med-Medi X-Over SD/MC beneficiaries for the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 11 – Medi-Medi Costs X-Over Costs (01/01/20 - 02/29/20)

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

Column 12 – Medi-Medi X-Over Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 13 – Medi-Medi Costs X-Over Costs (03/01/20 - 06/30/20)

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

Column 14 – Enhanced Non CHIP (Children) Physician Charges/RVU (07/01/19 - 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 15 – Enhanced Non CHIP (Children) Physician Costs (07/01/19 - 12/31/20)

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

Column 16 – Enhanced Non CHIP (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 17 – Enhanced Non CHIP (Children) Physician Costs (01/01/20 - 02/29/20)

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

Column 18 – Enhanced Non CHIP (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 19 – Enhanced Non CHIP (Children) Physician Costs (03/01/20 - 06/30/20)

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

Column 20 – SD/MC Enhanced (Children) Physician Charges/RVU (07/01/19 - 09/30/19)

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 the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 21 – SD/MC Enhanced (Children) Physician Costs (07/01/19 - 09/30/19)

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

Column 22 – SD/MC Enhanced (Children) Physician Charges/RVU (10/01/19 - 12/31/19)

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 the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 23 – SD/MC Enhanced (Children) Physician Costs (10/01/19 - 12/31/19)

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

Column 24 – SD/MC Enhanced (Children) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 25 – SD/MC Enhanced (Children) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 25 is equal to the product of columns 1 and 24.

Column 26 – SD/MC Enhanced (Children) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 27 – SD/MC Enhanced (Children) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 27 is equal to the product of columns 1 and 26.

Column 28 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (07/01/19 – 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 29 – SD/MC Enhanced (BCTTP) Physician Costs (07/01/12 - 12/31/19)

No entry. Column 29 is equal to the product of columns 1 and 28.

Column 30 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (01/01/20 – 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 31 – SD/MC Enhanced (BCTTP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 31 is equal to the product of columns 1 and 30.

Column 32 – SD/MC Enhanced (BCCTP) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 33 – SD/MC Enhanced (BCTTP) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 33 is equal to the product of columns 1 and 32.

Column 34 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (07/01/19 – 12/31/19)

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, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 35 – SD/MC Enhanced (Pregnancy) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 35 is equal to the product of columns 1 and 34.

Column 36 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (01/01/20 – 02/29/20)

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 January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 37 – SD/MC Enhanced (Pregnancy) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 37 is equal to the product of columns 1 and 36.

Column 38 – SD/MC Enhanced (Pregnancy) Physician Charges/RVU (03/01/20 – 06/30/20)

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

Column 39 – SD/MC Enhanced (Pregnancy) Physician Costs (03/01/20 – 06/30/20)

No entry. Column 39 is equal to the product of columns 1 and 38.

Column 40 – SD/MC Enhanced (Refugee) Physician Charges/RVU (07/01/19 – 02/20/20)

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, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 41 – SD/MC Enhanced (Refugee) Physician Costs (07/01/19 – 02/29/20)

No entry. Column 41 is equal to the product of columns 1 and 40.

Column 42 – SD/MC Enhanced (Refugee) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 43 – SD/MC Enhanced (Refugee) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 43 is equal to the product of columns 1 and 42.

Column 44 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (07/01/19 - 09/30/19)

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 the period July 1, 2019 through September 30, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 45 – Medi-Cal Access Program (MCAP) Physician Costs (07/01/19 - 09/30/19)

No entry. Column 45 is equal to the product of columns 1 and 44.

Column 46 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (10/01/19 - 12/31/19)

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 the period October 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 47 – Medi-Cal Access Program (MCAP) Physician Costs (10/01/19 - 12/31/19)

No entry. Column 47 is equal to the product of columns 1 and 46.

Column 48 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 49 – Medi-Cal Access Program (MCAP) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 49 is equal to the product of columns 1 and 48.

Column 50 – Medi-Cal Access Program (MCAP) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 51 – Medi-Cal Access Program (MCAP) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 51 is equal to the product of columns 1 and 50.

Column 52 – Affordable Care Act (ACA) Physician Charges/RVU (07/01/19 – 12/31/19)

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 the period July 1, 2019 through December 31, 2019 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 53 – Affordable Care Act (ACA) Physician Costs (07/01/19 - 12/31/19)

No entry. Column 53 is equal to the product of columns 1 and 52.

Column 54 – Affordable Care Act (ACA) Physician Charges/RVU (01/01/20 - 02/29/20)

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 the period January 1, 2020 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 55 – Affordable Care Act (ACA) Physician Costs (01/01/20 - 02/29/20)

No entry. Column 55 is equal to the product of columns 1 and 54.

Column 56 – Affordable Care Act (ACA) Physician Charges/RVU (03/01/20 - 06/30/20)

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

Column 57 – Affordable Care Act (ACA) Physician Costs (03/01/20 - 06/30/20)

No entry. Column 57 is equal to the product of columns 1 and 56.

Column 58 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (07/01/19 – 02/29/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for the period July 1, 2019 through February 29, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 59 – Medi-Cal for All Children and Young Adults Physician Costs (07/01/19 – 02/29/20)

No entry. Column 59 is equal to the product of columns 1 and 58.

Column 60 – Medi-Cal for All Children and Young Adults Physician Charges/RVU (03/01/20 - 06/30/20)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Cal for All Children (SB75) and Young Adults (Young Adult Expansion) beneficiaries for the period March 1, 2020 through June 30, 2020 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 61 – Medi-Cal for All Children and Young Adults Physician Costs (03/01/20 - 06/30/20)

No entry. Column 61 is equal to the product of columns 1 and 60.

Column 58 – 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, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, and 61.

MH 1966 Mode 05, Hospital Inpatient (Service Functions 10 – 19)

Hospital Inpatient

Legal entities that report Mode 05, SF 19 must complete the MH 1991. The SMA rate for Mode 05, SF 19 does not include physician and ancillary service costs. The MH 1991 is intended to capture the physician and ancillary costs related to these administrative days and add them to the SMA rate. The intent of this procedure is to ensure that physician and ancillary costs related to these hospital administrative days are included in the comparison of the costs and published charge.

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 (07/01/2019 – 12/31/2019)

No entry. Starting in Column C, 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 – Medi-Cal Units (01/01/2020 – 02/29/2020)

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

Line 8 – Medi-Cal Units (03/01/2020 – 06/30/2020)

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

Line 9 – Medicare/Medi-Cal Crossover Units (07/01/2019 – 12/31/2019)

No entry. Starting in Column C, Medi-Cal units (from billing records) for Medi-Cal service functions 10-18 fills in automatically from the MH 1901 Schedule B, Column F. This line does not apply to service function 19 and is left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 10 – Medicare/Medi-Cal Crossover Units (01/01/2020 – 02/29/2020)

No entry. Starting in Column C, Medi-Cal units (from billing records) for Medi-Cal service functions 10-18 fills in automatically from the MH 1901 Schedule B, Column I. This line does not apply to service function 19 and is left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 11 – Medicare/Medi-Cal Crossover Units (03/01/2020 – 06/30/2020)

No entry. Starting in Column C, Medi-Cal units (from billing records) for Medi-Cal service functions 10-18 fills in automatically from the MH 1901 Schedule B, Column L. This line does not apply to service function 19 and is left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 12 – Enhanced Non CHIP Units (07/01/19 – 12/31/19)

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

Line 13 – Enhanced Non CHIP Units (01/01/20 – 02/29/20)

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

Line 14 – Enhanced Non CHIP Units (03/01/20 – 06/30/20)

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

Line 15 – Enhanced CHIP (Children) Units (07/01/19 - 09/30/19)

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

Line 16 – Enhanced CHIP (Children) Units (10/01/19 - 12/31/19)

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

Line 17 – Enhanced CHIP (Children) Units (01/01/20 - 02/29/20)

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

Line 18 – Enhanced CHIP (Children) Units (03/01/20 - 06/30/20)

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

Line 19 – Enhanced SD/MC (BCCTP) Units (07/01/19 - 12/31/19)

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

Line 20 – Enhanced SD/MC (BCCTP) Units (01/01/20 - 02/29/20)

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

Line 21 – Enhanced SD/MC (BCCTP) Units (03/01/20 - 06/30/20)

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

Line 22 – Enhanced SD/MC (Pregnancy) Units (07/01/19 - 12/31/19)

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

Line 23 – Enhanced SD/MC (Pregnancy) Units (01/01/20 - 02/29/20)

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

Line 24 – Enhanced SD/MC (Pregnancy) Units (03/01/20 - 06/30/20)

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

Line 25 – Enhanced SD/MC (Refugee) Units (07/01/19 – 02/29/20)

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 AN.

Line 26 – Enhanced SD/MC (Refugee) Units (03/01/20 - 06/30/20)

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 AP.

Line 27 – Affordable Care Act (ACA) Units (07/01/19 - 12/31/19)

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

Line 28 – Affordable Care Act (ACA) Units (01/01/20 - 02/29/20)

No entry. Starting in Column C, Affordable Care Act units (from billing records) for each

Affordable Care Act Service function fills in automatically from the MH 1901 Schedule B, Column AT.

Line 29 – Affordable Care Act (ACA) Units (03/01/20 - 06/30/20)

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

Line 30 - Medi-Cal for all for All Children (SB75) and Young Adults Units (07/01/19 - 02/29/20)

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

Line 31 - Medi-Cal for all for All Children (SB75) and Young Adults Units (03/01/20 - 06/30/20)

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

Line 32 - Medi-Cal Access Program (MCAP) Units (07/01/19 - 09/30/19)

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

Line 33 - Medi-Cal Access Program (MCAP) Units (10/01/19 - 12/31/19)

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

Line 34 - Medi-Cal Access Program (MCAP) Units (01/01/20 - 02/29/20)

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

Line 35 - Medi-Cal Access Program (MCAP) Units (03/01/20 - 06/30/20)

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

Line 36 - Non Medi-Cal Units (07/01/18 - 06/30/19)

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 37 – Medi-Cal Costs (07/01/19 - 12/31/19)

No entry. Starting in Column C, line 4 is multiplied by line 6 for each SD/MC service function. The product of all SD/MC administrative day service functions computed are summed up in Column A, Line 35 and the products of all other SD/MC service functions computed are summed up in Column B, Line 37.

Line 38 – Medi-Cal Published Charges (07/01/19 - 12/31/19)

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

Column A, Line 36 and the product of all other SD/MC service functions computed are summed up in Column B, Line 38.

Line 39 – Medi-Cal Costs (01/01/20 - 02/29/20)

No entry. Starting in Column C, line 4 is multiplied by line 7 for each SD/MC service function. The product of all SD/MC administrative day service functions computed are summed up in Column A, Line 37 and the products of all other SD/MC service functions computed are summed up in Column B, Line 39.

Line 40 – Medi-Cal Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column C, line 5 is multiplied by line 7 for each SD/MC service function. The product of all SD/MC administrative day service functions computed are summed up on Column A, Line 38 and the product of all other SD/MC service functions computed are summed up in Column B, Line 40.

Line 41 – Medi-Cal Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, line 4 is multiplied by line 8 for each SD/MC service function. The product of all SD/MC administrative day service functions computed are summed up in Column A, Line 39 and the products of all other SD/MC service functions computed are summed up in Column B, Line 41.

Line 42 – Medi-Cal Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column C, line 5 is multiplied by line 8 for each SD/MC service function. The product of all SD/MC administrative day service functions computed are summed up on Column A, Line 40 and the product of all other SD/MC service functions computed are summed up in Column B, Line 42.

Line 43 – Medicare/Medi-Cal Crossover Costs (07/01/19 - 12/31/19)

No entry. Starting in Column C, line 4 is multiplied by line 9 for SD/MC service functions 10 through 18. The product of all SD/MC acute psychiatric inpatient hospital services are summed up on Column B, Line 43. These lines do not apply to administrative day services and should be left blank. Administrative Day services cannot have crossover units because Medicare will not pay for those beds.

Line 44 – Medicare/Medi-Cal Crossover Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column C, line 5 is multiplied by line 9 for SD/MC service functions 10 through 18. The product of all SD/MC acute psychiatric inpatient hospital services are summed up on Column B, Line 44. These lines do not apply to administrative day services and should be left blank. Administrative Day services cannot have crossover units because Medicare will not pay for those beds.

Line 45 – Medicare/Medi-Cal Crossover Costs (01/01/20 - 02/29/20)

No entry. Starting in Column C, line 4 is multiplied by line 10 for SD/MC service functions 10 through 18. The product of all SD/MC acute psychiatric inpatient hospital services are summed up on Column B, Line 45. These lines do not apply to administrative day services and should be left blank. Administrative Day services cannot have crossover units because Medicare will not pay for those beds.

Line 46 – Medicare/Medi-Cal Crossover Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column C, line 5 is multiplied by line 10 for SD/MC service functions 10 through 18. The product of all SD/MC acute psychiatric inpatient hospital services are summed up on Column B, Line 46. These lines do not apply to administrative day services and should be left blank. Administrative Day services cannot have crossover units because Medicare will not pay for those beds.

Line 47 – Medicare/Medi-Cal Crossover Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, line 4 is multiplied by line 11 for SD/MC service functions 10 through 18. The product of all SD/MC acute psychiatric inpatient hospital services are summed up on Column B, Line 47. These lines do not apply to administrative day services and should be left blank. Administrative Day services cannot have crossover units because Medicare will not pay for those beds.

Line 48 – Medicare/Medi-Cal Crossover Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column C, line 5 is multiplied by line 11 for SD/MC service functions 10 through 18. The product of all SD/MC acute psychiatric inpatient hospital services are summed up on Column B, Line 48. These lines do not apply to administrative day services and should be left blank. Administrative Day services cannot have crossover units because Medicare will not pay for those beds.

Line 49 – Enhanced Non CHIP (Children) Costs (07/01/19 - 12/31/19)

No entry. Starting in Column C, Line 4 is multiplied by line 12 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 49 and the products of all other SD/MC service functions computed are summed up in Column B, Line 49.

Line 50 – Enhanced Non CHIP (Children) Published Charges (07/01/19 - 12/31/19)

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 administrative day service functions computed are summed up in Column A, Line 50 and the products of all other SD/MC service functions computed are summed up in Column B, Line 50.

Line 51 – Enhanced Non CHIP (Children) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column C, Line 4 is multiplied by line 13 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 51 and the products of all other SD/MC service functions computed are summed up in Column B, Line 51.

Line 52 – Enhanced Non CHIP (Children) Published Charges (01/01/20 - 02/29/20)

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 administrative day service functions computed are summed up in Column A, Line 52 and the products of all other SD/MC service functions computed are summed up in Column B, Line 52.

Line 53 – Enhanced Non CHIP (Children) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 14 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 51 and the products of all other SD/MC service functions computed are summed up in Column B, Line 51.

Line 54 – Enhanced Non CHIP (Children) Published Charges (03/01/20 - 06/30/20)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 administrative day service functions computed are summed up in Column A, Line 54 and the products of all other SD/MC service functions computed are summed up in Column B, Line 54.

Line 55 – Enhanced SD/MC (Children) Costs (07/01/19 - 09/30/19)No entry. Starting in Column C, Line 4 is multiplied by line 15 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 55 and the products of all other SD/MC service functions computed are summed up in Column B, Line 55.

Line 56 – Enhanced SD/MC (Children) Published Charges (07/01/19 - 09/30/19)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 administrative day service functions computed are summed up in Column A, Line 56 and the products of all other SD/MC service functions computed are summed up in Column B, Line 56.

Line 57 – Enhanced SD/MC (Children) Costs (10/01/19 - 12/31/19)No entry. Starting in Column C, Line 4 is multiplied by line 16 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 57 and the products of all other SD/MC service functions computed are summed up in Column B, Line 57.

Line 58 – Enhanced SD/MC (Children) Published Charges (10/01/19 - 12/31/19)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 administrative day service functions computed are summed up in Column A, Line 58 and the products of all other SD/MC service functions computed are summed up in Column B, Line 58.

Line 59 – Enhanced SD/MC (Children) Costs (01/01/20 - 02/29/20)No entry. Starting in Column C, Line 4 is multiplied by line 17 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 59 and the products of all other SD/MC service functions computed are summed up in Column B, Line 5.

Line 60 – Enhanced SD/MC (Children) Published Charges (01/01/20 - 02/29/20)No entry. Starting in Column B, Line 5 is multiplied by line 17 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 60 and the products of all other SD/MC service functions computed are summed up in Column B, Line 60.

Line 61 – Enhanced SD/MC (Children) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 18 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 61 and the products of all other SD/MC service functions computed are summed up in Column B, Line 61.

Line 62 – Enhanced SD/MC (Children) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 5 is multiplied by line 18 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 62 and the products of all other SD/MC service functions computed are summed up in Column B, Line 62.

Line 63 – Enhanced SD/MC (BCCTP) Costs (07/01/19 - 12/31/19)

No entry. Starting in Column C, Line 4 is multiplied by line 19 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 63 and the products of all other SD/MC service functions computed are summed up in Column B, Line 63.

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column C Line 5 is multiplied by line 19 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 64 and the products of all other SD/MC service functions computed are summed up in Column B, Line 64.

Line 65 – Enhanced SD/MC (BCCTP) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column C, Line 4 is multiplied by line 20 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 65 and the products of all other SD/MC service functions computed are summed up in Column B, Line 65.

Line 66 – Enhanced SD/MC (BCCTP) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column C Line 5 is multiplied by line 20 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 66 and the products of all other SD/MC service functions computed are summed up in Column B, Line 66.

Line 67 – Enhanced SD/MC (BCCTP) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 21 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 67 and the products of all other SD/MC service functions computed are summed up in Column B, Line 67.

Line 68 – Enhanced SD/MC (BCCTP) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column C Line 5 is multiplied by line 21 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 68 and the products of all other SD/MC service functions computed are summed up in Column B, Line 68.

Line 69 – Enhanced SD/MC (Pregnancy) Costs (07/01/19 - 12/31/19)

No entry. Starting in Column C, Line 4 is multiplied by line 22 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 69 and the products of all other SD/MC service functions computed are summed up in Column B, Line 97.

Line 70 – Enhanced SD/MC (Pregnancy) Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column C, Line 5 is multiplied by line 22 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 70 and the products of all other SD/MC service functions computed are summed up in Column B, Line 70.

Line 71 – Enhanced SD/MC (Pregnancy) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column C, Line 4 is multiplied by line 23 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 71 and the products of all other SD/MC service functions computed are summed up in Column B, Line 71.

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column C, Line 5 is multiplied by line 23 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 72 and the products of all other SD/MC service functions computed are summed up in Column B, Line 72.

Line 73 – Enhanced SD/MC (Pregnancy) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 24 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 73 and the products of all other SD/MC service functions computed are summed up in Column B, Line 73.

Line 74 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 5 is multiplied by line 24 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 74 and the products of all other SD/MC service functions computed are summed up in Column B, Line 74.

Line 75 – Enhanced SD/MC (Refugee) Costs (7/01/19 – 02/29/20)

No entry. Starting in Column C, Line 4 is multiplied by line 25 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 75 and the products of all other SD/MC service functions computed are summed up in Column B, Line 75.

Line 76 – Enhanced SD/MC (Refugee) Published Charges (07/01/19 – 02/29/20)

No entry. Starting in Column C, Line 5 is multiplied by line 25 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are

summed up in Column A, Line 76 and the products of all other SD/MC service functions computed are summed up in Column B, Line 76.

Line 77 – Enhanced SD/MC (Refugee) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 26 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 77 and the products of all other SD/MC service functions computed are summed up in Column B, Line 77

Line 78 – Enhanced SD/MC (Refugee) Published Charges 03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 5 is multiplied by line 26 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 78 and the products of all other SD/MC service functions computed are summed up in Column B, Line 78.

Line 79 – Affordable Care Act (ACA) Program Costs (07/01/19 - 12/31/19)

No entry. Starting in Column C, Line 4 is multiplied by line 27 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 79 and the products of all other SD/MC service functions computed are summed up in Column B, Line 79.

Line 80 – Affordable Care Act (ACA) Program Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column C, Line 5 is multiplied by line 27 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 80 and the products of all other SD/MC service functions computed are summed up in Column B, Line 80.

Line 81 – Affordable Care Act (ACA) Program Costs (01/01/20 - 02/29/20)

No entry. Starting in Column C, Line 4 is multiplied by line 28 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 81 and the products of all other SD/MC service functions computed are summed up in Column B, Line 81.

Line 82 – Affordable Care Act (ACA) Program Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column C, Line 5 is multiplied by line 28 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 82 and the products of all other SD/MC service functions computed are summed up in Column B, Line 82.

Line 83 – Affordable Care Act (ACA) Program Costs (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 29 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 83 and the products of all other SD/MC service functions computed are summed up in Column B, Line 83.

Line 84 – Affordable Care Act (ACA) Program Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 5 is multiplied by line 29 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 84 and the products of all other SD/MC service functions computed are summed up in Column B, Line 84.

Line 85 – Medi-Cal for All Children (SB75) and Young Adults Cost (07/01/19 – 02/29/20)

No entry. Starting in Column C, Line 4 is multiplied by line 30 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 85 and the products of all other SD/MC service functions computed are summed up in Column B, Line 85.

Line 86 – Medi-Cal for All Children (SB75) and Young Adults Published Charges (07/01/19 – 02/29/20)

No entry. Starting in Column C, Line 5 is multiplied by line 30 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 86 and the products of all other SD/MC service functions computed are summed up in Column B, Line 86.

Line 87 – Medi-Cal for All Children (SB75) and Young Adults Cost (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 31 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 87 and the products of all other SD/MC service functions computed are summed up in Column B, Line 87.

Line 88 – Medi-Cal for All Children (SB75) and Young Adults Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 5 is multiplied by line 31 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 88 and the products of all other SD/MC service functions computed are summed up in Column B, Line 88.

Line 89 – Medi-Cal Access Program (MCAP) Cost (07/01/19 - 09/30/19)

No entry. Starting in Column C, Line 4 is multiplied by line 32 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 89 and the products of all other SD/MC service functions computed are summed up in Column B, Line 89.

Line 90 – Medi-Cal Access Program (MCAP) Published Charges (07/01/19 - 09/30/19)

No entry. Starting in Column C, Line 5 is multiplied by line 32 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 90 and the products of all other SD/MC service functions computed are summed up in Column B, Line 90.

Line 91 – Medi-Cal Access Program (MCAP) Cost (10/01/19 - 12/31/19)

No entry. Starting in Column C, Line 4 is multiplied by line 33 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are

summed up in Column A, Line 91 and the products of all other SD/MC service functions computed are summed up in Column B, Line 91.

Line 92 – Medi-Cal Access Program (MCAP) Published Charges (10/01/19 - 12/31/19)

No entry. Starting in Column C, Line 5 is multiplied by line 33 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 92 and the products of all other SD/MC service functions computed are summed up in Column B, Line 92.

Line 93 – Medi-Cal Access Program (MCAP) Cost (01/01/20 - 02/29/20)

No entry. Starting in Column C, Line 4 is multiplied by line 34 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 93 and the products of all other SD/MC service functions computed are summed up in Column B, Line 93.

Line 94 – Medi-Cal Access Program (MCAP) Published Charges (02/01/20 - 02/29/20)

No entry. Starting in Column C, Line 5 is multiplied by line 34 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 94 and the products of all other SD/MC service functions computed are summed up in Column B, Line 94.

Line 95 – Medi-Cal Access Program (MCAP) Cost (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 35 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 95 and the products of all other SD/MC service functions computed are summed up in Column B, Line 95.

Line 96 – Medi-Cal Access Program (MCAP) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column C, Line 5 is multiplied by line 35 for each SD/MC service function. The products of all SD/MC administrative day service functions computed are summed up in Column A, Line 96 and the products of all other SD/MC service functions computed are summed up in Column B, Line 96.

Lines 97 – Non-Medi-Cal Costs (7/01/19 - 06/30/20)

No entry. Starting in Column C, Line 4 is multiplied by line 36 for each service function. The products of all Non-Medi-Cal administrative day service functions computed are summed up in Column A, Line 97 and the products of all other Non-Medi-Cal service functions computed are summed up in Column B, Line 97 not pay for those beds.

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 (07/01/2019 – 12/31/2019)

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 – Medi-Cal Units (01/01/2020 – 02/29/2020)

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 H.

Line 8 – Medi-Cal Units (03/01/2020 – 06/30/2020)

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 K.

Line 9 – Medicare/Medi-Cal Crossover Units (07/01/2019 – 12/31/2019)

No entry. Starting in Column B, Medi-Cal units (from billing records) is automatically from the MH 1901 Schedule B, Column F.

Line 10 – Medicare/Medi-Cal Crossover Units (01/01/2020 – 02/29/2020)

No entry. Starting in Column B, Medi-Cal units (from billing records) is automatically from the MH 1901 Schedule B, Column I.

Line 11 – Medicare/Medi-Cal Crossover Units (03/01/2020 – 06/30/2020)

No entry. Starting in Column B, Medi-Cal units (from billing records) is automatically from the MH 1901 Schedule B, Column L.

Line 12 – Enhanced Non CHIP Units (07/01/19 – 12/31/19)

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 N.

Line 13 – Enhanced Non CHIP Units (01/01/20 – 02/29/20)

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 P.

Line 14 – Enhanced Non CHIP Units (03/01/20 – 06/30/20)

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 R.

Line 15 – Enhanced CHIP (Children) Units (07/01/19 - 09/30/19)

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 T.

Line 16 – Enhanced CHIP (Children) Units (10/01/19 - 12/31/19)

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 V.

Line 17 – Enhanced CHIP (Children) Units (01/01/20 - 02/29/20)

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 X.

Line 18 – Enhanced CHIP (Children) Units (03/01/20 - 06/30/20)

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 Z.

Line 19 – Enhanced SD/MC (BCCTP) Units (07/01/19 - 12/31/19)

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 AB.

Line 20 – Enhanced SD/MC (BCCTP) Units (01/01/20 - 02/29/20)

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 AD.

Line 21 – Enhanced SD/MC (BCCTP) Units (03/01/20 - 06/30/20)

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 AB.

Line 22 – Enhanced SD/MC (Pregnancy) Units (07/01/19 - 12/31/19)

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 AH.

Line 23 – Enhanced SD/MC (Pregnancy) Units (01/01/20 - 02/29/20)

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 AJ.

Line 24 – Enhanced SD/MC (Pregnancy) Units (03/01/20 - 06/30/20)

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 AL.

Line 25 – Enhanced SD/MC (Refugee) Units (07/01/19 – 02/29/20)

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 AN.

Line 26 – Enhanced SD/MC (Refugee) Units (03/01/20 - 06/30/20)

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 AP.

Line 27 – Affordable Care Act (ACA) Units (07/01/19 - 12/31/19)

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 AR.

Line 28 – Affordable Care Act (ACA) Units (01/01/20 - 02/29/20)

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 AT.

Line 29 – Affordable Care Act (ACA) Units (03/01/20 - 06/30/20)

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 AV.

Line 30 - Medi-Cal for all for All Children (SB75) and Young Adults Units (07/01/19 – 02/29/20)

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 BF.

Line 31 - Medi-Cal for all for All Children (SB75) and Young Adults Units (03/01/20 - 06/30/20)

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 BH.

Line 32 - Medi-Cal Access Program (MCAP) Units (07/01/19 - 09/30/19)

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 AX.

Line 33 - Medi-Cal Access Program (MCAP) Units (10/01/19 - 12/31/19)

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 AZ.

Line 34 - Medi-Cal Access Program (MCAP) Units (01/01/20 - 02/29/20)

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 BB.

Line 35 - Medi-Cal Access Program (MCAP) Units (03/01/20 - 06/30/20)

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 BD.

Line 36 - Non Medi-Cal Units (07/01/19 - 06/30/20)

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 37 – Medi-Cal Costs (07/01/19 - 12/31/19)

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 37.

Line 38 – Medi-Cal Published Charges (07/01/19 - 12/31/19)

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 38.

Line 39 – Medi-Cal Costs (01/01/20 - 02/29/20)

No entry. Starting in Column B, 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 A, Line 39.

Line 40 – Medi-Cal Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column B, 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 on Column A, Line 40.

Line 41 – Medi-Cal Costs (03/01/20 - 06/30/20)

No entry. Starting in Column B, 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 A, Line 41.

Line 42 – Medi-Cal Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, 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 on Column A, Line 42.

Line 43 – Medicare/Medi-Cal Crossover Costs (07/01/19 - 12/31/19)

No entry. Starting in Column B, 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 on Column A, Line 43.

Line 44 – Medicare/Medi-Cal Crossover Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column B, line 5 is multiplied by line 9 for each SD/MC service function. The product of all SD/MC service functions are summed up on Column A, Line 44.

Line 45 – Medicare/Medi-Cal Crossover Costs (01/01/20 - 02/29/20)

No entry. Starting in Column B, 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 on Column A, Line 45.

Line 46 – Medicare/Medi-Cal Crossover Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column B, 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 on Column A, Line 46.

Line 47 – Medicare/Medi-Cal Crossover Costs (03/01/20 - 06/30/20)

No entry. Starting in Column B, line 4 is multiplied by line 11 for each SD/MC service function. The product of all SD/MC service functions are summed up on Column A, Line 47.

Line 48 – Medicare/Medi-Cal Crossover Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, line 5 is multiplied by line 11 for each SD/MC service function. The product of all SD/MC service functions are summed up on Column A, Line 48.

Line 49 – Enhanced Non CHIP (Children) Costs (07/01/19 - 12/31/19)

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 49.

Line 50 – Enhanced Non CHIP (Children) Published Charges (07/01/19 - 12/31/19)

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 50.

Line 51 – Enhanced Non CHIP (Children) Costs (01/01/20 - 02/29/20)

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 51.

Line 52 – Enhanced Non CHIP (Children) Published Charges (01/01/20 - 02/29/20)

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 52.

Line 53 – Enhanced Non CHIP (Children) Costs (03/01/20 - 06/30/20)

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 53.

Line 54 – Enhanced Non CHIP (Children) Published Charges (03/01/20 - 06/30/20)

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 54.

Line 55 – Enhanced SD/MC (Children) Costs (07/01/19 - 09/30/19)

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 55.

Line 56 – Enhanced SD/MC (Children) Published Charges (07/01/19 - 09/30/19)

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 56.

Line 57 – Enhanced SD/MC (Children) Costs (10/01/19 - 12/31/19)

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 57.

Line 58 – Enhanced SD/MC (Children) Published Charges (10/01/19 - 12/31/19)

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 58.

Line 59 – Enhanced SD/MC (Children) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 4 is multiplied by line 17 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 59.

Line 60 – Enhanced SD/MC (Children) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 5 is multiplied by line 17 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 60.

Line 61 – Enhanced SD/MC (Children) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 18 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 61.

Line 62 – Enhanced SD/MC (Children) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 5 is multiplied by line 18 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 62.

Line 63 – Enhanced SD/MC (BCCTP) Costs (07/01/19 - 12/31/19)

No entry. Starting in Column B, Line 4 is multiplied by line 19 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 63.

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column B Line 5 is multiplied by line 19 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 64.

Line 65 – Enhanced SD/MC (BCCTP) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 4 is multiplied by line 20 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 65.

Line 66 – Enhanced SD/MC (BCCTP) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column B Line 5 is multiplied by line 20 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 66.

Line 67 – Enhanced SD/MC (BCCTP) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 21 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 67.

Line 68 – Enhanced SD/MC (BCCTP) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B Line 5 is multiplied by line 21 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 68.

Line 69 – Enhanced SD/MC (Pregnancy) Costs (07/01/19 - 12/31/19)

No entry. Starting in Column B, Line 4 is multiplied by line 22 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 69.

Line 70 – Enhanced SD/MC (Pregnancy) Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column B, Line 5 is multiplied by line 22 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 70.

Line 71 – Enhanced SD/MC (Pregnancy) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 4 is multiplied by line 23 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 71.

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 5 is multiplied by line 23 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 72.

Line 73 – Enhanced SD/MC (Pregnancy) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 24 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 73.

Line 74 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 5 is multiplied by line 24 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 74.

Line 75 – Enhanced SD/MC (Refugee) Costs (07/01/19 – 02/29/20)

No entry. Starting in Column B, Line 4 is multiplied by line 25 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 75.

Line 76 – Enhanced SD/MC (Refugee) Published Charges (07/01/19 – 02/29/20)

No entry. Starting in Column B, Line 5 is multiplied by line 25 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 76.

Line 77 – Enhanced SD/MC (Refugee) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 26 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 77.

Line 78 – Enhanced SD/MC (Refugee) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 5 is multiplied by line 26 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 78.

Line 79 – Affordable Care Act (ACA) Program Costs (07/01/19 - 12/31/19)

No entry. Starting in Column B, Line 4 is multiplied by line 27 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 79.

Line 80 – Affordable Care Act (ACA) Program Published Charges (07/01/19 - 12/31/20)

No entry. Starting in Column B, Line 5 is multiplied by line 27 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 80.

Line 81 – Affordable Care Act (ACA) Program Costs (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 4 is multiplied by line 28 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 81.

Line 82 – Affordable Care Act (ACA) Program Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 5 is multiplied by line 28 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 82.

Line 83 – Affordable Care Act (ACA) Program Costs (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 29 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 83.

Line 84 – Affordable Care Act (ACA) Program Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 5 is multiplied by line 29 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 84.

Line 85 – Medi-Cal for All Children (SB75) and Young Adults Cost (07/01/19 – 02/29/20)

No entry. Starting in Column B, Line 4 is multiplied by line 30 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 85.

Line 86 – Medi-Cal for All Children (SB75) and Young Adults Published Charges (07/01/19 – 02/29/20)

No entry. Starting in Column B, Line 5 is multiplied by line 30 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 86.

Line 87 – Medi-Cal for All Children (SB75) and Young Adults Cost (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 31 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 87.

Line 88 – Medi-Cal for All Children (SB75) and Young Adults Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 5 is multiplied by line 31 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 88.

Line 89 – Medi-Cal Access Program (MCAP) Cost (07/01/19 - 09/30/19)

No entry. Starting in Column B, Line 4 is multiplied by line 32 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 89.

Line 90 – Medi-Cal Access Program (MCAP) Published Charges (07/01/19 - 09/30/19)

No entry. Starting in Column B, Line 5 is multiplied by line 32 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 90.

Line 91 – Medi-Cal Access Program (MCAP) Cost (10/01/19 - 12/31/19)

No entry. Starting in Column B, Line 4 is multiplied by line 33 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 91.

Line 92 – Medi-Cal Access Program (MCAP) Published Charges (10/01/19 - 12/31/19)

No entry. Starting in Column B, Line 5 is multiplied by line 33 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 92.

Line 93 – Medi-Cal Access Program (MCAP) Cost (01/01/20 - 02/29/20)

No entry. Starting in Column B, Line 4 is multiplied by line 34 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 93.

Line 94 – Medi-Cal Access Program (MCAP) Published Charges (02/01/20 - 02/29/20)

No entry. Starting in Column B, Line 5 is multiplied by line 34 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 88.

Line 95 – Medi-Cal Access Program (MCAP) Cost (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 35 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 95.

Line 96 – Medi-Cal Access Program (MCAP) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column B, Line 5 is multiplied by line 35 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 96.

Lines 97 – Non-Medi-Cal Costs (7/01/19 - 06/30/20)

No entry. Starting in Column B, Line 4 is multiplied by line 36 for each service function. The products of all Non-Medi-Cal service functions computed are summed up in Column A, Line 97.

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) distributed 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 (07/01/2019 – 12/31/2019)

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 – Medi-Cal Units (01/01/2020 – 02/29/2020)

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 H.

Line 8 – Medi-Cal Units (03/01/2020 – 06/30/2020)

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 K.

Line 9 – Medicare/Medi-Cal Crossover Units (07/01/2019 – 12/31/2019)

No entry. Starting in Column D, Medi-Cal units (from billing records) is automatically from the MH 1901 Schedule B, Column F.

Line 10 – Medicare/Medi-Cal Crossover Units (01/01/2020 – 02/29/2020)

No entry. Starting in Column D, Medi-Cal units (from billing records) is automatically from the MH 1901 Schedule B, Column I.

Line 11 – Medicare/Medi-Cal Crossover Units (03/01/2020 – 06/30/2020)

No entry. Starting in Column D, Medi-Cal units (from billing records) is automatically from the MH 1901 Schedule B, Column L.

Line 12 – Enhanced Non CHIP (Children) Units (07/01/19 – 12/31/19)

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 N.

Line 13 – Enhanced Non CHIP (Children) Units (01/01/20 – 02/29/20)

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 P.

Line 14 – Enhanced Non CHIP (Children) Units (03/01/20 – 06/30/20)

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 R.

Line 15 – Enhanced CHIP (Children) Units (07/01/19 - 09/30/19)

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 T.

Line 16 – Enhanced CHIP (Children) Units (10/01/19 - 12/31/19)

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 V.

Line 17 – Enhanced CHIP (Children) Units (01/01/20 - 02/29/20)

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 X.

Line 18 – Enhanced CHIP (Children) Units (03/01/20 - 06/30/20)

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 Z.

Line 19 – Enhanced SD/MC (BCCTP) Units (07/01/19 - 12/31/19)

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 AB.

Line 20 – Enhanced SD/MC (BCCTP) Units (01/01/20 - 02/29/20)

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 AD.

Line 21 – Enhanced SD/MC (BCCTP) Units (03/01/20 - 06/30/20)

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 AB.

Line 22 – Enhanced SD/MC (Pregnancy) Units (07/01/19 - 12/31/19)

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 AH.

Line 23 – Enhanced SD/MC (Pregnancy) Units (01/01/20 - 02/29/20)

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 AJ.

Line 24 – Enhanced SD/MC (Pregnancy) Units (03/01/20 - 06/30/20)

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 AL.

Line 25 – Enhanced SD/MC (Refugee) Units (07/01/19 – 02/29/20)

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 AN.

Line 26 – Enhanced SD/MC (Refugee) Units (03/01/20 - 06/30/20)

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 AP.

Line 27 – Affordable Care Act (ACA) Units (07/01/19 - 12/31/19)

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 AR.

Line 28 – Affordable Care Act (ACA) Units (01/01/20 - 02/29/20)

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 AT.

Line 29 – Affordable Care Act (ACA) Units (03/01/20 - 06/30/20)

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 AV.

Line 30 - Medi-Cal for all for All Children (SB75) and Young Adults Units (07/01/19 – 02/29/20)

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 BF.

Line 31 - Medi-Cal for all for All Children (SB75) and Young Adults Units (03/01/20 - 06/30/20)

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 Bh.

Line 32 - Medi-Cal Access Program (MCAP) Units (07/01/19 - 09/30/19)

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 AX.

Line 33 - Medi-Cal Access Program (MCAP) Units (10/01/19 - 12/31/19)

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 AZ.

Line 34 - Medi-Cal Access Program (MCAP) Units (01/01/20 - 02/29/20)

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 BB.

Line 35 - Medi-Cal Access Program (MCAP) Units (03/01/20 - 06/30/20)

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 BD.

Line 36 - Non Medi-Cal Units (07/01/18 - 06/30/19)

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 37 – Medi-Cal Costs (07/01/19 - 12/31/19)

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 37.

Line 38 – Medi-Cal Published Charges (07/01/19 - 12/31/19)

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 38.

Line 39 – Medi-Cal Costs (01/01/20 - 02/29/20)

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 39.

Line 40 – Medi-Cal Published Charges (01/01/20 - 02/29/20)

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 341.

Line 41 – Medi-Cal Costs (03/01/20 - 06/30/20)

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 41.

Line 42 – Medi-Cal Published Charges (03/01/20 - 06/30/20)

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 42.

Line 43 – Medicare/Medi-Cal Crossover Costs (07/01/19 - 12/31/19)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 43.

Line 44 – Medicare/Medi-Cal Crossover Published Charges (07/01/19 - 12/31/19)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 44.

Line 45 – Medicare/Medi-Cal Crossover Costs (01/01/20 - 02/29/20)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 45.

Line 46 – Medicare/Medi-Cal Crossover Published Charges (01/01/20 - 02/29/20)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 46.

Line 47 – Medicare/Medi-Cal Crossover Costs (03/01/20 - 06/30/20)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 47.

Line 48 – Medicare/Medi-Cal Crossover Published Charges (03/01/20 - 06/30/20)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 48.

Line 49 – Enhanced Non CHIP (Children) Costs (07/01/19 - 12/31/19)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 49.

Line 50 – Enhanced Non CHIP (Children) Published Charges (07/01/19 - 12/31/19)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 50.

Line 51 – Enhanced Non CHIP (Children) Costs (01/01/20 - 02/29/20)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 51.

Line 52 – Enhanced Non CHIP (Children) Published Charges (01/01/20 - 02/29/20)

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 produce of all SD/MC service functions without an HOSP settlement type are summed in Column A, Line 52.

Line 53 – Enhanced Non CHIP (Children) Costs (03/01/20 - 06/30/20)

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 serice 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 53.

Line 54 – Enhanced Non CHIP (Children) Published Charges (03/01/20 - 06/30/20)

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 serice 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 54.

Line 55 – Enhanced SD/MC (Children) Costs (07/01/19 - 09/30/19)

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 serice 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 55.

Line 56 – Enhanced SD/MC (Children) Published Charges (07/01/19 - 09/30/19)

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 serice 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 56.

Line 57 – Enhanced SD/MC (Children) Costs (10/01/19 - 12/31/19)

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 serice 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 57.

Line 58 – Enhanced SD/MC (Children) Published Charges (10/01/19 - 12/31/19)

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 serice 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 58.

Line 59 – Enhanced SD/MC (Children) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 4 is multiplied by line 17 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 59.

Line 60 – Enhanced SD/MC (Children) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 5 is multiplied by line 17 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 60.

Line 61 – Enhanced SD/MC (Children) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 18 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 61.

Line 62 – Enhanced SD/MC (Children) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 5 is multiplied by line 18 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 62.

Line 63 – Enhanced SD/MC (BCCTP) Costs (07/01/19 - 12/31/19)

No entry. Starting in Column D, Line 4 is multiplied by line 19 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 63.

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column D Line 5 is multiplied by line 19 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 64.

Line 65 – Enhanced SD/MC (BCCTP) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 4 is multiplied by line 20 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 65.

Line 66 – Enhanced SD/MC (BCCTP) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column D Line 5 is multiplied by line 20 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 66.

Line 67 – Enhanced SD/MC (BCCTP) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 21 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 67.

Line 68 – Enhanced SD/MC (BCCTP) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column D Line 5 is multiplied by line 21 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 68.

Line 69 – Enhanced SD/MC (Pregnancy) Costs (07/01/19 - 12/31/19)

No entry. Starting in Column D, Line 4 is multiplied by line 22 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 69.

Line 70 – Enhanced SD/MC (Pregnancy) Published Charges (07/01/19 - 12/31/19)

No entry. Starting in Column D, Line 5 is multiplied by line 22 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 70.

Line 71 – Enhanced SD/MC (Pregnancy) Costs (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 4 is multiplied by line 23 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 71.

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 5 is multiplied by line 23 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 72.

Line 73 – Enhanced SD/MC (Pregnancy) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 24 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 73.

Line 74 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 5 is multiplied by line 24 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 74.

Line 75 – Enhanced SD/MC (Refugee) Costs (07/01/19 – 02/29/20)

No entry. Starting in Column D, Line 4 is multiplied by line 25 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 75.

Line 76 – Enhanced SD/MC (Refugee) Published Charges (07/01/19 – 02/29/20)

No entry. Starting in Column D, Line 5 is multiplied by line 25 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 76.

Line 77 – Enhanced SD/MC (Refugee) Costs (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 26 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 77.

Line 78 – Enhanced SD/MC (Refugee) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 5 is multiplied by line 26 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 78.

Line 79 – Affordable Care Act (ACA) Program Costs (07/01/19 - 12/31/19)

No entry. Starting in Column D, Line 4 is multiplied by line 27 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 79.

Line 80 – Affordable Care Act (ACA) Program Published Charges (07/01/19 - 12/31/20)

No entry. Starting in Column D, Line 5 is multiplied by line 27 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 80.

Line 81 – Affordable Care Act (ACA) Program Costs (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 4 is multiplied by line 28 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 81.

Line 82 – Affordable Care Act (ACA) Program Published Charges (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 5 is multiplied by line 28 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 82.

Line 83 – Affordable Care Act (ACA) Program Costs (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 29 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 83.

Line 84 – Affordable Care Act (ACA) Program Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 5 is multiplied by line 29 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 84.

Line 85 – Medi-Cal for All Children (SB75) and Young Adults Cost (07/01/19 – 02/29/20)

No entry. Starting in Column D, Line 4 is multiplied by line 30 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 85.

Line 86 – Medi-Cal for All Children (SB75) and Young Adults Published Charges (07/01/19 – 02/29/20)

No entry. Starting in Column D, Line 5 is multiplied by line 30 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 86.

Line 87 – Medi-Cal for All Children (SB75) and Young Adults Cost (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 31 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 87.

Line 88 – Medi-Cal for All Children (SB75) and Young Adults Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 5 is multiplied by line 31 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 88.

Line 89 – Medi-Cal Access Program (MCAP) Cost (07/01/19 - 09/30/19)

No entry. Starting in Column D, Line 4 is multiplied by line 32 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 89.

Line 90 – Medi-Cal Access Program (MCAP) Published Charges (07/01/19 - 09/30/19)

No entry. Starting in Column D, Line 5 is multiplied by line 32 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 90.

Line 91 – Medi-Cal Access Program (MCAP) Cost (10/01/19 - 12/31/19)

No entry. Starting in Column D, Line 4 is multiplied by line 33 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 91.

Line 92 – Medi-Cal Access Program (MCAP) Published Charges (10/01/19 - 12/31/19)

No entry. Starting in Column D, Line 5 is multiplied by line 33 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 92.

Line 93 – Medi-Cal Access Program (MCAP) Cost (01/01/20 - 02/29/20)

No entry. Starting in Column D, Line 4 is multiplied by line 34 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 93.

Line 94 – Medi-Cal Access Program (MCAP) Published Charges (02/01/20 - 02/29/20)

No entry. Starting in Column D, Line 5 is multiplied by line 33 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 94.

Line 95 – Medi-Cal Access Program (MCAP) Cost (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 35 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 95.

Line 96 – Medi-Cal Access Program (MCAP) Published Charges (03/01/20 - 06/30/20)

No entry. Starting in Column D, Line 5 is multiplied by line 35 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 96.

Lines 97 – Non-Medi-Cal Costs (7/01/19 - 06/30/20)

No entry. Starting in Column D, Line 4 is multiplied by line 36 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 97.

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 55 (SD/MC Reimbursement for MAA) from Line 53 (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 (07/01/2019 – 12/31/2019)

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 (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 3 – Medi-Cal Published Charges (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 05, Hospital Inpatient Services (SF 10-18) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column B, Line 38.

Line 4 – Medi-Cal Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medi-Cal Costs (01/01/2020 – 02/29/2020)

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 5, Line 81 of MH 1960_HOSP_05 and Column 5, Line 81 of the MH 1960_PHYS_05.

Line 6 – Medi-Cal SMA Upper Limits (01/01/2020 – 02/29-2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 7 – Medi-Cal Published Charges (01/01/2020 – 02/29-2020)

No entry. The total published charges for providing Mode 05, Hospital Inpatient Services (SF 10-18) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column B, Line 40.

Line 8 – Medi-Cal Gross Reimbursement (01/01/2020 – 02/29-2020)

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 – Medi-Cal Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing mode 05, acute psychiatric inpatient hospital services to regular Medi-Cal beneficiaries 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 – Medi-Cal SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 11 – Medi-Cal Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column B, Line 42.

Line 12 – Medi-Cal Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Medicare Medi-Cal Crossover Costs (07/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to Medicare/Medi-Cal dually eligible beneficiaries 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 – Medicare Medi-Cal Crossover SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 15 – Medicare Medi-Cal Crossover Published Charges (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column B, Line 44.

Line 16 – Medicare Medi-Cal Crossover Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medicare Medi-Cal Crossover Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to Medicare/Medi-Cal dually eligible beneficiaries 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 – Medicare Medi-Cal Crossover SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 19 – Medicare Medi-Cal Crossover Published Charges (01/01/2020 – 02/29/2019)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column B, Line 46.

Line 20 – Medicare Medi-Cal Crossover Gross Reimbursement (01/01/2020 – 02/29/2020)

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 – Medicare Medi-Cal Crossover Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 05 – Hospital Inpatient Services (SF 10-18) to Medicare/Medi-Cal dually eligible beneficiaries 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 – Medicare Medi-Cal Crossover SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 23 – Medicare Medi-Cal Crossover Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column B, Line 48.

Line 24 – Medicare Medi-Cal Crossover Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Total SD/MC + Crossover Gross Reimbursement (07/01/2019 – 06/30/2020)

No entry. The total SD/MC + Crossover Gross Reimbursement for acute psychiatric inpatient hospital services is equal to the sum of Lines 4, 8, 12, 16, 20 and 24.

Line 26 Enhanced Non CHIP (Children) Costs (07/01/2019 – 12/31/2019)

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 15, Line 81 of MH 1960_HOSP_05 and Column 15, Line 81 of the MH 1960_PHYS_05.

Line 27 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 28– Enhanced Non CHIP (Children) Published Charges (07/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 50.

Line 29 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 29 is equal to Line 26. Otherwise Line 29 is equal to Line 28. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 30 – Enhanced Non CHIP (Children) Costs (01/01/2020 – 02/29/2020)

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 17, Line 81 of MH 1960_HOSP_05 and Column 17, Line 81 of the MH 1960_PHYS_05.

Line 31 – Enhanced Non CHIP (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 32 – Enhanced Non CHIP (Children) Published Charges (01/01/2020 – 02/29/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 52.

Line 33 – Enhanced Non CHIP (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 33 is equal to Line 30. Otherwise Line 33 is equal to Line 32. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 34 – Enhanced Non CHIP (Children) Costs (03/01/2020 – 06/30/2020)

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 19, Line 81 of MH 1960_HOSP_05 and Column 19, Line 81 of the MH 1960_PHYS_05.

Line 35 – Enhanced Non CHIP (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 36 – Enhanced Non CHIP (Children) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 54.

Line 37 – Enhanced Non CHIP (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 37 is equal to Line 34. Otherwise Line 37 is equal to Line 36. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 38 Enhanced SD/MC (Children) Costs (07/01/2019 – 09/30/2019)

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 21, Line 81 of MH 1960_HOSP_05 and Column 21, Line 81 of the MH 1960_PHYS_05.

Line 39 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 40– Enhanced SD/MC (Children) Published Charges (07/01/2019 – 09/30/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 56.

Line 41 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 41 is equal to Line 38. Otherwise Line 41 is equal to Line 40. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 42 – Enhanced SD/MC (Children) Costs (10/01/2019 – 12/31/2019)

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 23, Line 81 of MH 1960_HOSP_05 and Column 23, Line 81 of the MH 1960_PHYS_05.

Line 43 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 44 – Enhanced SD/MC (Children) Published Charges (10/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 58.

Line 45 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 45 is equal to Line 42. Otherwise Line 45 is equal to Line 44. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 46 – Enhanced SD/MC (Children) Costs (01/01/2020 – 02/29/2020)

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 25, Line 81 of MH 1960_HOSP_05 and Column 25, Line 81 of the MH 1960_PHYS_05.

Line 47 – Enhanced SD/MC (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 48 – Enhanced SD/MC (Children) Published Charges (01/01/2020 – 02/29/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 60.

Line 49 – Enhanced SD/MC (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 49 is equal to Line 46. Otherwise Line 49 is equal to Line 48. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 50 – Enhanced SD/MC (Children) Costs (03/01/2020 – 06/30/2020)

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 27, Line 81 of MH 1960_HOSP_05 and Column 27, Line 81 of the MH 1960_PHYS_05.

Line 51 – Enhanced SD/MC (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 52 – Enhanced SD/MC (Children) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 62.

Line 53 – Enhanced SD/MC (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 53 is equal to Line 50. Otherwise Line 53 is equal to Line 52. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 54 Enhanced SD/MC (BCCTP) Costs (07/01/2019 – 12/31/2019)

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 29, Line 81 of MH 1960_HOSP_05 and Column 29, Line 81 of the MH 1960_PHYS_05.

Line 55 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 56– Enhanced SD/MC (BCCTP) Published Charges (07/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 64.

Line 57 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 57 is equal to Line 54. Otherwise Line 57 is equal to Line 56. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 58 – Enhanced SD/MC (BCCTP) Costs (01/01/2020 – 02/29/2020)

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 31, Line 81 of MH 1960_HOSP_05 and Column 31, Line 81 of the MH 1960_PHYS_05.

Line 59 – SD/MC (BCCTP) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 60 – Enhanced SD/MC (BCCTP) Published Charges (01/01/2020 – 02/29/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 66.

Line 61 – Enhanced SD/MC (BCCTP) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 61 is equal to Line 58. Otherwise Line 61 is equal to Line 60. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 62 – Enhanced SD/MC (BCCTP) Costs (03/01/2020 – 06/30/2020)

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 33, Line 81 of MH 1960_HOSP_05 and Column 33, Line 81 of the MH 1960_PHYS_05.

Line 63 – Enhanced SD/MC (BCCTP) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 68.

Line 65 – Enhanced SD/MC (BCCTP) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 65 is equal to Line 62. Otherwise Line 65 is equal to Line 64. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 66 Enhanced SD/MC (Pregnancy) Costs (07/01/2019 – 12/31/2019)

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 35, Line 81 of MH 1960_HOSP_05 and Column 35, Line 81 of the MH 1960_PHYS_05.

Line 67 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2019 – 12/31/2019)
No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 68– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2019 – 12/31/2019)
No entry. The total published charges for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to who received pregnancy related services is automatically populated from the MH 1966_HOSPINPT, Column B, Line 70.

Line 69 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2019 – 12/31/2019)
No entry. If Cell I7 displays “COSTS”, Line 69 is equal to Line 66. Otherwise Line 69 is equal to Line 68. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 70 – Enhanced SD/MC (Pregnancy) Costs (01/01/2020 – 02/29/2020)
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 37, Line 81 of MH 1960_HOSP_05 and Column 37, Line 81 of the MH 1960_PHYS_05.

Line 71 – SD/MC (Pregnancy) SMA Upper Limits (01/01/2020 – 02/29/2020)
No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/2020 – 02/29/2019)
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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 72.

Line 73 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (01/01/2020 – 02/29/2020)
No entry. If Cell I7 displays “COSTS”, Line 73 is equal to Line 70. Otherwise Line 73 is equal to Line 72. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 74 – Enhanced SD/MC (Pregnancy) Costs (03/01/2020 – 06/30/2020)
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 39, Line 81 of MH 1960_HOSP_05 and Column 39, Line 81 of the MH 1960_PHYS_05.

Line 75 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (03/01/2020 – 06/30/2020)
No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 76 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/2020 – 06/30/2020)
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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 74.

Line 77 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays "COSTS", Line 77 is equal to Line 74. Otherwise Line 77 is equal to Line 76. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 78 Affordable Care Act Costs (07/01/2019 – 12/31/2019)

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 51, Line 81 of MH 1960_HOSP_05 and Column 29, Line 81 of the MH 1960_PHYS_05.

Line 79 – Affordable Care Act SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 80– Affordable Care Act Published Charges (07/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 80.

Line 81 – Affordable Care Act Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays "COSTS", Line 81 is equal to Line 78. Otherwise Line 81 is equal to Line 80. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 82 – Affordable Care Act Costs (01/01/2020 – 02/29/2020)

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 53, Line 81 of MH 1960_HOSP_05 and Column 31, Line 81 of the MH 1960_PHYS_05.

Line 83 – Affordable Care Act Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 84 – Affordable Care Act Published Charges (01/01/2020 – 02/29/2019)

No entry. The total published charges 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 1966_HOSPINPT, Column B, Line 82.

Line 85 – Affordable Care Act Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays "COSTS", Line 85 is equal to Line 82. Otherwise Line 85 is equal to Line 84. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 86 – Affordable Care Act Costs (03/01/2020 – 06/30/2020)

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 55, Line 81 of MH 1960_HOSP_05 and Column 33, Line 81 of the MH 1960_PHYS_05.

Line 87 – Affordable Care Act SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 88 – Affordable Care Act Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges 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 1966_HOSPINPT, Column B, Line 84.

Line 89 – Affordable Care Act Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 89 is equal to Line 86. Otherwise Line 89 is equal to Line 88. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 90 Medi-Cal for All Children (SB 75) Costs (07/01/2019 – 02/29/2020)

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 59, Line 81 of MH 1960_HOSP_05 and Column 59, Line 81 of the MH 1960_PHYS_05.

Line 91 – Medi-Cal for All Children (SB 75) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 92– Medi-Cal for All Children (SB 75) Published Charges (07/01/2019 – 02/29/2020)

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_HOSPINPT, Column B, Line 86.

Line 93 – Medi-Cal for All Children (SB 75) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 93 is equal to Line 90. Otherwise Line 93 is equal to Line 92. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 94 Medi-Cal for All Children (SB 75) Costs (03/01/2020 – 06/30/2020)

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 61, Line 81 of MH 1960_HOSP_05 and Column 61, Line 81 of the MH 1960_PHYS_05.

Line 95 – Medi-Cal for All Children (SB 75) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 96– Medi-Cal for All Children (SB 75) Published Charges (03/01/2020 – 06/30/2020)

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_HOSPINPT, Column B, Line 88.

Line 97 – Medi-Cal for All Children (SB 75) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 97 is equal to Line 94. Otherwise Line 97 is equal to Line 96. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 98 Enhanced SD/MC (Refugees) Costs (07/01/2019 – 02/29/2020)

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 41, Line 81 of MH 1960_HOSP_05 and Column 41, Line 81 of the MH 1960_PHYS_05.

Line 99 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 100– Enhanced SD/MC (Refugees) Published Charges (07/01/2019 – 02/29/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 76.

Line 101 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 101 is equal to Line 98. Otherwise Line 101 is equal to Line 100. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 102 Enhanced SD/MC (Refugees) Costs (03/01/2020 – 06/30/2020)

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 43, Line 81 of MH 1960_HOSP_05 and Column 61, Line 43 of the MH 1960_PHYS_05.

Line 103 – Enhanced SD/MC (Refugees) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 104 – Enhanced SD/MC (Refugees) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 78.

Line 105 – Enhanced SD/MC (Refugees) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 105 is equal to Line 102. Otherwise Line 105 is equal to Line 104. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 106 Medi-Cal Access Program Costs (07/01/2019 – 09/30/2019)

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 45, Line 81 of MH 1960_HOSP_05 and Column 45, Line 81 of the MH 1960_PHYS_05.

Line 107 Medi-Cal Access Program SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 108– Medi-Cal Access Program Published Charges (07/01/2019 – 09/30/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 90.

Line 109 – Medi-Cal Access Program Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 109 is equal to Line 106. Otherwise Line 109 is equal to Line 108. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 110 – Medi-Cal Access Program Costs (10/01/2019 – 12/31/2019)

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 47, Line 81 of MH 1960_HOSP_05 and Column 47, Line 81 of the MH 1960_PHYS_05.

Line 111 – Medi-Cal Access Program SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 112 – Medi-Cal Access Program Published Charges (10/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 92.

Line 113 – Medi-Cal Access Program Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 113 is equal to Line 110. Otherwise Line 113 is equal to Line 112. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 114 – Medi-Cal Access Program Costs (01/01/2020 – 02/29/2020)

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 49, Line 81 of MH 1960_HOSP_05 and Column 49, Line 81 of the MH 1960_PHYS_05.

Line 115 – Medi-Cal Access Program SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 116 – Medi-Cal Access Program Published Charges (01/01/2020 – 02/29/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 94.

Line 117 – Medi-Cal Access Program Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 117 is equal to Line 114. Otherwise Line 117 is equal to Line 116. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 118 – Medi-Cal Access Program Costs (03/01/2020 – 06/30/2020)

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 51, Line 81 of MH 1960_HOSP_05 and Column 51, Line 81 of the MH 1960_PHYS_05.

Line 119 – Medi-Cal Access Program SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 120 – Medi-Cal Access Program Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column B, Line 96.

Line 121 – Medi-Cal Access Program Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 121 is equal to Line 118. Otherwise Line 121 is equal to Line 120. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 122 – SD/MC & Medi-Medi Crossover Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 122 is equal to the sum of Column G when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 123 – SD/MC & Medi-Medi Crossover Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 123 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 124 – SD/MC & Medi-Medi Crossover Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 124 is equal to the sum of Column M when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 125 – Enhanced Non CHIP (Children) Revenue (07/01/2019 – 12/31/2019)

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 125 is equal to the sum of Column O when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 126 – Enhanced Non CHIP (Children) Revenue (01/01/2020 – 02/29/2020)

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 126 is equal to the sum of Column Q when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 127 – Enhanced Non CHIP (Children) Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 127 is equal to the sum of Column S when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 128 – Enhanced SD/MC (Children) Revenue (07/01/2019 – 09/30/2019)

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 128 is equal to the sum of Column U when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 129 – Enhanced SD/MC (Children) Revenue (10/01/2019 – 12/31/2019)

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 129 is equal to the sum of Column W when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 130 – Enhanced SD/MC (Children) Revenue (01/01/2020 – 02/29/2020)

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 130 is equal to the sum of Column Y when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 131 – Enhanced SD/MC (Children) Revenue (03/01/2020 – 06/30/2020)

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 131 is equal to the sum of Column AA when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 132 – Enhanced SD/MC (BCCTP) Revenue (07/01/2019 – 12/31/2019)

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 132 is equal to the sum of Column AC when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 133 – Enhanced SD/MC (BCCTP) Revenue (01/01/2020 – 02/29/2020)

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 133 is equal to the sum of Column AE when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 134 – Enhanced SD/MC (BCCTP) Revenue (03/01/2020 – 06/30/2020)

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 134 is equal to the sum of Column AG when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 135 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2019 – 12/31/2019)

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 135 is equal to the sum of Column AI when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 136 – Enhanced SD/MC (Pregnancy) Revenue (01/01/2020 – 02/29/2020)

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 136 is equal to the sum of Column AK when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 137 – Enhanced SD/MC (Pregnancy) Revenue (03/01/2020 – 06/30/2020)

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 137 is equal to the sum of Column AM when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 138 – Enhanced SD/MC (Refugee) Revenue (07/01/2019 – 02/29/2020)

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 138 is equal to the sum of

Column AO when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 139 – Enhanced SD/MC (Refugee) Revenue (03/01/2020 – 06/30/2020)

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 139 is equal to the sum of Column AQ when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 140 – Affordable Care Act (ACA) Revenue 93% (07/01/2019 – 12/31/2019)

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 140 is equal to the sum of Column AS when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 141 – Affordable Care Act (ACA) Revenue 90% (01/01/2020 – 02/29/2020)

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 141 is equal to the sum of Column AU when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 142 – Affordable Care Act (ACA) Revenue 90% (03/01/2020 – 06/30/2020)

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 142 is equal to the sum of Column AW when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 143 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (07/01/2019 – 02/29/2020)

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 143 is equal to the sum of Column BG when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 144 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal through the Medi-Cal for All Children and Young Adult Expansion programs is automatically populated from the MH 1901 Schedule B. Line 144 is equal to the sum of Column BI when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 145 – Medi-Cal Access Program Revenue (07/01/2019 – 09/30/2019)

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 145 is equal to the sum of Column AY when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 146 – Medi-Cal Access Program Revenue (10/01/2019 – 12/31/2019)

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 146 is equal to the sum of Column BA when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 147 – Medi-Cal Access Program Revenue (01/01/2020 – 02/29/2020)

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 147 is equal to the sum of Column BC when Column B (Mode) equals 05 and Column C (Service Function) equals 10, 11, 12, 13, 14, 15, 16, 17, or 18.

Line 148 Medi-Cal Access Program Revenue (03/01/2020 – 06/30/2020)

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 148 is equal to the sum of Column BE 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 (07/01/2019 – 12/31/2019)

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 (07/01/2019 – 12/31/2019)

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 (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 05, Hospital Inpatient Administration (SF 19) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column A, Line 38.

Line 4 – Medi-Cal Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medi-Cal Costs (01/01/2020 – 02/29/2020)

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 5, Line 81 of MH 1960_HOSP_05_Admin and Column 5, Line 81 of the MH 1960_PHYS_05_Admin.

Line 6 – Medi-Cal SMA Upper Limits (01/01/2020 – 02/29-2020)

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 – Medi-Cal Published Charges (01/01/2020 – 02/29-2020)

No entry. The total published charges for providing Mode 05, Hospital Inpatient Administration (SF 19) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column A, Line 40.

Line 8 – Medi-Cal Gross Reimbursement (01/01/2020 – 02/29-2020)

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 – Medi-Cal Costs (03/01/2020 – 06/30/2020)

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 7, Line 81 of MH 1960_HOSP_05_Admin and Column 7, Line 81 of the MH 1960_PHYS_05_Admin.

Line 10 – Medi-Cal SMA Upper Limits (03/01/2020 – 06/30/2020)

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 – Medi-Cal Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to regular Medi-Cal beneficiaries is automatically populated from the MH 1966_HOSPINPT, Column A, Line 42.

Line 12 – Medi-Cal Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Medicare Medi-Cal Crossover Costs (07/01/2019 – 12/31/2019)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 14 – Medicare Medi-Cal Crossover SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 15 – Medicare Medi-Cal Crossover Published Charges (07/01/2019 – 12/31/2019)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 16 – Medicare Medi-Cal Crossover Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 17 – Medicare Medi-Cal Crossover Costs (01/01/2020 – 02/29/2020)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 18 – Medicare Medi-Cal Crossover SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 19 – Medicare Medi-Cal Crossover Published Charges (01/01/2020 – 02/29/2019)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 20 – Medicare Medi-Cal Crossover Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 21 – Medicare Medi-Cal Crossover Costs (03/01/2020 – 06/30/2020)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 22 – Medicare Medi-Cal Crossover SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 23 – Medicare Medi-Cal Crossover Published Charges (03/01/2020 – 06/30/2020)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 24 – Medicare Medi-Cal Crossover Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 25 – Total SD/MC + Crossover Gross Reimbursement (07/01/2019 – 06/30/2020)

No entry. The total SD/MC + Crossover Gross Reimbursement for acute psychiatric inpatient hospital services is equal to the sum of Lines 4, 8, and 12. Medicare does not reimburse for Inpatient Hospital Administrative Days.

Line 26 Enhanced Non CHIP (Children) Costs (07/01/2019 – 12/31/2019)

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 27 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 4 of MH 1991.

Line 28– Enhanced Non CHIP (Children) Published Charges (07/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 50.

Line 29 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays "COSTS", Line 29 is equal to Line 26. If Cell I7 displays "SMA", Line 29 is equal to Line 27. Otherwise Line 29 is equal to Line 28.

Line 30 – Enhanced Non CHIP (Children) Costs (01/01/2020 – 02/29/2020)

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 17, Line 81 of MH 1960_HOSP_05_Admin and Column 17, Line 81 of the MH 1960_PHYS_05_Admin.

Line 31 – Enhanced Non CHIP (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 5 of MH 1991.

Line 32 – Enhanced Non CHIP (Children) Published Charges (01/01/2020 – 02/29/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 52.

Line 33 – Enhanced Non CHIP (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays "COSTS", Line 33 is equal to Line 30. If Cell I7 displays "SMA", Line 33 is equal to Line 31. Otherwise Line 33 is equal to Line 32.

Line 34 – Enhanced Non CHIP (Children) Costs (03/01/2020 – 06/30/2020)

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 19, Line 81 of MH 1960_HOSP_05_Admin and Column 19, Line 81 of the MH 1960_PHYS_05_Admin.

Line 35 – Enhanced Non CHIP (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 6 of MH 1991.

Line 36 – Enhanced Non CHIP (Children) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 54.

Line 37 – Enhanced Non CHIP (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays "COSTS", Line 37 is equal to Line 34. If Cell I7 displays "SMA", Line 37 is equal to Line 35. Otherwise Line 37 is equal to Line 36.

Line 38 Enhanced SD/MC (Children) Costs (07/01/2019 – 09/30/2019)

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 39 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 7 of MH 1991.

Line 40– Enhanced SD/MC (Children) Published Charges (07/01/2019 – 09/30/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 56.

Line 41 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 41 is equal to Line 38. If Cell I7 displays “SMA”, Line 41 is equal to Line 39. Otherwise Line 41 is equal to Line 40.

Line 42 – Enhanced SD/MC (Children) Costs (10/01/2019 – 12/31/2019)

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 23, Line 81 of MH 1960_HOSP_05_Admin and Column 23, Line 81 of the MH 1960_PHYS_05_Admin.

Line 43 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 8 of MH 1991.

Line 44 – Enhanced SD/MC (Children) Published Charges (10/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in Enhanced SD/MC (Children) is automatically populated from the MH 1966_HOSPINPT, Column A, Line 58.

Line 45 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 45 is equal to Line 42. If Cell I7 displays “SMA”, Line 45 is equal to Line 43. Otherwise Line 45 is equal to Line 44.

Line 46 – Enhanced SD/MC (Children) Costs (01/01/2020 – 02/29/2020)

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 25, Line 81 of MH 1960_HOSP_05_Admin and Column 25, Line 81 of the MH 1960_PHYS_05_Admin.

Line 47 – Enhanced SD/MC (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 9 of MH 1991.

Line 48 – Enhanced SD/MC (Children) Published Charges (01/01/2020 – 02/29/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 60.

Line 49 – Enhanced SD/MC (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 49 is equal to Line 46. If Cell I7 displays “SMA”, Line 49 is equal to Line 47. Otherwise Line 49 is equal to Line 48.

Line 50 – Enhanced SD/MC (Children) Costs (03/01/2020 – 06/30/2020)

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 27, Line 81 of MH 1960_HOSP_05_Admin and Column 27, Line 81 of the MH 1960_PHYS_05_Admin.

Line 51 – Enhanced SD/MC (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 10 of MH 1991.

Line 52 – Enhanced SD/MC (Children) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 62.

Line 53 – Enhanced SD/MC (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 53 is equal to Line 50. If Cell I7 displays “SMA”, Line 53 is equal to Line 51. Otherwise Line 53 is equal to Line 52.

Line 54 Enhanced SD/MC (BCCTP) Costs (07/01/2019 – 12/31/2019)

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 29, Line 81 of MH 1960_HOSP_05_Admin and Column 29, Line 81 of the MH 1960_PHYS_05_Admin.

Line 55 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 11 of MH 1991.

Line 56– Enhanced SD/MC (BCCTP) Published Charges (07/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 64.

Line 57 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 57 is equal to Line 54. If Cell I7 displays “SMA”, Line 57 is equal to Line 55. Otherwise Line 57 is equal to Line 56.

Line 58 – Enhanced SD/MC (BCCTP) Costs (01/01/2020 – 02/29/2020)

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 31, Line 81 of MH 1960_HOSP_05_Admin and Column 31, Line 81 of the MH 1960_PHYS_05_Admin.

Line 59 – SD/MC (BCCTP) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 12 of MH 1991.

Line 60 – Enhanced SD/MC (BCCTP) Published Charges (01/01/2020 – 02/29/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 66.

Line 61 – Enhanced SD/MC (BCCTP) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 61 is equal to Line 58. If Cell I7 displays “SMA”, Line 61 is equal to Line 59. Otherwise Line 61 is equal to Line 60.

Line 62 – Enhanced SD/MC (BCCTP) Costs (03/01/2020 – 06/30/2020)

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 33, Line 81 of MH 1960_HOSP_05_Admin and Column 33, Line 81 of the MH 1960_PHYS_05_Admin.

Line 63 – Enhanced SD/MC (BCCTP) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 13 of MH 1991.

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 68.

Line 65 – Enhanced SD/MC (BCCTP) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 65 is equal to Line 62. If Cell I7 displays “SMA”, Line 65 is equal to Line 63. Otherwise Line 65 is equal to Line 64.

Line 66 Enhanced SD/MC (Pregnancy) Costs (07/01/2019 – 12/31/2019)

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 35, Line 81 of MH 1960_HOSP_05_Admin and Column 35, Line 81 of the MH 1960_PHYS_05_Admin.

Line 67 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 14 of MH 1991.

Line 68– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Administration (SF 19) to who received pregnancy related services is automatically populated from the MH 1966_HOSPINPT, Column A, Line 70.

Line 69 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 69 is equal to Line 66. If Cell I7 displays “SMA”, Line 69 is equal to Line 67. Otherwise Line 69 is equal to Line 68.

Line 70 – Enhanced SD/MC (Pregnancy) Costs (01/01/2020 – 02/29/2020)

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 37, Line 81 of MH 1960_HOSP_05_Admin and Column 37, Line 81 of the MH 1960_PHYS_05_Admin.

Line 71 – SD/MC (Pregnancy) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 15 of MH 1991.

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/2020 – 02/29/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 72.

Line 73 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 73 is equal to Line 70. If Cell I7 displays “SMA”, Line 73 is equal to Line 71. Otherwise Line 73 is equal to Line 72.

Line 74 – Enhanced SD/MC (Pregnancy) Costs (03/01/2020 – 06/30/2020)

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 39, Line 81 of MH 1960_HOSP_05_Admin and Column 39, Line 81 of the MH 1960_PHYS_05_Admin.

Line 75 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 16 of MH 1991.

Line 76 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 74.

Line 77 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 77 is equal to Line 74. If Cell I7 displays “SMA”, Line 77 is equal to Line 75. Otherwise Line 77 is equal to Line 76. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 78 Affordable Care Act Costs (07/01/2019 – 12/31/2019)

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 51, Line 81 of MH 1960_HOSP_05_Admin and Column 29, Line 81 of the MH 1960_PHYS_05-Admin.

Line 79 – Affordable Care Act SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 17 of MH 1991.

Line 80– Affordable Care Act Published Charges (07/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 80.

Line 81 – Affordable Care Act Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 81 is equal to Line 78. If Cell I7 displays “SMA”, Line 81 is equal to Line 79. Otherwise Line 81 is equal to Line 80.

Line 82 – Affordable Care Act Costs (01/01/2020 – 02/29/2020)

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 53, Line 81 of MH 1960_HOSP_05_Admin and Column 31, Line 81 of the MH 1960_PHYS_05_Admin.

Line 83 – Affordable Care Act Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 18 of MH 1991.

Line 84 – Affordable Care Act Published Charges (01/01/2020 – 02/29/2019)

No entry. The total published charges for providing Mode 05 – Hospital Inpatient Admin (SF 19) to beneficiaries enrolled in Affordable Care Act Optional Expansion aid codes is automatically populated from the MH 1966_HOSPINPT, Column A, Line 82.

Line 85 – Affordable Care Act Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 85 is equal to Line 82. If Cell I7 displays “SMA”, Line 85 is equal to Line 83. Otherwise Line 85 is equal to Line 84.

Line 86 – Affordable Care Act Costs (03/01/2020 – 06/30/2020)

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 55, Line 81 of MH 1960_HOSP_05_Admin and Column 33, Line 81 of the MH 1960_PHYS_05_Admin.

Line 87 – Affordable Care Act SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 19 of MH 1991.

Line 88 – Affordable Care Act Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges 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 1966_HOSPINPT, Column A, Line 84.

Line 89 – Affordable Care Act Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 89 is equal to Line 86. If Cell I7 displays “SMA”, Line 89 is equal to Line 87. Otherwise Line 89 is equal to Line 88.

Line 90 Medi-Cal for All Children (SB 75) Costs (07/01/2019 – 02/29/2020)

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 59, Line 81 of MH 1960_HOSP_05_Admin and Column 59, Line 81 of the MH 1960_PHYS_05_Admin.

Line 91 – Medi-Cal for All Children (SB 75) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 20 of MH 1991.

Line 92– Medi-Cal for All Children (SB 75) Published Charges (07/01/2019 – 02/29/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 86.

Line 93 – Medi-Cal for All Children (SB 75) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 93 is equal to Line 90. If Cell I7 displays “SMA”, Line 93 is equal to Line 91. Otherwise Line 93 is equal to Line 92.

Line 94 Medi-Cal for All Children (SB 75) Costs (03/01/2020 – 06/30/2020)

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 61, Line 81 of MH 1960_HOSP_05_Admin and Column 61, Line 81 of the MH 1960_PHYS_05_Admin.

Line 95 – Medi-Cal for All Children (SB 75) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 21 of MH 1991.

Line 96– Medi-Cal for All Children (SB 75) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 88.

Line 97 – Medi-Cal for All Children (SB 75) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 97 is equal to Line 94. If Cell I7 displays “SMA”, Line 97 is equal to Line 95. Otherwise Line 97 is equal to Line 96.

Line 98 Enhanced SD/MC (Refugees) Costs (07/01/2019 – 02/29/2020)

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

41, Line 81 of MH 1960_HOSP_05_Admin and Column 41, Line 81 of the MH 1960_PHYS_05_Admin.

Line 99 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 22 of MH 1991.

Line 100– Enhanced SD/MC (Refugees) Published Charges (07/01/2019 – 02/29/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 76.

Line 101 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 101 is equal to Line 98. If Cell I7 displays “SMA”, Line 101 is equal to Line 99. Otherwise Line 101 is equal to Line 100.

Line 102 Enhanced SD/MC (Refugees) Costs (03/01/2020 – 06/30/2020)

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 43, Line 81 of MH 1960_HOSP_05_Admin and Column 61, Line 43 of the MH 1960_PHYS_05_Admin.

Line 103 – Enhanced SD/MC (Refugees) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 23 of MH 1991.

Line 104 – Enhanced SD/MC (Refugees) Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 78.

Line 105 – Enhanced SD/MC (Refugees) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 105 is equal to Line 102. If Cell I7 displays “SMA”, Line 105 is equal to Line 103. Otherwise Line 105 is equal to Line 104.

Line 106 Medi-Cal Access Program Costs (07/01/2019 – 09/30/2019)

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 45, Line 81 of MH 1960_HOSP_05_Admin and Column 45, Line 81 of the MH 1960_PHYS_05_Admin.

Line 107 Medi-Cal Access Program SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 24 of MH 1991.

Line 108– Medi-Cal Access Program Published Charges (07/01/2019 – 09/30/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 90.

Line 109 – Medi-Cal Access Program Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 109 is equal to Line 106. If Cell I7 displays “SMA”, Line 109 is equal to Line 107. Otherwise Line 109 is equal to Line 108.

Line 110 – Medi-Cal Access Program Costs (10/01/2019 – 12/31/2019)

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 47, Line 81 of MH 1960_HOSP_05_Admin and Column 47, Line 81 of the MH 1960_PHYS_05_Admin.

Line 111 – Medi-Cal Access Program SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 25 of MH 1991.

Line 112 – Medi-Cal Access Program Published Charges (10/01/2019 – 12/31/2019)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 92.

Line 113 – Medi-Cal Access Program Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 113 is equal to Line 110. If Cell I7 displays “SMA”, Line 113 is equal to Line 111. Otherwise Line 113 is equal to Line 112.

Line 114 – Medi-Cal Access Program Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 05 – Hospital Inpatient Administration (SF 10-18) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 49, Line 81 of MH 1960_HOSP_05_Admin and Column 49, Line 81 of the MH 1960_PHYS_05_Admin.

Line 115 – Medi-Cal Access Program SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 26 of MH 1991.

Line 116 – Medi-Cal Access Program Published Charges (01/01/2020 – 02/29/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 94.

Line 117 – Medi-Cal Access Program Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 117 is equal to Line 114. If Cell I7 displays “SMA”, Line 117 is equal to Line 115. Otherwise Line 117 is equal to Line 116.

Line 118 – Medi-Cal Access Program Costs (03/01/2020 – 06/30/2020)

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 51, Line 81 of MH 1960_HOSP_05_Admin and Column 51, Line 81 of the MH 1960_PHYS_05_Admin.

Line 119 – Medi-Cal Access Program SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits for Mode 05, Hospital Inpatient Administration (SF 19) is equal to Column H, Line 27 of MH 1991.

Line 120 – Medi-Cal Access Program Published Charges (03/01/2020 – 06/30/2020)

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 automatically populated from the MH 1966_HOSPINPT, Column A, Line 96.

Line 121 – Medi-Cal Access Program Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 121 is equal to Line 118. If Cell I7 displays “SMA”, Line 121 is equal to Line 119. Otherwise Line 121 is equal to Line 120.

Line 122 – SD/MC & Medi-Medi Crossover Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Administration (SF 10-18) to beneficiaries enrolled in regular SD/MC aid codes is automatically populated from the MH 1901 Schedule B. Line 122 is equal to the sum of Column G when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 123 – SD/MC & Medi-Medi Crossover Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in regular SD/MC aid codes is automatically populated from the MH 1901 Schedule B. Line 123 is equal to the sum of Column J when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 124 – SD/MC & Medi-Medi Crossover Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Administration (SF 19) to beneficiaries enrolled in regular SD/MC aid codes is automatically populated from the MH 1901 Schedule B. Line 124 is equal to the sum of Column M when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 125 – Enhanced Non CHIP (Children) Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for 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 125 is equal to the sum of Column O when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 126 – Enhanced Non CHIP (Children) Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for 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 126 is equal to the sum of Column Q when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 127 – Enhanced Non CHIP (Children) Revenue (03/01/2020 – 06/30/2020)

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 127 is equal to the sum of Column S when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 128 – Enhanced SD/MC (Children) Revenue (07/01/2019 – 09/30/2019)

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 128 is equal to the sum of Column U when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 129 – Enhanced SD/MC (Children) Revenue (10/01/2019 – 12/31/2019)

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 129 is equal to the sum of Column W when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 130 – Enhanced SD/MC (Children) Revenue (01/01/2020 – 02/29/2020)

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 130 is equal to the sum of Column Y when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 131 – Enhanced SD/MC (Children) Revenue (03/01/2020 – 06/30/2020)

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 131 is equal to the sum of Column AA when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 132 – Enhanced SD/MC (BCCTP) Revenue (07/01/2019 – 12/31/2019)

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 132 is equal to the sum of Column AC when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 133 – Enhanced SD/MC (BCCTP) Revenue (01/01/2020 – 02/29/2020)

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 133 is equal to the sum of Column AE when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 134 – Enhanced SD/MC (BCCTP) Revenue (03/01/2020 – 06/30/2020)

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 134 is equal to the sum of Column AG when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 135 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2019 – 12/31/2019)

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 135 is equal to the sum of Column AI when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 136 – Enhanced SD/MC (Pregnancy) Revenue (01/01/2020 – 02/29/2020)

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 136 is equal to the sum of Column AK when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 137 – Enhanced SD/MC (Pregnancy) Revenue (03/01/2020 – 06/30/2020)

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 137 is equal to the sum of Column AM when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 138 – Enhanced SD/MC (Refugee) Revenue (07/01/2019 – 02/29/2020)

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 138 is equal to the sum of Column AO when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 139 – Enhanced SD/MC (Refugee) Revenue (03/01/2020 – 06/30/2020)

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 139 is equal to the sum of Column AQ when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 140 – Affordable Care Act (ACA) Revenue (07/01/2019 – 12/31/2019)

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 140 is equal to the sum of Column AS when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 141 – Affordable Care Act (ACA) Revenue (01/01/2020 – 02/29/2020)

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 141 is equal to the sum of Column AU when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 142 – Affordable Care Act (ACA) Revenue (03/01/2020 – 06/30/2020)

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 142 is equal to the sum of Column AW when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 143 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (07/01/2019 – 02/29/2020)

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 143 is equal to the sum of Column BG when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 144 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (03/01/2020 – 06/30/2020)

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 144 is equal to the sum of Column BI when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 145 – Medi-Cal Access Program Revenue (07/01/2019 – 09/30/2019)

No entry. Revenue received from third parties for 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 145 is equal to the sum of Column AY when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 146 – Medi-Cal Access Program Revenue (10/01/2019 – 12/31/2019)

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 146 is equal to the sum of Column BA when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 147 – Medi-Cal Access Program Revenue (01/01/2020 – 02/29/2020)

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 147 is equal to the sum of Column BC when Column B (Mode) equals 05 and Column C (Service Function) equals 19.

Line 148 Medi-Cal Access Program Revenue (03/01/2020 – 06/30/2020)

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 148 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 – 148: No entry. Lines 1 through 148 are equal to the sum of Columns E and F.

Column H: Mode 05 – Other 24-Hour Services

Line 1 – Medi-Cal Costs (07/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 05, Other 24-Hour Services to regular Medi-Cal beneficiaries is equal to Column A, Line 37 of MH 1966_MODE5_(OTHR).

Line 2 – Medi-Cal SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 3 – Medi-Cal Published Charges (07/01/2019 – 12/31/2019)

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 38 of MH 1966_MODE5_(OTHR).

Line 4 – Medi-Cal Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medi-Cal Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 05, Other 24-Hour Services to regular Medi-Cal beneficiaries is equal to Column A, Line 39 of MH 1966_MODE5_(OTHR).

Line 6 – Medi-Cal SMA Upper Limits (01/01/2020 – 02/29-2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 7 – Medi-Cal Published Charges (01/01/2020 – 02/29-2020)

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 40 of MH 1966_MODE5_(OTHR).

Line 8 – Medi-Cal Gross Reimbursement (01/01/2020 – 02/29-2020)

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 – Other 24-Hour Services.

Line 9 – Medi-Cal Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 05, Other 24-Hour Services to regular Medi-Cal beneficiaries is equal to Column A, Line 41 of MH 1966_MODE5_(OTHR).

Line 10 – Medi-Cal SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 11 – Medi-Cal Published Charges (03/01/2020 – 06/30/2020)

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 42 of MH 1966_MODE5_(OTHR).

Line 12 – Medi-Cal Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Other 24-Hour Services.

Line 13 – Medicare Medi-Cal Crossover Costs (07/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 05, Other 24-Hour Services to Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 43 of MH 1966_MODE5_(OTHR).

Line 14 – Medicare Medi-Cal Crossover SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 15 – Medicare Medi-Cal Crossover Published Charges (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 05, Other 24-Hour Services to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 44 of MH 1966_MODE5_(OTHR).

Line 16 – Medicare Medi-Cal Crossover Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medicare Medi-Cal Crossover Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 05, Other 24-Hour Services to Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 45 of MH 1966_MODE5_(OTHR).

Line 18 – Medicare Medi-Cal Crossover SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 19 – Medicare Medi-Cal Crossover Published Charges (01/01/2020 – 02/29/2020)

No entry. The total published charges for providing Mode 05, Other 24-Hour Services to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 46 of MH 1966_MODE5_(OTHR).

Line 20 – Medicare Medi-Cal Crossover Gross Reimbursement (01/01/2020 – 02/29/2020)

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 – Medicare Medi-Cal Crossover Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 05, Other 24-Hour Services to Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 47 of MH 1966_MODE5_(OTHR).

Line 22 – Medicare Medi-Cal Crossover SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 23 – Medicare Medi-Cal Crossover Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 05, Other 24-Hour Services to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 48 of MH 1966_MODE5_(OTHR).

Line 24 – Medicare Medi-Cal Crossover Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Total SD/MC + Crossover Gross Reimbursement (07/01/2019 – 06/30/2020)

No entry. The total SD/MC + Crossover Gross Reimbursement for Other 24-Hour services is equal to the sum of Lines 4, 8, 12, 16, 20 and 24.

Line 26 Enhanced Non CHIP (Children) Costs (07/01/2019 – 12/31/2019)

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 49 of MH 1966_MODE5_(OTHR).

Line 27 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 28– Enhanced Non CHIP (Children) Published Charges (07/01/2019 – 12/31/2019)

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 50 of MH 1966_MODE5_(OTHR).

Line 29 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 29 is equal to Line 26. Otherwise Line 29 is equal to Line 28. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 30 – Enhanced Non CHIP (Children) Costs (01/01/2020 – 02/29/2020)

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 51 of MH 1966_MODE5_(OTHR).

Line 31 – Enhanced Non CHIP (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 32 – Enhanced Non CHIP (Children) Published Charges (01/01/2020 – 02/29/2019)

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 52 of MH 1966_MODE5_(OTHR).

Line 33 – Enhanced Non CHIP (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays "COSTS", Line 33 is equal to Line 30. Otherwise Line 33 is equal to Line 32. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 34 – Enhanced Non CHIP (Children) Costs (03/01/2020 – 06/30/2020)

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 53 of MH 1966_MODE5_(OTHR).

Line 35 – Enhanced Non CHIP (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 36 – Enhanced Non CHIP (Children) Published Charges (03/01/2020 – 06/30/2020)

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 54 of MH 1966_MODE5_(OTHR).

Line 37 – Enhanced Non CHIP (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays "COSTS", Line 37 is equal to Line 34. Otherwise Line 37 is equal to Line 36. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 38 Enhanced SD/MC (Children) Costs (07/01/2019 – 09/30/2019)

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 55 of MH 1966_MODE5_(OTHR).

Line 39 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 40– Enhanced SD/MC (Children) Published Charges (07/01/2019 – 09/30/2019)

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 56 of MH 1966_MODE5_(OTHR).

Line 41 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays "COSTS", Line 41 is equal to Line 38. Otherwise Line 41 is equal to Line 40. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 42 – Enhanced SD/MC (Children) Costs (10/01/2019 – 12/31/2019)

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 57 of MH 1966_MODE5_(OTHR).

Line 43 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 44 – Enhanced SD/MC (Children) Published Charges (10/01/2019 – 12/31/2019)

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 58 of MH 1966_MODE5_(OTHR).

Line 45 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 45 is equal to Line 42. Otherwise Line 45 is equal to Line 44. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 46 – Enhanced SD/MC (Children) Costs (01/01/2020 – 02/29/2020)

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 59 of MH 1966_MODE5_(OTHR).

Line 47 – Enhanced SD/MC (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 48 – Enhanced SD/MC (Children) Published Charges (01/01/2020 – 02/29/2020)

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 60 of MH 1966_MODE5_(OTHR).

Line 49 – Enhanced SD/MC (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 49 is equal to Line 46. Otherwise Line 49 is equal to Line 48. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 50 – Enhanced SD/MC (Children) Costs (03/01/2020 – 06/30/2020)

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 61 of MH 1966_MODE5_(OTHR).

Line 51 – Enhanced SD/MC (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 52 – Enhanced SD/MC (Children) Published Charges (03/01/2020 – 06/30/2020)

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 62 of MH 1966_MODE5_(OTHR).

Line 53 – Enhanced SD/MC (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 53 is equal to Line 50. Otherwise Line 53 is equal to Line 52. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 54 Enhanced SD/MC (BCCTP) Costs (07/01/2019 – 12/31/2019)

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 63 of MH 1966_MODE5_(OTHR).

Line 55 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 56– Enhanced SD/MC (BCCTP) Published Charges (07/01/2019 – 12/31/2019)

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 64 of MH 1966_MODE5_(OTHR).

Line 57 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 57 is equal to Line 54. Otherwise Line 57 is equal to Line 56. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 58 – Enhanced SD/MC (BCCTP) Costs (01/01/2020 – 02/29/2020)

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 65 of MH 1966_MODE5_(OTHR).

Line 59 – SD/MC (BCCTP) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 60 – Enhanced SD/MC (BCCTP) Published Charges (01/01/2020 – 02/29/2019)

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 66 of MH 1966_MODE5_(OTHR).

Line 61 – Enhanced SD/MC (BCCTP) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 61 is equal to Line 58. Otherwise Line 61 is equal to Line 60. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 62 – Enhanced SD/MC (BCCTP) Costs (03/01/2020 – 06/30/2020)

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 67 of MH 1966_MODE5_(OTHR).

Line 63 – Enhanced SD/MC (BCCTP) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (03/01/2020 – 06/30/2020)

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 68 of MH 1966_MODE5_(OTHR).

Line 65 – Enhanced SD/MC (BCCTP) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 65 is equal to Line 62. Otherwise Line 65 is equal to Line 64. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 66 Enhanced SD/MC (Pregnancy) Costs (07/01/2019 – 12/31/2019)

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 69 of MH 1966_MODE5_(OTHR).

Line 67 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 68– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2019 – 12/31/2019)

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 70 of MH 1966_MODE5_(OTHR).

Line 69 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 69 is equal to Line 66. Otherwise Line 69 is equal to Line 68. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 70 – Enhanced SD/MC (Pregnancy) Costs (01/01/2020 – 02/29/2020)

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 71 of MH 1966_MODE5_(OTHR).

Line 71 – SD/MC (Pregnancy) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/2020 – 02/29/20120)

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 72 of MH 1966_MODE5_(OTHR).

Line 73 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 73 is equal to Line 70. Otherwise Line 73 is equal to Line 72. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 74 – Enhanced SD/MC (Pregnancy) Costs (03/01/2020 – 06/30/2020)

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 73 of MH 1966_MODE5_(OTHR).

Line 75 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 76 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/2020 – 06/30/2020)

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 74 of MH 1966_MODE5_(OTHR).

Line 77 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 77 is equal to Line 74. Otherwise Line 77 is equal to Line 76. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 78 Affordable Care Act Costs (07/01/2019 – 12/31/2019)

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 79 of MH 1966_MODE5_(OTHR).

Line 79 – Affordable Care Act SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 80– Affordable Care Act Published Charges (07/01/2019 – 12/31/2019)

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 80 of MH 1966_MODE5_(OTHR).

Line 81 – Affordable Care Act Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 81 is equal to Line 78. Otherwise Line 81 is equal to Line 80. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 82 – Affordable Care Act Costs (01/01/2020 – 02/29/2020)

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 81 of MH 1966_MODE5_(OTHR).

Line 83 – Affordable Care Act Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 84 – Affordable Care Act Published Charges (01/01/2020 – 02/29/20120)

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 82 of MH 1966_MODE5_(OTHR).

Line 85 – Affordable Care Act Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 85 is equal to Line 82. Otherwise Line 85 is equal to Line 84. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 86 – Affordable Care Act Costs (03/01/2020 – 06/30/2020)

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 83 of MH 1966_MODE5_(OTHR).

Line 87 – Affordable Care Act SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 88 – Affordable Care Act Published Charges (03/01/2020 – 06/30/2020)

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 84 of MH 1966_MODE5_(OTHR).

Line 89 – Affordable Care Act Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 89 is equal to Line 86. Otherwise Line 89 is equal to Line 88. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 90 Medi-Cal for All Children (SB 75) Costs (07/01/2019 – 02/29/2020)

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 85 of MH 1966_MODE5_(OTHR).

Line 91 – Medi-Cal for All Children (SB 75) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 92– Medi-Cal for All Children (SB 75) Published Charges (07/01/2019 – 02/29/2020)

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_HOSPINPT, Column B, Line 86.

Line 93 – Medi-Cal for All Children (SB 75) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 93 is equal to Line 90. Otherwise Line 93 is equal to Line 92. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 94 Medi-Cal for All Children (SB 75) Costs (03/01/2020 – 06/30/2020)

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 87 of MH 1966_MODE5_(OTHR).

Line 95 – Medi-Cal for All Children (SB 75) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 96– Medi-Cal for All Children (SB 75) Published Charges (03/01/2020 – 06/30/2020)

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_HOSPINPT, Column B, Line 88.

Line 97 – Medi-Cal for All Children (SB 75) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 97 is equal to Line 94. Otherwise Line 97 is equal to Line 96. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 98 Enhanced SD/MC (Refugees) Costs (07/01/2019 – 02/29/2020)

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 75 of MH 1966_MODE5_(OTHR).

Line 99 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 100– Enhanced SD/MC (Refugees) Published Charges (07/01/2019 – 02/29/2020)

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 76 of MH 1966_MODE5_(OTHR).

Line 101 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 101 is equal to Line 98. Otherwise Line 101 is equal to Line 100. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 102 Enhanced SD/MC (Refugees) Costs (03/01/2020 – 06/30/2020)

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 77 of MH 1966_MODE5_(OTHR).

Line 103 – Enhanced SD/MC (Refugees) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 104 – Enhanced SD/MC (Refugees) Published Charges (03/01/2020 – 06/30/2020)

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 78 of MH 1966_MODE5_(OTHR).

Line 105 – Enhanced SD/MC (Refugees) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 105 is equal to Line 102. Otherwise Line 105 is equal to Line 104. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 106 Medi-Cal Access Program Costs (07/01/2019 – 09/30/2019)

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 89 of MH 1966_MODE5_(OTHR).

Line 107 Medi-Cal Access Program SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 108– Medi-Cal Access Program Published Charges (07/01/2019 – 09/30/2019)

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 90 of MH 1966_MODE5_(OTHR).

Line 109 – Medi-Cal Access Program Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 109 is equal to Line 106. Otherwise Line 109 is equal to Line 108. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 110 – Medi-Cal Access Program Costs (10/01/2019 – 12/31/2019)

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 91 of MH 1966_MODE5_(OTHR).

Line 111 – Medi-Cal Access Program SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 112 – Medi-Cal Access Program Published Charges (10/01/2019 – 12/31/2019)

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 92 of MH 1966_MODE5_(OTHR).

Line 113 – Medi-Cal Access Program Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 113 is equal to Line 110. Otherwise Line 113 is equal to Line 112. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 114 – Medi-Cal Access Program Costs (01/01/2020 – 02/29/2020)

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 93 of MH 1966_MODE5_(OTHR).

Line 115 – Medi-Cal Access Program SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 116 – Medi-Cal Access Program Published Charges (01/01/2020 – 02/29/2020)

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 94 of MH 1966_MODE5_(OTHR).

Line 117 – Medi-Cal Access Program Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 117 is equal to Line 114. Otherwise Line 117 is equal to Line 116. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 118 – Medi-Cal Access Program Costs (03/01/2020 – 06/30/2020)

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 95 of MH 1966_MODE5_(OTHR).

Line 119 – Medi-Cal Access Program SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 05 – Other 24-Hour Services.

Line 120 – Medi-Cal Access Program Published Charges (03/01/2020 – 06/30/2020)

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 96 of MH 1966_MODE5_(OTHR).

Line 121 – Medi-Cal Access Program Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 121 is equal to Line 118. Otherwise Line 121 is equal to Line 120. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 122 – SD/MC & Medi-Medi Crossover Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 122 is equal to the sum of Column G 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 123 – SD/MC & Medi-Medi Crossover Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 123 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 124 – SD/MC & Medi-Medi Crossover Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 124 is equal to the sum of Column M 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 125 – Enhanced Non CHIP (Children) Revenue (07/01/2019 – 12/31/2019)

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 125 is equal to the sum of Column O 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 126 – Enhanced Non CHIP (Children) Revenue (01/01/2020 – 02/29/2020)

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 126 is equal to the sum of Column Q 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 127 – Enhanced Non CHIP (Children) Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Enhanced Non CHIP (Children) aid codes is automatically populated from the MH 1901 Schedule B. Line 127 is equal to the sum of Column S 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 128 – Enhanced SD/MC (Children) Revenue (07/01/2019 – 09/30/2019)

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 128 is equal to the sum of Column U 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 129 – Enhanced SD/MC (Children) Revenue (10/01/2019 – 12/31/2019)

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 129 is equal to the sum of Column W 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 130 – Enhanced SD/MC (Children) Revenue (01/01/2020 – 02/29/2020)

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 130 is equal to the sum of Column Y 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 131 – Enhanced SD/MC (Children) Revenue (03/01/2020 – 06/30/2020)

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 131 is equal to the sum of Column AA 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 132 – Enhanced SD/MC (BCCTP) Revenue (07/01/2019 – 12/31/2019)

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 132 is equal to the sum of Column AC 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 133 – Enhanced SD/MC (BCCTP) Revenue (01/01/2020 – 02/29/2020)

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 133 is equal to the sum of Column AE 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 134 – Enhanced SD/MC (BCCTP) Revenue (03/01/2020 – 06/30/2020)

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 134 is equal to the sum of Column AG 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 135 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2019 – 12/31/2019)

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 135 is equal to the sum of Column AI 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 136 – Enhanced SD/MC (Pregnancy) Revenue (01/01/2020 – 02/29/2020)

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 136 is equal to the sum of Column AK 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 137 – Enhanced SD/MC (Pregnancy) Revenue (03/01/2020 – 06/30/2020)

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 137 is equal to the sum of Column AM 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 138 – Enhanced SD/MC (Refugee) Revenue (07/01/2019 – 02/29/2020)

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 138 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 139 – Enhanced SD/MC (Refugee) Revenue (03/01/2020 – 06/30/2020)

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 139 is equal to the sum of Column AQ 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 140 – Affordable Care Act (ACA) Revenue (07/01/2019 – 12/31/2019)

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 140 is equal to the sum of Column AS 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 141 – Affordable Care Act (ACA) Revenue (01/01/2020 – 02/29/2020)

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 141 is equal to the sum of Column AU 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 142 – Affordable Care Act (ACA) Revenue (03/01/2020 – 06/30/2020)

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 142 is equal to the sum of Column AW 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 143 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (07/01/2019 – 02/29/2020)

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) 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 143 is equal to the sum of Column BG 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 144 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for providing Mode 05 – Hospital Inpatient Services (SF 10-18) to beneficiaries enrolled in Medi-Cal through the Medi-Cal for All Children and Young Adult Expansion programs is automatically populated from the MH 1901 Schedule B. Line 144 is equal to the sum of Column BI 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 145 – Medi-Cal Access Program Revenue (07/01/2019 – 09/30/2019)

No entry. Revenue received from third parties for 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 145 is equal to the sum of Column AY 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 146 – Medi-Cal Access Program Revenue (10/01/2019 – 12/31/2019)

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 146 is equal to the sum of Column BA 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 147 – Medi-Cal Access Program Revenue (01/01/2020 – 02/29/2020)

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 147 is equal to the sum of Column BC 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 148 Medi-Cal Access Program Revenue (03/01/2020 – 06/30/2020)

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 148 is equal to the sum of Column BE 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 (07/01/2019 – 12/31/2019)

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 37, of the MH 1966_Mode10

Line 2 – Medi-Cal SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 3 – Medi-Cal Published Charges (07/01/2019 – 12/31/2019)

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 38.

Line 4 – Medi-Cal Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medi-Cal Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 10, Day Services to regular Medi-Cal beneficiaries is equal to the sum of Column 5, Line 81 of MH 1960_HOSP_10; Column 5, Line 81 of the MH 1960_PHYS_10; and Column A, Line 39, of the MH 1966_Mode10

Line 6 – Medi-Cal SMA Upper Limits (01/01/2020 – 02/29-2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 7 – Medi-Cal Published Charges (01/01/2020 – 02/29-2020)

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 40.

Line 8 – Medi-Cal Gross Reimbursement (01/01/2020 – 02/29/2020)

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 – Medi-Cal Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 10, Day Services to regular Medi-Cal beneficiaries is equal to the sum of Column 7, Line 81 of MH 1960_HOSP_10; Column 7, Line 81 of the MH 1960_PHYS_10; and Column A, Line 41, of the MH 1966_Mode10

Line 10 – Medi-Cal SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 11 – Medi-Cal Published Charges (03/01/2020 – 06/30/2020)

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 42.

Line 12 – Medi-Cal Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Medicare Medi-Cal Crossover Costs (07/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 10, Day Services to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to the sum of Column 9, Line 81 of MH 1960_HOSP_10; Column 9, Line 81 of the MH 1960_PHYS_10; and Column A, Line 43, of the MH 1966_Mode10

Line 14 – Medicare Medi-Cal Crossover SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 15 – Medicare Medi-Cal Crossover Published Charges (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 10, Day Services to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode10, Column C Line 44.

Line 16 – Medicare Medi-Cal Crossover Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medicare Medi-Cal Crossover Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 10, Day Services to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to the sum of Column 11, Line 81 of MH 1960_HOSP_10; Column 11, Line 81 of the MH 1960_PHYS_10; and Column A, Line 45, of the MH 1966_Mode10

Line 18 – Medicare Medi-Cal Crossover SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 19 – Medicare Medi-Cal Crossover Published Charges (01/01/2020 – 02/29/2020)

No entry. The total published charges for providing Mode 10, Day Services to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode10, Column C Line 46.

Line 20 – Medicare Medi-Cal Crossover Gross Reimbursement (01/01/2020 – 02/29/2020)

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 – Medicare Medi-Cal Crossover Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 10, Day Services to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to the sum of Column 13, Line 81 of MH 1960_HOSP_10; Column 13, Line 81 of the MH 1960_PHYS_10; and Column A, Line 47, of the MH 1966_Mode10

Line 22 – Medicare Medi-Cal Crossover SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 23 – Medicare Medi-Cal Crossover Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 10, Day Services to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode10, Column C Line 48.

Line 24 – Medicare Medi-Cal Crossover Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Total SD/MC + Crossover Gross Reimbursement (07/01/2019 – 06/30/2020)

No entry. The total SD/MC + Crossover Gross Reimbursement for acute psychiatric inpatient hospital services is equal to the sum of Lines 4, 8, 12, 16, 20 and 24.

Line 26 Enhanced Non CHIP (Children) Costs (07/01/2019 – 12/31/2019)

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 49, of the MH 1966_Mode10

Line 27 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 28– Enhanced Non CHIP (Children) Published Charges (07/01/2019 – 12/31/2019)

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 50.

Line 29 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 29 is equal to Line 26. Otherwise Line 29 is equal to Line 28. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 30 – Enhanced Non CHIP (Children) Costs (01/01/2020 – 02/29/2020)

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 17, Line 81 of MH 1960_HOSP_10; Column 17, Line 81 of the MH 1960_PHYS_10; and Column A, Line 51, of the MH 1966_Mode10

Line 31 – Enhanced Non CHIP (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 32 – Enhanced Non CHIP (Children) Published Charges (01/01/2020 – 02/29/20120)

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 52.

Line 33 – Enhanced Non CHIP (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 33 is equal to Line 30. Otherwise Line 33 is equal to Line 32. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 34 – Enhanced Non CHIP (Children) Costs (03/01/2020 – 06/30/2020)

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 19, Line 81 of MH 1960_HOSP_10; Column 19, Line 81 of the MH 1960_PHYS_10; and Column A, Line 53, of the MH 1966_Mode10

Line 35 – Enhanced Non CHIP (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 36 – Enhanced Non CHIP (Children) Published Charges (03/01/2020 – 06/30/2020)

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 54.

Line 37 – Enhanced Non CHIP (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays "COSTS", Line 37 is equal to Line 34. Otherwise Line 37 is equal to Line 36. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 38 Enhanced SD/MC (Children) Costs (07/01/2019 – 09/30/2019)

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 55, of the MH 1966_Mode10

Line 39 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 40– Enhanced SD/MC (Children) Published Charges (07/01/2019 – 09/30/2019)

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 56.

Line 41 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays "COSTS", Line 41 is equal to Line 38. Otherwise Line 41 is equal to Line 40. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 42 – Enhanced SD/MC (Children) Costs (10/01/2019 – 12/31/2019)

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 23, Line 81 of MH 1960_HOSP_10; Column 23, Line 81 of the MH 1960_PHYS_10; and Column A, Line 57, of the MH 1966_Mode10

Line 43 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 44 – Enhanced SD/MC (Children) Published Charges (10/01/2019 – 12/31/2019)

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 58.

Line 45 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays "COSTS", Line 45 is equal to Line 42. Otherwise Line 45 is equal to Line 44. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 46 – Enhanced SD/MC (Children) Costs (01/01/2020 – 02/29/2020)

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 25, Line 81 of MH 1960_HOSP_10; Column 25, Line 81 of the MH 1960_PHYS_10; and Column A, Line 59, of the MH 1966_Mode10

Line 47 – Enhanced SD/MC (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 48 – Enhanced SD/MC (Children) Published Charges (01/01/2020 – 02/29/2020)

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 60.

Line 49 – Enhanced SD/MC (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 49 is equal to Line 46. Otherwise Line 49 is equal to Line 48. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 50 – Enhanced SD/MC (Children) Costs (03/01/2020 – 06/30/2020)

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 27, Line 81 of MH 1960_HOSP_10; Column 27, Line 81 of the MH 1960_PHYS_10; and Column A, Line 61, of the MH 1966_Mode10

Line 51 – Enhanced SD/MC (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 52 – Enhanced SD/MC (Children) Published Charges (03/01/2020 – 06/30/2020)

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 62.

Line 53 – Enhanced SD/MC (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 53 is equal to Line 50. Otherwise Line 53 is equal to Line 52. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 54 Enhanced SD/MC (BCCTP) Costs (07/01/2019 – 12/31/2019)

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 63, of the MH 1966_Mode10

Line 55 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 56– Enhanced SD/MC (BCCTP) Published Charges (07/01/2019 – 12/31/2019)

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 64.

Line 57 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 57 is equal to Line 54. Otherwise Line 57 is equal to Line 56. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 58 – Enhanced SD/MC (BCCTP) Costs (01/01/2020 – 02/29/2020)

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 31, Line 81 of MH 1960_HOSP_10; Column 31, Line 81 of the MH 1960_PHYS_10; and Column A, Line 65, of the MH 1966_Mode10

Line 59 – SD/MC (BCCTP) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 60 – Enhanced SD/MC (BCCTP) Published Charges (01/01/2020 – 02/29/2020)

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 66.

Line 61 – Enhanced SD/MC (BCCTP) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 61 is equal to Line 58. Otherwise Line 61 is equal to Line 60. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 62 – Enhanced SD/MC (BCCTP) Costs (03/01/2020 – 06/30/2020)

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 33, Line 81 of MH 1960_HOSP_10; Column 33, Line 81 of the MH 1960_PHYS_10; and Column A, Line 67, of the MH 1966_Mode10

Line 63 – Enhanced SD/MC (BCCTP) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (03/01/2020 – 06/30/2020)

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 68.

Line 65 – Enhanced SD/MC (BCCTP) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 65 is equal to Line 62. Otherwise Line 65 is equal to Line 64. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 66 Enhanced SD/MC (Pregnancy) Costs (07/01/2019 – 12/31/2019)

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 69, of the MH 1966_Mode10

Line 67 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 68– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2019 – 12/31/2019)

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 70.

Line 69 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 69 is equal to Line 66. Otherwise Line 69 is equal to Line 68. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 70 – Enhanced SD/MC (Pregnancy) Costs (01/01/2020 – 02/29/2020)

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 37, Line 81 of MH 1960_HOSP_10; Column 37, Line 81 of the MH 1960_PHYS_10; and Column A, Line 71, of the MH 1966_Mode10

Line 71 – SD/MC (Pregnancy) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/2020 – 02/29/2020)

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 72.

Line 73 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 73 is equal to Line 70. Otherwise Line 73 is equal to Line 72. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 74 – Enhanced SD/MC (Pregnancy) Costs (03/01/2020 – 06/30/2020)

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 39, Line 81 of MH 1960_HOSP_10; Column 39, Line 81 of the MH 1960_PHYS_10; and Column A, Line 73, of the MH 1966_Mode10

Line 75 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 76 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/2020 – 06/30/2020)

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 74.

Line 77 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 77 is equal to Line 74. Otherwise Line 77 is equal to Line 76. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 78 Affordable Care Act Costs (07/01/2019 – 12/31/2019)

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 79, of the MH 1966_Mode10

Line 79 – Affordable Care Act SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 80– Affordable Care Act Published Charges (07/01/2019 – 12/31/2019)

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 80.

Line 81 – Affordable Care Act Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 81 is equal to Line 78. Otherwise Line 81 is equal to Line 80. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 82 – Affordable Care Act Costs (01/01/2020 – 02/29/2020)

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 55, Line 81 of MH 1960_HOSP_10; Column 55, Line 81 of the MH 1960_PHYS_10; and Column A, Line 81, of the MH 1966_Mode10

Line 83 – Affordable Care Act Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 84 – Affordable Care Act Published Charges (01/01/2020 – 02/29/2020)

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 82.

Line 85 – Affordable Care Act Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 85 is equal to Line 82. Otherwise Line 85 is equal to Line 84. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 86 – Affordable Care Act Costs (03/01/2020 – 06/30/2020)

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 57, Line 81 of MH 1960_HOSP_10; Column 57, Line 81 of the MH 1960_PHYS_10; and Column A, Line 83, of the MH 1966_Mode10

Line 87 – Affordable Care Act SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 88 – Affordable Care Act Published Charges (03/01/2020 – 06/30/2020)

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 84.

Line 89 – Affordable Care Act Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 89 is equal to Line 86. Otherwise Line 89 is equal to Line 88. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 90 Medi-Cal for All Children (SB 75) Costs (07/01/2019 – 02/29/2020)

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 85, of the MH 1966_Mode10

Line 91 – Medi-Cal for All Children (SB 75) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 92– Medi-Cal for All Children (SB 75) Published Charges (07/01/2019 – 02/29/2020)

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 86.

Line 93 – Medi-Cal for All Children (SB 75) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 93 is equal to Line 90. Otherwise Line 93 is equal to Line 92. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 94 Medi-Cal for All Children (SB 75) Costs (03/01/2020 – 06/30/2020)

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 61, Line 81 of MH 1960_HOSP_10; Column 61, Line 81 of the MH 1960_PHYS_10; and Column A, Line 87, of the MH 1966_Mode10

Line 95 – Medi-Cal for All Children (SB 75) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 96– Medi-Cal for All Children (SB 75) Published Charges (03/01/2020 – 06/30/2020)

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 88.

Line 97 – Medi-Cal for All Children (SB 75) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 97 is equal to Line 94. Otherwise Line 97 is equal to Line 96. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 98 Enhanced SD/MC (Refugees) Costs (07/01/2019 – 02/29/2020)

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 41, Line 81 of MH 1960_HOSP_10; Column 41, Line 81 of the MH 1960_PHYS_10; and Column A, Line 75, of the MH 1966_Mode10

Line 99 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 100– Enhanced SD/MC (Refugees) Published Charges (07/01/2019 – 02/29/2020)

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 76.

Line 101 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 101 is equal to Line 98. Otherwise Line 101 is equal to Line 100. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 102 Enhanced SD/MC (Refugees) Costs (03/01/2020 – 06/30/2020)

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 43, Line 81 of MH 1960_HOSP_10; Column 43, Line 81 of the MH 1960_PHYS_10; and Column A, Line 77, of the MH 1966_Mode10

Line 103 – Enhanced SD/MC (Refugees) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 104 – Enhanced SD/MC (Refugees) Published Charges (03/01/2020 – 06/30/2020)

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 78.

Line 105 – Enhanced SD/MC (Refugees) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 105 is equal to Line 102. Otherwise Line 105 is equal to Line 104. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 106 Medi-Cal Access Program Costs (07/01/2019 – 09/30/2019)

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 91, of the MH 1966_Mode10

Line 107 Medi-Cal Access Program SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 108– Medi-Cal Access Program Published Charges (07/01/2019 – 09/30/2019)

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 90.

Line 109 – Medi-Cal Access Program Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 109 is equal to Line 106. Otherwise Line 109 is equal to Line 108. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 110 – Medi-Cal Access Program Costs (10/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 10, Day Services to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 47, Line 81 of MH 1960_HOSP_10; Column 47, Line 81 of the MH 1960_PHYS_10; and Column A, Line 93, of the MH 1966_Mode10

Line 111 – Medi-Cal Access Program SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 112 – Medi-Cal Access Program Published Charges (10/01/2019 – 12/31/2019)

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 92.

Line 113 – Medi-Cal Access Program Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 113 is equal to Line 110. Otherwise Line 113 is equal to Line 112. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 114 – Medi-Cal Access Program Costs (01/01/2020 – 02/29/2020)

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 49, Line 81 of MH

1960_HOSP_10; Column 49, Line 81 of the MH 1960_PHYS_10; and Column A, Line 95, of the MH 1966_Mode10

Line 115 – Medi-Cal Access Program SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 116 – Medi-Cal Access Program Published Charges (01/01/2020 – 02/29/2020)

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 94.

Line 117 – Medi-Cal Access Program Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 117 is equal to Line 114. Otherwise Line 117 is equal to Line 116. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 118 – Medi-Cal Access Program Costs (03/01/2020 – 06/30/2020)

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 51, Line 81 of MH 1960_HOSP_10; Column 51, Line 81 of the MH 1960_PHYS_10; and Column A, Line 97, of the MH 1966_Mode10

Line 119 – Medi-Cal Access Program SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 10 – Day Services.

Line 120 – Medi-Cal Access Program Published Charges (03/01/2020 – 06/30/2020)

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 96.

Line 121 – Medi-Cal Access Program Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 121 is equal to Line 118. Otherwise Line 121 is equal to Line 120. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 122 – SD/MC & Medi-Medi Crossover Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for for providing Mode 10, Day Services 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 122 is equal to the sum of Column G when Column B (Mode) equals 10.

Line 123 – SD/MC & Medi-Medi Crossover Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for for providing Mode 10, Day Services 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 123 is equal to the sum of Column G when Column B (Mode) equals 10.

Line 124 – SD/MC & Medi-Medi Crossover Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for for providing Mode 10, Day Services 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 124 is equal to the sum of Column M when Column B (Mode) equals 10.

Line 125 – Enhanced Non CHIP (Children) Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for 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 125 is equal to the sum of Column O when Column B (Mode) equals 10.

Line 126 – Enhanced Non CHIP (Children) Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for 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 126 is equal to the sum of Column Q when Column B (Mode) equals 10.

Line 127 – Enhanced Non CHIP (Children) Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for 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 127 is equal to the sum of Column S when Column B (Mode) equals 10.

Line 128 – Enhanced SD/MC (Children) Revenue (07/01/2019 – 09/30/2019)

No entry. Revenue received from third parties for 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 128 is equal to the sum of Column U when Column B (Mode) equals 10.

Line 129 – Enhanced SD/MC (Children) Revenue (10/01/2019 – 12/31/2019)

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 129 is equal to the sum of Column W when Column B (Mode) equals 10.

Line 130 – Enhanced SD/MC (Children) Revenue (01/01/2020 – 02/29/2020)

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 130 is equal to the sum of Column Y when Column B (Mode) equals 10.

Line 131 – Enhanced SD/MC (Children) Revenue (03/01/2020 – 06/30/2020)

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 131 is equal to the sum of Column AA when Column B (Mode) equals 10.

Line 132 – Enhanced SD/MC (BCCTP) Revenue (07/01/2019 – 12/31/2019)

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 132 is equal to the sum of Column AC when Column B (Mode) equals 10.

Line 133 – Enhanced SD/MC (BCCTP) Revenue (01/01/2020 – 02/29/2020)

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 133 is equal to the sum of Column AE when Column B (Mode) equals 10.

Line 134 – Enhanced SD/MC (BCCTP) Revenue (03/01/2020 – 06/30/2020)

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 134 is equal to the sum of Column AG when Column B (Mode) equals 10.

Line 135 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2019 – 12/31/2019)

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 135 is equal to the sum of Column AI when Column B (Mode) equals 10.

Line 136 – Enhanced SD/MC (Pregnancy) Revenue (01/01/2020 – 02/29/2020)

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 136 is equal to the sum of Column AK when Column B (Mode) equals 10.

Line 137 – Enhanced SD/MC (Pregnancy) Revenue (03/01/2020 – 06/30/2020)

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 137 is equal to the sum of Column AM when Column B (Mode) equals 10.

Line 138 – Enhanced SD/MC (Refugee) Revenue (07/01/2019 – 02/29/2020)

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 138 is equal to the sum of Column AO when Column B (Mode) equals 10.

Line 139 – Enhanced SD/MC (Refugee) Revenue (03/01/2020 – 06/30/2020)

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 139 is equal to the sum of Column AQ when Column B (Mode) equals 10.

Line 140 – Affordable Care Act (ACA) Revenue (07/01/2019 – 12/31/2019)

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 140 is equal to the sum of Column AS when Column B (Mode) equals 10.

Line 141 – Affordable Care Act (ACA) Revenue (01/01/2020 – 02/29/2020)

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 141 is equal to the sum of Column AU when Column B (Mode) equals 10.

Line 142 – Affordable Care Act (ACA) Revenue (03/01/2020 – 06/30/2020)

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 142 is equal to the sum of Column AW when Column B (Mode) equals 10.

Line 143 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (07/01/2019 – 02/29/2020)

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 143 is equal to the sum of Column BG when Column B (Mode) equals 10.

Line 144 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (03/01/2020 – 06/30/2020)

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 144 is equal to the sum of Column BI when Column B (Mode) equals 10.

Line 145 – Medi-Cal Access Program Revenue (07/01/2019 – 09/30/2019)

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 145 is equal to the sum of Column AY when Column B (Mode) equals 10.

Line 146 – Medi-Cal Access Program Revenue (10/01/2019 – 12/31/2019)

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 146 is equal to the sum of Column BA when Column B (Mode) equals 10.

Line 147 – Medi-Cal Access Program Revenue (01/01/2020 – 02/29/2020)

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 147 is equal to the sum of Column BC when Column B (Mode) equals 10.

Line 148 Medi-Cal Access Program Revenue (03/01/2020 – 06/30/2020)

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 148 is equal to the sum of Column BE when Column B (Mode) equals 10.

Column J: Mode 15 – Outpatient Services (Program 1)

Line 1 – Medi-Cal Costs (07/01/2019 – 12/31/2019)

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 37, of the MH 1966_Mode15(1).

Line 2 – Medi-Cal SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 3 – Medi-Cal Published Charges (07/01/2019 – 12/31/2019)

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 38.

Line 4 – Medi-Cal Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medi-Cal Costs (01/01/2020 – 02/29/2020)

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 5, Line 81 of MH 1960_HOSP_15; Column 5, Line 81 of the MH 1960_PHYS_15; and Column A, Line 39, of the MH 1966_Mode15(1).

Line 6 – Medi-Cal SMA Upper Limits (01/01/2020 – 02/29-2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 7 – Medi-Cal Published Charges (01/01/2020 – 02/29-2020)

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 40.

Line 8 – Medi-Cal Gross Reimbursement (01/01/2020 – 02/29-2020)

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 – Medi-Cal Costs (03/01/2020 – 06/30/2020)

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 7, Line 81 of MH 1960_HOSP_15; Column 7, Line 81 of the MH 1960_PHYS_15; and Column A, Line 41, of the MH 1966_Mode15(1)

Line 10 – Medi-Cal SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 11 – Medi-Cal Published Charges (03/01/2020 – 06/30/2020)

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 42.

Line 12 – Medi-Cal Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Medicare Medi-Cal Crossover Costs (07/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to the sum of Column 9, Line 81 of MH 1960_HOSP_15; Column 9, Line 81 of the MH 1960_PHYS_15; and Column A, Line 43, of the MH 1966_Mode15(1).

Line 14 – Medicare Medi-Cal Crossover SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 15 – Medicare Medi-Cal Crossover Published Charges (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode15(1), Column C Line 44.

Line 16 – Medicare Medi-Cal Crossover Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medicare Medi-Cal Crossover Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to the sum of Column 11, Line 81 of

MH 1960_HOSP_15; Column 11, Line 81 of the MH 1960_PHYS_15; and Column A, Line 45, of the MH 1966_Mode15(1).

Line 18 – Medicare Medi-Cal Crossover SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 19 – Medicare Medi-Cal Crossover Published Charges (01/01/2020 – 02/29/2019)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode15(1), Column C Line 46.

Line 20 – Medicare Medi-Cal Crossover Gross Reimbursement (01/01/2020 – 02/29/2020)

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 – Medicare Medi-Cal Crossover Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to the sum of Column 13, Line 81 of MH 1960_HOSP_15; Column 13, Line 81 of the MH 1960_PHYS_15; and Column A, Line 47, of the MH 1966_Mode15(1).

Line 22 – Medicare Medi-Cal Crossover SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 23 – Medicare Medi-Cal Crossover Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 1) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode15(1), Column C Line 48.

Line 24 – Medicare Medi-Cal Crossover Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Total SD/MC + Crossover Gross Reimbursement (07/01/2019 – 06/30/2020)

No entry. The total SD/MC + Crossover Gross Reimbursement for acute psychiatric inpatient hospital services is equal to the sum of Lines 4, 8, 12, 16, 20 and 24.

Line 26 Enhanced Non CHIP (Children) Costs (07/01/2019 – 12/31/2019)

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 49, of the MH 1966_Mode15(1)

Line 27 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 28– Enhanced Non CHIP (Children) Published Charges (07/01/2019 – 12/31/2019)

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 50.

Line 29 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 29 is equal to Line 26. Otherwise Line 29 is equal to Line 28. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 30 – Enhanced Non CHIP (Children) Costs (01/01/2020 – 02/29/2020)

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 17, Line 81 of MH 1960_HOSP_15; Column 17, Line 81 of the MH 1960_PHYS_15; and Column A, Line 51, of the MH 1966_Mode15(1).

Line 31 – Enhanced Non CHIP (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 32 – Enhanced Non CHIP (Children) Published Charges (01/01/2020 – 02/29/2019)

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 52.

Line 33 – Enhanced Non CHIP (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 33 is equal to Line 30. Otherwise Line 33 is equal to Line 32. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 34 – Enhanced Non CHIP (Children) Costs (03/01/2020 – 06/30/2020)

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 19, Line 81 of MH 1960_HOSP_15; Column 19, Line 81 of the MH 1960_PHYS_15; and Column A, Line 53, of the MH 1966_Mode15(1).

Line 35 – Enhanced Non CHIP (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 36 – Enhanced Non CHIP (Children) Published Charges (03/01/2020 – 06/30/2020)

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 54.

Line 37 – Enhanced Non CHIP (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 37 is equal to Line 34. Otherwise Line 37 is equal to Line 36. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 38 Enhanced SD/MC (Children) Costs (07/01/2019 – 09/30/2019)

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 55, of the MH 1966_Mode15(1).

Line 39 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 40– Enhanced SD/MC (Children) Published Charges (07/01/2019 – 09/30/2019)

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 56.

Line 41 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 41 is equal to Line 38. Otherwise Line 41 is equal to Line 40. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 42 – Enhanced SD/MC (Children) Costs (10/01/2019 – 12/31/2019)

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 23, Line 81 of MH 1960_HOSP_15; Column 23, Line 81 of the MH 1960_PHYS_15; and Column A, Line 57, of the MH 1966_Mode15(1).

Line 43 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 44 – Enhanced SD/MC (Children) Published Charges (10/01/2019 – 12/31/2019)

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 58.

Line 45 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 45 is equal to Line 42. Otherwise Line 45 is equal to Line 44. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 46 – Enhanced SD/MC (Children) Costs (01/01/2020 – 02/29/2020)

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 25, Line 81 of MH 1960_HOSP_15; Column 25, Line 81 of the MH 1960_PHYS_15; and Column A, Line 59, of the MH 1966_Mode15(1).

Line 47 – Enhanced SD/MC (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 48 – Enhanced SD/MC (Children) Published Charges (01/01/2020 – 02/29/2020)

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 60.

Line 49 – Enhanced SD/MC (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 49 is equal to Line 46. Otherwise Line 49 is equal to Line 48. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 50 – Enhanced SD/MC (Children) Costs (03/01/2020 – 06/30/2020)

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 27, Line 81 of MH 1960_HOSP_15; Column 27, Line 81 of the MH 1960_PHYS_15; and Column A, Line 61, of the MH 1966_Mode15(1).

Line 51 – Enhanced SD/MC (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 52 – Enhanced SD/MC (Children) Published Charges (03/01/2020 – 06/30/2020)

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 62.

Line 53 – Enhanced SD/MC (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 53 is equal to Line 50. Otherwise Line 53 is equal to Line 52. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 54 Enhanced SD/MC (BCCTP) Costs (07/01/2019 – 12/31/2019)

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 63, of the MH 1966_Mode15(1).

Line 55 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 56– Enhanced SD/MC (BCCTP) Published Charges (07/01/2019 – 12/31/2019)

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 64.

Line 57 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 57 is equal to Line 54. Otherwise Line 57 is equal to Line 56. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 58 – Enhanced SD/MC (BCCTP) Costs (01/01/2020 – 02/29/2020)

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

31, Line 81 of MH 1960_HOSP_15; Column 31, Line 81 of the MH 1960_PHYS_15; and Column A, Line 65, of the MH 1966_Mode15(1).

Line 59 – SD/MC (BCCTP) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 60 – Enhanced SD/MC (BCCTP) Published Charges (01/01/2020 – 02/29/2020)

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 66.

Line 61 – Enhanced SD/MC (BCCTP) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 61 is equal to Line 58. Otherwise Line 61 is equal to Line 60. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 62 – Enhanced SD/MC (BCCTP) Costs (03/01/2020 – 06/30/2020)

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 33, Line 81 of MH 1960_HOSP_15; Column 33, Line 81 of the MH 1960_PHYS_15; and Column A, Line 67, of the MH 1966_Mode15(1).

Line 63 – Enhanced SD/MC (BCCTP) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (03/01/2020 – 06/30/2020)

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 68.

Line 65 – Enhanced SD/MC (BCCTP) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 65 is equal to Line 62. Otherwise Line 65 is equal to Line 64. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 66 Enhanced SD/MC (Pregnancy) Costs (07/01/2019 – 12/31/2019)

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 69, of the MH 1966_Mode15(1)

Line 67 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 68– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2019 – 12/31/2019)

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 70.

Line 69 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 69 is equal to Line 66. Otherwise Line 69 is equal to Line 68. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 70 – Enhanced SD/MC (Pregnancy) Costs (01/01/2020 – 02/29/2020)

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 37, Line 81 of MH 1960_HOSP_15; Column 37, Line 81 of the MH 1960_PHYS_15; and Column A, Line 71, of the MH 1966_Mode15(1).

Line 71 – SD/MC (Pregnancy) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/2020 – 02/29/2020)

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 72.

Line 73 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 73 is equal to Line 70. Otherwise Line 73 is equal to Line 72. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 74 – Enhanced SD/MC (Pregnancy) Costs (03/01/2020 – 06/30/2020)

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 39, Line 81 of MH 1960_HOSP_15; Column 39, Line 81 of the MH 1960_PHYS_15; and Column A, Line 73, of the MH 1966_Mode15(1).

Line 75 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 76 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/2020 – 06/30/2020)

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 74.

Line 77 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 77 is equal to Line 74. Otherwise Line 77 is equal to Line 76. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 78 Affordable Care Act Costs (07/01/2019 – 12/31/2019)

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 79, of the MH 1966_Mode15(1).

Line 79 – Affordable Care Act SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 80– Affordable Care Act Published Charges (07/01/2019 – 12/31/2019)

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 80.

Line 81 – Affordable Care Act Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 81 is equal to Line 78. Otherwise Line 81 is equal to Line 80. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 82 – Affordable Care Act Costs (01/01/2020 – 02/29/2020)

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 55, Line 81 of MH 1960_HOSP_15; Column 55, Line 81 of the MH 1960_PHYS_15; and Column A, Line 81, of the MH 1966_Mode15(1).

Line 83 – Affordable Care Act Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 84 – Affordable Care Act Published Charges (01/01/2020 – 02/29/2020)

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 82.

Line 85 – Affordable Care Act Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 85 is equal to Line 82. Otherwise Line 85 is equal to Line 84. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 86 – Affordable Care Act Costs (03/01/2020 – 06/30/2020)

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 57, Line 81 of MH 1960_HOSP_15; Column 57, Line 81 of the MH 1960_PHYS_15; and Column A, Line 83, of the MH 1966_Mode15(1).

Line 87 – Affordable Care Act SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 88 – Affordable Care Act Published Charges (03/01/2020 – 06/30/2020)

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 84.

Line 89 – Affordable Care Act Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 89 is equal to Line 86. Otherwise Line 89 is equal to Line 88. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 90 Medi-Cal for All Children (SB 75) Costs (07/01/2019 – 02/29/2020)

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 85, of the MH 1966_Mode15(1).

Line 91 – Medi-Cal for All Children (SB 75) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 92– Medi-Cal for All Children (SB 75) Published Charges (07/01/2019 – 02/29/2020)

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 86.

Line 93 – Medi-Cal for All Children (SB 75) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 93 is equal to Line 90. Otherwise Line 93 is equal to Line 92. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 94 Medi-Cal for All Children (SB 75) Costs (03/01/2020 – 06/30/2020)

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 61, Line 81 of MH 1960_HOSP_15; Column 61, Line 81 of the MH 1960_PHYS_15; and Column A, Line 87, of the MH 1966_Mode15(1).

Line 95 – Medi-Cal for All Children (SB 75) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 96– Medi-Cal for All Children (SB 75) Published Charges (03/01/2020 – 06/30/2020)

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 88.

Line 97 – Medi-Cal for All Children (SB 75) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 97 is equal to Line 94. Otherwise Line 97 is equal to Line 96. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 98 Enhanced SD/MC (Refugees) Costs (07/01/2019 – 02/29/2020)

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 41, Line 81 of MH 1960_HOSP_15; Column 41, Line 81 of the MH 1960_PHYS_15; and Column A, Line 75, of the MH 1966_Mode15(1).

Line 99 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 100– Enhanced SD/MC (Refugees) Published Charges (07/01/2019 – 02/29/2020)

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 76.

Line 101 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 101 is equal to Line 98. Otherwise Line 101 is equal to Line 100. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 102 Enhanced SD/MC (Refugees) Costs (03/01/2020 – 06/30/2020)

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 43, Line 81 of MH 1960_HOSP_15; Column 43, Line 81 of the MH 1960_PHYS_15; and Column A, Line 77, of the MH 1966_Mode15(1)

Line 103 – Enhanced SD/MC (Refugees) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 104 – Enhanced SD/MC (Refugees) Published Charges (03/01/2020 – 06/30/2020)

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 78.

Line 105 – Enhanced SD/MC (Refugees) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 105 is equal to Line 102. Otherwise Line 105 is equal to Line 104. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 106 Medi-Cal Access Program Costs (07/01/2019 – 09/30/2019)

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 91, of the MH 1966_Mode15(1).

Line 107 Medi-Cal Access Program SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 108– Medi-Cal Access Program Published Charges (07/01/2019 – 09/30/2019)

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 90.

Line 109 – Medi-Cal Access Program Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. If Cell I7 displays “COSTS”, Line 109 is equal to Line 106. Otherwise Line 109 is equal to Line 108. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1)

Line 110 – Medi-Cal Access Program Costs (10/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 1) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to the sum of Column 47, Line 81 of MH 1960_HOSP_15; Column 47, Line 81 of the MH 1960_PHYS_15; and Column A, Line 93, of the MH 1966_Mode15(1).

Line 111 – Medi-Cal Access Program SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 112 – Medi-Cal Access Program Published Charges (10/01/2019 – 12/31/2019)

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 92.

Line 113 – Medi-Cal Access Program Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. If Cell I7 displays “COSTS”, Line 113 is equal to Line 110. Otherwise Line 113 is equal to Line 112. SMA Upper Limits do not apply to M Mode 15, Outpatient Services (Program 1).

Line 114 – Medi-Cal Access Program Costs (01/01/2020 – 02/29/2020)

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 49, Line 81 of MH 1960_HOSP_15; Column 49, Line 81 of the MH 1960_PHYS_15; and Column A, Line 95, of the MH 1966_Mode15(1).

Line 115 – Medi-Cal Access Program SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 116 – Medi-Cal Access Program Published Charges (01/01/2020 – 02/29/2020)

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_Mode15(1), Column C Line 94.

Line 117 – Medi-Cal Access Program Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. If Cell I7 displays “COSTS”, Line 117 is equal to Line 114. Otherwise Line 117 is equal to Line 116. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 118 – Medi-Cal Access Program Costs (03/01/2020 – 06/30/2020)

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 51, Line 81 of MH 1960_HOSP_15; Column 51, Line 81 of the MH 1960_PHYS_15; and Column A, Line 97, of the MH 1966_Mode15(1).

Line 119 – Medi-Cal Access Program SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 1).

Line 120 – Medi-Cal Access Program Published Charges (03/01/2020 – 06/30/2020)

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_Mode15(1), Column C Line 96.

Line 121 – Medi-Cal Access Program Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. If Cell I7 displays “COSTS”, Line 121 is equal to Line 118. Otherwise Line 121 is equal to Line 120. SMA Upper Limits do not apply to Mode 05 – Hospital Inpatient Services (SF 10-18).

Line 122 – SD/MC & Medi-Medi Crossover Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for 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 122 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 123 – SD/MC & Medi-Medi Crossover Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for 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 123 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 124 – SD/MC & Medi-Medi Crossover Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for 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 124 is equal to the sum of Column M when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 125 – Enhanced Non CHIP (Children) Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for 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 125 is equal to the sum of Column O when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 126 – Enhanced Non CHIP (Children) Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for 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 126 is equal to the sum of

Column Q when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 127 – Enhanced Non CHIP (Children) Revenue (03/01/2020 – 06/30/2020)

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 127 is equal to the sum of Column S when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 128 – Enhanced SD/MC (Children) Revenue (07/01/2019 – 09/30/2019)

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 128 is equal to the sum of Column U when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 129 – Enhanced SD/MC (Children) Revenue (10/01/2019 – 12/31/2019)

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 129 is equal to the sum of Column W when Column B (Mode) equals 10.

Line 130 – Enhanced SD/MC (Children) Revenue (01/01/2020 – 02/29/2020)

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 130 is equal to the sum of Column Y when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 131 – Enhanced SD/MC (Children) Revenue (03/01/2020 – 06/30/2020)

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 131 is equal to the sum of Column AA when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 132 – Enhanced SD/MC (BCCTP) Revenue (07/01/2019 – 12/31/2019)

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 132 is equal to the sum of Column AC when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 133 – Enhanced SD/MC (BCCTP) Revenue (01/01/2020 – 02/29/2020)

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 133 is equal to the sum of Column AE when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 134 – Enhanced SD/MC (BCCTP) Revenue (03/01/2020 – 06/30/2020)

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 134 is equal to the sum of Column AG when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 135 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2019 – 12/31/2019)

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 135 is equal to the sum of Column AI when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 136 – Enhanced SD/MC (Pregnancy) Revenue (01/01/2020 – 02/29/2020)

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 136 is equal to the sum of Column AK when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 137 – Enhanced SD/MC (Pregnancy) Revenue (03/01/2020 – 06/30/2020)

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 137 is equal to the sum of Column AM when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 138 – Enhanced SD/MC (Refugee) Revenue (07/01/2019 – 02/29/2020)

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 138 is equal to the sum of Column AO when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 139 – Enhanced SD/MC (Refugee) Revenue (03/01/2020 – 06/30/2020)

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 139 is equal to the sum of Column AQ when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 140 – Affordable Care Act (ACA) Revenue (07/01/2019 – 12/31/2019)

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 140 is equal to the sum of Column AS when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 141 – Affordable Care Act (ACA) Revenue (01/01/2020 – 02/29/2020)

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 141 is equal to the sum of

Column AU when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 142 – Affordable Care Act (ACA) Revenue (03/01/2020 – 06/30/2020)

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 142 is equal to the sum of Column AW when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 143 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (07/01/2019 – 02/29/2020)

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) o 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 143 is equal to the sum of Column BG when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 144 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (03/01/2020 – 06/30/2020)

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 144 is equal to the sum of Column BI when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 145 – Medi-Cal Access Program Revenue (07/01/2019 – 09/30/2019)

No entry. Revenue received from third parties for 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 145 is equal to the sum of Column AY when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 146 – Medi-Cal Access Program Revenue (10/01/2019 – 12/31/2019)

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 146 is equal to the sum of Column BA when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 147 – Medi-Cal Access Program Revenue (01/01/2020 – 02/29/2020)

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 147 is equal to the sum of Column BC when Column A (Settlement Type) equals HOSP, CR, or CAW and Column B (Mode) equals 15.

Line 148 Medi-Cal Access Program Revenue (03/01/2020 – 06/30/2020)

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 148 is equal to the sum of Column BE 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 – 148: No entry. Lines 1 through 148 are equal to the sum of columns H, I, and J.

Column L: Mode 15 – Outpatient Services (Program 2)

Line 1 – Medi-Cal Costs (07/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to regular Medi-Cal beneficiaries is equal to Column A, Line 37, of the MH 1966_Mode15(2).

Line 2 – Medi-Cal SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 3 – Medi-Cal Published Charges (07/01/2019 – 12/31/2019)

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 38.

Line 4 – Medi-Cal Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medi-Cal Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to regular Medi-Cal beneficiaries is equal to Column A, Line 39, of the MH 1966_Mode15(2).

Line 6 – Medi-Cal SMA Upper Limits (01/01/2020 – 02/29-2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 7 – Medi-Cal Published Charges (01/01/2020 – 02/29-2020)

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 40.

Line 8 – Medi-Cal Gross Reimbursement (01/01/2020 – 02/29-2020)

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 – Medi-Cal Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to regular Medi-Cal beneficiaries is equal to Column A, Line 41, of the MH 1966_Mode15(2)

Line 10 – Medi-Cal SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 11 – Medi-Cal Published Charges (03/01/2020 – 06/30/2020)

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 42.

Line 12 – Medi-Cal Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Medicare Medi-Cal Crossover Costs (07/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 43, of the MH 1966_Mode15(2).

Line 14 – Medicare Medi-Cal Crossover SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 15 – Medicare Medi-Cal Crossover Published Charges (07/01/2019 – 12/31/2019)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode15(2), Column A Line 44.

Line 16 – Medicare Medi-Cal Crossover Gross Reimbursement (07/01/2019 – 12/31/2019)

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 – Medicare Medi-Cal Crossover Costs (01/01/2020 – 02/29/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 45, of the MH 1966_Mode15(2).

Line 18 – Medicare Medi-Cal Crossover SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 19 – Medicare Medi-Cal Crossover Published Charges (01/01/2020 – 02/29/2020)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode15(2), Column A Line 46.

Line 20 – Medicare Medi-Cal Crossover Gross Reimbursement (01/01/2020 – 02/29/2020)

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 – Medicare Medi-Cal Crossover Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to regular Medicare/Medi-Cal dually eligible beneficiaries is equal to Column A, Line 47, of the MH 1966_Mode15(2).

Line 22 – Medicare Medi-Cal Crossover SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 23 – Medicare Medi-Cal Crossover Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) to Medicare/Medi-Cal dually eligible beneficiaries is automatically populated from the MH 1966_Mode15(2), Column A Line 48.

Line 24 – Medicare Medi-Cal Crossover Gross Reimbursement (03/01/2020 – 06/30/2020)

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 – Total SD/MC + Crossover Gross Reimbursement (07/01/2019 – 06/30/2020)

No entry. The total SD/MC + Crossover Gross Reimbursement for acute psychiatric inpatient hospital services is equal to the sum of Lines 4, 8, 12, 16, 20 and 24.

Line 26 Enhanced Non CHIP (Children) Costs (07/01/2019 – 12/31/2019)

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 49, of the MH 1966_Mode15(2)

Line 27 – Enhanced Non CHIP (Children) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 28– Enhanced Non CHIP (Children) Published Charges (07/01/2019 – 12/31/2019)

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 50.

Line 29 – Enhanced Non CHIP (Children) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. Line 29 is equal to Line 26. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 30 – Enhanced Non CHIP (Children) Costs (01/01/2020 – 02/29/2020)

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 51, of the MH 1966_Mode15(2).

Line 31 – Enhanced Non CHIP (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 32 – Enhanced Non CHIP (Children) Published Charges (01/01/2020 – 02/29/2020)

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 52.

Line 33 – Enhanced Non CHIP (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. Line 33 is equal to Line 30. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 34 – Enhanced Non CHIP (Children) Costs (03/01/2020 – 06/30/2020)

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 53, of the MH 1966_Mode15(2).

Line 35 – Enhanced Non CHIP (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 36 – Enhanced Non CHIP (Children) Published Charges (03/01/2020 – 06/30/2020)

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 54.

Line 37 – Enhanced Non CHIP (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 37 is equal to Line 34. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 38 Enhanced SD/MC (Children) Costs (07/01/2019 – 09/30/2019)

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 55, of the MH 1966_Mode15(2).

Line 39 – Enhanced SD/MC (Children) SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 40– Enhanced SD/MC (Children) Published Charges (07/01/2019 – 09/30/2019)

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 56.

Line 41 – Enhanced SD/MC (Children) Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. Line 41 is equal to Line 38. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 42 – Enhanced SD/MC (Children) Costs (10/01/2019 – 12/31/2019)

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 57, of the MH 1966_Mode15(2).

Line 43 – Enhanced SD/MC (Children) SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 44 – Enhanced SD/MC (Children) Published Charges (10/01/2019 – 12/31/2019)

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 58.

Line 45 – Enhanced SD/MC (Children) Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. Line 45 is equal to Line 42. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 46 – Enhanced SD/MC (Children) Costs (01/01/2020 – 02/29/2020)

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 59, of the MH 1966_Mode15(2).

Line 47 – Enhanced SD/MC (Children) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 48 – Enhanced SD/MC (Children) Published Charges (01/01/2020 – 02/29/2020)

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 60.

Line 49 – Enhanced SD/MC (Children) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. Line 49 is equal to Line 46. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 50 – Enhanced SD/MC (Children) Costs (03/01/2020 – 06/30/2020)

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 61, of the MH 1966_Mode15(2).

Line 51 – Enhanced SD/MC (Children) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 52 – Enhanced SD/MC (Children) Published Charges (03/01/2020 – 06/30/2020)

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 62.

Line 53 – Enhanced SD/MC (Children) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 53 is equal to Line 50. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 54 Enhanced SD/MC (BCCTP) Costs (07/01/2019 – 12/31/2019)

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 63, of the MH 1966_Mode15(2).

Line 55 – Enhanced SD/MC (BCCTP) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 56– Enhanced SD/MC (BCCTP) Published Charges (07/01/2019 – 12/31/2019)

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 64.

Line 57 – Enhanced SD/MC (BCCTP) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. Line 57 is equal to Line 54. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 58 – Enhanced SD/MC (BCCTP) Costs (01/01/2020 – 02/29/2020)

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 65, of the MH 1966_Mode15(2).

Line 59 – SD/MC (BCCTP) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 60 – Enhanced SD/MC (BCCTP) Published Charges (01/01/2020 – 02/29/2019)

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 66.

Line 61 – Enhanced SD/MC (BCCTP) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. Line 61 is equal to Line 58. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 62 – Enhanced SD/MC (BCCTP) Costs (03/01/2020 – 06/30/2020)

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 67, of the MH 1966_Mode15(2).

Line 63 – Enhanced SD/MC (BCCTP) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 64 – Enhanced SD/MC (BCCTP) Published Charges (03/01/2020 – 06/30/2020)

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 68.

Line 65 – Enhanced SD/MC (BCCTP) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 65 is equal to Line 62. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 66 Enhanced SD/MC (Pregnancy) Costs (07/01/2019 – 12/31/2019)

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 69, of the MH 1966_Mode15(2)

Line 67 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 68– Enhanced SD/MC (Pregnancy) Published Charges (07/01/2019 – 12/31/2019)

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 70.

Line 69 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. Line 69 is equal to Line 66. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 70 – Enhanced SD/MC (Pregnancy) Costs (01/01/2020 – 02/29/2020)

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 71, of the MH 1966_Mode15(2).

Line 71 – SD/MC (Pregnancy) SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 72 – Enhanced SD/MC (Pregnancy) Published Charges (01/01/2020 – 02/29/2020)

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 72.

Line 73 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. Line 73 is equal to Line 70. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 74 – Enhanced SD/MC (Pregnancy) Costs (03/01/2020 – 06/30/2020)

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 73, of the MH 1966_Mode15(2).

Line 75 – Enhanced SD/MC (Pregnancy) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 76 – Enhanced SD/MC (Pregnancy) Published Charges (03/01/2020 – 06/30/2020)

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 74.

Line 77 – Enhanced SD/MC (Pregnancy) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 77 is equal to Line 74. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 78 Affordable Care Act Costs (07/01/2019 – 12/31/2019)

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 79, of the MH 1966_Mode15(2).

Line 79 – Affordable Care Act SMA Upper Limits (07/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 80– Affordable Care Act Published Charges (07/01/2019 – 12/31/2019)

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 80.

Line 81 – Affordable Care Act Gross Reimbursement (07/01/2019 – 12/31/2019)

No entry. Line 81 is equal to Line 78. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 82 – Affordable Care Act Costs (01/01/2020 – 02/29/2020)

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 81, of the MH 1966_Mode15(2).

Line 83 – Affordable Care Act Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 84 – Affordable Care Act Published Charges (01/01/2020 – 02/29/2019)

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 82.

Line 85 – Affordable Care Act Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. Line 85 is equal to Line 82. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 86 – Affordable Care Act Costs (03/01/2020 – 06/30/2020)

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 Column A, Line 83, of the MH 1966_Mode15(2).

Line 87 – Affordable Care Act SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 88 – Affordable Care Act Published Charges (03/01/2020 – 06/30/2020)

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 84.

Line 89 – Affordable Care Act Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 89 is equal to Line 86. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 90 Medi-Cal for All Children (SB 75) Costs (07/01/2019 – 02/29/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) 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 Column A, Line 85, of the MH 1966_Mode15(2).

Line 91 – Medi-Cal for All Children (SB 75) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 92– Medi-Cal for All Children (SB 75) Published Charges (07/01/2019 – 02/29/2020)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) 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(2), Column A Line 86.

Line 93 – Medi-Cal for All Children (SB 75) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. Line 93 is equal to Line 90. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 94 Medi-Cal for All Children (SB 75) Costs (03/01/2020 – 06/30/2020)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) 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 Column A, Line 87, of the MH 1966_Mode15(2).

Line 95 – Medi-Cal for All Children (SB 75) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 96– Medi-Cal for All Children (SB 75) Published Charges (03/01/2020 – 06/30/2020)

No entry. The total published charges for providing Mode 15, Outpatient Services (Program 2) 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(2), Column A, Line 88.

Line 97 – Medi-Cal for All Children (SB 75) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 97 is equal to Line 94. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 98 Enhanced SD/MC (Refugees) Costs (07/01/2019 – 02/29/2020)

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 75, of the MH 1966_Mode15(2).

Line 99 – Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/2019 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 100– Enhanced SD/MC (Refugees) Published Charges (07/01/2019 – 02/29/2020)

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 76.

Line 101 – Enhanced SD/MC (Refugees) Gross Reimbursement (07/01/2019 – 02/29/2020)

No entry. Line 101 is equal to Line 98. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 102 Enhanced SD/MC (Refugees) Costs (03/01/2020 – 06/30/2020)

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 77, of the MH 1966_Mode15(2)

Line 103 – Enhanced SD/MC (Refugees) SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 104 – Enhanced SD/MC (Refugees) Published Charges (03/01/2020 – 06/30/2020)

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 78.

Line 105 – Enhanced SD/MC (Refugees) Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 105 is equal to Line 102. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 106 Medi-Cal Access Program Costs (07/01/2019 – 09/30/2019)

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 91, of the MH 1966_Mode15(2).

Line 107 Medi-Cal Access Program SMA Upper Limits (07/01/2019 – 09/30/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 108– Medi-Cal Access Program Published Charges (07/01/2019 – 09/30/2019)

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 90.

Line 109 – Medi-Cal Access Program Gross Reimbursement (07/01/2019 – 09/30/2019)

No entry. Line 109 is equal to Line 106. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 110 – Medi-Cal Access Program Costs (10/01/2019 – 12/31/2019)

No entry. The total cost of providing Mode 15, Outpatient Services (Program 2) to beneficiaries enrolled in Medi-Cal Access Program aid codes is equal to Column A, Line 93, of the MH 1966_Mode15(2).

Line 111 – Medi-Cal Access Program SMA Upper Limits (10/01/2019 – 12/31/2019)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 112 – Medi-Cal Access Program Published Charges (10/01/2019 – 12/31/2019)

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 92.

Line 113 – Medi-Cal Access Program Gross Reimbursement (10/01/2019 – 12/31/2019)

No entry. Line 113 is equal to Line 110. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 114 – Medi-Cal Access Program Costs (01/01/2020 – 02/29/2020)

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 95, of the MH 1966_Mode15(2).

Line 115 – Medi-Cal Access Program SMA Upper Limits (01/01/2020 – 02/29/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 116 – Medi-Cal Access Program Published Charges (01/01/2020 – 02/29/2020)

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 94.

Line 117 – Medi-Cal Access Program Gross Reimbursement (01/01/2020 – 02/29/2020)

No entry. Line 117 is equal to Line 114. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 118 – Medi-Cal Access Program Costs (03/01/2020 – 06/30/2020)

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 97, of the MH 1966_Mode15(2).

Line 119 – Medi-Cal Access Program SMA Upper Limits (03/01/2020 – 06/30/2020)

No entry. SMA Upper Limits do not apply to Mode 15, Outpatient Services (Program 2).

Line 120 – Medi-Cal Access Program Published Charges (03/01/2020 – 06/30/2020)

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 96.

Line 121 – Medi-Cal Access Program Gross Reimbursement (03/01/2020 – 06/30/2020)

No entry. Line 121 is equal to Line 118. SMA Upper Limits and published charges do not apply to Mode 15, Outpatient Services (Program 2).

Line 122 – SD/MC & Medi-Medi Crossover Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for for providing Mode 15, Outpatient Services (Program 2) 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 122 is equal to the sum of Column G when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 123 – SD/MC & Medi-Medi Crossover Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for for providing Mode 15, Outpatient Services (Program 2) 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 123 is equal to the sum of Column G when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 124 – SD/MC & Medi-Medi Crossover Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for for providing Mode 15, Outpatient Services (Program 2) 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 124 is equal to the sum of Column M when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 125 – Enhanced Non CHIP (Children) Revenue (07/01/2019 – 12/31/2019)

No entry. Revenue received from third parties for 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 125 is equal to the sum of Column O when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 126 – Enhanced Non CHIP (Children) Revenue (01/01/2020 – 02/29/2020)

No entry. Revenue received from third parties for 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 126 is equal to the sum of Column Q when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 127 – Enhanced Non CHIP (Children) Revenue (03/01/2020 – 06/30/2020)

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 127 is equal to the sum of Column S when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 128 – Enhanced SD/MC (Children) Revenue (07/01/2019 – 09/30/2019)

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 128 is equal to the sum of Column U when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 129 – Enhanced SD/MC (Children) Revenue (10/01/2019 – 12/31/2019)

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 129 is equal to the sum of Column W when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 130 – Enhanced SD/MC (Children) Revenue (01/01/2020 – 02/29/2020)

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 130 is equal to the sum of Column Y when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 131 – Enhanced SD/MC (Children) Revenue (03/01/2020 – 06/30/2020)

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 131 is equal to the sum of Column AA when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 132 – Enhanced SD/MC (BCCTP) Revenue (07/01/2019 – 12/31/2019)

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 132 is equal to the sum of Column AC when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 133 – Enhanced SD/MC (BCCTP) Revenue (01/01/2020 – 02/29/2020)

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 133 is equal to the sum of Column AE when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 134 – Enhanced SD/MC (BCCTP) Revenue (03/01/2020 – 06/30/2020)

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 134 is equal to the sum of Column AG when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 135 – Enhanced SD/MC (Pregnancy) Revenue (07/01/2019 – 12/31/2019)

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 135 is equal to the sum of Column AI when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 136 – Enhanced SD/MC (Pregnancy) Revenue (01/01/2020 – 02/29/2020)

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 136 is equal to the sum of Column AK when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 137 – Enhanced SD/MC (Pregnancy) Revenue (03/01/2020 – 06/30/2020)

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 137 is equal to the sum of Column AM when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 138 – Enhanced SD/MC (Refugee) Revenue (07/01/2019 – 02/29/2020)

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 138 is equal to the sum of Column AO when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 139 – Enhanced SD/MC (Refugee) Revenue (03/01/2020 – 06/30/2020)

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 139 is equal to the sum of Column AQ when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 140 – Affordable Care Act (ACA) Revenue (07/01/2019 – 12/31/2019)

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 140 is equal to the sum of Column AS when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 141 – Affordable Care Act (ACA) Revenue (01/01/2020 – 02/29/2020)

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 141 is equal to the sum of Column AU when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 142 – Affordable Care Act (ACA) Revenue (03/01/2020 – 06/30/2020)

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 142 is equal to the sum of Column AW when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 143 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (07/01/2019 – 02/29/2020)

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 1) o 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 143 is equal to the sum of Column BG when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 144 – Medi-Cal for All Children (SB 75) and Young Adults Revenue (03/01/2020 – 06/30/2020)

No entry. Revenue received from third parties for providing Mode 15, Outpatient Services (Program 2) 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 144 is equal to the sum of Column BI when Column B (Mode) equals 10.

Line 145 – Medi-Cal Access Program Revenue (07/01/2019 – 09/30/2019)

No entry. Revenue received from third parties for 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 145 is equal to the sum of Column AY when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 146 – Medi-Cal Access Program Revenue (10/01/2019 – 12/31/2019)

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 146 is equal to the sum of Column BA when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 147 – Medi-Cal Access Program Revenue (01/01/2020 – 02/29/2020)

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 147 is equal to the sum of Column BC when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Line 148 Medi-Cal Access Program Revenue (03/01/2020 – 06/30/2020)

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 148 is equal to the sum of Column BE when Column A equals MHS, TBS, ASO, or ISA and Column B (Mode) equals 15.

Column M: Total Outpatient Services

Lines 1 – 148: No entry. Lines 1 through 148 equal the sum of Columns K and L.

Medi-Cal Administrative Activities (Lines 149 – 151)

Line 149 – Total Expenditures from MAA (Mode 55) (07/01/19 - 06/30/20)

No entry. Line 149 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 150 – Medi-Cal Eligibility Factor (Average) (07/01/19 - 06/30/20)

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column D, Line 36.

Line 151 –SD/MC Net Reimbursement for MAA (07/01/19 - 06/30/20)

No entry. Column A automatically populated by the amount from Line 58. Columns B and C are equal to the product of lines 58 and 59. 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.¹ 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 (07/01/19 - 06/30/20)

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 (07/01/18 - 06/30/19)

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 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 (07/01/18 - 06/30/19)

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

¹ See: *Medicare and Medicaid Guide, Commerce Clearing House, ¶17585, August 1989.*

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 (07/01/18 - 06/30/19)

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 (07/01/18 - 06/30/19)

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 (07/01/18 - 06/30/19)

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 (07/01/18 - 06/30/19)

No entry. The calculation is Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

Line 8 – Medi-Cal Costs (07/01/18 - 06/30/19)

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, 10, 14, 18, 22, 26, 30, 34, and 39 Column G and Column K.

Line 9 – 60 Percent of Medi-Cal Costs (07/01/18 - 06/30/19)

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) 07/01/2019 – 02/29/2020

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, 16, 20, 29, 33, 57, 61, 69, 73, 81, 85, 109, 113, and 117 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 7/1/2019 through 02/29/20 to beneficiaries enrolled in regular SD/MC aid codes (Lines 4 and 8), Medicare and Medi-Cal (Lines 16 and 20), Enhanced Non CHIP (Children) aid codes (Lines 29 and 33), Enhanced SD/MC (BCCTP) aid codes (Lines 57 and 61), Enhanced SD/MC (Pregnancy) aid codes (69 and 73), ACA Optional Expansion aid codes (81 and 85), and MCAP aid codes (109, 113, and 117).

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, 16, 20, 29, 33, 57, 61, 69, 73, 81, 85, 109, 113, and 117 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 7/1/2019 through 02/29/20 to beneficiaries enrolled in regular SD/MC aid codes (Lines 4 and 8), Medicare and Medi-Cal (Lines 16 and 20), Enhanced Non CHIP (Children) aid codes (Lines 29 and 33), Enhanced SD/MC (BCCTP) aid codes (Lines 57 and 61), Enhanced SD/MC (Pregnancy) aid codes (69 and 73), ACA Optional Expansion aid codes (81 and 85), and MCAP aid codes (109, 113, and 117).

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, 2019 through February 29, 2020.

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, 2019 through February 29, 2020.

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 15% 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 15%. 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, 2019 through February 29, 2020 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, 2019 through February 29, 2020 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, 2019 through February 29, 2020 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, 2019 through February 29, 2020 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, 2019 through February 29, 2020.

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, 2019 through February 29, 2020.

SD/MC Other Administrative Reimbursement (County Only) 03/01/2020 – 06/30/2020

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, Lines 12, 24, 37, 65, 77, 89, and 121 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 3/1/2020 through 06/30/2020 to beneficiaries enrolled in regular SD/MC aid codes (Line 12), Medicare and Medi-Cal (Lines 24), Enhanced Non CHIP (Children) aid codes (Line 37), Enhanced SD/MC (BCCTP) aid codes (Line 65), Enhanced SD/MC (Pregnancy) aid codes (Line 77), ACA Optional Expansion aid codes (Line 89), and MCAP aid codes (Line 121).

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, Lines 12, 24, 37, 65, 77, 89, and 121 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 3/1/2020 through 06/30/2020 to beneficiaries enrolled in regular SD/MC aid codes (Line 12), Medicare and Medi-Cal (Lines 24), Enhanced Non CHIP (Children) aid codes (Line 37), Enhanced SD/MC (BCCTP) aid codes (Line 65), Enhanced SD/MC (Pregnancy) aid codes (Line 77), ACA Optional Expansion aid codes (Line 89), and MCAP aid codes (Line 121).

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 F25 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 March 1, 2020 through June 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 F26 on the MH 1900_Info. This line equals the amount the county paid contract providers for Specialty Mental Health Outpatient Services provided from March 1, 2020 through June 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 11, Column D is the base used to calculate the 30% limit placed upon a county's administrative costs pursuant to Executive Order N-55-20.

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 30%. Line 4, Column D calculates the 30% limit placed upon a county's administrative costs pursuant to Executive Order N-55-20.

Line 13 (Column D) – Medi-Cal Administration (Total): No entry. Line 13, Column D is equal to Column J, Line 43 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 March 1, 2020 through June 30, 2020 for beneficiaries enrolled under Title XIX of the Social Security Act.

Line 14 (Column D) – Proposition 30 Medi-Cal Administration (Total): No entry. Line 14, Column D is equal to the sum of Column D, Lines 37 and 38 on the MH 1979. This amount reflects the costs the county incurred to administer state and federal requirements implemented after September 30, 2012 from March 1, 2020 through June 30, 2020 for beneficiaries enrolled under Title XIX of the Social Security Act.

Line 15 (Column D) – Total Medi-Cal Administration (Total): No entry. Line 15, Column D is equal to the sum of Column D, Lines 13 and 14. This amount reflects the total costs incurred by the county to administer the Medi-Cal Specialty Mental Health Services Program from March 1, 2020 through June 30, 2020 for beneficiaries enrolled under Title XIX of the Social Security Act.

Line 16 (Column D) – Medi-Cal Administrative Reimbursement (Total): No entry. Line 16, Column D is equal to Line 11, Column D if Line 11, Column D is lower than Line 15, Column D; or Line 13, Column D if Line 15, Column D is lower than Line 11, Column D. This amount reflects county administrative costs, excluding Proposition 30 eligible costs, incurred from March 1, 2020 through June 30, 2020 that are eligible for reimbursement.

Line 16 (Column E) – Medi-Cal Administrative Reimbursement (50% FFP): No entry. Line 16, Column E is equal to Line 16, Column D multiplied by 50%. This amount is the total federal reimbursement due to the county for administrative costs incurred from March 1, 2020 through June 30, 2020.

Line 16 (Column J) – Medi-Cal Administrative Reimbursement (Total FFP): No Entry. Line 16, Column J is equal to Line 16, Column E. This amount is the total federal reimbursement due to the county for administrative costs incurred from March 1, 2020 through June 30, 2020.

SD/MC Enhanced (Children) Administrative Reimbursement (County Only):
07/01/19 - 09/30/19

Line 17 (Column B) – County SD/MC Other Direct Services Gross Reimbursement (Total Inpatient): No entry. Line 17, Column B is equal to Column G, Line 41 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 7/1/2019 through 09/30/2019 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

Line 17 (Column C) – County SD/MC Other Direct Services Gross Reimbursement (Total Outpatient): No entry. Line 17, Column C is equal to the sum of Column M, Line 41 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 7/1/2019 through 09/30/2019 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

Line 17 (Column D) – County SD/MC Other Direct Services Gross Reimbursement (Total): No entry. Line 17, Column D is equal to the sum of Column B and Column C.

Line 18 (Column B) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Inpatient): No entry. Line 18, 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, 2019 through September 30, 2019.

Line 18 (Column C) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Outpatient): No entry. Line 18, 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 March 1, 2020 through June 30, 2020.

Line 18 (Column D) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total): No entry. Line 18, Column D is equal to the sum of Column B and Column C.

Line 19 (Column D) – Total Medi-Cal Direct Service Gross Reimbursement (Total): No entry. Line 19, Column D is equal to the sum of line 17, Column D and Line 18, 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 20 (Column D) – Medi-Cal Administrative Reimbursement Limit (Total): No entry. Line 20, Column D is equal to Line 19, Column D multiplied by 10%. Line 20, 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 21 (Column D) – Medi-Cal Administration (Total): No entry. Line 21, Column D is equal to Column J, Line 26 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, 2019 through September 30, 2019 for beneficiaries enrolled under Title XXI of the Social Security Act.

Line 22 (Column D) – Medi-Cal Administrative Reimbursement (Total): No entry. Line 22, Column D is equal to the lower of Line 20, Column D and Line 21, Column D. This amount reflects county administrative costs incurred from July 1, 2019 through September 30, 2019 that are eligible for reimbursement.

Line 22 (Column E) – Medi-Cal Administrative Reimbursement (Variable FFP): No entry. Line 22, Column E is equal to Line 22, Column D multiplied by 88%. This amount is the total federal reimbursement due to the county for administrative costs incurred from July 1, 2019 through September 30, 2019 to implement the Children's Health Insurance Program.

Line 22 (Column J) – Medi-Cal Administrative Reimbursement (Total FFP): No Entry. Line 22, Column J is equal to Line 22, Column E. This amount is the total federal reimbursement due to the county for administrative costs incurred from July 1, 2019 through September 30, 2019 to implement the Children’s Health Insurance Program.

SD/MC Enhanced (Children) Administrative Reimbursement (County Only):
10/01/19 - 12/31/19

Line 23 (Column B) – County SD/MC Other Direct Services Gross Reimbursement (Total Inpatient): No entry. Line 23, Column B is equal to Column G, Line 45 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 10/1/2019 through 12/31/2019 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

Line 23 (Column C) – County SD/MC Other Direct Services Gross Reimbursement (Total Outpatient): No entry. Line 23, Column C is equal to the sum of Column M, Line 45 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 10/1/2019 through 12/31/2019 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

Line 23 (Column D) – County SD/MC Other Direct Services Gross Reimbursement (Total): No entry. Line 23, Column D is equal to the sum of Column B and Column C.

Line 24 (Column B) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Inpatient): No entry. Line 24, Column B is equal to the amount entered into Cell F29 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, 2019 through December 31, 2019.

Line 24 (Column C) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Outpatient): No entry. Line 24, Column C is equal to the amount entered into Cell F30 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, 2019 through December 31, 2019.

Line 24 (Column D) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total): No entry. Line 24, Column D is equal to the sum of Column B and Column C.

Line 25 (Column D) – Total Medi-Cal Direct Service Gross Reimbursement (Total): No entry. Line 25, Column D is equal to the sum of line 23, Column D and Line 24, Column D. Line 25, 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 26 (Column D) – Medi-Cal Administrative Reimbursement Limit (Total): No entry. Line 26, Column D is equal to Line 25, Column D multiplied by 10%. Line 26, 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 27 (Column D) – Medi-Cal Administration (Total): No entry. Line 27, Column D is equal to Column J, Line 32 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, 2019 through December 31, 2019 for beneficiaries enrolled under Title XXI of the Social Security Act.

Line 28 (Column D) – Medi-Cal Administrative Reimbursement (Total): No entry. Line 28, Column D is equal to the lower of Line 26, Column D and Line 27, Column D. This amount reflects county administrative costs incurred from October 1, 2019 through December 30, 2019 that are eligible for reimbursement.

Line 28 (Column E) – Medi-Cal Administrative Reimbursement (Variable FFP): No entry. Line 28, Column E is equal to Line 28, Column D multiplied by 76.5%. This amount is the total federal reimbursement due to the county for administrative costs incurred from October 1, 2019 through December 31, 2019 to implement the Children’s Health Insurance Program.

Line 28 (Column J) – Medi-Cal Administrative Reimbursement (Total FFP): No Entry. Line 28, Column J is equal to Line 28, Column E. This amount is the total federal reimbursement due to the county for administrative costs incurred from October 1, 2019 through December 31, 2019 to implement the Children’s Health Insurance Program.

SD/MC Enhanced (Children) Administrative Reimbursement (County Only):
01/01/20 - 06/30/20

Line 29 (Column B) – County SD/MC Other Direct Services Gross Reimbursement (Total Inpatient): No entry. Line 23, Column B is equal to the sum of Column G, Line 49 and Column G, Line 53 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 01/01/2020 through 06/30/2020 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

Line 29 (Column C) – County SD/MC Other Direct Services Gross Reimbursement (Total Outpatient): No entry. Line 29, Column C is equal to the sum of Column M, Line 49 and Column M, Line 53 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 01/01/2020 through 06/30/2020 to beneficiaries enrolled in Enhanced SD/MC (Children) aid codes.

Line 29 (Column D) – County SD/MC Other Direct Services Gross Reimbursement (Total): No entry. Line 29, Column D is equal to the sum of Column B and Column C.

Line 30 (Column B) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Inpatient): No entry. Line 30, 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 January 1, 2020 through June 30, 2020.

Line 30 (Column C) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total Outpatient): No entry. Line 30, 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 January 1, 2020 through June 30, 2020.

Line 30 (Column D) – Contract Providers Other Medi-Cal Direct Services Gross Reimbursement (Total): No entry. Line 30, Column D is equal to the sum of Column B and Column C.

Line 31 (Column D) – Total Medi-Cal Direct Service Gross Reimbursement (Total): No entry. Line 31, Column D is equal to the sum of line 29, Column D and Line 30, Column D. Line 31, 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 32 (Column D) – Medi-Cal Administrative Reimbursement Limit (Total): No entry. Line 32, Column D is equal to Line 30, Column D multiplied by 10%. Line 32, 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 33 (Column D) – Medi-Cal Administration (Total): No entry. Line 33, 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 January 1, 2020 through June 30, 2020 for beneficiaries enrolled under Title XXI of the Social Security Act.

Line 34 (Column D) – Medi-Cal Administrative Reimbursement (Total): No entry. Line 34, Column D is equal to the lower of Line 32, Column D and Line 33, Column D. This amount reflects county administrative costs incurred from January 1, 2020 through June 30, 2020 that are eligible for reimbursement.

Line 34 (Column E) – Medi-Cal Administrative Reimbursement (Variable FFP): No entry. Line 34, Column E is equal to Line 34, Column D multiplied by 80.84%. This amount is the total federal reimbursement due to the county for administrative costs incurred from January 1, 2020 through June 30, 2020 to implement the Children's Health Insurance Program.

Line 34 (Column J) – Medi-Cal Administrative Reimbursement (Total FFP): No Entry. Line 34, Column J is equal to Line 34, Column E. This amount is the total federal reimbursement due to the county for administrative costs incurred from January 1, 2020 through June 30, 2020 to implement the Children’s Health Insurance Program.

County - Administrative Cost - Proposition 30: 07/01/19 - 02/29/20

Line 35 (Column D) - Proposition 30 – State Required: No entry. Line 35, Column D is equal to the sum of lines 28, 34, and 40, Column J of the MH 1960.

Line 35 (Column E) - Proposition 30 – State Required: No entry. Line 35, Column E is equal to Line 35, Column D multiplied by 50%, which is the portion of these administrative costs the federal government reimburses.

Line 35 (Column J) - Proposition 30 – State Required: No entry. Line 35, Column J is equal to Line 35, Column E, which is the portion of these administrative costs the federal government reimburses.

Line 35 (Column K) - Proposition 30 – State Required: No entry. Line 35, Column K is equal to Line 35, Column D minus Line 35, Column J, which is the portion of these administrative costs that DHCS reimburses.

Line 36 (Column D) – Proposition 30 – Federally Required: No entry. Line 36, Column D is equal to the sum of lines 29, 35, and 41, Column J of the MH 1960.

Line 36 (Column E) - Proposition 30 – State Required: No entry. Line 36, Column E is equal to Line 36, Column D multiplied by 50%, which is the portion of these administrative costs the federal government reimburses.

Line 36 (Column J) - Proposition 30 – State Required: No entry. Line 36, Column J is equal to Line 36, Column E, which is the portion of these administrative costs the federal government reimburses.

Line 36 (Column K) - Proposition 30 – State Required: No entry. Line 36, Column K is equal to half of the difference between Line 36, Column D and Line 36, Column J, which is the portion of these administrative costs that DHCS reimburses.

County - Administrative Cost - Proposition 30: 03/01/20 - 06/30/20

Line 37 (Column D) - Proposition 30 – State Required: No entry. Line 37, Column D is equal to 46, Column J of the MH 1960.

Line 37 (Column E) - Proposition 30 – State Required: No entry. Line 37, Column E is equal to Line 37, Column D multiplied by 50%, which is the portion of these administrative costs the federal government reimburses.

Line 37 (Column J) - Proposition 30 – State Required: No entry. Line 37, Column J is equal to Line 37, Column E, which is the portion of these administrative costs the federal government reimburses.

Line 37 (Column K) - Proposition 30 – State Required: No entry. Line 37, Column K is equal to Line 37, Column D minus Line 37, Column J, which is the portion of these administrative costs that DHCS reimburses.

Line 38 (Column D) – Proposition 30 – Federally Required: No entry. Line 38, Column D is equal to 47, Column J of the MH 1960.

Line 38 (Column E) - Proposition 30 – Federally Required: No entry. Line 38, Column E is equal to Line 38, Column D multiplied by 50%, which is the portion of these administrative costs the federal government reimburses.

Line 38 (Column J) - Proposition 30 – Federally Required: No entry. Line 38, Column J is equal to Line 38, Column E, which is the portion of these administrative costs the federal government reimburses.

Line 38 (Column K) - Proposition 30 – Federally Required: No entry. Line 38, Column K is equal to Line 38, Column D multiplied by 25%, which is the portion of these administrative costs that DHCS reimburses.

Utilization Review and Quality Assurance - Proposition 30

Line 39 (Column D) - Proposition 30 - Federally Required- SPMP: No entry. Line 39, Column D is equal to Line 51, Column J on the MH 1960.

Line 39 (Column G) – Proposition 30 – Federally Required – SPMP: No entry. Line 39, Column E is equal to Line 39, Column D multiplied by 75%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 39 (Column J) – Proposition 30 – Federally Required – SPMP: No entry. Line 39, Column J is equal to Line 39, Column E, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 39 (Column K) – Proposition 30 – Federally Required – SPMP: No entry. Line 39, Column K is equal to Line 39, Column D multiplied by 12.5%, which is the portion of these utilization review and quality assurance costs that the DHCS reimburses.

Line 40 (Column D) - Proposition 30 - Federally Required- Other: No entry. Line 40, Column D is equal to Line 52, Column J on the MH 1960.

Line 40 (Column)E – Proposition 30 – Federally Required – Other: No entry. Line 40, Column E is equal to Line 40, Column D multiplied by 50%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 40 (Column J) – Proposition 30 – Federally Required – Other: No entry. Line 40, Column J is equal to Line 40, Column E, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 40 (Column K) – Proposition 30 – Federally Required – Other: No entry. Line 40, Column K is equal to Line 40, Column D multiplied by 25%, which is the portion of these utilization review and quality assurance costs that the DHCS reimburses.

Line 41 (Column D) - Proposition 30 - State Required- SPMP: No entry. Line 41, Column D is equal to Line 53, Column J on the MH 1960.

Line 41 (Column G) – Proposition 30 – State Required – SPMP: No entry. Line 41, Column G is equal to Line 41, Column D multiplied by 75%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 41 (Column J) – Proposition 30 – State Required – SPMP: No entry. Line 41, Column J is equal to Line 41, Column G, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 41 (Column K) – Proposition 30 – State Required – SPMP: No entry. Line 41, Column K is equal to Line 41, Column D multiplied by 25%, which is the portion of these utilization review and quality assurance costs that the DHCS reimburses.

Line 42 (Column D) - Proposition 30 - State Required - Other: No entry. Line 42, Column D is equal to Line 54, Column J on the MH 1960.

Line 42 (Column E) – Proposition 30 – State Required – Other: No entry. Line 42, Column E is equal to Line 42, Column D multiplied by 50%, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 42 (Column J) – Proposition 30 – State Required – Other: No entry. Line 42, Column J is equal to Line 42, Column E, which is the portion of these utilization review and quality assurance costs that the federal government reimburses.

Line 42 (Column K) – Proposition 30 – State Required – Other: No entry. Line 42, Column K is equal to Line 42, 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 43 (Column A) – Medi-Cal Admin. Activities Svc Functions 01-09: No entry. Line 43, Column A is equal to Column A, Line 151 on the MH 1968.

Line 43 (Column D) – Medi-Cal Admin. Activities Svc Functions 01-09: No entry. Line 43, Column D is equal to Line 43, Column A.

Line 43 (Column E) – Medi-Cal Admin. Activities Svc Functions 01-09: No entry. Line 43, Column E is equal to Line 43, Column D multiplied by 50%, which is the portion of these costs the federal government reimburses.

Line 43 (Column I) – Medi-Cal Admin. Activities Svc Functions 01-09: No entry. Line 43, Column I is equal to Excel cell F72 on MH 1900_Info. This is the amount Line 43, Column E needs to be reduced because the county did not pay the contract provider the full amount in Line 43, Column D.

Line 43 (Column J) – Medi-Cal Admin. Activities Svc Functions 01-09: No entry. Line 43, Column J is equal to Line 43, Column E minus Line 43, Column I.

Line 44 (Column A) – Medi-Cal Ain. Activities Svc Functions 11-19; 31-39: No entry. Line 44 is equal to Column B, Line 151 on the MH 1968.

Line 44 (Column D) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39: No entry. Line 44, Column D is equal to Line 44, Column A.

Line 44 (Column E) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39: No entry. Line 44, Column E is equal to Line 44, Column D multiplied by 50%.

Line 44 (Column I) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39: No entry. Line 44, Column I is equal to Excel cell F73 on MH 1900_Info. This is the amount Line 44, Column E needs to be reduced because the county did not pay the contract provider the full amount in Line 44, Column D.

Line 44 (Column J) – Medi-Cal Admin. Activities Svc Functions 11-19; 31-39: No entry. Line 44, Column J is equal to Line 44, Column E minus Line 44, Column I.

Line 45 (Column A) – Medi-Cal Admin. Activities Svc Functions 21-29: No entry. Line 45 is equal to Column C. Line 151 on the MH 1968.

Line 45 (Column D) – Medi-Cal Admin. Activities Svc Functions 21-29: No entry. Line 45, Column D is equal to Line 44, Column A.

Line 45 (Column L) – Medi-Cal Admin. Activities Svc Functions 21-29: No entry. Line 45, Column L is equal to Line 45, Column D multiplied by 75%.

Line 45 (Column J) – Medi-Cal Admin. Activities Svc Functions 21-29: No entry. Line 45, Column J is equal to Line 45, Column L.

Utilization Review and Quality Assurance

Line 46 (Column D) - Utilization Review-Skilled Prof. Med. Personnel (County Only): No entry. Line 46, Column D is equal to Line 49, Column J on the MH 1960.

Line 46 (Column H) - Utilization Review-Skilled Prof. Med. Personnel (County Only): No entry. Line 46, Column H is equal to Line 46, Column D multiplied by 75%.

Line 46 (Column J) - Utilization Review-Skilled Prof. Med. Personnel (County Only): No entry. Line 46, Column J is equal to Line 46, 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 47 (Column D) - Utilization Review-Skilled Prof. Med. Personnel (County Only): No entry. Line 47, Column D is equal to Line 50, Column J on the MH 1960.

Line 47 (Column E) - Utilization Review-Skilled Prof. Med. Personnel (County Only): No entry. Line 47, Column E is equal to Line 49, Column D multiplied by 50%.

Line 47 (Column J) - Utilization Review-Skilled Prof. Med. Personnel (County Only): No entry. Line 47, Column J is equal to Line 47, 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 48 (Column B) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 48, Column B equals Line 4, Column G plus Line 16, Column G minus Line 122, Column G on the MH 1968.

Line 48 (Column C) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 48, Column C equals Line 4, Column M plus Line 16, Column M minus Line 122, Column M on the MH 1968.

Line 48 (Column D) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 48, Column D equals the sum of Column B and Column C.

Line 48 (Column F) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 48, Column F equals Line 48, Column D multiplied by 50%.

Line 48 (Column I) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 48, Column I equals Excel Cell F57 on the MH 1900_Info.

Line 48 (Column J) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 48, Column J equals Column F minus Column I. This is the amount of federal reimbursement due to the county.

Line 48 (Column K) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 48, 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 7/1/2019 through 12/31/2019.

Line 49 (Column B) - SD/MC Net Reimbursement for Direct Services (01/01/20 - 06/30/19): No entry. Line 49, Column B equals the sum of Lines 8, 12, 20, and 24, Column G minus the sum of Lines 123 and 124, Column G.

Line 49 (Column C) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 49, Column B equals the sum of Lines 8, 12, 20, and 24, Column M minus the sum of Lines 123 and 124, Column M.

Line 49 (Column D) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 49, Column D equals the sum of Column B and Column C.

Line 49 (Column G) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 49, Column G equals Line 49, Column D multiplied by 56.2%.

Line 49 (Column I) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 49, Column I equals Excel Cell F58 on the MH 1900_Info.

Line 49 (Column J) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 49, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 49 (Column K) - SD/MC Net Reimbursement for Direct Services (07/01/19 - 12/31/19): No entry. Line 49, 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 01/1/2020 through 06/30/2020.

Line 50 (Column B) - Enhanced Non CHIP Children (07/01/19 - 12/31/19): No entry. Line 50, Column B equals Line 29, Column G minus Line 125, Column G.

Line 50 (Column C) - Enhanced Non CHIP Children (07/01/19 - 12/31/19): No entry. Line 50, Column B equals Line 29, Column M minus Line 125, Column M.

Line 50 (Column D) - Enhanced Non CHIP Children (07/01/19 - 12/31/19): No entry. Line 50 Column D equals the sum of Column B and Column C.

Line 50 (Column G) - Enhanced Non CHIP Children (07/01/19 - 12/31/19): No entry. Line 50, Column G equals Line 50, Column D multiplied by 65%.

Line 50 (Column I) - Enhanced Non CHIP Children (07/01/19 - 12/31/19): No entry. Line 50, Column I equals Excel Cell F59 on the MH 1900_Info.

Line 50 (Column J) - Enhanced Non CHIP Children (07/01/19 - 12/31/19): No entry. Line 50, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 50 (Column K) - Enhanced Non CHIP Children (07/01/19 - 12/31/19): No entry. Line 50, 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 07/1/2019 through 12/31/2019.

Line 51 (Column B) - Enhanced Non CHIP Children (01/01/20 - 06/30/20): No entry. Line 51, Column B equals the sum of Lines 33 and 37, Column G minus the sum of Lines 126 and 127, Column G.

Line 51 (Column C) - Enhanced Non CHIP Children (01/01/20 - 06/30/20): No entry. Line 51, Column B equals the sum of Lines 33 and 37, Column M minus the sum of Lines 126 and 127, Column M.

Line 51 (Column D) - Enhanced Non CHIP Children (01/01/20 - 06/30/20): No entry. Line 51 Column D equals the sum of Column B and Column C.

Line 51 (Column G) - Enhanced Non CHIP Children (01/01/20 - 06/30/20): No entry. Line 51, Column G equals Line 51, Column D multiplied by 69.34%.

Line 51 (Column I) - Enhanced Non CHIP Children (01/01/20 - 06/30/20): No entry. Line 51, Column I equals Excel Cell F60 on the MH 1900_Info.

Line 51 (Column J) - Enhanced Non CHIP Children (01/01/20 - 06/30/20): No entry. Line 51, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 51 (Column K) - Enhanced Non CHIP Children (01/01/20 - 06/30/20): No entry. Line 51, 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 01/1/2020 through 06/30/2020.

Line 52 (Column B) - Enhanced SD/MC (Children) (07/01/19 - 09/30/19): No entry. Line 52, Column B equals Line 41, Column G minus Line 128, Column G.

Line 52 (Column C) - Enhanced SD/MC (Children) (07/01/19 - 09/30/19): No entry. Line 52, Column B equals Line 41, Column M minus Line 128, Column M.

Line 52 (Column D) - Enhanced SD/MC (Children) (07/01/19 - 09/30/19): No entry. Line 52 Column D equals the sum of Column B and Column C.

Line 52 (Column G) - Enhanced SD/MC (Children) (07/01/19 - 09/30/19): No entry. Line 52, Column G equals Line 52, Column D multiplied by 88%.

Line 52 (Column I) - Enhanced SD/MC (Children) (07/01/19 - 09/30/19): No entry. Line 52, Column I equals Excel Cell F61 on the MH 1900_Info.

Line 52 (Column J) - Enhanced SD/MC (Children) (07/01/19 - 09/30/19): No entry. Line 52, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 52 (Column K) - Enhanced SD/MC (Children) (07/01/19 - 09/30/19): No entry. Line 52, 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 SD/MC Children aid codes from 07/01/2019 through 09/30/2019.

Line 53 (Column B) - Enhanced SD/MC (Children) (10/01/19 - 12/31/19): No entry. Line 53, Column B equals Line 45, Column M minus Line 129, Column M.

Line 53 (Column C) - Enhanced SD/MC (Children) (10/01/19 - 12/31/19): No entry. Line 53, Column C equals Line 41, Column M minus Line 128, Column M.

Line 53 (Column D) - Enhanced SD/MC (Children) (10/01/19 - 12/31/19): No entry. Line 53 Column D equals the sum of Column B and Column C.

Line 53 (Column G) - Enhanced SD/MC (Children) (10/01/19 - 12/31/19): No entry. Line 53, Column G equals Line 53, Column D multiplied by 76.5%.

Line 53 (Column I) - Enhanced SD/MC (Children) (10/01/19 - 12/31/19): No entry. Line 53, Column I equals Excel Cell F62 on the MH 1900_Info.

Line 53 (Column J) - Enhanced SD/MC (Children) (10/01/19 - 12/31/19): No entry. Line 53, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 53 (Column K) - Enhanced SD/MC (Children) (10/01/19 - 12/31/19): No entry. Line 53, 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 SD/MC Children aid codes from 10/01/2019 through 12/31/2019.

Line 54 (Column B) - Enhanced SD/MC (Children) (01/01/20 - 06/30/20): No entry. Line 54, Column B equals the sum of lines 49 and 53, Column G minus the sum of lines 130 and 131, Column G.

Line 54 (Column C) - Enhanced SD/MC (Children) (01/01/20 - 06/30/20): No entry. Line 54, Column C equals the sum of lines 49 and 53, Column M minus the sum of lines 130 and 131, Column M.

Line 54 (Column D) - Enhanced SD/MC (Children) (01/01/20 - 06/30/20): No entry. Line 54 Column D equals the sum of Column B and Column C.

Line 54 (Column G) - Enhanced SD/MC (Children) (01/01/20 - 06/30/20): No entry. Line 54, Column G equals Line 54, Column D multiplied by 80.84%.

Line 54 (Column I) - Enhanced SD/MC (Children) (01/01/20 - 06/30/20): No entry. Line 54, Column I equals Excel Cell F63 on the MH 1900_Info.

Line 54 (Column J) - Enhanced SD/MC (Children) (01/01/20 - 06/30/20): No entry. Line 54, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 54 (Column K) - Enhanced SD/MC (Children) (01/01/20 - 06/30/20): No entry. Line 54, 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 SD/MC Children aid codes from 01/01/2020 through 06/30/2020.

Line 55 (Column B)- Enhanced SD/MC Net Reimb. (BCCTP) (07/01/19 - 12/31/19): No entry. Line 55, Column B equals Line 57, Column G minus Line 132, Column G.

Line 55 (Column C)- Enhanced SD/MC Net Reimb. (BCCTP) (07/01/19 - 12/31/19): No entry. Line 55, Column C equals Line 57, Column M minus Line 132, Column M.

Line 55 (Column D)- Enhanced SD/MC Net Reimb. (BCCTP) (07/01/19 - 12/31/19): No entry. Line 55, Column D equals the sum of Column B and Column C.

Line 55 (Column G)- Enhanced SD/MC Net Reimb. (BCCTP) (07/01/19 - 12/31/19): No entry. Line 55, Column G equals Line 55, Column D multiplied by 65%.

Line 55 (Column I)- Enhanced SD/MC Net Reimb. (BCCTP) (07/01/19 - 12/31/19): No entry. Line 55, Column I equals Excel Cell F64 on the MH 1900_Info.

Line 55 (Column J)- Enhanced SD/MC Net Reimb. (BCCTP) (07/01/19 - 12/31/19): No entry. Line 55, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 55 (Column K) - Enhanced SD/MC Net Reimb. (BCCTP) (07/01/19 - 12/31/19): No entry. Line 55, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 07/01/2019 through 12/31/2019.

Line 56 (Column B) - Enhanced SD/MC Net Reimb. (BCCTP) (01/01/19 - 06/30/20): No entry. Line 56, Column B equals the sum of lines 61 and 65, Column G minus the sum of lines 133 and 134, Column G.

Line 56 (Column C) - Enhanced SD/MC Net Reimb. (BCCTP) (01/01/19 - 06/30/20): No entry. Line 56, Column C equals the sum of lines 61 and 65, Column M minus the sum of lines 133 and 134, Column M.

Line 56 (Column D) - Enhanced SD/MC Net Reimb. (BCCTP) (01/01/19 - 06/30/20): No entry. Line 56 Column D equals the sum of Column B and Column C.

Line 56 (Column G) - Enhanced SD/MC Net Reimb. (BCCTP) (01/01/19 - 06/30/20): No entry. Line 56 Column G equals Column D multiplied by 69.34%.

Line 56 (Column I) - Enhanced SD/MC Net Reimb. (BCCTP) (01/01/19 - 06/30/20): No entry. Line 56 Column I equals Excel Cell F65 on the MH 1900_Info.

Line 56 (Column J) - Enhanced SD/MC Net Reimb. (BCCTP) (01/01/19 - 06/30/20): No entry. Line 56 Column J equals Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 56 (Column K) - Enhanced SD/MC Net Reimb. (BCCTP) (01/01/19 - 06/30/20): No entry. Line 56 Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 01/01/2019 through 06/30/2020.

Line 57 (Column B)- Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/19 - 12/31/19): No entry. Line 57, Column B equals Line 69, Column G minus Line 135, Column G.

Line 57 (Column C)- Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/19 - 12/31/19): No entry. Line 57, Column C equals Line 69, Column M minus Line 135, Column M.

Line 57 (Column D)- Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/19 - 12/31/19): No entry. Line 57, Column D equals the sum of Column B and Column C.

Line 57 (Column G)- Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/19 - 12/31/19): No entry. Line 57, Column G equals Column D multiplied by 65%.

Line 57 (Column I)- Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/19 - 12/31/19): No entry. Line 57, Column I equals Excel Cell F66 on the MH 1900_Info.

Line 57 (Column J)- Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/19 - 12/31/19): No entry. Line 57, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 57 (Column K)- Enhanced SD/MC Net Reimb. (Pregnancy) (07/01/19 - 12/31/19): No entry. Line 57, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 07/01/2019 through 12/31/2019.

Line 58 (Column B)- Enhanced SD/MC Net Reimb. (Pregnancy) (01/01/20 - 06/30/20): No entry. Line 58, Column B equals the sum of lines 73 and 77, Column G minus the sum of lines 136 and 137, Column G.

Line 58 (Column C)- Enhanced SD/MC Net Reimb. (Pregnancy) (01/01/20 - 06/30/20): No entry. Line 58, Column C equals the sum of lines 73 and 77, Column M minus the sum of lines 136 and 137, Column M.

Line 58 (Column D)- Enhanced SD/MC Net Reimb. (Pregnancy) (01/01/20 - 06/30/20): No entry. Line 58, Column D equals the sum of Column B and Column C.

Line 58 (Column G)- Enhanced SD/MC Net Reimb. (Pregnancy) (01/01/20 - 06/30/20): No entry. Line 58, Column G equals Column D multiplied by 69.34%.

Line 58 (Column I)- Enhanced SD/MC Net Reimb. (Pregnancy) (01/01/20 - 06/30/20): No entry. Line 58, Column I equals Excel Cell F67 on the MH 1900_Info.

Line 58 (Column J)- Enhanced SD/MC Net Reimb. (Pregnancy) (01/01/20 - 06/30/20): No entry. Line 58, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 58 (Column K)- Enhanced SD/MC Net Reimb. (Pregnancy) (01/01/20 - 06/30/20): No entry. Line 58, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 01/01/2019 through 06/30/2020.

Line 59 (Column B)- Enhanced SD/MC Net Reimb. (Refugees) (07/01/19 - 06/30/20): No entry. Line 59, Column B equals the sum of lines 101 and 102, Column G minus the sum of lines 138 and 139, Column G.

Line 59 (Column C)- Enhanced SD/MC Net Reimb. (Refugees) (07/01/19 - 06/30/20): No entry. Line 59, Column C equals the sum of lines 101 and 102, Column M minus the sum of lines 138 and 139, Column M.

Line 59 (Column D)- Enhanced SD/MC Net Reimb. (Refugees) (07/01/19 - 06/30/20): No entry. Line 59, Column D equals the sum of Column B and Column C.

Line 59 (Column G)- Enhanced SD/MC Net Reimb. (Refugees) (07/01/19 - 06/30/20): No entry. Line 59, Column G equals Column D multiplied by 100%.

Line 59 (Column I)- Enhanced SD/MC Net Reimb. (Refugees) (07/01/19 - 06/30/20): No entry. Line 59, Column I equals Excel Cell F68 on the MH 1900_Info.

Line 59 (Column J)- Enhanced SD/MC Net Reimb. (Refugees) (07/01/19 - 06/30/20): No entry. Line 59, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 60 (Column B)- Affordable Care Act (ACA) Net Reimbursement (07/01/19 - 12/31/19): No entry. Line 60, Column B equals Line 81, Column G minus Line 140, Column G.

Line 60 (Column C)- Affordable Care Act (ACA) Net Reimbursement (07/01/19 - 12/31/19): No entry. Line 60, Column C equals Line 81, Column M minus Line 140, Column M.

Line 60 (Column D)- Affordable Care Act (ACA) Net Reimbursement (07/01/19 - 12/31/19): No entry. Line 60, Column D equals the sum of Column B and Column C.

Line 60 (Column G)- Affordable Care Act (ACA) Net Reimbursement (07/01/19 - 12/31/19):
No entry. Line 60, Column G equals Column D multiplied by 93%.

Line 60 (Column I)- Affordable Care Act (ACA) Net Reimbursement (07/01/19 - 12/31/19):
No entry. Line 60, Column I equals Excel Cell F69 on the MH 1900_Info.

Line 60 (Column J)- Affordable Care Act (ACA) Net Reimbursement (07/01/19 - 12/31/19):
No entry. Line 60, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 60 (Column K)- Affordable Care Act (ACA) Net Reimbursement (07/01/19 - 12/31/19):
No entry. Line 60, Column K Column D minus Column G. This is the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 07/01/2019 through 12/31/2019.

Line 61 (Column B) - Affordable Care Act (ACA) Net Reimbursement (01/01/20 - 02/29/20): No entry. Line 61, Column B equals Line 85, Column G minus Line 141, Column G.

Line 61 (Column C) - Affordable Care Act (ACA) Net Reimbursement (01/01/20 - 02/29/20): No entry. Line 61, Column C equals Line 85, Column M minus Line 141, Column M.

Line 61 (Column D) - Affordable Care Act (ACA) Net Reimbursement (01/01/20 - 02/29/20): No entry. Line 61, Column D equals the sum of Column B and Column C.

Line 61 (Column G) - Affordable Care Act (ACA) Net Reimbursement (01/01/20 - 02/29/20): No entry. Line 61, Column G equals Column D multiplied by 90%.

Line 61 (Column I) - Affordable Care Act (ACA) Net Reimbursement (01/01/20 - 02/29/20):
No entry. Line 61, Column I equals Excel Cell F70 on the MH 1900_Info.

Line 61 (Column J) - Affordable Care Act (ACA) Net Reimbursement (01/01/20 - 02/29/20): No entry. Line 61, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 61 (Column K) - Affordable Care Act (ACA) Net Reimbursement (01/01/20 - 02/29/20): No entry. Line 61, Column K equals Column D minus Column G. This is the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 01/01/2020 through 02/29/2020.

Line 62 (Column B) - Affordable Care Act (ACA) Net Reimbursement (03/01/20 - 06/30/20): No entry. Line 62, Column B equals Line 89, Column G minus Line 142, Column G.

Line 62 (Column C) - Affordable Care Act (ACA) Net Reimbursement (03/01/20 - 06/30/20): No entry. Line 62, Column C equals Line 89, Column M minus Line 142, Column M.

Line 62 (Column D) - Affordable Care Act (ACA) Net Reimbursement (03/01/20 - 06/30/20): No entry. Line 62, Column D equals the sum of Column B and Column C.

Line 62 (Column G) - Affordable Care Act (ACA) Net Reimbursement (03/01/20 - 06/30/20): No entry. Line 62, Column G equals Column D multiplied by 90%.

Line 62 (Column I) - Affordable Care Act (ACA) Net Reimbursement (03/01/20 - 06/30/20): No entry. Line 62, Column I equals Excel Cell F71 on the MH 1900_Info.

Line 62 (Column J) - Affordable Care Act (ACA) Net Reimbursement (03/01/20 - 06/30/20): No entry. Line 62, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 62 (Column K) - Affordable Care Act (ACA) Net Reimbursement (03/01/20 - 06/30/20): No entry. Line 62, Column K equals Column D minus Column G. This is the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 03/01/2020 through 06/30/2020.

Line 63 (Column B)- MCAP Net Reimbursements (07/01/19 - 09/30/19): No entry. Line 63, Column B equals Line 109, Column M minus Line 145, Column M.

Line 63 (Column C)- MCAP Net Reimbursements (07/01/19 - 09/30/19): No entry. Line 63, Column C equals Line 109, Column G minus Line 145, Column G.

Line 63 (Column D)- MCAP Net Reimbursements (07/01/19 - 09/30/19): No entry. Line 63, Column D equals the sum of Column B and Column C.

Line 63 (Column G)- MCAP Net Reimbursements (07/01/19 - 09/30/19): No entry. Line 63, Column G equals Column D multiplied by 88%.

Line 63 (Column I)- MCAP Net Reimbursements (07/01/19 - 09/30/19): No entry. Line 63, Column I equals Excel Cell F74 on the MH 1900_Info.

Line 63 (Column J)- MCAP Net Reimbursements (07/01/19 - 09/30/19): No entry. Line 63, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 63 (Column K)- MCAP Net Reimbursements (07/01/19 - 09/30/19): No entry. Line 63, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 07/01/2019 through 09/30/2019.

Line 64 (Column B) - MCAP Net Reimbursement (10/01/19 - 12/31/19): No entry. Line 64, Column B equals Line 113, Column G minus Line 146, Column G.

Line 64 (Column C) - MCAP Net Reimbursement (10/01/19 - 12/31/19): No entry. Line 64, Column C equals Line 113, Column M minus Line 146, Column M.

Line 64 (Column D) - MCAP Net Reimbursement (10/01/19 - 12/31/19): No entry. Line 64, Column D equals the sum of Column B and Column C.

Line 64 (Column G) - MCAP Net Reimbursement (10/01/19 - 12/31/19): No entry. Line 64, Column G equals Column D multiplied by 76.5%.

Line 64 (Column I) - MCAP Net Reimbursement (10/01/19 - 12/31/19): No entry. Line 64, Column I equals equals Excel Cell F75 on the MH 1900_Info.

Line 64 (Column J) - MCAP Net Reimbursement (10/01/19 - 12/31/19): No entry. Line 64, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 64 (Column K) - MCAP Net Reimbursement (10/01/19 - 12/31/19): No entry. Line 64, Column K equals equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 10/01/2019 through 12/31/2019.

Line 65 (Column B) - MCAP Net Reimbursement (01/01/20 - 06/30/20): No entry. Line 65, Column B equals the sum of lines 117 and 121, Column G minus the sum of lines 147 and 148, Column G.

Line 65 (Column C) - MCAP Net Reimbursement (01/01/20 - 06/30/20): No entry. Line 65, Column C equals the sum of lines 117 and 121, Column M minus the sum of lines 147 and 148, Column M.

Line 65 (Column D) - MCAP Net Reimbursement (01/01/20 - 06/30/20): No entry. Line 65, Column D equals the sum of Column B and Column C.

Line 65 (Column G) - MCAP Net Reimbursement (01/01/20 - 06/30/20): No entry. Line 65, Column G equals Column D multiplied by 80.84%.

Line 65 (Column I) - MCAP Net Reimbursement (01/01/20 - 06/30/20): No entry. Line 65, Column I equals Excel Cell F76 on the MH 1900_Info.

Line 65 (Column J) - MCAP Net Reimbursement (01/01/20 - 06/30/20): No entry. Line 65, Column J equals Column G minus Column I. This is the amount of federal reimbursement due to the county.

Line 65 (Column K) - MCAP Net Reimbursement (01/01/20 - 06/30/20): No entry. Line 65, Column K equals the non-federal share of costs eligible for reimbursement for continuum of care reform units of service provided to beneficiaries from 01/01/2020 through 06/30/2020.

Line 66 (Column J) – Total SD/MC Reimbursement Before Excess FFP (07/01/19 – 06/30/20): No entry. Line 66, Column J equals the sum of Line 8, Column J, Line 16, Column J, Line 22, Column J, Line 28, Column J, Line 34, Column J, Lines 35 and 36, Column J, Lines

37 and 38, Column J, Lines 39 through 42, Column J, Lines 43 through 45, Column J, Lines 46 and 47, Column J.

Line 67 (Column B) – MediCal for all Children (SB 75) (07/01/19 – 06/30/20): No entry. Line 67, Column B equals the sum of lines 93 and 94, Column G minus the sum of lines 143 and 144, Column G.

Line 67 (Column C) – MediCal for all Children (SB 75) (07/01/19 – 06/30/20): No entry. Line 67, Column C equals the sum of lines 93 and 94, Column M minus the sum of lines 143 and 144, Column M.

Line 67 (Column D) – MediCal for all Children (SB 75) (07/01/19 – 06/30/20): No entry. Line 67, Column D equals the sum of Column B and Column C.

Line 67 (Column K) – MediCal for all Children (SB 75) (07/01/19 – 06/30/20): No entry. Line 67, Column K equals Line 67, Column D.

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 2018-19 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

No entry. Column A, Line 1, is the sum of Column J, Lines 40 through 44; 46 through 50; 52 through 56; and 58 through 62, of the MH1960. Column B is the sum of Column J, Lines 49 through 55, of the MH 1960. Column C is the sum of Line 3, Column A and Column B of the MH1966_HOSPINPT. Column D is equal to Line 3, Column A of the MH 1966_MODE5(OTHR). Column E is equal to Line 3, Column C of the MH1966_MODE10. Column F is equal to Line 3, Column C of the MH1966_MODE15_(1) plus Line 3, Column C of the MH1966_MODE15_(2). Columns G through I, Line 1 are equal to Column A, Line 3, of the relevant MH 1966.

Line 2 – Adjustments

Enter in Columns C through I the amounts needed to adjust non county legal entity costs to actual program funding, such as the difference between county contract rate and actual cost incurred by contract providers.

For non county legal entities that provide services to multiple counties, adjust gross aggregate legal entity 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 legal entity costs on MH 1960, and aggregate gross legal entity units of service on MH 1901 Schedule B for determining cost per unit of service.

Line 3 – Adjusted Gross Costs (07/01/18 - 06/30/19)

No entry. Line 3 equals the sum of Line 1 and Line 2.

Line 4 – SAMHSA Grants (07/01/18 - 06/30/19)

Enter revenues expended from the SAMHSA community mental health block grant for appropriate modes of service.

Line 5 – PATH Grants (07/01/18 - 06/30/19)

Enter revenues expended from the PATH grant for appropriate modes of service.

Line 6 – RWJ Grants (07/01/18 - 06/30/19)

Enter revenues expended from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

Line 7 – Other Grants (07/01/18 - 06/30/19)

Enter revenues expended from other grants not reported on Lines 4 through 6 for appropriate modes of service.

Line 8 – Total Grants Accrued (07/01/18 - 06/30/19)

No entry. Line 8 is equal to the sum of Lines 4 through 7.

Line 9 – Patient Fees (07/01/18 - 06/30/19)

Enter revenue received from patient fees for appropriate treatment program modes of service.

Line 10 – Patient Insurance (07/01/18 - 06/30/19)

Enter revenue received from patient insurance for appropriate treatment program modes of service.

Line 11 – Federal IDEA Funds (07/01/18 - 06/30/19)

Enter revenues expended from federal idea funds for appropriate modes of service.

Line 12 – Low Income Health Plan (LIHP) FFP (07/01/18 - 06/30/19)

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) (07/01/18 - 06/30/19)

No entry. SD/MC and enhanced SD/MC net reimbursement (FFP portion only) are included on this line.

Line 14 – Medicare – Federal Share

Enter Medicare revenue accrued/received for appropriate modes of service.

Line 15 – Conservator Administrative Fees

Enter conservator administration fees received in Column I, Line 17.

Line 16 – Other Revenue

Enter all other revenues expended that are not reported on Lines 4 through 18.

Line 17 – 18-19 SGF Rollover

Enter by mode of service, expenditures from categorical SGF allocations rolled over from the previous fiscal year. Please include county match for rollover that requires county share.

Line 18 – 2011 Realignment

Enter the amount expended from the Behavioral Health Subaccount in the County Local Revenue Fund 2011.

Line 19 – 1991 Realignment/MOE

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 20 – Prior Years MHSA

No entry.

Line 21 – MHSA

Enter amount expended per MHSA funding, including MHSA funds used to match FFP under the SD/MC program for each applicable Mode of Services.

Line 22 – County Overmatch

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law that were expended for each applicable Mode of Service.

Line 23 – CalWORKS

Enter the county CalWORKS funds used for mental health services for each applicable Mode of Service.

Line 24 – State General Fund

No entries. Column A, Line 24, is the Total State General Fund (SGF) reimbursement due to the county as determined in the MH 1979 for the appropriate mode of service.

Line 25 – Total Funding Sources

No entry. This line sums Lines 8 through 24 for Columns A through I. Amount in Column J, Line 25, 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 Application Portal. Counties are required to download the appropriate cost report template(s) from the DHCS Application Portal 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 Application Portal electronic submission process

In order to access applications through the DHCS Application Portal, all users must enroll and follow the steps described below:

1. The BH Director must complete and sign the County Approver Certification forms to identify two County Approvers for each of the application areas.
2. The completed form must be e- mailed from the County Director’s email account to DHCS at MedCCC@dhcs.ca.gov.
3. Once DHCS receives the forms, accounts will be created within approximately five business days.
4. DHCS will email the designated County Approvers that they can log on to the portal, with instructions on how to register end users. The end users will be able to access the application in approximately 3-5 business days after registration.

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 Application Portal. 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 the DHCS Application Portal and click on the File Transfer Application. This requires enrollment and permission to access the Cost and Financial Reporting System (CFRS). We also recommend that you request permission to access the Provider Information Management System (PIMS)

Step 2. Download the Cost Report Template(s)

- The Detail Cost Report Template is:
CFRS_20192020_CC99999X_Detail_Template.xls
- The Summary Cost Report Template is:
CFRS_20192020_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 the DHCS Portal.

- Logon to the DHCS Application Portal and click on the File Transfer Application
- Follow the folder path DHCS- BHIS > Production > CFRS
- Click on your county folder
- Each county will have 3 designated folders: DataExchange, Reports and Submittal

- Select the Submittal folder
- Drag or Drop the zip file and click Upload files
- DHCS Application Portal will return a confirmation message stating a successful upload process.
- You and CRFS Analyst will also receive a notification stating that the file has been successfully received by DHCS.

Step 6. Automated DHCS Desk Edits

- DHCS will automatically process the Submittal ZIP file and perform the automated desk edits on the cost reports.
- An automated report will generate a few minutes after uploading. It will be in the Reports folder of the Application Portal and will entail specific information regarding your submission. The report will include the Upload ID number, which indicates this file has been successfully received in the system. Please note this Upload ID number for further notices and reports.

Step 7. Review the Results File

- The Results File report 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 Application Portal, 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 generated automated report will specify 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 day of the first submission of your cost report.

If your county is unable to send an original, signed MH1940 form, DHCS recently issued Behavioral Health Information Notice (BHIN) [20-035](#) which allows Mental Health Plans (MHPs) to submit certifications with an electronic signature during the COVID-19 Public Health Emergency (PHE).

Cost Report Template Files

The FY 2019-2020 Cost Report Templates are downloaded by the county from DHCS Application Portal. 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 the DHCS Application Portal under the System Documentation folder and will have the following name:

- CFRS_20192020_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_20192020_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_20192020_CC99999X.XLS

Where:

CC	County Code - Two digit code
99999	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.
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 DMH use.

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_20192020_CC00000X.XLS

Where:

CC	County Code – Two digit code
00000	5-zeroes. This must be specified.
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.

File Naming Conventions - Submittal File

All naming conventions for **SUBMITTAL** Package follow this format:

CFRS_20192020_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 the DHCS Application Portal, 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_20192020_87_B_SUBMITTAL.ZIP

The cost reports uploaded for a sample county 87. You will receive email confirmation of this submission, your automated report 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_20192020_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 the DHCS Application Portal, you will receive the following electronic communication from DHCS:

1. An instant e-mail notification from the DHCS Application saying your file was successfully uploaded.

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 successfully received your submission.
2. Next, you need to Logon to DHCS Application Portal 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_20192020_CC_X_UPID_REPORT.TXT

Where:

<i>CC</i>	County Code – Two digit code
<i>X</i>	“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 DMH use.
<i>UPID</i>	Upload ID that was assigned when your submittal file was uploaded to ITWS.

Example:

CFRS_20192020_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 Application Portal 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 DHCS Application Portal 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 Application Portal:

CFRS_20192020_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_20192020_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_20192020_8700877B.XLS	Detail Cost Report for Legal Entities by #. Notice the Legal Entity number is used here. “ “ “ “ “ “ “ “
CFRS_20192020_8700887B.XLS	
CFRS_20192020_8700755B.XLS	
CFRS_20192020_8700205B.XLS	
CFRS_20192020_8700223B.XLS	
CFRS_20192020_8700227B.XLS	
CFRS_20192020_8700249B.XLS	
CFRS_20192020_8700269B.XLS	
CFRS_20192020_8700277B.XLS	
CFRS_20192020_8700279B.XLS	

APPENDIX A

Please see the link below for FY2019-2020 Aid Codes

<https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/AidCodeMasterChart-031320.pdf>