

INSTRUCTIONS FOR COMPLETING DMC FORMS FOR RESIDENTIAL - PERINATAL

The EXCEL filename on the FY 2012-13 Cost Report Forms is “RES - Perinatal”. A separate worksheet has been created for each document within the Excel file. The worksheets are “Comparison”, “RESFUND-P” aka [OKFUNDSheet], “7990ORES-P”, “7895RES-P” and the “Data Entry Sheet”. Information is **only** entered in the **yellow shaded areas** on both the “Data Entry Sheet” and “Comparison” worksheets.

These forms must be completed to provide adequate cost data analysis (refer to 42 CFR 413.24 and 45 CFR 96.30). The detail of the service provider’s costs must be identified on the forms in the appropriate cost categories.

BRIEF ON UPDATES:

Funding lines for Drug Medi-Cal and Local Revenue Funds have been established to reflect the realignment of State Funds to Local Authority in accordance to the Behavioral Health sub-account.

- Reference the Funding Line Comparison Report for additional information

WORKSHEET “DATA ENTRY SHEET”

Heading: Enter the County Name, name of Contractor/Provider being reported, Contract Period, Drug Medi-Cal 4-digit Provider Number, and the 6-digit Provider Number. This information is automatically populated to the other worksheets.

Cost Information: Enter the specific categorical cost information for the following areas: Private Pay, Drug Medi-Cal, and Non DMC/Public Funded Program.

Unit Information: Enter the specific unit information for the following areas: Private Pay, Drug Medi-Cal, and Non DMC/Public Funded Program.

NOTE: There are various edits programmed into the form to check for erroneous or inconsistent entries. If these edits detect entries that require changes, the areas in need of review or correction will be highlighted on the Data Entry Sheet. Additionally, notes on correcting the inconsistency will be shown under the “EDITS” panel on the Cost Report Application Funding Worksheet and on the Data Entry Sheet.

NOTE: Food costs are not allowed in Drug Medi-Cal programs. Costs of **employee** meals are allowable Drug Medi-Cal costs under specific conditions as identified in the *Provider Reimbursement Manual*, Part 1 (CMS Publication 15-1). These costs must meet the test for reasonableness and necessity of the expense and be defined as either salary or a fringe benefit specifically identified in the employee manual; such costs should be reported in either “Salary and Wages” or “Employee Benefits”.

WORKSHEETS “7895RES-P” and “7990RES-P” - NO DATA ENTRY REQUIRED

All information is derived by formulas contained in the workbook and populated accordingly.

WORKSHEET “RESFUND-P” [OK Fundsheet] - NO DATA ENTRY REQUIRED

Based on the data entered on the “Data Entry Sheet” and programmed calculations resident within the other worksheets, error messages may appear under the heading “EDITS”. The entries beside each edit will identify changes that must be made to the entries on the Data Entry Sheet. **NOTE:** Correct all other errors before making any cost shift between Non DMC and DMC programs.

Once all the entries on the “EDITS” panel show “OKAY” and all three “OKAY” messages appear under the Non DMC Amount, DMC Amount, and Total columns (if the total amounts match the Funding Needed amounts for each column and an “Error” message appears, this is due to rounding and this is acceptable), then the funding and unit information is to complete the Paradox cost report. On this worksheet, amounts for funding lines other than the Drug Medi-Cal reimbursable (Funding Line 40a), Fee/DMC Share of Cost (Funding Line 84) and Insurance/3rd Party Fees (Funding Line 85) are combined under “*various*”. On the Paradox cost report, you will need to identify these “*various*” funding lines separately.

Additional information for “*various*” funding lines allowed based upon the chosen combination of Service Code and Program Codes can be found in the Excel Document [2011-12 Cost Fiscal Data Element Report \(MS Excel\)](#) on ADP’s webpage link, <http://www.adp.ca.gov/NNA/nnamain.shtml>

WORKSHEET “Comparison”

This document identifies the comparison between the DMC worksheets (7895, 7990, and the OKFund) and the Fiscal Detail Pages printed from the Paradox cost report. It is required of the county to identify and enter the appropriate information to identify the Service and Program from the DMC Settlement forms with the information entered into Paradox. In some instance more than one Non DMC or DMC Program code could be entered. For example, 92 for Minor Consent and 97 for DMC Regular.

In the “Non DMC Program Codes” field, list the program codes under which the Non DMC cost and unit information reflected on these DMC forms is entered in the Paradox cost report; leave blank if no Non DMC information is reported on the DMC forms.

In the “DMC Program Codes” field, the user will identify the program codes under which the DMC cost and unit information reflected on these DMC forms is entered in the Paradox cost report. One cannot be completed without the other. The Drug Medi-Cal Settlement Forms are considered incomplete without this information properly filled in by the user.

In the “Paradox Fiscal Detail” column, record the totals for each type of information from Fiscal Detail Pages from the Paradox cost report for the listed Non DMC or DMC programs, as appropriate. One cannot be completed without the other. The Drug Medi-Cal Settlement Forms are considered incomplete without this information properly filled in by the user.

The information in the **Cost Report Application Funding Worksheet** column should match the information entered on the cost report fiscal detail pages (in and printed from the Paradox program). If the amounts entered in the Paradox Fiscal Detail column do not match the amount shown in the Cost Report Application Funding Worksheet column, the heading (in the “Type of Information” column) of the row in error will be highlighted.

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