

# Annual RUHS Cost Report Training FY 2021/2022



Substance Use

# Housekeeping Rules

## First:

Please place your phones on mute during the presentation!

## Second:

Questions should be typed into the chat box located to the right of the screen.

If you have further questions after the presentation, please submit them via e-mail to:

[costreport@ruhealth.org](mailto:costreport@ruhealth.org)



# MUTE

Reminder!



Your Phones Please!

# What is a Cost Report?

A Cost  
Report???



A cost report contains provider information such as cost and charges by cost centers, Medi-Cal settlement data, and financial statement data.

The cost report settlement process is where the County reconciles the Provider's actual cost of services to the amount of approved unit of services in comparison to what the Provider was paid by the County.

# **What is the Purpose of Cost Report Training?**



The purpose of the Cost Report Training is to provide general instructions for completing your annual cost report. This training will also help to:

- **Identify how to reconcile your unit of services submitted**
- **Which documents are needed to complete your cost report schedules**
- **To identify the required documentation that needs to be submitted to BH for review**



# Response to COVID-19:

The County intends to continue to comply with the Department of Health Care Services (DHCS) guidelines and instructions during the COVID-19 pandemic.

Please plan to submit a **single cost report** for the fiscal year. We will notify you if we receive anything different from the State.

**July 1, 2021 – June 30, 2022**

**Please complete your cost reports based on the contract settlement as outlined in your Exhibit C of your contract.**

**So Where Do  
I Begin?**





**You've made the 1st step by attending this training!**

As Per Your RUHS-BH Agreement, Exhibit C,  
Section J – Cost Report,

“It is mandatory that the CONTRACTOR send one representative to the COUNTY'S annual cost report training that covers the preparation of the year-end Cost Report.”

# Gather Your Documents

Things you need to complete your **Cost Report Schedules:**



- Final RUHS-BH Executed **Exhibit C & Schedule I Documents**
- Total Number of **Unit of Services (UOS)** Submitted
- Full Year **Financial Statements** (Preferably Audited)
- Total **Payments** **\$**Received from RUHS-BH

# Exhibit C & Schedule I

These documents will help you fill out  
**Schedule 1 & 5** of your cost report  
 schedules.

MH & SU – 2021/2022  
 MEDI-CAL/NON MEDI-CAL

## EXHIBIT C REIMBURSEMENT & PAYMENT

**CONTRACTOR NAME:** Disney Plus, Mickey Mouse House  
**PROGRAM NAME:** Substance Abuse Prevention and Treatment Program  
**DEPARTMENT ID:** 4100514999-55800



### A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:

- The Negotiated Rate, as approved by the COUNTY, per unit as specified in the Schedule I, multiplied by the actual number of units of service provided, less revenue collected.
- One-twelfth (1/12<sup>th</sup>), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

2. CONTRACTOR'S Schedule I, and Schedule K when applicable, issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.

3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.

- The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual number of County approved units of service multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services or Substance Abuse Prevention Treatment Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
- The final year-end settlement for Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services; or RCMAR for Drug Medi-Cal Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
- The final year-end settlement for Opioid Treatment Program (OTP) Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the State Drug Medi-Cal rate, or customary charges (published rate), whichever is lower, less revenue collected.



RIVERSIDE UNIVERSITY HEALTH SYSTEM- BEHAVIORAL HEALTH SCHEDULE I						
Provider Agency Name: <b>Disney Plus, Mickey Mouse House</b>						
Service Contract Name and Region: DMC-ODS Waiver Contract- Substance Abuse Prevention and Treatment Program						
Service RU's: 33MICKY						
Use one PIF Form per service location						
SETTLEMENT TYPE: NEGOTIATED RATE ( ) ACTUAL COST (XX)						
DEPT. ID / PROGRAM 4100514999.55800						
CALOMS#	334567					TOTALS
SYSTEM #	33MICKY	33MICKY1	33MICKY2	33MICKY, 33MICKY1		TOTALS
TYPE OF MODALITY	OUTPATIENT (LEVEL 1.0)	INTENSIVE OUTPATIENT (LEVEL 2.1)	PARTIAL HOSPITALIZATION (LEVEL 2.5)	MAT	CASE MANAGEMENT	
MODE OF SERVICE:	40/90	40/90	40/90	40/90	70/90	
SERVICE FUNCTION:	91, 92	105	106	99	93	
SERVICE TYPE: M/C, NON M/C	DMC	DMC	DMC	DMC	DMC	
<b>NUMBER OF UNITS:</b>	<b>7,639</b>	<b>9,016</b>	<b>2,596</b>	<b>1,623</b>	<b>1,500</b>	
COST PER UNIT:	\$2.53	\$3.66	\$190.00	\$3.94	\$3.00	
<b>GROSS COST:</b>	<b>\$19,326</b>	<b>\$32,997</b>	<b>\$493,296</b>	<b>\$6,395</b>	<b>\$4,500</b>	<b>\$556,514</b>
FUNDING CODE						
PROGRAM CODE						
SERVICE CODE	91, 92	105	106	99	93	
UNIT REIMBURSEMENT	1 MINUTE	1 MINUTE	PER DAY	1 MINUTE	1 MINUTE	
LESS REVENUES COLLECTED						
BY CONTRACTORS:						
<b>MAXIMUM OBLIGATION</b>	<b>\$19,326</b>	<b>\$32,997</b>	<b>\$493,296</b>	<b>\$6,395</b>	<b>\$4,500</b>	<b>\$556,514</b>
<b>SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:</b>						
A. MEDI-CAL/FFP	\$9,663	\$16,498	\$246,648	\$3,198	\$2,250	\$278,257
B. FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
C. SGF	\$0	\$16,498	\$246,648	\$0	\$0	\$263,146
D. REALIGNMENT	\$9,663	\$0	\$0	\$3,198	\$2,250	\$15,111
E. OTHER: State Match	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL (SOURCES OF FUNDING)</b>	<b>\$19,326</b>	<b>\$32,997</b>	<b>\$493,296</b>	<b>\$6,395</b>	<b>\$4,500</b>	<b>\$556,514</b>



# Reconciling Your UOS

As Per Your RUHS-BH Agreement, Exhibit C, Section I – Payment:

“CONTRACTOR will be responsible for entering all service related data into the COUNTY’s MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.”

# SERVICE RECONCILIATION PROCESS: UTILIZING COUNTY REPORTS

The following information is to aid in the service (unit) reconciliation process for Providers. Reconciling service units throughout the year will allow changes to be made in a timely manner, therefore making the final cost report schedules easier to complete. A determination has been made that the following reports, reviewed in the order listed, can simplify this process.

## PVD 2004

- Includes all services entered into the ELMR Billing System whether in DRAFT or FINALIZED mode. These services may not yet be approved by Invoice Processing Unit (IPU) for payment. If there are discrepancies on this report, please send an email to [ELMRsupport@ruhealth.org](mailto:ELMRsupport@ruhealth.org).

## PVD 2002

- Includes all services entered into the ELMR Billing System that have been finalized. This report shows what IPU has approved or denied. Use the "IPU DENIAL REASON CODE" Report for the description. If the service can be re-billed, make the correction and bill again during the next month's billing cycle. If you are unsure if a service can be re-billed or have questions regarding the denial, contact IPU at [ELMR\\_PIF@ruhealth.org](mailto:ELMR_PIF@ruhealth.org) or (951) 358-7797, option 6. All approved units will be used during the cost report settlement process.

## MHS 3011

- The MHS 3011 Report can be found in the RDS system and shows all approved services provided by your Agency. This report further details Medi-Cal services regarding what has not been billed, what has been billed then denied, and those that were re-billed. Services that do not show a claim number have not yet been billed to the State. Contact your designated authorizing personnel for more information on non-billed services and/or denials. Medi-Cal denials should also be listing in the V&R Report. If you have questions regarding non-billable services, please contact [ELMR\\_PIF@ruhealth.org](mailto:ELMR_PIF@ruhealth.org). All approved units will be used during the cost report settlement process.

## V&R Report

- If you provide Medi-cal services, the Void & Replace Report is sent to you on a monthly basis and identifies all denied Medi-cal services and the reason for denial. Use the State's Short-Doyle Specialty Mental Health Services Claim Adjustment Reason Code (CARC) publication attached for further description. If you are unsure how to correct a denied service, contact the designated authorizing personnel. Questions regarding the report can be forwarded to the Patient Accounts HelpDesk at (951) 358-6900, opt 3 or send an email to [Billing\\_Support@ruhealth.org](mailto:Billing_Support@ruhealth.org).

# PVD 2004 Data Entry Detail Report

- Includes all services entered into the ELMR Billing System whether in DRAFT or FINALIZED mode. These services may not yet be approved by Invoice Processing Unit (IPU) for payment. If there are discrepancies on this report, please send an email to [ELMRsupport@ruhealth.org](mailto:ELMRsupport@ruhealth.org).

## PVD 2004 Provider Services - Data Entry Detail Report

For Provider [REDACTED] Service Dates 7/1/2021 thru 3/31/2022

<u>Authorization</u> Number	<u>CPT</u> Code	<u>Patient ID</u>	<u>Data Entry</u> Date	<u>Time</u>	<u>Location</u>	<u>Group</u> Size	<u>Date</u> Type	<u>Date</u>	<u>End Date</u>	<u>Duration</u>	<u>Service</u> Units	<u>Total</u> Charge	<u>Private</u> \$
<b>Set Name:</b>		<b>SU JULY 2021 IOT FILE 3</b>				<b>Final</b>							
527820	SA220GRF	[REDACTED]	8/6/2021	09:53 AM	Office	12	Single Date	7/28/2021		276	23	84.18	0.00
527820	SA220GRF	[REDACTED]	8/6/2021	09:53 AM	Office	12	Single Date	7/30/2021		276	23	84.18	0.00
<b>Totals for [REDACTED]</b>										<b>552</b>	<b>46</b>	<b>168.36</b>	<b>0.00</b>
520570	SA220GRF	[REDACTED]	8/6/2021	09:53 AM	Office	10	Single Date	7/29/2021		260	26	95.16	0.00
<b>Totals for [REDACTED]</b>										<b>260</b>	<b>26</b>	<b>95.16</b>	<b>0.00</b>
520576	SA220GRF	[REDACTED]	8/6/2021	09:53 AM	Office	12	Single Date	7/28/2021		276	23	84.18	0.00
520576	SA220GRF	[REDACTED]	8/6/2021	09:53 AM	Office	12	Single Date	7/30/2021		276	23	84.18	0.00
<b>Totals for [REDACTED]</b>										<b>552</b>	<b>46</b>	<b>168.36</b>	<b>0.00</b>

# PVD 2002 Batch Service Detail

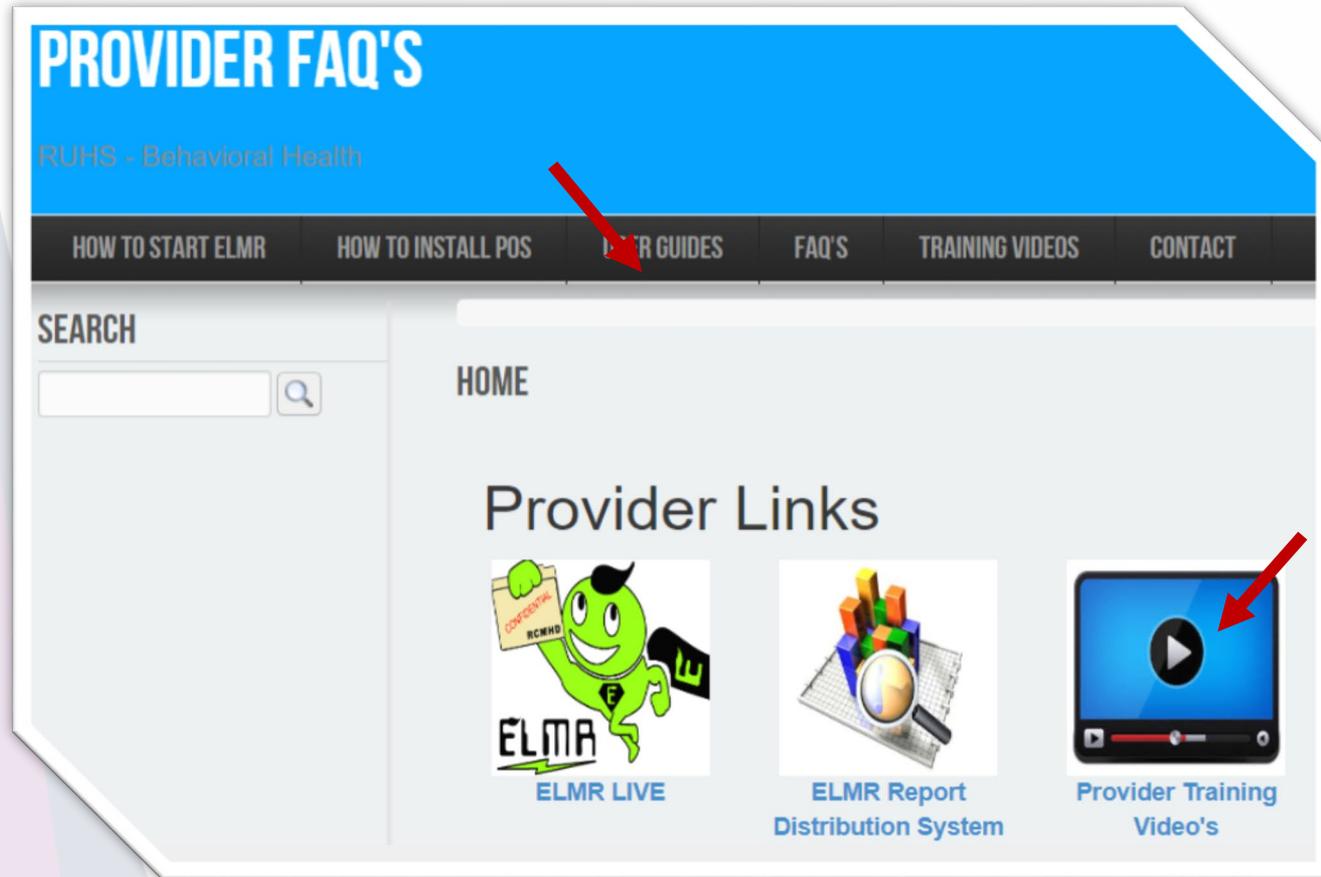
- Includes all services entered into the ELMR Billing System that have been finalized. This report shows what IPU has approved or denied. Use the "IPU DENIAL REASON CODE" Report for the description. If the service can be re-billed, make the correction and bill again during the next month's billing cycle. If you are unsure if a service can be re-billed or have questions regarding the denial, contact IPU at [ELMR\\_PIF@ruhealth.org](mailto:ELMR_PIF@ruhealth.org) or (951) 358-7797, option 6. All approved units will be used during the cost report settlement process.

MR #	Auth #	Patient Name	EOB#	EOB_Date	DOS	CPT Code	Perf Provider	Status	Reason	Duration	Units	Approved Units	Billed
[REDACTED]					347.00								
<b>Batch ID: 28556</b>													
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	A		276	23	23.00	84.18
[REDACTED]	527820	[REDACTED]	19599	9/22/2021	7/28/2021	SA220GRP	[REDACTED]	A		75	75	75.00	274.50
[REDACTED]	527820	[REDACTED]	19599	9/22/2021	7/29/2021	SA221IND	[REDACTED]	A		276	23	23.00	84.18
[REDACTED]	520570	[REDACTED]	19599	9/22/2021	7/30/2021	SA220GRP	[REDACTED]	A		234	26	26.00	95.16
[REDACTED]	520570	[REDACTED]	19599	9/22/2021	7/1/2021	SA220GRP	[REDACTED]	A		228	29	29.00	106.14
[REDACTED]	520570	[REDACTED]	19599	9/22/2021	7/6/2021	SA220GRP	[REDACTED]	A		268	24	24.00	87.84
[REDACTED]	520570	[REDACTED]	19599	9/22/2021	7/8/2021	SA220GRP	[REDACTED]	A		45	45	45.00	164.70
[REDACTED]	520570	[REDACTED]	19599	9/22/2021	7/8/2021	SA221IND	[REDACTED]	A					

If you have any questions or concerns about the PVD 2004 or 2002 reports, please send your inquiries to [ELMR\\_PIF@ruhealth.org](mailto:ELMR_PIF@ruhealth.org).



# Utilize the **ELMR Report Distribution System (RDS)** to view your service detail reports



\*\*Please note the County has provided **Training Videos** and **User Guides** available for your reference!

For RDS access, please email **[ELMR\\_Support@ruhealth.org](mailto:ELMR_Support@ruhealth.org)**

# MHS 3011 Report (in RDS)

•The MHS 3011 Report can be found in the RDS system and shows all approved services provided by your Agency. This report further details Medi-Cal services regarding what has not been billed, what has been billed then denied, and those that were re-billed. Services that do not show a claim number have not yet been billed to the State. Contact your designated authorizing personnel for more information on non-billed services and/or denials. Medi-Cal denials should also be listing in the V&R Report. If you have questions regarding non-billable services, please contact [ELMR\\_PIF@ruhealth.org](mailto:ELMR_PIF@ruhealth.org). All approved units will be used during the cost report settlement process.

## My Reports

[Show All Reports >>](#)

Report File	Request Time	Request By	Status	PDF	XLS	
<a href="#">MHS3011_220519141539</a>	5/19/2022 2:15:39 PM	SStewart	Success			<a href="#">Share</a>
<a href="#">DAS1024_2022_4_220508163009</a>	5/8/2022 4:30:09 PM	QMReports	Success			<a href="#">Share</a>

Riverside County Department of Mental Health

## Report 3011: Contractor Units Including Medi-Cal Billed and Denied [REDACTED]

From: 7/1/2021 To:  
3/31/2022

Pull Date : 5/11/20

PATID	date_of_service	SERVICE_CODE	duration	① MinClaimNumber	② ReBillClaimNumber	③ Guarantor	④ PCCN	⑤ billing_835_denials
[REDACTED]	7/12/2021	SA520MAT	5	13103512		501		
[REDACTED]	7/12/2021	SA520MAT	15	13103511		501		
[REDACTED]	7/12/2021	SA520MAT	15	13103511		501		
[REDACTED]	1/6/2022	SA520MAT	30	14046704		501		
[REDACTED]	1/6/2022	SA520MAT	30	14046704		501		
[REDACTED]	1/11/2022	SA520MAT	5	14046705		501	386083982	M80 : 96
[REDACTED]	1/11/2022	SA520MAT	5	14046705		501	386083982	M80 : 96
[REDACTED]	1/13/2022	SA520MAT	15	14046706		501	386083983	M80 : 96
[REDACTED]	1/13/2022	SA520MAT	15	14046706		501	386083983	M80 : 96

**It is critical that you**

**REVIEW**

The word 'REVIEW' is rendered in large, bold, red 3D block letters. A magnifying glass with a black handle and a silver frame is positioned over the letters, with its lens centered on the 'E' and 'V'.

**and monitor your  
3011 reports on a  
monthly basis!**



# Void & Replace Report

- If you provide Medi-cal services, the Void & Replace Report is sent to you on a monthly basis and identifies all denied Medi-cal services and the reason for denial. Use the State's Short-Doyle Specialty Mental Health Services Claim Adjustment Reason Code (CARC) publication attached for further description. If you are unsure how to correct a denied service, contact the designated authorizing personnel. Questions regarding the report can be forwarded to the Patient Accounts HelpDesk at (951) 358-6900, opt 3 or send an email to [Billing\\_Support@ruhealth.org](mailto:Billing_Support@ruhealth.org).

## Void and Replace

DMH

By Program Code

Compile Date: 2/1/2020 To 2/29/2020

PATID	Ep	Client	svc date	claim #	Claim Date	prog code	C/K	CIN	DOBe	SEXe	Svc code	billable code	Orig Claim #	Orig claim dt	POS	835 units	Bill amt	Aid code	Provider name	Taxonomy	Cov Categories	Orig pcon	pcon	Guar	Claim Status	Comments	Req#	Rot Per							
						TOTAL:	5,606.28																												
CO_16_MA39						16_MA39: Gender.																													
\$3,249.45																																			
97D11	1		12/2/19	10009390	2/25/20	33LMNC	K			F	90834IT	HC:H2015:HE		1	65	\$169.65		ZZ_INACTIVE_GALE:103TC0700X	Psychologist (Lic)			319046274	5001	4		1811	202002								
97D11	1		12/9/19	10009391	2/25/20	33LMNC	K			F	90834IT	HC:H2015:HE		1	65	\$169.65		ZZ_INACTIVE_GALE:103TC0700X	Psychologist (Lic)			319046275	5001	4		1812	202002								

**Contractors will receive a monthly Void and Replace report, emailed from Patient Accounts. The email will include a due date, and list correctable Claim Adjustment Reason Codes (CARCs) / Remittance Advice Remark Codes (RARCs), along with instructions on how to work these denials.**

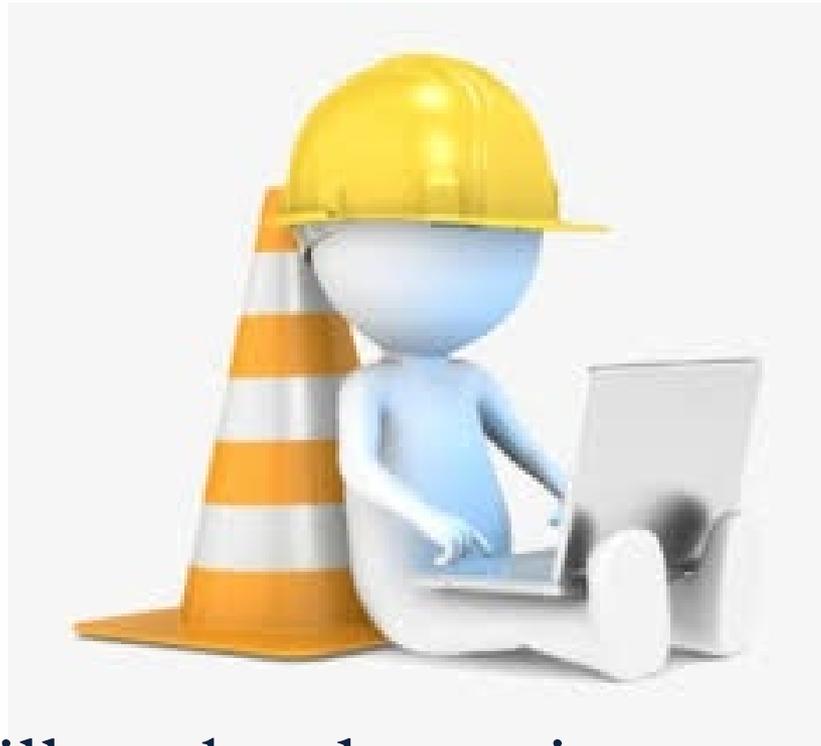
Any services that were **DENIED** would have been sent out to the provider on a **V&R report** to allow the provider time to correct the issue before fully denying the services.



It is extremely beneficial to review this report to correct/fix any denials you may have received.

Please reach out to Patient Accounts for further assistance [Billing\\_Support@ruhealth.org](mailto:Billing_Support@ruhealth.org).

We truly hope throughout the year, that you have been working with SAPT Admin to reconcile denials you believe should be rebilled.



This will make the unit reconciliation a smoother process.

For those denials remaining when reconciling throughout the cost report process your assigned accountant will be providing you a list of possible rebills for which you will need to provide applicable supporting documentation in order to receive credit.



Please provide supporting documentation to SAPT Admin through the Secure File Transfer Protocol (SFTP).



If you do not have access, please fax your documentation to SAPT Admin at **951-683-4904.**

# Financial Statements

If audited Financial Statements are not available by the date of submission, please send the un-audited Financial Statements used to prepare the Cost Report.

If your Financial Statements vary from your Cost Report figures, please submit all supporting schedules to trace numbers from Financial Statements to Cost Report forms.



Please provide a way for the reviewer to tell what expenses & revenues were placed under each line item so the reviewer could determine if it was appropriately allocated. (Ex. 3a, 3b, 4a, etc.)

This will help save time in reviewing your financials!



Line		SB County	DUI	Other	Outpatient	Sober Living	RES 3.2 WM	RES 3.5	RES 3.1
.	<b>Expense</b>								
.	5000.1 · Salaries								
3a	8310 · Gross Wages	113,507.68	78,581.57	45,339.95	137,388.44	8,607.62	322,801.05	1,438,674.99	236,567.64
.	<b>Total 5000.1 · Salaries</b>	113,507.68	78,581.57	45,339.95	137,388.44	8,607.62	322,801.05	1,438,674.99	236,567.64
.	5100.1 · Payroll taxes								
3b	8320 · Payroll Taxes	10,771.52	6,886.69	3,452.05	11,917.19	700.03	28,245.64	124,789.70	20,838.00
.	<b>Total 5100.1 · Payroll taxes</b>	10,771.52	6,886.69	3,452.05	11,917.19	700.03	28,245.64	124,789.70	20,838.00
.	5200.1 · Employee Benefits								
3b	6761 · Life Insurance	456.30	121.48	134.00	233.91	18.44	783.35	3,458.95	546.75
3b	6700 · Dental, Vision, Chiro	223.86	258.25	85.04	613.73	53.46	961.51	6,555.03	863.22
3b	6750 · Medical	4,018.73	3,562.64	0.00	8,605.79	947.00	28,512.14	131,779.10	15,785.21
3b	6760 · Workers Comp.	4,067.36	2,816.18	1,603.46	4,884.47	307.81	11,603.62	57,712.46	8,535.69
3b	8330 · 403(b) -Employer Match	330.80	3,475.66	0.00	4,354.42	355.68	6,874.31	38,121.82	3,022.29
.	<b>Total 5200.1 · Employee Benefits</b>	9,097.05	10,234.21	1,822.50	18,692.32	1,682.39	48,734.93	237,627.36	28,753.16
.	5300.1 · Contract labor								
6d	6100 · Contract Services	1,181.78	1,500.00	9,510.00	0.00	0.00	36,803.08	2,655.00	753.46
.	<b>Total 5300.1 · Contract labor</b>	1,181.78	1,500.00	9,510.00	0.00	0.00	36,803.08	2,655.00	753.46
.	5500.1 · Travel & Seminars								
4j	8044 · Training/Seminars	643.00	340.94	1,294.36	648.47	46.12	1,583.72	9,306.65	1,270.47
4j	8041 · Mileage	3,005.06	0.00	252.54	70.33	0.00	24.35	1,428.29	314.12
.	<b>Total 5500.1 · Travel &amp; Seminars</b>	3,648.06	340.94	1,546.90	718.80	46.12	1,608.07	10,734.94	1,584.59

If your fiscal year is not the same as Riverside County's (July 1, 2021 through June 30, 2022) it is necessary to submit multiple financial statements.



**EXAMPLE:** On a January through December calendar year basis, submit one financial statement from July 1, 2021 through December 31, 2021 and another financial statement from January 1, 2022 through June 30, 2022.

# Payments Received

Be sure to have a record of all the payments received from RUHS-BH. This information is needed for your **Sch 3 & Sch 5** of your cost report schedules.



You will need to download the Cost Report Schedules and Instructions from the Department of Mental Health website:

[www.rcdmh.org/Doing-Business/Provider-Connect](http://www.rcdmh.org/Doing-Business/Provider-Connect)



# General Information on Completing the Schedules:

- Complete all the appropriate information regarding your agency in the heading area of Schedule 1.
- Also complete the contact information at the bottom of Schedule 5.

▪ *All figures that need to be completed by your agency are highlighted in green.*

▪ Please include cents on all dollar figures on your Cost Report. **Do not round to the nearest dollar!**

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

CADDS:

## DESCRIPTION/EXPLANATION OF METHODOLOGY

- A) Provide an explanation of the methodology used to separate Riverside County contract costs/revenues from non-Riverside County contract costs/revenues. Provide sufficient detail, including additional pages and/or worksheets, if needed, to fully describe how the segregation(s) are determined. If your agency has multiple contracts with the Riverside University Health System - Behavioral Health, provide a separate Schedule 1 to explain the methodology used with each contract.

Page 1

- B) Provide an explanation of the methodology used to distribute costs/revenues to the Mode/Sfc within the contract. Attached additional pages and/or worksheets, as needed, to fully describe the methodology.

# Cost Report Overview: Schedule 1

## SCHEDULE 1-METHODOLOGY:

The County needs to know how your agency is breaking out expenses and revenues

- A. Between County and your non-County programs; and
- B. Between the various service types provided.

### DESCRIPTION/EXPLANATION OF METHODOLOGY

A) Provide an explanation of the methodology used to separate Riverside County contract costs/revenues from non-Riverside County contract costs/revenues. Provide sufficient detail, including additional pages and/or worksheets, if needed, to fully describe how the segregation(s) are determined. If your agency has multiple contracts with the Riverside University Health System - Behavioral Health, provide a separate Schedule 1 to explain the methodology used with each contract.



B) Provide an explanation of the methodology used to distribute costs/revenues to the Mode/Sfc within the contract. Attached additional pages and/or worksheets, as needed, to fully describe the methodology.



There are three (3) allocation methods which are generally used:



- **Direct Allocation**: Costs is tracked at the level of the individual program and/or service type provided.
- **Unit Based Allocation**: Weighted average based on actual units provided multiplied by their rates.
- **Time Study**: Weighted average based on hours worked on County services.

# Common Mistakes of Calculating Weighted Average



## Weighted Average Calculation

Total Contract Cost **\$ 3,642,799.05**  
 Total Units **8,695**

**INCORRECT - Weighted Average Based on Units ONLY!**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Mode/Service Function Code	Units	÷ Units Divided Total Units	= UOS Split %	x Take Contract Cost x's UOS Split %	= Cost Per MD/SFC	÷ Units	= Cost Per Unit (CPU)
60/109	885	÷	8,695 =	10.18% x	\$ 3,642,799.05 =	\$ 370,773.68 ÷	885 = \$ 418.95
60/114	332	÷	8,695 =	3.82% x	\$ 3,642,799.05 =	\$ 139,092.50 ÷	332 = \$ 418.95
60/112	7,478		8,695 =	86.00% x	\$ 3,642,799.05 =	\$ 3,132,932.87 ÷	7,478 = \$ 418.95
	<b>8,695</b>			<b>100%</b>		<b>\$ 3,642,799.05</b>	

Results in Flat CPU for each SFC

# Correct Method of Calculating Weighted Average



## Weighted Average Calculation

Total Contract Cost **\$ 3,642,799.05**  
 Total Units **8,695**

### CORRECT - Weighted Average Based on Published Charges/SMA/Negotiated Rate per Unit



(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Mode/Service Function Code	Units	X Rate = Weighted Cost	÷ Weighted Cost	Weighted Cost Divided by Total Weighted Cost	= Cost Split %	X Take Contract Cost x's Cost Split %	= Cost Per MD/SFC	÷ Units	= Cost Per Unit (CPU)
60/109	885	x \$ 375.00 = \$ 331,875.00	÷ \$ 3,683,583.00	\$ 3,683,583.00	= 9.01%	x \$ 3,642,799.05 = \$ 328,200.54	÷ 885	= \$ 370.85	
60/114	332	x \$ 275.00 = \$ 91,300.00	÷ \$ 3,683,583.00	\$ 3,683,583.00	= 2.48%	x \$ 3,642,799.05 = \$ 90,289.14	÷ 332	= \$ 271.96	
60/112	7,478	x \$ 436.00 = \$ 3,260,408.00	÷ \$ 3,683,583.00	\$ 3,683,583.00	= 88.51%	x \$ 3,642,799.05 = \$ 3,224,309.37	÷ 7,478	= \$ 431.17	
	<b>8,695</b>			<b>\$ 3,683,583.00</b>	<b>100%</b>			<b>\$ 3,642,799.05</b>	

# Compliance Reminders

To help determine allowable and disallowable cost for cost reporting the most commonly used, but not limited to, tools are the OMB A-87 and A-122.

Federal compliance for grant recipients limits the salaries of an individual at a rate that is not in excess of the Executive Salary Level II Schedule for the reporting year. Please see [https://grants.nih.gov/grants/policy/salcap\\_summary.htm](https://grants.nih.gov/grants/policy/salcap_summary.htm)

**\* Disclaimer County does have the right to determine allowable and disallowable cost.**

# Cost Report Overview: Schedule 2

## SCHEDULE 2-EXPENSES:

The County will need your agency to break out the total and county expenses by the line items provided on the Schedule 2 form. Your agency will also need to allocate the expense across each service type provided based on the break-out explained in Schedule 1.



Expenses found on this form should match the expenses on the financial statements provided to the County using the methodology on Schedule 1.



**SCHEDULE 2 - EXPENSES BY LINE ITEMS**  
 FINAL Y/E COST REPORT FOR: FY20/21  
*SUBSTANCE USE PROGRAMS*  
 NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

CADDS:

**For Columns D - U,  
Select all applicable  
Service Types using  
Dropdown**

		(A)	(B)	(C)	(D)	(E)
		Described Methodology on Schedule 1a			Methodology on Schedule 1b	Methodology on Schedule 1b
		PROVIDER TOTAL COSTS	LESS: UNALLOWABLE COSTS	TOTAL ALLOWABLE COSTS		
<b>3</b>	<b>Personnel Services</b>					
3a	Salaries & Wages			\$0.00		
3b	Employee Benefits			\$0.00		
<b>3x</b>	<b>Total Personnel Services</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>4</b>	<b>Equipment, Materials and Supplies</b>					
4a	Depreciation - Equipment			\$0.00		
4b	Maintenance - Equipment			\$0.00		
4c	Medical, Dental and Laboratory Supplies			\$0.00		
4d	Membership Dues			\$0.00		
4e	Rent and Lease Equipment			\$0.00		
4f	Clothing and Personal Supplies			\$0.00		
4g	Food			\$0.00		
4h	Laundry Services and Supplies			\$0.00		
4i	Small Tools and Instruments			\$0.00		
4j	Training			\$0.00		
4k	Miscellaneous Supplies			\$0.00		
<b>4x</b>	<b>Total Equipment, Materials and Supplies</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>5</b>	<b>Operating Expenses</b>					
5a	Communications			\$0.00		
5b	Depreciation - Structures and Improvements			\$0.00		
5c	Household Expenses			\$0.00		
5d	Insurance			\$0.00		
5e	Interest Expense			\$0.00		
5f	Lease Property Maintenance, Structures, Improvements and Grounds			\$0.00		
5g	Maintenance - Structures, Improvements, and Grounds			\$0.00		
5h	Miscellaneous Expense			\$0.00		
5i	Office Expense			\$0.00		
5j	Publications and Legal Notices			\$0.00		
5k	Rents & Leases - Land, Structure, and Improvements			\$0.00		
5l	Taxes and Licenses			\$0.00		
5m	Drug Screening and Other Testing			\$0.00		
5n	Utilities			\$0.00		
5o	Other			\$0.00		
<b>5x</b>	<b>Total Operating Expenses</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# Cost Report Overview: Schedule 2A

## SCHEDULE 2A-BOARD & CARE:

If applicable, the County will need your agency to break out the total and county building related expenses by the line items provided on the Schedule 2A form. Your agency will also need to provide the total and county related square footage of your facility to determine the board and care cost per day.



**SCHEDULE 2A - BOARD & CARE CALCULATION**  
 FINAL Y/E COST REPORT FOR: FY20/21  
 SUBSTANCE USE PROGRAMS  
 NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTD):

CADDs:

This is the amount from Sch 2 Col C

(A)	(B)	(C)	(D)
Building Related Costs	Total Allowable Cost	Alloc % to Board & Care	Total Board & Care
Facility Lease	\$ -	0%	\$ -
Property Taxes	\$ -	0%	\$ -
Property Insurance	\$ -	0%	\$ -
Housekeeping	\$ -	0%	\$ -
Laundry	\$ -	100%	\$ -
Dietary	\$ -	100%	\$ -
Sub-total	\$ -		\$ -
Plus Indirect Costs (15%)	\$ -		\$ -
<b>Total</b>	\$ -		\$ -

Total Board & Care	\$ -
Licensed Bed Capacity	-
Patient Days	0
Total Bed Day Filled	-
Filled Rate	-
<b>Board and Care Cost Per Day</b>	\$ -

\*See Square Footage Calculation Below

(A)	(B)	(C)	(D)	(E)
Offices/Units	Facility Sq Footage	Board & Care Sq Footage	Treatment Footage	Sq Other
Offices	-	-	-	-
Group Rooms	-	-	-	-
Kitchen	-	-	-	-
Medical Records	-	-	-	-
General Storage	-	-	-	-
Conference Room	-	-	-	-
Space not used by CRT	-	-	-	-
Common Areas	-	-	-	-
Bedrooms	-	-	-	-
Resident's Showers and Restrooms	-	-	-	-
<b>Total Facility % of Facility</b>	-	0%	0%	0%

Page 1



# Cost Report Overview: Schedule 3

## SCHEDULE 3-REVENUES:

The County will need your agency to break out the total and county revenues by the line items provided on the Schedule 3 form. Your agency will also need to allocate the revenue across each service type provided based on the break-out explained in Schedule 1.



**SCHEDULE 3 - REVENUES BY SOURCE**  
 FINAL Y/E COST REPORT FOR: FY20/21  
**SUBSTANCE USE PROGRAMS**  
 NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

CADDs:

		(A)	(B)	(C)
		Described Methodology on Schedule 1a		
	REVENUE TYPES	PROVIDER TOTAL REVENUES	LESS: NON-CONTRACT REVENUES	TOTAL CONTRACT REVENUES
10	County Contract Income			\$0.00
11	Grants Income			\$0.00
12	Donations Income			\$0.00
13	Program Fees			\$0.00
14	Food Stamps			\$0.00
15	Rental Income			\$0.00
16	Other Income			\$0.00
17x	<b>TOTAL REVENUE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Revenues found on this form should match the revenue on the financial statements provided to the County using the methodology on Schedule 1.

# Cost Report Overview: Schedule 4

## SCHEDULE 4-UNITS:

Total and County units provided by your agency should be tracked by your agency and will be required to be input on this form.

Your units entered on this form should match the unit documentation provided as well as agree with the County units on file.



**SCHEDULE 4 - UNITS**  
 FINAL Y/E COST REPORT FOR: FY2021  
 SUBSTANCE USE PROGRAMS  
 NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

CADDs:

		(A1)	(A2)	(B) (C) (D)		
		100% Medi-Cal	DAS	Described Methodology on Schedule 1a		
	UNIT TYPES	Units of Service	Units of Service	PROVIDER TOTAL UNITS	LESS: NON-CONTRACT UNITS/ADJ	TOTAL CONTRACT UNITS
18a	Prevention - Primary		Hrs.	-	-	-
18b	Prevention - Secondary		Hrs.	-	-	-
18c	IOT	15 minutes	15 minutes	-	-	-
18d	ODF Individual	15 minutes	15 minutes	-	-	-
18e	ODF Group	15 minutes	15 minutes	-	-	-
18f	Case Management	15 minutes	15 minutes	-	-	-
18g	Physician Consultation	15 minutes	15 minutes	-	-	-
18h	NTP	Contacts	Contacts	-	-	-
18i	ODF MAT SVCS	15 minutes	15 minutes	-	-	-
18j	Recovery Services	15 minutes	15 minutes	-	-	-
18k	Residential Board and Care	Days	Days	-	-	-
18l	Level 1 - WM	Days	Days	-	-	-
18m	Level 2 - WM	Days	Days	-	-	-
18n	Level 2.5 - Partial Hospitalization	Days	Days	-	-	-
18o	Level 3.2 - WM	Days	Days	-	-	-
18p	Residential 3.1	Days	Days	-	-	-
18q	Residential 3.3	Days	Days	-	-	-
18r	Residential 3.5	Days	Days	-	-	-
18s	Level 3.7 - WM	Days	Days	-	-	-
18x	<b>Total Units</b>			-	-	-

# \*\*\*Remember\*\*\*

You can reconcile your County Units by finding and accessing your RDS reports and/or your ELMR reports.

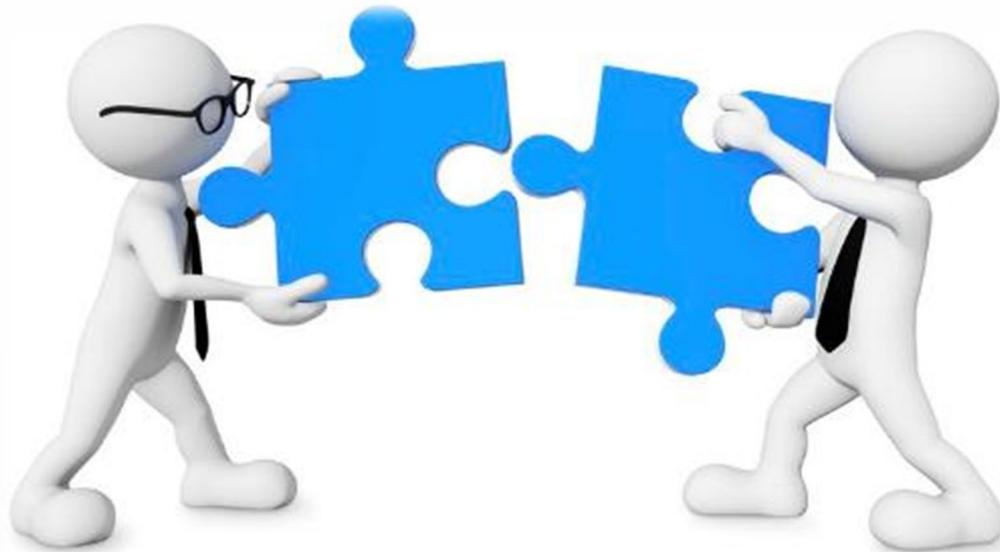


We will attempt to send out a preliminary unit reports soon to help aid in your reconciliation in order to identify any discrepancies ahead of time.

# Cost Report Overview: Schedule 5

## SCHEDULE 5-SUMMARY REPORT:

The Schedule 5 automatically gathers the information inputted from the other schedules to provide you with a summary report.



At the top of the page, you will need to select your:

- Contract Type
- Organization Type (profit or non-profit)
- Accounting Method (cash, accrual, or modified accrual)

At the bottom of the page, please input your agency's contact information.

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

CADDs:

Click One ==>

**TYPE OF CONTRACT:**  
 Actual Cost without Medi-Cal Units/Residential  
 Actual Cost with Medi-Cal Units  
 100% Medi-Cal

**TYPE OF ORGANIZATION**  
 Non-Profit  
 Profit

**ACCOUNTING METHOD**  
 Cash  
 Modified Accrual  
 Accrual

MODE OF SERVICE CODE									
SERVICE FUNCTION CODE									
<b>EXPENSES</b>									
3x	Personnel Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4x	Equipment, Materials and Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5x	Operating Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6x	Professional and Special Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7x	Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8x	Other Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9x	<b>GROSS COST</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>REVENUES</b>									
18x	Total Units of Service	-	-	-	-	-	-	-	-
19	Cost per Unit of Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13a	Published Charge per Unit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13b	Rate Cap	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	Grants Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Donation Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Program Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	Food Stamps	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	Rental Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	Other Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17x	<b>TOTAL REVENUES</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20x	<b>NET COST</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	Maximum Contract Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	Unallowable Medi-Cal Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>ACTUAL COST CONTRACTS ONLY:</b>									
23b	Calculation: Lower of Line 20x or Line 21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	LESS: Payment received from County								
25a	Balance Due to County (if 24> Reimbursement)								
25b	Balance Due to Provider (if 24< Reimbursement)								

I certify under penalty of perjury that the information contained on these documents are true and accurate.

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_ Name of Person to Contact Regarding CR \_\_\_\_\_

Director's Name (Print) and Title \_\_\_\_\_ Contact Person's Email Address \_\_\_\_\_

# State Forms Requirements

Upon the settlement of your cost report, the County will be sending you your Final State Forms. We will need you to:

- Certify/Sign the State Form
- Return to RUHS – BH (SA)

NTP providers:

- As per BHIN-21-018, County contracted providers are now required to submit a cost report directly to DHCS.
- Before submitting, please work with your cost report accountant to ensure accuracy of information reported to DHCS.

# How many Cost Reports do I need?

Complete a separate set of Cost Report Schedules for **EACH**:

- **Substance Use CADDs** your agency has with Riverside County, as per your contract Exhibit C

Cost Reports submitted with CADDs/contracts combined are not considered properly completed and you will be contacted by your accountant for revision.



**Please be advised that some contracts may contain more than one CADDs and that one contract does not necessarily equate to one cost report.**

# Navigating the Schedules



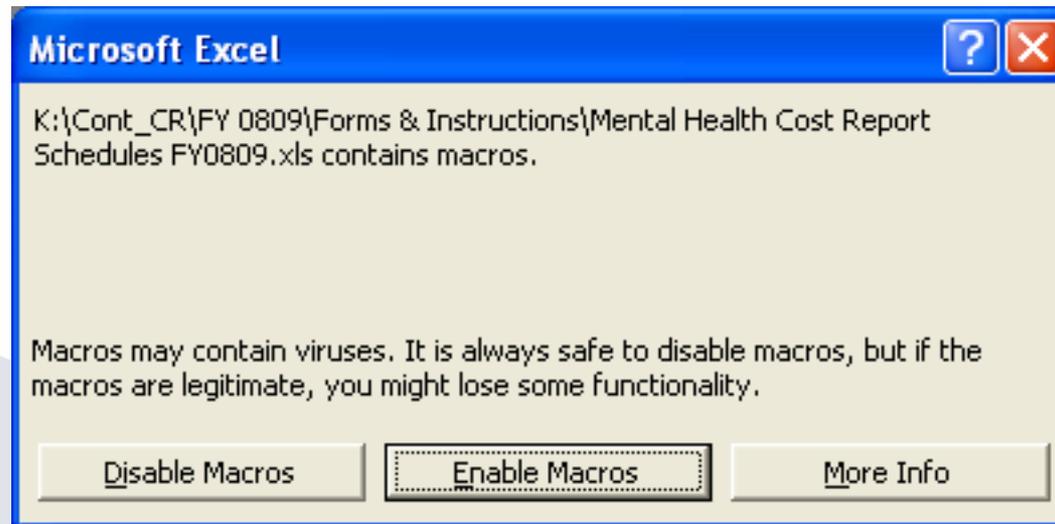
## Cost Report Instructions & Samples



# Enabling Macros:

**YOU MUST “ENABLE MACROS” IN ORDER FOR THESE FORMS TO WORK!**

When opening up the Cost Report Schedules in Excel versions 2003 and earlier, a pop up will ask whether to enable macros.

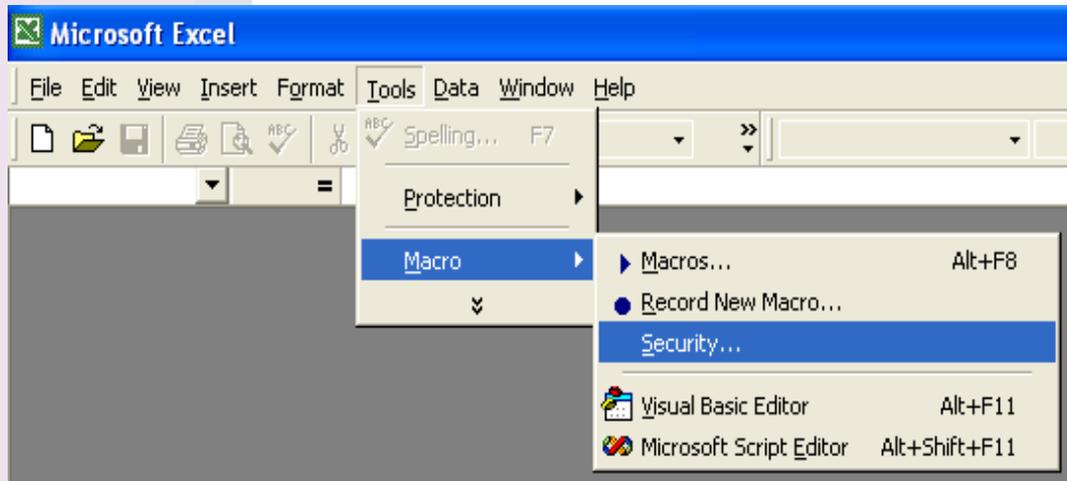


# Enabling Macros (cont.):

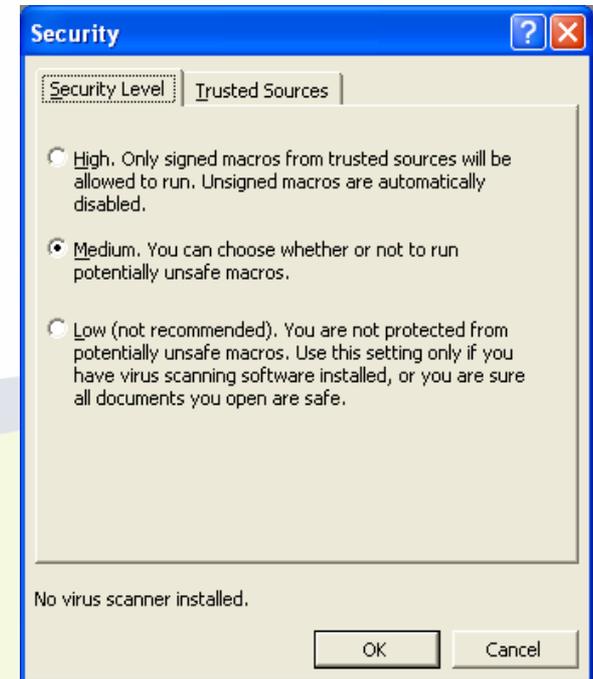


You may also need to adjust the **Security Level** in order for the **Macros** to run properly.

1. In Excel, select: **Tools** ➔ **Macro** ➔ **Security**



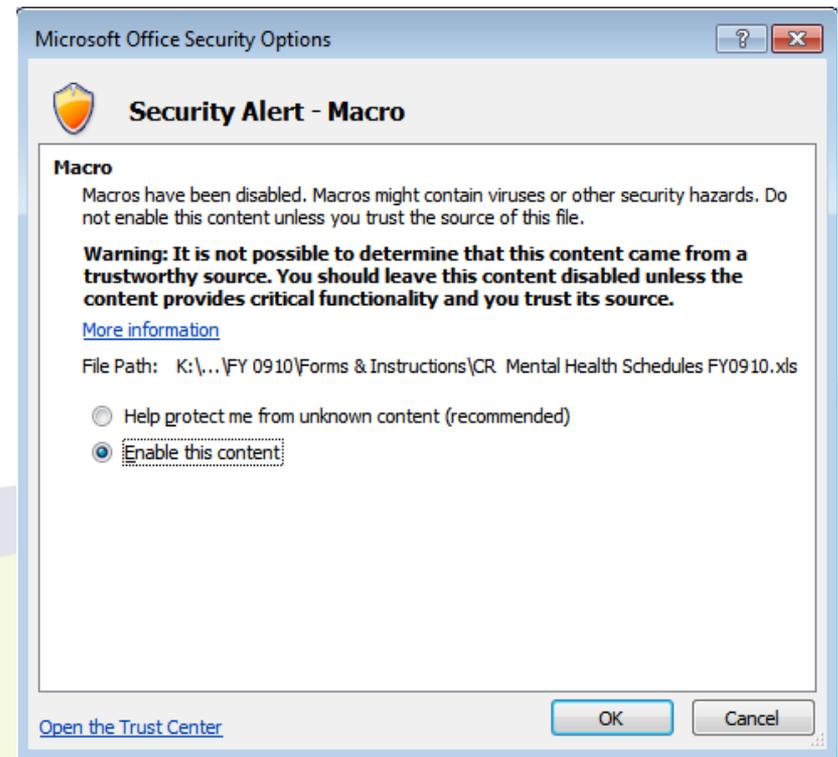
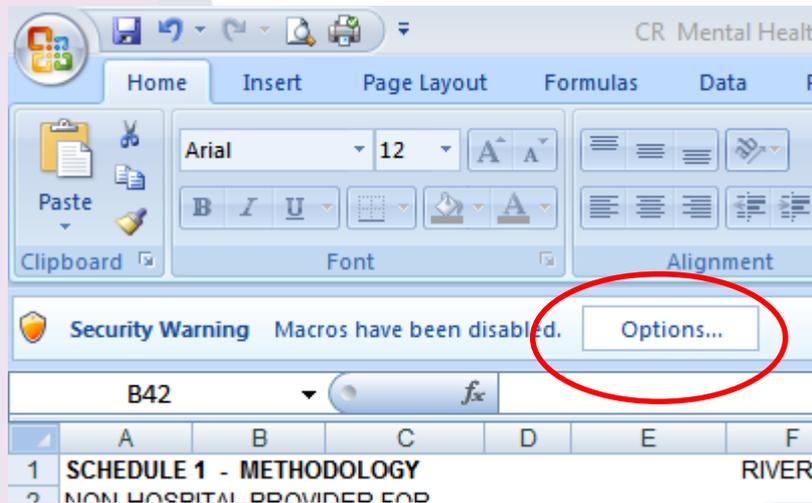
2. Set Security Level to **Medium**.



# Enabling Macros (cont.):

When opening up the Cost Report Schedules in Excel 2007, you may need to change settings in order to enable macros.

1. In Excel, if you receive a Security Warning, Macros have been disabled, click the Options button.



2. Select Enable this content and click OK.

# Presenting the Cost Report Schedules



# When are the Cost Reports Due?





**Substance Use**

**Monday, August 1, 2022**

# What to Submit to RUHS – Behavioral Health

Please email to [costreport@ruhealth.org](mailto:costreport@ruhealth.org):

1. Electronic copy of **Cost Report Schedules**
2. Your **Financial Statements** and other supporting schedules, in Excel please, that tie to the Cost Report Schedules
3. A schedule of your **Published Charges** (the rates you charge the public)



Cost Report Schedules and Instructions will be emailed out soon and will also be available on the Department of Mental Health website at:

[www.rcdmh.org/Doing-Business/Provider-Connect](http://www.rcdmh.org/Doing-Business/Provider-Connect)

Under the Contractor Cost Reports header on the right side of the screen.

The screenshot shows a web browser window with the address bar displaying [rcdmh.org/Doing-Business/Provider-Connect](http://rcdmh.org/Doing-Business/Provider-Connect). The browser's bookmark bar includes items like 'School', 'Reports and financi...', 'Training', 'RCIT', 'animals', 'my stuff', 'County Sites', 'Kids', 'Imported From IE', and 'Other bookmarks'. The main content area features a large green video player with the text 'ELMR System Requirements' and a 'Watch on YouTube' button. Below this is another video player titled 'RUHSBH Provider Billing Tutorial' with the text 'RUHS-Behavioral Health'. On the right side, a sidebar menu is visible, with the 'Contractor Cost Reports' header highlighted in blue. A red arrow points to this header. The sidebar menu includes a 'Guide' section with a link to '2016 System Requirements User Guide' and a list of items under the 'Contractor Cost Reports' header:

- BH - Contractor Cost Report Instructions
- BH - FY19/20 Cost Report Training Presentation
- CR Behavioral Health Schedules FY19/20 (Jul-Feb)
- CR Behavioral Health Schedules FY19/20 (mar Jun)
- CR Substance Abuse Schedules FY19/20 (Jul-Feb)
- CR Substance Abuse Schedules FY19/20 (Mar-Jun)
- Provider Service Reconciliation Process
- SA - Contractor Cost Report Instructions
- SA - FY19/20 Cost Report Training Presentation
- TRAINING MATERIALS - Cost Report Schedule Example



# 1. How many cost reports should each contractor complete?

- One for each DeptID with associated Program codes/RU numbers.

# 2. What is the first thing you need to do when opening the cost report forms?

- Enable Macros

# 3. What color are the cells that need to be completed?

- Green

# 4. What rate should a correct weighted average calculation be based on?

- Published Charge, RCMAR, Drug Medi-Cal Rate, Negotiated Rate

$$[\text{Md \& SFC Split \%} = (\text{Units} \times \text{Rate}) / \text{Total Weighted Cost}]$$

# 5. When entering your cost and revenues, should you include the cents?

- **YES!** Please do not round your figures.



## 6. Why is it important to select the correct type of contract on the top of Schedule 5?

- It will affect how the settlement is calculated

## 7. What are the due dates for the following cost reports?

### Substance Use

August 1, 2022

## 8. What do you need to submit to RUHS - BH at cost report time?

- Electronic copy of completed Cost Report Schedules
- Appropriate Financials and Supporting Documentation
- Published Charge Rates, if applicable



9. **What is the correct color of ink for signatures on the cost report?**

- **Blue**

10. **Who is responsible for signing the cost report?**

- The Director, Administrator or CEO (or designee)



11. **What to submit once your cost report(s) are finalized?**

- One (1) sign electronic copy of your Schedule 5
- Signed copy of your repayment method, if applicable
- One (1) signed in blue ink hard copy of the Schedule 5 mailed to:  
RUHS-BH Fiscal Analysis Unit  
PO Box 7549  
Riverside, CA 92503





## 12. What do you do with the state forms?

- You will sign them, certify them and mail them back to RUHS – BH (SA)

## 13. What minimum guidance tools are most commonly used when determining allowable and disallowable cost for cost reporting?

- OMB A-87 and A-122 (these two are the most common but not limited by RUHS).

## 14. What is the allowable rate cap that an Executive Salary is not to exceed?

- The salary of an individual is not to exceed the rate that is outlined on the Executive Salary Schedule for the reporting year. Also known as Level II Executive Salary rate. Please see

[https://grants.nih.gov/grants/policy/salcap\\_summary.htm](https://grants.nih.gov/grants/policy/salcap_summary.htm)



If further assistance is required, please contact us at [costreport@ruhealth.org](mailto:costreport@ruhealth.org) to set up a meeting with our reviewers.



Presentation and training resources will be posted on our website at [www.rcdmh.org/Doing-Business/Provider-Connect](http://www.rcdmh.org/Doing-Business/Provider-Connect).



# Annual RUHS Cost Report Training FY 2021/2022



WELCOME

Substance

## RUHS – BEHAVIORAL HEALTH (SU) CONTRACTOR COST REPORT INSTRUCTIONS FY 2021/2022

### GENERAL INFORMATION:

- ❖ Cost report submission includes the following items:
  - ❑ Electronic copy of County Cost Report Schedules
  - ❑ Audited Financial Statements and supporting schedules that tie to the County Cost Report Schedules submitted for the cost reporting period.
    - If audited Financial Statements are not available by the date of submission, Financial Statements used to prepare the Cost Report.
    - If your Financial Statements do not flow to Cost Report, submit all supporting numbers from Financial Statement to Cost Report forms.
    - If your fiscal year is not the same as RUHS – BH (SU) (July 1, 2021 through December 31, 2021) for the entire year. For example, if you submit multiple financial statements to account for the entire year. For example, January through December 31, 2021 and another financial statement from January through June 30, 2022 along with schedules to trace numbers from the Financial Statement to the Cost Report forms.
  - ❑ A schedule of your published charges (the rates you charge the public).
  - ❑ Cost report submission must be emailed to [costreport@ruhealth.org](mailto:costreport@ruhealth.org).
- ❖ Plan to submit one Cost Report for FY2122, we will notify you if we receive anything different from the State.

July 1, 2021 - June 30, 2022



### SCHEDULE 1 - METHODOLOGY FINAL Y/E COST REPORT FOR: FY21/22 BEHAVIORAL HEALTH PROGRAMS NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

LEGAL ENTITY NUMBER:

#### DESCRIPTION/EXPLANATION OF METHODOLOGY

A) Provide an explanation of the methodology used to separate Riverside County contract costs/revenues from non-Riverside County contract costs/revenues. Provide sufficient detail, including additional pages and/or worksheets, if needed, to fully describe how the segregation(s) are determined. If your agency has multiple contracts with the Riverside University Health System - Behavioral Health, provide a separate Schedule 1 to explain the methodology used with each contract.

B) Provide an explanation of the methodology used to distribute costs/revenues to the Mode/SIC within the contract. Attached additional pages and/or worksheets, as needed, to fully describe the methodology.



### SCHEDULE 1 - METHODOLOGY FINAL Y/E COST REPORT FOR: FY21/22 SUBSTANCE USE PROGRAMS NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

CADD:

#### DESCRIPTION/EXPLANATION OF METHODOLOGY

An explanation of the methodology used to separate Riverside County contract costs/revenues from non-Riverside County contract costs/revenues. Provide sufficient detail, including additional pages and/or worksheets, if needed, to fully describe how the segregation(s) are determined. If your agency has multiple contracts with the Riverside University Health System - Behavioral Health, provide a separate Schedule 1 to explain the methodology used with each contract.

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Methodology: Direct Allocation

#### PROCESS: UTILIZING

the service (unit) reconciliation process for Providers. Reconciliation is performed by the Billing Center, therefore making the final cost report schedules easier to reconcile. If you have questions regarding the denial, please contact the Billing Center at (951) 358-7797, option 6. All approved units will be used during the cost report settlement process.

is entered into the ELMR Billing System whether in DRAFT or FINALIZED mode. These services may not yet be billed. If there are discrepancies on this report, please send an email to [ELMR\\_PIF@ruhealth.org](mailto:ELMR_PIF@ruhealth.org).

is entered into the ELMR Billing System that have been finalized. This report shows what IPU has approved or denied. If you have questions regarding the denial, please contact the Billing Center at (951) 358-7797, option 6. All approved units will be used during the cost report settlement process.

- The MHS 3011 Report can be found in the RDS system and shows all approved services provided by your Agency. This report further details Medi-Cal services regarding what has not been billed, what has been billed then denied, and those that were re-billed. Services that do not show a claim number have not yet been billed to the State. Contact your designated authorizing personnel for more information on non-billed services and/or denials. Medi-Cal denials should also be listing in the V&R Report. If you have questions regarding non-billable services, please contact [ELMR\\_PIF@ruhealth.org](mailto:ELMR_PIF@ruhealth.org). All approved units will be used during the cost report settlement process.

- If you provide Medi-cal services, the Void & Replace Report is sent to you on a monthly basis and identifies all denied Medi-cal services and the reason for denial. Use the State's Short-Doyle Specialty Mental Health Services Claim Adjustment Reason Code (CARC) publication attached for further description. If you are unsure how to correct a denied service, contact the designated authorizing personnel. Questions regarding the report can be forwarded to the Patient Accounts HelpDesk at (951) 358-6900, opt 3 or send an email to [Billing\\_Support@ruhealth.org](mailto:Billing_Support@ruhealth.org).

MHS 3011

Report

# QUESTIONS?





Thank you