

Annual RUHS Cost Report Training

FY 2021/2022



Behavioral Health

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



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
PROGRAM NAME: Mickey Mouse Hosue
DEPARTMENT ID: 4100234567-83500

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 (1/12th), 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.

Riverside University Health System - Behavioral Health

SCHEDULE I

CONTRACT PROVIDER NAME: Disney Plus	FISCAL YEAR: 2021/2022
PROGRAM NAME: Mickey Mouse House	MONTHLY REIMBURSEMENT: Per Exhibit C
DEPT ID/PROGRAM: 4100234567-83500	YEAR END SETTLEMENT: Actual Cost
REGION/POPULATION: CSOC West	SYSTEM RU#: 33MICKY

TYPE OF MODALITY:	Outpatient Mental Health Services						Total
RU#(s):	33MICKY						
MODE OF SERVICE:	15 (Outpatient Services)						
SERVICE FUNCTION:	01-09 Case Management	07 ICC	10-50 MHS	57 IHBS	60 Med Support	70 Crisis Intervention	
PROCEDURE CODES:	520, 590	520ICC, 530ICCR, 590ICC	360, 363, 90791AI, 90791MHST, 90832IT, 90834IT, 90837IT, 90846F, 90846NF, 90847F, 90853G	360IHBS	99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99212MD, 99213MD, 99214MD, 99215MD, 99212NF, 99213NF, 99214NF, 99215NF, 99212MT, 99213MT, 99214MT, 99215MT	90839CI	
UNIT MEASUREMENT:	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	
NUMBER OF UNITS:	13,409	326,136	311,579	115,439	5,524	1,647	
COST PER UNIT:	\$2.20	\$2.20	\$2.85	\$2.85	\$5.25	\$4.25	
GROSS COST:	\$29,500	\$717,500	\$888,000	\$329,000	\$29,000	\$7,000	\$2,000,000

LESS REVENUES COLLECTED BY CONTRACTORS:							
A. PATIENT FEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. OTHER	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL CONTRACTOR REVENUES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MAXIMUM OBLIGATION	\$29,500	\$717,500	\$888,000	\$329,000	\$29,000	\$7,000	\$2,000,000

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.

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 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. 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.

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.

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
Totals for : APRIL 2022											49	122.50
											49	
Set Name: APRIL 2022-2		Final										
545539	360	[REDACTED]	5/3/2022	05:13 PM	Field	Single Date	3/31/2022			35	35	87.50
Totals for [REDACTED]											35	87.50
											35	
540258	90791AI	[REDACTED]	5/3/2022	05:13 PM	Field	Single Date	2/2/2022			145	145	362.50
Totals for [REDACTED]											145	362.50
											145	
545532	360	[REDACTED]	5/3/2022	05:13 PM	Field	Single Date	3/3/2022			56	56	140.00
545532	90832IT	[REDACTED]	5/3/2022	05:13 PM	Field	Single Date	3/23/2022			40	40	100.00
545532	360	[REDACTED]	5/3/2022	05:13 PM	Field	Single Date	3/15/2022			20	20	50.00
545532	90834IT	[REDACTED]	5/3/2022	05:13 PM	Field	Single Date	3/9/2022			60	60	150.00
545532	360	[REDACTED]	5/3/2022	05:13 PM	Field	Single Date	3/8/2022			19	19	47.50
Totals for [REDACTED]											195	487.50
											195	
Totals for : APRIL 2022-2											375	937.50
											375	
Grand Totals:											80,070	193,823.00
											80070	

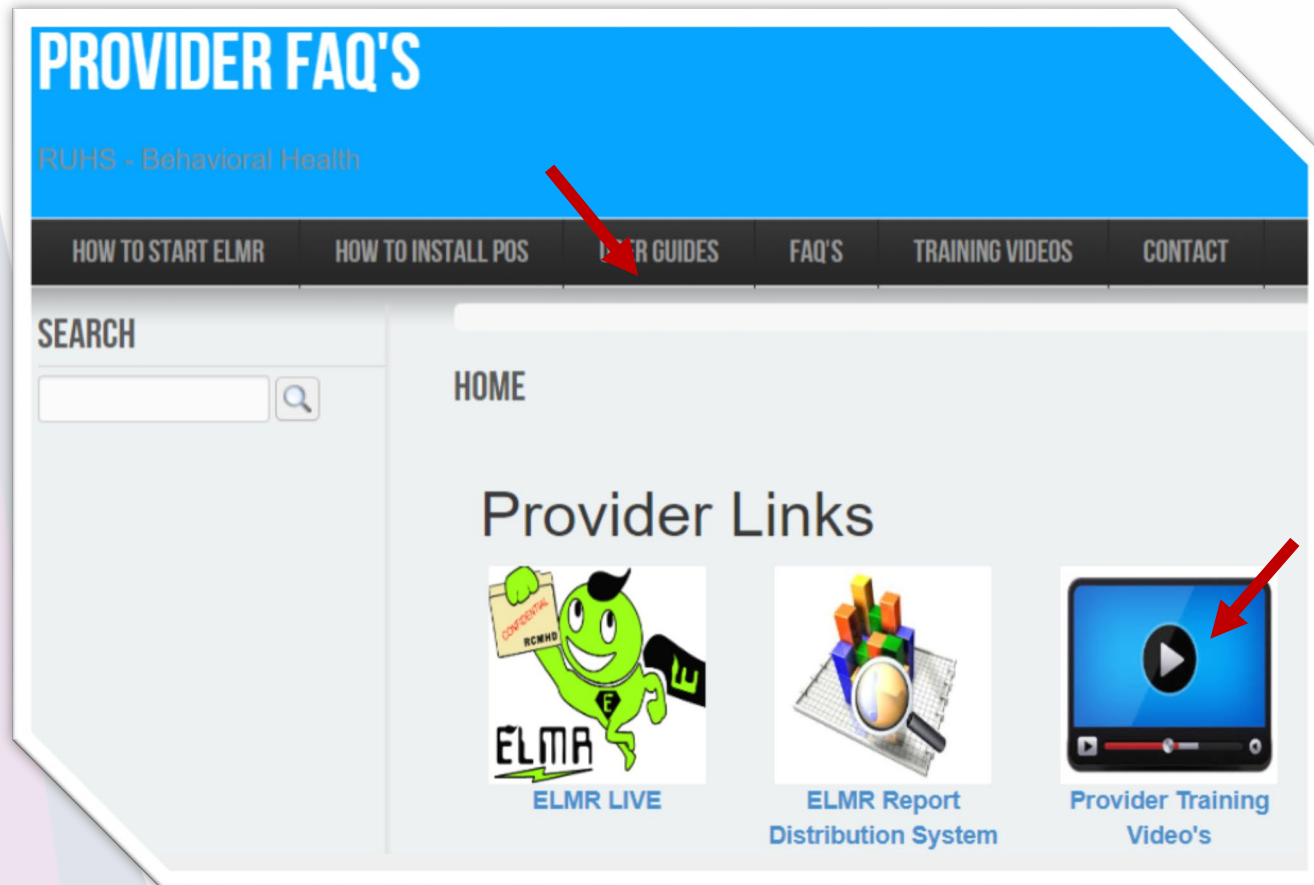
PVD 2002 Batch Service Detail

• 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 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]					42.00								
Batch ID: 28589													
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	518317	[REDACTED]	19438	[REDACTED]	7/2/2021	360	[REDACTED]	A		73	73	73.00	182.50
[REDACTED]	518317	[REDACTED]	19438	[REDACTED]	7/6/2021	590IC	[REDACTED]	A		31	31	31.00	62.00
[REDACTED]	518317	[REDACTED]	19438	[REDACTED]	7/7/2021	90834IT	[REDACTED]	A		56	56	56.00	140.00
[REDACTED]	518317	[REDACTED]	19438	[REDACTED]	7/7/2021	530ICR	[REDACTED]	A		70	70	70.00	140.00
[REDACTED]	518317	[REDACTED]	19438	[REDACTED]	7/28/2021	90834IT	[REDACTED]	A		53	53	53.00	132.50
[REDACTED]	518317	[REDACTED]	9438	[REDACTED]	7/28/2021	590IC	[REDACTED]	A		35	35	35.00	70.00

If you have any questions or concerns about the PVD 2004 or 2002 reports, please send your inquiries to 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. 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	Share
MHS3011_220519141539	5/19/2022 2:15:39 PM	SStewart	Success			
DAS1024_2022_4_220508163009	5/8/2022 4:30:09 PM	QMReports	Success			Share

Riverside County Department of Mental Health

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

From: 7/1/2021
To: 5/1/2022

Date: 5/11/2022

PATID	date of servic	SERVICE COD	duratio	① MinClaimNumber	② ReBillClaimNumber	③ Guaranto	④ PCCN	⑤ billing 835 denials
[REDACTED]	3/9/2022	90791AI	150			5001		
[REDACTED]	3/16/2022	90834IT	50			5001		
[REDACTED]	3/23/2022	90834IT	60			5001		
[REDACTED]	7/2/2021	90834IT	53	13170363		5004		
[REDACTED]	7/2/2021	90834IT	53	13170363		5004		
[REDACTED]	7/19/2021	90834IT	56	13170364		5004		
[REDACTED]	10/8/2021	90837IT	90	14080940		5001		
[REDACTED]	10/8/2021	90847F	22	13861173		5001	383947883	M86 : 97
[REDACTED]	10/8/2021	90847F	22	13861173		5001	383947883	M86 : 97

It is critical that you

REVIEW

A magnifying glass with a black handle and a silver frame is positioned over the word 'REVIEW'. The word is rendered in large, bold, red 3D block letters. The magnifying glass is focused on the 'E' in the first 'REVIEW', making it appear larger and more prominent. The background is a light, neutral color.

**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.

Void and Replace

DMH

By Program Code

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

<u>PATID</u>	<u>Epi</u>	<u>Client</u>	<u>svc date</u>	<u>claim #</u>	<u>Claim Date</u>	<u>prog code</u>	<u>C/K</u>	<u>CIN</u>	<u>DOBe</u>	<u>SEXe</u>	<u>Svc code</u>	<u>billable code</u>	<u>Orig Claim #</u>	<u>Orig claim dt</u>	<u>POS</u>	<u>835 units</u>	<u>Bill amt</u>	<u>Aid code</u>	<u>Provider name</u>	<u>Taxonomy</u>	<u>Cov Categories</u>	<u>Orig posn</u>	<u>pcsn</u>	<u>Guar</u>	<u>Claim Status</u>	<u>Comments</u>	<u>Req#</u>	<u>Rot Per</u>
						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 at Billing_Support@ruhealth.org.

We truly hope throughout the year, that you have been working diligently with Patient Accounts to reconcile any denials you believe should be rebilled.



This will make the unit reconciliation a smoother process during the cost report review.

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 your 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.)



Used for Schedule 2 - Expenses

Salaries & Benefits

Salaries-Regular	1,998,350.95	1,611,847.63	386,503.32
Salaries-Overtime	52,479.00	43,121.63	9,357.37
3a Salaries	2,050,829.95	1,654,969.26	395,860.69
3b Life Insurance	369,274.39	298,019.47	71,254.92
FICA	60,321.09	48,445.27	11,875.82
Unemployment	50,816.00	43,453.82	7,362.18
3c Payroll Taxes	111,137.09	91,899.09	19,238.00
Workers Comp	85,135.00	68,593.00	16,542.00
3d Other	85,135.00	68,593.00	16,542.00
3x Total Salaries & Benefits	2,616,376.43	2,113,480.82	502,895.61

Operating Expenses

Attorney Fees	1,079.42	1,079.42	-
Consultant Fees	6,075.77	2,494.19	3,581.58
Payroll Svc Fees	11,706.21	11,306.25	399.96
4a Professional Svc/Contracts	18,861.40	14,879.86	3,981.54

This will help save time in reviewing your financials!

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

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!**

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/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**: Cost 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 **\$ 707,262.18**
 Total Units 286,097

INCORRECT - Weighted Average Based on Units

(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)
15/07	57,101	÷ 286,097	= 19.96%	x \$ 707,262.18	= \$ 141,159.74	÷ 57,101	= \$ 2.47
15/10-59	207,837	÷ 286,097	= 72.65%	x \$ 707,262.18	= \$ 513,795.15	÷ 207,837	= \$ 2.47
15/57							
15/58	15,582	÷ 286,097	= 5.45%	x \$ 707,262.18	= \$ 38,520.36	÷ 15,582	= \$ 2.47
15/60	5,577	÷ 286,097	= 1.95%	x \$ 707,262.18	= \$ 13,786.94	÷ 5,577	= \$ 2.47
	286,097		100%		\$ 707,262.18		

Results in Flat CPU for each SFC

Correct Method of Calculating Weighted Average



Weighted Average Calculation

Total Contract Cost	\$707,262.18
Total Units	286,097

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	= Cost Split %	x Take Contract Cost x's Cost Split %	= Cost Per MD/SFC	÷ Units	= Cost Per Unit (CPU)
15/07	57,101	x \$ 2.20	= \$125,622.20	÷ \$ 791,645.60	= 15.87%	x \$ 707,262.18	= \$112,231.83	÷ 57,101	= \$ 1.97
15/10-59 15/57	207,837	x \$ 2.85	= \$592,335.45	÷ \$ 791,645.60	= 74.82%	x \$ 707,262.18	= \$529,196.98	÷ 207,837	= \$ 2.55
15/58	15,582	x \$ 2.85	= \$ 44,408.70	÷ \$ 791,645.60	= 5.61%	x \$ 707,262.18	= \$ 39,675.07	÷ 15,582	= \$ 2.55
15/60	5,577	x \$ 5.25	= \$ 29,279.25	÷ \$ 791,645.60	= 3.70%	x \$ 707,262.18	= \$ 26,158.30	÷ 5,577	= \$ 4.69
	286,097		\$ 791,645.60		100%		\$ 707,262.18		

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.



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
BEHAVIORAL HEALTH PROGRAMS
 NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

LEGAL ENTITY NUMBER:

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%)			\$ -
Total	\$ -		\$ -


Total Board & Care	\$ -
Licensed Bed Capacity	-
Patient Days	0
Total Bed Day Filled	-



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
BEHAVIORAL HEALTH PROGRAMS
 NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

LEGAL ENTITY NUMBER:

	(A)	(B)		(C)	(D)
		PROVIDER TOTAL REVENUES	LESS: NON-CONTRACT REVENUES	TOTAL CONTRACT REVENUES	Methodology on Schedule 1b
					05 10-18 Revenues
REVENUE TYPES					
9 County Contract Income				\$0.00	
10 Grants Income				\$0.00	
11 Donations Income				\$0.00	
12 Program Fees				\$0.00	
13 Food Stamps				\$0.00	
14 Rental Income				\$0.00	
15 Other Income				\$0.00	
16x TOTAL REVENUE		\$0.00	\$0.00	\$0.00	\$0.00

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 and should agree with the County units on file.



SCHEDULE 4 - UNITS FINAL Y1E COST REPORT FOR: FY20I21 BEHAVIORAL HEALTH PROGRAMS NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

LEGAL ENTITY NUMBER:

MODES	Description	Service Func. Code	Units of Measure
24 hr. Svcs. - 05	Hosp. Inpatient	10-18	Days
	PHF	20-29	Days
	SNF/IMD	30-39	Days
	Adult Crisis Res.	40-49	Days
	Adult Residential	65-69	Days
	Therap Foster Care	95-98	Days
Day Svcs. - 10	Crisis Stabilization	20-29	Hours
	Vocational Services	30	Hours
	Day Tx full day	85-89	Hours
O/P Svcs. - 15	Case Management	01-09	Minutes
	Int Care Coord	07	Minutes
	MH Svcs.	10-59	Minutes
	Int Home-Based Svc	57	Minutes
	MH Svcs-TBS	58	Minutes
	Medication Spt.	60-69	Minutes
	Crisis Intervention	70-79	Minutes
Outreach - 45	MH Promotion	10-19	Hours
	Comm Client Svcs	20-29	Hours
PEI - 60	Non-Med Clt Sup Ex	78	Cost

		(A) PROVIDER TOTAL UNITS	(B) LESS: NON-CONTRACT UNITS/ADJ	(C) TOTAL CONTRACT UNITS (including Medi-Cal)
7	UNIT TYPES			
7a	24 hr. Svcs. - 05 Hosp. Inpatient	10-18		-
7b	24 hr. Svcs. - 05 PHF/SNF/IMD	20-39		-
7c	24 hr. Svcs. - 05 Adult Residential	65-69		-
7d	Day Svcs. - 10 Crisis Stabilization	20-29		-
7e	Day Svcs. - 10 Adult Residential	85-89		-
7f	O/P Svcs. - 15 Case Management	01-09		-
7g	O/P Svcs. - 15 Int Care Coord	07		-
7h	O/P Svcs. - 15 MH Svcs.	10-59		-
7i	O/P Svcs. - 15 Int Home-Based S	57		-
7j	O/P Svcs. - 15 MH Svcs-TBS	58		-
7k	O/P Svcs. - 15 Medication Spt.	60-69		-
7l	O/P Svcs. - 15 Crisis Intervention	70-79		-

Remember

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

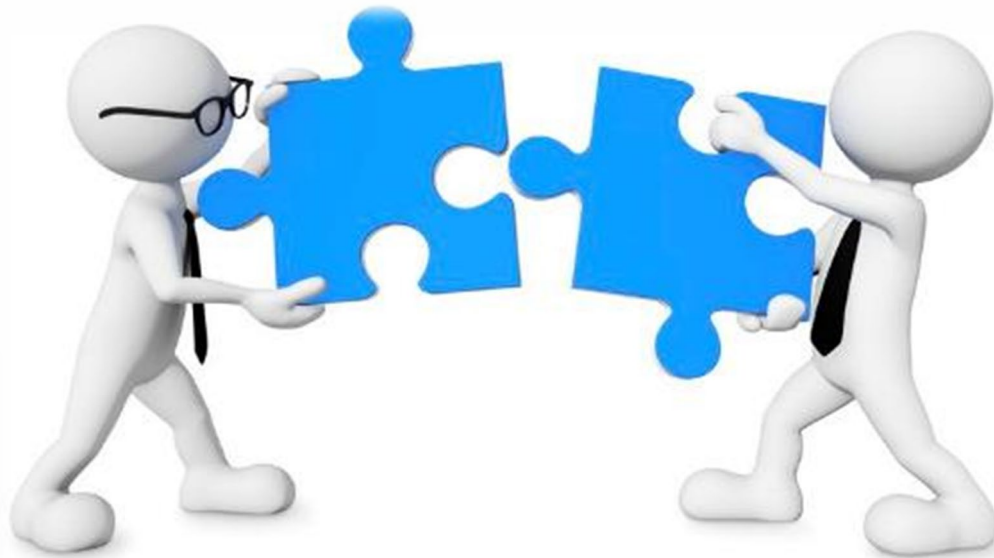


We will attempt to send out a preliminary unit reports soon to help aid in your reconciliation in order to identify any discrepancies ahead of time.

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.



SCHEDULE 5 - SUMMARY REPORT FOR FINAL SETTLEMENT
FINAL Y/E COST REPORT FOR: FY21/22
BEHAVIORAL HEALTH PROGRAMS
NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE: **Click One ==>**

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

LEGAL ENTITY NUMBER:

TYPE OF CONTRACT:

Actual Cost without Medi-Cal Units

Actual Cost with Medi-Cal Units

100% Medi-Cal

IMD

Negotiated Rate

PEI Actual Cost

TYPE OF ORGANIZATION:

Non-Profit

Profit

ACCOUNTING METHOD:

Cash

Modified Accrual

Accrual

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 MODE OF SERVICE CODE	05	05	05	10	10	15	15
2 SERVICE FUNCTION CODE	10-18	20-33	65-63	20-23	85-83	01-09	07

EXPENSES							
3x Salaries & Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4x Operating Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5x Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6x GROSS COST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

7 Total Units of Service	-	-	-	-	-	-	-
8 Cost per Unit of Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8a Published Charge per Unit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8b Rate Cap	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

REVENUES							
10 Grants Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11 Donation Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12 Program Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13 Food Stamps	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14 Rental Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15 Other Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16x TOTAL REVENUES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

17x NET COST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
---------------------	--------	--------	--------	--------	--------	--------	--------

18 Maximum Contract Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19 Unallowable Medi-Cal Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ACTUAL COST WITHOUT MEDI-CAL CONTRACTS ONLY:							
20a Calculation: Lower of Line 17x- 16x or Line 18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21 LESS: Payment received from County Adjustment (For County use only)							
22a Balance Due to County (if 21>Reimbursement)							
22b Balance Due to Provider (if 21<Reimbursement)							

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

Director's Signature _____ Date _____ Director's Telephone No. _____ Name of Person to Contact _____

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

How many Cost Reports do I need?

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

- **Department ID (DeptID)** with your associated **Program Codes/Reporting Unit (RU)** your agency has with Riverside County

Please be advised that some contracts may contain more than one DeptID which indicates you will need to submit more than one set of cost report schedules.



EXHIBIT C REIMBURSEMENT & PAYMENT	
CONTRACTOR NAME:	[REDACTED]
PROGRAM NAME:	Western Children's Services – System of Care
DEPARTMENT ID:	4100205015.74740
	4100205180.74740

A red arrow points from the left towards the Department ID field.

Navigating the Schedules



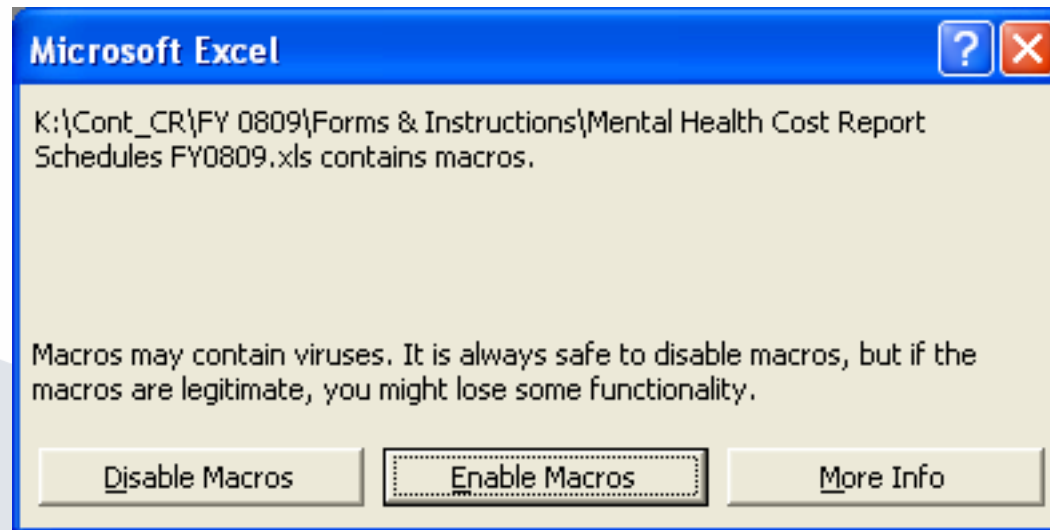
Cost Report Instructions & Samples



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.

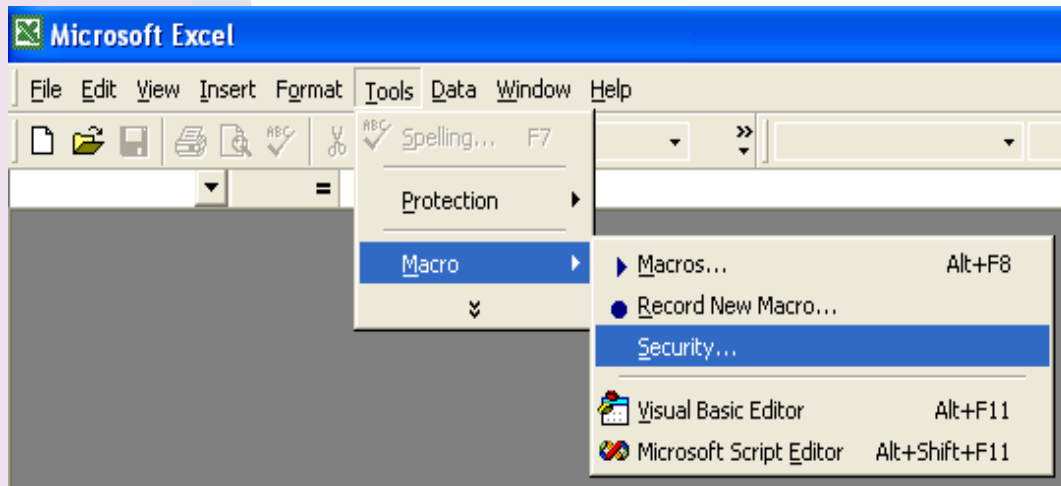


Enabling Macros (cont.):

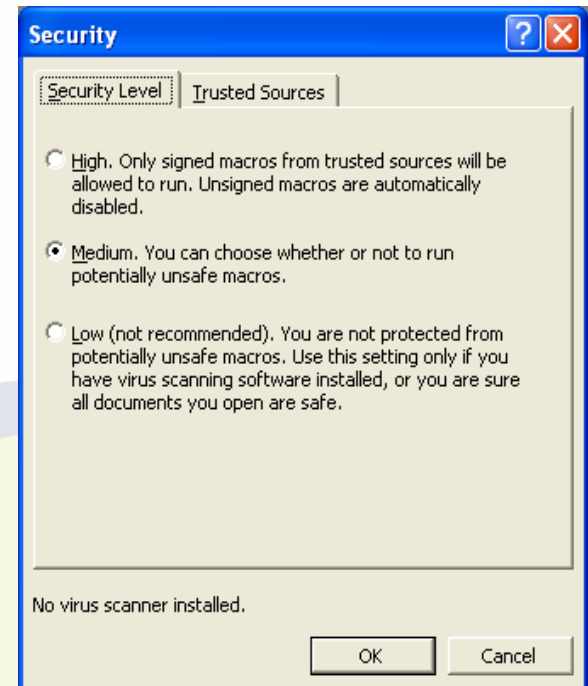


You may also need to adjust the **Security Level** in order for the **Macros** to run properly.

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



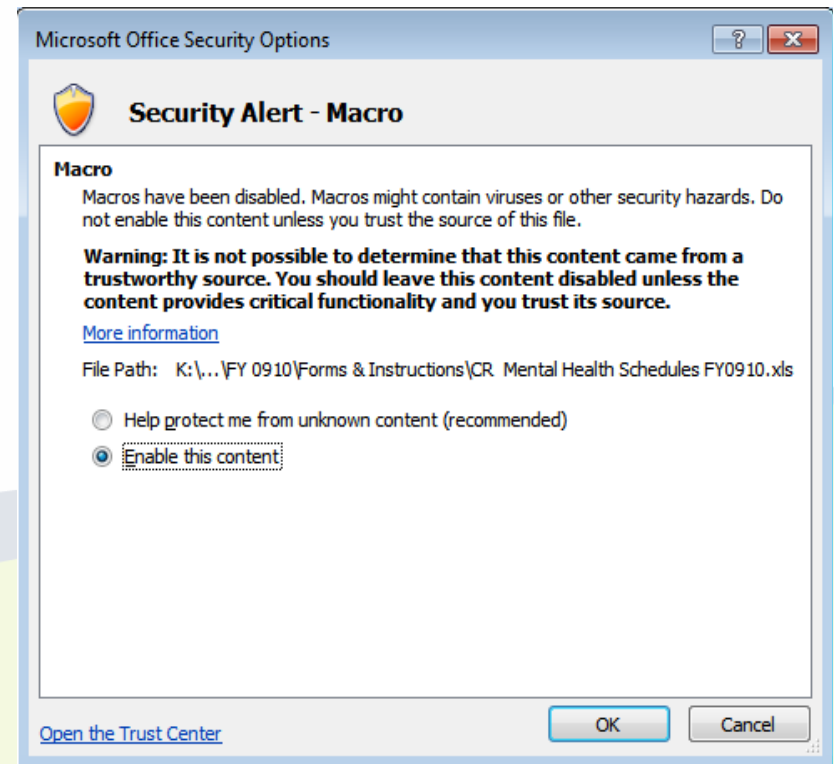
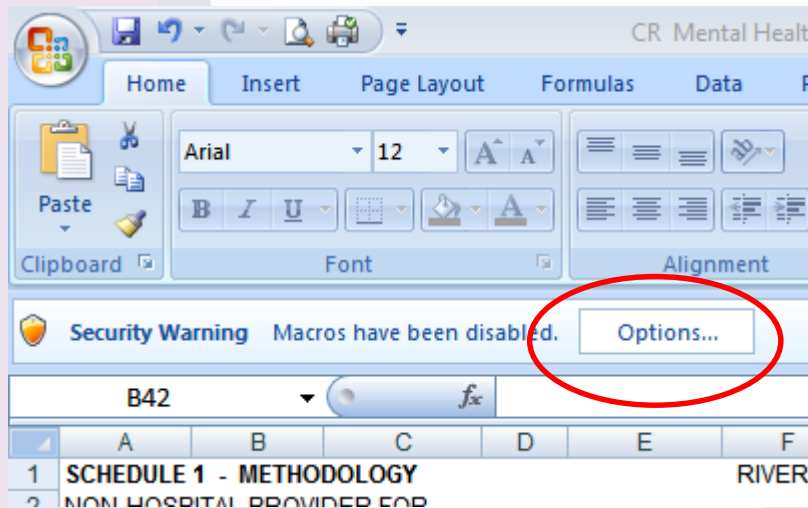
2. Set Security Level to **Medium**.



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?





Mental Health & PEI

Monday, August 15th, 2022

Managed Care & DPSS

Thursday, September 15th, 2022

What to Submit to RUHS – On Your Due Date

Please email to costreport@ruhealth.org:

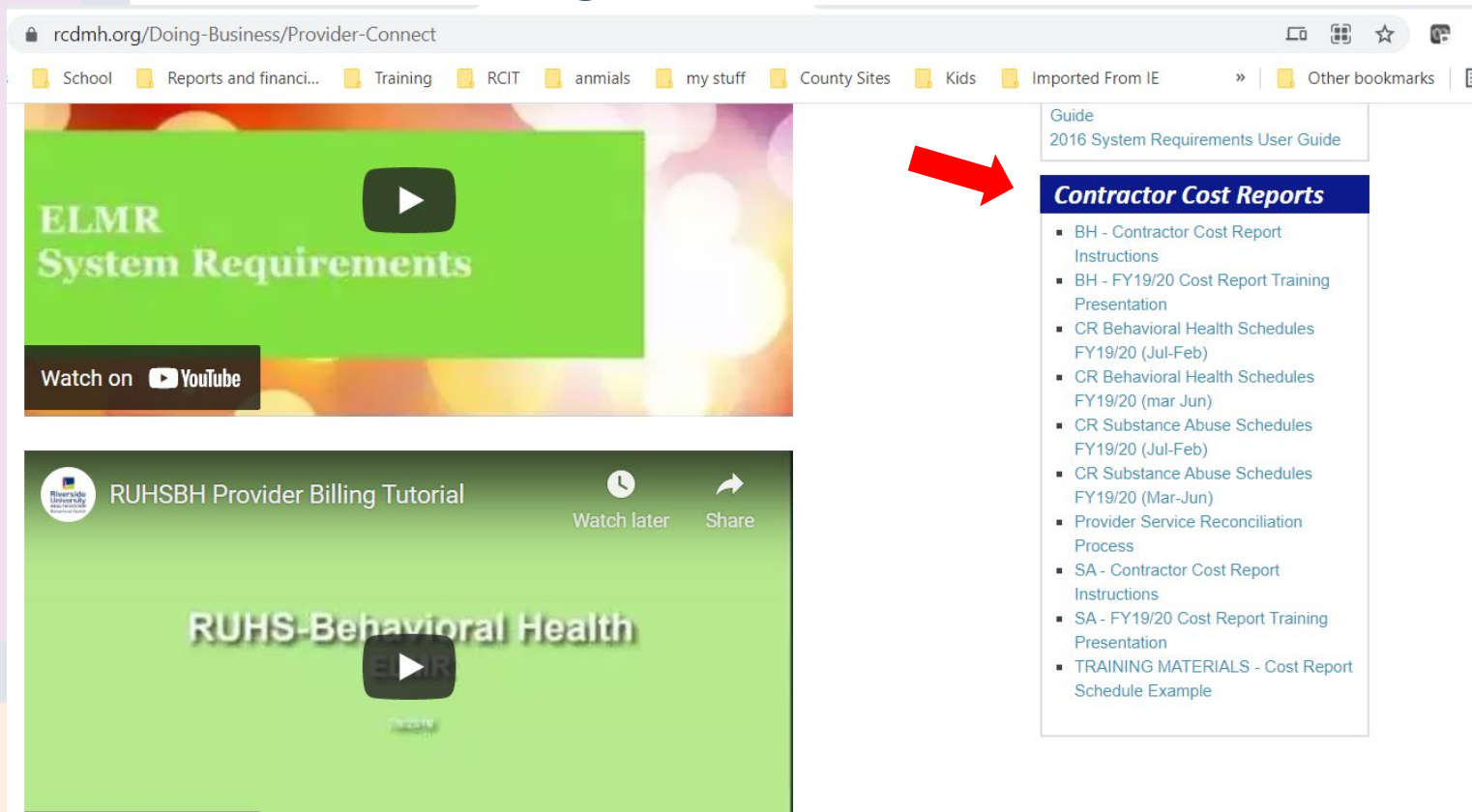
1. Electronic copy of **Cost Report Schedules**
2. Your **Financial Statements** and other supporting schedules, in Excel please, that tie to the Cost Report Schedules
3. A schedule of your **Published Charges** (the rates you charge the public)



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

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". The page features a navigation menu with items like "School", "Reports and financi...", "Training", "RCIT", "animals", "my stuff", "County Sites", "Kids", and "Imported From IE". A red arrow points to the "Contractor Cost Reports" section in the right-hand sidebar. This section contains a list of links for various reports and training materials.

Guide
2016 System Requirements User Guide

Contractor Cost Reports

- 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?

Mental Health & PEI

August 15, 2022

Managed Care & DPSS

September 15, 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



If further assistance is required, please contact us at 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.



Annual RUHS Cost Report Training FY 2021/2022



WELCOME

Behavioral Health



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:

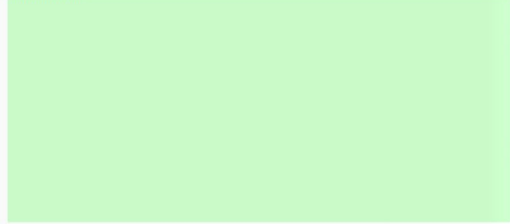
REPORTING UNIT:

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: FYXX/XX

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

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 County Department of Mental Health, provide a separate methodology used with each contract.

enters is used to keep program costs separate from one another. This allows all these items pertaining to any one particular program to be segregated from all other

Page 1 Methodology: Direct Allocation

Methodology used to distribute costs/revenues to the Mode/Sic within the contract worksheets, as needed, to fully describe the methodology.

distributed proportionately based on the weighted average method of Allocable Spending and Start Up costs which are directly allocated. Please see the weighted average.

APPROVED RATE	WEIGHTED AVERAGE	RATE
2.20 \$	125,622.20	15.87%
2.85 \$	592,335.45	74.82%

Financials Schedule 1 Schedule 2 Schedule 3

RUHS - BEHAVIORAL HEALTH CONTRACTOR COST REPORT INSTRUCTIONS FY2021/2022

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 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 support numbers from Financial Statement to Cost Report forms.
 - If your fiscal year is not the same as Riverside County's (July 1, 2021 to June 30, 2022), submit multiple financial statements to account for the entire year. For 2021 through December 31, 2021 and another financial statement from January 1, 2022 through June 30, 2022 along with schedules to trace numbers from the Financial Statements 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.
- ❖ Plan to submit one Cost Report for FY21/22, we will notify you if we receive anything different from the State.

July 1, 2021 - June 30, 2022

RECONCILIATION PROCESS: UTILIZING COUNTY REPORTS

Reconciliation process for Providers. Reconciling service units throughout the year will allow for easier reconciliation. A determination has been made that this process is the most efficient manner, therefore making the final cost report schedules easier to complete. A determination has been made that in the order listed, can simplify this process.

Services entered into the ELMR Billing System whether in DRAFT or FINALIZED mode. These services may not yet be billed in the order listed, can simplify this process. Invoice Processing Unit (IPU) for payment. If there are discrepancies on this report, please send an email to ip@ruhealth.org.

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

PVD 2002

MHS 3011

Report

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. 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.

QUESTIONS?



THANK YOU!

