

COUNTY MEDICAL SERVICES PROGRAM INSTRUCTIONS

INSTRUCTIONS

These instructions are to assist providers who received payments for County Medical Services Program (CMSP) services.

Report only CMSP services provided prior to October 1, 2005 that were submitted to and paid by Electronic Data Systems (EDS). Only those services paid through EDS will be subject to cost settlement. CMSP services provided October 1, 2005 and thereafter will be paid by Blue Cross of California.

Effective for dates of services on or after October 1, 2002, the CMSP implemented reductions of 15 percent in the inpatient payment rates to providers for services rendered to CMSP recipients. This action was based upon the CMSP Governing Boards decision to operate within available revenues. As such, the CMSP service cost applicable to services rendered on or after October 1, 2002, has been revised to reflect the 15 percent reduction (see Medi-Cal Bulletin 336).

If no payments were received for the program, write "Not Applicable" on the title page of the CMSP cost report schedules and return it along with the Medi-Cal cost report.

A provider who wishes to preserve appeal rights or to challenge the Department's positions regarding appeal issues may claim such related costs provided they are identified and presented separately in the schedules. The approximate settlement effect of each disputed issue must be calculated separately. Only the total settlement effect of all disputed issues is to be carried forward to Schedule 1, line 6.

The completed schedules along with the cost report should be submitted to:

Department of Health Services
Audits and Investigations
Audit Review and Analysis Section
1500 Capitol Avenue, MS 2109
P.O. Box 997413
Sacramento, CA 95899-7413

If the CMSP schedules reflect a settlement due the program, then a remittance must be made. Make check payable to Department of Health Services (Fund 896) and clearly identify that the check is for CMSP services. Mail the check to:

Department of Health Services (896)
Recovery Section
MS 4720
P.O. Box 997421
Sacramento, CA 95899-7421

Inquiries concerning cost report submission should be directed to the Department of Health Services (DHS), Audits and Investigations (A&I), Audit Review and Analysis Section, at (916) 650-6696. Questions regarding the CMSP program should be directed to the CMSP Governing Board Office at (916) 649-2631.

INSTRUCTIONS FOR CMSP SCHEDULES

Note: For all schedules, round off amounts to the nearest dollar unless otherwise instructed.

Certification, page 2

Sign and date the certification page.

Schedule 1, Computation of CMSP Reimbursement Settlement

Line 1	Line 1 of Schedule 2
Line 2	Line 6 of Schedule 2
Line 3	Total of line 1 and line 2
Line 4	Total payments received/receivable from CMSP for inpatient services
Line 5	Coinsurance and/or third party payments
Line 6	May be used for appeal/protected amounts
Line 7	Balance due provider/(CMSP) for CMSP services

Schedule 2, Computation of Lesser of CMSP Reasonable Cost or Customary Charges

Line 1	Line 6 of Schedule 3
Line 2	Inpatient routine charges for CMSP patients from remittance advices
Line 3	Inpatient ancillary charges for CMSP patients from remittance advices
Line 4	Total of line 2 and line 3
Line 5	Line 4 minus line 1
Line 8	Line 1 minus line 4

Schedule 3, Computation of CMSP Net Cost of Covered Services

Line 1	Schedule 5, column 3, total CMSP ancillary cost
Line 2	Schedule 4, total CMSP routine cost
Line 3	Schedule 4A, column 3, total routine cost for administrative days
Line 4	Total of lines 1 through 3
Line 5	Multiplied line 4 by 15%
Line 6	Line 4 minus line 5

Schedule 4, Computation of CMSP Inpatient Routine Services Cost

Dollars and cents may be reported on the average per diem cost lines (line number 3, 8, 13, and 18).

Line 1	Medicare cost report Work Sheet D-1, Part 1, line 27
Line 2	Medicare cost report Work Sheet D-1, Part 1, line 2
Line 3	Line 1 divided by line 2
Line 4	Summary of days from CSMP remittance advices for inpatient services
Line 5	Line 4 multiplied by line 3

This procedure is repeated for all special care units, except nursery.

Schedule 4A, Computation of CMSP Administrative Day Cost

Column 1 Administrative days for CMSP
Column 2 Medi-Cal administrative day rate for the applicable period
Column 3 Column 1 multiplied by column 2
Line 3 Totals of line 1 through 2, column 3

Schedule 5, Schedule of Ancillary Cost

Column 1 Medicare cost report Work Sheet D-4, column 1
Column 2 Remittance advice received for CMSP services
CMSP inpatient ancillary charges should be the "Billed Charges," less "Noncovered Charges,"
before any "Cut-Backs."
Column 3 Column 1 multiplied by column 2