

INSTRUCTIONS FOR COMPLETING DMC FORMS FOR DCR – PERINATAL (Forms MC 6009 and MC 6010)

The filename for the FY 2011-12 Cost Report Forms is "1112_DP_DCR_P.xls". A separate worksheet has been created for each document within the file. The worksheets are "7895DCR-P" and "7990DCR-P". **Enter data only in the blue-shaded fields on worksheet "7895DCR-P"**, all other fields are automatically calculated.

WORKSHEET "7895DCR-P" (MC 6009)

Heading: Enter the County Name, Contractor, Contract Number, 4-digit DMC Provider Number, and the 6-digit Provider Number.

Cost Information: Enter the specific cost information for the following areas: Private Pay and Drug Medi-Cal. (Pages 1 and 2)

Unit Information: Enter the specific unit information for the following areas: Private Pay and Drug Medi-Cal. (Page 1 only)

This worksheet identifies the total funding.

WORKSHEET "7990DCR-P" (MC 6010)

Line 04a: For the reporting period (July through June), enter the number of total units submitted for reimbursement (excluding Minor Consent non-Title XIX claims) and the number of those units that were denied.

Line 04c4: For the reporting period (July through June), enter the number of total units submitted for reimbursement for Non-Title XIX Minor Consent and the number of those units that were denied. This is only for individuals with 7N aid code.

This worksheet identifies the DMC funding split between Federal and Realignment share.