

MH 1960 HOSP COSTS**Calculation of Cost Per Day and Cost To Charge Ratios – Hospital Legal Entities**

The purpose of the form MH 1960_HOSP_COSTS is to determine the hospital's cost per day for routine cost centers, and its cost to charge ratio for ancillary, outpatient, and non-physician practitioner cost centers applicable for providing psychiatric inpatient hospital services (mode 05), day services (mode 10), and outpatient services (mode 15). A hospital legal entity must first complete the CMS 2552-96, Hospital and Hospital Health Care Complex Medicare or Medi-Cal cost report. A hospital that does not submit a CMS 2552-96 to CMS and/or DHCS must at least complete worksheets A, A6, A7, A8, A8-2, A8-4, and worksheet B, Part I of the CMS 2552-96.

Column 1 – Costs per W/S B, Part I

Please enter the costs from the CMS-2552, Worksheet B, Part I, Column 27 for all cost centers.

Column 2 – Graduate Medical Education (GME) Costs

Please enter the intern and resident cost and post step down adjustments from Worksheet B, Part I, Column 26 of the CMS 2552.

Column 3 – Total Costs

No entry. This column calculates the sum of columns ~~A, B and C~~. C and D

Column 4 – Total Medi-Cal Days/Charges

Please enter total inpatient days, including administrative days, for each routine cost center and total charges for each ancillary cost center, each outpatient cost center, and each non-physician practitioner cost center from the hospital's records.

Column 5 – Cost Per Day/Cost to Charge Ratio

No entry. This column divides costs by days for each routine cost center to calculate the cost per day and by charges for each ancillary, outpatient, and non-physician practitioner cost center to calculate the cost to charge ratio.

Column 6 – Physician Professional Component Costs (From W/S A8-2, Column 4)

Please enter total physician professional component costs as reported on Worksheet A8-2 of the CMS 2552-96.

Column 7 – Physician and Non Physician Practitioner Professional Costs (W/S A-8)

Please enter physician and non-physician practitioner professional costs as reported on Worksheet A-8 of the CMS 2552-96.

MH 1960 PHYS 05**Calculation of Mode 05 (Hospital Inpatient) Physician Costs – Hospital Legal Entities**

The purpose of the form MH 1960_PHYS_05 is to apportion the hospital's physician and non-physician practitioner professional costs related to acute psychiatric inpatient hospital services to the appropriate settlement groups using ~~the cost per day and~~ cost-to-charge ratios calculated for physician professional costs on form MH 1960_HOSP_COSTS.

Column 1 – Cost-to-Charge Ratio/RVU

No entry. The cost-to-charge ratio/RVU for each applicable costs center is automatically populated with data from Column 11 of the MH 1960_HOSP_COSTS

Column 2 – SD/MC Days/Charges/RVU (07/01/10 – 12/31/10)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period July 1, 2010 through December 31, 2010 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 3 – SD/MC Costs (07/01/10 – 12/31/10)

No entry. Column 3 is equal to the product of columns 1 and 2.

Column 4 – SD/MC Days/Charges/RVU (01/01/11 – 03/31/11)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period January 1, 2011 through March 31, 2011 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 5 – SD/MC Costs (01/01/11 – 03/31/11)

No entry. Column 5 is equal to the product of columns 1 and 4.

Column 6 – SD/MC Days/Charges/RVU (04/01/11 – 06/30/11)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to SD/MC beneficiaries for the period April 1, 2011 through June 30, 2011 or a relative value unit (RVU) that has been approved by the Department of Health Care Services.

Column 7 – SD/MC Costs (04/01/11 – 06/30/11)

No entry. Column 7 is equal to the product of columns 1 and 6.

Column 8 – Medi-Medi X-Over Days/Charges/RVU (07/01/10 – 12/31/10)

For each applicable cost center, please enter the total charges for physician and non-physician practitioner professional services provided to Medi-Medi X-Over beneficiaries