Enclosure 1

Facility Name:	
Hospital NPI:	
Fiscal Year:	
Reporting Year:	

MHPs must submit the following information to DHCS for each hospital's renegotiated rate(s):

Line Item	Cost Item	Costs
1	Total Routine Costs - Psychiatric Inpatient Hospital Cost Center	
2	Total Routine Costs - All Inpatient Cost Centers	
3	Total Ancillary Costs	
4	Total Patient Days - Psychiatric Inpatient Hospital Cost Center	
5	Total Patient Days - All Cost Centers	
6	Ancillary Cost Allocation %	100.00%
7	Allocated Ancillary Costs	$ 0.00
8	Total Routine and Ancillary Costs	$ 0.00
9	Cost Per Day	$ 0.00
10	Inpatient Psychiatric Facilities Index - Quarter Beginning on the first day of the cost reporting period.	
11	Inpatient Psychiatric Facilities Index - Quarter Beginning the first day of the Fiscal Year to which the rate applies.	
12	Inpatient Psychiatric Facilities Inpatient Adjustment	0.00%
13	Alternative Cost of Living Adjustment	
14	Cost Per Day Trended to the Rate Year	$ 0.00

For optimal use, use the desktop version of Adobe Acrobat to complete this form.
Please submit this form and any questions to SDMCRates@dhcs.ca.gov.

Line #	Instructions
1	Enter total routine costs for the inpatient psychiatric routine cost center from Worksheet B, Part I, Column 24. Leave blank if the hospital did not report routine costs for an inpatient psychiatric routine cost center.
2	Enter total routine costs for all inpatient routine service cost centers from Worksheet B, Part I, Column 24.
3	Enter total ancillary costs for all ancillary service cost centers from Worksheet B, Part I, Column 24
4	Enter total inpatient days for the inpatient psychiatric routine cost center from Worksheet S-3, Part I Column 8. Leave blank if the hospital did not report routine costs and inpatient days for an inpatient psychiatric routine cost center.
5	Enter total inpatient days for all routine cost centers for which costs were reported in Line # 2 from Worksheet S-3, Part I Column 3.
6	This is a calculated field. If Line # 1 is greater than zero, Line # 6 is equal to 100%. If Line # 1 is not >0, Line # 6 is equal to Line #5 divided by Line
7	This is a calculated field and is equal to Line # 3 multiplied by Line # 6.
8	This is a calculated field. If Line # 1 is greater than zero, Line # 8 is equal to Line # 1 plus Line # 7. If Line # 1 is not greater than zero, Line # 8 is equal to Line #2 plus Line #7.
9	This is a calculated field. If Line # 1 is greater than zero, Line # 9 is equal to Line #8 divided by Line # 4. If Line # 2 is not greater than zero, Line # 9 is equal to Line # 8 divided by Line # 5.
10	Enter the average of the Market Basket Index for Inpatient Psychiatric Facilities for the four quarters that the CMS 2552 reports. https://www.dhcs.ca.gov/services/MH/Pages/Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26.aspx
11	Enter the average of the Market Basket Index for Inpatient Psychiatric Facilities for the four quarters of the rate year being requested. https://www.dhcs.ca.gov/services/MH/Pages/Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26.aspx
12	This is a calculated field and is equal to Line # 11 less Line #10 divided by Line # 10.
13	Please enter an alternative cost of living index if CMS has approved such an index.
14	This is a calculated field. If Line #12 is greater than 0, Line #14 is equal to Line # 9 multiplied by one plus the percentage in Line #12. If Line #12 is not greater than 0, Line # 14 is equal to Line #9 multiplied by one plus the percentage in Line # 13.