

**STATE OF CALIFORNIA - Health and Human Services Agency
Drug Medi-Cal (DMC) Services**

Instructions for Completing DMC Services Quarterly Claim for Reimbursement of County Administrative Expenses (Form MC 5132)

General Instructions

Complete one claim form for each quarter, and complete one claim form to cover the total expenses for the Fiscal Year. Deadline for submitting the completed claim form is within 60 calendar days after the end of the quarter.

Counties may choose not to be reimbursed for DMC county administrative expenses throughout the year, but instead to be reimbursed only once through the cost report settlement process. In that case, counties may forego submitting quarterly claims for reimbursement of DMC county administrative expenses. However, the county is still required to complete one claim form to cover the total DMC county administrative expenses for the Fiscal Year.

Heading Instructions

Enter the date the claim form is submitted, the county code, the county name, and the fiscal year in which the administrative expenses were incurred. Mark either the box to indicate the quarter in which the administrative expenses were incurred or the box to indicate the Total Fiscal Year DMC county administrative expenses.

If after a quarterly report is submitted, the county determines that county administrative expenses changed for that prior quarter, submit a revised quarterly report and mark the Yes box to the right of the box labeled "Is this a revision of a prior quarter's claim form?"

Line-Item Instructions

The only county data entry required on this form is to lines 1 and 4. Lines 2, 3, 5, and 6 are formula generated. Based on that data the county's Drug Medi-Cal billing data, the Fiscal Management and Accountability Branch will compute the county administrative expenses.

Line 1: Enter the Drug Medi-Cal direct service treatment expenses billed during the quarter on line 1, including the Narcotic Treatment Program direct service treatment expenses. The direct service expenses are based on the direct-service treatment expenses reported on the "Drug Medi-Cal Certification for Federal Reimbursement" (i.e., CPE) form.

For example, for DMC services other than Narcotic Treatment Program expenses, counties bill DMC services at the lower of customary charge, or allowable cost or reimbursement rates (22 CCR Sec 51516.1(a)). That billed amount is the amount to state on Line 1.

Lines 2 and 3 are formula driven with no data-entry required by the county.

Line 4: Enter the actual administrative expenses incurred during the quarter.

Lines 5 and 6 are formula driven with no data-entry required by the county.

Certifications

Each claim form must include the signed certification of the County Alcohol and Other Drug Programs Administrator and either the County Auditor-Controller, Finance Officer, or County Alcohol and Other Drug Programs Accounting Officer.

Transmittal to DHCS (two methods)

1. Scan the completed, signed form and email as attachment to sudfmab@dhcs.ca.gov or
2. Mail completed form to:
Department of Health Care Services
Fiscal Management and Accountability Branch
1700 K Street, MS 2629
P.O. Box 997413, Sacramento, CA 95899-7413