

INSTRUCTIONS FOR COMPLETING DMC FORMS FOR NARCOTIC TREATMENT – PERINATAL (Form MC 6012)

Fiscal Year 2011-12

The EXCEL filename for the FY 2011-12 Year End Expenditure Report Forms is “1112_DP_NTP_P”. **Enter data only in the blue-shaded fields**, all other fields are automatically calculated.

HEADING: Enter the County, Provider Name, Contract Number, 4-Digit Medi-Cal Provider Number, and the 6-digit Provider Number.

UNIT OF SERVICE RATE:

CHANGES IN THIS AREA MUST BE MADE IF, AND ONLY IF, THE PROVIDER BILLS AT A CUSTOMARY CHARGE WHICH IS LESS THAN THE DMC MAXIMUM RATE. If that is the case, enter the customary charge under the “Provider Rate” column for the affected service(s). **DO NOT CHANGE THE ADMINISTRATIVE RATE.**

UNITS OF SERVICE:

1. Enter the total units of service submitted for the fiscal year in the Submitted UOS column for each service provided.
2. Enter the total number of denied units of service for the fiscal year in the Denied UOS column for each service provided.
3. Enter the total units of service for Non-Title XIX Minor Consent provided and approved during the fiscal year in the Non-Title XIX Minor Consent column for each service provided. This total should include any services billed under the Minor Consent aid codes (Aid Code 7M, 7N, or 7P).

TOTAL PROGRAM UNITS:

1. Enter the Share of Cost Amount.
2. Enter revenue from Insurance and / or 3rd Party fees.
3. Enter the total number of Methadone Units dispensed during the fiscal year for the entire program (DMC and Private Pay).