

**REPORT C4A:
HEALTH CARE EXPENSES BY SERVICE TYPE**

Name of Mental Health Organization: _____

Subcontractor:

Report Period: **1st Quarter (Jan-Mar)** **2nd Quarter (Apr-Jun)**
 3rd Quarter (Jul-Sep) **4th Quarter (Oct-Dec)**

Report due at the same time as Report C4 – within 60 calendar days after the end of each calendar quarter.

Category	OHP Activity under this Agreement
1. Outpatient	
2. Sub Acute & Other 24 hour Services	
3. Inpatient	
4. Prevention, Education and Outreach ¹	
5. Treatment Support Services & Supplies	
6. Consumer Operated Services	
7. Other Non-Encountered Services	
8. TOTAL HEALTH CARE EXPENSES²	

Last update 10/05

Preparer's signature and phone number

¹ When an expense is reported on Report C4A Line 4, complete and attach Report C4B- Prevention/Education/Outreach Activities

² Total of line 8 "TOTAL HEALTH CARE EXPENSES" on Report C4A must equal line 9 "Total Health Care Expenses" on Report C4.

Report C4A: Health Care Expenses by Service Type

Contractor: Complete and attach Report C4A with its completed Report C4. Include all completed Reports C4 and C4A submitted by its Subcontractors with its own Report C4 and C4A.

Subcontractor: Complete and attach Report C4A with its completed Report C4, then submit the completed reports to the Contractor.

1. **Outpatient:** Expenses for covered health care services. Exclude expenses for personnel time devoted to administrative tasks.
2. **Sub Acute & Other 24 hour Services:** Expenses for services provided in lieu of hospitalization or as a step down from acute care hospitalization.
3. **Inpatient:** All inpatient hospital costs while confined to an Acute Inpatient Hospital Psychiatric Care setting.
4. **Prevention, Education and Outreach :** Outreach, Education and Prevention to OHP Members, not otherwise reportable as a service Encounter, treatment support services and supplies, or Consumer operated services. This category does not include marketing activities, provider training, or development and distribution of member handbooks.
5. **Treatment Support Services & Supplies:** Items or direct services provided to individuals as alternatives to Traditional Services and Flexible Services that are not otherwise reported as CPT or HCPC codes.
6. **Consumer Operated Services:** Supportive services provided by one or more consumers or a consumer run agency to groups and family members which cannot be captured as CPT or HCPC codes. (e.g., a drop in center, telephone warm line, support group, etc.)
7. **Other Non-Encountered Services:** Other health care expenses for services not reported in above categories
8. **TOTAL HEALTH CARE EXPENSES:** The sum of lines 1 through 7. Total of line 8 “TOTAL HEALTH CARE EXPENSES” on Report C4A must equal line 9 “Total Health Care Expenses” on Report C4.