

**REPORT C4:
MHO CONTRACTOR’S QUARTERLY STATEMENT
OF REVENUE AND EXPENSES**

Mental Health Organization: _____

Subcontractor: _____

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

Report due within 60 calendar days after the end of each calendar quarter.

- Full Accrual Modified Accrual Cash (Please Specify)

Category	OHP Activity under this Agreement
REVENUES	
1. Capitation	
2. Other Health Care Revenues (please specify)	
a.	
b.	
c.	
3. Total Revenues	

<u>HEALTH CARE EXPENSES</u>	
4. Health Care Expenses	
a. Staff Model	
b. Fee-for-Service	
c. Risk Models	
d. Other payment arrangements	
5. Incentive Pool and Withhold Adjustments	
6. Subcapitation Payments	
7. Other health care expenses not included above. (please specify)	
<u>8. DEDUCTIONS</u>	
a. Coordination of Benefits	
b. Reinsurance Recoveries Incurred	
c. Subrogation	
<u>9. TOTAL HEALTH CARE EXPENSES</u>	
<u>ADMINISTRATIVE EXPENSES</u>	
10. Contractor	
11. Subcontractor	
12. MCO Provider Tax	
13. Total Administrative Expenses	
<u>14 TOTAL EXPENSES</u>	
<u>15. NET INCOME (LOSS)ⁱ</u>	
16. Beginning Balance	
17. Increase (Decrease) in Retained Earnings/Fund Balance	
18. Other Changes	
<u>19 Balance at End of Period</u>	

Accounting of Net Income (Loss) Recorded on Line 15 Contractor shall submit an additional Report C4 based on a fiscal year which includes a detailed description of how a net loss was covered or how a net income will be used during the next fiscal year

Line 15 Amount \$ _____

Preparer's signature and phone number

ⁱ Contractor shall account for the amount of this line by providing an additional fiscal year C4. If the figure reflects a net loss, Contractor shall describe how the net loss was covered. If the figure reflects a net income, Contractor shall describe how such net income will be used during the next fiscal year.