

## Health Care Expenses by Service Type

**Contractor:** \_\_\_\_\_

**Subcontractor:** \_\_\_\_\_

**Calendar Year:** \_\_\_\_\_

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

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

Category	OHP Activity under this Contract
Outpatient	
Sub Acute & Other 24 hour Services	
Inpatient	
Prevention, Education and Outreach	
Treatment Support Services & Supplies	
Consumer Operated Services	
Other Non-Encountered Services	
<b>TOTAL HEALTH CARE EXPENSES</b>	

Revised, November 2009

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Preparer's Printed Name

\_\_\_\_\_  
Date

## Report G.4.A – Health Care Expenses by Service Type

### Definitions for this report:

1. **Contractor:** Complete and attach Report G.4A with its completed Report G.4. Include all completed Reports G.4, G.4A and G.4B submitted by its Subcontractors with its own Reports G.4, G.4A, and G.4B.
2. **Subcontractor:** Complete and attach Report G.4A with its completed Report G.4, then submit the completed G.4, G.4A and G.4B reports to the Contractor.
3. **Outpatient:** Expenses for outpatient covered health care services. Exclude expenses for personnel time devoted to administrative tasks.
4. **Sub Acute & Other 24 hour Services:** Expenses for services provided in lieu of hospitalization or as a step down from acute care hospitalization.
5. **Inpatient:** All inpatient hospital expenses costs while confined to an Acute Inpatient Hospital Psychiatric Care setting.
6. **Prevention, Education and Outreach:** Outreach, Education and prevention to 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.
7. **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 HCPCS codes.
8. **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 HCPCS codes. (e.g., a drop in center, telephone warm line, support group, etc.)
9. **Other Non-Encountered Services:** Other health care expenses for services not reported in above categories
10. **Total Health Care Expenses:** The sum of lines 1 through 7. Total of line 8 “TOTAL HEALTH CARE EXPENSES” on Report G.4A must equal line 9 “Total Health Care Expenses” on Report G.4.