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Office of Health Care Affordability
Department of Health Care Access and Information

California Department of Health Care Access and Information (HCAI)
Office of Health Care Affordability (OHCA)

Total Health Care Expenditures Data Submission Guide

OHCA Medi-Cal Payments Addendum

April 2026

OHCA Medi-Cal Payments Addendum

The table below describes what categories of Medi-Cal specific payments Medi-Cal managed care plans (MCPs) shall include or exclude in the Alternative Payment Model, Primary Care, and Behavioral Health files.

For the Primary Care file, inclusion further means that MCPs shall apply the Primary Care Allocation Methodology to this specific type of payment, such that any primary care portion of the payment is included in the Amount Paid for Primary Care field (PRC008).

For the Behavioral Health file, inclusion further means that MCPs would apply the Behavioral Health Allocation Methodology to this specific type of payment, such that any behavioral health portion of the payment is included in the Amount Paid for Behavioral Health (BHV009).

Some payment types (such as Enhanced Care Management (ECM) and Community Supports (CS) payments) are currently excluded from MCPs' reporting, but OHCA may request MCPs report these payments in future years. MCPs are encouraged to track these payments internally to allow for potential future reporting.

Arrangement Type	Program Name	Include / Exclude
Minimum Fee Schedule	Adverse Childhood Experiences (ACEs)	Include
Minimum Fee Schedule	Children and Youth Behavioral Health Initiative (CYBHI)	Include
Minimum Fee Schedule	Dental Managed Care Plans (DMC Plans) and Health Plan of San Mateo (HPSM) under the Dental Integration Pilot (DIP)	Include
Minimum-maximum Fee Schedule	Long-Term Care Fee-For-Service Equivalent Directed Payment	Include
Minimum-maximum Fee Schedule	Major Organ Transplant (MOT)	Include
Minimum Fee Schedule	Proposition 56 Abortion Services	Exclude
Minimum Fee Schedule	Targeted Rate Increases (Including FQHC Parity)	Include
Other	California Children's Services (CCS)	Include
Other	Ground Emergency Medical Transportation (GEMT) Quality Assurance Fee (QAF)	Include
Other	Vaccine administration fees in the Vaccines for Children (VFC) Program ¹	Include
Other	Whole Child Model (WCM)	Include
Other	Community Supports (CS)	Exclude
Other	Community Reinvestment	Exclude
Other	Enhanced Care Management (ECM)	Exclude
Other	FQHC APM payments	Exclude
Other	FQHC Prospective Payment System (PPS) payments	Exclude
Other	Nonemergency medical transportation (NEMT)	Exclude
Other	Nonmedical transportation (NMT)	Exclude

Arrangement Type	Program Name	Include / Exclude
Pass-Through Payment	Benioff Children's Hospital Oakland	Exclude
Pass-Through Payment	DMPH DP/NF	Exclude
Pass-Through Payment	DPH Distinct Part Nursing Facility (DP/NF)	Exclude
Pass-Through Payment	Hospital Quality Assurance Fee (HQAF)	Exclude
Pass-Through Payment	Martin Luther King Jr. (MLK) Community Hospital	Exclude
Uniform Dollar Increase	Children's Hospital Supplemental Payment (CHSP)	Exclude
Uniform Dollar or Percent Increase	Designated Public Hospital Enhanced Payment Program (EPP)	Exclude
Uniform Dollar Increase	Developmental Screening Services	Exclude
Uniform Dollar Increase	District and Municipal Public Hospital Directed Payment (DHDP)	Exclude
Uniform Dollar Increase	Equity and Practice Transformation (EPT)	Exclude
Uniform Dollar Increase	Non-Hospital 340B Community Clinic Directed Payment (CCDP)	Exclude
Uniform Dollar Increase	Private Hospital Directed Payment (PHDP)	Exclude
Uniform Dollar or Percent Increase	Proposition 56 Dental	Exclude
Uniform Dollar Increase	Proposition 56 Family Planning	Exclude
Uniform Dollar Increase	Proposition 56 Physician Services	Exclude
Uniform Dollar Increase	Skilled Nursing Facility (SNF) Workforce & Quality Incentive Program (WQIP)	Exclude
Value-based Payment	Designated Public Hospital Quality Incentive Pool (DPH-QIP)	Exclude
Value-based Payment	District and Municipal Public Hospital Quality Incentive Pool (DMPH-QIP)	Exclude

¹ VFC vaccines administered by Medi-Cal providers in the VFC program can be identified by each vaccine/toxoid product code with a modifier code of "SL" on the claim. Only the vaccine administration costs shall be included, the vaccine cost itself shall not be included. Submitters may refer to the [latest guidance](#) from DHCS on the list of CPT codes used to bill VFC.