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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 files submitted to OHCA.

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 shall apply the Behavioral Health Payment 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).

Arrangement Type	Program Name	Statewide, Attributed, and Regional TME Files	APM, Primary Care, and Behavioral Health Files
Minimum Fee Schedule	Adverse Childhood Experiences (ACEs)	Include	Include
Minimum Fee Schedule	Children and Youth Behavioral Health Initiative (CYBHI)	Include	Include
Minimum Fee Schedule	Dental Managed Care Plans (DMC Plans) and Health Plan of San Mateo (HPSM) under the Dental Integration Pilot (DIP)	Include	Include
Minimum-maximum Fee Schedule	Long-Term Care Fee-For-Service Equivalent Directed Payment	Include	Include
Minimum-maximum Fee Schedule	Major Organ Transplant (MOT)	Include	Include
Minimum Fee Schedule	Proposition 56 Abortion Services	Include	Exclude
Minimum Fee Schedule	Targeted Rate Increases (Including FQHC Parity)	Include	Include
Other	California Children's Services (CCS)	Include	Include
Other	Ground Emergency Medical Transport (GEMT) Quality Assurance Fee (QAF)	Include	Include
Other	Vaccine administration fees in the Vaccines for Children (VFC) Program ¹	Include	Include
Other	Whole Child Model (WCM)	Include	Include
Other	Community Supports (CS)	Include	Exclude
Other	Community Reinvestment	Include	Exclude
Other	Enhanced Care Management (ECM)	Include	Exclude
Other	FQHC APM payments	Include	Exclude
Other	FQHC Prospective Payment System (PPS) payments	Include	Exclude
Other	Nonemergency medical transportation (NEMT)	Include	Include
Other	Nonmedical transportation (NMT)	Include	Include
Pass-Through Payment	Benioff Children's Hospital Oakland	Include	Exclude
Pass-Through Payment	DMPH DP/NF	Include	Exclude
Pass-Through Payment	DPH Distinct Part Nursing Facility (DP/NF)	Include	Exclude
Pass-Through Payment	Hospital Quality Assurance Fee (HQAF)	Include	Exclude
Pass-Through Payment	Martin Luther King Jr. (MLK) Community Hospital	Include	Exclude
Uniform Dollar Increase	Children's Hospital Supplemental Payment (CHSP)	Include	Exclude
Uniform Dollar or Percent Increase	Designated Public Hospital Enhanced Payment Program (EPP)	Include	Exclude
Uniform Dollar Increase	Developmental Screening Services	Include	Exclude
Uniform Dollar Increase	District and Municipal Public Hospital Directed Payment (DHDP)	Include	Exclude

Arrangement Type	Program Name	Statewide, Attributed, and Regional TME Files	APM, Primary Care, and Behavioral Health Files
Uniform Dollar Increase	Equity and Practice Transformation (EPT)	Include	Exclude
Uniform Dollar Increase	Non-Hospital 340B Community Clinic Directed Payment (CCDP)	Include	Exclude
Uniform Dollar Increase	Private Hospital Directed Payment (PHDP)	Include	Exclude
Uniform Dollar or Percent Increase	Proposition 56 Dental	Include	Exclude
Uniform Dollar Increase	Proposition 56 Family Planning	Include	Exclude
Uniform Dollar Increase	Proposition 56 Physician Services	Include	Exclude
Uniform Dollar Increase	Skilled Nursing Facility (SNF) Workforce & Quality Incentive Program (WQIP)	Include	Exclude
Value-based Payment	Designated Public Hospital Quality Incentive Pool (DPH-QIP)	Include	Exclude
Value-based Payment	District and Municipal Public Hospital Quality Incentive Pool (DMPH-QIP)	Include	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.