

**MassHealth Cost Protocol Form  
Community-Based Detoxification Centers**

<b>Program Name:</b>	
<b>UFR Program #</b>	
<b>FY Begin</b>	
<b>FY End</b>	

**Report only data related to Community-Based Detoxification Center programs. Green boxes will be automatically calculated.**

1	Total Reimbursable Program Expense <i>UFR Schedule B, line 53E</i>	
2	Number of service units delivered (days) <i>UFR Schedule B, line 6SS</i>	
3	Program per diem <i>Line 1 / Line 2</i>	#DIV/0!

**For lines 4 through 7, report data for patients aged 22 though 64 only.**

		<b>(A) Patient Days</b>	<b>(B) Revenue</b>
4	MassHealth Primary Care Clinician/Fee-for-Service		
5	Medicaid Managed Care		
6	Medicare Dual-Eligibles		
7	Uninsured		
<b>8</b>	<b>Total</b>	<b>0</b>	<b>\$0</b>

9	Total expenses for public and uninsured 22-64 <i>Line 3 * Line 8A</i>	#DIV/0!
10	Total revenue for public and uninsured 22-64 <i>Line 8B</i>	\$0
11	Total unreimbursed expenses <i>Line 9 - Line 10</i>	#DIV/0!