Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Introduction

Purpose

The purpose of this module is to introduce the Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS) claim submission processes.

Module Objectives

- Review the CMC & IPCS enrollment process
- Demonstrate the CMC upload procedure through a real-time presentation
- Demonstrate the IPCS claim completion procedure through a real-time presentation
- Discuss the use of the Attachment Control Form (ACF)

Resource Information

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (*www.medi-cal.ca.gov/mcss*).

References

- Telephone Service Center (TSC): 1-800-541-5555
- Medi-Cal Website: (*www.medi-cal.ca.gov*)
- IPCS User Guide
- Attachment Control Form (ACF)
- Regional Representatives

Acronyms

A list of acronyms is located in the *Appendix* section of this workbook.

CMC Overview

Computer Media Claims (CMC) submission is the most efficient method of Medi-Cal claims billing. Unlike paper claims, these claims use a computer medium for submission and processing. As a result, manual processing is eliminated. CMC submission offers improved billing efficiency to providers and submitters because these claims are submitted faster, entered into the claims processing system faster and are paid faster.

Highlights

- Paper attachments can be linked to submissions
- Improved processing and payment timeframe
- Increased data security
- Minimized risk of administration errors

CMC Enrollment Process

Getting Started

1. Download the application/agreement form by accessing the Medi-Cal website:
   - Click the **Home** tab.
   - Under **Featured**, click **Forms**.
   - Under **Computer Media Claims (CMC)**, click the ***Medi-Cal Telecommunications Provider and Biller Application/Agreement*** form (DHCS 6153).

   Complete the DHCS 6153, sign and mail to the address indicated on the form.

   NOTE: The acronym “IPCS” must follow “5010” on the ANSI X 12837 Version line of the DHCS 6153 (see page 10).
2. All CMC providers/submitters must have the *Medi-Cal Point of Service (POS) Network/Internet Agreement* form on file with the Department of Health Care Services (DHCS) Fiscal Intermediary (FI).

   NOTE: Correctly completing and signing the document helps expedite the application process. Applications typically take two to three weeks to be approved.
3. Providers/submitters receive their CMC submitter ID via written correspondence. Providers/submitters are instructed to call the FI and give a password of their choosing. (The password is separate from the National Provider Identifier [NPI] and Provider Identification Number [PIN]).

   The CMC submitter ID usually starts with “CMCSUB_ _ _” and is alphanumeric.

4. Providers/submitters must send a test file to the CMC unit to ensure accurate file format, completeness and validity. Any problems discovered during the testing period must be corrected and a new test must be submitted for review prior to final approval. The CMC staff works directly with the provider/submitter during all phases of the testing process.

   Test submissions should contain a cross section of claim type data that can be expected in a production environment. The test file must consist of a minimum of 10 claims for each claim type to be billed. A maximum of 100 claims is allowed for testing.

   NOTE: A new test must be submitted when software is upgraded or the submission method changes.

Third Party Automation and Identification of Parties

Many providers employ a third-party company to help automate the CMC submission process. Providers may also purchase Medi-Cal CMC submission software from system developers or vendors. A benefit of developer/vendor supplied software is that it has already been tested and approved for CMC submission.

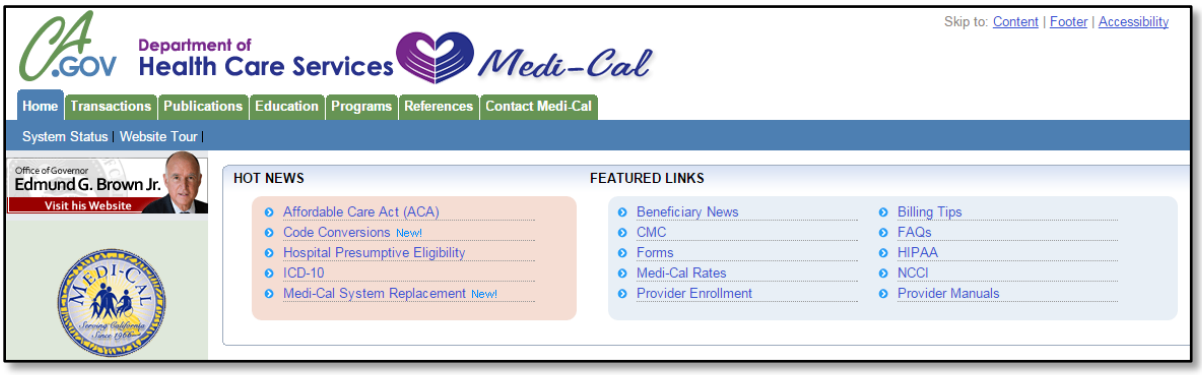
To find a list of Medi-Cal approved software developers, vendors and billers:

1. Go to the Medi-Cal home page: (*www.medi-cal.ca.gov*).
2. Click the **References** tab.
3. Scroll down to the bottom of the page and click **Technical Publications**.
4. Under **Links to Other Technical Publications**, click **CMC Developers, Vendors and Billing Services Directory**.
   - System Developer: Translates customer needs to system requirements
   - Software Vendor: Sells software products that allow providers to enter and submit CMCs electronically
   - Billing Service: A company that submits claims on behalf of providers

NOTE: DHCS and its FI make no warranty on any software purchased from third party vendors.

CMC Upload Procedure

1. Open up an Internet browser and go to the Medi-Cal website at (*www.medi-cal.ca.gov*). Click the **Transactions** tab.

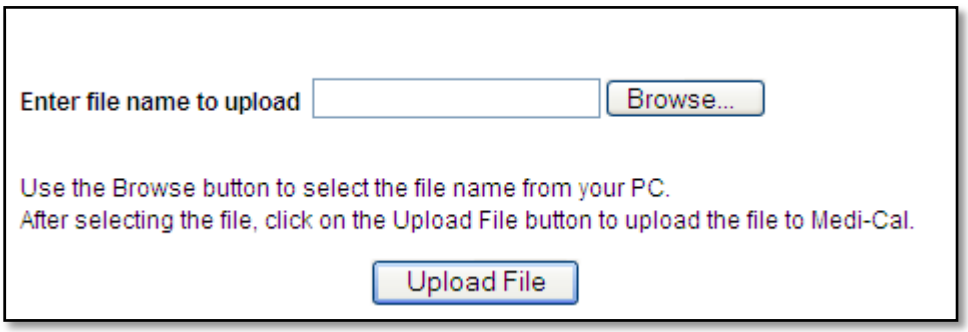


2. Enter your CMC Submitter ID and Password. Click **Submit**.

3. From the **CMC** tab, click on **Data Uploads**.

NOTE: The options on the **Transaction Services** menu may vary depending on the type of submitter.

4. Click on the **Browse** button to search for the claims that are ready to upload.

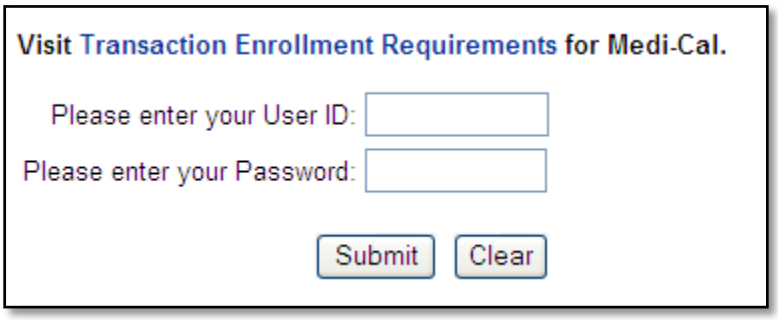


5. Once the claim file is selected, click **Upload File**.
6. If the upload is successful, a confirmation page is displayed showing the Volser number as a reference for the upload.

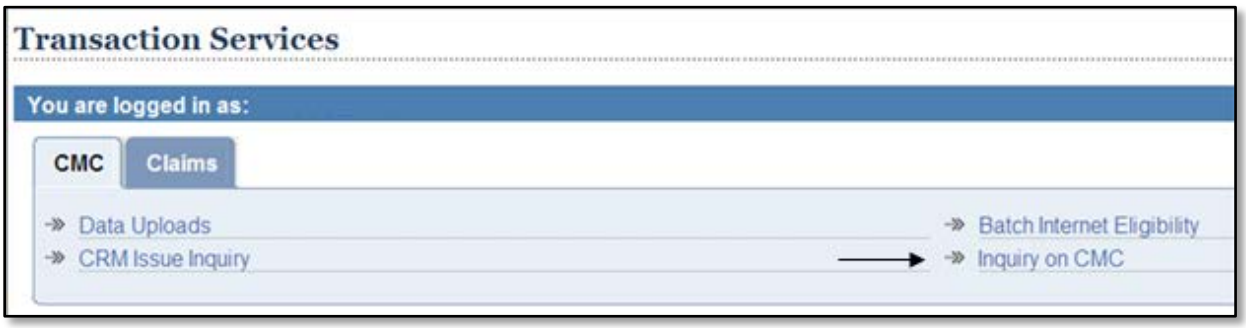
Inquiry on a CMC

Providers may check on a CMC upload 24 hours after the claims are uploaded into the system.

1. Log in to Transaction Services with your CMC Submitter ID and password.



2. Click **Inquiry on CMC**.



3. Enter the Volser number in the box and click **Search** or press **Enter**.

Enter the desired volser number in the space below and press the Search button.

Search

Note: Volser detail may not be available for up to 24 hours after the submission is uploaded.
Details are available for approximately 30 days.

The Volser information is displayed.

Volser Status

You are logged in as: CMCSUB__

Volser #123456 for Submitter: CMCSUB___

Date of Upload	Status	Media Type	Submitted Providers	Accepted Providers	Submitted Claims	Accepted Claims
01/30/2012	Released	ANSI	1	1	9	9
					Submitted Total Billed:	$3,500.00
					Accepted Total Billed:	$3,500.00

Provider	Date Received	Start CCN	Last CCN	Total Clms	Billed Amount	Submission Type
1234567890	01/30/2012	20306512301	20306545603	9	$3,500.00	Internet

NOTE: This Volser shows nine claims submitted. All nine were accepted.

When a claim is not accepted, the status shows as **Deleted**.

Volser Status

You are logged in as: CMCSUB__

Volser # 123456 for Submitter: CMCSUB_ _ _

Date of Upload	Status	Media Type	Submitted Providers	Accepted Providers	Submitted Claims	Accepted Claims
01/30/2012	Deleted	ANSI	1	0	13	0
						Submitted Total Billed: **$3,500.00**
						Accepted Total Billed: $0.00

Error Code	Error Message
10	COMPUTER MEDIA CLAIMS WERE PREVIOUSLY ACCEPTED FOR PROCESSING

NOTE: This Volser shows 13 submitted claims and none were accepted. The Error Message explains why the claim(s) were deleted.

IPCS Overview

The Internet Professional Claim Submission (IPCS) system allows providers to submit a single professional medical claim using a computer and the Internet. Claims that are successfully submitted receive a Claim Control Number (CCN) on the host response screen. If an error has been detected on the claim, a “Claim Rejected” message is displayed on the host response screen. The claim can be edited to correct the error before resubmitting the claim for processing. The submitted claim enters the Medi-Cal claims processing system for processing in the daily batch cycle.

The IPCS system integrates technology with an intuitive user interface that facilitates entering medical claims. IPCS allows a faster, more efficient data exchange between providers and the DHCS FI.

NOTE: Only professional medical claims may be submitted using IPCS. At this time, institutional claims may not be submitted through IPCS.

Highlights

- Paper attachments or an ACF can be linked to submissions
- Improved processing and payment timeframe
- Increased data security
- Minimized risk of administration errors

IPCS Enrollment Process

Getting Started

1. Complete the agreement forms mentioned in the CMC Enrollment Process/Getting Started section.

   All CMC providers/submitters must have the *Medi-Cal POS Network/Internet Agreement* form on file with the FI and a completed *Medi-Cal Telecommunications Provider and Biller Application/Agreement* form.

   NOTE: Correctly completing and signing the document helps expedite the application process. Applications typically take two to three weeks to be approved.
2. Providers/submitters receive their CMC submitter ID via written correspondence. Providers/submitters are instructed to call the FI and give a password of their choosing. (The password is separate from the NPI & PIN).

   The CMC submitter ID usually starts with “CMCSUB_ _ _” and is alphanumeric.

   NOTE: Providers/submitters with a current, valid CMC submitter ID must still add the IPCS application to their list of available Internet options.
3. There is no testing required for IPCS. Once DHCS approves a provider/submitter application, the provider/submitter can start utilizing IPCS.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY | DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT
(For electronic claim submission)

1.0 IDENTIFICATION OF PARTIES

This agreement is between the State of California, Department of Health Care Services, hereinafter referred to as the "Department," and:

PROVIDER INFORMATION

Provider name (full legal)		Provider number	
DBA (if applicable)		Last 4 digits of Tax Identification Number or Social Security Number:	
Provider service address (number, street)		City	State / ZIP code
Contact person		E-mail address	
Contact person address (number, street)		City	State / ZIP code
Contact telephone number ( )	Currently assigned submitter number (otherwise, leave blank to be assigned a new submitter number)		

BILLER INFORMATION (If other than the provider of service)

Biller name (full legal)		Biller telephone number ( )	
DBA (if applicable)		E-mail address	
Business address (number, street)		City	State / Zip code
Contact person	Currently assigned submitter number (otherwise, leave blank to be assigned a new submitter number)		

Full legal name(s) required as well as any assumed (DBA) name(s), address(es), and Medi-Cal provider number(s). The parties identified above will be hereinafter referred to as the "Provider" and/or "Biller."

1.1 CMC Batch Submission Type:

- ☐ Dial-up
- ☐ Magnetic tape
- ☐ Internet*

Real Time Submission Type:

- ☐ Point of Service (POS)
- ☑ Internet*
- ☐ Leased Line *or* ☐ Dial-up

* Note: Requires a completed network agreement on file.

INDICATE CLAIM TYPES WHICH WILL BE SUBMITTED ELECTRONICALLY

NCPDP Version (indicate version): _____

☐ Pharmacy (01)

ANSI X 12 837 Version (indicate version): 5010 IPCS

- ☐ Long-Term Care (02)
- ☑ Medical/Allied Health (05)
- ☐ Medicare Crossover Part A
- ☐ Inpatient (03)
- ☐ Vision (05)
- ☐ Medicare Crossover Part B
- ☐ Outpatient (04)
- ☐ CHDP (11)

ANSI X 12 276/277 Version (indicate version): _____

☐ Claim Status Inquiry/Response

ANSI X 12 278 Version (indicate version): _____

☐ Health Care Services and Review

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NOTE: Check the **Internet** box in Real Time Submission Type. Check **Medical/Allied Health (05)** and enter **5010 IPCS** in the ANSI X 12 837 Version.

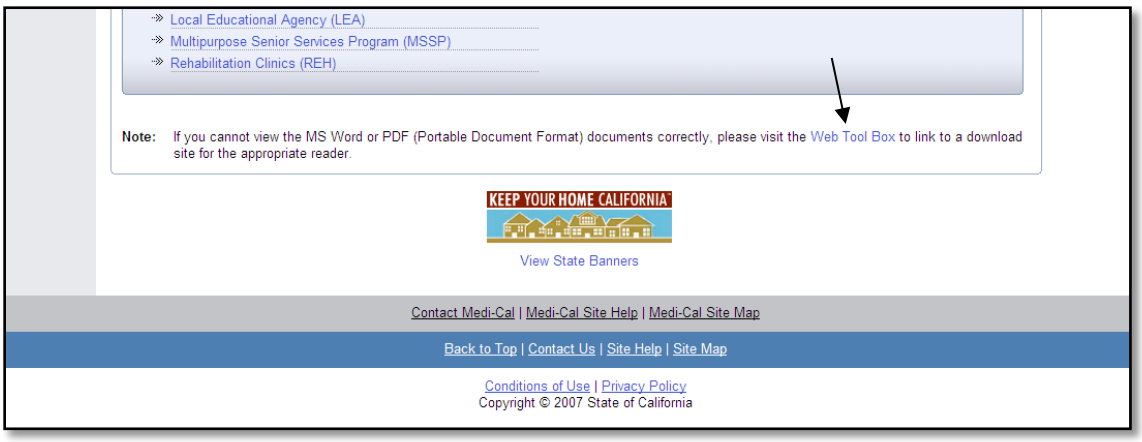
IPCS System Requirements

To process claims using the IPCS system, these minimum requirements must be met:

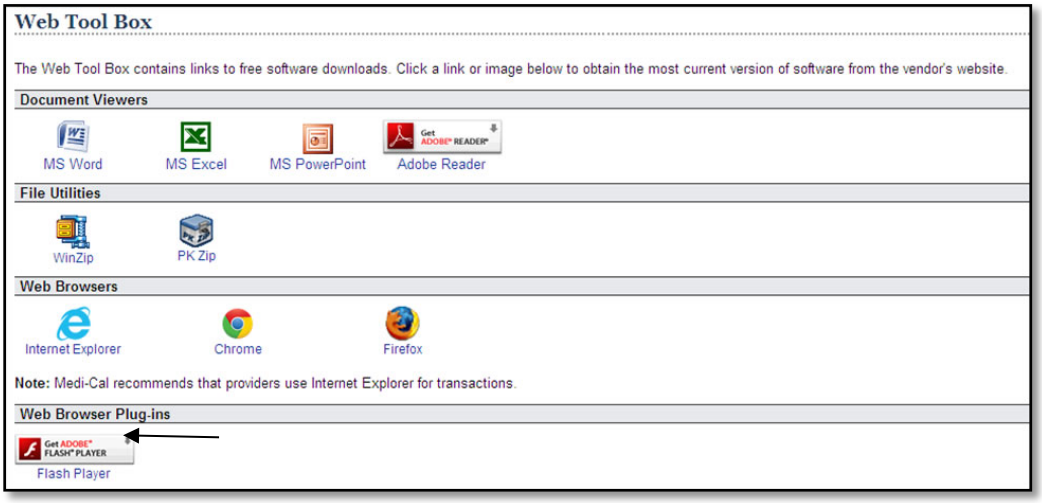
- Microprocessor: 300 MHz Intel Pentium processor or higher
- Random Access Memory (RAM): 64 MB of free, available system RAM (128 MB or higher recommended)
- Monitor Resolution: 1024 x 768, 16-bit color display or better
- Adobe Flash Player
- Web Browser: Internet Explorer 5.0 or greater or Netscape

Installing Flash Player

1. If you do not have the Flash Player on your computer, install it by going to the Medi-Cal home page and clicking the **Web Tool Box** link at the bottom of the page.



2. Click **Flash Player** to access the Adobe Flash Player Download Center.

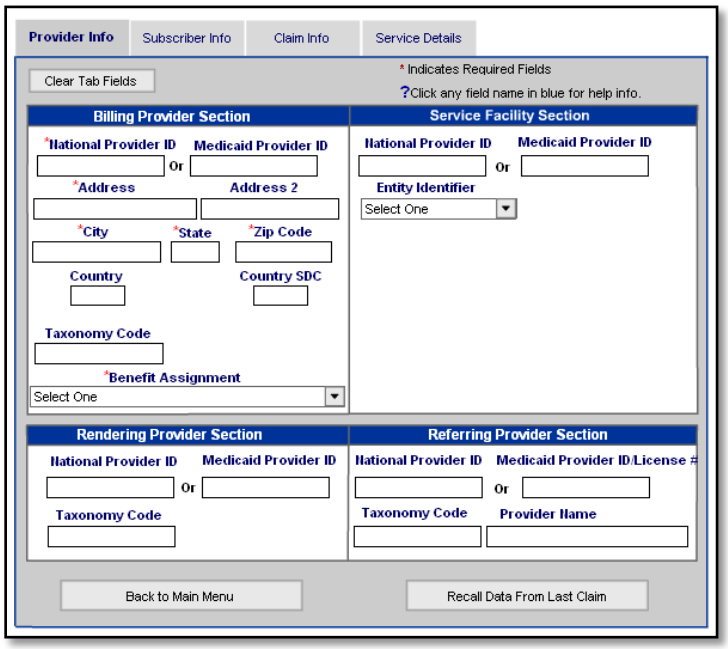


REMEMBER: You must have administrator rights to download the Flash player. If you are unsure or need installation assistance, contact your system administrator.

IPCS Claim Form

The IPCS claim form contains the following tabs that may be completed in any order:

1. Provider Info
2. Subscriber Info
3. Claim Info
4. Service Details



Additional, optional tabs can be located by clicking on the **Claim Info** tab:

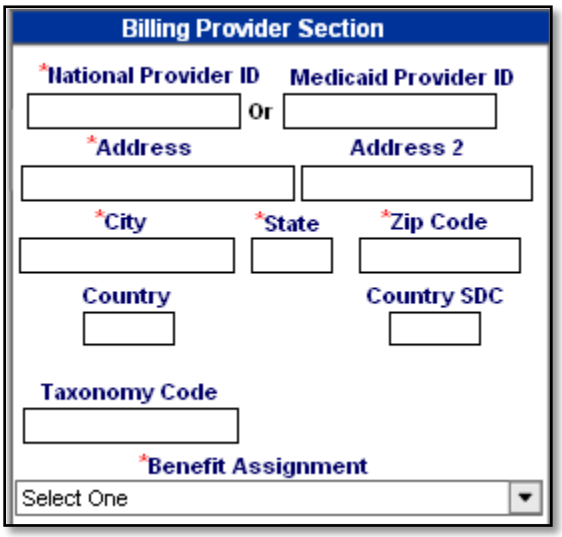
- **Other Health Cov.** - if another health insurance plan has paid on the claim, this tab must be completed.
- **Vision** - contains fields for vision-related information that a Medi-Cal subscriber may have corresponding to a claim.

Important Tips

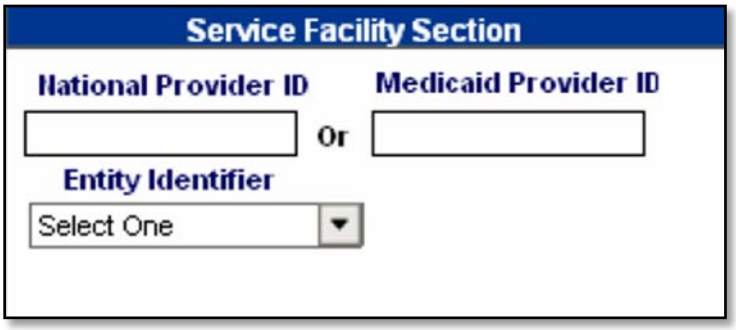
- Do <u>not</u> use your browser's Back or Refresh buttons. Clicking these will cause you to lose all data entered.
- IPCS times out if left inactive for 20 minutes. This feature protects you from unauthorized use of the system.
- Exiting IPCS prior to submitting the claim deletes all data entered.
- Partially completed claims may not be saved. You must complete the claim or lose all data entered.
- The IPCS User Guide can be accessed at the Medi-Cal home page by typing in "IPCS User Guide" in the search area in the upper right corner.

Required Fields

Each of the tabs on IPCS has required fields that must be completed for each claim submitted. Required fields are marked with an asterisk *(*)*.



In this example, the asterisks indicate that the NPI or Medicaid Provider ID, Address, City, State, Zip Code and Medicare Assignment Code fields are required and must be completed for every claim.



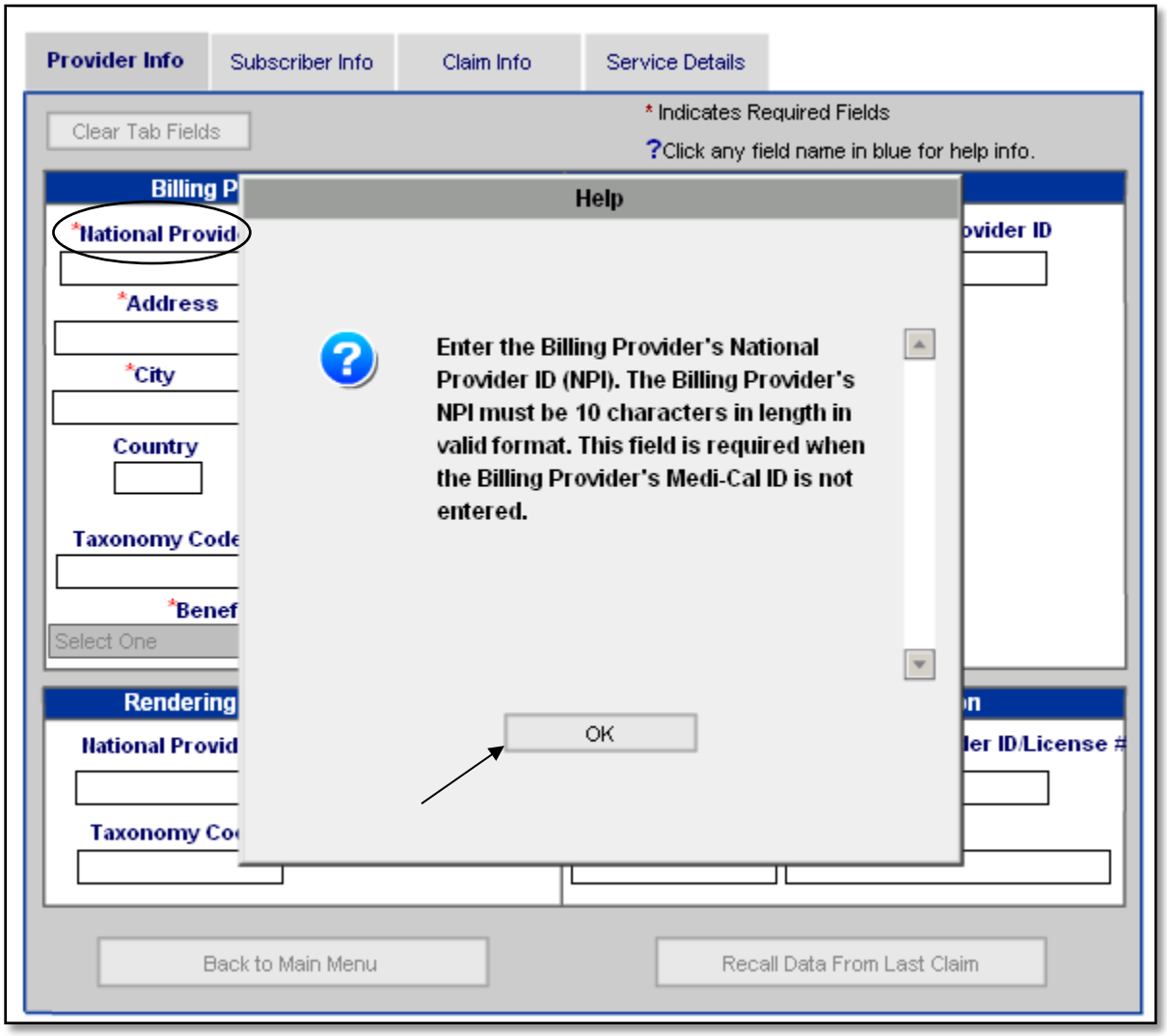
For example, if health care services are provided at a location other than the billing provider's address, the **Service Facility Provider** and **Entity Identifier** fields in the **Service Facility Section** must be completed.

The IPCS System displays a prompt if a situational required field is not completed.

NOTE: Other fields may be required, depending on the billing scenario. Refer to your Medi-Cal provider manual, or click a field name to view the pop-up help that is built into each field.

Detailed Description by Field

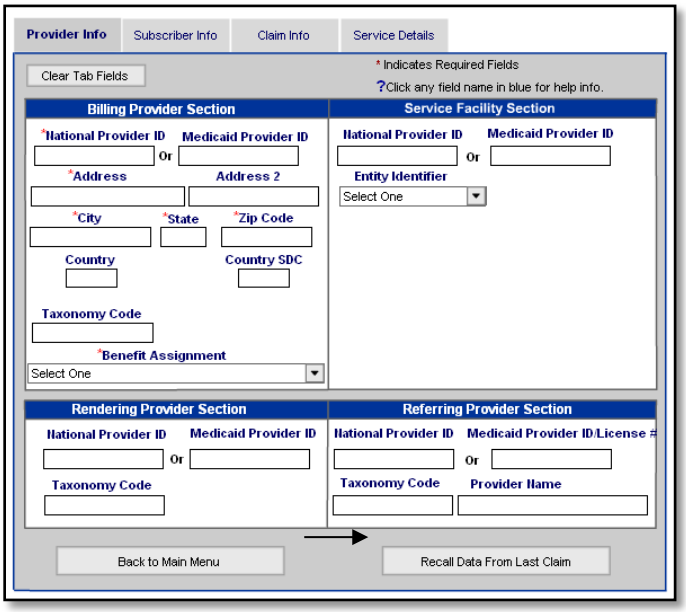
To get more information about each field, click the field name.



NOTE: To hide the field description, click on the **OK** button.

Recalling Data from a Previous Claim

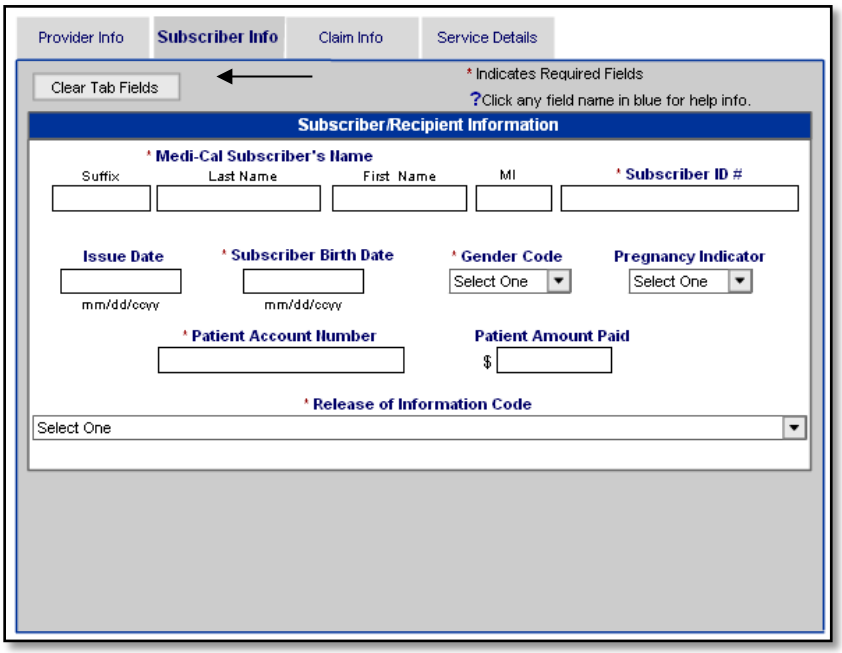
Use the following instructions to recall the data used to complete a previous claim.



Click **Recall Data from Last Claim** on the Provider Info tab to automatically fill the Provider Info, Subscriber Info, Claim Info, Other Health Cov. and Vision tabs (accessible under the Claim Info tab) with information from the last claim submitted.

Removing Data from a Tab

Follow the instructions below to clear all data from a tab.

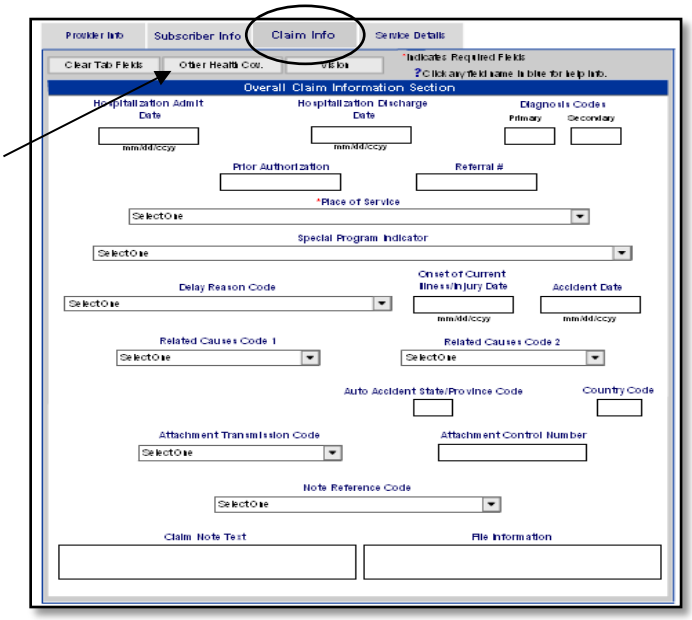


To clear data from a tab, click **Clear Tab Fields**.

Optional Tabs

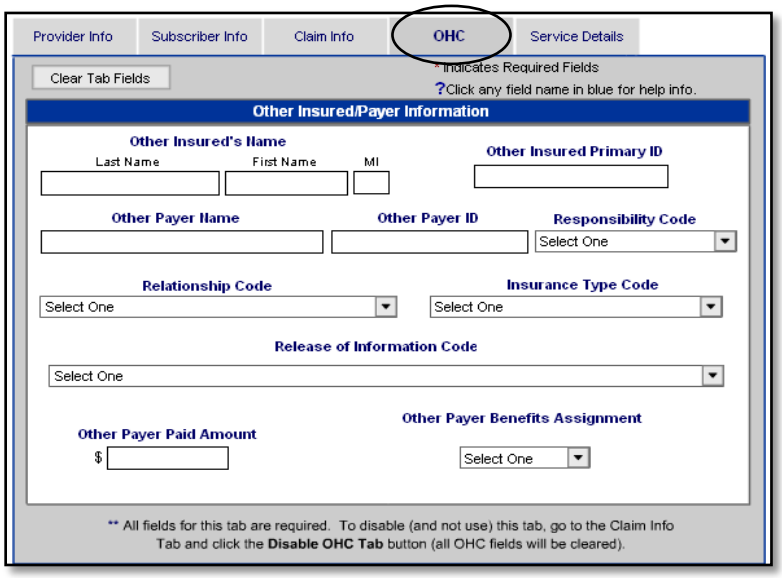
Other Health Cov. Tab

The Other Health Cov. (coverage) tab contains information regarding Other Health Coverage (OHC) the Medi-Cal subscriber may have, which indicates shared responsibility for paying the claim.



Other Health Cov. is located under the **Claim Info** tab. Click on **Other Health Cov**. and a separate tab labeled OHC will appear next to the Claims Info tab.

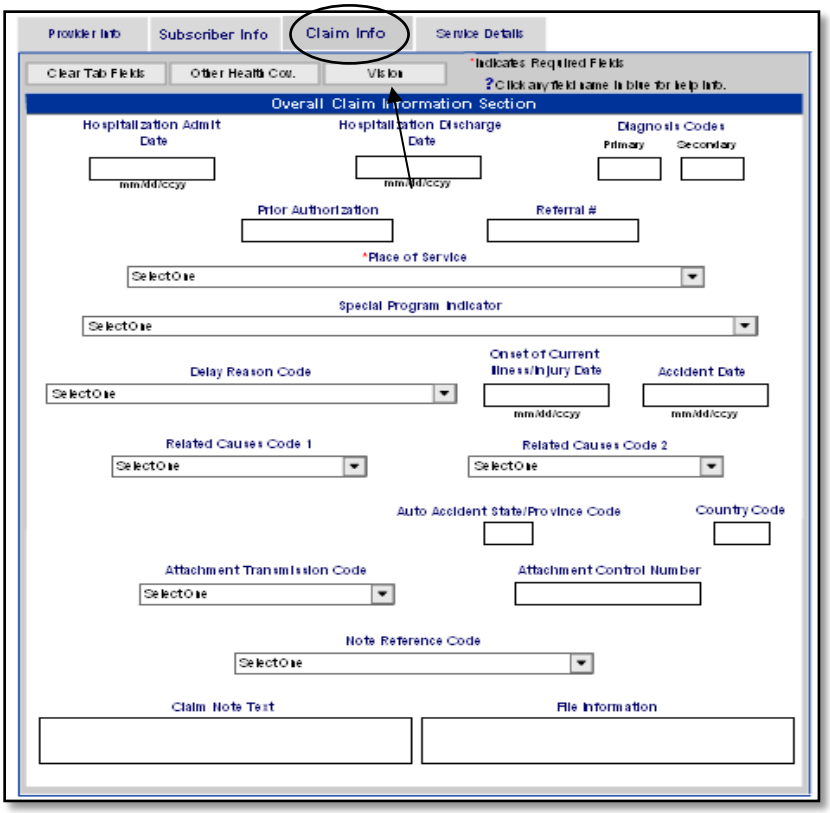
If the Other Health Cov. tab is not needed, click the **Claim Info** tab, then click **Hide OHC Tab.**



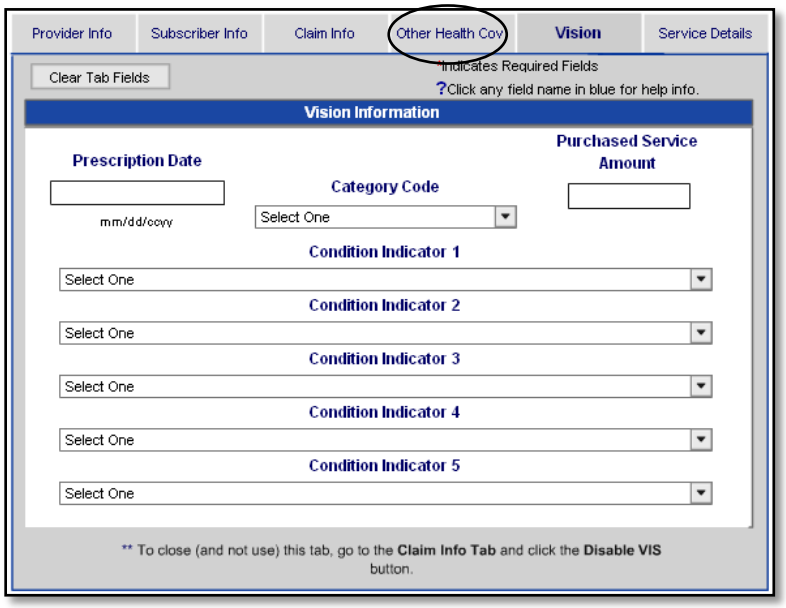
If the Other Health Cov. tab is open, all fields on the tab must be completed.

Vision Tab

This tab contains fields for Vision-related information that a Medi-Cal subscriber may have corresponding to a claim.



If the Vision tab is not needed, click the **Claim Info** tab, then click **Hide VIS Tab**.

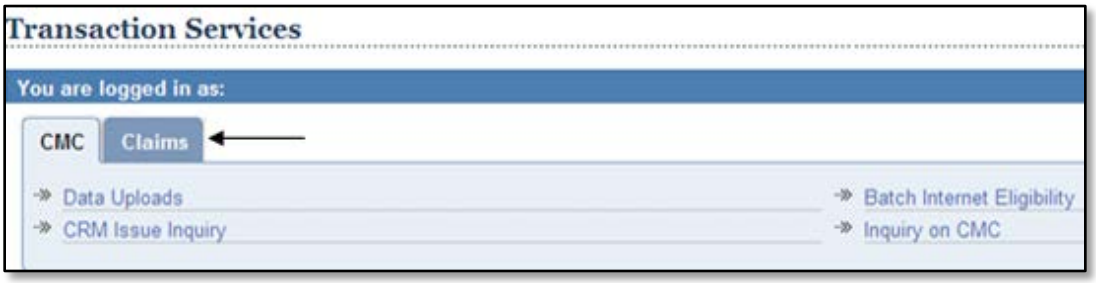


All fields are optional on the Vision tab.

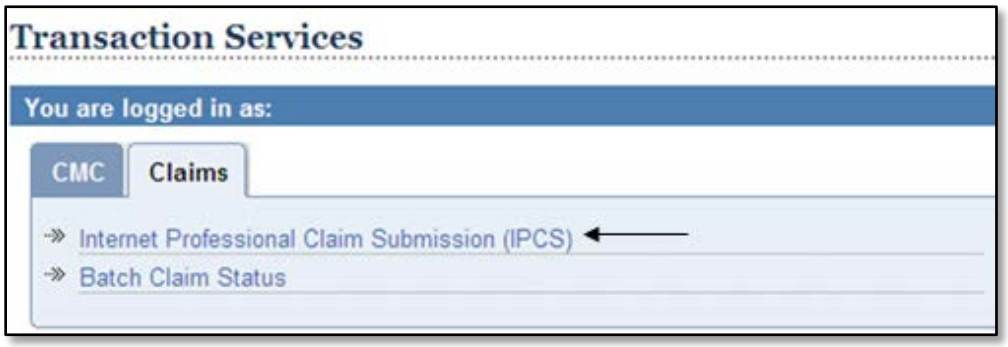
IPCS Step-by-Step Claim Completion Process

1. Log into IPCS by going to the **Transactions** tab and entering your CMC User ID and Password.

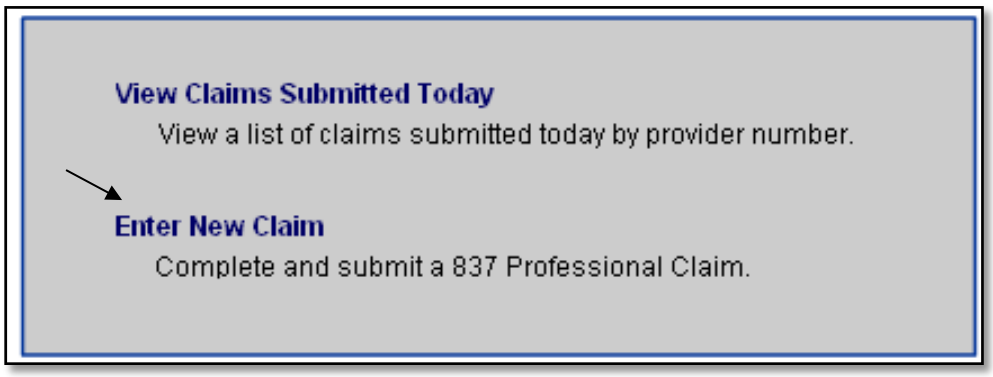
2. Under Transaction Services, click on the **Claims** tab.



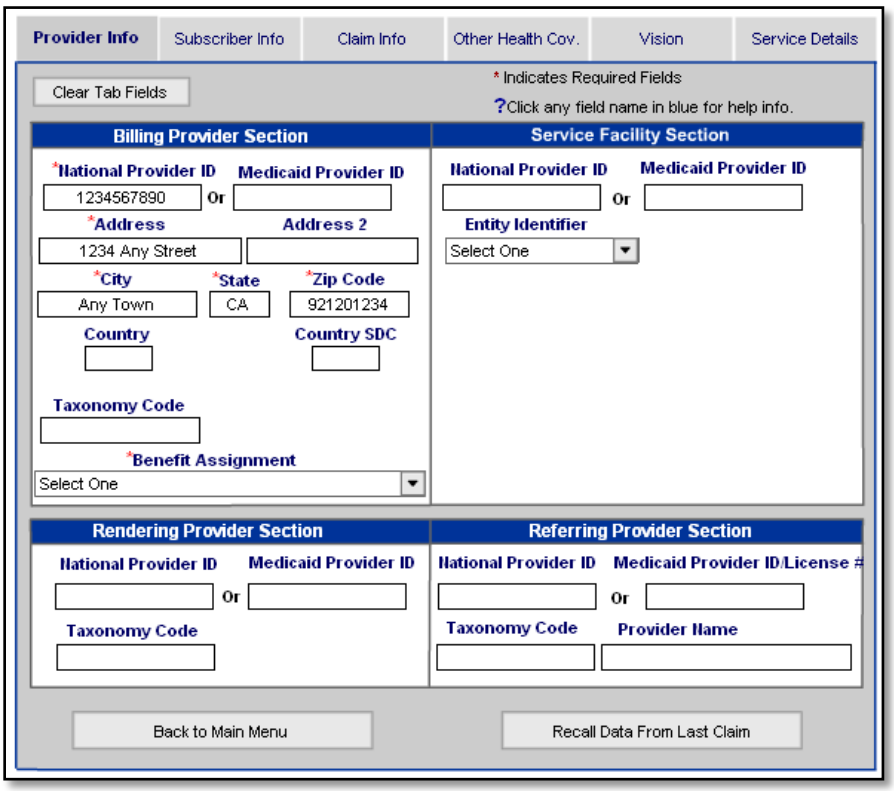
3. Under the Claims tab, click **Internet Professional Claim Submission (IPCS)** link.



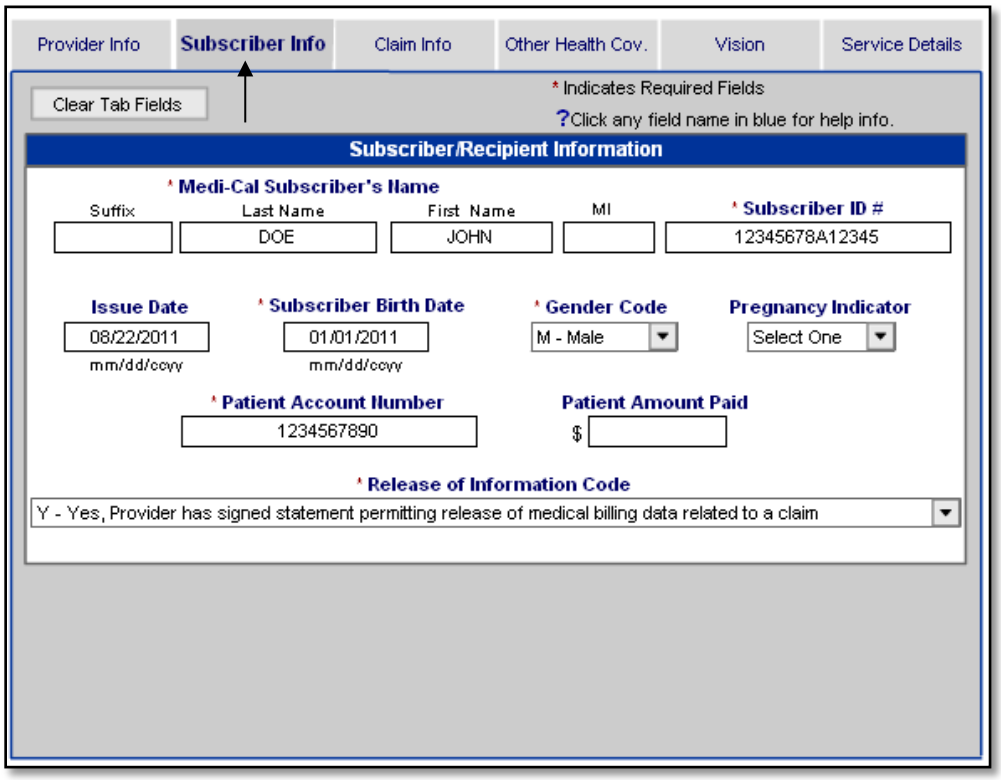
4. Select **Enter New Claim**.



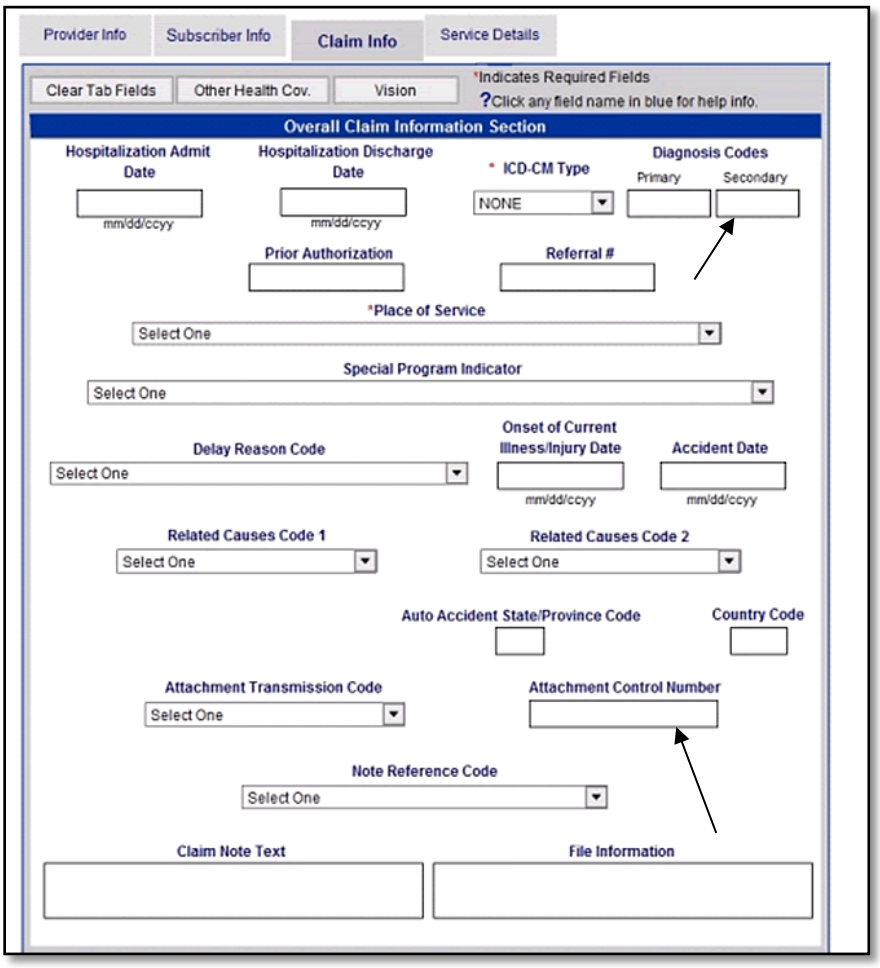
5. Enter all required information (fields marked with an asterisk) on the **Provider Info** tab. This tab contains information that identifies the billing, rendering and referring providers and the service facility for the claim.



6. Click on the **Subscriber Info** tab and enter all required information (fields marked with an asterisk). This tab contains information about the Medi-Cal subscriber, including any Share of Cost/Spend Down they may have paid.



7. Click on **Claim Info** tab and enter all required information. This tab contains general information regarding the claim.

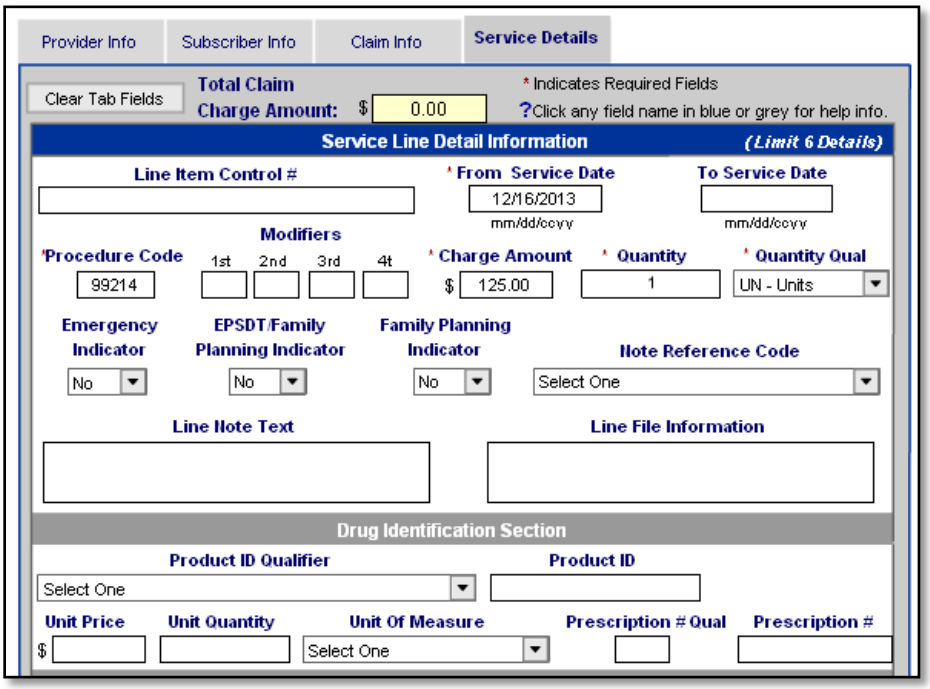


The appropriate **ICD-CM Type** must be selected before entering a Diagnosis Code. When changing the ICD-CM Type, you must first clear the **Diagnosis Codes** field, select the appropriate ICD-CM Type and then re-enter the new Diagnosis Code.

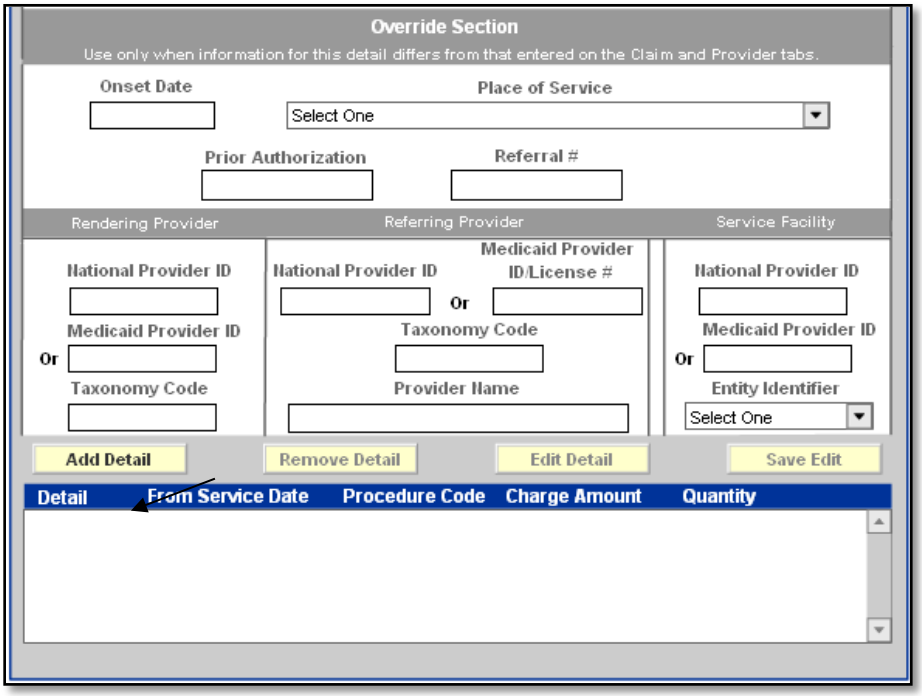
NOTE: Under the Claim Info tab, the **Diagnosis Codes** field is not marked with an asterisk but this field may be required. Please check the *CMS-1500 Completion* section of the Part 2 provider manual for a list of services that are exempt from entering diagnosis descriptions and codes when they are the only services billed on the claim. Enter the diagnosis without the decimal point.

If sending in attachments with the claim, make sure you put the Attachment Control Number (ACN) in the corresponding field.

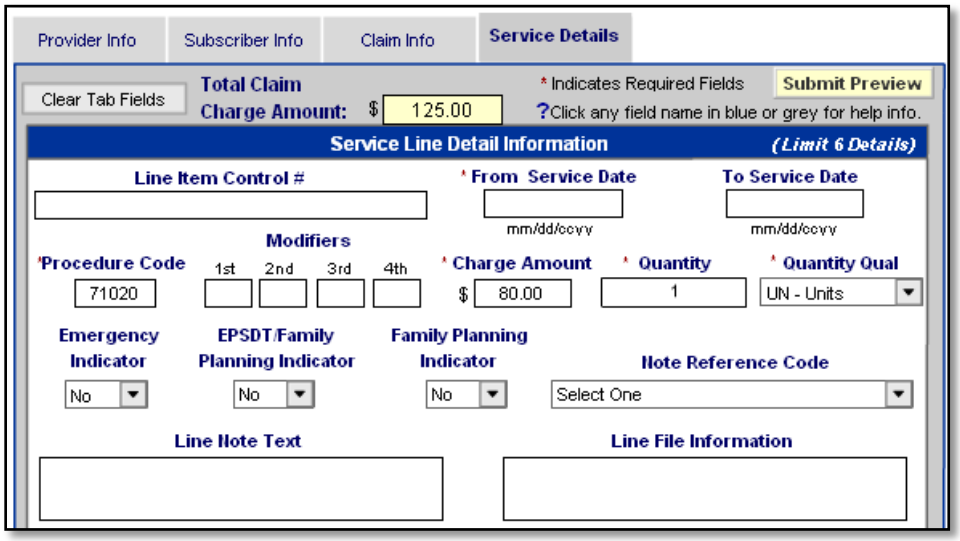
8. Click on the **Service Details** tab and enter all required information marked with an asterisk. This tab contains information about the specific procedures performed. At least one service detail is required, but you may enter up to six.



NOTE: Once the required field has been completed, click **Add Detail** at the bottom of the form.

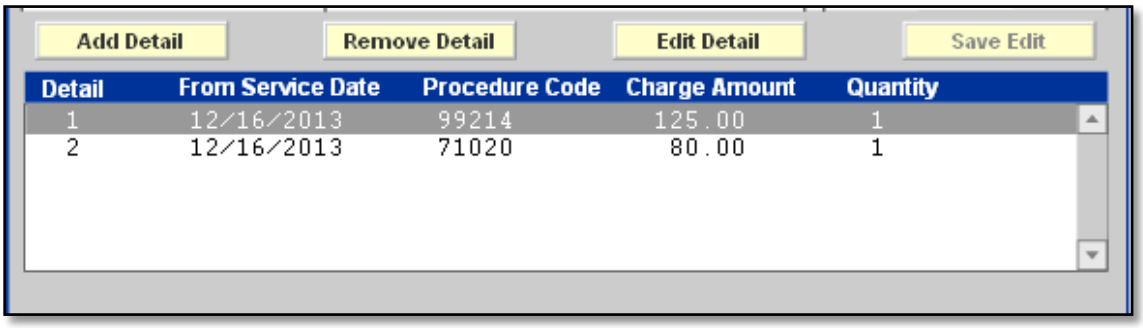


To add another service detail, complete the required fields marked with an asterisk for the next service.

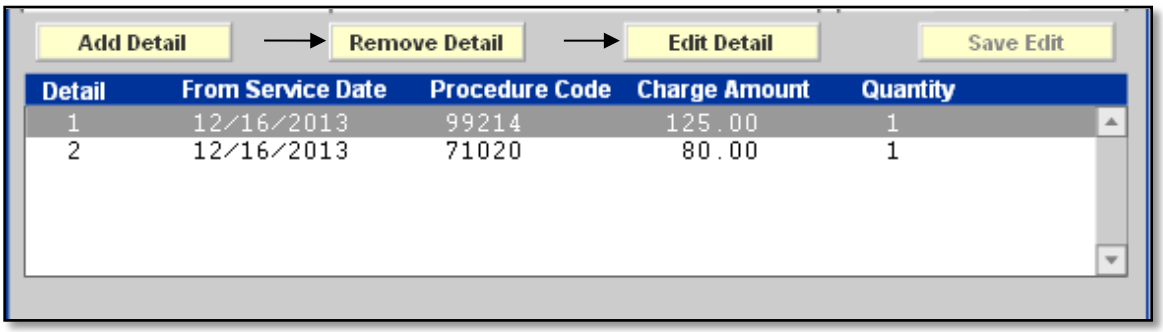


Click **Add Detail** at the bottom of the form.

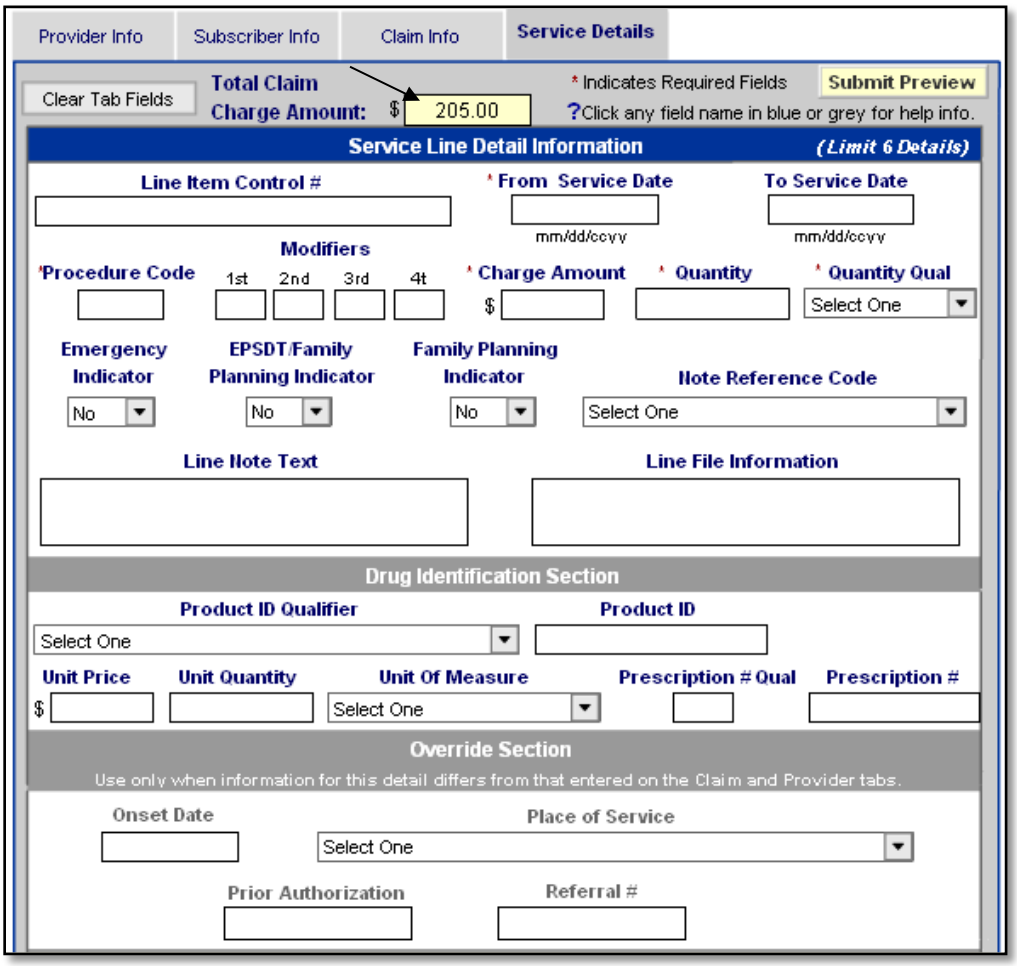
Each service detail is listed in the box at the bottom of the screen.

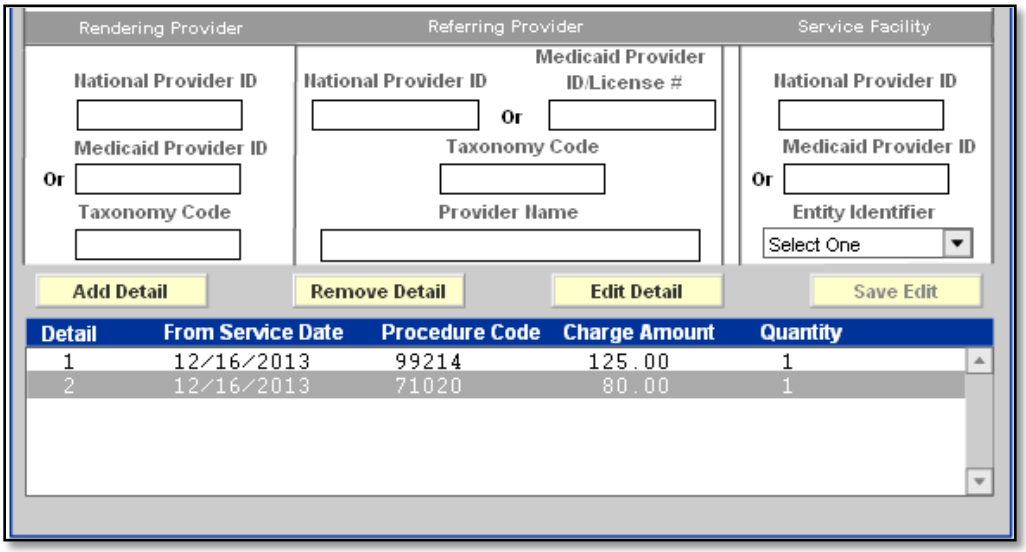


To remove or edit a line detail, highlight the service to be deleted or edited and click **Remove Detail** or **Edit Detail**.

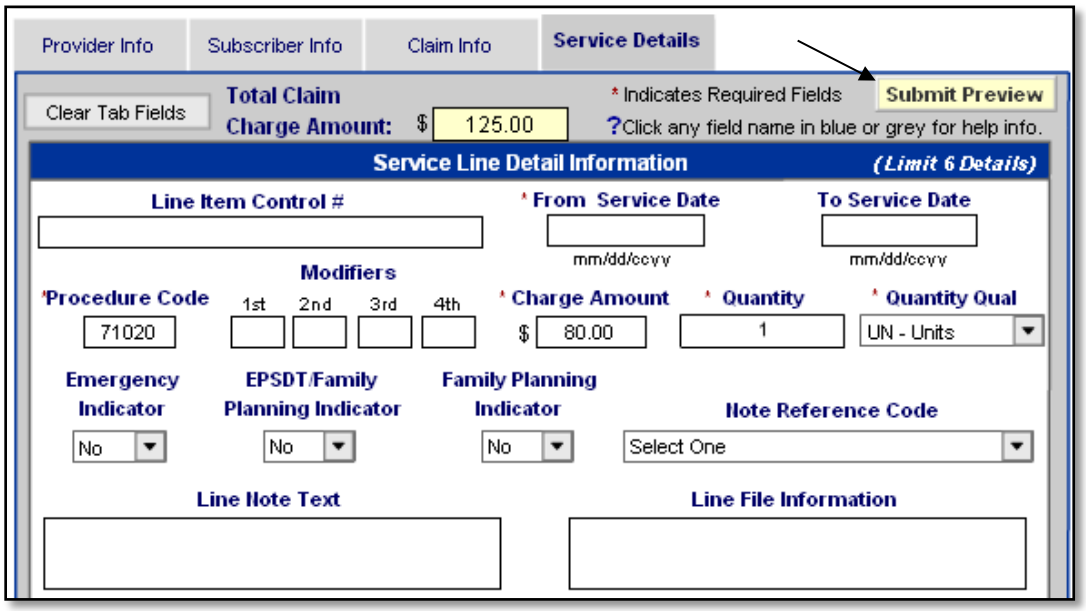


As you add or remove details, the **Total Claim Charge Amount** field at the top of the screen changes to reflect the sum of the Service Line Detail charges entered up to that point.

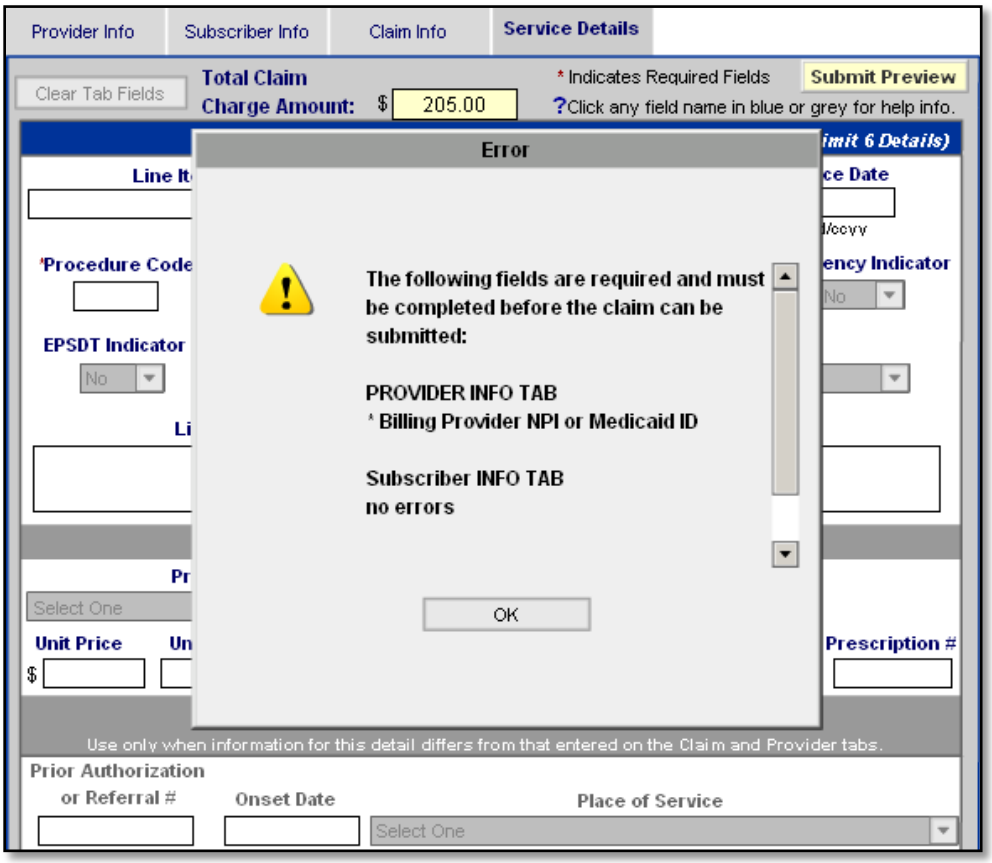




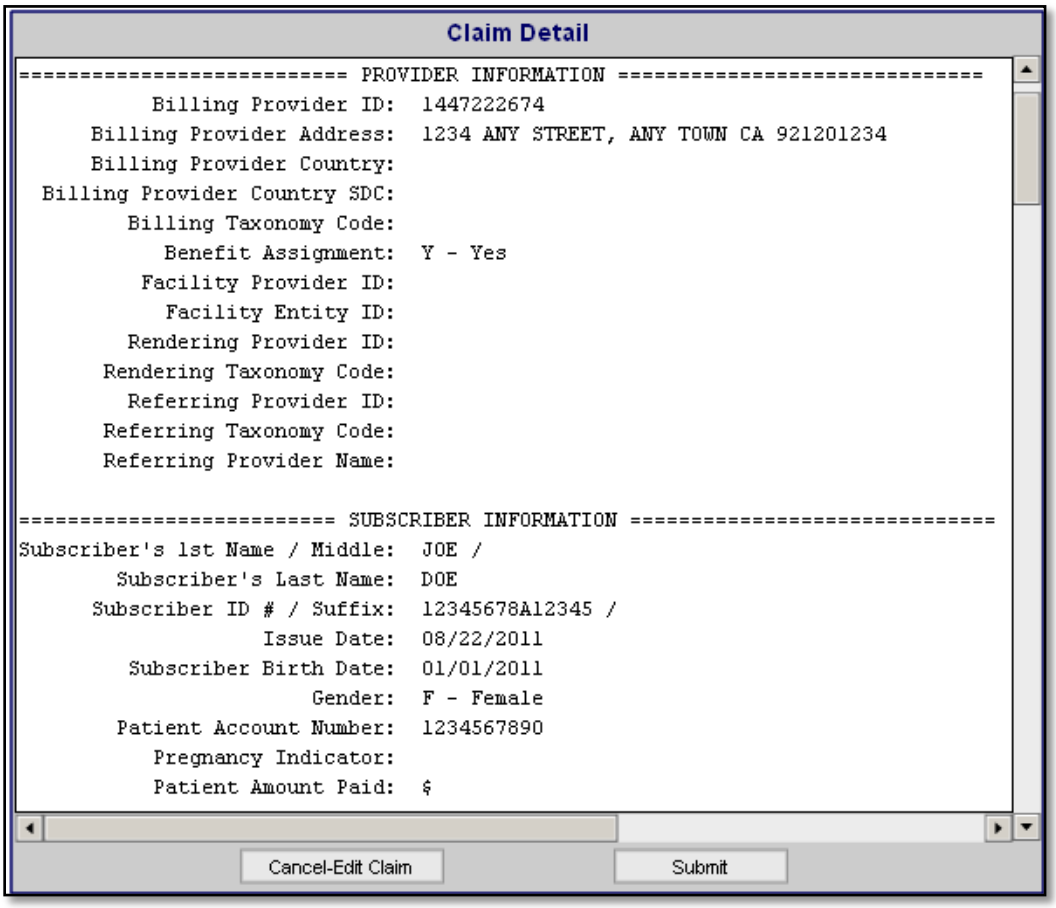
9. Once all required fields on each tab are completed, the **Submit Preview** button appears at the top right corner of the form. The system automatically checks for missing fields.



If required fields are incomplete, an error message is displayed:

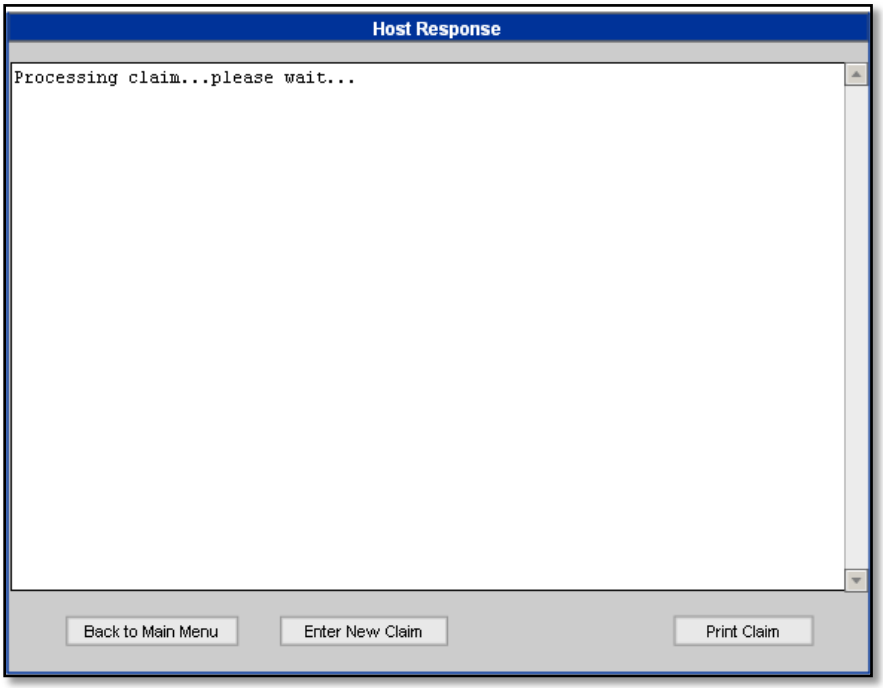


If all required fields are correctly completed, the **Claim Detail** screen is displayed:

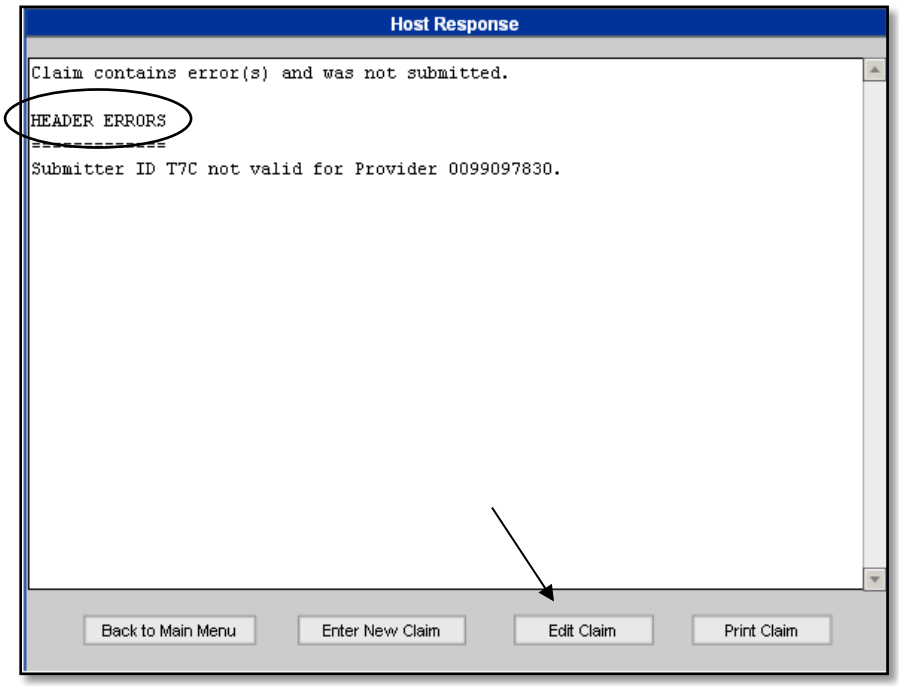


NOTE: Use the scroll bar on the right side to scroll down and view the rest of the claim. To cancel or edit the claim, click on the **Cancel-Edit Claim** button.

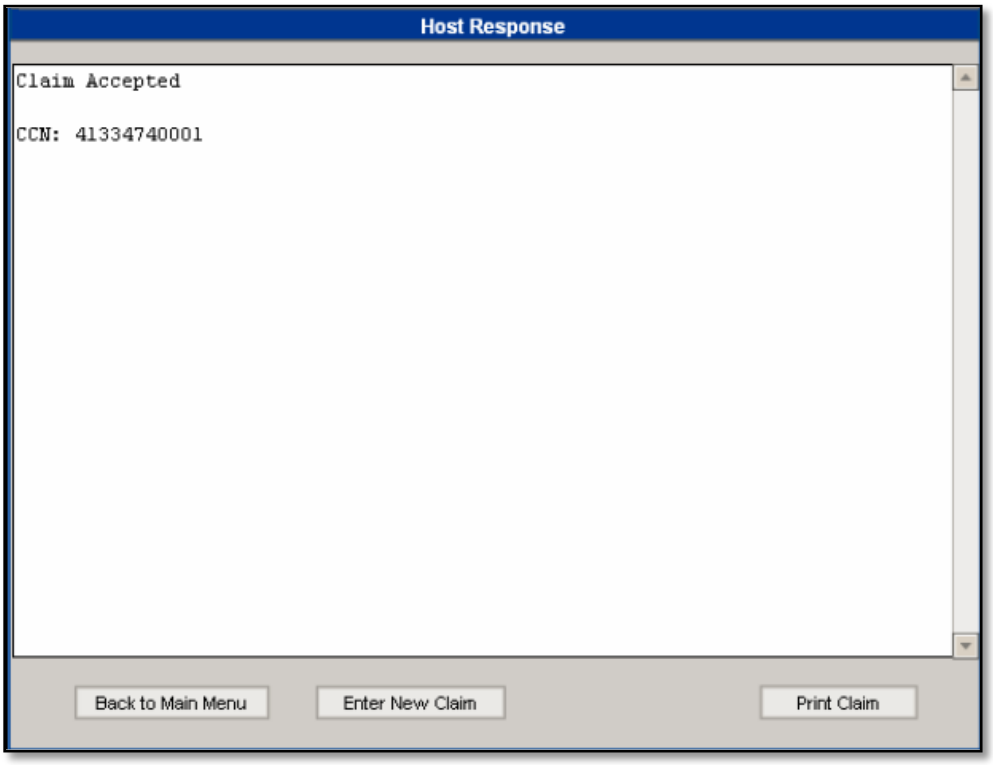
10. When the claim is ready to submit, click the **Submit** button.



11. A response screen shows the verification result and displays any errors. If the response screen shows errors, click **Edit Claim** to make corrections.



If the claim data entered is accepted for processing, the response screen displays the CCN. Click one of the following options: **Back to Main Menu**, **Enter New Claim** or **Print Claim**.



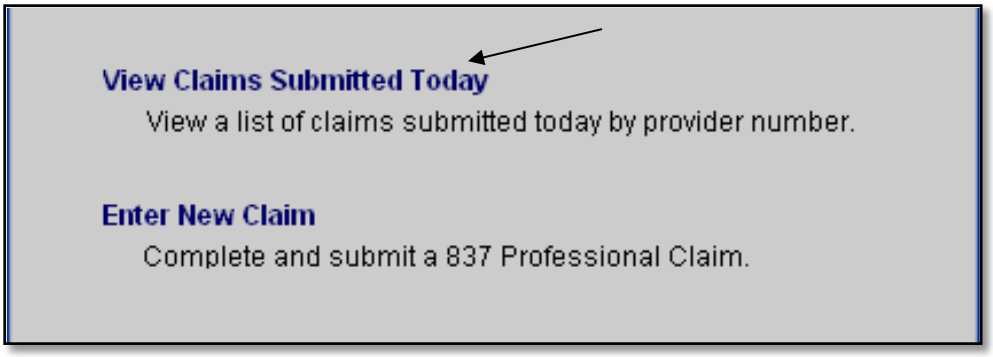
NOTE: An accepted claim does not guarantee payment. An accepted claim means only that the claim form was completed correctly and it will enter Medi-Cal's claim processing system.

If you need any assistance with IPCS, you may call the TSC at 1-800-541-5555. Select the options for the POS/Internet Helpdesk.

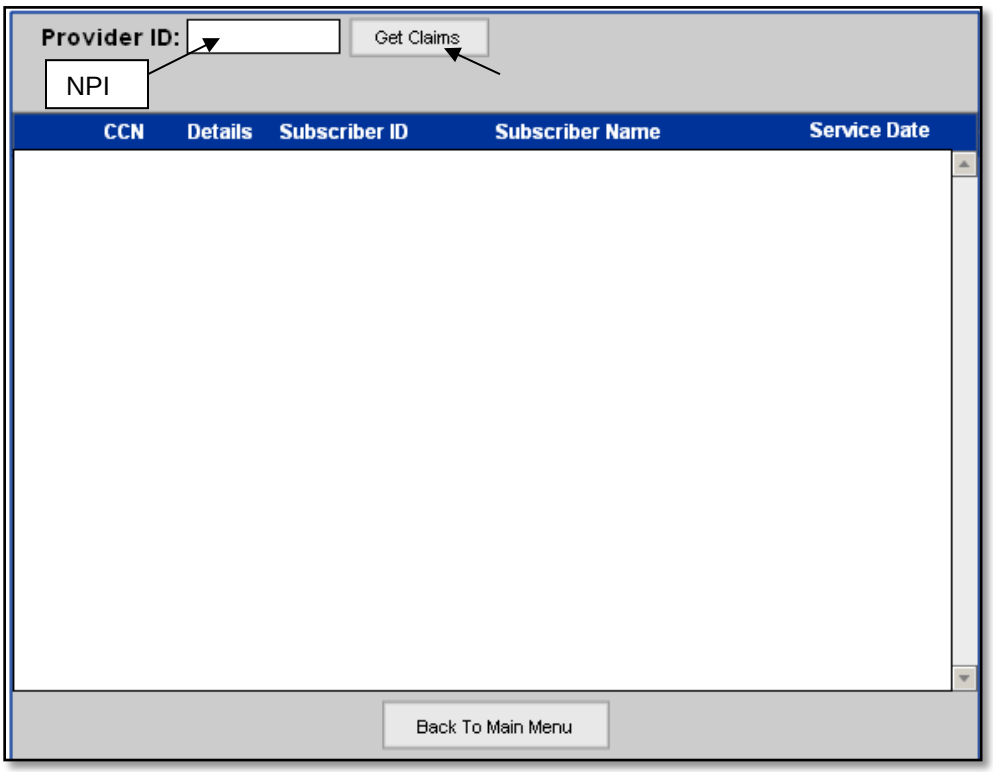
IPCS: Viewing Submitted Claims

To view claims for a particular provider, the provider ID must be assigned to the submitter (user) ID used to log on the system and the claim must previously have been submitted using the same user ID and provider ID.

1. Log on to **Transaction Services**, click the **Claims** tab, and select **Internet Professional Claim Submission (IPCS)**.
2. Select **View Claims Submitted Today**.

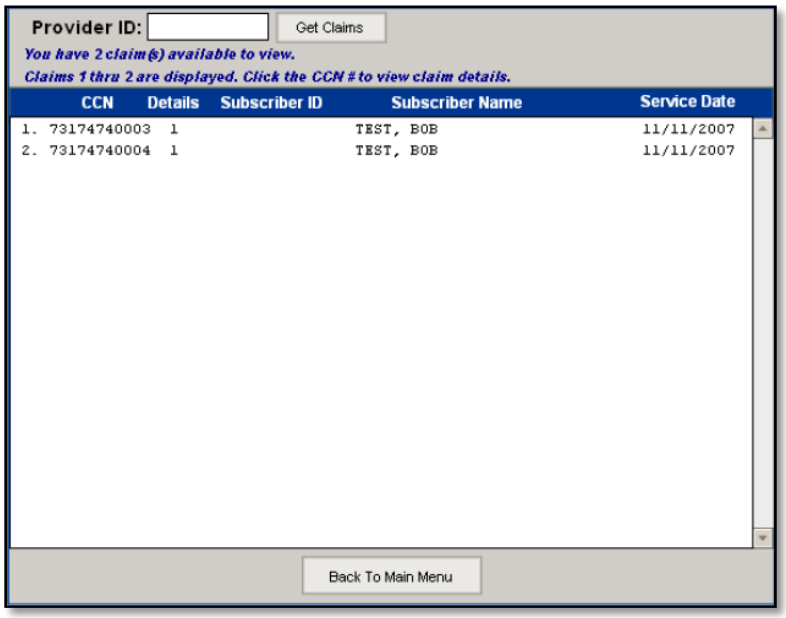


3. Enter the billing provider's 10 digit NPI in the box and click **Get Claims**.

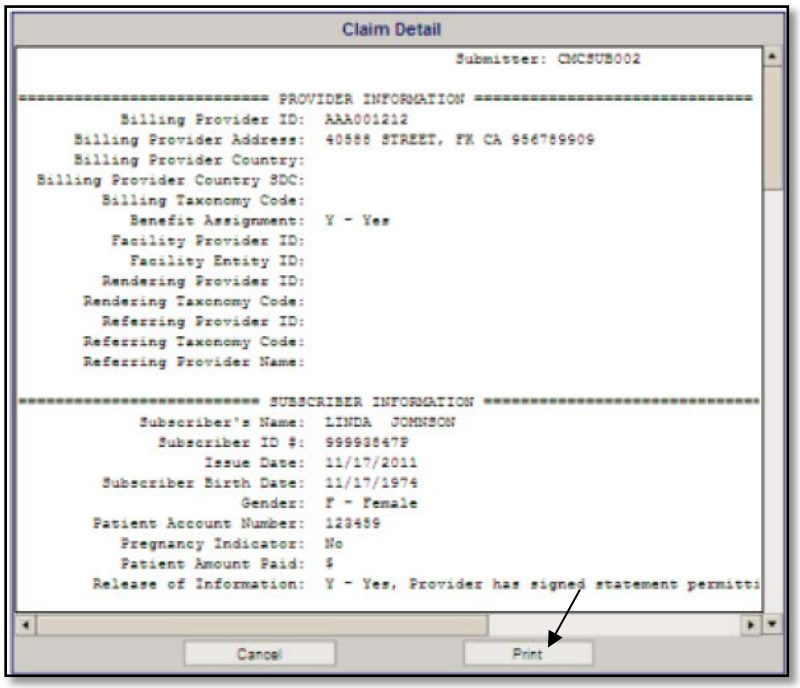


NOTE: You may only view claims that are submitted that day.

4. The system returns a list of claims submitted for the user and provider ID on the current day. If more than 20 claims are available to view, only the first 20 are displayed. To view the next 20 claims, click **More Claims**.



5. To print, select the desired claim in the CCN column and click **Print**.



Attachment Control Form (ACF)

An ACF validates the process of linking paper attachments to electronic claims. The California Medicaid Management Information System (CA-MMIS) processes paper attachments submitted in conjunction with an electronic claim.

For each electronically submitted claim requiring an attachment, a single and unique ACF must be submitted via mail or fax. Providers are required to use the 11-digit Attachment Control Number (ACN) from the ACF to populate the Paperwork (PWK) segment of the 837 HIPAA transaction.

Attachments must be mailed or faxed to the Fiscal Intermediary (FI) at the address below.

Xerox State Healthcare, LLC
P.O. Box 526022
Sacramento, CA 95852
Fax: 1-866-438-9377

Attachment Policies

- All attachments must be received within 30 days of the electronic claim submission.
- Attachments can be submitted 30 days prior to electronic claim submission.
- Only one ACN is accepted per single electronic claim and only one set of attachment will be assigned to a claim.
- Do not copy the ACF forms.

ACF Order/Reorder Instructions

ACFs and envelopes are provided free of charge to all providers submitting electronic transactions. Call TSC at 1-800-541-5555 to request ACF forms and envelopes.

Attachment Control Form (ACF)

The **Provider Number** field must be completed, and it must be **signed** and **dated**.

DO NOT STAPLE IN BAR AREA

MEDI-CAL CLAIM ATTACHMENT CONTROL FORM

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Unique 11 digit ACN

DO NOT WRITE IN THIS SPACE

ATTACHMENT CONTROL NUMBER 99999999999

VOID

PROVIDER NUMBER : (REQUIRED)

PROVIDER NAME : _____

PROVIDER ADDRESS : _____

_____

(PLEASE PRINT IN BLACK OR BLUE INK TO COMPLETE THIS FORM)

FOR F.I. USE ONLY

1 2 3 4

RETURN THIS FORM WITH ATTACHMENTS TO:

FISCAL INTERMEDIARY
P.O. BOX 526022
SACRAMENTO, CA 95852

PROVIDER SIGNATURE **DATE**

X_____ _____

USE THIS FORM AS A COVER SHEET FOR PAPER DOCUMENTATION TO SUPPORT THE ELECTRONICALLY SUBMITTED CLAIM.
FOR FURTHER INFORMATION REGARDING USE OF THE ATTACHMENT CONTROL FORM SEE THE PROVIDER MANUAL.

FORM NUMBER ACF-001

ACF Rejection Letter

xerox

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605

Date:

ATTACHMENT CONTROL FORM REJECT LETTER

This letter is to inform you that the coversheet or Attachment Control Form (ACF) you submitted does not meet Medi-Cal standards. It has been rejected for the following reason(s):

_____ **Invalid ACF**
(Only original ACFs provided by California Department of Health Services will be accepted)

_____ **Missing ACF**
(Paper attachments submitted without ACF)

_____ **Supporting documentation missing**
(ACF received without paper attachments)

_____ **Invalid Attachment Control Number (ACN) on ACF**
(Pre-imprinted CANNOT be altered or unreadable)

_____ **Other:** _____

Please resubmit your electronic claim if:

The resubmitted ACF has an Attachment Control Number (ACN) that differs from your original electronic claim form or;

More than 30 days have passed since you originally submitted your electronic claim.

Mail Attachments to - Fiscal Intermediary
P.O. Box 526022
Sacramento, CA 95852

If you have any questions regarding this notice or submitting attachments, please call the Telephone Service Center at 1-800-541-5555.

Sincerely,