

Medi-Cal Provider Training 2016

Navigating the Medi-Cal Website & Online Billing





The Outreach and Education team includes Regional Representatives, the Small Provider Billing Unit (SPBU) and Coordinators who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment.

The Medi-Cal Learning Portal (MLP) brings Medi-Cal learning tools into the 21st Century. Simply complete a one-time registration to gain access to the MLP's easy-to-use resources. View online tutorials, live and recorded webinars from the convenience of your own office and register for provider training seminars. For more information call the Telephone Service Center (TSC) at 1-800-541-5555 or go to the MLP at <http://www.medi-cal.ca.gov/education.asp>.

Free Services for Providers

Provider Seminars and Webinars

Provider training seminars and webinars offer basic and advanced billing courses for all provider types. Seminars are held throughout California and provide billing assistance services at the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Regional Representative.

Regional Representatives

The 24 Regional Representatives live and work in cities throughout California and are ready to visit providers at their office to assist with billing needs or provide training to office staff.

Small Provider Billing Unit

The four SPBU Specialists are dedicated to providing one-on-one billing assistance for one year to providers who submit fewer than 100 claim lines per month and would like some extra help. For more information about how to enroll in the SPBU Billing Assistance and Training Program, call 916-636-1275 or 1-800-541-5555.

All of the aforementioned services are available to providers at no cost!

Table of Contents

Navigating the Medi-Cal Website

Introduction.....	1
Overview	2
Tabs	6
Eligibility	13
Automated Provider Services (PTN)	15
Lab Services Reservation System (LSRS).....	20
Share of Cost (SOC) Transactions	22
Medical Services Reservation Transaction	25
Hospital Presumptive Eligibility Program.....	27
Medi-Cal Subscription Service (MCSS)	28

Medi-Cal Learning Portal

Introduction.....	1
Creating a User Account.....	2
Viewing Recorded Webinars.....	4
Viewing eLearning & Computer Based Training (CBT) Tutorials.....	6
Locating Regional Representatives	8

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

Introduction.....	1
CMC Overview	2
CMC Enrollment Process.....	2
CMC Upload Procedure.....	3
Inquiry on a CMC.....	6
IPCS Overview	8
IPCS Enrollment Process	9
IPCS System Requirements	11
IPCS Claim Form.....	12
IPCS Step-by-Step Claim Completion Process.....	18
IPCS: Viewing Submitted Claims	29
Attachment Control Form (ACF)	31
ACF Rejection Letter	33

Appendix

Acronyms	1
----------------	---

Navigating the Medi-Cal Website

Introduction

Purpose

The purpose of this module is to provide an overview of the Medi-Cal website and the different transaction services available on the site.

Module Objectives

- ◆ Introduce the basic features of the Medi-Cal website
- ◆ Demonstrate common Medi-Cal transactions through a real-time presentation
- ◆ Review available resources that make the Medi-Cal website user-friendly

Resource Information

References

- ◆ Telephone Service Center (TSC): 1-800-541-5555
- ◆ Medi-Cal website: (www.medi-cal.ca.gov)
- ◆ Regional Representatives

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).

Acronyms

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

Overview

Accessing the Medi-Cal Website

The Medi-Cal website home page can be accessed by opening up an Internet browser, typing (www.medi-cal.ca.gov) in the address bar and hitting **Enter**.

The screenshot shows the Medi-Cal website home page. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this is a search bar and a "Skip to: Content | Footer | Accessibility" link. The main content area is divided into several sections: "HOT NEWS" with links to Affordable Care Act (ACA), Code Conversions, Hospital Presumptive Eligibility, ICD-10, and Medi-Cal System Replacement; "FEATURED LINKS" with links to Beneficiary News, CMC, Forms, Medi-Cal Rates, Provider Enrollment, Billing Tips, FAQs, HIPAA, NCCI, and Provider Manuals; "NewsFlash" with a "NOVEMBER BULLETINS" section containing various news items; "RELATED" links to DHCS, CA Dept Public Health, and Medi-Cal Information for Individuals and Families; "MCSS" (Medi-Cal Subscription Service) with an email address field; "Outreach & Education" with a "Provider Training Webinars" section; and "TAR Inquiry Features" with a "TAR Inquiry Search" button.

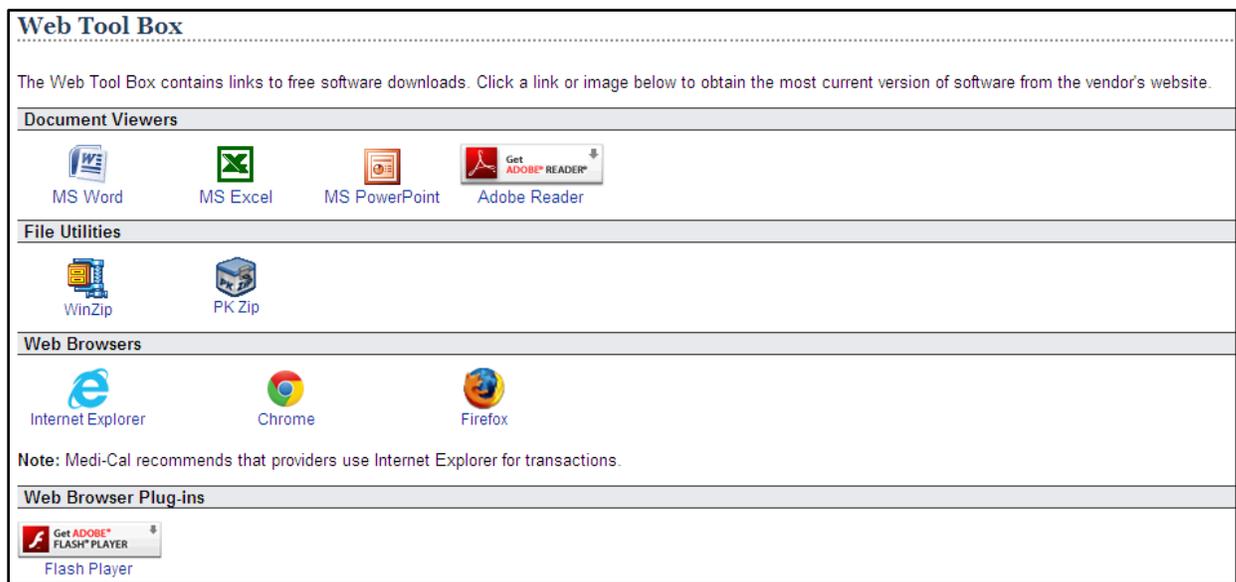
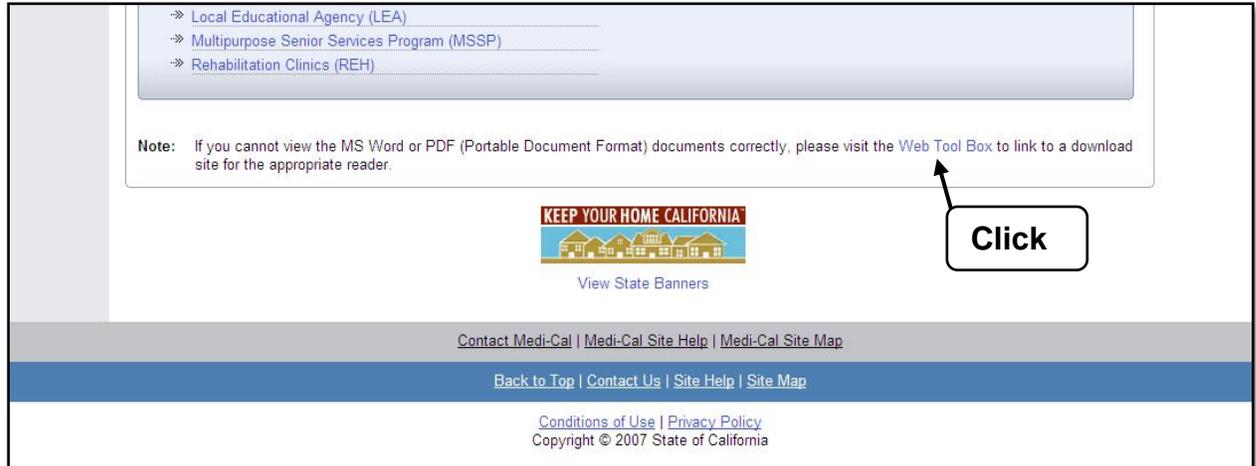
Requirements to access the Medi-Cal website include:

- ◆ A computer with a screen resolution set to 800 x 600 pixels or higher
- ◆ Internet access with at least a 56K speed modem

Navigating the Medi-Cal Website

Web Tool Box

Located at the bottom of the home page is the **Web Tool Box** link. Clicking this link connects providers to a site that contains links to free software downloads.



NOTE: These software programs are the most current versions offered by the vendor. The following downloads are read-only: MS Word, MS Excel and MS PowerPoint.

Medi-Cal Home Page

The home page lists the latest news and Medi-Cal updates that are essential to providers.

The screenshot shows the Medi-Cal Home Page with various sections and callouts:

- 1**: Search Medi-Cal box in the top right corner.
- 2**: Navigation menu including Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal.
- 3**: HOT NEWS section with links to Affordable Care Act (ACA), Code Conversions New!, Hospital Presumptive Eligibility, ICD-10, and Medi-Cal System Replacement New!.
- 4**: FEATURED LINKS section with links to Beneficiary News, CMC, Forms, Medi-Cal Rates, Provider Enrollment, Billing Tips, FAQs, HIPAA, NCCI, and Provider Manuals.
- 5**: System Status and Website Tour links.
- 6**: Outreach & Education section, including Provider Training Webinars (January Webinars Jan 5th - 28th) and TAR Inquiry Features.
- 7**: NewsFlash section.
- 8**: NOVEMBER BULLETINS section with a list of updates such as Upcoming Physician-Administered Drug Reimbursement Rate Updates, ACA Requirements for ORP Providers, Hyperbaric Oxygen Therapy ICD-10 Diagnosis Code Updates, 2016 Medi-Cal Provider Training Dates and Locations, Update: RTDs for DRG Organ Procurement Claims, Erroneously Denied Claims for HCPCS Code J7307 with ICD-10-CM Code Z30.018, Claims Processing Issue with Global Split-Billable Procedure Codes, Billing Tips: Paper Claims, Requirements and Procedures for Enrollment as a Substance Use Disorder Clinic Located on a School Site, Important Notices about ACA Payments to CHDP Providers, Update: Avoid Returned UB-04 Claims Due to Improper Placement of ICD Indicator, January 2016 Webinar Schedule, Update to Transmittal Form (MC 3020), Providers: Bill Electronically and Avoid Delayed Claims Processing, ICD-10: FAQs Update, ICD-10-CM Diagnosis Code Updates for Every Woman Counts Program, Family PACT Claims with Diagnosis Code Z30.9 are Being Erroneously Denied, DHCS is Working Closely with Counties on MEDS Issue, HCPCS Code for Management of Breast Cancer Treatment is a Covered Benefit, Corrected UPN for Attends Underwear Product, Upcoming CHDP Provider Manual Section Updates for ICD-10, Update to Medi-Cal State Inmate Program TAR Policy, Upcoming Family PACT Manual Updates for ICD-10, Upcoming Provider Manual Section Updates for ICD-10, New FQHC Billing Instructions for Dual-Eligible Members, Coverage Criteria for Wheelchairs and Wheelchair Accessories, Medi-Cal County Inmate Program in Development, CA-MMIS Health Enterprise: Web Registration for Hospital PE Providers, CA-MMIS Health Enterprise: Web Registration for BCCTP Providers, CA-MMIS Health Enterprise: Web Registration for CHDP Providers, CA-MMIS Health Enterprise: Revised Implementation Date, New Response Message for CHDP Program, New RAD Codes Established for Medical Transportation Claims, Denied CHDP Claims for Influenza Codes 53 and 71 to be Reprocessed, Update: ACA Primary Care Rate Increases, Attestation and UCR Submission Period Extended for CHDP Group Providers to Receive ACA Rate Increase, CHDP Proprietary Electronic Claim Transaction Format Update, Update: Paper TARs and SARs to be Discontinued in 2016.
- 9**: MCSS (Medi-Cal System Status) alert box with an email address field and a Next button.
- 10**: RELATED section with links to DHCS, CA Dept Public Health, and Medi-Cal Information for Individuals and Families.
- 11**: Contact Medi-Cal, Medi-Cal Site Help, and Medi-Cal Site Map links.
- 12**: Back to Top, Contact DHCS, Site Help, and Site Map links.

At the bottom of the page, there is a note: "Note: If you cannot view the MS Word or PDF (Portable Document Format) documents correctly, please visit the Web Tool Box to link to a download site for the appropriate reader." Below the note is a "View State Banners" link with a small image of state banners.

Navigating the Medi-Cal Website

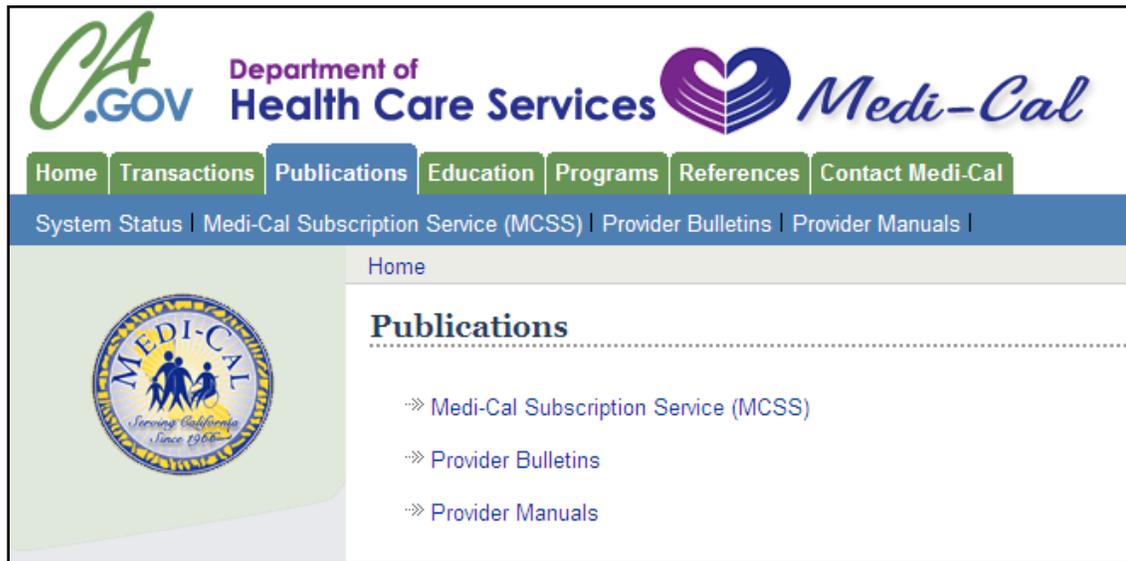
1. **Search Box:** Located at the top-right corner of every page and used to search the entire Medi-Cal website. Type key words of what you are looking for and the results will appear on a new page.
2. **Tabs:** Include Home, Transactions, Publications, Education, Programs, References and Contact Medi-Cal.
3. **Hot News:** Links to important issues affecting Medi-Cal.
4. **Featured Links:** Displays frequently visited areas of the website. Allows you to quickly navigate to popular programs and topics. Updated throughout the year.
5. **System Status:** Notifies the user of a system-wide or specific provider problem. May be checked from any page within the Medi-Cal website by clicking the System Status link in the navigation bar at the top left.
6. **Outreach & Education:** Training events, advertisements and topics of interest are displayed here. By clicking the logo, you will be directed to the Medi-Cal Learning Portal.
7. **NewsFlash:** Get the most current information about Medi-Cal in the *NewsFlash* area.
8. **Monthly Bulletins:** The tab name changes on a monthly basis to indicate the month of the most recent bulletins. Bulletins provide information on updates and general billing and policy changes related to the Medi-Cal program.
9. **MCSS:** Medi-Cal Subscription Service. Sign up to receive links to Medi-Cal news, bulletins and System Status Alerts by email.
10. **Related:** Related website addresses are published in the left column. These links direct you to the Department of Health Care Services (DHCS) website.
11. **Medi-Cal Footer:** Medi-Cal specific information is located in the light gray area of the footer. The footer displays on all pages of the Medi-Cal website.
12. **DHCS Footer:** DHCS website-specific links are located in the blue area of the footer. The Contact Us, Site Help, and Site Map links direct the user to the DHCS website.

NOTE: All links except for the Transactions Tab are available to the general public and do not require a provider ID and PIN to access.

Tabs

Publications Tab

The Publications tab contains the link to the Medi-Cal Subscription Service (MCSS), provider bulletins and provider manuals.



Provider Bulletins

Bulletins include information about updates and general billing and policy changes related to the Medi-Cal program. Bulletins are published monthly. Archives are available for the previous 12 months in Word or PDF format. Provider bulletins are categorized into General, Allied Health, Inpatient/Outpatient, Long Term Care, Medical Services, Pharmacy, Vision Care and Specialty Programs.

Provider Bulletins		
General		
	Month	Archive
Indexes and Glossary	November	
Part 1 – Medi-Cal Program and Eligibility	November	
Allied Health		
Acupuncture (ACU)	November	
Audiology and Hearing Aids (AUD)	November	
Chiropractic (CHR)	November	
Durable Medical Equipment and Medical Supplies (DME)	November	
Medical Transportation (MTR)	November	
Orthotics and Prosthetics (OAP)	November	
Psychological Services (PSY)	November	
Therapies (THP)	November	

Navigating the Medi-Cal Website

Provider Manuals

The provider manuals contain valuable resources for Medi-Cal providers, including billing guidelines, claim form completion instructions, Medi-Cal policy, references and other resources. The provider manuals are separated into two parts: Part 1 and Part 2.

Provider Manuals

Enter your search below:

[Tips for searching](#) [Use Free-text query](#)

General

- [Indexes and Glossary](#)
- [Part 1 – Medi-Cal Program and Eligibility](#)

Part 1: Contains general Medi-Cal guidelines applicable to all provider types.

Allied Health

- [Acupuncture \(ACU\)](#)
- [Audiology and Hearing Aids \(AUD\)](#)
- [Chiropractic \(CHR\)](#)
- [Durable Medical Equipment and Medical Supplies \(DME\)](#)
- [Medical Transportation \(MTR\)](#)
- [Orthotics and Prosthetics \(OAP\)](#)
- [Psychological Services \(PSY\)](#)
- [Therapies \(THP\)](#)

Inpatient/Outpatient

- [Inpatient Services \(IPS\)](#)
- [AIDS Waiver Program \(AID\)](#)
- [Clinics and Hospitals \(CAH\)](#)
- [Chronic Dialysis Clinics \(DIA\)](#)
- [Community-Based Adult Services \(formerly Adult Day Health Care Centers\)](#)
- [Expanded Access to Primary Care Program \(EAP\)](#)
- [Heroin Detoxification \(HER\)](#)
- [Home Health Agencies/Home and Community-Based Services \(HOM\)](#)
- [Hospice Care Program \(HOS\)](#)
- [Local Educational Agency \(LEA\)](#)
- [Multipurpose Senior Services Program \(MSS\)](#)
- [Rehabilitation Clinics \(REH\)](#)

Part 2: Contains specific billing guidelines for each provider type. Part 2 contains the manuals for Allied Health, Inpatient, Long Term Care, Medical Services, Outpatient, Pharmacy, Vision Care, Specialty Programs and Other Sections.

NOTE: Provider manuals and bulletins are available to view and print.

Education Tab

The Education tab refers providers to the Outreach & Education (O&E) department, which provides a variety of Medi-Cal support services. Clicking **Launch the Medi-Cal Learning Portal (MLP)** connects providers to the MLP website.

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Learning Portal | Find Regional Representatives |

Home

Outreach & Education

About our Team
Welcome to your Medi-Cal Provider Outreach and Education home page. The Outreach and Education team is comprised of Regional Representatives, the Small Provider Billing Unit (SPBU) and Coordinators who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment.

What is the Medi-Cal Learning Portal?
The Medi-Cal Learning Portal (MLP) is the new, easy-to-use, one-stop learning center for Medi-Cal billers and providers. First-time users must complete a one-time registration to have access to the MLP's easy-to-use resources, such as online tutorials, live and recorded webinars from the convenience of your own office and register for Provider Training Seminars.

[Launch the Medi-Cal Learning Portal \(MLP\)](#)

Services for Providers

- **Provider Seminars and Webinars**
Provider Training Seminars and Webinars offer basic and advanced billing courses for all provider types. Seminars are held throughout California and have billing assistance service at no cost at the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Regional Representative. Webinars are available online upon registration. For more information call the Telephone Service Center (TSC) at 1-800-541-5555.

Introducing the new Outreach and Education logo

Programs Tab

The Programs tab links to overviews, user guides, policies and billing instructions for the following specialty programs: Breast and Cervical Cancer Treatment Program (BCCTP), Child Health and Disability Prevention (CHDP) Program, Electronic Health Record (EHR) Incentive Program, Family Planning, Access, Care and Treatment (Family PACT), Managed Care and Presumptive Eligibility.

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | BCCTP | CHDP | EHR Incentive Program | Every Woman Counts | Family PACT | Managed Care | Presumptive Eligibility |

Home

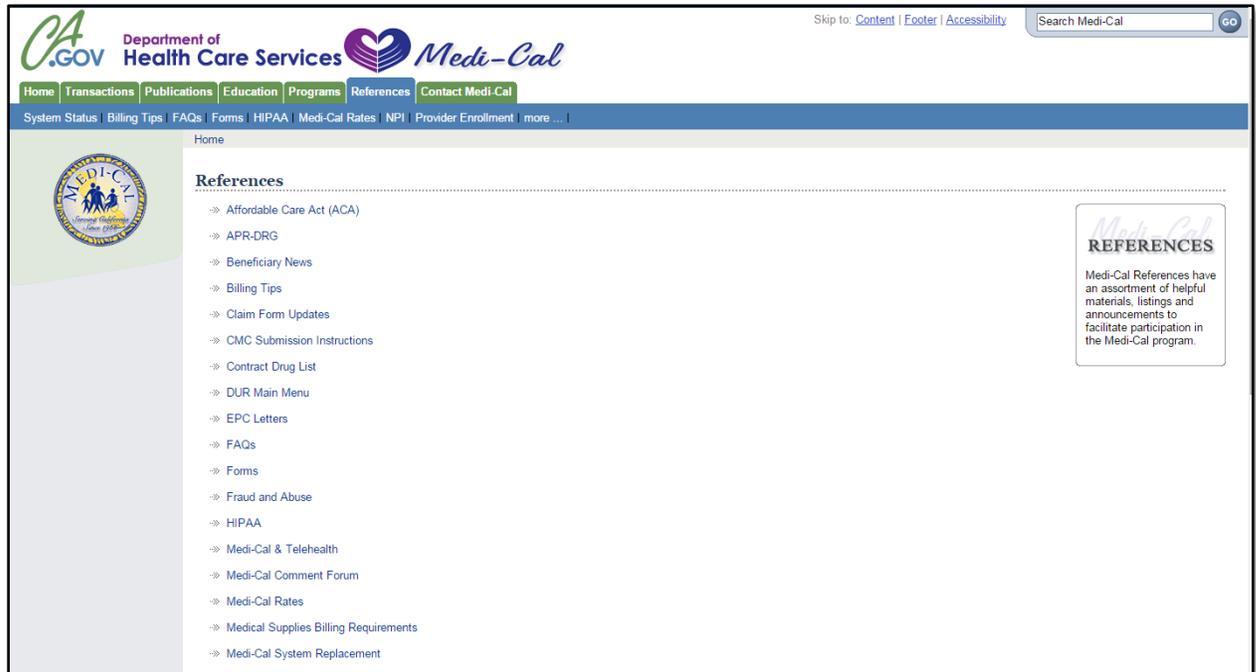
Programs

- BCCTP Update
- CHDP Provider Manuals and Bulletins
- EHR Incentive Program
- EWC Manuals, Forms and Worksheets
- Family PACT
- Managed Care
- Presumptive Eligibility

Navigating the Medi-Cal Website

References Tab

The References tab contains an assortment of helpful materials, listings and announcements to facilitate participation in the Medi-Cal program.



Other links listed under the References tab include:

Fraud and Abuse	HIPAA/5010/4010/NCPDP
Medi-Cal & Telehealth	Medi-Cal Comment Forum
Medi-Cal Rates	Medical Supplies Billing Requirements
National Correct Coding Initiative (NCCI)	National Drug Code (NDC)
National Provider Identifier (NPI)	Office of Health Information Technology
Procedure/Drug Code Limitation List	Provider Enrollment
Provider-Preventable Conditions	Related Sites
Suspended & Ineligible Provider List	Technical Publications
User Guides	

Contact Medi-Cal Tab

The Contact Medi-Cal tab is a resource of telephone numbers and addresses for communicating with Medi-Cal.

Department of
Health Care Services

[Skip to: Content | Footer | Accessibility](#)

GO

Home
Transactions
Publications
Education
Programs
References
Contact Medi-Cal

System Status | [Home](#)

Contact Medi-Cal

Phone Support: 1-800-541-5555

The Telephone Service Center (TSC) is available 8 a.m. to 5 p.m., Monday through Friday, except holidays (border providers and out-of-state billers billing for in-state providers, call [916] 636-1200). For faster access to TSC resources, refer to the guides for *TSC Main Menu Prompt Options*, *AEVS Main Menu Prompt Options* and the *Provider Telecommunications Network (PTN) Main Menu Prompt Options*. You are encouraged to print these guides and keep them next to your phone for easy reference. [more...](#)

Automated Phone Center: 1-800-786-4346

The automated phone center is available 7 a.m. to 8 p.m., Pacific Standard Time, seven days a week. For instructions on using the automated phone center, refer to the *Provider Telecommunications Network (PTN)* section of the provider manual. [more...](#)

Walk-Up Claim Delivery Address

Effective September 26, 2011, Xerox State Healthcare, LLC(Xerox) is the new DHCS Fiscal Intermediary (FI), which processes all Medi-Cal claims. All hand-delivered claims and correspondence are to be delivered and addressed to Xerox State Healthcare, LLC at the following location:

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605-1630

Shipping and receiving hours of operation are Monday – Friday from 8 a.m. to 5 p.m.

Written Correspondence:

Need help with recurring billing issues? Write to us at:
Xerox State Healthcare, LLC
Attn: CSU
P.O. Box 13029
Sacramento, CA 95813-4029
[more...](#)

Missing, lost or returned warrants? Write to us at:
Xerox State Healthcare, LLC
Attn: Cash Control
P.O. Box 13029
Sacramento, CA 95813-4029
[more...](#)

Out-of-State Provider Support: (916) 636-1960

Available 8 a.m. to 12 p.m. and from 1 p.m. to 5 p.m., Monday through Friday, except holidays.
[more...](#)

Small Provider Billing Unit: (916) 636-1275

Medi-Cal offers a full-service billing assistance and training program for medical service providers who submit less than 100 Medi-Cal claim lines per month and do not use a billing service or agency. Representatives are available from 8 a.m. to 12 p.m. and from 1 p.m. to 5 p.m., Monday through Friday, except holidays. [more...](#)

Medi-Cal Recipients

The [Medi-Cal Contacts](#) page of the Department of Health Care Services Web site offers important contact information for a variety of recipient resources. The contact page includes Medi-Cal resources and health information for individuals, families, children with special medical conditions and seniors needing personal care.

CONTACT US

The Telephone Service Center (TSC) is available 8 a.m. to 5 p.m., Monday through Friday, except holidays (border providers and out-of-state billers billing for in-state providers, call [916] 636-1200).

[Contact Medi-Cal](#) | [Medi-Cal Site Help](#) | [Medi-Cal Site Map](#)

[Back to Top](#) | [Contact Us](#) | [Site Help](#) | [Site Map](#)

[Conditions of Use](#) | [Privacy Policy](#)
Copyright © 2007 State of California

Transactions Tab

The Transactions tab is the point of entry into Medi-Cal's suite of Internet-based transaction services. Providers log in using their Medi-Cal NPI number & Medi-Cal Provider Identification Number (PIN) or submitter ID and password. A menu of available transactions will be displayed, customized to each provider type.

The screenshot shows the Medi-Cal website's Transactions tab. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this is a secondary navigation bar with links for System Status, Login, Services Available, and Enrollment Requirements. The main content area is titled "Login to Medi-Cal" and contains a warning message, a login form, and a button to access the Health Enterprise Web Login/Registration. The login form includes fields for User ID and Password, and buttons for Submit and Clear. A black arrow points to the User ID field. The footer contains links for Contact Medi-Cal, Medi-Cal Site Help, and Medi-Cal Site Map, along with a copyright notice for 2007 State of California.

CA .GOV Department of Health Care Services Medi-Cal

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status Login Services Available Enrollment Requirements

Home

Login to Medi-Cal

WARNING: This is a State of California computer system that is for official use by authorized users and is subject to being monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions stated in this warning.

Please enter your User ID and Password. Click Submit when done.

Visit Transaction Enrollment Requirements for Medi-Cal.

Please enter your User ID:

Please enter your Password:

Note: The eTAR application requires logging in using an NPI number. All eTARs will be denied if logging in using a legacy number. Exemption: Legacy number usage is permitted only to Providers authorized by the Department of Health Care Services (DHCS).

Be careful to protect your user ID and password to prevent unauthorized use.

[Click Here to Access Health Enterprise Web Login/Registration](#)

Contact Medi-Cal | Medi-Cal Site Help | Medi-Cal Site Map

Back to Top | Contact DHCS | Site Help | Site Map

[Conditions of Use](#) | [Privacy Policy](#)
Copyright © 2007 State of California

NOTE: Providers must complete the *Medi-Cal Point of Service (POS) Network/Internet Agreement* form to be able to access Transactions. Locate this form by clicking the "Transaction Enrollment Requirements" hyperlink. Applications must be submitted to the Fiscal Intermediary (FI) and typically take two to three weeks to process.

Transactions Log-In

The screenshot shows the Medi-Cal website's login interface. At the top, there is a navigation menu with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this is a secondary menu with System Status, Login, Services Available, and Enrollment Requirements. The main content area is titled 'Login to Medi-Cal' and includes the following text: 'Please enter your User ID and Password. Click Submit when done.' and 'Visit Transaction Enrollment Requirements for Medi-Cal.' There are two input fields: 'Please enter your User ID:' and 'Please enter your Password:'. A 'Click' box points to the 'Submit' button. Annotations include 'Enter NPI' pointing to the User ID field and 'Enter 7-digit PIN' pointing to the Password field. A note states: 'Note: The eTAR application requires logging in using an NPI number. All eTARs will be denied if logging in using a legacy number. Exemption: Legacy number usage is permitted only to Providers authorized by the Department of Health Care Services (DHCS).'

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Login | Services Available | Enrollment Requirements |

Home

Login to Medi-Cal

Please enter your User ID and Password. Click Submit when done.

Visit Transaction Enrollment Requirements for Medi-Cal.

Please enter your User ID:

Please enter your Password:

Note: The eTAR application requires logging in using an NPI number.
All eTARs will be denied if logging in using a legacy number.
Exemption: Legacy number usage is permitted only to Providers authorized by the Department of Health Care Services (DHCS).

Be careful to protect your user ID and password to prevent unauthorized use.

To Log In:

1. Enter NPI in **Please enter your User ID** field.
2. Enter seven-digit PIN in **Please enter your Password** field.
3. Press **Enter** or click **Submit**.

Eligibility

Providers should verify a recipient's eligibility prior to rendering service. Providers can verify eligibility online through Transaction Services.

The screenshot shows the 'Transaction Services' header. Below it is a blue bar that says 'You are logged in as:'. Underneath are four tabs: 'Elig', 'Claims', 'eTAR', and 'Prgms'. The 'Elig' tab is selected. Below the tabs is a list of links with arrows pointing to the right. An arrow points to the 'Single Subscriber' link. The links are: Single Subscriber, Automated Provider Services (PTN), Lab Services Reservation System (LSRS), SOC (Spend Down) Transactions, Multiple Subscribers, Batch Internet Eligibility, and Medical Services Reservations (Medi-Services).

Eligibility Verification

The screenshot shows the 'Eligibility Verification' header. Below it is a blue bar that says 'You are logged in as:'. Below the bar are five input fields, each with a red asterisk to its left: 'Swipe Card:', 'Subscriber ID:', 'Subscriber Birth Date:', 'Issue Date:', and 'Service Date:'. Below the fields is a legend: '* Indicates Required Field'. Below the legend are three buttons: 'SUBMIT', 'CLEAR', and 'Recall data from last transaction'. At the bottom, there is a help message: 'Click here ? for help on button usage. For help on fields, place the cursor in the desired field and click on the Help link on the left.'

Required information for checking recipient eligibility:

- ◆ Subscriber ID number
- ◆ Subscriber Date of Birth
- ◆ Issue Date
 - Must match the issue date shown on the patient's Benefits Identification Card (BIC)
- ◆ Date of Service

Eligibility Transactions

Eligibility Verification

You are logged in as:

Swipe Card:

* Subscriber ID:

* Subscriber Birth Date:

* Issue Date:

* Service Date:

* Indicates Required Field

ID: 12345678A91234

Eligibility Response

Eligibility Response

Eligibility transaction performed by provider:
on Monday, February 20, 2012 at 11:39:11 AM




Subscriber ID: 12345678A91234		
Service Date: 11/13/2015	Subscriber Birth Date: 01/01/2001	Issue Date: 08/22/2011
Primary Aid Code:	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: - unknown	HIC Number:	
Primary Care Physician Phone #:	Service Type:	
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER NOT FOUND.		

NOTE: It is important that providers review all information on the Eligibility Response log.

- ◆ **Green Signal Light:** Subscriber is eligible for services.
- ◆ **Yellow Signal Light:** Subscriber is eligible for benefits under certain conditions.
- ◆ **Red Signal Light:** Subscriber is not eligible for benefits.

Automated Provider Services (PTN)

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Exit | Services Available | Enrollment Requirements |

Home -> Transaction Services

Automated Provider Services (PTN)

You are logged in as:

- > Perform Check Write Status Inquiry
- > Perform Claim Status Request
- > Perform Continuing Care Status Inquiry
- > Perform Medicare Drug Pricing Inquiry

PTN

- > Check Write
- > Claim Status
- > Continuing Care
- > Medicare Drug Pricing
- > Procedure Code
- > Medical Supply Code

PTN Menu Options

PTN

- > Check Write
- > Claim Status
- > Continuing Care
- > Medicare Drug Pricing
- > Procedure Code
- > Medical Supply Code
- > Issue Status
- > Appeal Status
- > General Mailing Info
- > Max AF Reimbursement, Current Quarter
- > Max AF Reimbursement, Prior Quarter
- > Max AF Reimbursement, Prior Prior Quarter

Check Write Transaction

Providers can obtain financial information about received and pending claims. The information includes:

- ◆ Last warrant date and amount
- ◆ Pending number of claims with the amount
- ◆ Claims currently in process with the amount

Check Write Transaction

You are logged in as:

- Medi-Cal
- CMSP
- Abortion
- CCS
- GHPP
- CHDP
- Other Public Health Program
- Health Care Plan

[Select All](#) [Clear All](#)

Click here  for help on button usage.
For help on fields, place the cursor in the desired field and click on the [Help](#) link on the left

Instructions

1. Check the box that applies to the inquiry.
2. Click **Submit** or hit **Enter**.

Claim Status

Providers can receive information about claims being processed or adjudicated by entering the Claim Control Number (CCN) or subscriber information.

The screenshot shows a web form titled "Claim Status Transaction". At the top, it says "You are logged in as:" followed by a dropdown menu for "Claim Inquiry on Provider Number". Below this, there are four required fields marked with an asterisk: "Payer Claim Control Number", "Subscriber Identifier", "Claim Service Period From", and "Total Claim Charge Amount". The "Claim Service Period From" field is paired with a "To:" field. There is an "Or" option between the Payer Claim Control Number and Subscriber Identifier fields. Below the fields are three buttons: "SUBMIT", "CLEAR", and "Recall Data From Last Transaction". A note indicates that an asterisk indicates a required field. At the bottom, there is a help link with a question mark icon and instructions on how to use the buttons and fields.

Instructions

1. Enter the CCN in **Payer Claim Control Number** field.
2. Click **Submit** or hit **Enter**.

OR

1. Enter Subscriber ID in all CAPS in **Subscriber Identifier** field.
 - Example: 12345678A
2. Enter claim Date of Service (DOS) from and to dates in MM/DD/YYYY format.
3. Enter **Total Claim Charge Amount** (Optional).
4. Click **Submit** or hit **Enter**.

Procedure Code Inquiry

Providers can access information about numerous Medi-Cal procedure codes, including amount payable for each code and other information.

Procedure Code Transaction

You are logged in as:

Procedure Code:

Click here  for help on button usage. For help on fields, place the cursor in the desired field and click on the Help button on the left.

Instructions

1. Enter procedure code in **Procedure Code** box.
2. Click **Submit** or hit **Enter**.

99214 OFFICE/OUTPATIENT VISIT E		
Procedure Level : CPT4 code	Procedure Type : Medicine	
Effective Date : 08/01/2000	End Date : 12/31/2069	Follow Up Days : 0
Gender : Both	Min Age : 0	Max Age : 99
Medi-Cal Max Allowable Amount : \$37.50	Split Bill professional percentage : 0.0%	
This procedure may be subject to a 20% reduction if performed in a hospital outpatient department or surgical clinic. No TAR or medi-reservation required.		

Appeal Status Inquiry

Providers can access the Medi-Cal website to obtain status of adjustments and appeals.

The screenshot shows the 'Medi-Cal Appeal Status Inquiry' page. At the top, it says 'You are logged in as:'. Below this is a text input field labeled 'Document Number:'. Underneath the field are two buttons: 'Submit' and 'Clear'. Below these buttons is a larger button labeled 'Recall data from last transaction'. At the bottom of the form, there is a help message: 'Click here [question mark icon] for help on button usage. For help on fields, place the cursor in the desired field and click on the Help button on the left.'

Instructions

1. Enter appeal's Document Number in the **Document Number** field.
2. Click **Submit** or hit **Enter**.

Issue Status Inquiry

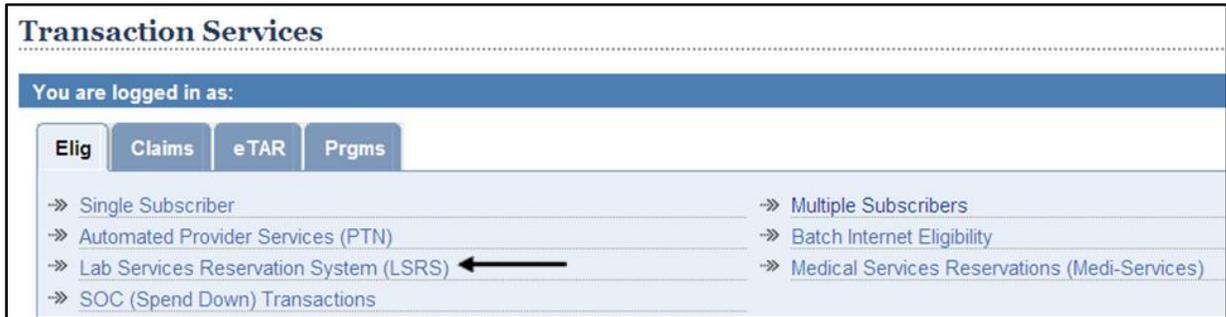
The screenshot shows the 'Issue Status' page. At the top, it says 'You are logged in as:'. Below this is a text input field labeled 'Issue Number :'. Underneath the field is the text '(Leave blank to search all)'. Below this text are two buttons: 'Submit' and 'Clear'. Below these buttons is a larger button labeled 'Recall Data From Last Transaction'. At the bottom of the form, there is a help message: 'Click here [question mark icon] for help on button usage. For help on fields, place the cursor in the desired field and click on the Help button on the left.'

Instructions

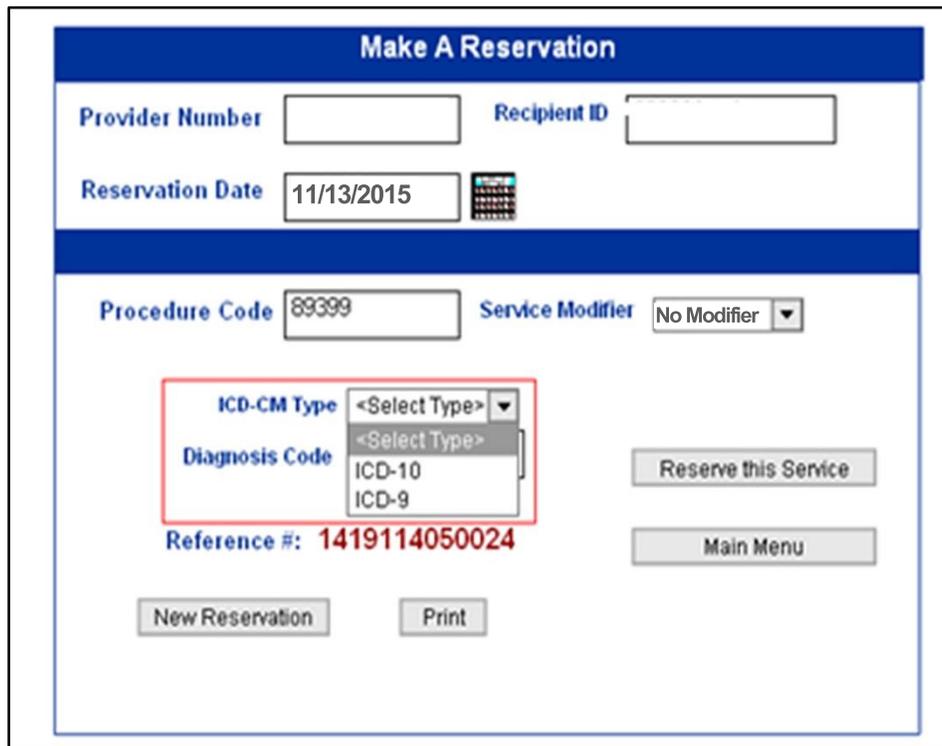
1. Enter Issue or Service Request Number in the **Issue Number** field.
2. Click **Submit** or hit **Enter**.

Lab Services Reservation System (LSRS)

The Lab Services Reservation System (LSRS) is an online system used to schedule recipient lab services. Providers must have Adobe Flash Player installed on their computer before using LSRS. To download this software, click the Web Tool Box link located on the bottom of the page.



The image shows a navigation menu titled "Transaction Services". Below the title is a blue bar that says "You are logged in as:". Underneath are four tabs: "Elig", "Claims", "eTAR", and "Prgms". The "Elig" tab is selected. Below the tabs are several links with arrows pointing to the right: "Single Subscriber", "Automated Provider Services (PTN)", "Lab Services Reservation System (LSRS)", and "SOC (Spend Down) Transactions" on the left; and "Multiple Subscribers", "Batch Internet Eligibility", and "Medical Services Reservations (Medi-Services)" on the right. A black arrow points to the "Lab Services Reservation System (LSRS)" link.



The image shows a form titled "Make A Reservation". It contains several input fields and buttons. The fields are: "Provider Number" (empty), "Recipient ID" (empty), "Reservation Date" (11/13/2015), "Procedure Code" (69399), and "Service Modifier" (No Modifier). There are two dropdown menus: "ICD-CM Type" (set to <Select Type>) and "Diagnosis Code" (set to <Select Type>). A red box highlights the "Diagnosis Code" dropdown menu, which shows options for "ICD-10" and "ICD-9". Below the dropdowns is a "Reference #:" field with the value "1419114050024". At the bottom of the form are four buttons: "New Reservation", "Print", "Reserve this Service", and "Main Menu".

Instructions

Enter the requested information in the boxes and click the **Reserve this Service** box.

LSRS Response

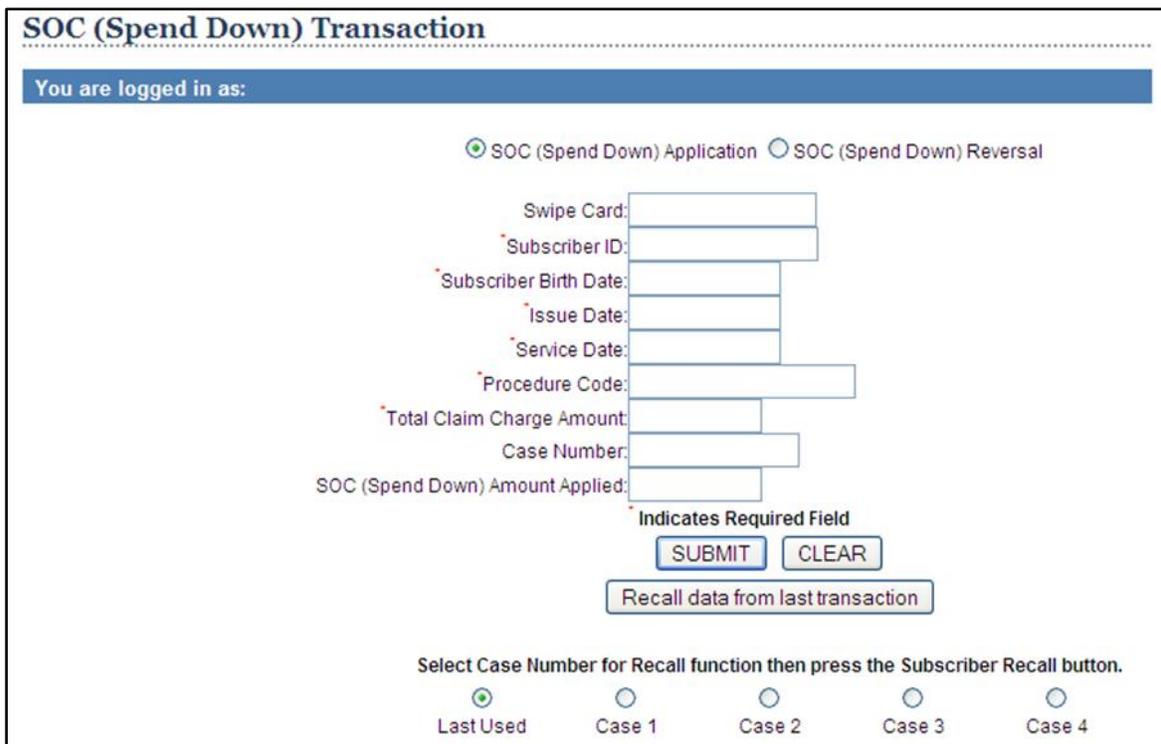
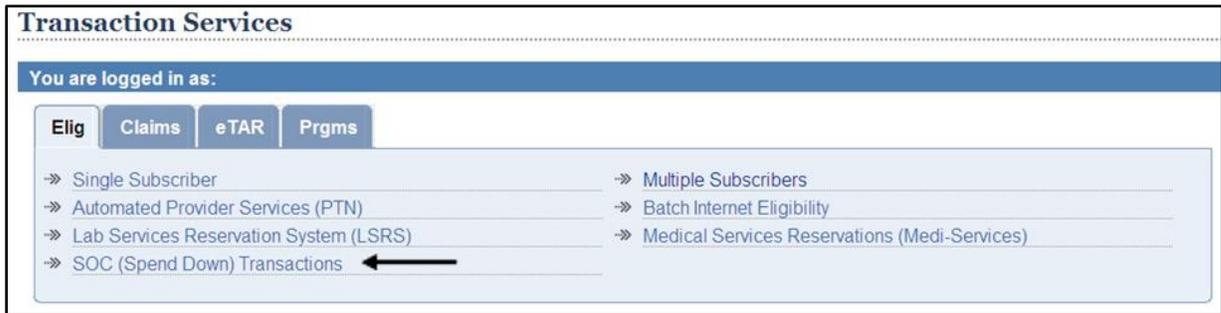
The screenshot shows a web form titled "Make A Reservation". It contains several input fields and buttons. The "Provider Number" field is empty. The "Recipient ID" field contains the value "12345678A91234". The "Reservation Date" field contains "10/22/2015" and has a calendar icon to its right. The "Procedure Code" field contains "88120". The "Service Modifier" field is a dropdown menu with "No Modifier" selected. Below the form, there is a "Reference #" displayed in red text as "1429514014477". At the bottom, there are three buttons: "New Reservation", "Print", and "Main Menu".

The LSRS online system:

- ◆ Processes one reservation at a time.
- ◆ Requires all fields in the LSRS system to be completed for the reservation to be processed.
- ◆ Deletes information completed during the Web reservation if the application is left unattended for 20 minutes.
- ◆ Protects the submitter ID, password and provider ID to prevent unauthorized reservations.

Share of Cost (SOC) Transactions

Some Medi-Cal recipients must pay, or agree to pay (obligate) a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits. This dollar amount is called Share of Cost (SOC). If a recipient has paid or obligated an SOC, it must be cleared via the POS network. Providers can do this by logging into Transaction Services and clicking the **SOC (Spend Down) Transactions** link.



NOTE: Providers have the option of applying or reversing an SOC (spend down).

Navigating the Medi-Cal Website

Instructions

Providers must enter information in all fields marked with a red asterisk.

1. Subscriber ID
2. Subscriber Date of Birth (MM/DD/YYYY format)
3. Issue Date (MM/DD/YYYY format)
4. Service Date (MM/DD/YYYY format)
5. Procedure Code
6. Total Claim Charge Amount
7. SOC (Spend Down) Amount
8. Click **Submit** or press **Enter**

SOC (Spend Down) Transaction

You are logged in as: 0099097830

SOC (Spend Down) Application SOC (Spend Down) Reversal

Swipe Card:

*Subscriber ID: 123456789A1234

*Subscriber Birth Date:

*Issue Date: 02/26/2014

*Service Date: 10/22/2015

*Procedure Code: 99299

*Total Claim Charge Amount: 106.00

Case Number:

SOC (Spend Down) Amount Applied: 60.00

* Indicates Required Field

Select Case Number for Recall function then press the Subscriber Recall button.

Last Used Case 1 Case 2 Case 3 Case 4

SOC Response

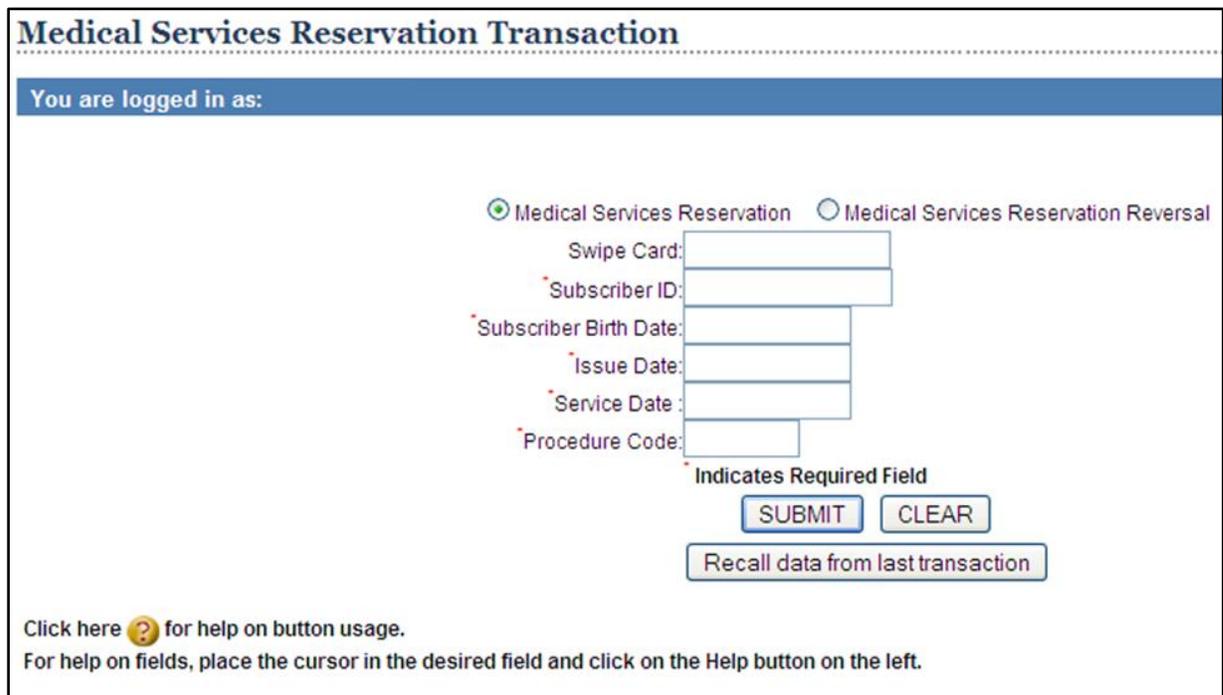
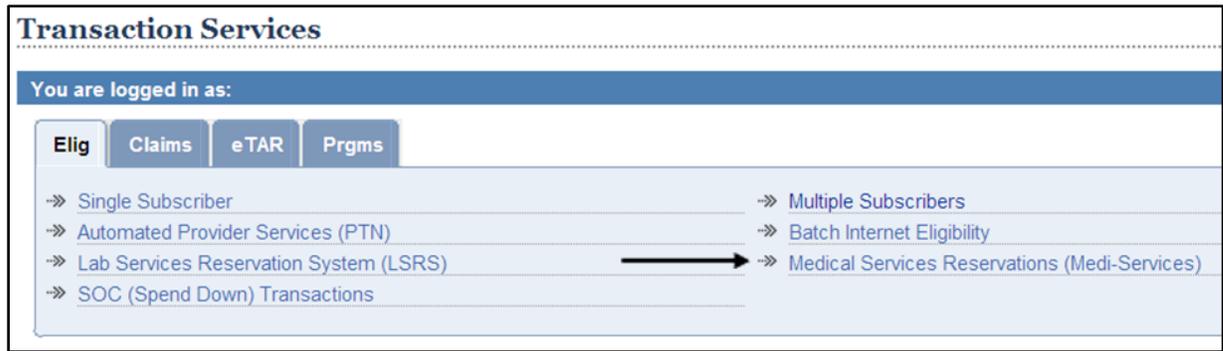
The following SOC transaction is based on an invalid subscriber ID.

SOC (Spend Down) Response		
SOC (Spend Down) Amount transaction performed by provider: on Monday, February 20, 2012 at 9:52:01 AM)		
Subscriber ID: 12345678A91234		
Service Date: 02/05/2015	Subscriber Birth Date: 01/01/2001	Issue Date: 08/22/2011
Procedure Code: 99213		
Total Claim Charge Amount: \$125.00	Case Number:	SOC (Spend Down) Amount Applied: \$50.00
Primary Aid Code:		First Special Aid Code:
Second Special Aid Code:		Third Special Aid Code:
Subscriber County:		HIC Number:
Primary Care Physician Phone #:		Service Type:
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER NOT FOUND. SOC/SPEND DOWN CLEARANCE REJECTED.		

Medical Services Reservation Transaction

Medi-Cal recipients are normally allowed two Medi-Service visits per month. Medi-Services are used by Allied Health, Medical Services and Outpatient providers. A Medi-Service should be reserved before billing for the following services: Acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology and speech pathology.

Providers can make a reservation after logging into the Transaction Services menu:



NOTE: Providers may perform a reversal of a Medi-Service reservation by selecting the **Medical Services Reservation Reversal** option.

Navigating the Medi-Cal Website

Instructions

Providers must enter information in all fields marked with the red asterisk. Click **Submit** or hit **Enter**.

The screenshot shows a web form for 'Medical Services Reservation' with two radio buttons: 'Medical Services Reservation' (selected) and 'Medical Services Reservation Reversal'. Below are several input fields, each with a red asterisk indicating it is a required field. The fields and their values are: 'Swipe Card:' (empty), 'Subscriber ID:' (12345678A91234), 'Subscriber Birth Date:' (01/01/2001), 'Issue Date:' (08/22/2011), 'Service Date:' (02/21/2015), and 'Procedure Code:' (98940). Below the fields is a legend: 'Indicates Required Field' with an arrow pointing to a red asterisk. At the bottom are three buttons: 'SUBMIT', 'CLEAR', and 'Recall data from last transaction'.

Medi-Service Response

Medical Services Reservation Response		
Medical Services Reservation transaction performed by provider: on Monday, February 20, 2012 at 11:05:37 AM		
Subscriber ID: 12345678A91234		
Service Date: 02/21/2015	Subscriber Birth Date: 01/01/2011	Issue Date: 08/22/2011
Procedure Code: 98940		
Primary Aid Code:		First Special Aid Code:
Second Special Aid Code:		Third Special Aid Code:
Subscriber County:	Medical Services Reservations Remaining:	HIC Number:
Primary Care Physician Phone #:		Service Type:
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER NOT FOUND.		

NOTE: The previous Medi-Service transaction is based on an invalid subscriber ID.

Hospital Presumptive Eligibility Program

Qualified hospitals have the option to make presumptive eligibility (PE) determinations to individuals who are determined presumptively eligible for Medi-Cal benefits.

The *Hospital Presumptive Eligibility (PE) Application Web Portal User Guide* is available for download on the Medi-Cal website by clicking on the Hospital Presumptive Eligibility link from the home page. This will show providers step by step instructions on how to access and perform the Hospital PE Program internet transaction.



Medi-Cal Subscription Service (MCSS)

Sign up to receive email notification for subjects of interest when the following news is available:

- Medi-Cal *NewsFlash*: Ongoing updates for time-sensitive news
- Medi-Cal Updates: Monthly bulletins and manuals with the latest program and policy news
- System Status Alerts

How to Subscribe:

1. Go to the MCSS Subscriber Form directly at: (www.medi-cal.ca.gov/mcss)
2. Enter your email address and ZIP code
3. Customize your subscription by selecting subject areas for *NewsFlash* announcements, Medi-Cal Update bulletins and/or System Status Alerts

Navigating the Medi-Cal Website

Medi-Cal Website



The Medi-Cal Subscription Service (MCSS) is a free service that keeps you up-to-date on the latest Medi-Cal news. Subscribers receive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal website.

MCSS is free and easy! Subscribe Today!

Step 1 Enter your **email address** and **ZIP code**.

Step 2 Customize your subscription by selecting subject areas for *NewsFlash* announcements, *Med-Cal Update* bulletins and/or System Status Alerts.

Email Address

Confirm Email Address

ZIP Code

	NewsFlash	Med-Cal Update Bulletins
Allied Health		
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
Audiology and Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>
Durable Medical Equipment and Medical Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics and Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Services	<input type="checkbox"/>	<input type="checkbox"/>
Therapies	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Services		
	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care		
	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services		
General Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy		
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Review	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Programs		
CHDP Gateway to Health Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Family PACT Update	<input type="checkbox"/>	<input type="checkbox"/>
Vision Care		
	<input type="checkbox"/>	<input type="checkbox"/>

	NewsFlash	Med-Cal Update Bulletins
Outpatient Services		
AIDS Waiver Program	<input type="checkbox"/>	<input type="checkbox"/>
Clinics and Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Dialysis Clinics	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Adult Services (formerly Adult Day Health Care Centers)	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Access to Primary Care Program	<input type="checkbox"/>	<input type="checkbox"/>
Heroin Detoxification	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Agencies/Home & Community-Based Services	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Care Program	<input type="checkbox"/>	<input type="checkbox"/>
Local Educational Agency	<input type="checkbox"/>	<input type="checkbox"/>
Multipurpose Senior Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Clinics	<input type="checkbox"/>	<input type="checkbox"/>
Additional Subject Areas		
California Children's Services	<input type="checkbox"/>	
Computer Media Claims/Electronic Data Interchange	<input type="checkbox"/>	
Federally Qualified Health Centers/Rural Health Clinics	<input type="checkbox"/>	
Indian Health Services/Memorandum of Agreement	<input type="checkbox"/>	
System Status Alerts		<input type="checkbox"/>

Subscribe Now

? Learn how to [update a profile or get subscription help](#).

Medi-Cal Learning Portal

Introduction

The Medi-Cal Learning Portal (MLP) is the easy-to-use, one-stop learning center for Medi-Cal billers and providers. First-time users must complete a one-time registration to access MLP's many resources, including:

- ◆ Live and recorded webinars
- ◆ eLearning tutorials
- ◆ A search tool to locate local regional representatives

Purpose

The purpose of this module is to provide an overview of the Medi-Cal Learning Portal and introduce the many different MLP resources.

Objectives

- ◆ Introduce the basic features of the Medi-Cal Learning Portal
- ◆ Identify the requirements for accessing MLP
- ◆ Discuss the process for creating a user account for MLP
- ◆ Demonstrate through a live presentation how to access eLearning Tutorials and how to locate regional representatives

Resource Information

References

- ◆ Telephone Service Center (TSC): 1-800-541-5555
- ◆ Medi-Cal Website: (www.medi-cal.ca.gov)
- ◆ Regional representatives

Acronyms

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

Creating a User Account

The Medi-Cal Learning Portal requires a one-time registration.

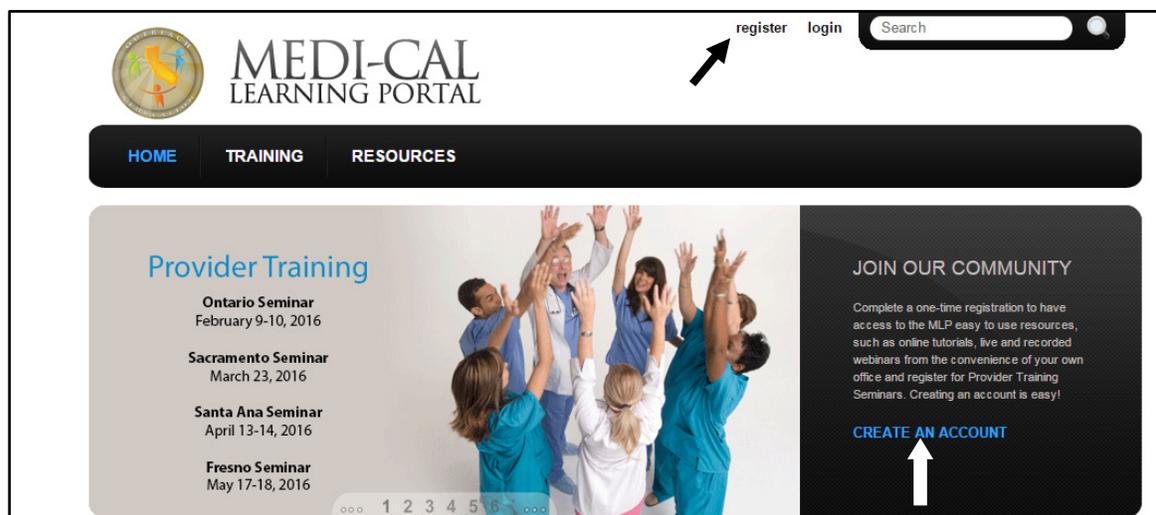
User Requirements

- ◆ Internet browser
 - Internet Explorer 6.0 and above
 - Firefox 3.0 and above
 - Safari 1.0 and above
- ◆ Adobe Reader
- ◆ Adobe Flash Player

The Medi-Cal Learning Portal can be accessed through the Internet browser by typing (*www.learn.medi-cal.ca.gov*) and hitting **Enter**.

Instructions

1. From the home page, click either the **register** or **Create an Account** link.



2. All fields designated with a red asterisk are required to complete the registration form on the registration page.

Registration Page

register login Search

MEDI-CAL LEARNING PORTAL

HOME TRAINING RESOURCES

Registration

First Name:
Last Name:
Type of User: - Select One -
Email Address:
Confirm Email:
Job Title:
Street:
Street 2:
City:
Country: United States
State/Region: California
Zip Code:
Telephone:
Time Zone: (UTC -08:00) Pacific Time (L
Experience: How many years of experience do you have in providing, billing, or supporting Medi-Cal services?
Captcha Security: For security purposes, please type the letters shown into the field below.
593BEV
Accept Terms:
Check this box to indicate your awareness of and explicit consent to the [Terms of Use](#) and [Privacy Policy](#).

Register

HOME | TRAINING | RESOURCES

Medi-Cal Learning Portal © 2012-2015

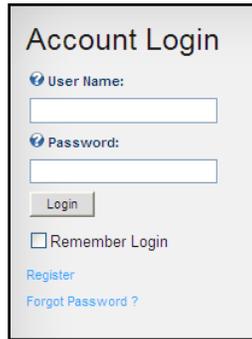
xerox

3. Click the **Accept Terms** box.
4. Click the **Register** button at the bottom right of the page.
5. Check email for login credentials. (Providers will be prompted to update their password after initial login).

Viewing Recorded Webinars

Instructions

1. Visit the Medi-Cal Learning Portal at (<https://learn.medi-cal.ca.gov>).
2. Log-in by entering the User Name and Password.



Account Login

User Name:

Password:

Login

Remember Login

[Register](#)
[Forgot Password ?](#)

3. Hover over the **Training** tab in the menu bar and select **Recorded Webinars**.



Medi-Cal Learning Portal

4. Providers can select from a variety of recorded webinars.

The screenshot shows a web page titled "Training > Recorded Webinars". At the top, there is a banner with the text "Provider Training" and a background image of a diverse group of people in a classroom setting. Below the banner, there are two columns of content. The left column is titled "Provider Recorded Webinars" and features a link for "Allied Health Common Denials Recorded Webinar". The right column is titled "HIPAA 5010 Recorded Webinars" and features a link for "HIPAA 5010 270/271 Transactions Recorded Webinar". Each link is accompanied by a brief description of the webinar's purpose and a "View Recording" button.

Training > Recorded Webinars

Provider Training

Provider Recorded Webinars

[Allied Health Common Denials Recorded Webinar](#)

The purpose of this class is to familiarize participants with an overview of the most common denial messages when billing for Allied Health on the CMS-1500 claim form and provide billing advice and appropriate follow-up procedures for these denials.

[View Recording](#)

HIPAA 5010 Recorded Webinars

[HIPAA 5010 270/271 Transactions Recorded Webinar](#)

The purpose of this presentation is to provide participants with a high level overview of the HIPAA enhancement focusing on the 270/271 Eligibility Inquiry and Response transactions in the ASC X12N 5010 format.

[View Recording](#)

5. Click on the **View Recording** button.
6. The recorded webinar opens in a new window or tab.

The screenshot shows a web browser window displaying a recorded webinar. The main content area features a blue and white graphic with the text "Allied Common Denials" and "Medi-Cal Program Class # 13". Below this, it lists the presenter as "Derrick Douglas" and the trainer code as "D". The Xerox logo is visible in the bottom right corner of the main content area. On the left side, there is a sidebar with "Events Index" and a search bar. On the right side, there is a "Contact Information" panel with details for the conference line, pass code, and email address. A "Q & A" section is also visible at the bottom right.

Events Index | Share - Derrick Douglas | Full Screen

Allied Common Denials

Medi-Cal Program Class # 13

Presenter: Derrick Douglas
Trainer Code: D

xerox

Contact Information

Conference Line
Conference # (866) 791 - 1317
Pass Code : 2460105

Email
Questions:
Medi-CalOutReach@xerox.com

Q & A

Viewing eLearning & Computer Based Training (CBT) Tutorials

Instructions

1. Visit the Medi-Cal Learning Portal at (<https://learn.medi-cal.ca.gov>).
2. Log-in by entering the User Name and Password.
3. Hover over the **Training** tab in the menu bar and select **eLearning Tutorials**.
4. Providers can select from a wide variety of eLearning and Computer Based Training (CBT) Tutorials.
5. Click on **View Tutorial**.

The screenshot shows the Medi-Cal Learning Portal interface. At the top left is the Medi-Cal logo. To the right is a search bar and a 'logout' link. Below the logo is a navigation bar with 'HOME' and 'OPS' tabs. The main content area is titled 'Provider Training' and features a banner image of a group of people. Below the banner, there are two columns of content. The left column is titled 'eLearning Tutorials' and contains two entries: 'Breast & Cervical Cancer Treatment Program (BCCTP) Tutorial' and 'Claims Follow-Up Tutorial'. The right column is titled 'Computer Based Training (CBT)' and contains one entry: 'Eligible Groups and Clinics State Level Registry Course'. Each entry includes a brief description and a 'View Tutorial' or 'Details' button.

logout Search

MEDI-CAL LEARNING PORTAL

HOME OPS

Ops > Provider eLearning

Provider Training

eLearning Tutorials

[Breast & Cervical Cancer Treatment Program \(BCCTP\) Tutorial](#)
The Breast & Cervical Cancer Treatment Program (BCCTP) application process overview eLearning tutorial will give you a better understanding of the online submission of the BCCTP Enrollment Application on the Medi-Cal website.

[View Tutorial](#)

[Claims Follow-Up Tutorial](#)
The Claims Follow-Up eLearning tutorial provides an overview of the options available to providers to follow-up on claims that have been submitted for payment.

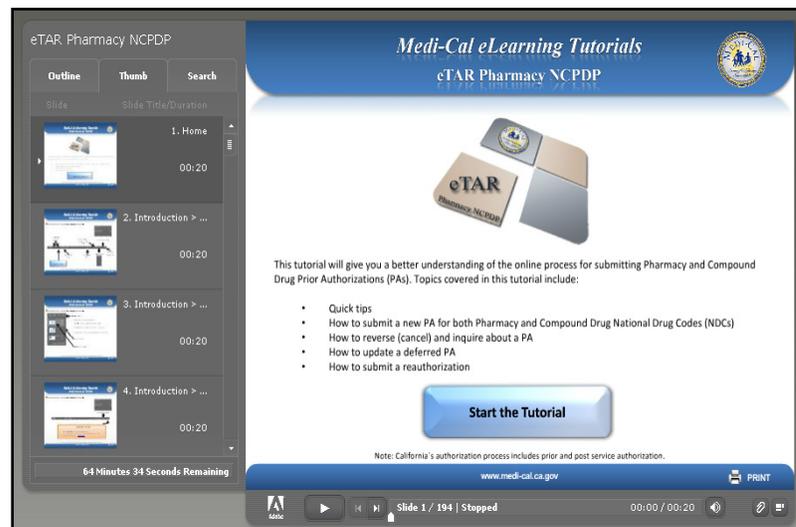
Computer Based Training (CBT)

[Eligible Groups and Clinics State Level Registry Course](#)
This course is a general overview of the California Medi-Cal State Level Registry (SLR) for the Medi-Cal Electronic Health Record (EHR) Incentive Program for Eligible Groups and Clinics. Participants will learn the end-to-end process of registering an Eligible Group and Clinic within the SLR application. In the overview, participants will be provided with step-by-step instructions on the type of information that should be entered in specific fields as well as how to select/reference/add an Eligible Group a

[Details](#)

Medi-Cal Learning Portal

6. A new window or tab opens.



The screenshot displays the Medi-Cal eLearning Tutorial interface. On the left is a navigation sidebar with an 'Outline' tab, a 'Thumb' column showing slide thumbnails, and a 'Search' field. The main content area features the title 'Medi-Cal eLearning Tutorials' and 'eTAR Pharmacy NCPDP'. Below the title is a graphic of a tablet and a smartphone. The text states: 'This tutorial will give you a better understanding of the online process for submitting Pharmacy and Compound Drug Prior Authorizations (PAs). Topics covered in this tutorial include:'. A bulleted list follows: 'Quick tips', 'How to submit a new PA for both Pharmacy and Compound Drug National Drug Codes (NDCs)', 'How to reverse (cancel) and inquire about a PA', 'How to update a deferred PA', and 'How to submit a reauthorization'. A prominent blue button labeled 'Start the Tutorial' is centered below the list. At the bottom of the main area, a note reads: 'Note: California's authorization process includes prior and post service authorization.' and the URL 'www.med-cal.ca.gov' is displayed. A 'PRINT' button is also visible. The bottom of the interface shows a video player control bar with a play button, a progress indicator at 'Slide 1 / 194 | Stopped', and a timer at '00:00 / 00:20'.

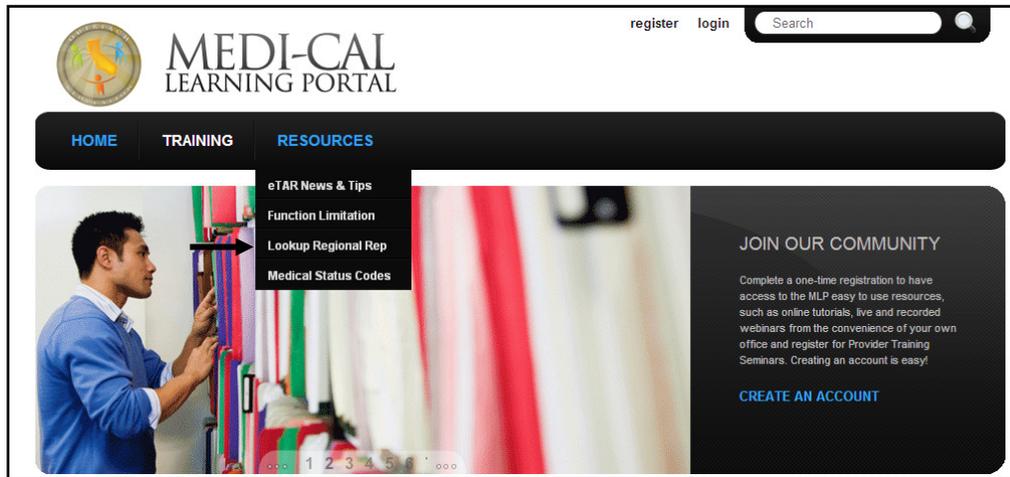
7. Click the play button or click **Start the Tutorial**.
8. To close the tutorial, close the browser window or tab.

Locating Regional Representatives

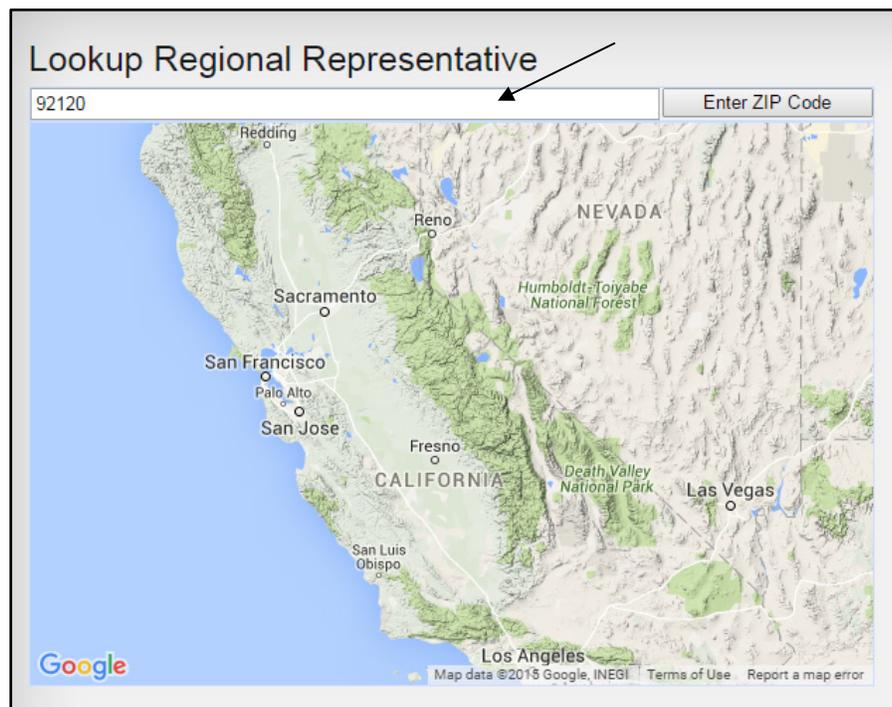
Regional representatives live and work in cities throughout California and are ready to visit providers at their office to assist with billing needs or provide training to office staff at no cost.

Instructions

1. Visit the Medi-Cal Learning Portal at (<https://learn.medi-cal.ca.gov>).
2. Hover over the **Resources** tab and click on **Lookup Regional Rep**.

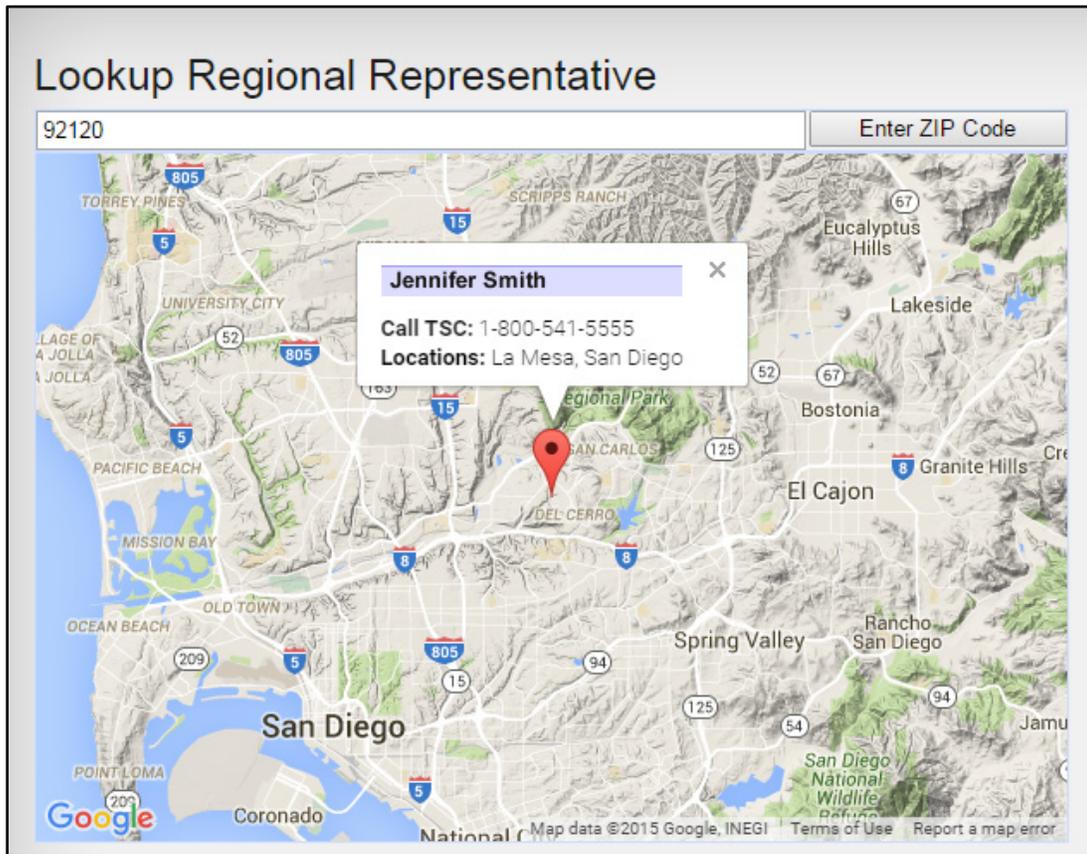


3. Enter a local ZIP code in the box and click **Enter ZIP Code** or press **Enter**.



Medi-Cal Learning Portal

4. The regional representative's name and contact information for that area is displayed.



NOTE: To contact a regional representative, providers can call TSC at 1-800-541-5555 and ask to be contacted by a regional representative.

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.

CMC & IPCS

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.

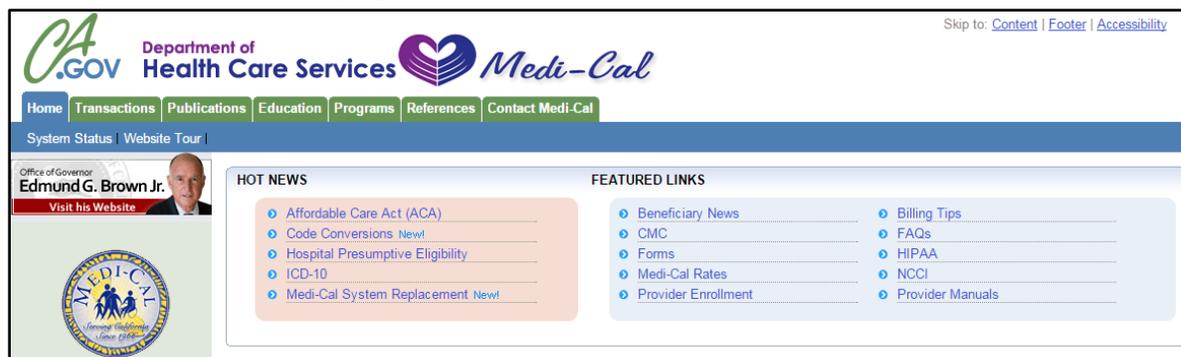
To find a list of Medi-Cal approved software developers, vendors and billers:

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.



The screenshot shows the Medi-Cal website homepage. At the top, there is a navigation bar with tabs for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below the navigation bar, there is a section for the Office of Governor Edmund G. Brown Jr. with a "Visit his Website" link. To the right, there are two columns of featured links. The "HOT NEWS" column includes links for Affordable Care Act (ACA), Code Conversions New, Hospital Presumptive Eligibility, ICD-10, and Medi-Cal System Replacement New. The "FEATURED LINKS" column includes links for Beneficiary News, CMC, Forms, Medi-Cal Rates, Provider Enrollment, Billing Tips, FAQs, HIPAA, NCCI, and Provider Manuals. The website also features the Medi-Cal logo and the Department of Health Care Services logo.

CMC & IPCS

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

The screenshot shows the Medi-Cal login page. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this is a search bar and a 'Skip to' menu. The main content area is titled 'Login to Medi-Cal' and includes a warning message about the system's security. There are two input fields for 'User ID' and 'Password', followed by 'Submit' and 'Clear' buttons. A 'Click Here to Access Health Enterprise Web Login/Registration' button is also present. The footer contains links for 'Contact Medi-Cal', 'Medi-Cal Site Help', and 'Medi-Cal Site Map', along with 'Conditions of Use' and 'Privacy Policy'.

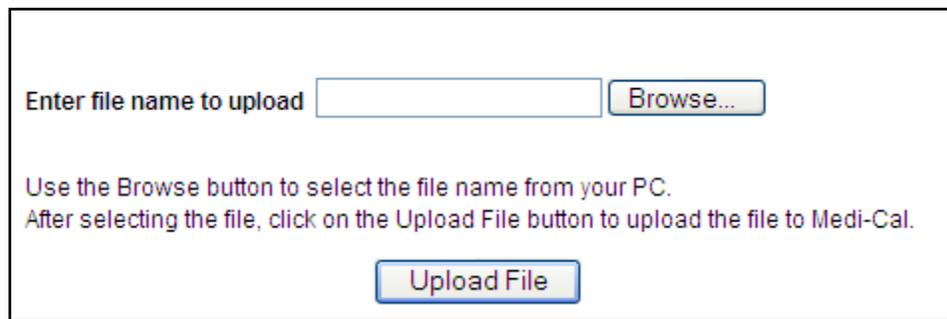
3. From the **CMC** tab, click on **Data Uploads**.

The screenshot shows the 'Transaction Services' menu. At the top, it says 'You are logged in as:'. Below this, there are two tabs: 'CMC' and 'Claims'. The 'CMC' tab is selected. Under the 'CMC' tab, there are four menu items: 'Data Uploads', 'CRM Issue Inquiry', 'Batch Internet Eligibility', and 'Inquiry on CMC'. An arrow points to the 'Data Uploads' item.

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

CMC & IPCS

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



Enter file name to upload

Use the Browse button to select the file name from your PC.
After selecting the file, click on the Upload File button to upload the file to Medi-Cal.

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.

Visit Transaction Enrollment Requirements for Medi-Cal.

Please enter your User ID:

Please enter your Password:

2. Click **Inquiry on CMC**.

Transaction Services

You are logged in as:

CMC Claims

→ Data Uploads → Batch Internet Eligibility

→ CRM Issue Inquiry → Inquiry on CMC

CMC & IPCS

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.

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.

CMC & IPCS

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: **Real Time Submission Type:**

Dial-up Point of Service (POS) Leased Line or Dial-up
 Magnetic tape → Internet*

* 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) Inpatient (03) Outpatient (04)
 Medical/Allied Health (05) Vision (05) CHDP (11)
 Medicare Crossover Part A Medicare Crossover Part B

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

Claim Status Inquiry/Response

ANSI X 12 278 Version (indicate version): _____

Health Care Services and Review

DHCS 6153 (Rev. 3/10) Page 1 of 4

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.

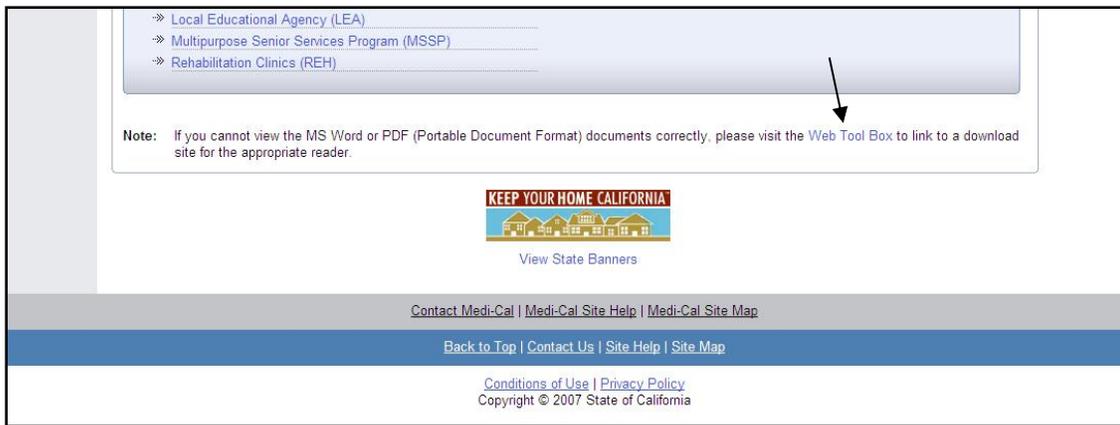
IPCS System Requirements

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

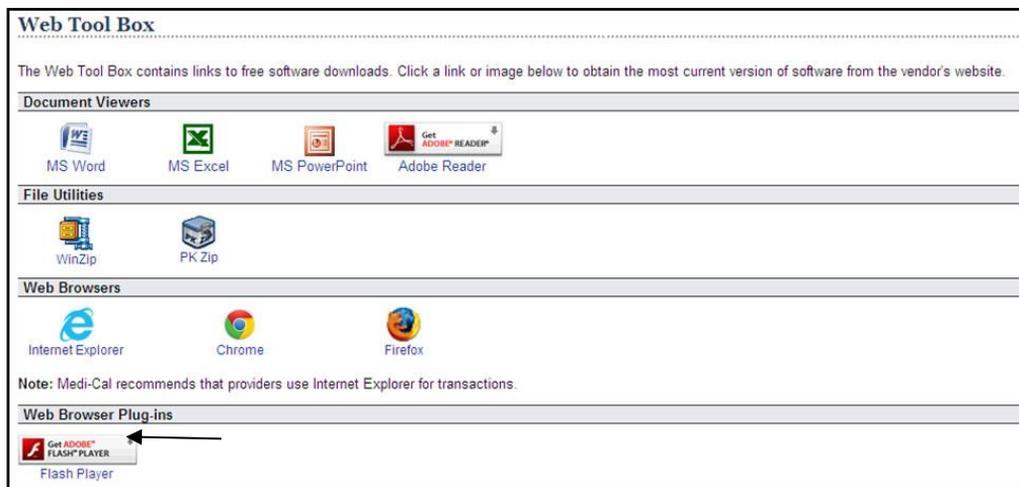
- ◆ Microprocessor: 300 MHz Intel Pentium processor or higher
- ◆ Random Access Memory (RAM): 64 MB of free, available system RAM (128 MB or higher recommended)
- ◆ Monitor Resolution: 1024 x 768, 16-bit color display or better
- ◆ Adobe Flash Player
- ◆ Web Browser: Internet Explorer 5.0 or greater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

The screenshot shows the 'Provider Info' tab selected. At the top, there are four tabs: 'Provider Info', 'Subscriber Info', 'Claim Info', and 'Service Details'. Below the tabs is a 'Clear Tab Fields' button and a note: '* Indicates Required Fields' and '? Click any field name in blue for help info.' The form is divided into four sections:

- Billing Provider Section:** Contains fields for National Provider ID, Medicaid Provider ID, Address, Address 2, City, State, Zip Code, Country, Country SDC, Taxonomy Code, and Benefit Assignment (a dropdown menu).
- Service Facility Section:** Contains fields for National Provider ID, Medicaid Provider ID, and Entity Identifier (a dropdown menu).
- Rendering Provider Section:** Contains fields for National Provider ID, Medicaid Provider ID, and Taxonomy Code.
- Referring Provider Section:** Contains fields for National Provider ID, Medicaid Provider ID, License #, Taxonomy Code, and Provider Name.

At the bottom of the form are two buttons: 'Back to Main Menu' and 'Recall Data From Last Claim'.

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 not 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 (*).

Billing Provider Section

*National Provider ID Medicaid Provider ID
 Or

*Address Address 2

*City *State *Zip Code

Country Country SDC

Taxonomy Code

*Benefit Assignment
 Select One

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.

Service Facility Section

National Provider ID Medicaid Provider ID
 Or

Entity Identifier
 Select One

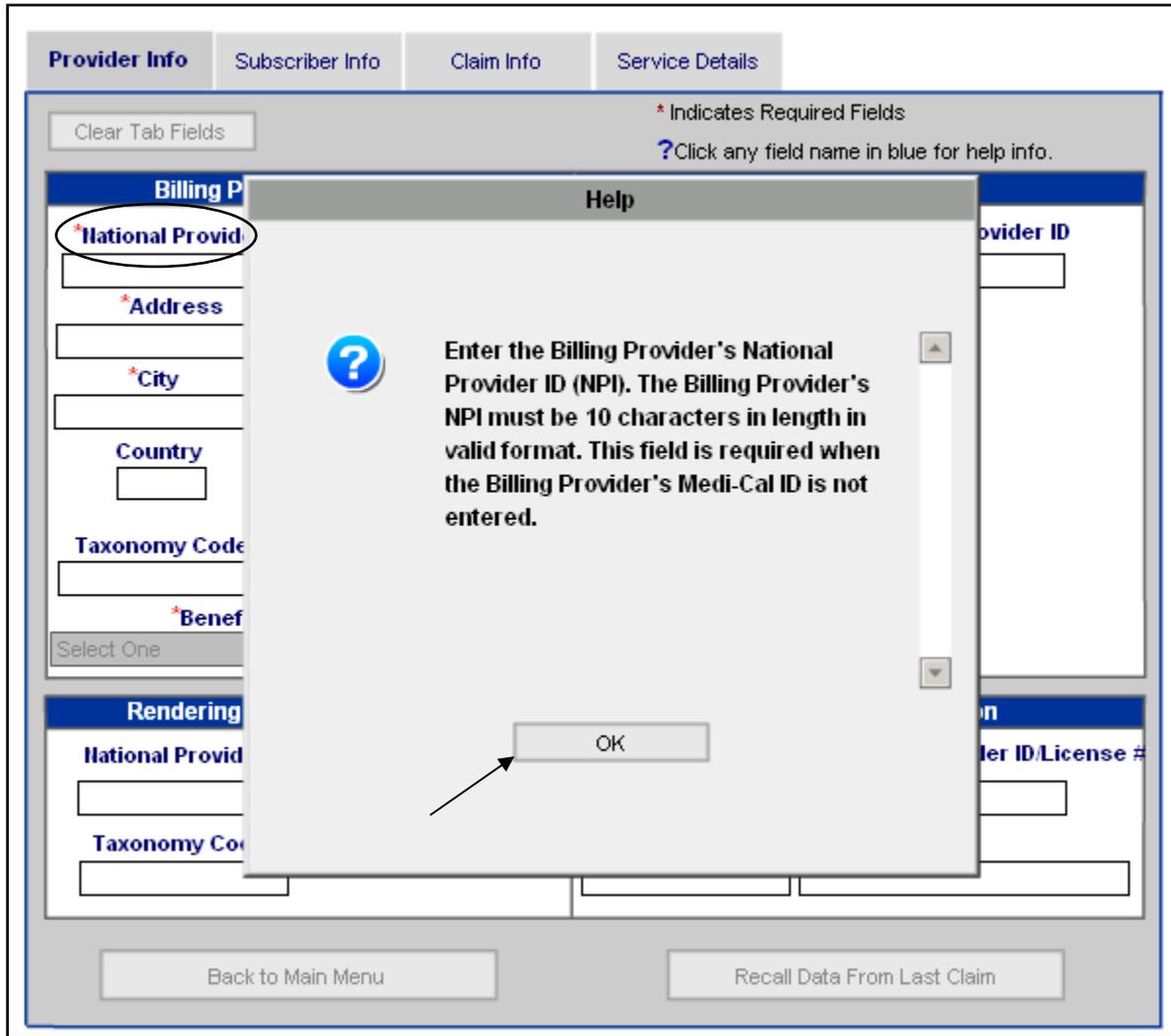
For example, if health care services are provided at a location other than the billing provider's address, the **Service Facility Provider** and **Entity Identifier** fields in the **Service Facility Section** must be completed.

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.

The screenshot shows the 'Provider Info' tab with several sections: Billing Provider Section, Service Facility Section, Rendering Provider Section, and Referring Provider Section. Each section contains fields for National Provider ID, Medicaid Provider ID, Address, City, State, Zip Code, Country, and Taxonomy Code. A 'Benefit Assignment' dropdown is also present. At the bottom, there are two buttons: 'Back to Main Menu' and 'Recall Data From Last Claim'. A red arrow points to the 'Recall Data From Last Claim' button.

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.

The screenshot shows the 'Subscriber Info' tab with a section titled 'Subscriber/Recipient Information'. It contains fields for Medi-Cal Subscriber's Name (Suffix, Last Name, First Name, MI), Subscriber ID #, Issue Date, Subscriber Birth Date, Gender Code, Pregnancy Indicator, Patient Account Number, Patient Amount Paid, and Release of Information Code. A 'Clear Tab Fields' button is located at the top left of the form area. A red arrow points to this button.

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.

The screenshot shows the 'Overall Claim Information Section' with the 'Vision' sub-tab selected. The 'Claim Info' tab is circled in the top navigation bar. The form includes the following fields:

- Hospitalization Admit Date (mm/dd/yyyy)
- Hospitalization Discharge Date (mm/dd/yyyy)
- Diagnosis Codes: Primary and Secondary
- Prior Authorization
- Referral #
- *Place of Service (Select One)
- Special Program Indicator (Select One)
- Delay Reason Code (Select One)
- Onset of Current Illness/Injury Date (mm/dd/yyyy)
- Accident Date (mm/dd/yyyy)
- Related Causes Code 1 (Select One)
- Related Causes Code 2 (Select One)
- Auto Accident State/Province Code
- Country Code
- Attachment Transmission Code (Select One)
- Attachment Control Number
- Note Reference Code (Select One)
- Claim Note Text
- File Information

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

The screenshot shows the 'Vision Information' section with the 'Other Health Cov.' sub-tab selected and circled. The form includes the following fields:

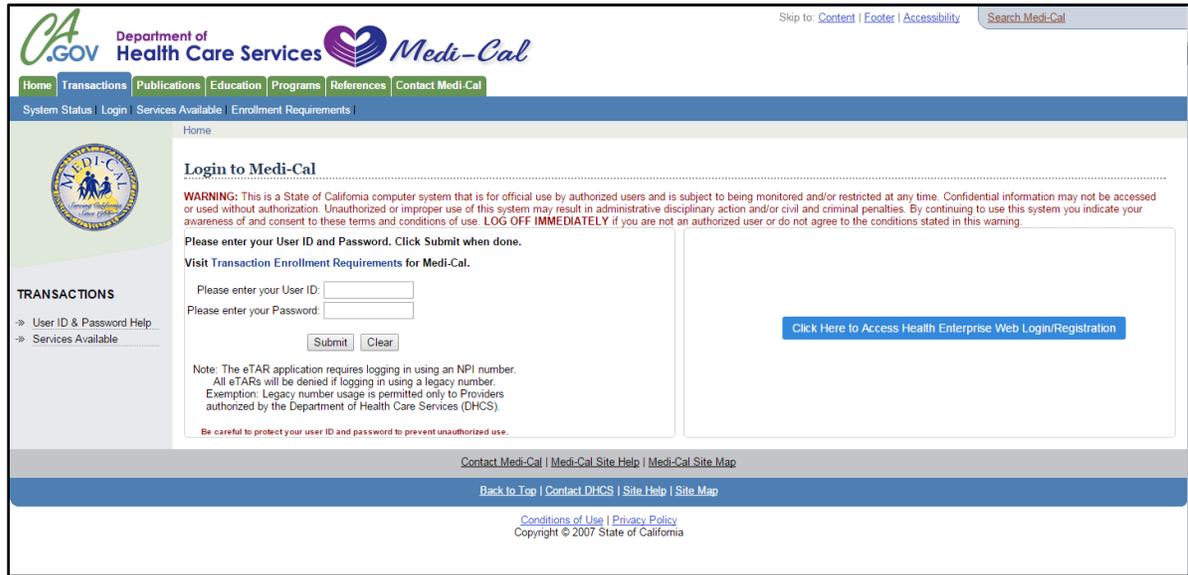
- Prescription Date (mm/dd/yyyy)
- Category Code (Select One)
- Purchased Service Amount
- Condition Indicator 1 (Select One)
- Condition Indicator 2 (Select One)
- Condition Indicator 3 (Select One)
- Condition Indicator 4 (Select One)
- Condition Indicator 5 (Select One)

At the bottom, a note states: "** To close (and not use) this tab, go to the Claim Info Tab and click the Disable VIS button."

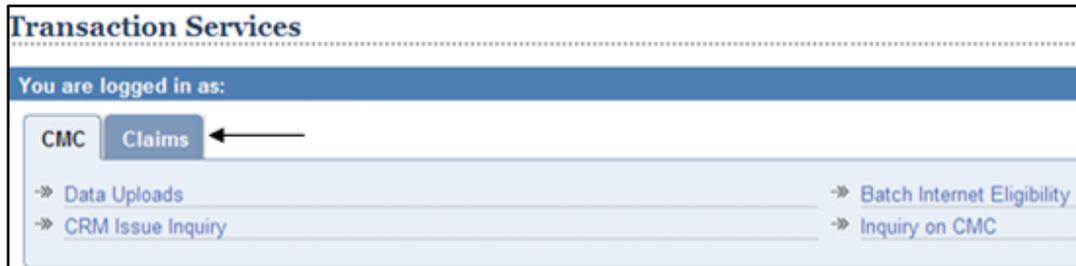
All fields are optional on the Vision tab.

IPCS Step-by-Step Claim Completion Process

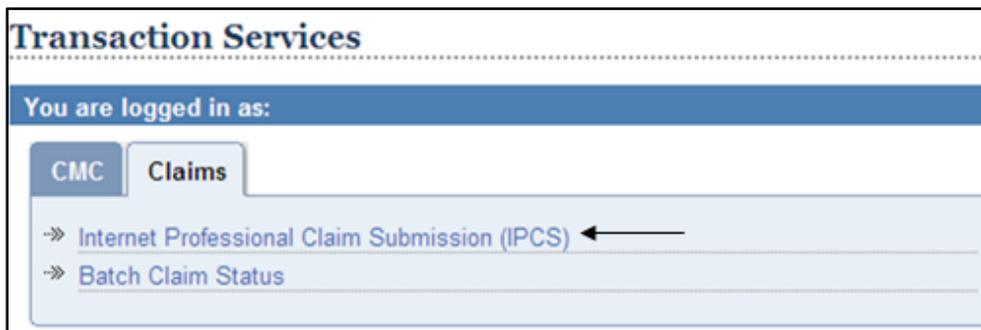
1. Log into IPCS by going to the **Transactions** tab and entering your CMC User ID and Password.



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

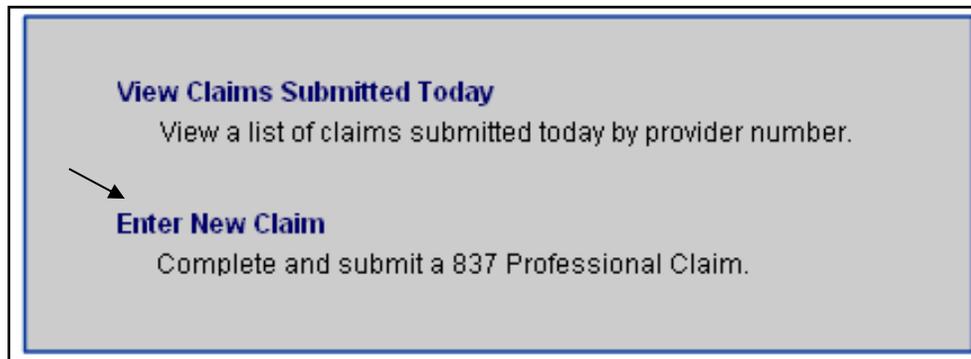


3. Under the Claims tab, click **Internet Professional Claim Submission (IPCS)** link.



CMC & IPCS

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.

The screenshot shows a software interface with a tabbed menu at the top: "Provider Info", "Subscriber Info", "Claim Info", "Other Health Cov.", "Vision", and "Service Details". The "Provider Info" tab is active. Below the tabs is a "Clear Tab Fields" button and a note: "* Indicates Required Fields" and "? Click any field name in blue for help info." The form is divided into four sections:

- Billing Provider Section:** Includes fields for *National Provider ID (1234567890), Medicaid Provider ID, *Address (1234 Any Street), Address 2, *City (Any Town), *State (CA), *Zip Code (921201234), Country, Country SDC, Taxonomy Code, and *Benefit Assignment (Select One).
- Service Facility Section:** Includes fields for National Provider ID, Medicaid Provider ID, and Entity Identifier (Select One).
- Rendering Provider Section:** Includes fields for National Provider ID, Medicaid Provider ID, and Taxonomy Code.
- Referring Provider Section:** Includes fields for National Provider ID, Medicaid Provider ID/License #, Taxonomy Code, and Provider Name.

At the bottom of the form are two buttons: "Back to Main Menu" and "Recall Data From Last Claim".

CMC & IPCS

- 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.

The screenshot shows a web-based form with several tabs at the top: "Provider Info", "Subscriber Info" (which is selected and has an arrow pointing to it), "Claim Info", "Other Health Cov.", "Vision", and "Service Details". Below the tabs is a "Clear Tab Fields" button. The main form area is titled "Subscriber/Recipient Information" and contains the following fields:

- Medi-Cal Subscriber's Name** (indicated by an asterisk):
 - Suffix:
 - Last Name:
 - First Name:
 - MI:
 - Subscriber ID #** (indicated by an asterisk):
- Issue Date** (indicated by an asterisk):
mm/dd/yyyy
- Subscriber Birth Date** (indicated by an asterisk):
mm/dd/yyyy
- Gender Code** (indicated by an asterisk):
- Pregnancy Indicator** (indicated by an asterisk):
- Patient Account Number** (indicated by an asterisk):
- Patient Amount Paid** (indicated by an asterisk): \$
- Release of Information Code** (indicated by an asterisk):

Additional text in the form includes: "* Indicates Required Fields" and "? Click any field name in blue for help info."

CMC & IPCS

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

The screenshot shows the 'Overall Claim Information Section' form. At the top, there are tabs for 'Provider Info', 'Subscriber Info', 'Claim Info' (selected), and 'Service Details'. Below the tabs are buttons for 'Clear Tab Fields', 'Other Health Cov.', and 'Vision'. A legend indicates that fields with an asterisk are required and that blue text provides help info. The form is divided into several sections: 'Hospitalization Admit Date' and 'Hospitalization Discharge Date' (both mm/dd/ccyy); 'ICD-CM Type' (dropdown menu, currently 'NONE'); 'Diagnosis Codes' (Primary and Secondary text boxes); 'Prior Authorization' and 'Referral #' (text boxes); '*Place of Service' (dropdown menu); 'Special Program Indicator' (dropdown menu); 'Delay Reason Code' (dropdown menu); 'Onset of Current Illness/Injury Date' and 'Accident Date' (both mm/dd/ccyy); 'Related Causes Code 1' and 'Related Causes Code 2' (both dropdown menus); 'Auto Accident State/Province Code' and 'Country Code' (text boxes); 'Attachment Transmission Code' (dropdown menu); 'Attachment Control Number' (text box); 'Note Reference Code' (dropdown menu); 'Claim Note Text' and 'File Information' (text boxes). Two arrows point to the 'ICD-CM Type' dropdown and the 'Attachment Control Number' text box.

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.

CMC & IPCS

- 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.

Provider Info | Subscriber Info | Claim Info | **Service Details**

Clear Tab Fields **Total Claim** * Indicates Required Fields
Charge Amount: \$ 0.00 ?Click any field name in blue or grey for help info.

Service Line Detail Information (Limit 6 Details)

Line Item Control # *** From Service Date** **To Service Date**
 12/16/2013
mm/dd/yyyy mm/dd/yyyy

Procedure Code **Modifiers** *** Charge Amount** *** Quantity** *** Quantity Qual**
 99214 1st 2nd 3rd 4t \$ 125.00 1 UN - Units

Emergency Indicator **EPSDT/Family Planning Indicator** **Family Planning Indicator** **Note Reference Code**
 No No No Select One

Line Note Text **Line File Information**

Drug Identification Section

Product ID Qualifier **Product ID**
 Select One

Unit Price **Unit Quantity** **Unit Of Measure** **Prescription # Qual** **Prescription #**
 \$ Select One

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

Override Section
 Use only when information for this detail differs from that entered on the Claim and Provider tabs.

Onset Date **Place of Service**
 Select One

Prior Authorization **Referral #**

Rendering Provider **Referring Provider** **Service Facility**

National Provider ID **National Provider ID** **Medicaid Provider ID/License #** **National Provider ID**
 Or

Medicaid Provider ID **Taxonomy Code** **Medicaid Provider ID**
 Or Or

Taxonomy Code **Provider Name** **Entity Identifier**
 Select One

Add Detail **Remove Detail** **Edit Detail** **Save Edit**

Detail	From Service Date	Procedure Code	Charge Amount	Quantity

CMC & IPCS

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.

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	12/16/2013	99214	125.00	1
2	12/16/2013	71020	80.00	1

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

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	12/16/2013	99214	125.00	1
2	12/16/2013	71020	80.00	1

CMC & IPCS

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.

Provider Info | Subscriber Info | Claim Info | **Service Details**

Clear Tab Fields | **Total Claim Charge Amount: \$ 205.00** | * Indicates Required Fields | Submit Preview
 ? Click any field name in blue or grey for help info.

Service Line Detail Information (Limit 6 Details)

Line Item Control # * From Service Date To Service Date
mm/dd/yyyy mm/dd/yyyy

Procedure Code Modifiers 1st 2nd 3rd 4th * Charge Amount \$ * Quantity * Quantity Qual

Emergency Indicator EPSDT/Family Planning Indicator Family Planning Indicator Note Reference Code

Line Note Text Line File Information

Drug Identification Section

Product ID Qualifier Product ID

Unit Price \$ Unit Quantity Unit Of Measure Prescription # Qual Prescription #

Override Section
 Use only when information for this detail differs from that entered on the Claim and Provider tabs.

Onset Date Place of Service

Prior Authorization Referral #

Rendering Provider | Referring Provider | Service Facility

National Provider ID Medicaid Provider ID Taxonomy Code

Or

National Provider ID Medicaid Provider ID Taxonomy Code Provider Name

Or

National Provider ID Medicaid Provider ID Entity Identifier

Or

Add Detail | Remove Detail | Edit Detail | Save Edit

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	12/16/2013	99214	125.00	1
2	12/16/2013	71020	80.00	1

CMC & IPCS

- 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.

Provider Info | Subscriber Info | Claim Info | **Service Details**

Clear Tab Fields | **Total Claim** | * Indicates Required Fields | **Submit Preview**
Charge Amount: \$ 125.00 | ?Click any field name in blue or grey for help info.

Service Line Detail Information (Limit 6 Details)

Line Item Control # | * From Service Date | To Service Date
 (mm/dd/yyyy) | (mm/dd/yyyy)

Procedure Code | **Modifiers** | * Charge Amount | * Quantity | * Quantity Qual
 71020 | | | | \$ 80.00 | 1 | UN - Units

Emergency Indicator | **EPSDT/Family Planning Indicator** | **Family Planning Indicator** | **Note Reference Code**
 No | No | No | Select One

Line Note Text | **Line File Information**

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

Provider Info | Subscriber Info | Claim Info | **Service Details**

Clear Tab Fields | **Total Claim** | * Indicates Required Fields | **Submit Preview**
Charge Amount: \$ 205.00 | ?Click any field name in blue or grey for help info.

Service Line Detail Information (Limit 6 Details)

Line Item Control # | * From Service Date | To Service Date
 (mm/dd/yyyy) | (mm/dd/yyyy)

Procedure Code | **Modifiers** | * Charge Amount | * Quantity | * Quantity Qual
 | | | | \$ | | |

Emergency Indicator | **EPSDT/Family Planning Indicator** | **Family Planning Indicator** | **Note Reference Code**
 No | No | No | Select One

Line Note Text | **Line File Information**

Unit Price | **Unit**
 \$ |

Prior Authorization or Referral # | **Onset Date** | **Place of Service**
 | | Select One

Use only when information for this detail differs from that entered on the Claim and Provider tabs.

Error

The following fields are required and must be completed before the claim can be submitted:

PROVIDER INFO TAB
 * Billing Provider NPI or Medicaid ID

Subscriber INFO TAB
 no errors

OK

CMC & IPCS

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

The screenshot displays a window titled "Claim Detail" with a scrollable text area. The text is organized into two sections: "PROVIDER INFORMATION" and "SUBSCRIBER INFORMATION".

PROVIDER INFORMATION

- Billing Provider ID: 1447222674
- Billing Provider Address: 1234 ANY STREET, ANY TOWN CA 921201234
- Billing Provider Country:
- Billing Provider Country SDC:
- Billing Taxonomy Code:
- Benefit Assignment: Y - Yes
- Facility Provider ID:
- Facility Entity ID:
- Rendering Provider ID:
- Rendering Taxonomy Code:
- Referring Provider ID:
- Referring Taxonomy Code:
- Referring Provider Name:

SUBSCRIBER INFORMATION

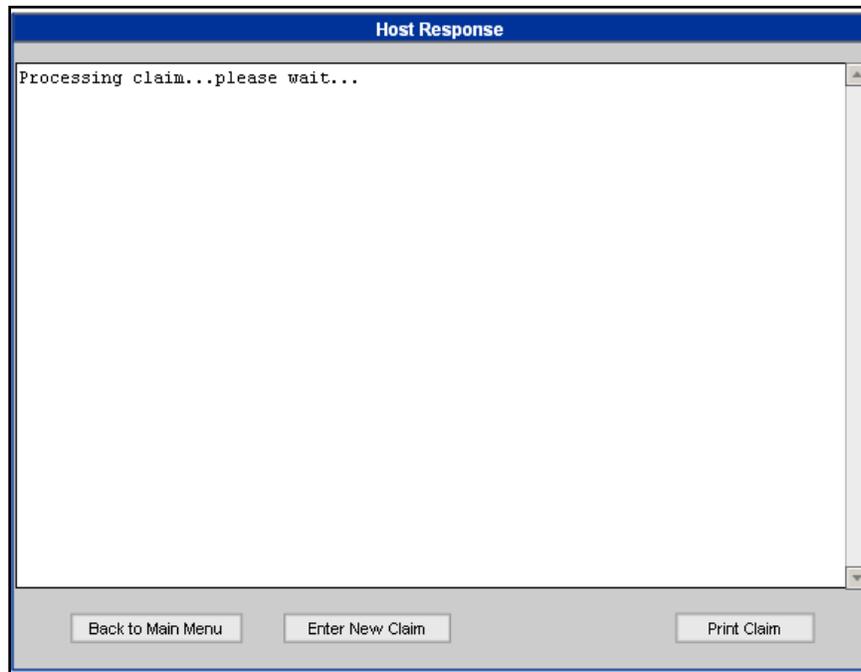
- Subscriber's 1st Name / Middle: JOE /
- Subscriber's Last Name: DOE
- Subscriber ID # / Suffix: 12345678A12345 /
- Issue Date: 08/22/2011
- Subscriber Birth Date: 01/01/2011
- Gender: F - Female
- Patient Account Number: 1234567890
- Pregnancy Indicator:
- Patient Amount Paid: \$

At the bottom of the window, there are two buttons: "Cancel-Edit Claim" and "Submit".

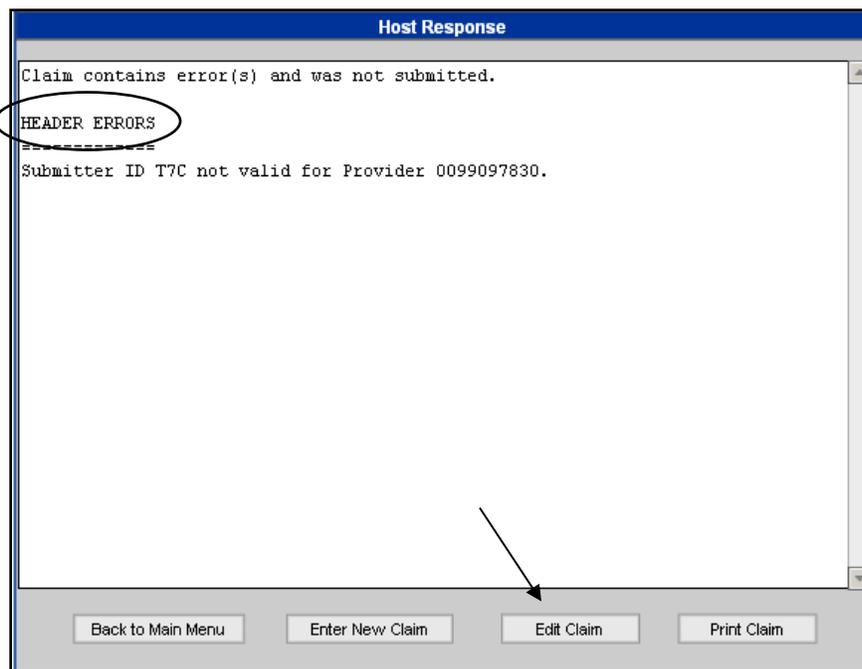
NOTE: Use the scroll bar on the right side to scroll down and view the rest of the claim. To cancel or edit the claim, click on the **Cancel-Edit Claim** button.

CMC & IPCS

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

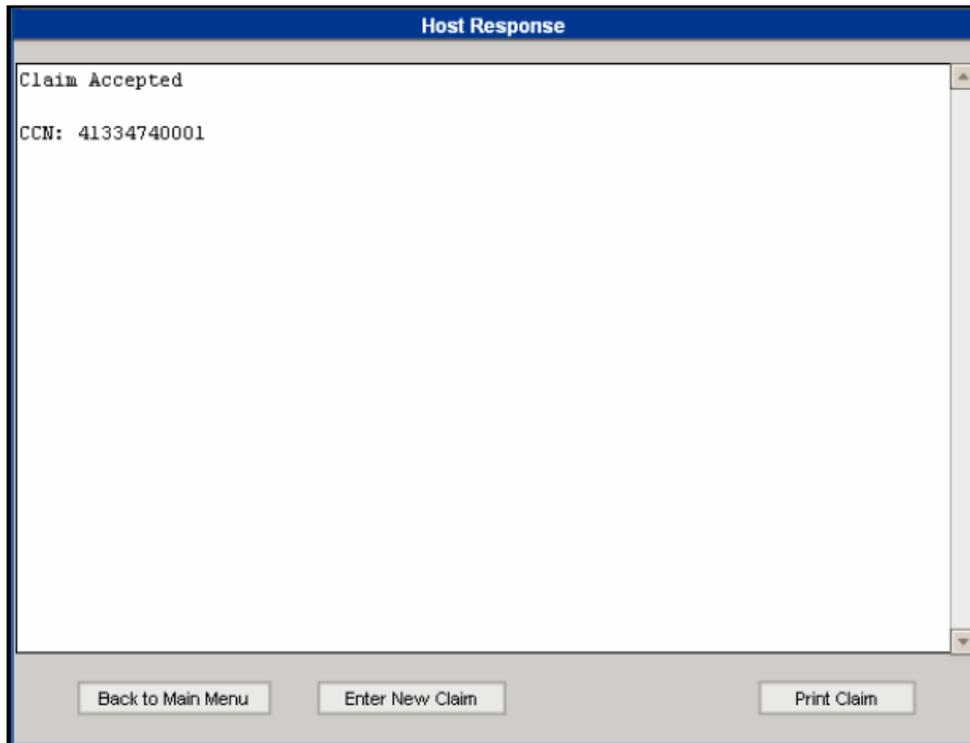


11. A response screen shows the verification result and displays any errors. If the response screen shows errors, click **Edit Claim** to make corrections.



CMC & IPCS

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**.



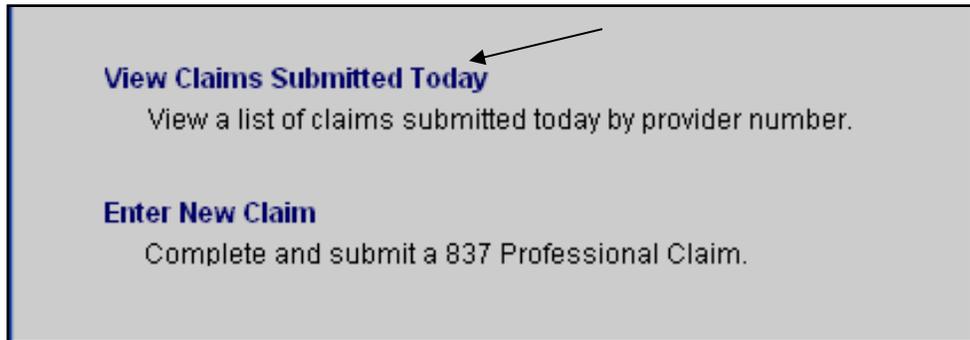
NOTE: An accepted claim does not guarantee payment. An accepted claim means only that the claim form was completed correctly and it will enter Medi-Cal's claim processing system.

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.

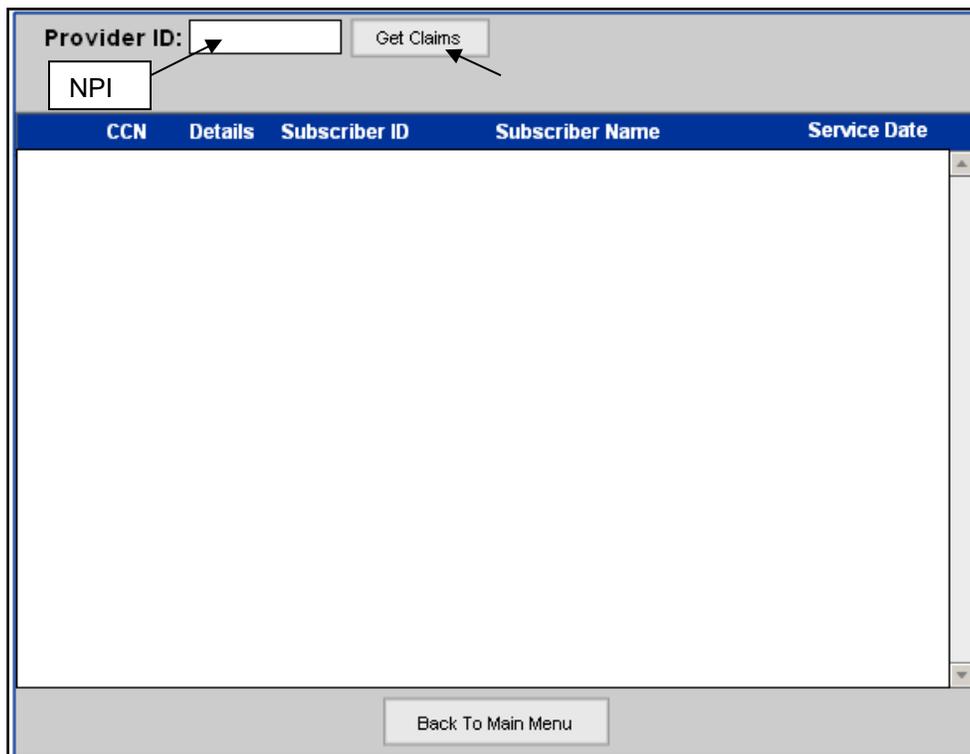
IPCS: Viewing Submitted Claims

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.

CMC & IPCS

- 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**.

Provider ID: Get Claims

You have 2 claim(s) available to view.
Claims 1 thru 2 are displayed. Click the CCN # to view claim details.

CCN	Details	Subscriber ID	Subscriber Name	Service Date
1. 73174740003	1		TEST, BOB	11/11/2007
2. 73174740004	1		TEST, BOB	11/11/2007

Back To Main Menu

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

Claim Detail

Submitter: CMCSUB002

===== PROVIDER INFORMATION =====

Billing Provider ID: AAA001212
Billing Provider Address: 40588 STREET, FX CA 956789909
Billing Provider Country:
Billing Provider Country SDC:
Billing Taxonomy Code:
Benefit Assignment: Y - Yes
Facility Provider ID:
Facility Entity ID:
Rendering Provider ID:
Rendering Taxonomy Code:
Referring Provider ID:
Referring Taxonomy Code:
Referring Provider Name:

===== SUBSCRIBER INFORMATION =====

Subscriber's Name: LINDA JOHNSON
Subscriber ID #: 99998847E
Issue Date: 11/17/2011
Subscriber Birth Date: 11/17/1979
Gender: F - Female
Patient Account Number: 123456
Pregnancy Indicator: No
Patient Amount Paid: \$
Release of Information: Y - Yes, Provider has signed statement permissi

Cancel 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 → 99999999999

ATTACHMENT CONTROL NUMBER

DO NOT WRITE IN THIS SPACE

PROVIDER NUMBER : (REQUIRED)

PROVIDER NAME : _____

PROVIDER ADDRESS : _____

VOID

(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 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,

Acronyms

ACF	Attachment Control Form
ACN	Attachment Control Number
BIC	Benefits Identification Card
BIN	Benefits Identification Number
CA-MMIS	California Medicaid Management Information System
CCN	Claim Control Number
CMC	Computer Media Claims
DHCS	Department of Health Care Services
DOB	Date of Birth
DOI	Date of Issue
FI	Fiscal Intermediary; contractor for DHCS responsible for claims processing, provider services, and other fiscal operations of the Medi-Cal program
IPCS	Internet Professional Claim Submission
IP	Inpatient Services
LSRS	Lab Services Reservation System
MLP	Medi-Cal Learning Portal
NPI	National Provider Identifier
OHC	Other Health Coverage
PIN	Provider Identifier Number
PPO	Preferred Provider Organization
POS	Point of Service
PTN	Provider Telecommunications Network
SOC	Share of Cost
TAR	Treatment Authorization Request
TCN	TAR Control Number
TSC	Telephone Service Center

