Navigating the Medi-Cal Website & Online Billing

Medi-Cal Provider Training 2019

Redding
Vacaville Eureka
Paradise Chico
Citrus Heights
Thousand Oaks
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Ione
Walnut Creek
Tahoe City
Bieber
Eagle

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Elk Grove
Adin
Huntington Beach
Victorville
Weed
Barstow
Baker

Salinas
Simi Valley
San Andreas
Oxnard
Fort Bragg
Mendocino
Marin
Santa Barbara

Concord
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Visalia

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Mojave
Indio
Lancaster
San Clemente
Julian
Chula Vista
Alpine
San Marcos
San Diego

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!_
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Navigating the Medi-Cal Website

Introduction

Purpose

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

Module Objectives

- Provide an overview of the basic features of the Medi-Cal website
- Highlight common Medi-Cal transactions
- Review user-friendly resources on the Medi-Cal website

Acronyms

A list of acronyms is located in the Appendix section of each complete 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 select Enter.

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
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.
Navigating the Medi-Cal Website

Medi-Cal Home Page

The home page lists the latest news and Medi-Cal updates.
1. **Search Box**: Located at the top-right corner of every page and is used to search the entire Medi-Cal website. Type key words 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 areas of the Medi-Cal website.

4. **Featured Links**: Displays frequently visited areas of the Medi-Cal website. Allows the user to navigate to featured programs and topics.

5. **System Status**: Notifies the user of a system-wide or specific 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 (O&E)**: By clicking on one of the five revolving banners the user will be redirected to the following O&E links:
   1. Medi-Cal Learning Portal (MLP)
   2. eLearning Tutorials
   3. Provider Training Seminars
   4. Provider Training Webinars
   5. Find Regional Representatives

7. **NewsFlash**: In the NewsFlash area, the user will find links to current information about Medi-Cal.

8. **Monthly Bulletins**: In the bulletin area, the user will find links to the current release of the Bulletins, which contains information on updates and general billing and policy changes related to Medi-Cal. The tab name changes on a monthly basis to indicate the month of the most recent bulletin release.

9. **News Archives**: This link will direct the user to historical NewsFlash articles and Bulletins.

10. **Medi-Cal Subscription Service (MCSS)**: The Medi-Cal Subscription Service (MCSS) is a free service that provides subscribers with personalized email notifications for announcements and monthly news/policy updates as they post to the Medi-Cal website.

11. **Related**: Related links are located in the left column of the home page. These links will direct you to the Department of Health Care Services (DHCS) website, California Department Public Health and Medi-Cal Information for Individuals and Families.

12. **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. These helpful links will direct the user to Contact Medi-Cal, Medi-Cal Site Help and Medi-Cal Site Map.

13. **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.
Tabs

Publications Tab

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

Medi-Cal Subscription Service (MCSS)

The MCSS is a subscription service, free of charge that enables providers and other interested subscribers to receive links to Medi-Cal NewsFlash, Medi-Cal Update bulletins and/or System Status Alerts via email.

MCSS subscribers can choose to receive one or more of the following:

- Medi-Cal Update – monthly bulletins containing the latest program and policy news
- Medi-Cal NewsFlash – news that is time sensitive, critical and/or affects a large number of subscribers
- System Status Alerts – alerts related to current and/or future system outages

**NOTE:** NewsFlash emails will include links to articles that are posted in the NewsFlash area of the Medi-Cal website (formerly referred to as the "Newsroom"). Links to these announcements will be easily accessible on mobile devices.

Subscribing is simple and free!

1. Go to the updated MCSS Subscriber Form directly at ([www.medi-cal.ca.gov/mcss](http://www.medi-cal.ca.gov/mcss))
2. Enter your email address and ZIP code, and select a subscriber type
3. Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts
4. Subscribers receive subject-specific emails shortly after NewsFlash announcements and other updates post on the Medi-Cal website.
NOTE: A welcome email will be sent to the provided email address. If you are unable to locate the welcome email in your inbox, check your junk email folder.

Instructions

Providers and other interested persons can subscribe to MCSS using either of the following two methods listed below:

To subscribe by email:
1. Download the linked MCSS Subscriber Form
2. Enter your name, email address, ZIP code and subscriber type in the appropriate fields
3. Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts
4. Attach your completed form to an email and send to MCSSCalifornia@conduent.com

To subscribe online:
1. Go to the MCSS Subscriber Form directly at (www.medi-cal.ca.gov/mcss) homepage
2. Enter your email address and ZIP code, and select a subscriber type from the drop-down menu
3. Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts
4. Click “Subscribe Now” at the bottom of the page

NOTE: Providers can now contact MCSS representatives directly at MCSSCalifornia@conduent.com to subscribe and for assistance with managing subscriptions.
A Navigating the 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 and select a subscriber type.

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

The subscription form includes the following fields:

- **Email Address**
- **Confirm Email Address**
- **ZIP Code**
- **Subscriber Type** (Please Choose One)
- **If “Other,” please specify.**

The form also contains checkboxes for various subject areas, including:

- **Allied Health**
- **Outpatient Services**
  - AIDS Waiver Program
  - Clinics and Hospitals
  - Chronic Disease Clinics
  - Community-Based Adult Services (formerly Adult Day Health Care Centers)
  - Expanded Access to Primary Care Program
  - Heroin Detoxification
  - Home Health Agencies/Home & Community-Based Services
  - Hospice Care Program
  - Local Educational Agency
  - Multipurpose Senior Services Program
  - Rehabilitation Clinics

- **Long Term Care**
- **Additional Subject Areas**
  - California Children’s Services
  - Computer Media/Claim/Claim Electronic Data Interchange
  - Federally Qualified Health Centers/Remote Health Clinics
  - Indian Health Services/Infant Formula of Agreement

- **Medical Services**
- **System Status Alerts**
  - Learn how to update your profile or get subscription help.

**Subscribe Now**
Provider Bulletins

Bulletins include information about updates and general billing and policy changes related to the Medi-Cal program. Bulletins publish monthly. Archives are available for the previous 12 months in Word or PDF format by selecting the file cabinet icon. The Bulletins and Manuals Navigation Tool; *Navigating Medi-Cal and Specialty Health Programs* will direct providers to the overview for billing instructions. Provider bulletins are categorized into General, Allied Health, Inpatient/Outpatient, Long Term Care, Medical Services, Pharmacy, Vision Care and Specialty Programs.

### Provider Bulletins

#### Bulletins and Manuals Navigation Tool

*Navigating Medi-Cal and Specialty Health Programs* 📁

<table>
<thead>
<tr>
<th>General</th>
<th>Month</th>
<th>Archive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indexes and Glossary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part 1 – Medi-Cal Program and Eligibility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Allied Health

- **Acupuncture (ACU)**: January
- **Audiology and Hearing Aids (AUD)**: January
- **Chiropractic (CHR)**: January
- **Durable Medical Equipment and Medical Supplies (DME)**: January
- **Medical Transportation (MTR)**: January
- **Orthotics and Prosthetics (OAP)**: January
- **Psychological Services (PSY)**: January
- **Therapies (THP)**: January

#### Inpatient/Outpatient

- **AIDS Waiver Program (AID)**: January
- **Clinics and Hospitals (CAH)**: January
- **Chronic Dialysis Clinics (DIA)**: January
- **Community–Based Adult Services (formerly Adult Day Health Care Centers)**: January
- **Expanded Access to Primary Care Program (EAP)**: January
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 have two parts: Part 1 and Part 2.

<table>
<thead>
<tr>
<th>General</th>
<th>Month</th>
<th>Archive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indexes and Glossary</td>
<td>October</td>
<td></td>
</tr>
<tr>
<td>Part 1 – Medi-Cal Program and Eligibility</td>
<td>October</td>
<td></td>
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</tbody>
</table>

Part 1: Contains general Medi-Cal Program and Eligibility guidelines applicable to all provider communities.

Part 1 – Medi-Cal Program and Eligibility

- Medi-Cal Program (00medi-cal)
- Medi-Cal Provider Manual Contents
- Manual Organization (0Amanorg)
- How to Use This Manual (0Bhwttouse)
- Getting Started: Where to Find the Answers (0C got start)
- Contents Part 1 – Medi-Cal Program and Eligibility (1toc)
- AEVS: General Instructions (aerv gen)
- AEVS: Transactions (aev tm)

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.

<table>
<thead>
<tr>
<th>Inpatient/Outpatient</th>
<th>Month</th>
<th>Archive</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Waiver Program (AID)</td>
<td>September</td>
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</tr>
<tr>
<td>Clinics and Hospitals (CAH)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Chronic Dialysis Clinics (DIA)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Community-Based Adult Services (formerly Adult Day Health Care Centers)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Expanded Access to Primary Care Program (EAP)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Heroin Detoxification (HER)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Home Health Agencies/Home &amp; Community-Based Services (HCM)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Hospice Care Program (HOS)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Inpatient Services (IPS)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Local Educational Agency (LEA)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Multipurpose Senior Services Program (MSSP)</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Clinics (REH)</td>
<td>September</td>
<td></td>
</tr>
</tbody>
</table>

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

The Education tab refers providers to the Outreach & Education, which provides a variety of Medi-Cal support services such as the Medi-Cal Learning Portal, Medi-Cal Provider Training workbooks, a list of current Provider Seminars and dates, and access Regional Representative and the Small Provider Billing Unit.

By selecting Launch the Medi-Cal Learning Portal (MLP) from the education page, it will connect the user to the MLP. For additional information regarding MLP, please refer to the Medi-Cal Learning Portal module.

NOTE: First-time users must complete a one-time registration to have access to the MLP’s resources, such as online tutorials, live and recorded webinars, and registering for Provider Training Seminars.
Navigating the Medi-Cal Website

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, Diabetes Prevention Program, Electronic Health Record (EHR) Incentive Program, Every Woman Counts (EWC), Family Planning, Access, Care and Treatment (Family PACT), Managed Care and Presumptive Eligibility (PE) Programs.

NOTE: The Presumptive Eligibility (PE) link will also contain specialty programs for: Breast and Cervical Cancer Treatment Program (BCCTP), Child Health and Disability (CHDP), Every Woman Counts (EWC), Presumptive Eligibility for Pregnant Women (PE4PW) and Hospital Presumptive Eligibility (HPE).
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:

<table>
<thead>
<tr>
<th>Fraud and Abuse</th>
<th>Ordering, Referring and Prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS Annual Updates</td>
<td>Procedure/Drug Code Limitation List</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Provider Enrollment</td>
</tr>
<tr>
<td>LTC Rates Schedule</td>
<td>Provider-Preventable Conditions</td>
</tr>
<tr>
<td>Medi-Cal &amp; Telehealth</td>
<td>Quality and Accountability Supplemental Payment (QASP) Program</td>
</tr>
<tr>
<td>Medi-Cal Comment Forum</td>
<td>Related Sites</td>
</tr>
<tr>
<td>Medi-Cal Rates</td>
<td>Suspended &amp; Ineligible Provider List</td>
</tr>
<tr>
<td>Medical Supplies Billing Requirements</td>
<td>System Replacement Archives</td>
</tr>
<tr>
<td>National Correct Coding Initiative (NCCI)</td>
<td>Technical Publications</td>
</tr>
<tr>
<td>National Drug Code (NDC)</td>
<td>User Guides</td>
</tr>
<tr>
<td>National Provider Identifier (NPI)</td>
<td></td>
</tr>
</tbody>
</table>
Contact Medi-Cal Tab

The Contact Medi-Cal tab provides the telephone numbers and addresses for communicating with Medi-Cal.
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.

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

To Log In:
1. Enter 10-digit 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 by obtaining their Beneficiary Identification Card (BIC) prior to rendering service. Providers can verify eligibility online through Transaction Services.
Eligibility Verification

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: 0099212421

- **Swipe Card:**
  - Subscriber ID: 1234567891234

- **Subscriber Birth Date:**
  - 01/01/2001

- **Issue Date:**
  - 08/22/2001

- **Service Date:**
  - 08/01/2018

*Indicates Required Field

SUBMIT  CLEAR

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.

Eligibility Response

Eligibility transaction performed by provider: 0099212421
on Wednesday, September 26, 2018 at 8:50:25 AM

- **Subscriber ID:** 1234567891234
- **Service Date:** 08/01/2018
- **Subscriber Birth Date:** 01/01/2001
- **Issue Date:** 08/22/2001

- **Primary Care Physician Phone #:**
- **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. For additional information regarding eligibility, please refer to the Recipient Eligibility module.

- **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/Provider Telecommunications Network (PTN)

The Automated Provider Services Provider Telecommunications Network (PTN) is a Medi-Cal online system directory to assist providers with a variety of billing inquires. The following options for billing services may be found on the PTN Menu listed below.

PTN Menu Options

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
- Perform Procedure Code Inquiry
- Perform Medical Supply Code Inquiry
- Perform Issue Status Inquiry
- Perform Appeal Status Inquiry
- General Mailing Information
- Max. Antihemophilic Factor (AF) Reimbursement, Current Quarter
- Max. Antihemophilic Factor (AF) Reimbursement, Prior Quarter
- Max. Antihemophilic Factor (AF) Reimbursement, Prior Prior Quarter
Check Write Transaction

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

- Last warrant date and amount
- Pending number of claims with the billed amount on the claim
- Claims currently in process with the provisional adjudicated amount

Instructions
1. Check the box that applies to the inquiry.
2. Click Submit or select Enter.
Claim Status

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

![Claim Status Transaction Image]

Instructions

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

OR

1. Enter Subscriber ID in the **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 select **Enter**.
Procedure Code Inquiry

Provider may obtain code-specific information and Medi-Cal maximum reimbursement rate through the Procedure Code Transaction screen.

Instructions
1. Enter procedure code in Procedure Code box.
2. Click Submit or select Enter.
Appeal Status Inquiry

Providers can inquire on the status of their appeals by logging into the Appeals Status Inquiry.

Instructions
1. Enter appeal’s Document Number in the Document Number field.
2. Click Submit or select Enter.

Issue Status Inquiry

When a provider contacts the Fiscal Intermediary (F.I.) they will receive a Service Request (SR) or Issue number that can be tracked under the Issue Status link.

Instructions
1. Enter Issue or Service Request Number in the Issue Number field.
2. Click Submit or select 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.

Instructions

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

**NOTE:** Providers may call the Help Desk to request reservation changes or cancellations by contacting the Telephone Service Center (TSC) at: 1-800-541-5555.
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 a 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 a SOC (spend down). The provider can only reverse a SOC if the total SOC has not been cleared.
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 select Enter

SOC (Spend Down) Transaction

You are logged in as:

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

Swipe Card: 
* Subscriber ID: 123456789A1234
* Subscriber Birth Date: 04/04/1994
* Issue Date: 02/26/2014
* Service Date: 08/08/2018
* Procedure Code: 99299
* Total Claim Charge Amount: 106.00

SOC (Spend Down) Amount Applied: 60.00

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.
SOC Response

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

<table>
<thead>
<tr>
<th>Subscriber ID:</th>
<th>123456789A1234</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Date:</td>
<td>08/08/2018</td>
</tr>
<tr>
<td>Subscriber Birth Date:</td>
<td>04/04/1994</td>
</tr>
<tr>
<td>Issue Date:</td>
<td>02/26/2014</td>
</tr>
<tr>
<td>Procedure Code:</td>
<td>xxxxx</td>
</tr>
<tr>
<td>Total Claim Charge Amount:</td>
<td></td>
</tr>
<tr>
<td>Case Number:</td>
<td></td>
</tr>
<tr>
<td>SOC (Spend Down) Amount Applied:</td>
<td></td>
</tr>
<tr>
<td>Primary Aid Code:</td>
<td></td>
</tr>
<tr>
<td>First Special Aid Code:</td>
<td></td>
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<td>Second Special Aid Code:</td>
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<td>Third Special Aid Code:</td>
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<tr>
<td>Primary Care Physician Phone #:</td>
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<td>Service Type:</td>
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</tr>
<tr>
<td>Trace Number (Eligibility Verification Confirmation (EVC) Number):</td>
<td></td>
</tr>
<tr>
<td>Eligibility Message:</td>
<td>SUBSCRIBER NOT FOUND. SOC/SPEND DOWN CLEARANCE REJECTED.</td>
</tr>
</tbody>
</table>
Navigating the Medi-Cal Website

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:

![Transaction Services]

![Medical Services Reservation Transaction]

**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 select Enter.

Medi-Service Response

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

References

- Telephone Service Center (TSC): 1-800-541-5555
- Medi-Cal website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- Outreach & Education
- Medi-Cal Learning Portal (MLP)
- Small Provider Billing Unit (SPBU): (916) 636-1275
- Medi-Cal Subscription Service (MCSS)
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 and Computer Based Training (CBT) 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

Acronyms

A list of acronyms is located in the Appendix section of each complete 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
  - Google Chrome
  - 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 Select 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

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
2. Log-in by entering the User Name and Password.
3. Hover over the Training tab in the menu bar and select Recorded Webinars.
4. Providers can select from a variety of recorded webinars.

5. Click on the View Recording button.
Viewing eLearning & Computer Based Training (CBT) Tutorials

Instructions

2. Log-in by entering the User Name and Password.
3. Hover over the Training tab in the menu bar and select eLearning and CBT’s.
4. Providers can select from a wide variety of eLearning and Computer Based Training (CBT) Tutorials.
5. Click on View Tutorial.
6. A new window or tab opens.

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

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.
4. The Regional representative’s name and contact information for that area is displayed.

![Lookup Regional Representative]

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

References

- Telephone Service Center (TSC): 1-800-541-5555
- Medi-Cal Website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- Outreach and Education to access MLP and/or regional representatives
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)

Acronyms
A list of acronyms is located in the Appendix section of each complete 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:
   - Select the Home tab
   - Under Featured, select Forms.
   - Under Computer Media Claims (CMC), select 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 California MMIS Fiscal Intermediary (FI).

   **NOTE:** Correctly completing and signing the document helps expedite the application process. Applications typically take two to three weeks to be approved.

3. Providers/submitters receive their CMC submitter ID via written correspondence. Providers/submitters are instructed to call the FI and give a password of their choosing. (The password is separate from the National Provider Identifier [NPI] and Provider Identification Number [PIN]).

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

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

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

**Third Party Automation and Identification of Parties**

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

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

1. Go to the Medi-Cal home page: (www.medi-cal.ca.gov).
2. Select the **References** tab.
3. Scroll down to the bottom of the page and select **Technical Publications**.
4. Under **Links to Other Technical Publications**, select **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). Select the Transactions tab.
2. Enter your CMC Submitter ID and Password. Select **Submit**.

3. From the **CMC** tab, select **Data Uploads**.

**NOTE:** The options on the **Transaction Services** menu may vary depending on the type of submitter.
4. Select the **Browse** button to search for the claims that are ready to upload.

   ![File Upload Interface](image)

   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.

   **Note:** If a button labeled "Browse..." does not appear, then your browser does not support file upload.

   For uploads, you must compress all files using PKZIP OR WINZIP. Upload file size is limited to 2 Mb. If your input file exceeds this size, it will not be accepted by Medi-Cal.

5. Once the claim file appears, select **Upload File**.

6. If the upload is successful, a confirmation page is displayed showing the Volser number as a reference for the upload.
Inquiry on a CMC

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

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

2. Select **Inquiry on CMC**.

---

[Image of login form]

[Image of menu]

[Menu options: Data Uploads, Submitter Status, Submissions, CRM Issue Inquiry, NCPDP Response Files, Letters, Batch Internet Eligibility, Submission Error Reports, Inquiry on CMC]
3. Enter the Volser number in the box and select **Search** or press **Enter**.

The Volser information is displayed.

![Volser Status](image)

**NOTE:** This Volser shows nine claims submitted. All nine were accepted.
When a claim is not accepted, the status shows as Deleted.

**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 California MMIS 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.
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 www.medi-cal.ca.gov and selecting the Web Tool Box link at the bottom of the page.

   ![Web Tool Box Screenshot](image)

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

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

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

Additional, optional tabs can be located by selecting 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 (*).

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

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

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

**NOTE:** Other fields may be required, depending on the billing scenario. Refer to your Medi-Cal provider manual, or click a field name to view the pop-up help that is built into each field.
Detailed Description by Field
To get more information about each field, select the field name.

**NOTE:** To hide the field description, select the **OK** button.
Recalling Data from a Previous Claim

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

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

Removing Data from a Tab

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

To clear data from a tab, select 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. Select 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, select the Claim Info tab, then select Hide OHC Tab.

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

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

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

NOTE: 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, select Internet Professional Claim Submission (IPCS) link.
4. Select **Enter New Claim**.

![View Claims Submitted Today]

**View Claims Submitted Today**

View a list of claims submitted today by provider number.

**Enter New Claim**

Complete and submit a 837 Professional 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.

![Provider Info Tab]

- **Billing Provider Section**
  - National Provider ID: [1234567890]
  - Medicaid Provider ID: [Or]
  - Address 1: [1234 Any Street]
  - Address 2: [Or]
  - City: [Any Town]
  - State: [CA]
  - Zip Code: [921201234]
  - Other Info:
  - Taxonomy Code: [Select One]
  - Benefit Assignment: [Select One]

- **Service Facility Section**
  - National Provider ID: [Or]
  - Medicaid Provider ID: [Or]
  - Entity Identifier: [Select One]

- **Rendering Provider Section**
  - National Provider ID: [Or]
  - Medicaid Provider ID: [Or]
  - Taxonomy Code: [Select One]

- **Referring Provider Section**
  - National Provider ID: [Or]
  - Medicaid Provider ID: [Or]
  - License #: [Select One]
  - Taxonomy Code: [Provider Name]
6. Select the **Subscriber Info** tab and enter all required information (fields marked with an asterisk*). This tab contains information about the Medi-Cal subscriber, including any Share of Cost/Spend Down they may have paid.
7. Select **Claim Info** tab and enter all required information. This tab contains general information regarding the claim.

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

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

If sending in attachments with the claim, make sure you put the Attachment Control Number (ACN) in the corresponding field.
8. Select the **Service Details** tab and enter all required information marked with an asterisk*. This tab contains information about the specific procedures performed. At least one service detail is required, but you may enter up to six.

**NOTE:** Once the required field has been completed, select **Add Detail** at the bottom of the form.
To add another service detail, complete the required fields marked with an asterisk* for the next service.

To remove or edit a line detail, highlight the service to be deleted or edited and select *Remove Detail* or *Edit Detail*.
As you add or remove details, the **Total Claim Charge Amount** field at the top of the screen changes to reflect the sum of the Service Line Detail charges entered up to that point.
9. Once all required fields on each tab are completed, the **Submit Preview** button appears at the top right corner of the form. The system automatically checks for missing fields.

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

![Claim Detail Screen]

**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, select the **Cancel-Edit Claim** button.
10. When the claim is ready to submit, select **Submit** button.

11. A response screen shows the verification result and displays any errors. If the response screen shows errors, select **Edit Claim** to make corrections.
If the claim data entered is accepted for processing, the response screen displays the CCN. Select one of the following options:

- **Back to Main Menu**
- **Enter New Claim**
- **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, select Claims tab, then 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 select Get Claims.

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

5. To print, select the desired claim in the CCN column and select **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 837I HIPAA transaction.

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

California MMIS Fiscal Intermediary
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**.

**MEDICAL CLAIM ATTACHMENT CONTROL FORM**
STATE OF CALIFORNIA  DEPARTMENT OF HEALTH SERVICES

**ATTACHMENT CONTROL NUMBER** 99999999999

**PROVIDER NAME**: ______________________________________________________

**PROVIDER ADDRESS**: __________________________________________________

**PROVIDER SIGNATURE**  ______________  ___________

**RETURN THIS FORM WITH ATTACHMENTS TO:**
FISCAL INTERMEDIARY  
P.O. BOX 526022  
SACRAMENTO, CA 95852

**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

ATTACHMENT CONTROL FORM REJECT LETTER

This letter is to inform you that the oversheet 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 Care Services (DHCS) 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: California MMIS 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 (TSC) at 1-800-541-5555.

Sincerely,

California Medicaid Management Information System Fiscal Intermediary
Resource Information

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
Appendix

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