
CMC Enrollment Procedures

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This section describes the Computer Media Claims (CMC) enrollment requirements and procedures for providers and billing services interested in submitting claims through computer media.

Provider Participation Requirements

Participation as a CMC submitter is open to all Medi-Cal providers including Child Health and Disability Prevention (CHDP) program providers, assuming submitted claims are on an acceptable medium, in the proper format, and claims data meets the criteria for CMC billing.

«The following requirement is mandatory for CMC submission:

- CMC submitters must register in the Medi-Cal Provider Portal on the Medi-Cal Providers website and successfully submit a test file following registration in order to become an active submitter.»

CHDP CMC Requirements

All CHDP program/Medi-Cal fee-for-service claims, including those submitted for recipients who require a CHDP Eligibility Information form (DHCS 4073), are acceptable by means of Computer Media Claims (CMC).

«Provider Portal Registration

The Department of Health Care Services (DHCS) and the California Medicaid Management (CA-MMIS) Fiscal Intermediary (FI) require submitters to enroll in the Medi-Cal Provider Portal in order to affiliate with providers prior to testing and implementation of CMC billing. Providers and submitters may refer to the Provider Portal user guides located on the Medi-Cal Provider Portal Overview webpage.»

Billing Services

Providers may employ a billing service to prepare and submit their CMC. Contracts between individual providers and independent billing services are required, and copies should be retained by both parties.

Audits

DHCS may conduct periodic audits of provider or billing service records to ensure compliance with Medi-Cal electronic billing requirements.

Electronic Formats

CMC offers several electronic billing formats. Submitters are to select the format that corresponds to their claims type as described below:

Table of Electronic Format Claim Types

Electronic Format	Claim Type
ANSI ASC X12N 837 – v.5010 Professional (005010X222A1)	05, 07
ANSI ASC X12N 837 – v.5010 Institutional (005010X223A2)	02, 03, 04

Provider Submission

«Providers who wish to submit electronic claims through a billing service must complete registration and affiliate to a submitter billing service in the Medi-Cal Provider Portal.»

Billing Service Submission

«Billing services who wish to submit electronic claims must complete registration in the Medi-Cal Provider Portal.»

CMC Submitter Number

«When a submitter registers in the Medi-Cal Provider Portal, a unique three-character submitter number is assigned. This number identifies all claims submitted by the CMC submitter and is mandatory to submit claims.»

Refer to the *Testing/Activation Procedures* section of the *Medi-Cal Computer Media Claims (CMC) Billing and Technical* manual for information about the CMC testing and activation process.

Reporting Submitter Status Changes

The FI must be informed of any changes in a submitter's status. Proper written notification is required under the following circumstances.

Provider Changes Business Location

Change of business location requires a letter containing the submitter number plus both old and new addresses and telephone numbers. The letter must include an authorized signature.

Requests must be sent to:

Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

Where to Submit Change in Status Correspondence

All correspondence regarding change in status should be sent to the following address:

Attn: CMC Unit
California MMIS Fiscal Intermediary
P.O. Box 15508
Sacramento, CA 95852-1508

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
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»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.