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# CMC Enrollment Procedures

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Page updated: June 2024

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 Children’s Presumptive Eligibility (CPE) 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.

## **«CPE CMC Requirements**

All CPE/Medi-Cal fee-for-service claims, including those submitted for recipients who require a *Children’s Presumptive Eligibility Pre-Enrollment Worksheet* (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 Electronic Services Transition 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**

<b>Electronic Format</b>	<b>Claim Type</b>
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.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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