
Provider Relations Directory

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The Provider Relations department is the primary liaison between the provider community and the Medi-Cal program. This section describes the billing and training assistance available to providers. Provider Relations is responsible for:

- Answering provider billing questions
- Assisting providers in obtaining reimbursement for services
- Conducting provider training
- Informing providers about Medi-Cal policies and procedures
- Maintaining effective channels of communication among the Department of Health Care Services (DHCS), the California MMIS Fiscal Intermediary, Medi-Cal providers and their associations
- Recommending improvements to increase provider satisfaction with and participation in the Medi-Cal program

Refer to “Communicating with Medi-Cal” at the end of this section for a directory of help desks and interactive response systems.

Provider Relations is not responsible for audits and investigations related to Medi-Cal fraud or abuse. Providers and recipients should call the following number for assistance: Attorney General’s Office, California Bureau of Medi-Cal Fraud and Elder Abuse at 1-800-722-0432.

Refer to the *Provider Guidelines* section in this manual for additional fraud information.

Billing Assistance

Telephone Service Center (TSC)

The Telephone Service Center (TSC) is the first line of communication between providers and the California MMIS Fiscal Intermediary. The TSC is staffed by knowledgeable telephone operators who can help providers understand the following:

- Medi-Cal billing policies and procedures
- Unclear provider manual information
- Correct completion of claim forms, *Claims Inquiry Forms* (CIFs) and Appeal forms
- Claim denials
- CIF, appeal and over-one-year claim status
- «Medi-Cal Provider Portal»

Providers may call the TSC at 1-800-541-5555 from 8 a.m. to 5 p.m., Monday through Friday, except holidays. Providers may be directed to a particular specialty unit for assistance

«CBAS, CPE or CCS/GHPP Help Desk»

Providers with billing questions concerning the following may call Help Desk TSC for assistance from 8 a.m. to 5 p.m., Monday through Friday, except holidays.

- California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP)
- «Children's Presumptive Eligibility (CPE)»
- Community-Based Adult Services (CBAS) (fee-for-service services only)

Note: Questions regarding CCS/GHPP programs benefits, policies, recipient information or enrollment of a CCS/GHPP-only provider should be directed to the appropriate CCS/GHPP office.

Computer Media Claims (CMC)

Computer Media Claims (CMC) billers may call TSC for assistance. CMC representatives are available from 8 a.m. to 5 p.m., Monday through Friday, except holidays.

Healthy Access Programs (HAP)

Providers with billing questions about Health Access Programs (HAP), such as Family PACT (Planning, Access, Care and Treatment), obstetrical and perinatal services may call TSC from 8 a.m. to 5 p.m., Monday through Friday, except holidays.

Every Woman Counts

HAP representatives also offer billing assistance to Every Woman Counts providers and are available through the TSC from 8 a.m. to 5 p.m., Monday through Friday, except holidays. Every Woman Counts providers also may request HAP regional representatives to perform onsite visits.

Family PACT

HAP representatives for Family PACT providers are available for program clarification and claims processing training.

OB/Perinatal Services

HAP representatives are available to answer provider questions, offer technical assistance and conduct training seminars and billing workshops about OB/perinatal services.

Correspondence Specialist Unit

The TSC operators may refer providers to the Correspondence Specialist Unit (CSU) for inquiries that require additional research. The CSU specializes in various claim types and conducts in-depth research.

Providers may write directly to CSU for clarification about recurring billing issues that have not been resolved through either the Claims Inquiry Form (CIF) or appeal process and have resulted in claim denials or potential unsatisfactory payments.

When writing to the CSU for assistance, providers should enclose up to three examples of Claim Control Numbers (CCNs) for the billing issue and include as much of the following documentation as possible with the letter of inquiry:

- Legible with claim form
- Proof of eligibility, if date of service is beyond one year
- Necessary documentation, operative report, invoice, etc.
- Copies of *Remittance Advice Details* (RAD)
- Copies of all CIF acknowledgements, response letters
- Copies of all Appeal acknowledgements, response letters
- Copies of all dated correspondence from the previous/current California MMIS Fiscal Intermediary

A lack of necessary records may delay research.

Letters to CSU should be addressed to the California MMIS Fiscal Intermediary as follows:

Attn: Correspondence Specialist Unit
California MMIS Fiscal Intermediary
P.O. Box 13029
Sacramento, CA 95813-4029

Multiple Billing Issues

Providers with numerous or various billing issues should not write to CSU but instead request an onsite visit from a regional representative (see “Training Assistance” on a following page).

Out of State Unit

The Out-of-State Unit responds to all billing inquiries from out-of-state providers who render emergency services to Medi-Cal recipients beyond the border of California. Providers may call (916) 636-1960 from 8 a.m. to 5 p.m., Monday through Friday, except holidays.

Small Provider Billing Unit

The Small Provider Billing Unit (SPBU) is a full-service billing assistance program for medical services providers who submit up to 100 Medi-Cal claims per month and do not use a billing service or agency. SPBU representatives assist providers who have little or no Medi-Cal billing experience.

Provider participation is determined jointly by DHCS and the FI. For enrollment information, providers may call (916) 636-1275 and request to speak with an SPBU representative. Representatives are available from 8 a.m. to noon and from 1 p.m. to 5 p.m., Monday through Friday, except holidays.

Training Assistance

Regional Representatives

Provider inquiries that cannot be handled through the TSC or CSU are referred to a Regional Provider Relations Organization Representative.

Onsite Visits

Regional representatives are located throughout the state and visit providers in their office or facility. They conduct one-on-one billing assistance and tailored workshops free of charge.

Providers with specific billing issues also may request a regional representative through TSC. Regional representatives will schedule an onsite visit with providers when:

- Reimbursement is delayed because of billing errors
- Claims are being denied and the staff cannot correct the claim
- Billing staff is unfamiliar with Medi-Cal billing procedures

Provider Training Unit

The FI's Provider Training Unit coordinates and conducts numerous Medi-Cal billing workshops that benefit both new and experienced billers. Held in various cities throughout the state, these workshops target providers and billing staff who are either new to the Medi-Cal program or who have specific Medi-Cal billing questions. Providers may call TSC for dates, locations and to register for a seminar. Training dates and locations are also listed in the *Medi-Cal Update* bulletins.

Eligibility Verifications and Medi-Reservation Transaction Assistance

POS Network/Internet

Providers who have internet questions may call the TSC for assistance with the following:

- Point of Service (POS) network technical and user support – the POS network includes the telephone Automated Eligibility Verification System (AEVS) and state-approved vendor software
- Eligibility verification, Share of Cost and Medi-Service reservation assistance for transactions performed on the POS network or the Medi-Cal website on the Internet at www.medi-cal.ca.gov
- Internet Batch Eligibility Application (IBEA) transaction assistance
- Internet Professional Claim Submission (IPCS) system claim submission assistance
- Assistance with general Medi-Cal website questions

For hours of operation, providers may refer to the Medi-Cal directory on a following page.

Claim Status Inquiries

The Provider Telecommunications Network (PTN)

The Provider Telecommunications Network (PTN) is an automated voice response service that allows providers to obtain checkwrite, pending claims and claims-in-process information. Each active Medi-Cal provider has been assigned a unique Personal Identification Number (PIN) that may be entered using a touch-tone telephone to access the PTN. Providers who have checkwrite, pending claims and claims-in-process questions may call the PTN at 1-800-786-4346. Out-of-state providers may call (916) 636-1950. Refer to the *Provider Telecommunications Network (PTN)* section in the Part 1 Medi-Cal manual for PTN instructions.

Additional Resources

Cash Control Unit

The Cash Control Unit assists providers with questions regarding missing, lost or returned warrants, *Remittance Advice Details* (RADs), accounts receivable transactions, 1099s and provider refund checks. This unit also enrolls providers in Electronic Fund Transfers (EFTs) and processes requests for Paid Claim Summary and Claims Detail reports.

Letters to the Cash Control Unit should be addressed as follows and include the provider number for tracking:

Attn: Cash Control
California MMIS Fiscal Intermediary
P.O. Box 13029
Sacramento, CA 95813-4029

General Services Distribution

All written correspondence received by Provider Relations is forwarded to the General Services Distribution. This unit sorts all incoming mail and routes any misdirected mail to the appropriate destination. All incoming correspondence should include a provider number for tracking purposes.

Print and Distribution Center

The Print and Distribution Center is a full-service reproduction and fulfillment unit that processes and distributes claim form orders and other provider information to the Medi-Cal community.

Publications Department

The Publications Department coordinates the development and publication of the *Medi-Cal Update* bulletins, including program and policy articles, provider manual updates, website articles, website modifications, letters, provider training documents, system status alerts as well as reference and marketing material. The department receives source information for these provider communications and web content materials from DHCS, along with individuals in other California MMIS Fiscal Intermediary divisions and provider associations.

Communicating with Medi-Cal

Medi-Cal Directory

The following directory lists the help desks and touch-tone interactive response systems that providers may call for Medi-Cal information or assistance. See corresponding telephone numbers and hours of operation on the following page.

Medi-Cal Directory

For Assistance With	Please Call
Billing Instructions or Other Inquiries Not Listed Below	TSC
Billing Inquiries by Recipients (only)	BCTG
Claims Adjudication: Claim Status	PTN
Claims Adjudication: General Inquiries	TSC
Claims Adjudication: Warrant Information	PTN
Enrollment: Electronic Billing	CMC
Enrollment: General Inquiries	TSC
Enrollment: In-state and Border Providers	DHCS
Enrollment: Out-of-State Providers	OOS
Enrollment: POS Network	POS
Manuals and General Information: Automated Eligibility Verification System (AEVS) User Manual	POS
Manuals and General Information: Supplemental Claims Payment Information (SCPI) Manual *	CMC
Manuals and General Information: Computer Media Claims Technical Manual *	CMC
Manuals and General Information: Internet Professional Claim Submission (IPCS) User Guide	POS
Manuals and General Information: Point of Service Network Interface Specifications *	POS
Manuals and General Information: Provider Manual (In-state and Border Providers)	TSC
Recipient Eligibility Verification: AEVS, Internet or Third-Party User Support – Eligibility Verification, Medi-Services Request, or SOC Transactions	POS
Recipient Eligibility Verification: Internet Batch Eligibility Application – Eligibility Verification	POS
Recipient Eligibility Verification: Telephone Inquiry	AEVS
Recipient Eligibility Verification: Telephone Inquiry (Non-Medi-Cal Providers)	SAEVS

«Medi-Cal Directory (Continued)»

For Assistance With	Please Call
Billing Instructions or Other Inquiries Not Listed Below	TSC
Billing Inquiries by Recipients (only)	BCTG
Treatment Authorization Request (TAR): Authorization	TAR Field Office
Treatment Authorization Request (TAR): Denial	TAR Field Office
Treatment Authorization Request (TAR): General Inquiries	TSC
Treatment Authorization Request (TAR): Status	PTN
Treatment Authorization Request (TAR): Submission (General)	TAR Processing Center

Medi-Cal Help Desks, Phone Numbers and Hours

Name	Hours	Phone Number	Topic
Beneficiary Correspondence and Telephone Group (BCTG) †	8 a.m. to 5 p.m., Mon thru Fri	(916) 636-1980	Recipients only – billing questions
Beneficiary Service Center	8 a.m. to 5 p.m., Mon thru Fri	(916) 403-2007	Beneficiary reimbursement process
Border Provider Line †	8 a.m. to 5 p.m., Mon thru Fri	(916) 636-1200	Border providers, out-of-state billers billing for in-state providers
California Children’s Services/Genetically Handicapped Persons Program (CCS/GHPP) †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
«Children’s Presumptive Eligibility (CPE)» †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
Community-Based Adult Services (CBAS) (fee-for-service only) †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
Computer Media Claims (CMC) †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
DHCS Provider Enrollment Division (DHCS)	8 a.m. to 5 p.m., Mon thru Fri	(916) 323-1945	All providers
Every Woman Counts (EWC) †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers

Medi-Cal Help Desks, Phone Numbers and Hours (Continued)

Name	Hours	Phone Number	Audience or Topic
Family PACT Provider Enrollment	8 a.m. to 5 p.m., Mon thru Fri	(916) 650-0414	Prospective Family PACT providers – enrollment questions
Fee-for-service/managed care providers	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
Health Access Programs (HAP): Obstetrics or Comprehensive Perinatal Services Program (OB/CPSP) †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
Health Access Programs (HAP): Family Planning, Access, Care and Treatment (Family PACT) Program †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
Local Educational Agency (LEA) †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers
«Medi-Cal Provider Portal	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	Medi-Cal providers registration and logging in questions»
Out-of-State Provider Line †	8 a.m. – 12 p.m., 1 p.m. – 5 p.m., Mon – Fri	(916) 636-1960	Providers who provide services to California recipients in areas that are not within California borders
Telephone Service Center (TSC) †	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	In-state Medi-Cal providers and Fee-for-service/managed care providers
TAR Processing Center	8 a.m. to 5 p.m., Mon thru Fri	1-800-541-5555	All providers

«Medi-Cal Interactive Response Systems, Phone Numbers and Hours »

Name	Hours	Phone Number	Audience or Topic
Automated Eligibility Verification System (AEVS)	2 a.m. to 12 a.m., 7 days a week	1-800-456-2387	In-state Medi-Cal providers
Automated Eligibility Verification System (AEVS)	2 a.m. to 12 a.m., 7 days a week	1-800-866-2387	Out-of-state, border providers
Provider Telecommunications Network (PTN)	2:30 a.m. to 12 a.m., 7 days a week	1-800-786-4346	In-state Medi-Cal providers
Provider Telecommunications Network (PTN)	2:30 a.m. to 12 a.m., 7 days a week	1-800-541-5555	Out-of-state, border, local providers ‡
Supplemental Automated Eligibility System (SAEVS) †	2:30 a.m. to 12 a.m., 7 days a week	1-800-541-5555	In-state non-Medi-Cal providers and intermediaries
Supplemental Automated Eligibility System (SAEVS) †	2:30 a.m. to 12 a.m., 7 days a week	(916) 636-1990	Out-of-state, border, local providers ‡

<<Legend>>

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

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Includes information about software development and/or distribution
†	Bilingual (English/Spanish) operators are available.
‡	Local Medi-Cal Providers are those who can call without paying toll charges.