CMC

‹‹Computer Media Claims (CMC) 837 Health Care Claim submission is the most efficient method of Medi-Cal claims billing.›› CMC submission offers additional efficiency to providers because these claims are submitted faster and entered into the claims processing system faster.

CMC submission requires that providers have a computerized claims billing system or have contracted with a billing service that operates a computerized billing system.

Generally, the claim submission requirements for CMC are the same as for paper claims. Because CMC is a "paperless" billing process, there are some special requirements:

Enrollment

‹‹CMC Provider Portal Enrollment

CMC submitters who submit claims must enroll in the Medi-Cal Provider Portal, test their CMC submission ability and be approved for the CMC submission process in the Medi-Cal Provider Portal. Refer to the *CMC Enrollment Procedures* section of this manual for completion instructions.››

Testing

System Testing

‹‹Test claims and submitter-provider affiliations will be done in the Medi-Cal Provider Portal.

Once enrollment is complete and a submitter number has been assigned, submitters must perform test transactions in the Provider Portal to ensure accurate file format, completeness and validity.›› Any problems discovered during the testing period must be corrected and a new test submitted prior to final approval.

‹‹Test submissions should contain a cross section of claim type data that can be expected.›› The test file must consist of a minimum of 10 claims for each claim type to be billed. The test procedure must be completed for each applicable claim type.

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

Note: Claims contained on the test file will not be processed for payment. To test, submitters should use data from previously adjudicated claims. ‹‹Submitters cannot send claims for adjudication until they are in "Active" status and are authorized for CMC billing.››

Claims Networks and Clearinghouses

Introduction

Claims networks/clearinghouses allow providers to send many different kinds of insurance claims to one source. These claims services then submit the claims to the appropriate payer.

Developer or Vendor Supplied Billing Software

Providers may purchase Medi-Cal CMC submission software from system developers or vendors. This software is available with a wide range of features and capabilities in varying price ranges.

Developer/vendor supplied software is most common among providers with personal computers (although some vendors also support larger systems). A benefit of developer/vendor supplied software is that it may have been tested and approved for CMC submission. Providers should check with the developer or vendor to confirm.

Note: It is important to verify software compatibility with the Medi-Cal system before purchase. The California MMIS Fiscal Intermediary makes no warranty on any software purchased from third party vendors.

CMC Developers, Vendors and Billing Services Directory

The *CMC Developers, Vendors and Billing Services Directory*, which is available on the Internet at *www.medi-cal.ca.gov*, contains a list of software developers, vendors and billers.

Provider or Billing Service Developed Billing Software

Providers or billing services also may develop their own CMC billing software using the data specifications offered in the *Medi-Cal X12 Companion Guide* and Federal TR3s.

Provider- or biller-developed software is most common among providers and billers with mid-range or mainframe computers, or providers and billers with programming capability and/or unique system requirements.

Claim Submission

Claim Formatting

Claims submitted by CMC must be formatted according to the data record specifications described in the *Medi-Cal CMC Billing and Technical Manual*. While most of the claim fields are completed similar to a hard copy claim by using claim form completion instructions in the appropriate Part 2 manual, a few fields must be completed according to specific CMC standards. These standards are outlined in the *Medi-Cal CMC Billing and Technical Manual*.

CMC Billing and Technical Manual

‹‹The *Medi-Cal CMC Billing and Technical Manual* is available on the [Medi-Cal Providers website](#).››

Internet Submissions

‹‹Claims may be submitted via the Transaction Center in the Medi-Cal Provider Portal on the [Medi-Cal Providers website](#).››

Attachments (Supporting Documentation) for 837 v5010 Claims

‹‹For submitting attachments (supporting documentation) to 837 v5010 claims refer to the *837 Version 5010 Health Care Claim Companion Guide (Billing Instructions)* available on the [Medi-Cal Providers website](#).››

Claims Adjudication and Payment

Once CMC claims are input into the claims processing system, they are subject to the same edits and audits as paper claims.

CMC submissions without data or eligibility errors will usually enter the weekly adjudication cycle the same week they are received and will be paid in the next scheduled checkwrite. They are not exempt from the schedule of one-week checkwrite delays.

CMC Help Desk Telephone Number

The Computer Media Claims (CMC) Help Desk can be accessed by calling the Telephone Service Center (TSC) at 1-800-541-5555.

‹‹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.