

LOS ANGELES COUNTY - CHILDREN'S MEDICAL SERVICES (CMS) - CALIFORNIA CHILDREN'S SERVICES (CCS)
FREQUENTLY ASKED QUESTIONS (FAQ) RELATED TO LOS ANGELES COUNTY'S CMS NET CONVERSION *(Updated August 2, 2010)*

TOPIC	QUESTIONS & ANSWERS
CMS Net Provider Electronic Data Interchange (EDI)	<p>1) What documents do I need to attach to the EDI application?</p> <p>The CMS Net Provider EDI Application package includes:</p> <ul style="list-style-type: none"> ~ HIPAA Business Associate Agreement ~ Oath of Confidentiality ~ User Management Matrix (Excel format) <p>A copy of the application may be downloaded from our website http://publichealth.lacounty.gov/cms/CCSEDIInfo.htm</p> <p>2) Why are user signatures required?</p> <p>Applications approved for access to Provider EDI are official business associate agreements between Children's Medical Services (CMS) and the provider. The State requires original signature in BLUE ink.</p> <p>3) Where do I send the EDI application?</p> <p>Mail your application (11 pages, excluding the excel spreadsheet) to Children's Medical Services, Attn: Management Information Systems (MIS), 9320 Telstar Avenue, Suite 226, El Monte, CA 91731. The User Management Matrix must be emailed to CMSNetSupport@ph.lacounty.gov.</p> <p>4) How long will it take to process my application and how will I be notified?</p> <p>Applications are processed within 15 business days of receipt of the complete package as described above. The CCS Liaison (Provider) will be notified of approval, via email, with instructions and web links required to access the Provider EDI system. If the application is incomplete or does not satisfy completion requirements, the entire application will be mailed back with detailed instructions regarding appropriate resubmission.</p> <p>5) What do I have access to if I sign up for Provider EDI?</p> <p>Approved, cancelled, modified, and denied SARs may be viewed and printed. Managed Care and Healthy Families Plans can also access Case Closure and Notice of Action (NOA) letters.</p> <p>6) Will CCS continue to mail authorizations to all providers regardless of their access to the Provider EDI?</p> <p>Yes. CCS is and will continue to mail out all authorizations until such time as the State CCS office changes this protocol. Providers will be notified prior to any changes.</p>

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	<p>7) Why are pharmacies excluded from EDI?</p> <p>The Provider EDI is a State system, and it is a State decision to exclude pharmacies. That said however, the State will review all pharmacy applications and approvals will be issued on a case-by-case basis.</p> <p>8) Who do I contact to reset my password?</p> <p>CMS MIS Help Desk</p> <p>Monday through Friday – 7:00 a.m. to 5:00 p.m.</p> <p>9) If a central business office has more than one hospital under its purview, does each hospital have to submit its own application?</p> <p>Each hospital must submit its own application. A separate Domain will be created for the central business office. The application should include all NPI numbers associated with the facility.</p> <p>10) We were given access to EDI but some of our staff cannot view the SARS.</p> <p>Only those users included in the User Management Matrix received with the application will be issued individual UserIDs. Staff without a UserID will not be able to access the Provider EDI system, and staff will only be provided access to the Domain(s) requested in the application. Refer to Question 12.</p> <p>11) What needs to be submitted to revise and/or update our Domain?</p> <p>Your CCS Liaison must complete the following forms (as found on our website: Domain Revision/Update) and submit to CMSNetSupport@ph.lacounty.gov :</p> <ul style="list-style-type: none"> ~ CCS Liaison Acknowledgement ~ Service Authorization Access Provider Identification Form (and Excel worksheet, if needed) <p>12) How do we request to add, modify, and/or delete users under a Domain?</p> <p>Your designated CCS Liaison must complete the following forms (as found on our website: User Management) and submit to CMSNetSupport@ph.lacounty.gov :</p> <ul style="list-style-type: none"> ~ CCS Liaison Acknowledgement ~ Confidentiality Oath ~ Service Authorization Access Activation, Modification, Deactivation Request

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Medi-Cal Provider Enrollment	<p>1) I have questions regarding Medi-Cal Provider Enrollment, who can I talk to?</p> <p>Questions regarding the State's Medi-Cal system can only be addressed by the State's Provider Enrollment Division (PED). Providers may contact the State's PED via:</p> <ul style="list-style-type: none"> a. PHONE: (916) 323-1945, b. EMAIL: PEDCorr@dhcs.ca.gov, or c. U.S. MAIL: <ul style="list-style-type: none"> California State Department of Health Care Services (DHCS) Provider Enrollment Division MS 4704 P.O. Box 997412 Sacramento, CA 95899-7412 <p>2) How/When do I report an address change or other changes to my provider enrollment information?</p> <p>Providers are responsible for reporting any address or other changes to PED within 35 days from the date of the change. Los Angeles County CCS cannot make any changes/updates to the system. Follow the instructions on the PED website http://www.dhcs.ca.gov/provgovpart/Pages/EnrollmentRequirementsFAQs.aspx.</p>

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<p>Service Code Groupings (SCGs)</p>	<p>1) What are Service Code Groupings (SCGs) and how are they used?</p> <p>Service Code Groupings (SCG) are groups of reimbursable codes that are authorized to CCS Panelled or Approved providers for the care of a client's CCS-eligible medical condition. A SCG contains a listing of the billing codes that allows providers to provide care to a client without needing to obtain additional authorizations for services. There are currently 13 SCGs, including the new SCG 51 that covers Physician Surgical Inpatient and Outpatient services (see N.L: 02-0510). Information on SCGs can be found on the Medi-Cal Website (www.medi-cal.ca.gov).</p> <p>The most commonly used SCGs are Physician (SCG01) and Special Care Center (SCG02). The Physician (SCG01) authorization can be used for services related to the CCS-eligible condition and can be shared with other health care providers from whom the physician has requested services. Services include, but are not limited to, labs, medications, outpatient and emergency room services. The Special Care Center (SCG02) authorization includes all services covered under SCG01 plus billing codes for services specifically provided in a Special Care Center.</p> <p>Services not covered by a SCG authorization include:</p> <ul style="list-style-type: none"> • Inpatient Hospital Stays, • Restricted Drugs and Enteral Products, • Medical Supplies over the Medi-Cal limit, • Durable Equipment that exceeds the thresholds for authorization (see Medi-Cal Provider Manual), • Benefits not covered by Medi-Cal (EPSDT), and • Transplants <p>Providers are to submit the appropriate SAR form to the CCS office based on the client's county of residence. Once a SAR form has been received and processed by the CCS office, the provider will receive written notification regarding the status of the submitted SAR.</p>