



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Date: June 26, 2013

To: Alcohol & Other Drug (AOD) Medi-Cal Providers

From: Lisa Moore *LMoore*
Provider Relations Manager

Subject: AOD Medi-Cal Claim Schedule for Fiscal Year 2013-14 Services and Supplemental Fiscal Year 2012-13 Services with Other Health Coverage

Attached for your information is the schedule for producing AOD Medi-Cal claims in Fiscal Year 2013-14 for the following services:

- 1) Current Fiscal Year 2013-14 services; and
- 2) Prior Fiscal Year 2012-13 services with other health coverage (OHC) on your annual PSP 131 Report and posted with a payment or valid denial in FY 2013-14 within 12 months of the date of service. **No new services for FY 2012-13 should be entered after July 31, 2013.** On the attached schedule, the claims for these services are called "Supplemental June 2013 Claims".

The purpose of this schedule is to assist your Agency in planning the following tasks:

- Input of client data for FY 2013-14 services, which is due by 5 p.m. on the 3rd working day of the following month. This is the same date that automated Medi-Cal eligibility will be entered in INSYST for the indicated claim month and year.
- Review of the first TEST claim to correct errors. Please note that you may receive two separate claims - one for FY 2013-14 services and the other for prior FY 2012-13 claims with other health coverage payments.
- Review of the second TEST claim to confirm that your prior corrections were accepted and correct any outstanding errors.
- Review of the REAL claim.
- Acquisition of signatures on the "Drug Medi-Cal (DMC) Claim Submission Certification - County Contracted Provider" Form ADP100186 and transmittal of



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this form to Fiscal Finance by the Thursday prior to the production of the REAL claim; and

- Completion of the Good Cause Form 6065A and 6065B for the delay reason codes on the REAL claim and transmittal of the form(s) to Fiscal Finance immediately after the REAL claim is created.

We appreciate your continued support and cooperation in preparing timely and accurate Medi-Cal claims and supporting documentation. We encourage you to enter services on a weekly basis to ensure data entry deadlines are met.

If you have any questions regarding this calendar or claiming expectations, please call Provider Relations at 1-800-878-1313.

**Alameda County Behavioral Health Care Services
Alcohol & Drug Program Medi-Cal Claim Schedule for:**

- 1. Fiscal Year 2013-14 Services; and**
- 2. Supplemental Fiscal Year 2012-13 Services with Other Health Coverage
(Also Known as "Supplemental June 2013" Claims)**

FY 2013-14 CLAIMS			RUN DATE			Cert. Form Due Dates for ACBHCS Finance	RUN DATE
Service Month	Service Year	Completion of Data Entry & Medi-Cal Eligibility Match	Supplemental June 2013 Claims with Other Health Coverage (OHC)	1st Test Claim	2nd Test Claim		
July	2013	8/5/2013	Supplemental # 1	8/10/2013	8/17/2013	8/22/2013	8/24/2013
Aug.	2013	9/5/2013	Supplemental # 2	9/7/2013	9/14/2013	9/19/2013	9/21/2013
Sep.	2013	10/3/2013	Supplemental # 3	10/12/2013	10/19/2013	10/24/2013	10/26/2013
Oct.	2013	11/5/2013	Supplemental # 4	11/9/2013	11/16/2013	11/21/2013	11/23/2013
Nov.	2013	12/4/2013	Supplemental # 5	12/7/2013	12/14/2013	12/19/2013	12/21/2013
Dec.	2013	1/6/2014	Supplemental # 6	1/11/2014	1/18/2014	1/23/2014	1/25/2014
Jan.	2014	2/5/2014	Supplemental # 7	2/8/2014	2/15/2014	2/20/2014	2/22/2014
Feb.	2014	3/5/2014	Supplemental # 8	3/8/2014	3/15/2014	3/20/2014	3/22/2014
March	2014	4/3/2014	Supplemental # 9	4/12/2014	4/19/2014	4/24/2014	4/26/2014
April	2014	5/5/2014	Supplemental # 10	5/10/2014	5/17/2014	5/22/2014	5/24/2014
May	2014	6/4/2014	Supplemental # 11	6/7/2014	6/14/2014	6/19/2014	6/21/2014
June	2014	7/3/2014	Not Applicable	7/12/2014	7/19/2014	7/24/2014	7/26/2014