

Provider Relations P.O. Box 738 San Leandro, CA 94577-0738 (800) 878-1313 (510) 567-8034 fax: (510) 567-8081

DATE:

June 27, 2011

TO:

Alcohol & Other Drug (AOD) Medi-Cal Providers

FROM:

Lisa Moore

Provider Relations Manager

SUBJECT:

AOD Supplemental June 2011 Medi-Cal Claim and Annual PSP 131 Report

As in the past, we plan to submit a Supplemental June 2011 Medi-Cal claim that will include all eligible services provided in Fiscal Year 2010-11 not previously claimed.

The schedule for running the Supplemental Claim is:

			RUN DATES			
Month of	Year of	Completion of Data Entry	1st Test	2nd Test	Cert. Form Due Date for	Final
Service	Service		Claim	Claim	ACBHCS Finance	Claim
Supp. June	2011	7/26/2011	7/27/2011	8/3/2011	8/4/2011	8/6/2011

Please remember that you must complete the Good Cause Form 6065A or 6065B for the delay reason codes on the REAL claim and transmit the form(s) to Fiscal Finance immediately after the REAL claim is created.

An annual PSP 131 Report will run and incorporate the services on the Supplemental Claim. This report should be available on your printer by Monday, August 15. The PSP 131 Report will be needed to prepare the Year-End Cost Report. Further information will be sent regarding the Cost Report.

If you have any questions or need any assistance, please call Provider Relations at 1-800-878-1313.

