



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

DMH SHORT-DOYLE/MEDI-CAL (SD/MC) CLAIM FILE SUBMISSION REQUIREMENTS

Requirements:

A MH1982A form must be submitted for each claim file submitted to Department of Mental Health (DMH). Summaries or other alternate versions of the MH1982A may not be used in place of this official form. The MH1982A and other claim forms are available from the Information Technology Web Service (ITWS).

Each claims file must be compressed and encrypted using PKZip® or Winzip® compatible technology and the appropriate county password as previously defined on the ITWS. Each zip file may contain only one claim file AND must not cross fiscal years.

File Name Convention:

- For DMH SD/MC claim files:

The compressed claim file name must be in the format:
DMH_SDM_code_x_filetype_yyyymm_##.zip

The text claim file name must be in the format:
DMH_SDM_code_x_filetype_yyyymm_##.txt

- For ADP SD/MC claim files:

The compressed claim file name must be in the format:
ADP_SDM_code_x_837_yyyymm_##.zip

The text claim file name must be in the format:
ADP_SDM_code_x_837_yyyymm_##.txt

File Name Legend:

code: County code (2 digits) or Direct Provider code (4 digits – ADP claims **only**)

x: T for testing data, P for production data

Filetype: "837" for files in HIPAA format, "PRO" for files in propriety format (157 bytes)

yyyy: Calendar year applicable to the service period of the claims
Only one fiscal year of claims may be included in a single text claim file

mm: Calendar month applicable to the service period of the claims
Claims may be from multiple months of services
DO NOT cross fiscal years within a single text claim file

##: Sequential number defining the number of files created for the same service period year and month. This character must sequence from "01" through "99"