

**INSTRUCTIONS  
MEDI-CAL WORKSHEETS  
ELECTRONIC SUBMISSION PROTOCOL  
FQHC/RHC/IHS/MOA PROVIDERS AND  
FQHC/RHC HOME OFFICES**

**Please read all instructions carefully before completing these forms.**

This specification provides the requirements and instructions for the e-mail cover letter and attached files of the Medi-Cal worksheets electronic submission. Please note that the electronic submission methodology does not affect the reporting requirements, criteria, or submission schedule outlined on the DHCS website at [www.dhcs.ca.gov](http://www.dhcs.ca.gov). The documents listed below are the minimum required documents, when applicable. Audits and Investigations (A&I) Cost Reporting and Tracking Section (CRTS) will accept signed certification documents as PDF files for signature purposes.

Please complete the applicable worksheets from the selection listed below.

**CLINIC:**

- Form DHCS 3078—Dental Hygienist Services
- Form DHCS 3090—Rate Setting
- Form DHCS 3096—Change in Scope-of-Service Request (CSOSR)
- Form DHCS 3097—Reconciliation Request (Also applies to IHS/MOA)
- Form DHCS 3100—Differential Rate Request Code 521 T1015 SE
- Form DHCS 3104—Medicare Advantage Plan Code 529 G0466-G0470
- Form DHCS 3106—Initial Rate Setting Application Package

**HOME OFFICE:**

- Form DHCS 3089—Home Office 6 or Less
- Form DHCS 3089.1—Home Office 7 or More

**The following documents must be included with the cost reports filing:**

- € DocuSign Certification Statement for each cost report or reconciliation request
- € Excel workbook for cost report or reconciliation request
- € Trial balance
- € Audited financial statements (if applicable)
- € Working papers used to prepare the worksheets

**1. Medi-Cal FQHC/RHC/IHS/MOA Forms Submission Contact Information**

- € **Questions**
  - [Clinics@dhcs.ca.gov](mailto:Clinics@dhcs.ca.gov)
- € **Electronic submissions**
  - [Reconciliation.Clinics@dhcs.ca.gov](mailto:Reconciliation.Clinics@dhcs.ca.gov)
  - [Ratesetting.Clinics@dhcs.ca.gov](mailto:Ratesetting.Clinics@dhcs.ca.gov)

- [ChangeInScope.Clinics@dhcs.ca.gov](mailto:ChangeInScope.Clinics@dhcs.ca.gov)
- [Clinics@dhcs.ca.gov](mailto:Clinics@dhcs.ca.gov) (DHCS 3106, DHCS 3100, DHCS 3104, DHCS 3078)

## 2. Submission Cover e-mail (A&I e-mail maximum file size limit is 50 MB.)

A separate electronic submission cover letter is required for each clinic provider and a home office cost report.

- a. Include in the Subject line the Home Office name or FQHC/RHC/IHS/MOA care provider name, NPI number, the reported fiscal year-end, and the type of report. Multiple e-mails will be required if the e-mail exceeds the maximum file size limit of either the provider's or A&I's e-mail system. The subject lines of the related e-mails must identify the e-mail as 1 of 3, 2 of 3, etc. If an amended cost report is submitted, the subject line must include the word "Amended" and the amended date.

### Subject Line Examples:

- € Original—***ABC Clinic\_1234567890\_12312015\_Cost Report***
- € Multiple Part—***ABC Clinic\_1234567890\_12312015\_Cost Report\_Part 1 of 3***
- € Multiple Part & Amended—***ABC Clinic\_1234567890\_12312015\_Cost Report\_Part 1 of 3\_Amended***

**Note:** No NPI number needed for the Home Office cost report.

- b. The submission cover e-mail shall include a list of the attached documents.

## 3. File Name Convention

The file name convention must include the Home Office name or FQHC/RHC/IHS/MOA care provider name, NPI number, the reported fiscal year-end and the type of report. If there are multiple files, identify the files as 1 of 3, 2 of 3, etc. If an amended report is submitted, the file name shall include the word "Amended."

### File Name Convention Examples (PDF):

- € Original—***ABC Clinic\_1234567890\_12312015\_Cost Report.pdf***
- € Multiple Part—***ABC Clinic\_1234567890\_12312015\_Cost Report\_Part 1 of 3.pdf***
- € Multiple Part & Amended—***ABC Clinic\_1234567890\_12312015\_Cost Report\_Part 1 of 3\_Amended.pdf***

### File Name Convention Examples (Excel):

- € Original—***ABC Clinic\_1234567890\_12312015\_Cost Report.xls***
- € Multiple Part—***ABC Clinic\_1234567890\_12312015\_Cost Report\_Part 1 of 3.xls***
- € Multiple Part & Amended—***ABC Clinic\_1234567890\_12312015\_Cost Report\_Part 1 of 3\_Amended.xls***

**Note:** No NPI number needed for the Home Office cost report.

#### **4. Electronic Submission Requirements**

1. The electronic submission methodology does not affect the reporting requirements, criteria, or submission schedule outlined on the DHCS website at [www.dhcs.ca.gov](http://www.dhcs.ca.gov).
2. The Department will use the date on which the electronic submissions are received in place of the postmark date for establishing the beginning of the 36-month audit limitation period in accordance with Section 14170 of the Welfare and Institutions Code and the 90 day period for the Change in Scope-of-Service Request.
3. All applicable documents (DHCS 3090, DHCS 3096, DHCS 3097, DHCS 3100, DHCS 3104, DHCS 3076, DHCS 3089, and DHCS 3089.1, as examples, but not all inclusive) must be submitted as an individual, stand-alone PDF file document.
4. The cost reports and reconciliation requests (DHCS 3089, DHCS 3089.1, DHCS 3090, DHCS 3096, and DHCS 3097) must be submitted as an Excel file document and a PDF file document.

#### **5. Merging and Compressing Files**

Very large individual documents may need to be reduced in size so that they can be submitted via e-mail. You may use applications such as WinZip to condense or compress files. Alternately, large files may be split into two or more files in order to reduce individual file size. Please contact CRTS at [Clinics@dhcs.ca.gov](mailto:Clinics@dhcs.ca.gov) or 916-650-6696 to confirm compatibility before submitting worksheets via e-mail for files that have been condensed or merged using other applications.