Reset Form Print Form

Rejected File for Fiscal Year _____

Drug Medi-Cal (DMC)
Information Technology Web Services (ITWS)
Rejected Claim Form

This Rejected Claim form provides information to document a Rejected Drug Medi-Cal (DMC) claim being resubmitted to ADP through the ITWS, ADP-SDMC system. Please complete the information below to identify the Rejected ITWS file and provide information documenting the Rejection of the claim file.

Once the Rejected Claim is corrected and resubmitted on ITWS, the Rejected Claim form should be completed and faxed to ADP immediately after uploading the corrected ITWS 837P file. The Rejected Claim form must be faxed or mailed to document the timeliness of a claim being resubmitted due to ITWS or ADP rejection.

Entire ITWS, DMC claims may be rejected for the following reasons:

1. ITWS rejects due to file format or password errors;
2. ITWS rejects due to HIPAA Translator errors;
3. ADP rejects at the request of county/direct provider; or
4. ADP rejects claim due to incomplete or incorrect documentation (ADP Invoice does not match summary of information in 837P claim file).

County Code and Contract Number: _____

Rejected Date: _____

Rejected ITWS File: _____

New ITWS File: _____

If rejected by the ITWS, please include a printout of the ITWS Processing Status page listing the file and the date rejected and resubmitted.

If ADP rejected the claim, please fax a copy of the e-mail communication regarding the rejection, or note the FMAB analyst, on line with the 'Rejected Date' above.

ADP-FMAB Analyst Processing Information

Rejected Batch Number in TAPS (if applicable): _____

New Batch Number (if same Batch# used, write 'Same'): _____

DHCS CutOff/EOB date Rejected/resubmission is scheduled for: _____

Instructions for Completing Rejected Claim Form

1. Write in the fiscal year, at the top of the form, that the services were for in the Rejected Claim.

2. Write in the submitter's County Code and Contract Number.

3. Write in either the date the ITWS rejected the file; the submitter requested the claim to be rejected; or ADP rejected the claim.

4. Write in the name of the ITWS file that was rejected by ITWS, per submitter's request, or by ADP.

5. Write in the file name of the 837P file that is being corrected and replacing the Rejected Claim file. Most files replacing the ITWS rejected file will have the same name as the Rejected 837P file; please rewrite the ITWS file name being resent to maintain clear communication.

6. Fax, or mail the Rejected Claim form, and any additional documentation of the Rejected claim to ADP immediately after uploading the corrected ITWS claim file.

7. If the Rejected Claim was not a Resubmission of previously Denied Claims, the ADP 1592 Summary Invoice, if the new ITWS file name is different from the rejected ITWS file, should be revised/edited to reflect the new file name and must be faxed with the Rejected Claim information.

8. Please contact the county fiscal analyst if there are questions regarding the Rejected Claim process or if assistance is required.

9. Do not write below the asterisks; that area is for FMAB processing information.