How to Avoid a Duplicate CCS Tip Sheet

This Tip Sheet will walk users through how to avoid submitting a duplicate CCS request for a service. If any additional help is needed, please contact us at: BHS-EHRBilling@saccounty.gov.

Medi-Cal Corrections Tracking (SAC) (My Office):

This report is driven by batch/claim date; meaning, by the date the service was put in a batch to be voided, replaced, and/or rebilled. This report does not show the adjudication information for the correction. Its only purpose is to see if a service has been worked by the Billing Team for submission to DHCS.

Check the Program Approvals SAC (My Office):

This report is generated by the posting date of the 835 which is the date we received adjudication information. You can find the service date for specific services on the Client Ledger SAC.

Client Ledger (SAC) (My Office):

This report will show where the liability for a service is and which payors it's previously been submitted to for payment. This report is generated by service date.

The date highlighted Red is the date of adjudication that was posted to SmartCare from the payor. In the Charge Status column, the payment highlighted Red is the status the payor provided. Charge Status can also show a denial as a zero dollar payment (Payment ($0) see the screenshot).

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