CALIFORNIA DEPARTMENT OF
Mental Health

Date: October 5, 2010

To: Mental Health Provider

From: Department of Mental Health
Medi-Cal Claims Customer Service Office
1600 9th Street, Room 400
Sacramento, CA 95814

Subject: **Notification of Report**

The Department of Mental Health Medi-Cal Claims Customer Service Office is publishing a new report, Mental Health Provider Statement. This report will include comprehensive payment information, including 837 Claim File Name. This report can be accessed from the DMH Information Technology Web Services (ITWS) website. To navigate this website, please follow the instructions included on the following page.

If you are not already enrolled in ITWS, go to https://mhhitws.cahwnet.gov/. Select Enroll into ITWS from the Enrollment drop–down list and follow the six enrollment steps. If you are already enrolled in ITWS, log–in to ITWS with your username and password. Select Request Additional Membership – Cost and Financial Reporting from the Utilities drop–down list. The person in your county who authorizes access to ITWS must approve your request and then fax it to the ITWS administrator at (916) 654-3007. More detailed instructions for requesting additional membership can be found here:

https://mhhitws.cahwnet.gov/docs/public/enrollmentguides.asp.

If you have any questions, please contact our office at (916) 651-3283 or MedCCC@dmh.ca.gov.

Sincerely,

MedCCC

1. Go to https://mhhitws.cahwnet.gov/itws/home.asp.
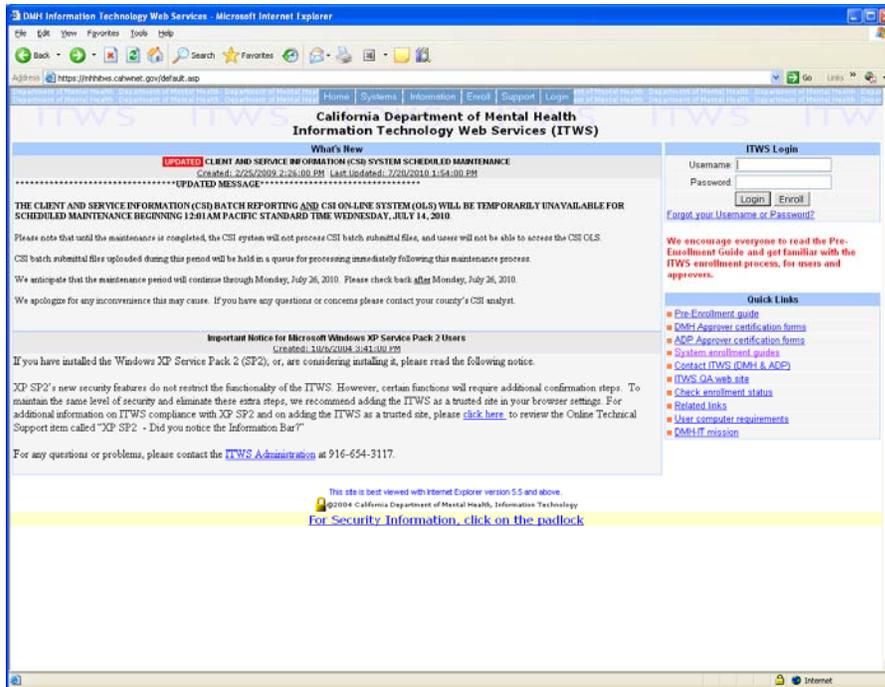
2. Enter your username and password in the appropriate fields and click Login.
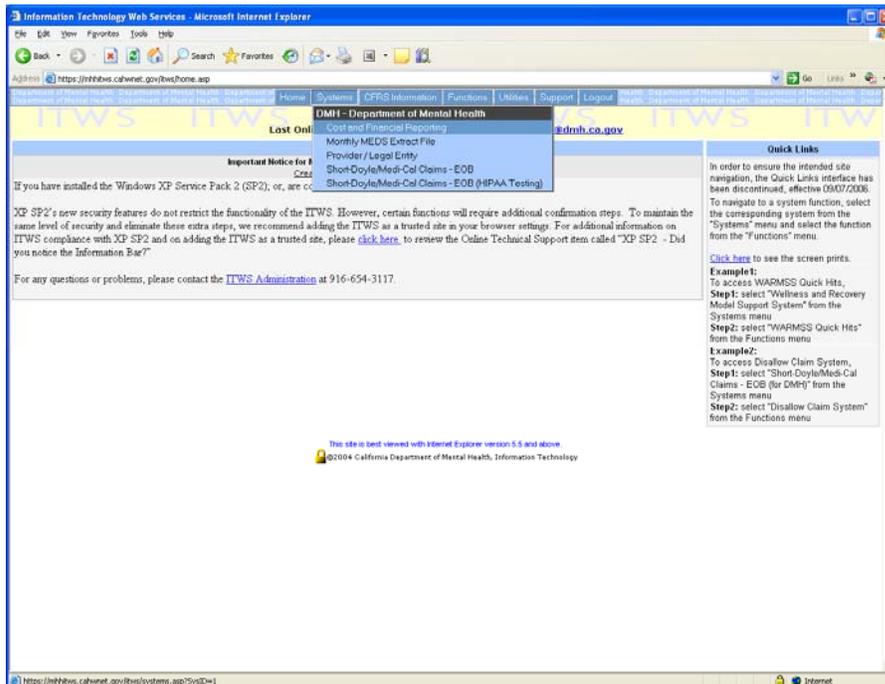
3. Select Cost and Financial Reporting from the Systems drop-down list.
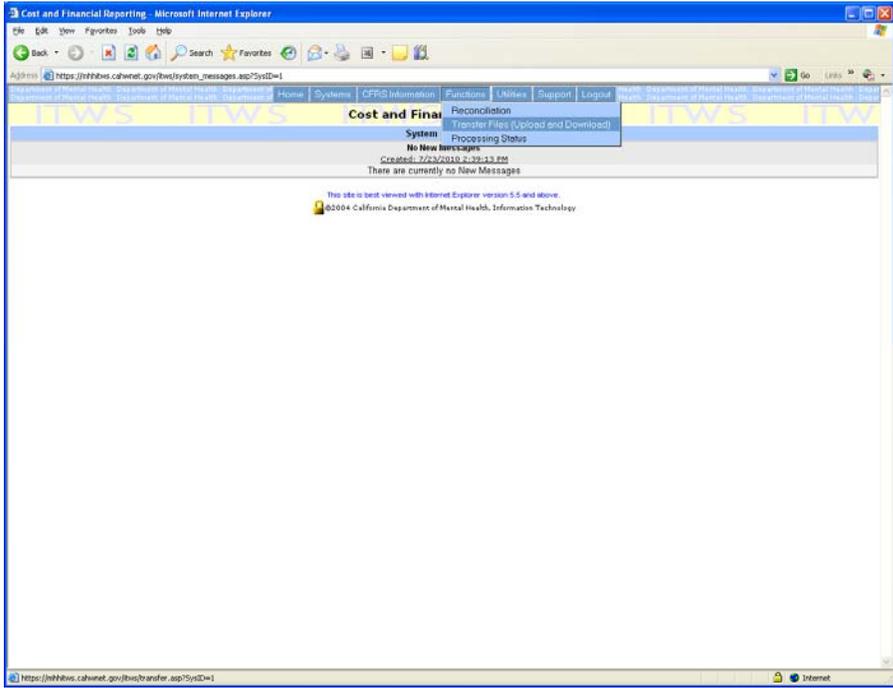
4. Select Transfer Files (Upload and Download) from the Functions drop-down list.
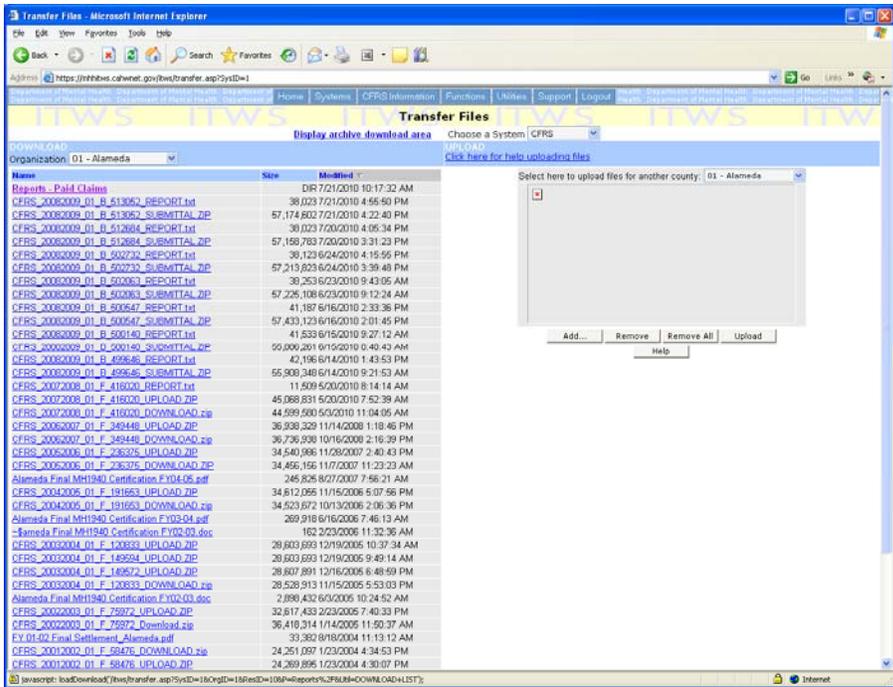
5. Select Reports – Paid Claims.
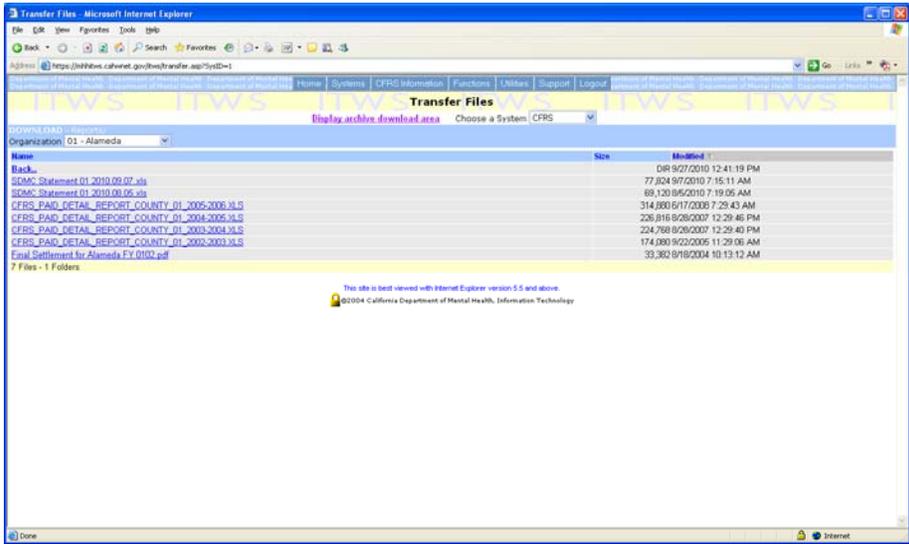
6. Download SDMC Statement CC YYYY MM DD