TAR Submission: Transmittal Form

Providers may use a transmittal form to help track the submissions of their *Treatment Authorization Request* (TAR), TAR Appeal and TAR Correction mailed to the TAR Processing Center. The transmittal form should be enclosed with the TAR, TAR Appeal or TAR Correction request that is submitted to the TAR Processing Center. Either a provider-developed form or the Department of Health Care Services (DHCS) *Transmittal Form* (MC 3020) is acceptable. When submitting TARs, TAR Appeals and TAR Corrections, providers must submit two separate, completed transmittal forms and a self-addressed stamped envelope.

Instructions for completing the MC 3020 are on the following pages. The MC 3020 is only available on the Medi-Cal website (*www.medi-cal.ca.gov*) by clicking "Forms."

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY   DEPARTMENT OF HEALTH CARE SERVICES

TRANSMITTAL FORM

(1) ☐ TAR   (2) ☐ APPEAL   (3) ☐ CORRECTION

INSTRUCTIONS:

Each group of TARs presented via Mail, Fax or Onsite to the Field Office, Pharmacy Section or Appeals Section may include this form. Providers who would like to receive a copy of the Transmittal Form as an acknowledgement of receipt of submitted TARs **must send 2 copies** of the completed Transmittal Form and a self-addressed stamped envelope.

DELIVERY METHOD: ☐ MAIL   ☐ FAX   ☐ ONSITE

FACILITY INFORMATION:

(4A) Name _____   (5) National Provider Identifier (NPI) _____

(4B) Address _____

(4C) City and ZIP _____   (6) Contact Person _____

(4D) Phone (____) _____   Fax (____) _____   (7) Date Sent _____

(8) Date Stamp

Initials _____

STATE USE ONLY

(9) Patient's Name	(10) Medi-Cal Identification Number	(11) TAR Sequence Number	(12) Admit Date	(13) Discharge Date	(14) # of Pages Sent for Review	(15) # of Pages Received by Field Office
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

For **STATE** use only:

PAGE _____ OF _____ (including this form)

Date Returned to Facility: _____   Returned By: _____

This information is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review or use including disclosure is prohibited. If you are not the intended recipient of this information, please contact the sender and destroy all copies of the documentation.

MC 3020 (rev. 10/2015)

Figure 1: Example DHCS *Transmittal Form* (MC 3020).

Explanation of Form Items

The following item numbers and descriptions correspond to *Figure 1*.

Item	Description
1.	**TAR.** Click on the box to indicate that TARs are being transmitted with this form. Use a separate MC 3020 for each group of TARs submitted.
2.	**Appeal.** Click on the box to indicate that TAR Appeals are being transmitted with this form. Use a separate MC 3020 for each group of TAR Appeals submitted.
3.	**Correction.** Click on the box to indicate that TAR Corrections are being transmitted with this form. Use a separate MC 3020 for each group of TAR Corrections submitted.
4. A thru D	**Facility Information.** Enter the facility name, street address, city, nine-digit ZIP code and telephone number, including area code.
5.	**National Provider Identifier.** Enter the provider's national provider identifier (NPI) number.
6.	**Contact Person.** Enter the name of the person to be contacted if the TAR Processing Center has questions.
7.	**Date Sent.** Enter the calendar date the MC 3020 and the TARs, TAR Appeals or TAR Corrections are being sent to the TAR Processing Center.
8.	**Date Stamp.** For State use only. Leave blank.
9.	**Patient's Name.** Enter the patient's name as it appears on the TAR, TAR Appeal or TAR Correction.
10.	**Medi-Cal Identification Number.** Enter the patient's Medi-Cal ID number. Begin entering the number at the far left edge of the field.
11.	**TAR Sequence Number.** • **TAR** – Enter the pre-imprinted 8-digit number from the TAR. • **TAR Appeal** – Enter the 10-digit number from the denied TAR. • **TAR Correction** – Enter the 10-digit number from the TAR that requires a correction.
12.	**Admit Date.** Enter the patient's date of admission.
13.	**Discharge Date.** Enter the patient's date of discharge.
14.	**# of Pages Sent to Review.** Enter the total number of pages being sent in for each TAR, TAR Appeal or TAR Correction.
15.	**# of Pages Received.** For State use only. Leave blank.

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.