

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

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**ADP BULLETIN**

Title  <b>SIGNATURE REQUIREMENTS</b>  <ul style="list-style-type: none"> <li>• Drug Medi-Cal Monthly Summary Invoice – ADP 1592</li> </ul>		Issue Date:  4-21-00  Expiration Date:	Issue No.  00-13
Deputy Director Approval  (SIGNED BY)  GLORIA J. MERK, II Program Operations Division	Function: <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Fiscal <input type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No.  <a href="#">ADP Bulletin 99-27</a> <a href="#">ADP Bulletin 99-35</a>	

**PURPOSE**

This bulletin is to provide instruction regarding original signatures on Drug Medi-Cal (DMC) claims.

**DISCUSSION**

**Original Signatures on the Drug Medi-Cal Monthly Summary Invoice (ADP 1592)  
(formerly Monthly Claim for Drug Medi-Cal Reimbursement and Monthly Provider Summary)**

- The ADP 1592 form has recently been revised. For convenience, the name of the form has been shortened. There are added fields **For State Use Only**. The preparers' information has been modified to be clearer. The Revenue/Adjustment and Net Total sections have been clarified. There no longer is a section for the analysts' signature stating that there is a Signature Card on File.
- ADP is discontinuing the use of Signature Cards for automated AOD InfoNet (formerly INP – Information Network Project) claims and Monthly Interim Payment Claim (MIPC) submissions.

**Starting with your May 2000 claim submission:**

- To receive payment for approved units of service, a Drug Medi-Cal Monthly Summary Invoice, with **two authorized signatures** and the **legible name and telephone number of the contact person**, must accompany all claim types; Drug Medi-Cal Eligibility Worksheet (ADP 1584), tape/diskette or AOD Infonet.

Required Signatures:

- The signature of the Alcohol and Drug Program Administrator or Direct Contract Provider Administrator, and
  - The Auditor/Controller or Finance Officer.
- ADP requires only the original ADP 1592 with the original signatures. It is no longer necessary to send three copies of the ADP 1592. These instructions supersede those in ADP [Bulletin 99-27](#).

If you would like an electronic file (Microsoft Excel) of the Drug Medi-Cal Monthly Summary Invoice (ADP 1592) you may request; via e-mail to [DMCINV@ADP.state.ca.us](mailto:DMCINV@ADP.state.ca.us) or the ADP HOTLINE at (916) 324-3874, and a Fiscal Management Branch staff will e-mail this file to you.

Counties who submit their DMC claims via the AOD InfoNet (previously called Information Network Project [INP]) may submit their Invoice in electronic form with the following procedure:

- Submit the Drug Medi-Cal claims data file, via AOD InfoNet as usual.
- Attach the Invoice to a separate e-mail and send it to following e-mail address:  
[DMCINV@ADP.state.ca.us](mailto:DMCINV@ADP.state.ca.us)

**HOWEVER, AN ORIGINAL OR FAXED ADP 1592 (INVOICE) WITH SIGNATURES, IS REQUIRED IN ORDER FOR ADP TO MAKE PAYMENT.**

**NOTE:** An e-mailed Invoice is used for reconciliation purposes only.

- ADP will accept a fax ADP 1592 as long as it has the two required signatures and the legible name and telephone number of the contact person, and
- ADP will accept a fax MIPC as long as it has the required signature.

### **REFERENCES**

[ADP Bulletin 99-27](#), dated August 3, 1999

### **HISTORY**

Not Applicable

### **QUESTIONS/MAINTENANCE**

If you have questions, please send an E-mail to: [DMCINV@ADP.state.ca.us](mailto:DMCINV@ADP.state.ca.us) or call ADP's HOTLINE at (916) 324-3874. You may also contact your assigned analyst in the Fiscal Management Branch.

### **EXHIBIT**

[Drug Medi-Cal Monthly Summary Invoice \(ADP 1592\)](#)

### **DISTRIBUTION**

County Alcohol and Drug Program Administrators  
County Fiscal Officers  
Wagerman Associates, Inc.  
Direct Providers  
Director's Advisory Council