

# Provider Portal Admin User

## Introduction

### Purpose

The purpose of this module is to review the Provider Portal Administrator (Admin) role and provide an overview of the Provider Portal website.

### Module Objectives

- How to register an organization.
- Options to access the Provider Portal website.
- Provide a walk-thru of the Provider Portal website and its functions.
- Examine the Provider Portal tiles.
- Review valuable references on the Provider Portal website.
- Demonstrate registering a user.
- Submitter Admin requests Provider affiliation.
- Review various Admin functions.

### Acronyms

A list of current acronyms is located in the *Appendix* section of each complete workbook.

# Provider Portal Overview

The Provider Portal houses communications, notifications and organization information for Medi-Cal providers and provider healthcare staff. It focuses on reducing paper communication between DHCS and provider communities, increasing the security and accessibility of Medi-Cal electronic services and empowering providers in managing their organization to support their billing needs.

## Highlights

- Ability to manage user and user access.
- Reduce physical mail volume.
- Enable organizational single sign-on.
- Electronic record of notifications such as access requests and new correspondence.
- Self-service capabilities such as resetting user's Personal Identification Number (PIN).

# Registering an Organization

**Note:** This is the first step in setting up the Provider Portal for the organization and should be completed by one trusted individual. This person will automatically be given the role of Organization Administrator (Org Admin) in the Provider Portal, including permissions for all National Provider Identifiers (NPIs) and correspondence. All other users will be created by an existing Org Admin. If the organization has already been set up, continue to the “How to Register” section of this module.

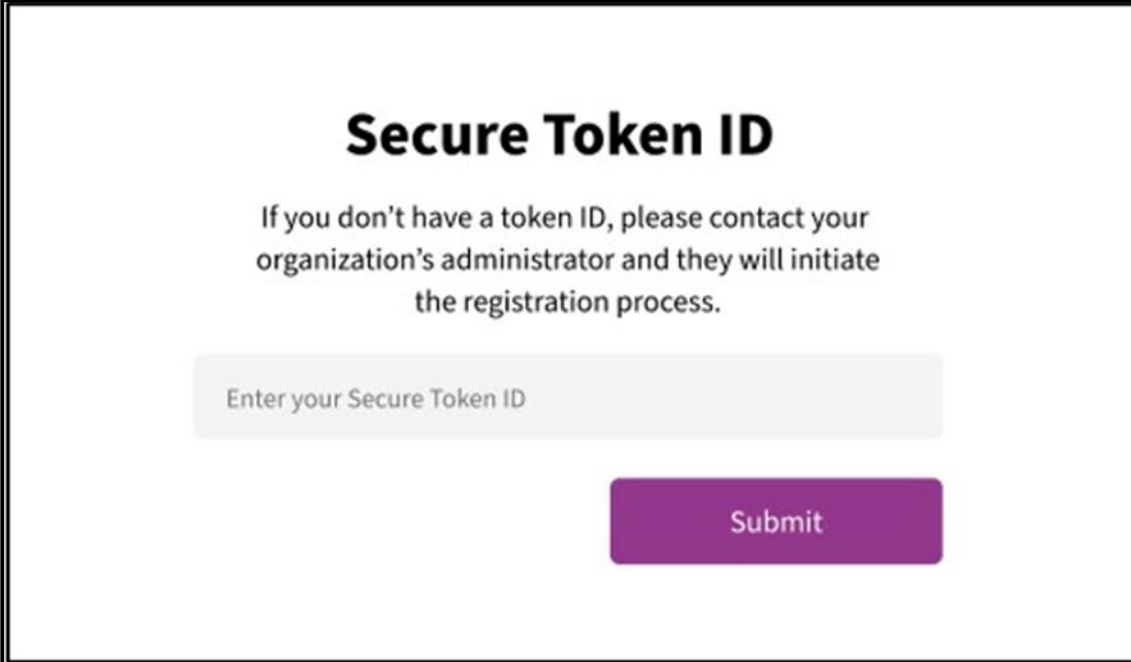
When registering an organization, the Department of Health Care Services (DHCS) will issue a one-time registration token directly to the designated provider organization. This token will be sent by letter to the pay-to address on file with Medi-Cal and it **must be used within 30 days of the date issued or it expires**. Once the Org Admin has been identified and has received the token, the steps below should be followed:

1. Navigate to the Provider Portal Log In screen at:  
<https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/>. Enter email address then select the **Join Medi-Cal Provider Portal**.

The screenshot displays the Provider Portal Log In interface. At the top, there is a dark blue header with the CA.gov logo on the left and 'Login' and 'Settings' links on the right. Below the header is a navigation bar with icons and labels for 'Providers', 'Beneficiaries', 'Resources', 'Related', 'Contact Us', and 'Search'. The main content area has a purple-tinted background image of healthcare workers. In the center, a white box contains the 'Log In' section. It includes a heading 'Log In', a subtext explaining the login process, and two input fields: 'Email Address' and 'Password'. Below these fields are a 'Forgot password?' link and a purple 'Log In' button. At the bottom of the white box, there is a link to 'Click below to register for a new portal account' and a large purple button labeled 'Join Medi-Cal Provider Portal'. At the very bottom of the page, there is a footer with contact information: 'Need help or have a question? 1-833-948-4270' and 'The Provider Portal Support Line is available 8 a.m. to 5 p.m., Monday through Friday, except national holidays.'

**Figure 1.1:** The Provider Portal Log In screen.

2. The Secure Token ID pop-up window appears. Enter the token provided and select **Submit**.

The image shows a web interface for entering a Secure Token ID. It features a title "Secure Token ID" in bold black text. Below the title is a paragraph of text: "If you don't have a token ID, please contact your organization's administrator and they will initiate the registration process." Underneath this text is a light gray rectangular input field with the placeholder text "Enter your Secure Token ID". To the right of the input field is a purple rectangular button with the word "Submit" in white text.

**Secure Token ID**

If you don't have a token ID, please contact your organization's administrator and they will initiate the registration process.

Enter your Secure Token ID

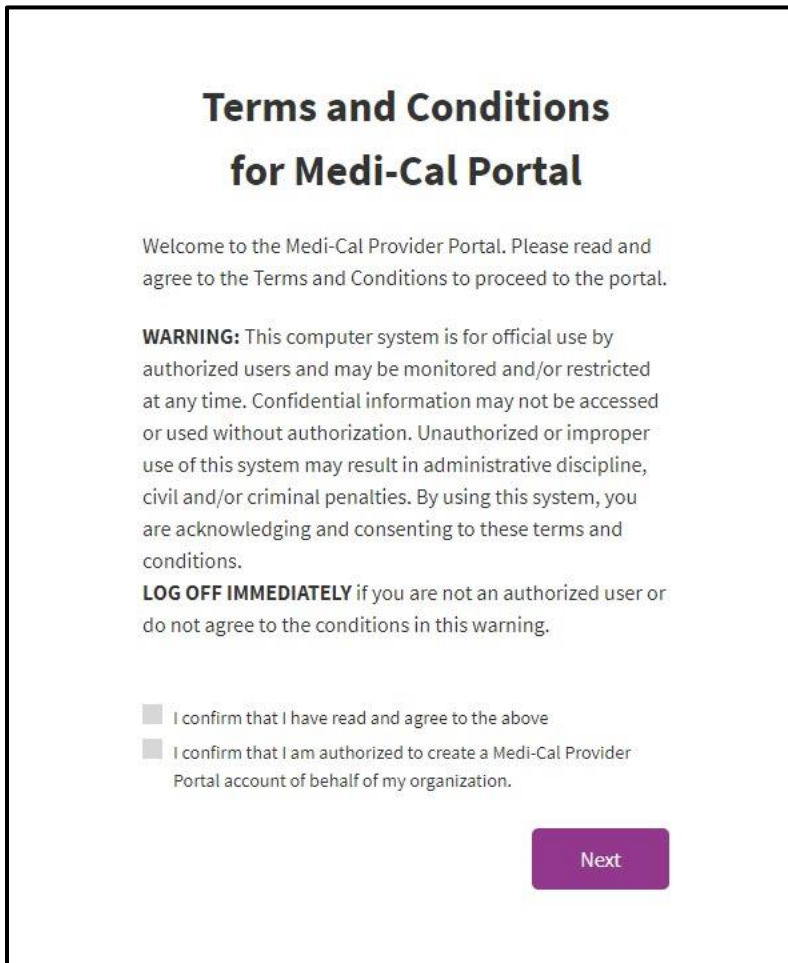
Submit

**Figure 1.2:** Secure Token ID screen.

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3. A **Terms and Conditions for Medi-Cal Provider Portal** window displays. Check the “I confirm I have read and agree to the above” box and select **Next**.



The screenshot shows a web page titled "Terms and Conditions for Medi-Cal Portal". The page has a white background with a black border. The title is in a large, bold, black font. Below the title, there is a paragraph of text: "Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal." This is followed by a "WARNING" section in bold, which states that the system is for official use only and that unauthorized use could result in disciplinary or criminal penalties. Below the warning, there is a "LOG OFF IMMEDIATELY" instruction. At the bottom of the page, there are two checkboxes, both of which are currently unchecked. The first checkbox is labeled "I confirm that I have read and agree to the above" and the second is labeled "I confirm that I am authorized to create a Medi-Cal Provider Portal account of behalf of my organization." To the right of these checkboxes is a purple button with the word "Next" in white text.

### Terms and Conditions for Medi-Cal Portal

Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.

**WARNING:** This computer system is for official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you are acknowledging and consenting to these terms and conditions.

**LOG OFF IMMEDIATELY** if you are not an authorized user or do not agree to the conditions in this warning.

☐ I confirm that I have read and agree to the above

☐ I confirm that I am authorized to create a Medi-Cal Provider Portal account of behalf of my organization.

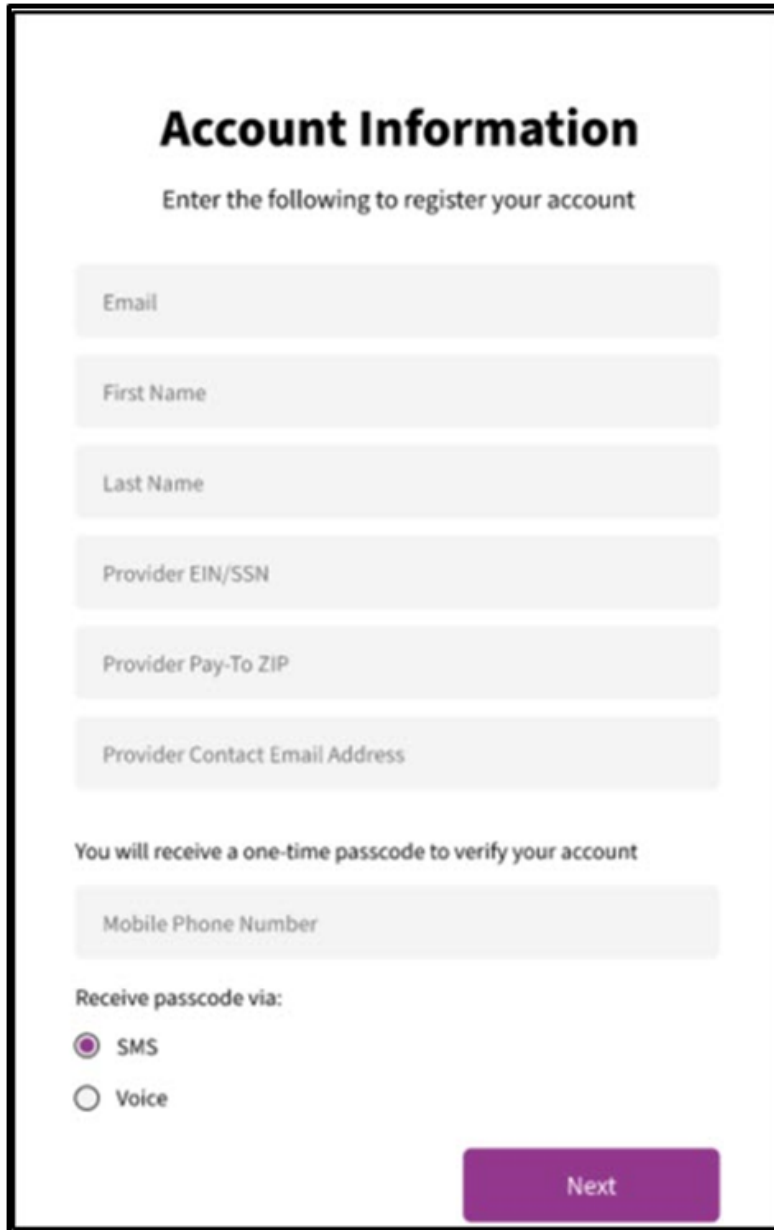
Next

**Figure 1.3: Terms and Conditions for Medi-Cal Provider Portal screen.**

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4. The **Account Information** window appears. Enter an Email, First Name, Last Name, Provider Employer Identification Number (EIN) or Social Security Number (SSN), Provider Pay-To ZIP and Provider Contact Email Address. To receive one-time passcode (OTP) enter mobile phone number to receive a passcode via Short Message Service (SMS) or Voice and select **Next**.



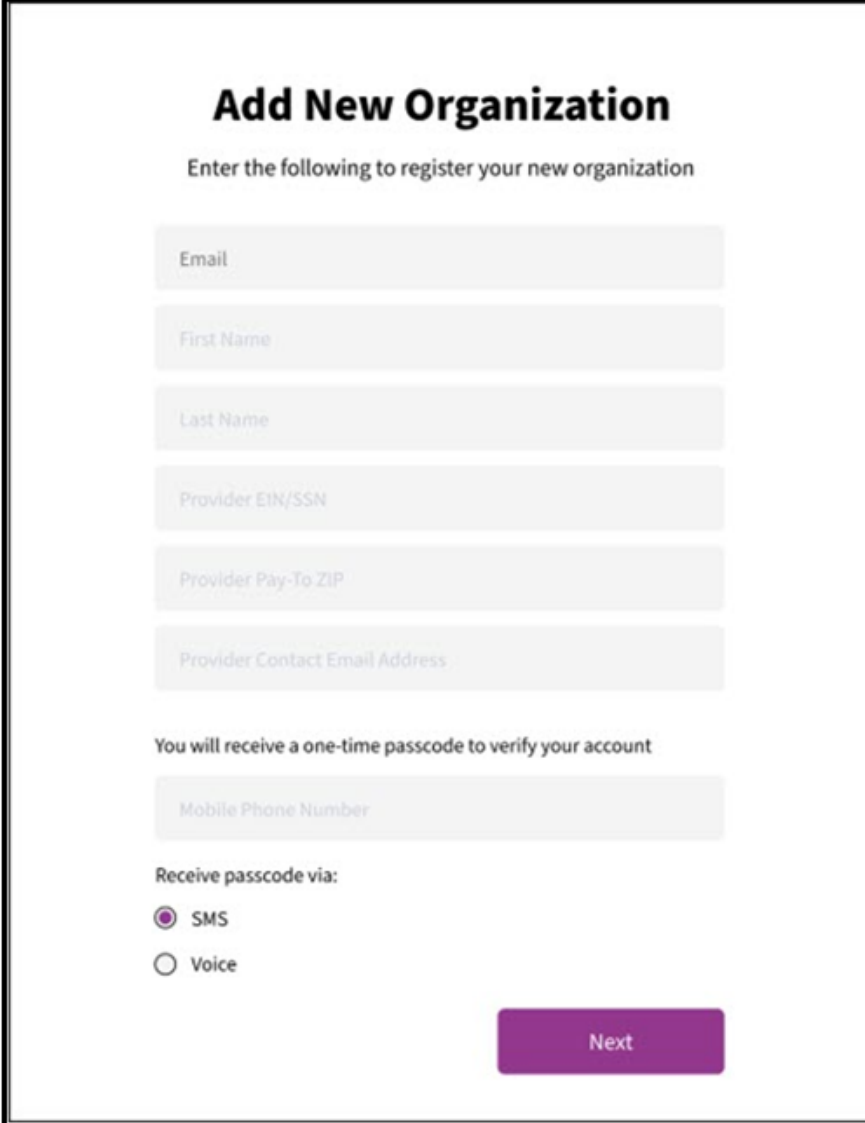
The screenshot shows a registration form titled "Account Information" with the instruction "Enter the following to register your account". The form contains several input fields: Email, First Name, Last Name, Provider EIN/SSN, Provider Pay-To ZIP, and Provider Contact Email Address. Below these fields, a message states "You will receive a one-time passcode to verify your account", followed by a "Mobile Phone Number" input field. Underneath, there is a section "Receive passcode via:" with two radio button options: "SMS" (which is selected) and "Voice". A purple "Next" button is located at the bottom right of the form.

**Figure 1.4:** Account Information window.

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5. If a user is already registered with a different organization, the **Add New Organization** window will display. Enter an Email, First Name, Last Name, Provider EIN/SSN, Provider Pay-To ZIP and Provider Contact Email Address. To receive an OTP, enter mobile phone number to receive a passcode via SMS or Voice and select **Next**.



The screenshot shows a web form titled "Add New Organization" with the instruction "Enter the following to register your new organization". The form contains several input fields: Email, First Name, Last Name, Provider EIN/SSN, Provider Pay-To ZIP, and Provider Contact Email Address. Below these is a section for receiving a one-time passcode, with a field for the Mobile Phone Number and two radio button options: "SMS" (selected) and "Voice". A purple "Next" button is located at the bottom right of the form.

**Add New Organization**

Enter the following to register your new organization

Email

First Name

Last Name

Provider EIN/SSN

Provider Pay-To ZIP

Provider Contact Email Address

You will receive a one-time passcode to verify your account

Mobile Phone Number

Receive passcode via:

☒ SMS

☐ Voice

Next

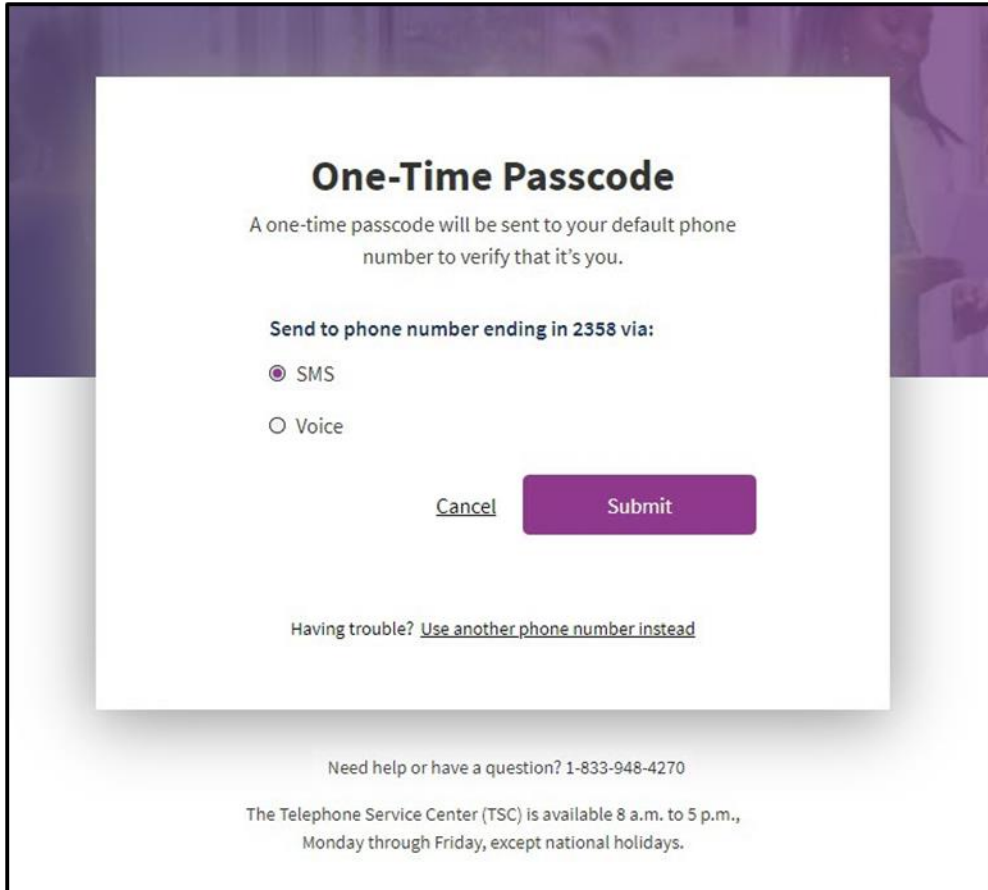
**Figure 1.5:** Add New Organization window.

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6. To verify the account, an OTP passcode will be sent to the user's phone. The user will need to indicate how to receive this passcode, via SMS or Voice. Select the method and select **Submit**.

**Note:** Various functions throughout the Provider Portal may request an OTP.



**One-Time Passcode**

A one-time passcode will be sent to your default phone number to verify that it's you.

Send to phone number ending in 2358 via:

☒ SMS

☐ Voice

[Cancel](#) **Submit**

Having trouble? [Use another phone number instead](#)

Need help or have a question? 1-833-948-4270

The Telephone Service Center (TSC) is available 8 a.m. to 5 p.m., Monday through Friday, except national holidays.

**Figure 1.6:** OTP passcode window.



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7. A passcode will be sent by the desired method. Enter the last six digits of the code that was sent and select **Next**.

**One-Time Passcode**

Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 10 minutes

Sent to phone number ending in 2358

**8414 -**

[Resend one-time passcode](#) [Next](#)

Having trouble? [Use another phone number instead.](#)

Need help or have a question? 1-833-948-4270

The Telephone Service Center (TSC) is available 8 a.m. to 5 p.m., Monday through Friday, except national holidays.

**Figure 1.7:** OTP passcode window with area to input the code.

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8. The Medi-Cal Online Conditions of Use Agreement will appear. Read the agreement, check both boxes and select **Next**.

**Medi-Cal Online Conditions of Use Agreement**

Workstation/Laptop encryption. All workstations and laptops that access the Medi-Cal website or process and/or store Medi-Cal PHI are recommended to be encrypted using a FIPS 140-2 certified algorithm, which is 128-bit or higher, such as Advanced Encryption Standard (AES); full disk encryption is recommended.

Part 1 - Medi-Cal Point of Service (POS)  
Network/Internet Agreement (PRO Pubs) point frm1 net 4  
Page updated: December 2021 VI. The Provider/Representative agrees to pay the following fees

☒ I am authorized to attest and agree to all of the terms and conditions of this agreement on behalf of my organization

☒ I have read and agree to these conditions of use on behalf of my organization

→ Next

**Figure 1.8:** OTP passcode window with area to input the code.

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9. A window appears stating **Registration Complete**.



**Figure 1.9:** Registration Complete message.

10. An email will be sent to the email indicated during sign-up to set up a password. Select the link in the email to continue the registration process. This must be done within **30 minutes** or the link will expire. If this process is not completed within 30 minutes, a password reset can be initiated with the email used during registration in order to gain access to the portal.



**Figure 1.10:** “Set your new password for the Medi-Cal Portal” email from DHCS.

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11. A pop-up window will appear to create a new password. Enter a password that meets the password criteria and select **Submit**.

**Note:** The password must be a minimum of 15 characters and contain at least one uppercase letter, lowercase letter, number and special character. A recently used password cannot be reused.

**Create New Medi-Cal Password**

New Password

Minimum of 15 characters

Must include at least one: uppercase character, lowercase character, number, and special character (e.g. !\$#%)

Cannot reuse a recently used password

Re-Enter Password

[View Password Requirements](#)

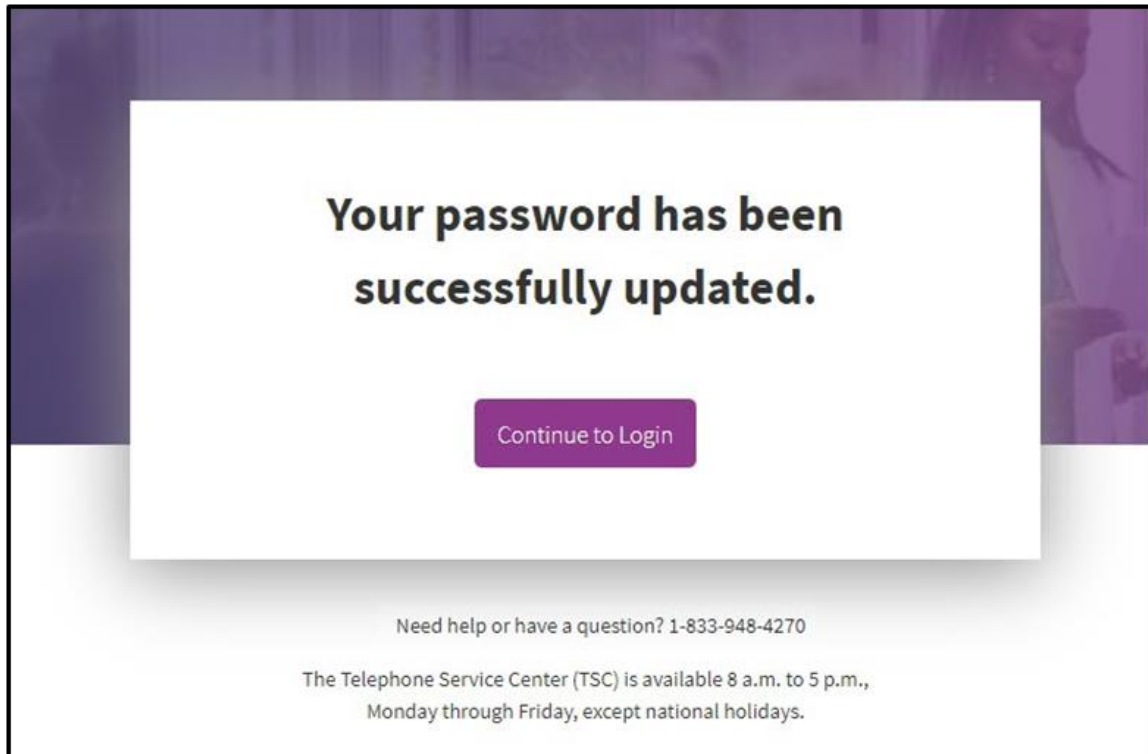
**Submit**

**Figure 1.11:** Create a new Medi-Cal password screen.

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12. A message will display that the user's password has been successfully updated.



**Figure 1.12:** Password successfully updated message.

# Options to Access the Provider Portal

The Provider Portal website can be accessed numerous ways.

1. Open a web browser, type <https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/> in the address bar and press **enter**.



**Figure 2.1:** Image of the web address typed into the address bar on the web browser.

2. From the Medi-Cal Provider website, navigate to the blue banner and under the Login drop-down menu select **Login to Provider Portal**.

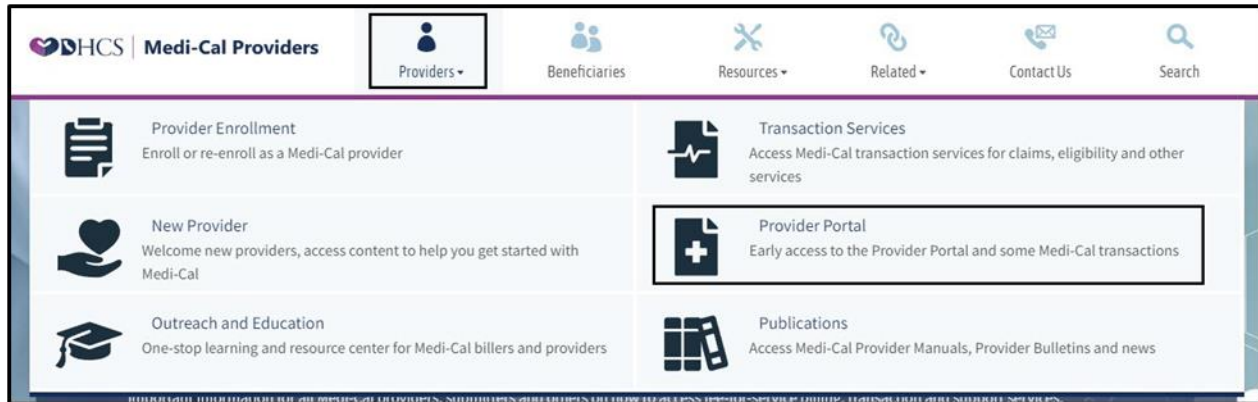


**Figure 2.2:** Medi-Cal Providers website homepage **Login to Provider Portal** menu.

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3. Select **Provider Portal** from the Provider drop-down menu.

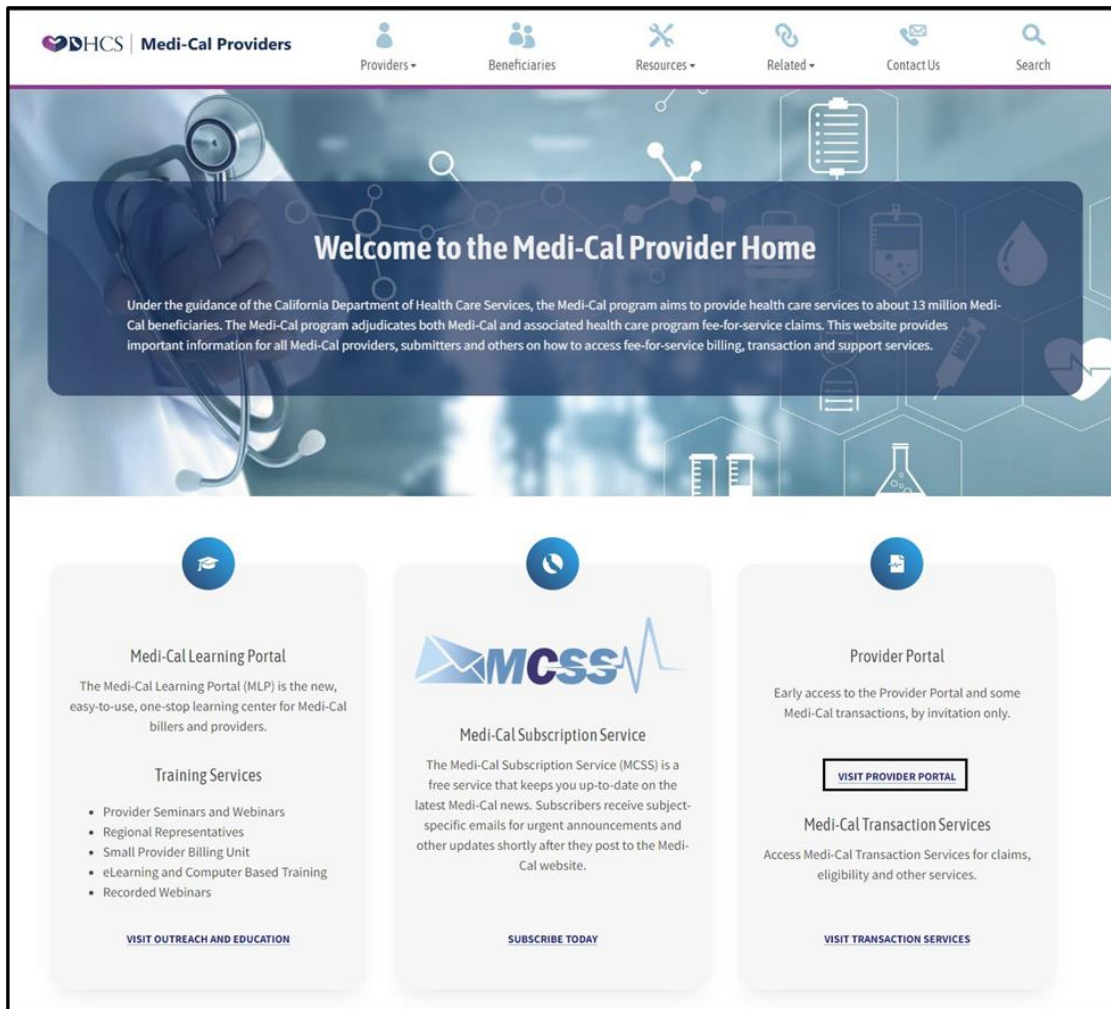


**Figure 2.3:** The Providers tab with the Provider Portal listing.

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4. Navigate to the Provider Portal tile in the mid-section of the Medi-Cal Providers website and select **Visit Provider Portal**.



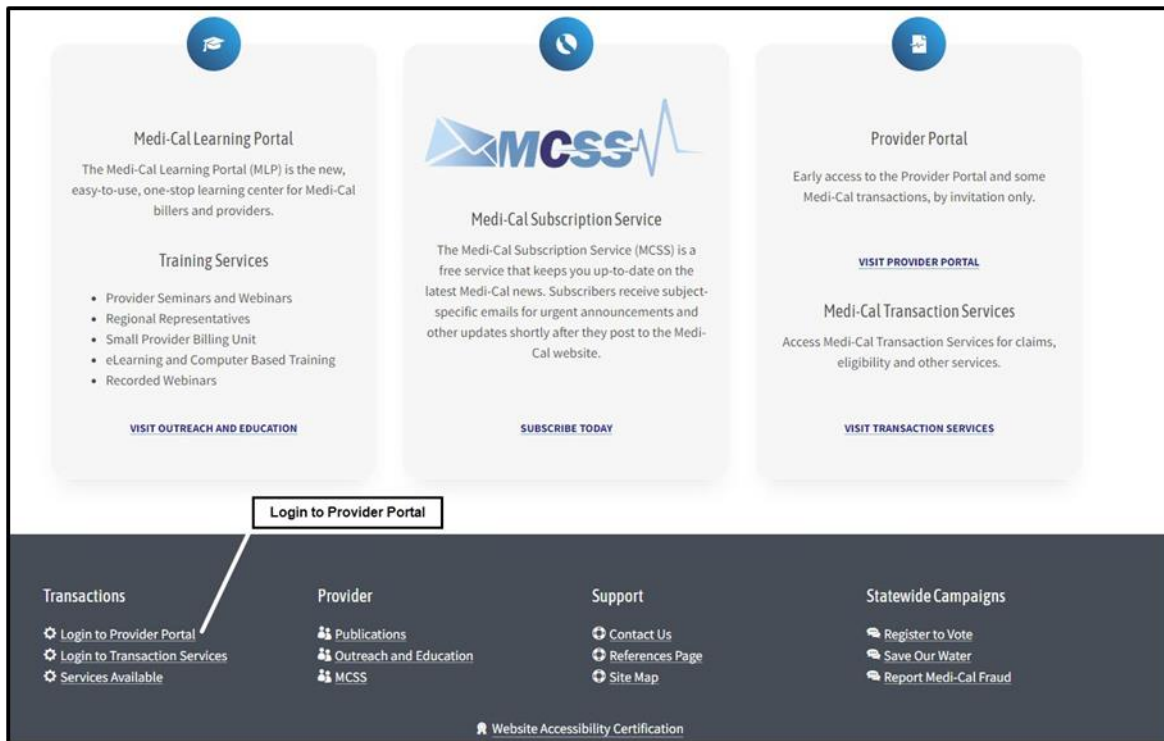
**Figure 2.4:** Visit the **Provider Portal** link on the Medi-Cal Providers website homepage.



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5. In the footer of the Medi-Cal Providers' homepage, navigate to Transactions section and select **Login to Provider Portal**.



**Figure 2.5: Login to Provider Portal link under the Transactions category.**

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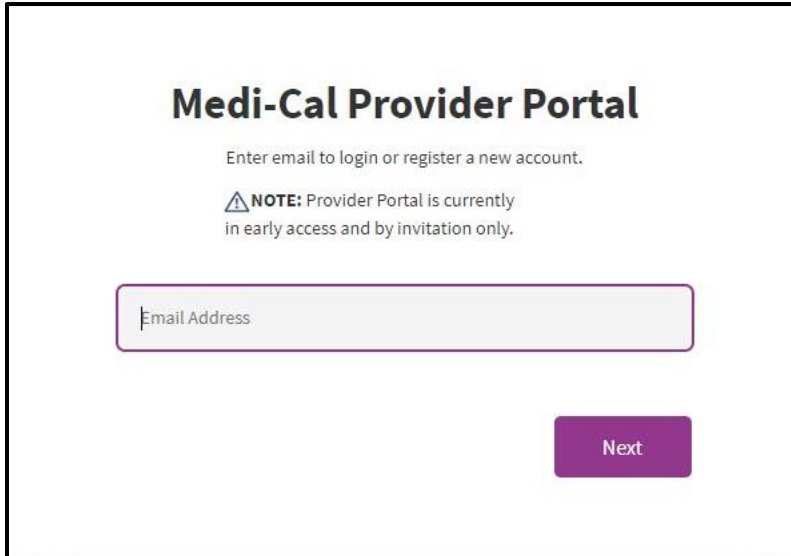
6. From the Transaction Services Login screen, select **Provider Portal**.

The screenshot shows the Medi-Cal Providers Transaction Services Login screen. At the top, there is a header with the DHCS logo and the text 'Medi-Cal Providers'. Below the header are navigation links: Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area has a breadcrumb trail: Home > Transaction Services. The primary focus is the 'Login to Medi-Cal' section, which includes a header image with a stethoscope and the text 'Login to Medi-Cal'. Below this are two input fields: 'User ID' and 'Password', followed by a 'Login' button. Links for 'Services Available' and 'Login Help' are also present. Below the login section is a 'Provider Portal' section, which is highlighted with a red box. It features a plus icon and the text: 'Provider Portal' and 'Early access to the Provider Portal and some Medi-Cal transactions, by invitation only.' At the bottom of the page, there is a warning message: 'WARNING: This computer system is for official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you are acknowledging and consenting to these terms and conditions. LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions in this warning.'

**Figure 2.6:** The **Provider Portal** link can be found on the Transactions Services login screen.

# Logging into the Provider Portal

1. Once the user is directed to the Provider Portal website, enter the email address and select **Next**.

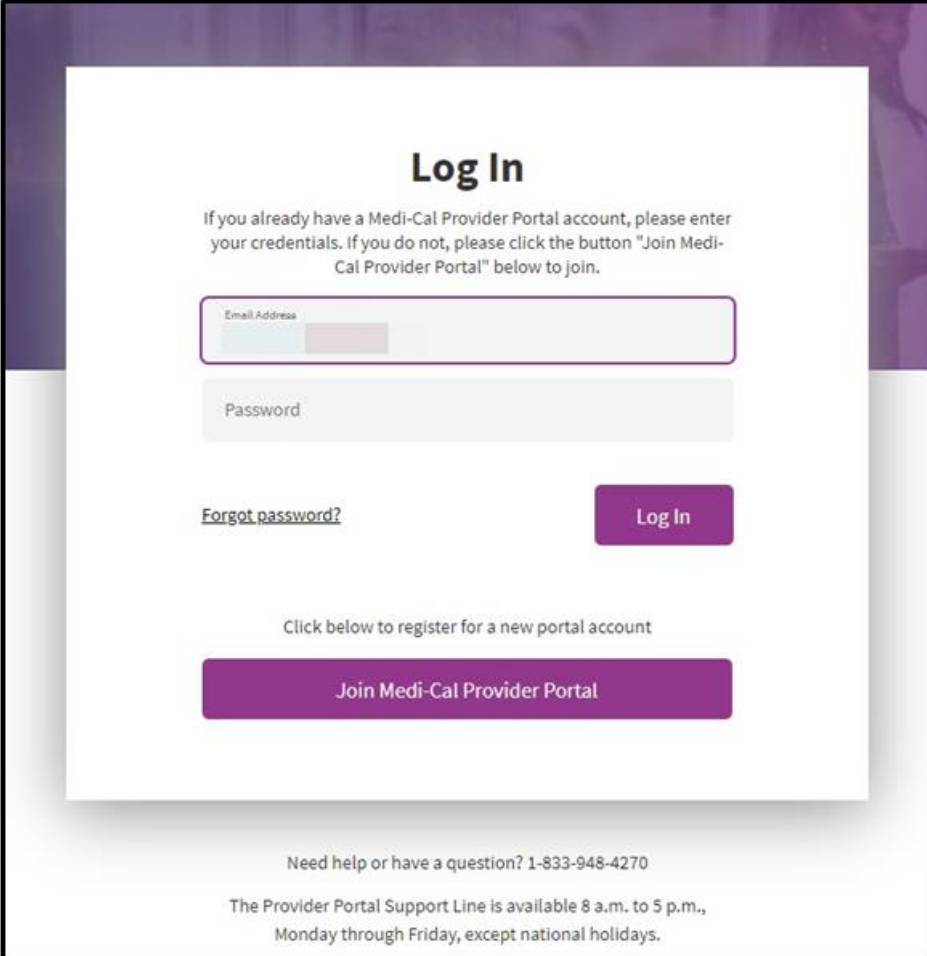
The screenshot shows the login page for the Medi-Cal Provider Portal. At the top, the title "Medi-Cal Provider Portal" is displayed in a bold, black font. Below the title, a subtitle reads "Enter email to login or register a new account." A note with a warning icon states: "NOTE: Provider Portal is currently in early access and by invitation only." Below this, there is a light gray rectangular input field with the placeholder text "Email Address". To the right of the input field is a purple button with the word "Next" in white text.

**Figure 3.1:** Enter Email address page to login to Medi-Cal Provider Portal.

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2. On the Log In screen, enter the password and select **Log In**.



The screenshot shows a web interface for logging into the Medi-Cal Provider Portal. At the top, the heading "Log In" is centered. Below it, a message states: "If you already have a Medi-Cal Provider Portal account, please enter your credentials. If you do not, please click the button 'Join Medi-Cal Provider Portal' below to join." There are two input fields: "Email Address" and "Password". To the left of the "Log In" button is a link for "Forgot password?". Below the login fields, a message says "Click below to register for a new portal account" followed by a large purple button labeled "Join Medi-Cal Provider Portal". At the bottom of the page, there is contact information: "Need help or have a question? 1-833-948-4270" and "The Provider Portal Support Line is available 8 a.m. to 5 p.m., Monday through Friday, except national holidays."

**Figure 3.2:** Select **Log In** after entering the password.

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If a user forgets their password and needs to reset, it can be reset by doing the following steps:

1. From the Log In screen, select **Forgot Password?**

**Log In**

If you already have a Medi-Cal Provider Portal account, please enter your credentials. If you do not, please click the button "Join Medi-Cal Provider Portal" below to join.

Email Address

Password

[Forgot password?](#) **Log In**

Click below to register for a new portal account

**Join Medi-Cal Provider Portal**

**Figure 3.3:** On the Log In screen select “**Forgot password?**”

2. The reset window will appear, enter the appropriate email address and select **Reset Password**.

A screenshot of a web form titled "Reset Password". Below the title is a subtitle: "A reset link will be sent to your email address". There is a text input field with the placeholder text "Enter Email here". Below the input field is a black arrow pointing to a purple button labeled "Reset Password".

**Reset Password**

A reset link will be sent to your email address

Enter Email here

→ Reset Password

**Figure 3.4: Reset Password** option.

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3. A link to reset the password will be sent to the email address provided.



**Figure 3.5:** Email from DHCS with password reset link.

4. Click the link to reset the password. The user will be prompted to enter the last six digits of the passcode sent to their phone. Enter the code and select **Next**.

The image shows a web page titled "One-Time Passcode". Below the title, it says "Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 10 minutes". Underneath, it states "Sent to phone number ending in 2358". To the left of a text input field is the number "8414 -". The input field has a placeholder "One-time passcode". Below the input field is a link "Resend one-time passcode". To the right of the input field is a purple button labeled "Next". At the bottom, it says "Having trouble? Use another phone number instead."

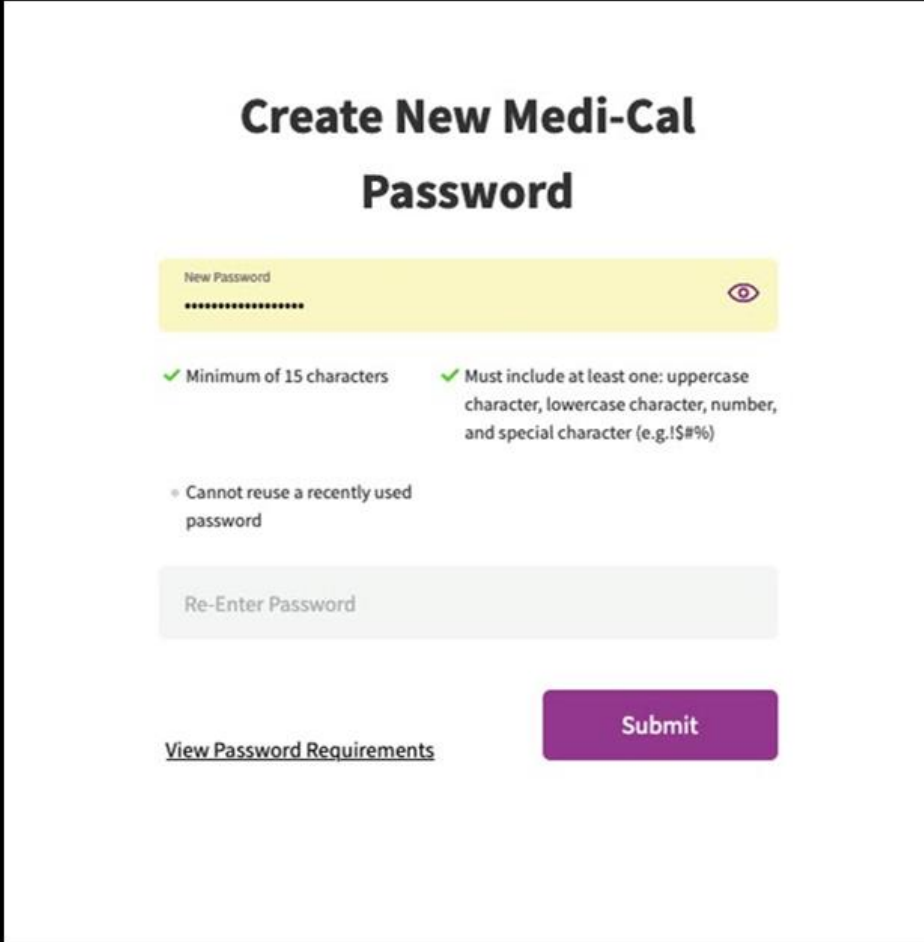
**Figure 3.6:** One-Time Passcode page to reset password.

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5. The Create New Medi-Cal Password page will display. Enter a new password and select **Submit**.

**Note:** The password must be a minimum of 15 characters and contain at least one uppercase, lowercase, number and special character. It cannot be a recently used password.



**Figure 3.7:** Select **Submit** after entering a new password on the Create a New Medi-Cal Password page.



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If the user that is logging in is a member of several organizations, a Select an organization screen will appear and all the organizations the user is a member of will display. If the user is assigned to a single organization, the Provider Portal homepage appears. If the user is registered as a provider and/or submitter, the Provider and/or Submitter tabs will appear.

**Select an organization**

Account

**Frequent Organizations** Show 5 Show 10

**M** MEDI-CAL PROVIDER NAME 00455 **M** MEDI-CAL PROVIDER NAME 00442 **M** MEDI-CAL PROVIDER NAME 00441

**Provider** Submitter

Search By NPI Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z # &

**M**

**M** MEDI-CAL PROVIDER NAME 00455 **M** MEDI-CAL PROVIDER NAME 00442 **M** MEDI-CAL PROVIDER NAME 00441

**Figure 3.8:** Select an organization screen.

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# Provider Portal Homepage

Once logged into the Provider Portal, website the homepage is displayed.

**Note:** At times, a banner message will appear. This message will contain informational content. To remove the banner message, click on the **X** located in the upper-right corner.

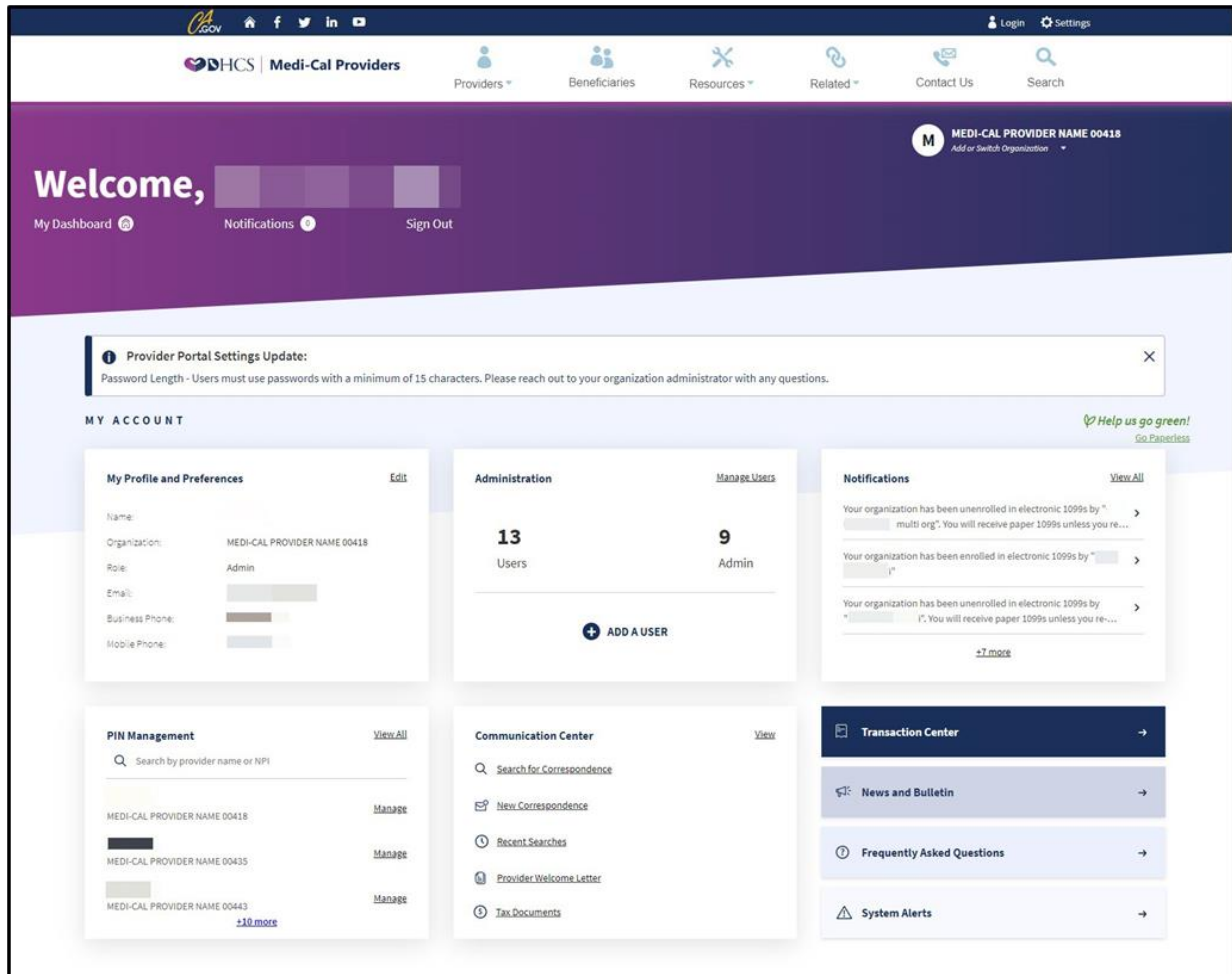


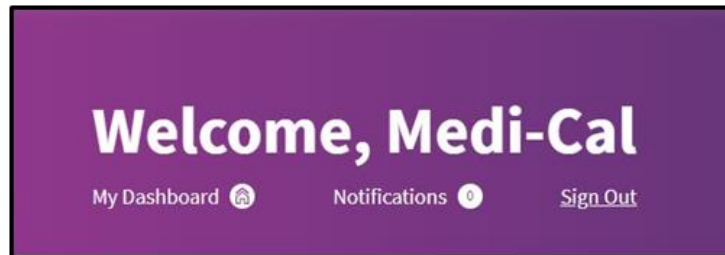
Figure 4.1: Provider Portal homepage.

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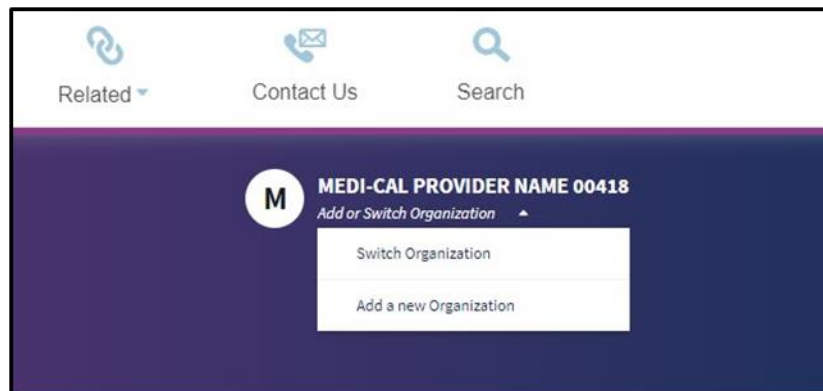
In the upper left corner, the options available are:

- My Dashboard – takes a user back to the homepage.
- Notifications – shortcut to notifications.
- Sign Out – sign out of the Provider Portal.



**Figure 4.2:** Options available in the upper left corner.

If a user is a member of more than one organization, in the upper right corner will be a drop-down menu allowing the user to switch the organization being viewed.



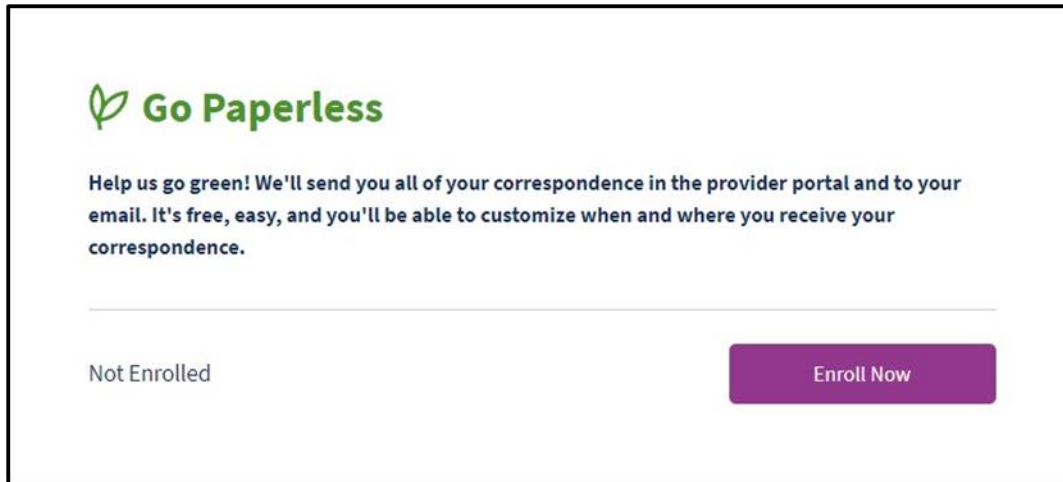
**Figure 4.3:** Drop-down menu options to add or switch organization.

The Go Green Paperless initiative encourages users to elect their correspondence be viewed in the Provider Portal and sent electronically to the provided email address. It is free, easy and can be customized. Select **Go Paperless** to enroll.



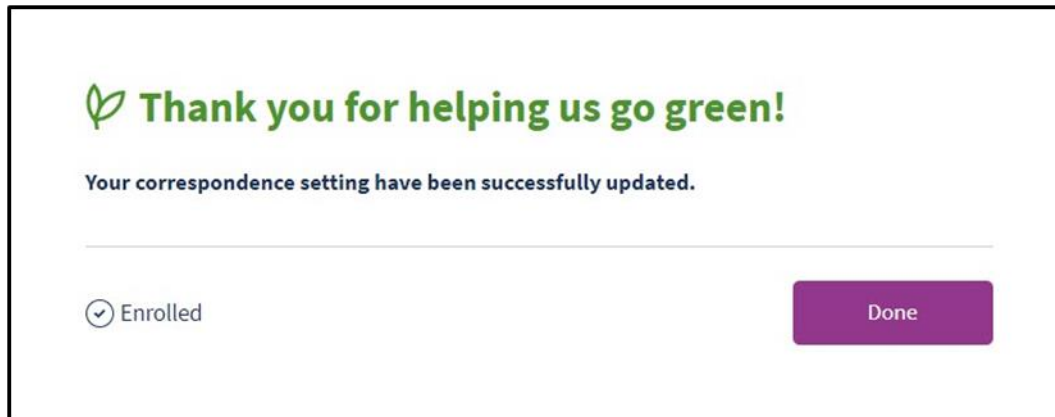
**Figure 4.4:** Go Paperless link.

Select **Enroll Now**.



**Figure 4.5:** Go Paperless page with Enroll Now selection.

The user will receive a successfully enrolled message.

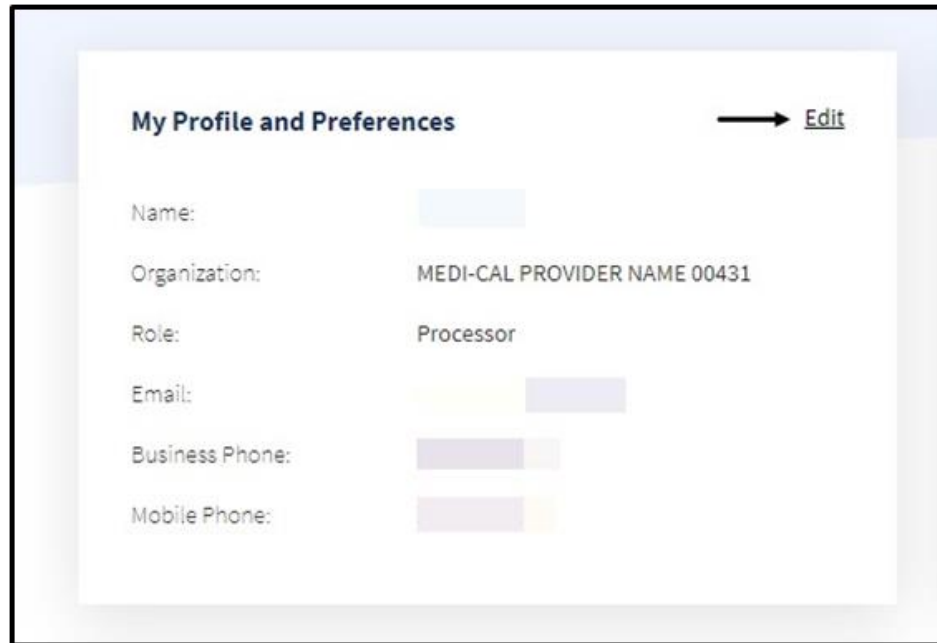


**Figure 4.6:** Successfully enrolled in paperless correspondence message.

# Account Tiles

## My Profile and Preferences

To make changes to a user's profile and preferences, select **Edit**.



The screenshot shows a web form titled "My Profile and Preferences". In the top right corner of the form, there is a right-pointing arrow followed by the word "Edit" in a blue, underlined font. The form contains several input fields with labels to their left: "Name:" (with a light blue input box), "Organization:" (with the text "MEDI-CAL PROVIDER NAME 00431"), "Role:" (with the text "Processor"), "Email:" (with a yellow input box), "Business Phone:" (with a purple input box), and "Mobile Phone:" (with a purple input box).

**Figure 5.1:** Select **Edit** to change user's profile and preferences.

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From here, Personal Information, Phone Number, Password and Notification Preferences can be updated. Let's look at each section separately.

Under **Edit Account Information**, a user can edit personal information, phone number as well as password.

The screenshot displays the 'Edit Account Information' page. It is divided into three main sections: 'Personal Information', 'Phone Number', and 'Password'. Each section has an 'Edit' link. The 'Personal Information' section includes fields for Name, Organization (MEDI-CAL PROVIDER NAME 00432), Role (Processor), and Email. The 'Phone Number' section includes fields for Business Phone and Mobile Phone, with a note that the Mobile Phone is 'Assigned to two-factor authentication'. Below the Mobile Phone field is a section for 'Two-factor authentication' with a descriptive text. The 'Password' section has a password field with masked characters.

### Edit Account Information

**Personal Information** [Edit](#)

Name:

Organization: MEDI-CAL PROVIDER NAME 00432

Role: Processor

Email:

---

**Phone Number**

Business Phone:  [Edit](#)

Mobile Phone:  Assigned to two-factor authentication [Edit](#)

**Two-factor authentication**

is an extra layer of security for your user account designed to ensure that you're the only person who can access your account, even if someone knows your password.

---

**Password** [Edit](#)

\*\*\*\*\*

Figure 5.2: Edit Account Information page.

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Under **Notifications Preferences** the frequency of notifications can be changed by selecting the dropdown menu for the desired notification. Org Admins have the option of receiving notifications about user activities. All users automatically receive notifications within the Provider Portal via the **Notifications** tile on the homepage. Users have the option of also receiving email notifications by selecting the **Email** checkbox. Once changes have been completed, select **Save Changes**. To go back to the homepage, navigate to left upper corner and select **Back to Dashboard**.

**Notification Preferences**

Go Paperless: **Enrolled** [View](#)

|  | Portal                              | Email                    | Notification Frequency |
|--|-------------------------------------|--------------------------|------------------------|
| <b>User Activity</b>   |                                     |                          |                        |
| Notify me when a user downloads or views correspondence in my organization                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Daily                  |
| Notify me when a user in my organization downloads a document containing sensitive information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Daily                  |
| Notify me when a password for a user in my organization is about to expire                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5 Days Before          |
| <b>New Correspondence</b>  |                                     |                          |                        |
| Notice Of Action   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Daily                  |
| Provider Welcome Letter  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                        |
| Treatment Authorization Request  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Daily                  |
| <b>Password</b>  |                                     |                          |                        |
| Notify me when my password is about to expire  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5 Days Before          |
| Notify me when my password has been reset  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Always                 |

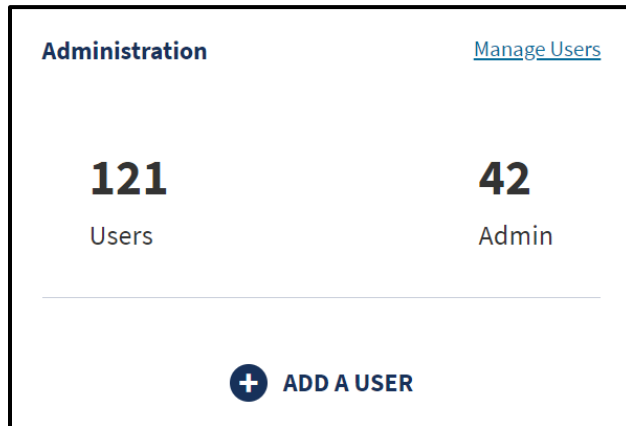
**Save Changes**

**Figure 5.3: Notification Preferences** page for Org Admins.

## Administration

The **Administration** tile allows for management of users in an organization. Tasks include adding/removing users, updating user permissions and viewing information about users in the organization.

This area may only be accessed by individuals who are designated as Admins.

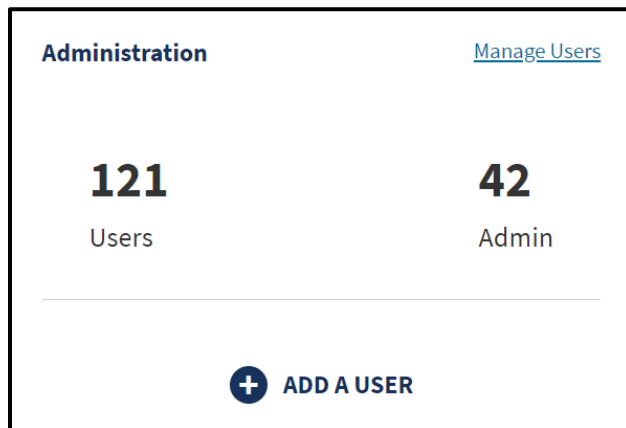


**Figure 5.4:** Administration area of the Portal home page.

## Update User Information/Permissions

To update user permissions after the initial assigning of permissions, follow these steps:

1. Click **Manage Users** on the **Dashboard**.



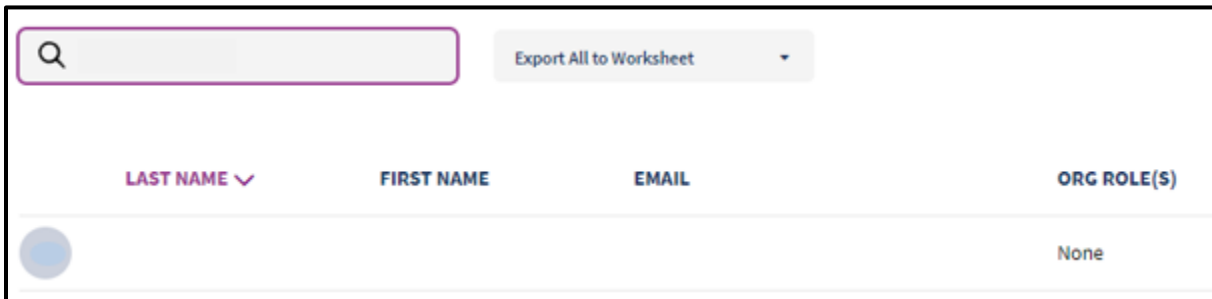
**Figure 5.5:** Administration area of the Portal home page.



## B Provider Portal Admin User

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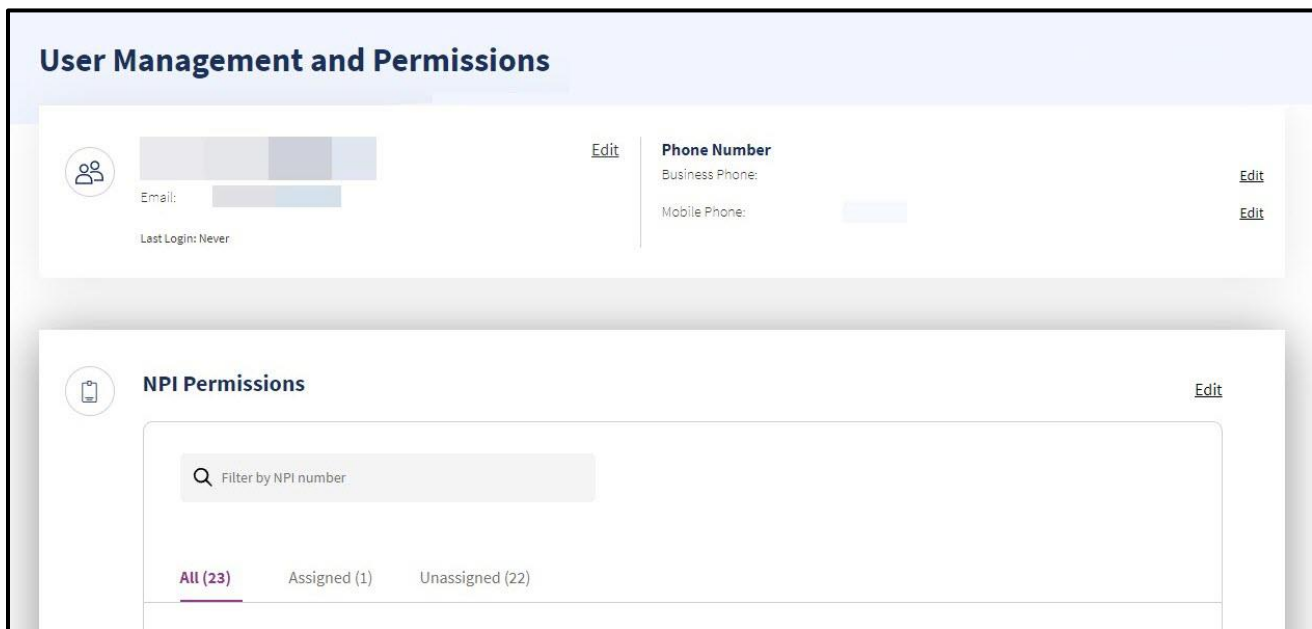
2. The user management area appears. Search for the user in the search box and click the row when it appears.



| LAST NAME         | FIRST NAME | EMAIL | ORG ROLE(S) |
|-------------------|------------|-------|-------------|
| [Profile Picture] |            |       | None        |

**Figure 5.6:** User management area for updating user information and permissions.

3. The User Management and Permissions page appears. The NPI Permissions, Correspondence Permissions and Permissions Across Organization can be viewed and edited. Select **Edit** next to the permissions desired. For further steps, refer to the “Add User” section of this user guide.



### User Management and Permissions

Email: [Redacted]

Last Login: Never

[Edit](#)

**Phone Number**

Business Phone: [Redacted] [Edit](#)

Mobile Phone: [Redacted] [Edit](#)

**NPI Permissions** [Edit](#)

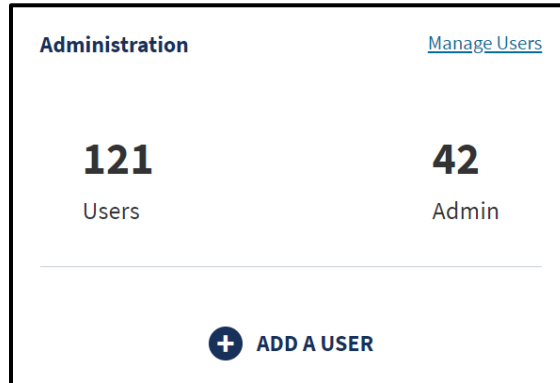
[All \(23\)](#) [Assigned \(1\)](#) [Unassigned \(22\)](#)

**Figure 5.7:** User management and permissions area.

## Deactivate User

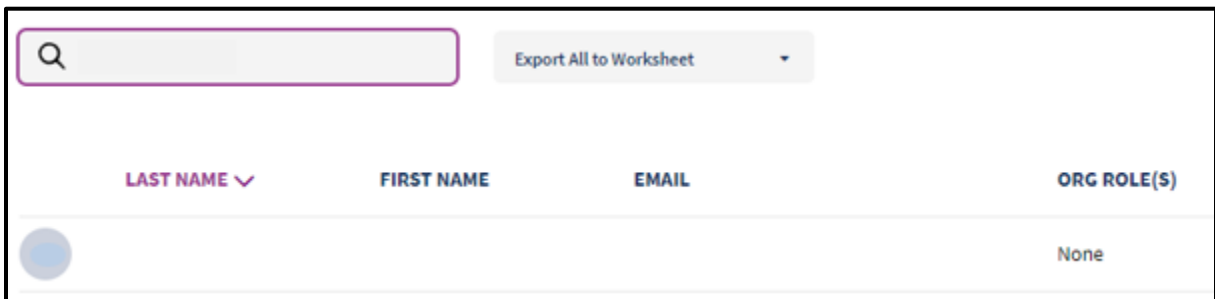
Complete the following to deactivate a user:

1. On the **Dashboard**, select **Manage Users** contained in the **Administration** tile to open the user management area.



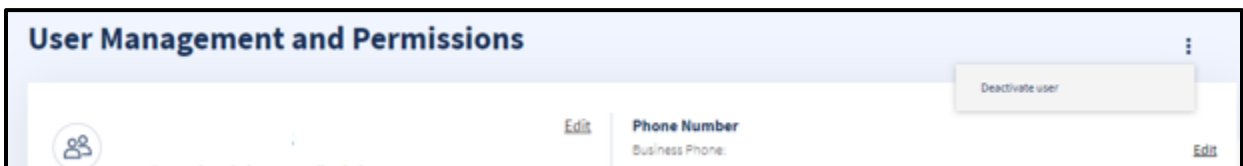
**Figure 5.8:** Administration area of the Portal home page.

2. In the search bar, search for the desired user to deactivate. Select the row that appears to open the user's information profile.



**Figure 5.9:** User management area for updating user information and permissions.

3. At the top right corner of the user profile, select the **kebab menu** in the top right corner. A link to **Deactivate User** appears.

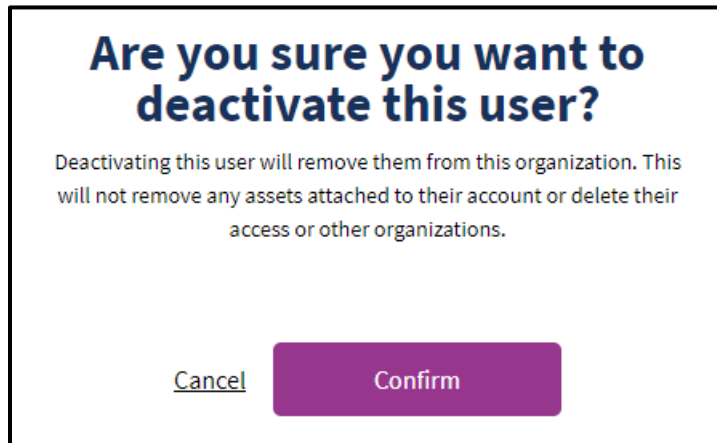


**Figure 5.10:** User Management and Permissions with the Deactivate User option.

## B Provider Portal Admin User

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4. Click **Deactivate User**. A pop-up window appears prompting to deactivate this user. Click **Confirm**.



**Figure 5.11:** Pop-up window prompting to deactivate this user.

5. Once the confirm button has been selected, the user's profile displays, now with **Deactivated User** above the name. Users can be reactivated at any time.

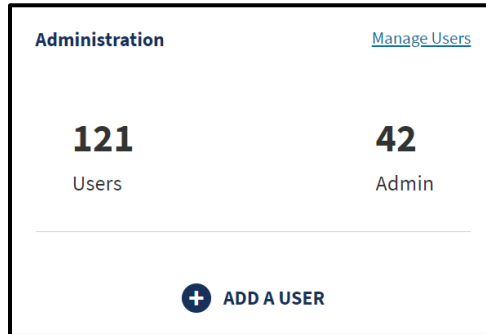


**Figure 5.12:** Follow-up User Management and Permissions screen with Deactivated User above name.

## Reactivate User

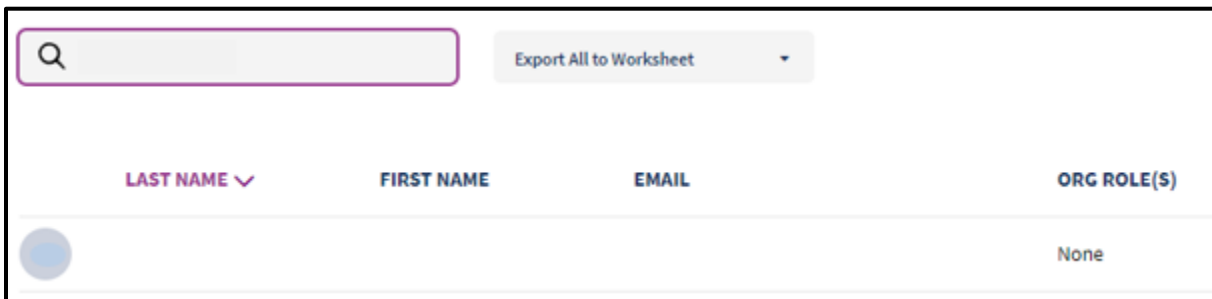
Complete the following to reactivate a user:

1. On the **Dashboard**, select **Manage Users** contained in the **Administration** tile to open the user management area.



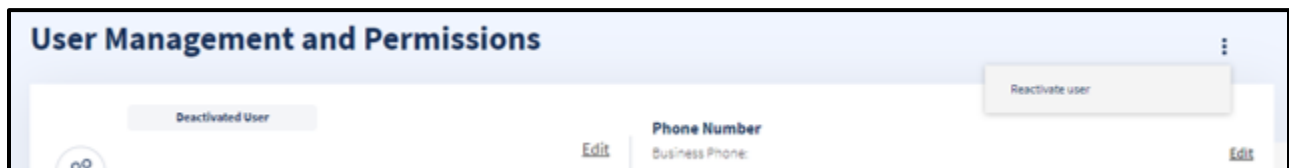
**Figure 5.13:** Administration area of the Portal home page.

2. In the search bar, search for the desired user to reactivate. Select the row that appears to open the user's information profile.



**Figure 5.14:** User management area for updating user information and permissions.

3. At the top right corner of the user profile, select the **kebab menu** in the top right corner. A link to **Reactivate User** appears.

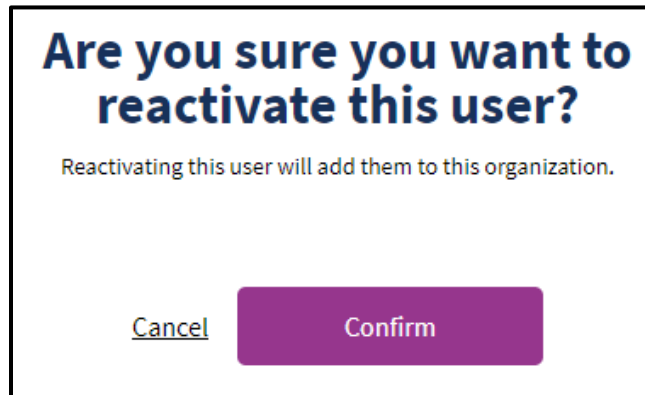


**Figure 5.15:** User Management and Permissions screen with Reactivate User option.

## B Provider Portal Admin User

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4. Click **Reactivate User**. A pop-up window appears prompting to reactivate this user. Click **Confirm**.



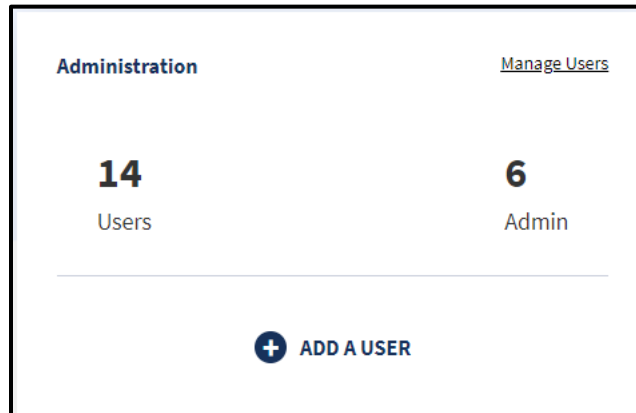
**Figure 5.16:** A pop-up window prompting to reactivate this user.

5. Once the confirm button has been clicked, the user is active again.

# Domain Management

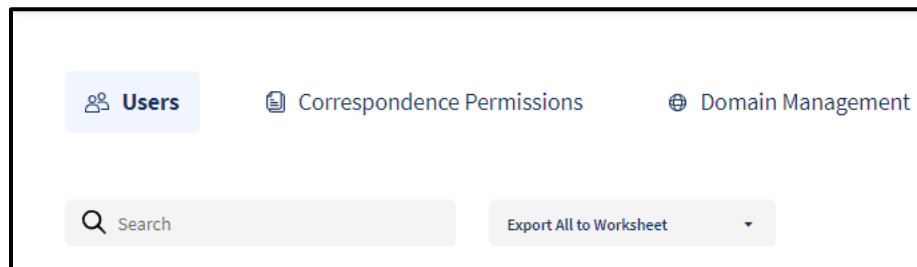
To remove an unwanted domain from your organization, first ensure that there are no active users with that email address. If there are, those users must be deactivated first in order to remove the domain.

1. In the Administration tile, click **Manage Users**.



**Figure 6.1:** Administration area of the Portal home page.

2. Click **Domain Management**



**Figure 6.2:** Domain management screen.

## B Provider Portal Admin User

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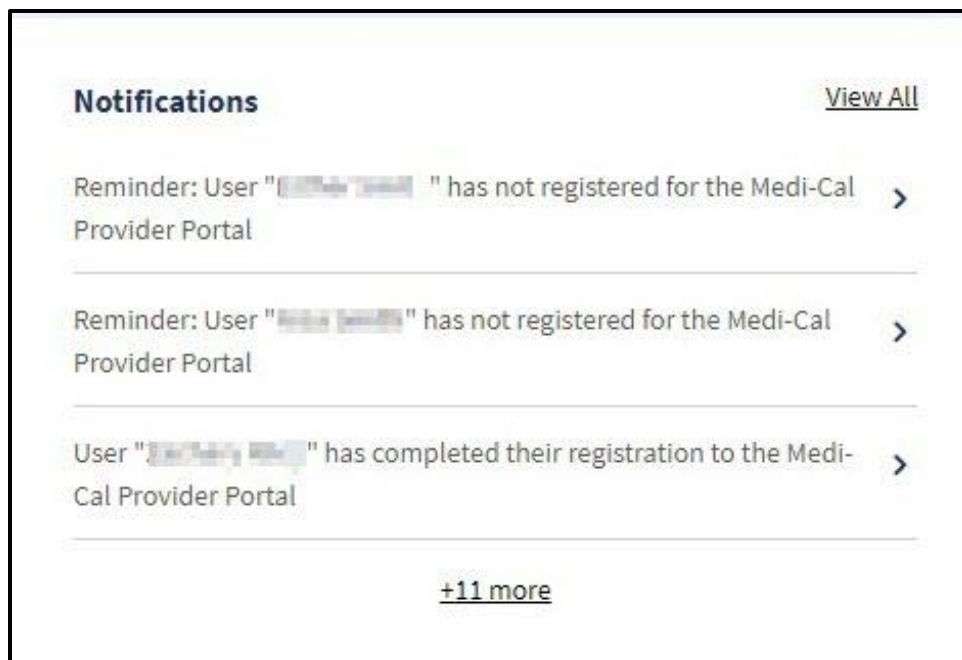
3. Click **Remove** next to the domain that should be removed.



**Figure 6.3:** Domain management screen continued.

## Notifications

The **Notifications** tile displays an organization's unread and past messages. The most recent notifications appear on the dashboard. To view more messages, a user can select **View All** or **+ more**.

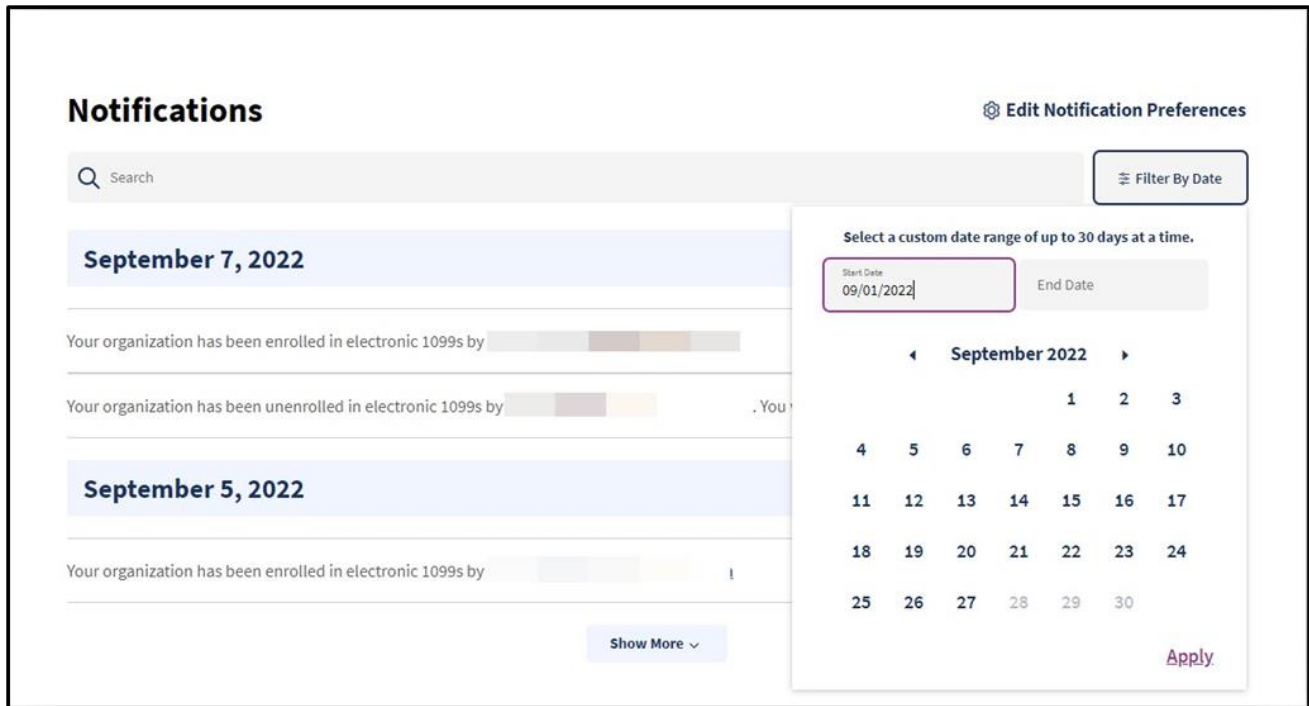


**Figure 6.4:** The Notifications tile.

## B Provider Portal Admin User

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Once View All or +more is selected, a page appears with all past and current notifications. Past notifications can be viewed by using the search field or by using the **Filter By Date** feature. To use this feature, select the Filter By Date menu and enter the desired date range and select **Apply**. Also in the upper right corner, is a link to **Edit Notification Preferences**.



**Figure 6.5:** The Notifications page with **Edit Notification Preferences** link in the upper right corner.



## PIN Management

The NPIs that are assigned to an organization are viewable in the **PIN Management** tile on the homepage. The user's Org Admin determines which NPIs are viewable to a user. To view more NPIs, a user can select **View All** or **+ more**.



**Figure 6.6:** PIN Management tile.

Additionally, from the PIN Management tile, the user can type in the search bar the provider's name or NPI.

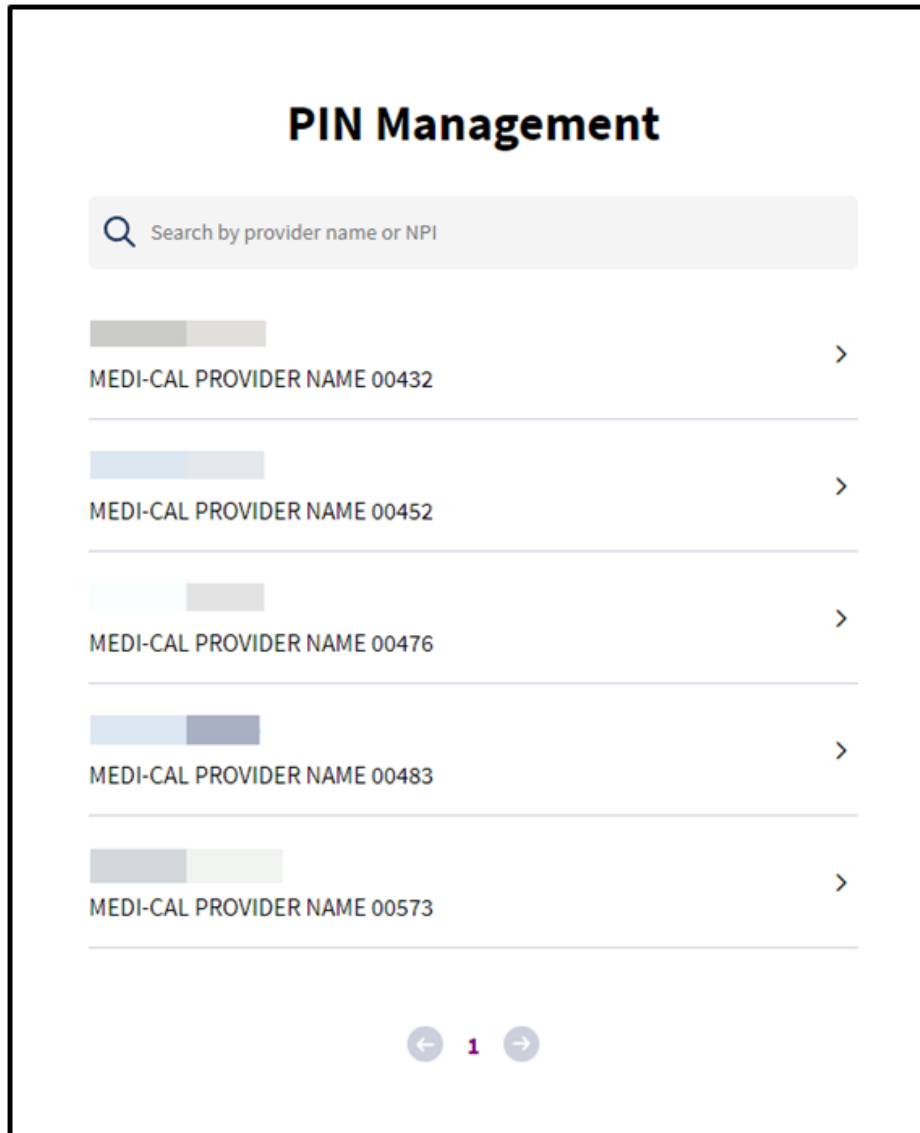


**Figure 6.7:** PIN Management tile search bar.

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After selecting **View All** or **+more**, from here search by provider name or NPI as well as select the desired provider name from the list.



The screenshot displays a web interface titled "PIN Management". At the top, there is a search bar with a magnifying glass icon and the placeholder text "Search by provider name or NPI". Below the search bar, a list of five provider entries is shown, each consisting of a colored bar, the text "MEDI-CAL PROVIDER NAME" followed by a unique ID, and a right-pointing chevron icon. The entries are separated by horizontal lines. At the bottom of the list, there is a pagination control showing a left arrow, the number "1", and a right arrow.

| Provider Name          | ID    |
|------------------------|-------|
| MEDI-CAL PROVIDER NAME | 00432 |
| MEDI-CAL PROVIDER NAME | 00452 |
| MEDI-CAL PROVIDER NAME | 00476 |
| MEDI-CAL PROVIDER NAME | 00483 |
| MEDI-CAL PROVIDER NAME | 00573 |

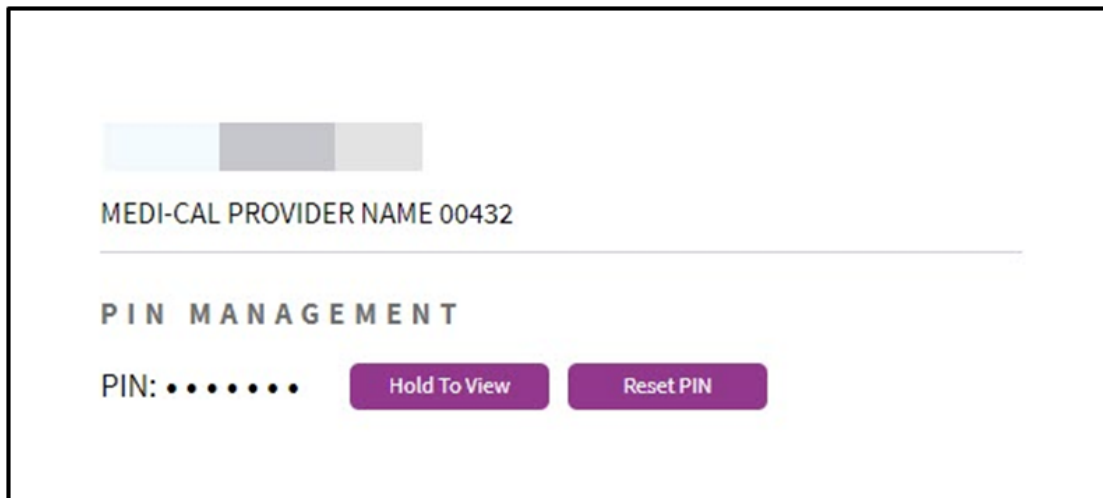
**Figure 6.8:** Search by provider name or NPI.

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Once a provider is selected, a user can view the PIN number by selecting **Hold to View**. From this screen a user can also **Reset PIN**.

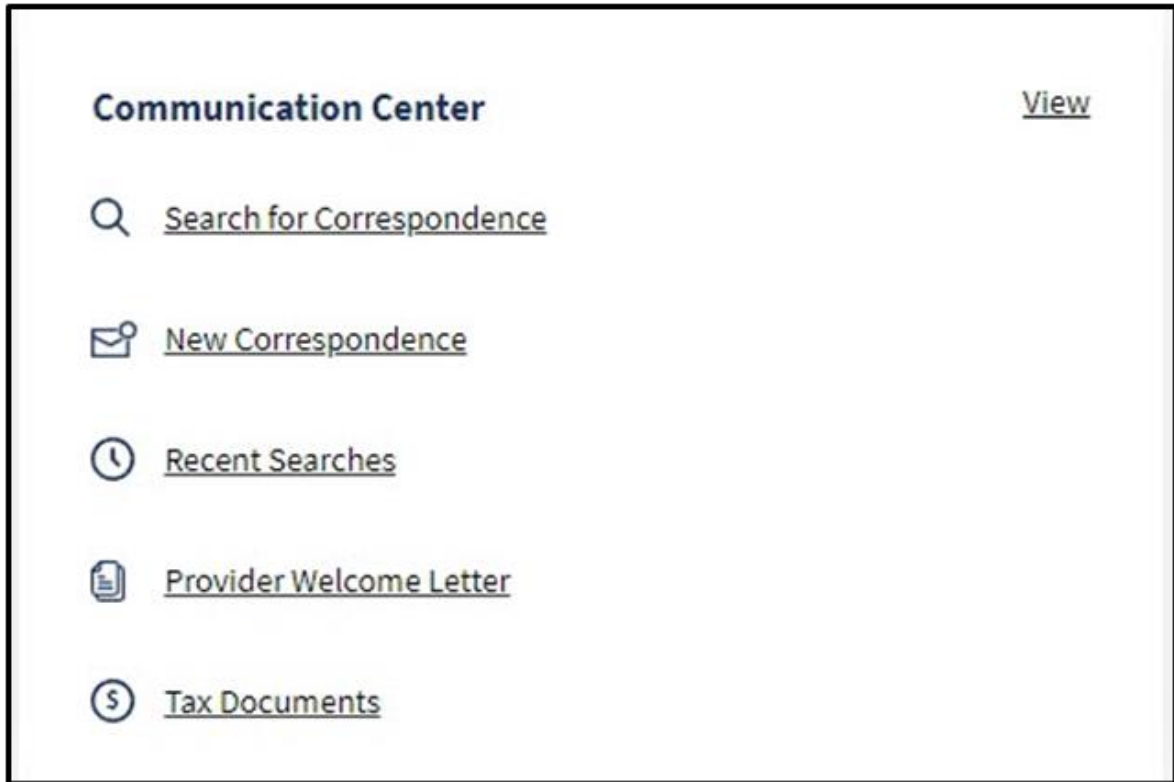
**Note:** PINs can only be reset once daily.



**Figure 6.9:** View PIN number and **Reset PIN**.

## Communication Center

The **Communication Center** allows access to an organization's correspondence.



**Figure 6.10: Communication Center tile.**

## B Provider Portal Admin User

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When **Search for Correspondence** is selected, three search fields will display and each field must be populated to obtain search results.

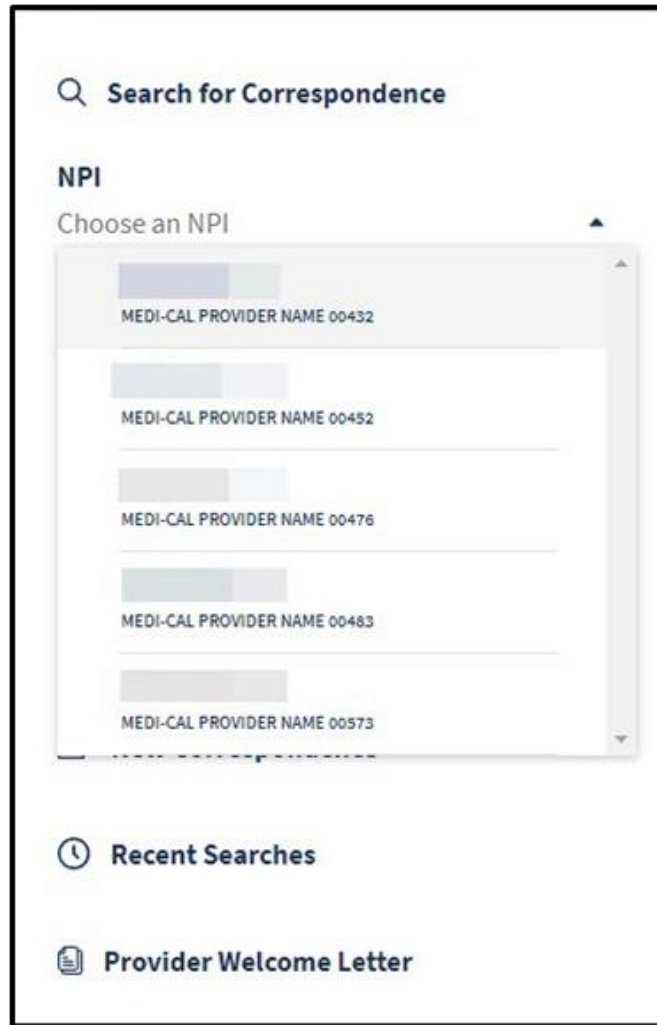
The screenshot displays the 'Search for Correspondence' interface. On the left, a sidebar contains the following elements: a search icon and title 'Search for Correspondence', three filter sections ('NPI' with 'Choose an NPI', 'Correspondence Type' with 'Choose Document Type', and 'Dates' with 'Choose Date Range'), a purple 'Search' button, and three links with icons: 'New Correspondence', 'Recent Searches', and 'Provider Welcome Letter'. The main content area is titled 'Document Results' and shows '0 Documents | Last 0 days'. Below this is a table with headers 'Name' and 'Date'. A message 'Click filters and search to show documents' is displayed below the table headers.

**Figure 6.11: Search for Correspondence screen.**

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Select an **NPI** from the drop-down list.



The screenshot shows a web interface titled "Search for Correspondence". Below the title is a section labeled "NPI" with the text "Choose an NPI" and a small upward-pointing triangle icon. A dropdown menu is open, displaying a list of five items, each consisting of a colored bar and the text "MEDI-CAL PROVIDER NAME" followed by a number. The items are: 00432 (blue bar), 00452 (light blue bar), 00476 (orange bar), 00483 (grey bar), and 00573 (light grey bar). Below the dropdown menu are two links: "Recent Searches" with a clock icon and "Provider Welcome Letter" with a document icon.

**Figure 6.12:** Search for Correspondence screen with **NPI** selected.

Select **Correspondence Type** from the drop-down list.

Search for Correspondence

NPI

- MEDI-CAL PROVIDER NAME ...

Correspondence Type

Choose Document Type

- Notice of Action - Provider Copy
- PDF Remittance Advice Detail
- SCPI Data File

Search

New Correspondence

Recent Searches

Provider Welcome Letter

**Figure 6.13:** Search for Correspondence screen with **Correspondence Type** selected from the NPI search list.

## B Provider Portal Admin User

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Select a **Date Range** option or enter a start and end date.

The screenshot shows the 'Search for Correspondence' interface. It includes a search bar, an NPI dropdown menu, a 'Correspondence Type' dropdown menu, and a 'Dates' section. The 'Dates' section has a 'Choose Date Range' button. A modal window is open, displaying options for 'Last 7 Days', 'Last 14 Days', 'Last 30 Days', and 'Custom'. The 'Custom' option is selected, and a message prompts the user to 'Select a custom date range of up to 30 days at a time.' Below this, there are input fields for 'Start Date' (containing '06/01/2022') and 'End Date'. A calendar for 'June 2022' is shown, with dates 1 through 30. An 'Apply' button is at the bottom right of the modal.

Search for Correspondence

NPI

- MEDI-CAL PROVIDER NAME ...

Correspondence Type

PDF Remittance Advice Detail

Dates

Choose Date Range

Last 7 Days Last 14 Days Last 30 Days Custom

Select a custom date range of up to 30 days at a time.

Start Date 06/01/2022 End Date

June 2022

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
|    |    |    | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 |    |    |

Apply

**Figure 6.14: Data Range** selected on the Search for Correspondence screen.



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**Document Results** are displayed. Check the box(es) of the desired document(s). To download the document(s) select the kebab menu in the upper right corner and choose the preferred format.

The screenshot shows the 'Document Results' page with a header indicating '4 Documents | Last 30 days'. A dropdown menu is open, showing export options: 'Export(2) as .csv', 'Export(2) as .txt', and 'Export(2) as .xls'. The table below lists four documents, each with a selection checkbox, a 'TAR' icon, a name, a date, and a kebab menu icon.

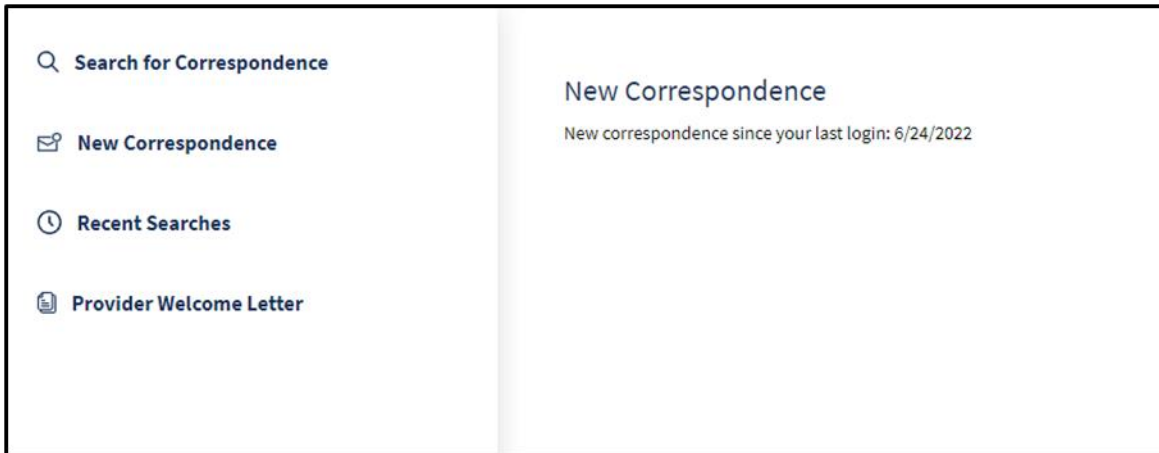
|                                     | Name                                     | Date       |  |
|-------------------------------------|--|------------|--|
| <input checked="" type="checkbox"/> | Request for Poly-Vi Sol with Iron Drops1 |            |  |
| <input checked="" type="checkbox"/> | Request for Poly-Vi Sol with Iron Drops2 | 08/19/2021 |  |
| <input type="checkbox"/>            | MCAL_81419058_20210607                   | 08/19/2021 |  |
| <input type="checkbox"/>            | MCAL_575765878_041921                    | 08/19/2021 |  |

**Figure 6.15:** Search results displayed on the **Document Results** page.

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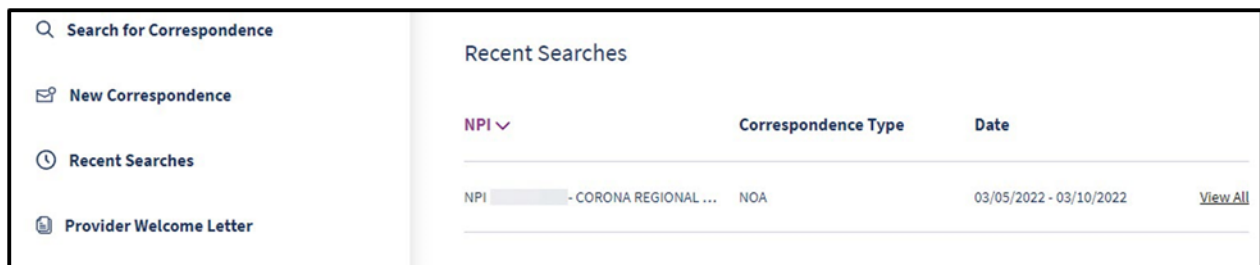
Page updated: October 2022

When the **New Correspondence** link is selected, it will show a user all of the new correspondence since the last time a user has logged in.



**Figure 6.16: New Correspondence listed.**

**Recent Searches** link displays the user's most recent correspondence searches.

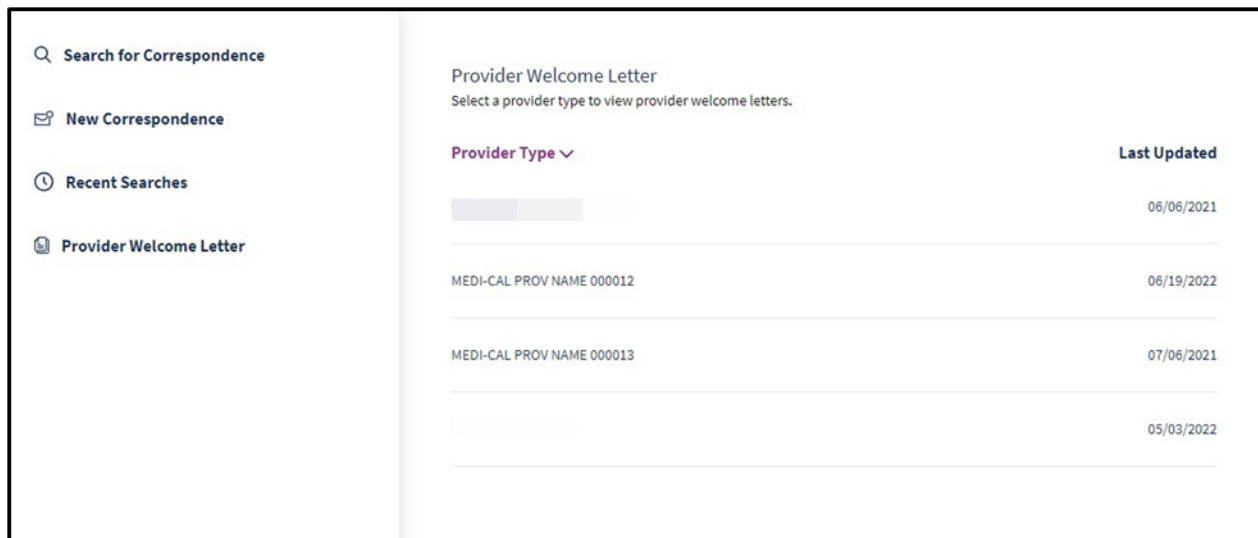


**Figure 6.17: Recent Searches displayed.**

# Provider Welcome Letter

Provider welcome letters contain information about NPIs, and provider communities related to the organization. To view, follow the steps below:

1. From the Communication Center tile, select **Provider Welcome Letter**. The Correspondence Center will display a list of Provider Types. Select the desired **Provider Type**.



**Figure 7.1: Provider Welcome Letter** selected from the Communication Center tile.

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2. **Provider Welcome letters** for NPIs assigned to that provider community appear. Select the desired letter.



The screenshot shows a web interface for selecting a provider welcome letter. At the top, it says "Provider Welcome Letter > CORONA REGIONAL MED CTR". Below this is a table with four columns: "Name", "NPI", "Service Location", and "Date". There is one row in the table with a document icon in the "Name" column, the text "Provider Welcome Letter", a placeholder in the "NPI" column, "266 A JQOH AZ" in the "Service Location" column, and "06/06/2021" in the "Date" column.

| Name ▾  | NPI | Service Location | Date       |
|---|-----|------------------|------------|
|  Provider Welcome Letter |     | 266 A JQOH AZ    | 06/06/2021 |

**Figure 7.2: Provider Welcome Letter displayed.**

3. A PDF version of the letter appears.



**Figure 7.3: PDF version of the Provider Welcome Letter.**

# Tax Documents

Before accessing the available tax documents for the desired provider community, the **Electronic 1099 Consent Agreement** needs to be read and agreed to.

The screenshot shows the 'Tax Documents' section of the Provider Portal. On the left is a sidebar with navigation links: 'Search for Correspondence', 'New Correspondence', 'Recent Searches', and 'Provider Welcome Letter'. The main content area is titled 'Tax Documents' and features a dark blue header with the text 'Electronic 1099 Consent Agreement' and a 'Not Signed' status indicator. Below the header, the text reads: 'I acknowledge and agree to the following on behalf of my organization:'. This is followed by eight numbered points detailing the terms of the agreement, including electronic receipt of 1099s, withdrawal of consent, and access requirements. At the bottom, there are two buttons: 'I Do Not Agree' and 'I Have Read and Agree to The Above'.

**Electronic 1099 Consent Agreement** Not Signed

I acknowledge and agree to the following on behalf of my organization:

1. You agree to receive all 1099s for your organization electronically and understand you will not receive a paper copy by mail once enrolled in electronic 1099s.
2. DHCS will continue to provide a paper copy by mail if you do not consent to receive electronic 1099s or if you withdraw your consent.
3. Consent may be withdrawn at any time within your Provider Portal account settings.
4. If you wish to receive a paper copy, you may call the Provider Portal Support Line and request that one be sent to you.
5. If your Provider Organization is dis-enrolled from Medi-Cal, an electronic 1099 will not be generated. Any pending 1099s will be delivered via mail to your address on file. Requests to update your address information can be completed by contacting the Telephone Service Center.
6. 1099s will be available for two years, after which they will be removed from Provider Portal. If you wish to receive a copy of a 1099 dated prior to the last two years, you may call the Provider Portal Support Line and request that a copy be mailed to you.
7. To access your 1099s electronically you must have an internet enabled device with access to DHCS Medi-Cal compatible browsers capable of downloading, saving, and printing an Adobe .PDF file. To view the Medi-Cal website compatible browsers, please go to the [Web Tool Box](#).
8. If you withdraw your consent, you will no longer have access to past or future electronic 1099s until you re-enroll and DHCS will resume providing a paper copy for the upcoming fiscal year.

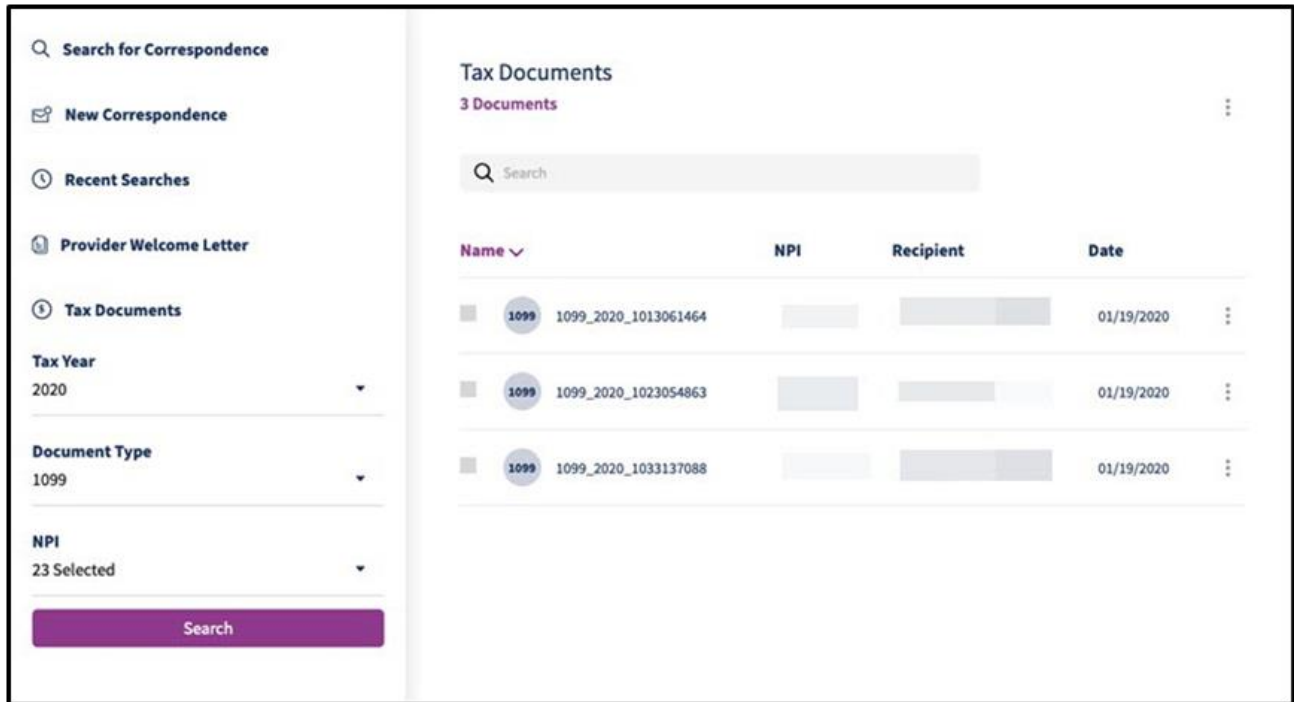
[I Do Not Agree](#) [I Have Read and Agree to The Above](#)

**Figure 8.1: Electronic 1099 Consent Agreement form.**

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Next, a list of tax documents will appear.



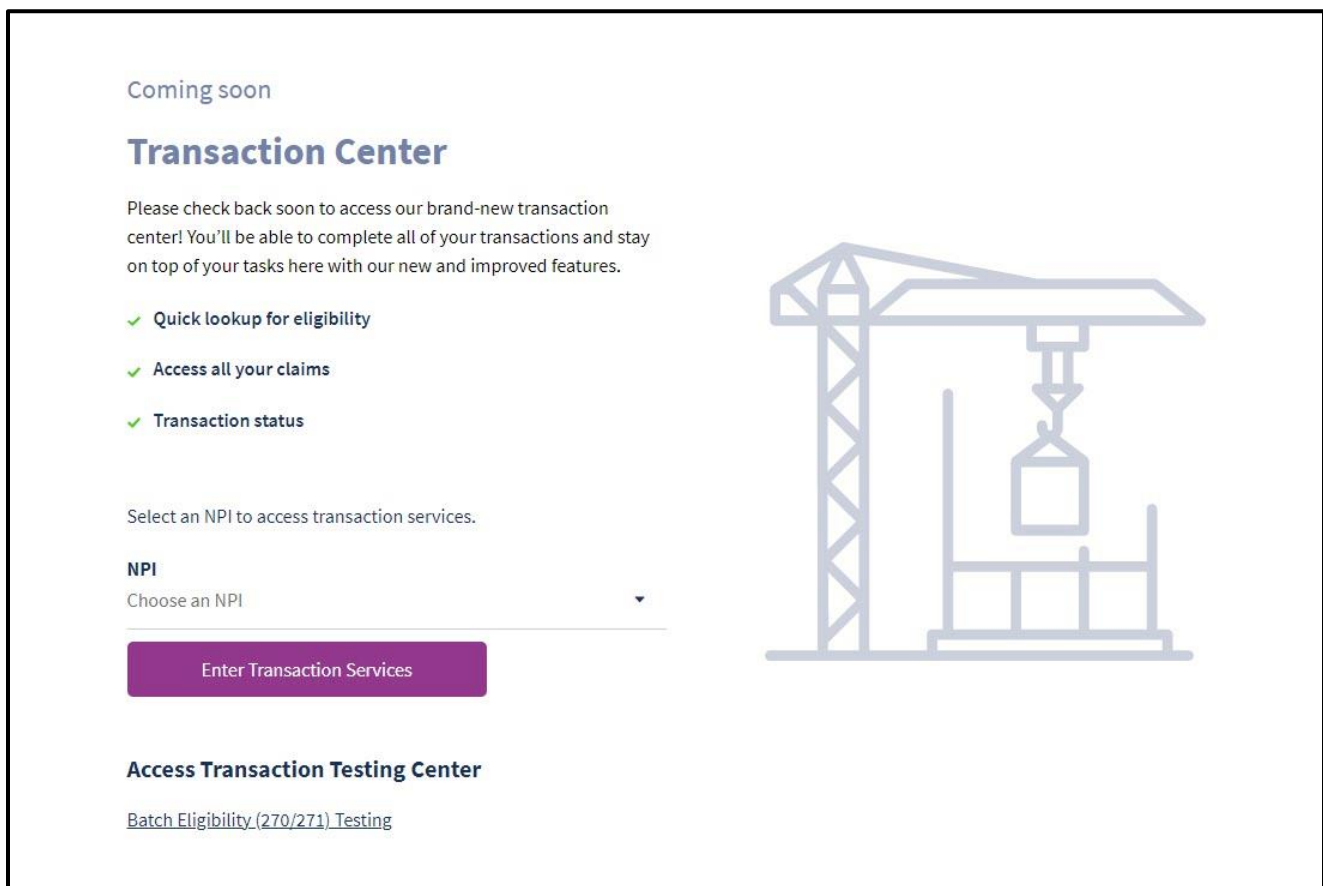
**Figure 8.2:** A list of tax documents on the Tax Documents screen.

## Additional Resources

The Provider Portal contains a number of useful links on the dashboard. Refer to each of the following sections for details.

## Transaction Center

A user may access Transaction Services from the Transaction Center in the portal.

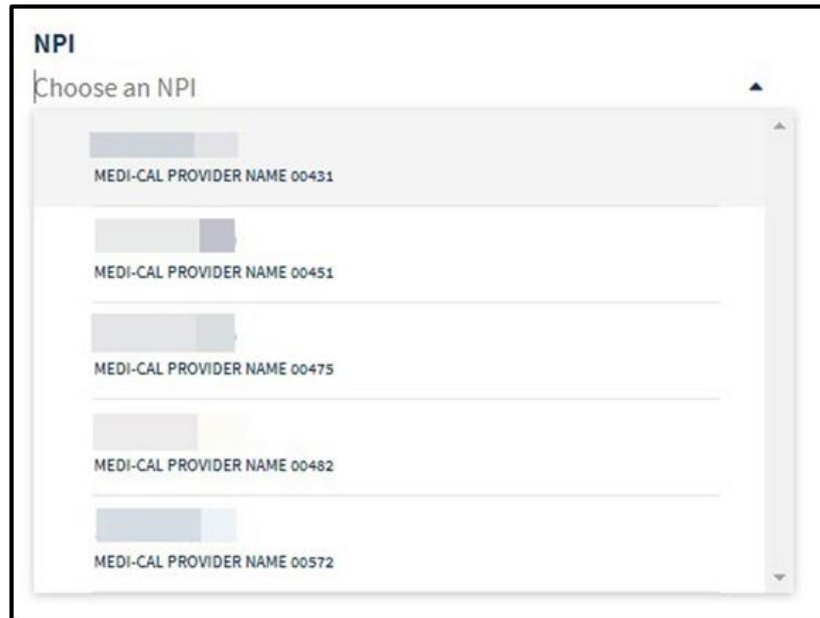


**Figure 9.1: Transaction Center** coming soon screen.

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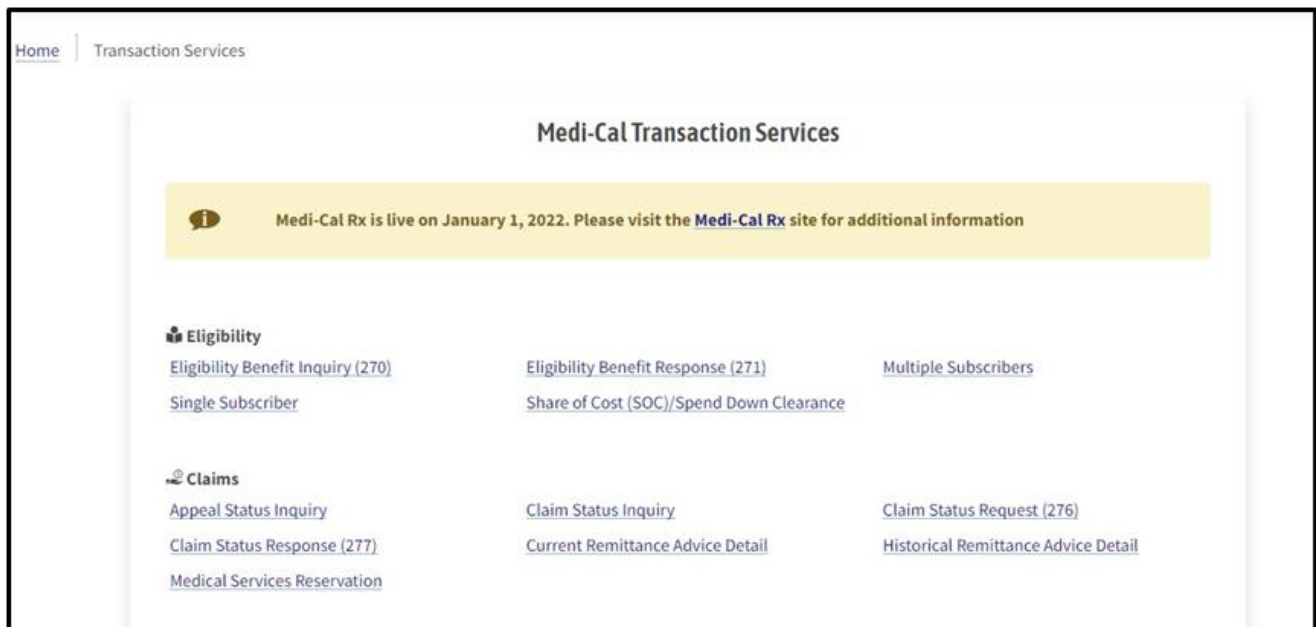
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From the drop-down menu, select the desired **NPI**.



**Figure 9.2:** Drop-down menu of NPIs.

The user will be directed to **Medi-Cal Transaction Services** to perform secure transactions. The specific transaction options available are based on the provider/submitter enrollment type.

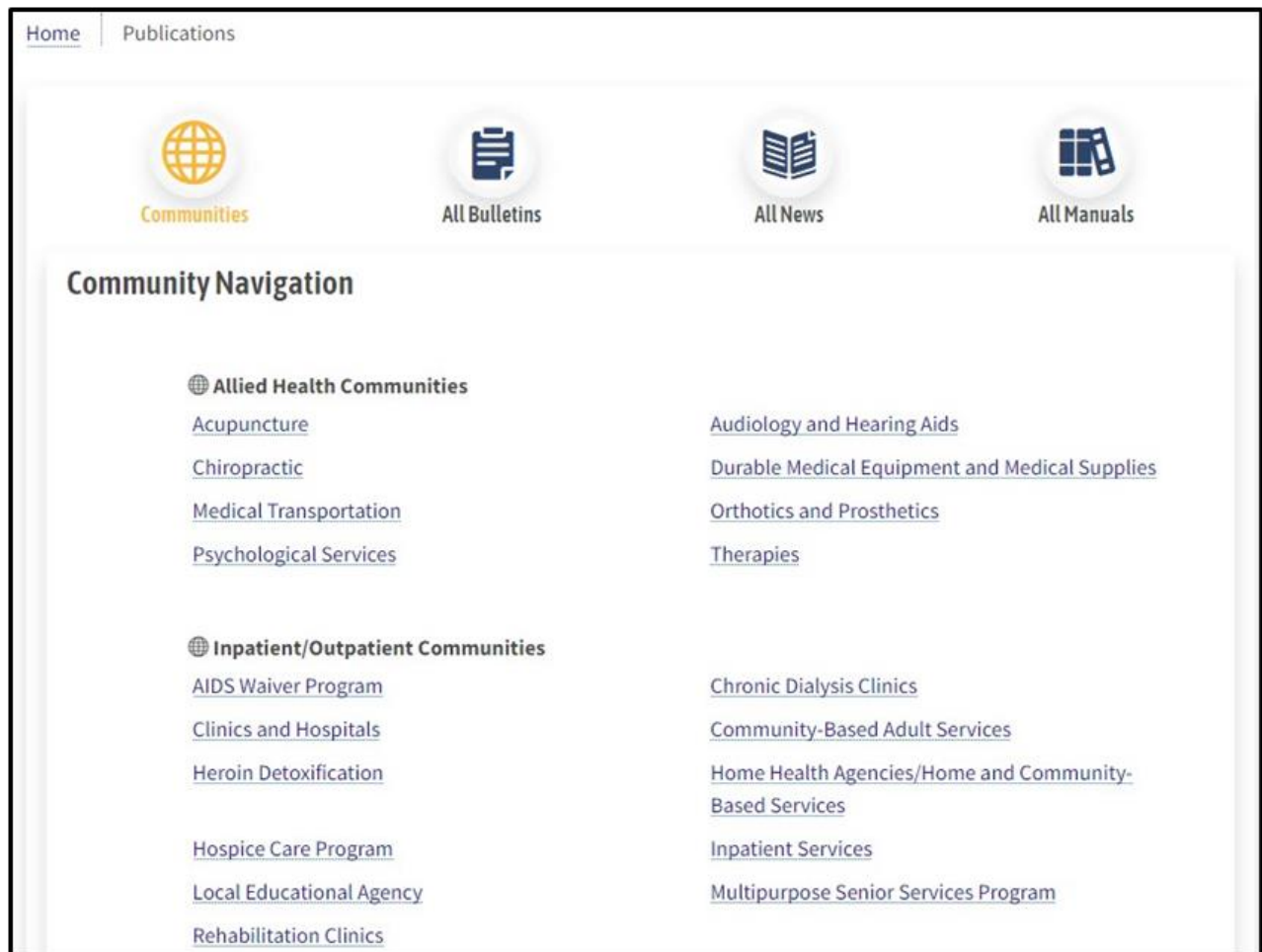


**Figure 9.3:** Medi-Cal Transaction Services screen.



## News and Bulletin

This link automatically directs the user to the Publications area of the Medi-Cal Providers website. Users may view current and archived bulletins, manuals and news articles related to the provider community.



**Figure 10.1:** The Community Navigation page with Communication tab selected.

# Frequently Asked Questions

This Frequently Asked Questions (FAQs) link directs the user to the **Medi-Cal Provider Portal** FAQ page containing an assortment of helpful links to facilitate participation in the Provider Portal.

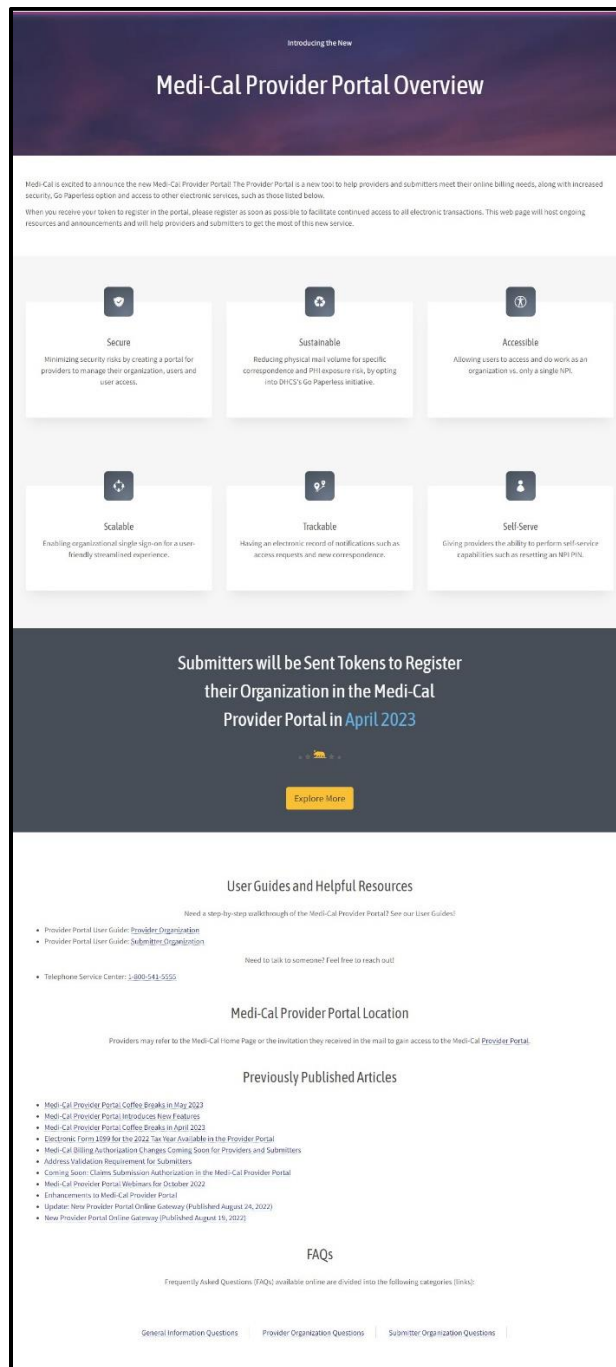
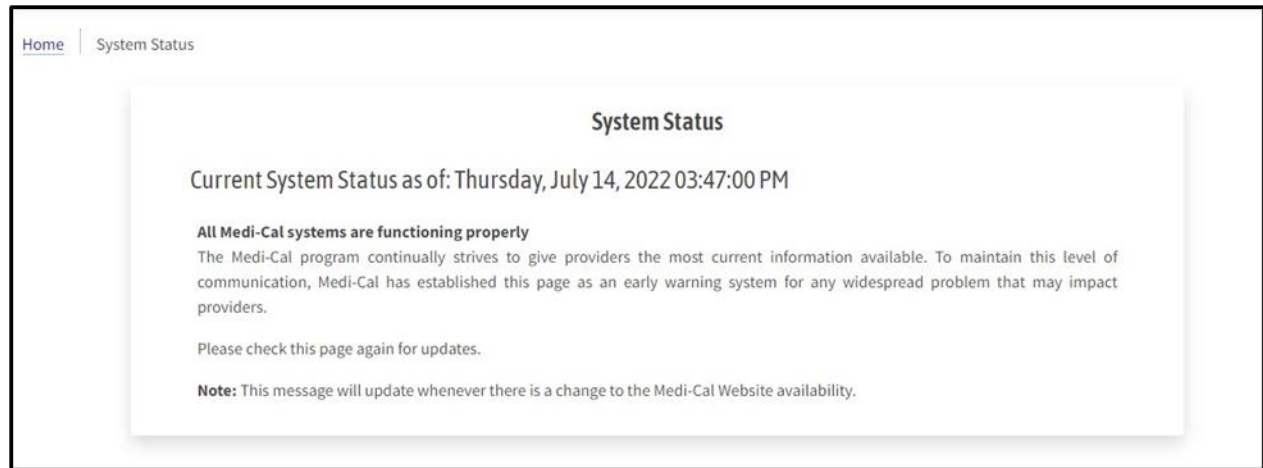


Figure 10.2: The Medi-Cal Provider Portal Overview page.

# System Alerts

This link directs the user to the System Status page of the Medi-Cal Providers website. Current system issues or announcements are displayed.

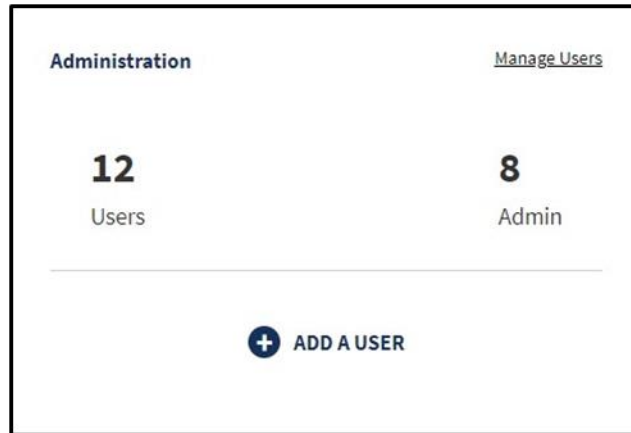


**Figure 11.1:** System Status page on the Medi-Cal Providers website.

# Add a User

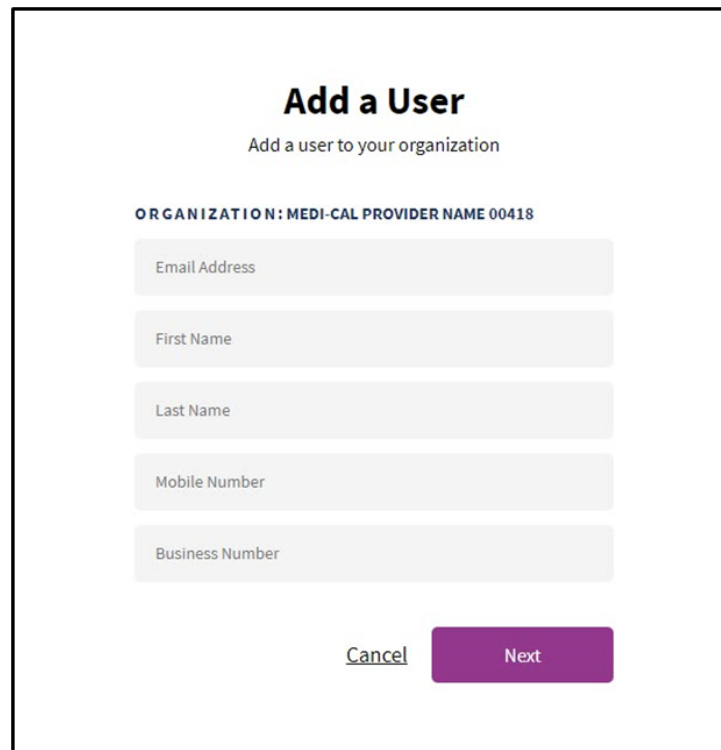
Complete the following steps to add a new user:

1. From the homepage, navigate to the Administration tile and select **Add a User**.



**Figure 12.1:** Administration tile after selecting **Add a User**.

2. Enter the user's Email Address, First Name, Last Name, Mobile Number and Business Number then select **Next**.

The image shows a screenshot of the 'Add a User' form. At the top, the title 'Add a User' is centered, followed by the subtitle 'Add a user to your organization'. Below this, the organization name 'ORGANIZATION: MEDI-CAL PROVIDER NAME 00418' is displayed. The form contains five input fields: 'Email Address', 'First Name', 'Last Name', 'Mobile Number', and 'Business Number'. At the bottom right, there are two buttons: a 'Cancel' button and a purple 'Next' button.

**Figure 12.2:** Add a User tile.

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- Once the new user has been added, a unique link to register with the Provider Portal is emailed to the user. The link contained in the email can only be used once and it **must be used with seven (7) days**. The link expires if not used within 7 days and the Admin will need to initiate a new registration email. The following steps 4 through 11 apply to the new user who was added. **The Admin may skip to step 12 to set up a user's permissions.**

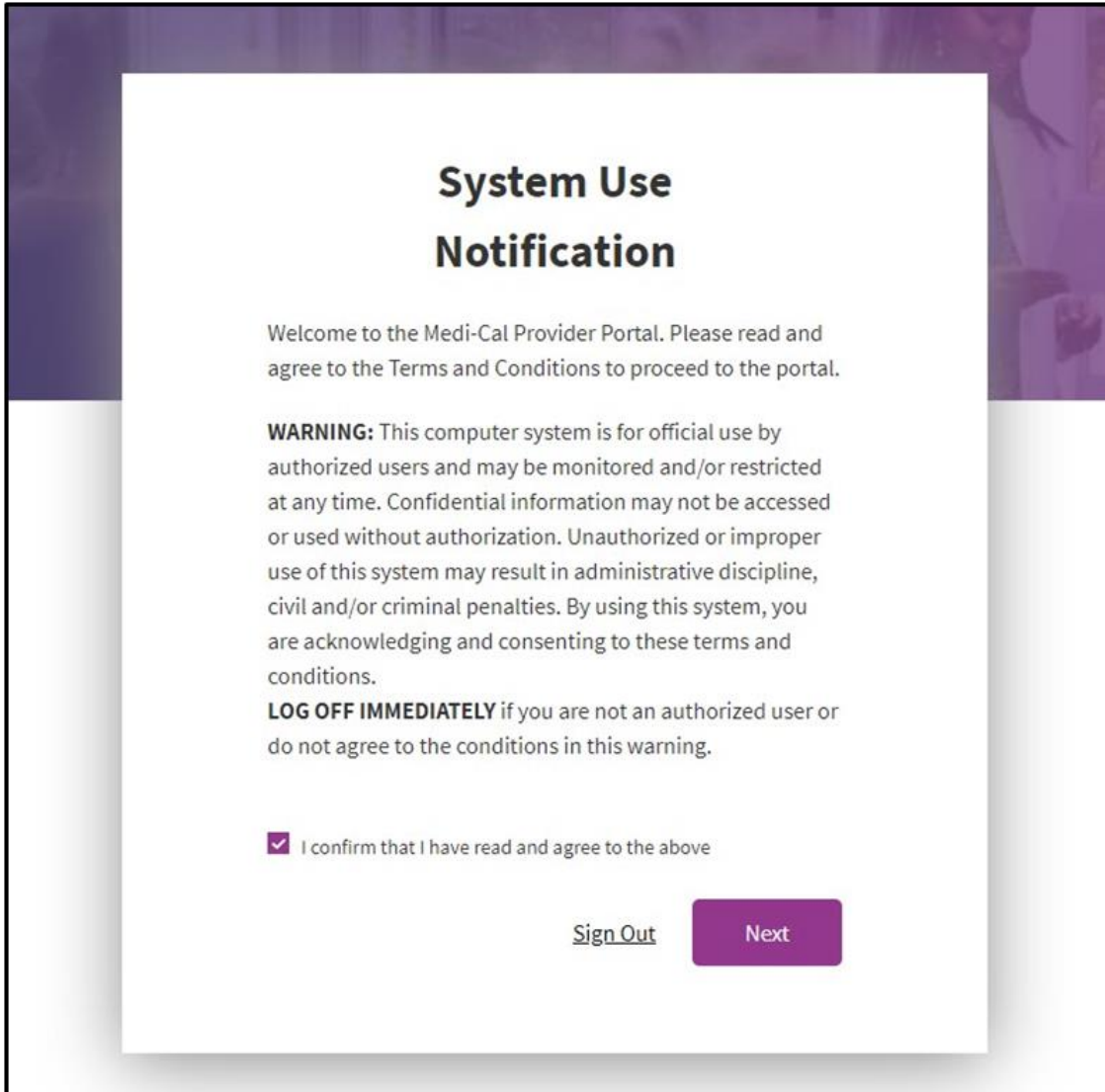


**Figure 12.3:** Email from DHCS containing a registration link.

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4. Once the link is selected in the registration email, a **System Use Notification** window will appear. Read the System Use Notification, check the “I confirm that I have read and agree to the above,” then select **Next**.



**System Use Notification**

Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.

**WARNING:** This computer system is for official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you are acknowledging and consenting to these terms and conditions.

**LOG OFF IMMEDIATELY** if you are not an authorized user or do not agree to the conditions in this warning.

☒ I confirm that I have read and agree to the above

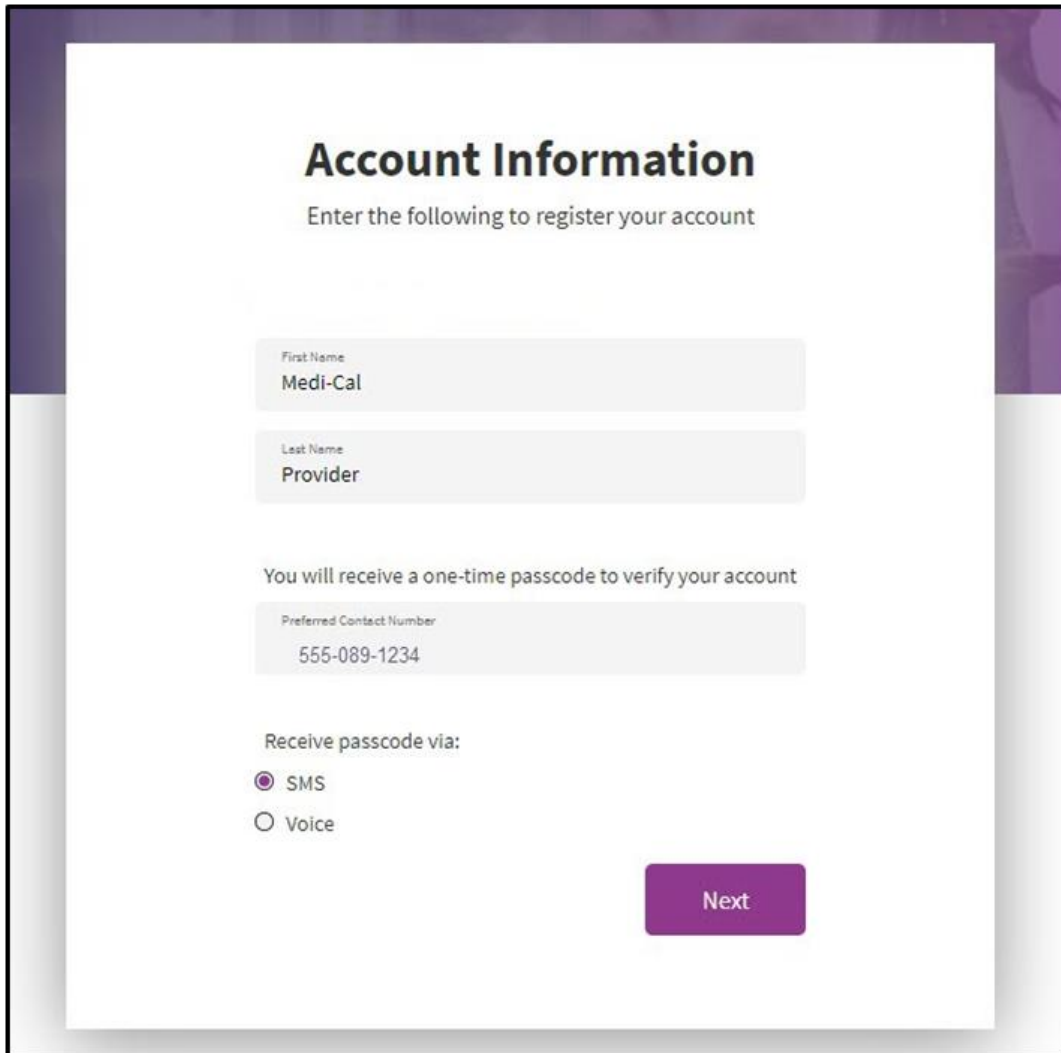
[Sign Out](#) [Next](#)

**Figure 12.4:** The System User Notification window.

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5. Fill out the Account Information screen by populating the First Name, Last Name and Preferred Contact Number. To verify the account, OTP will be sent by either SMS (text) or Voice (call). Select the method and press **Next**.



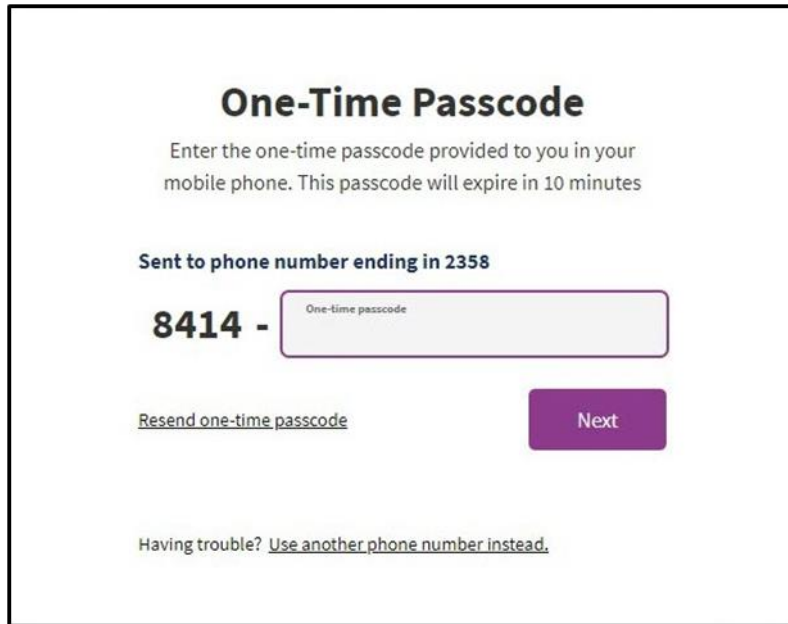
The screenshot displays the 'Account Information' registration screen. At the top, the title 'Account Information' is centered, followed by the instruction 'Enter the following to register your account'. Below this, there are three input fields: 'First Name' with the value 'Medi-Cal', 'Last Name' with the value 'Provider', and 'Preferred Contact Number' with the value '555-089-1234'. A message states 'You will receive a one-time passcode to verify your account'. Underneath, the 'Receive passcode via:' section has two radio button options: 'SMS' (which is selected) and 'Voice'. A purple 'Next' button is located at the bottom right of the form area.

**Figure 12.5:** The Account Information screen.

## B Provider Portal Admin User

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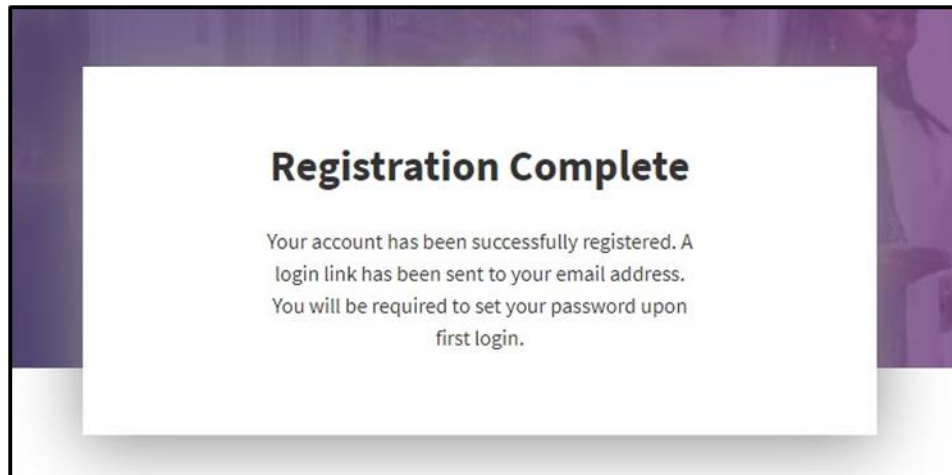
6. In the OTP, enter the last six digits of the code that was sent and submit **Next**.



The screenshot shows a web page titled "One-Time Passcode". Below the title, it says "Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 10 minutes". Underneath, it states "Sent to phone number ending in 2358". A large number "8414 -" is displayed, followed by a text input field labeled "One-time passcode". Below the input field, there is a link "Resend one-time passcode" and a purple button labeled "Next". At the bottom, it says "Having trouble? [Use another phone number instead.](#)".

**Figure 12.6:** OTP page.

7. A Registration Complete window will appear.



**Figure 12.7:** Registration Complete window.



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- When the registration is completed, an email will be sent to the user's registered email address to set up a password. The user must select the link in the email **within 30 minutes or it will expire** to continue the registration process.



**Figure 12.8:** Email from DHCS with a link to set up a password.

- A pop-up window to create a new password will appear. Enter a password that meets the password criteria and select **Submit**.

**Note:** The password must be a minimum of 15 characters, contain at least one uppercase, lowercase, a number and a special character. It cannot be the same or similar to the previous 5 passwords.

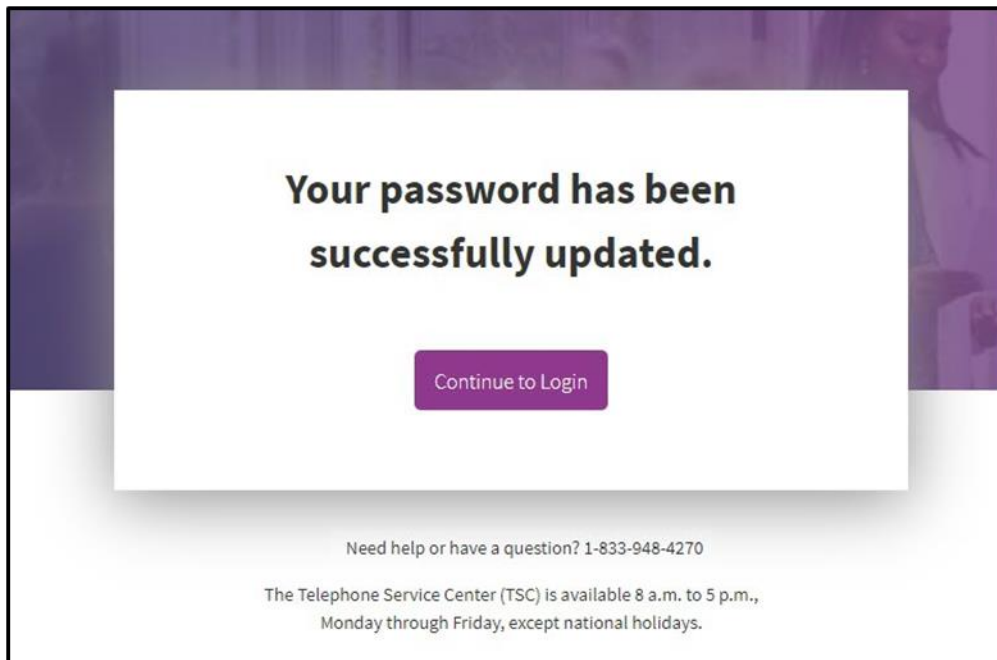
The image is a screenshot of a web form titled "Create New Medi-Cal Password". It has a yellow header bar. Below the header is a text input field labeled "New Password" with a yellow background and a password strength indicator (a series of dots). To the right of the field is an eye icon. Below the field are two green checkmarks with text: "Minimum of 15 characters" and "Must include at least one: uppercase character, lowercase character, number, and special character (e.g. !\$#%)". Below these is a red asterisk with text: "Cannot reuse a recently used password". Below that is a text input field labeled "Re-Enter Password". At the bottom left is a link "View Password Requirements". At the bottom right is a purple button labeled "Submit".

**Figure 12.9:** Create a New Medi-Cal Password page.

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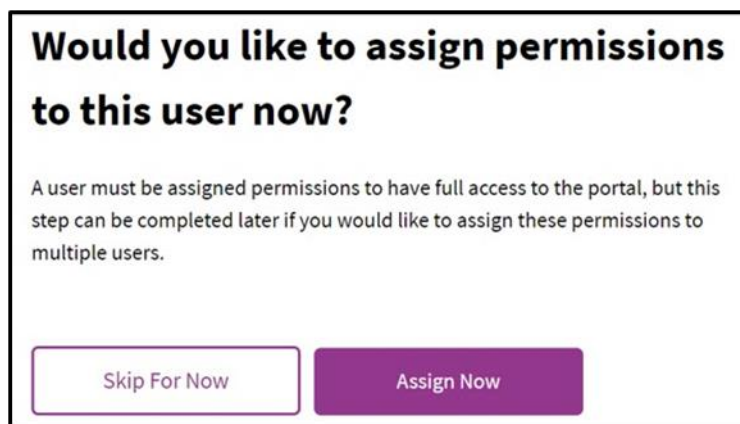
10. The new user is now successfully registered and may log into their account at any time.



**Figure 12.10:** The Password has been successfully updated window.

11. Next step is the option of setting up the user's permissions now or at a later time. If **Skip For Now** is selected, the user will have very limited access to the organization. Their permissions can be updated at another time (refer to the "Update User Information/Permissions" section). Select the option **Assign Now** to begin selecting permissions.

**Note:** If permissions are never assigned, eventually the user will be deactivated and the Admin will need to reactive the user.



**Figure 12.11:** Select the **Assign Now** option to begin selecting permissions.

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12. The first step is to **Assign NPI Permissions (Required)**. Select one of the following level of permissions for each NPI:

- **Admin:** Users with an NPI role of administrator will have access to view and reset NPI PINs and view tax documents and correspondence that has been granted to them by their Organization Administrator. They will not have access to add, remove, or modify users if they are not assigned the Organization Administrator role.
- **Processor:** A processor has the ability to receive notifications, search, read and export correspondence.
- **None:** A user will have no access to the NPI; this is the default setting.

Email: [Redacted]  
Mobile Phone: [Redacted]  
Business Phone: [Redacted]

**M** MEDI-CAL PROVIDER  
NAME 00417

### Step 1

#### Assign NPI Permissions (Required)

Assign this user to NPis within this organization, and select permission levels. If the user is an organization admin, they have automatically been given full permissions to all NPis. All NPis do not have to be assigned.

Search [Redacted] Quick Assign to All NPis

All (23) Assigned (0) Unassigned (23)

| NPI | Legal Name                   | Status     | Permissions   |
|-----|------------------------------|------------|---|
|     | MEDI-CAL PROVIDER NAME 00429 | Unassigned | <input type="radio"/> Admin <input type="radio"/> Processor <input checked="" type="radio"/> None |
|     | MEDI-CAL PROVIDER NAME 00485 | Unassigned | <input type="radio"/> Admin <input type="radio"/> Processor <input checked="" type="radio"/> None |
|     | MEDI-CAL PROVIDER NAME 00417 | Unassigned | <input type="radio"/> Admin <input type="radio"/> Processor <input checked="" type="radio"/> None |
|     | MEDI-CAL PROVIDER NAME 00497 | Unassigned | <input type="radio"/> Admin <input type="radio"/> Processor <input checked="" type="radio"/> None |
|     | MEDI-CAL PROVIDER NAME 00422 | Unassigned | <input type="radio"/> Admin <input type="radio"/> Processor <input checked="" type="radio"/> None |
|     | MEDI-CAL PROVIDER NAME 00421 | Unassigned | <input type="radio"/> Admin <input type="radio"/> Processor <input checked="" type="radio"/> None |
|     | MEDI-CAL PROVIDER NAME 00450 | Unassigned | <input type="radio"/> Admin <input type="radio"/> Processor <input checked="" type="radio"/> None |

Cancel Next

**Figure 12.12:** Step 1: Assign NPI Permissions screen.

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13. There is also the **Quick Assign to All NPIs** option which allows a user to be assigned all NPIs at a certain permission level. To select this feature, navigate to the drop-down menu and select the permissions level for that user.

Email: [Redacted]  
Mobile Phone: 555-121-1212  
Business Phone: 555-121-1215

**MEDI-CAL PROVIDER NAME 00417**

### Step 1

#### Assign NPI Permissions (Required)

Assign this user to NPIs within this organization, and select permission levels. If the user is an organization admin, they have automatically been given full permissions to all NPIs. All NPIs do not have to be assigned.

Search [Redacted]

**All (23)** Assigned (0) Unassigned (23)

| NPI        | Legal Name                   | Status     | Permissions  |
|------------|------------------------------|------------|--|
| [Redacted] | MEDI-CAL PROVIDER NAME 00429 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
| [Redacted] | MEDI-CAL PROVIDER NAME 00485 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
| [Redacted] | MEDI-CAL PROVIDER NAME 00417 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
| [Redacted] | MEDI-CAL PROVIDER NAME 00497 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
| [Redacted] | MEDI-CAL PROVIDER NAME 00422 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |

Quick Assign to All NPIs  
Admin  
Processor  
None

**Figure 12.13:** The Quick Assign to All NPIs option on Step 1.

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14. Once the Admin has completed assigning the user's NPI Permissions, select **Next**.

**Step 1**  
**Assign NPI Permissions (Required)**

Assign this user to NPIs within this organization, and select permission levels. If the user is an organization admin, they have automatically been given full permissions to all NPIs. All NPIs do not have to be assigned.

| NPI | Legal Name                   | Status     | Permissions  |
|-----|------------------------------|------------|--|
|     | MEDI-CAL PROVIDER NAME 00429 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
|     | MEDI-CAL PROVIDER NAME 00485 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
|     | MEDI-CAL PROVIDER NAME 00417 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
|     | MEDI-CAL PROVIDER NAME 00497 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
|     | MEDI-CAL PROVIDER NAME 00422 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
|     | MEDI-CAL PROVIDER NAME 00421 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |
|     | MEDI-CAL PROVIDER NAME 00450 | Unassigned | <input type="checkbox"/> Admin <input type="checkbox"/> Processor <input checked="" type="checkbox"/> None |

[Cancel](#) **Next**

**Figure 12.14:** Select Next on the Assign NPI Permissions screen.

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15. Step 2 is to **Assign Correspondence Permissions**; this step is optional and may be updated later. Correspondence for NPIs only appear in this area if the user is assigned to the NPI.

To assign permissions, select the correspondence permissions to assign and click **Manage Selected** in the top right corner or click **Manage** next to the NPI to assign permissions for a single NPI.

Search Filter Manage Selected

All (9) Correspondence Permissions Assigned (0) Unassigned (9)

Select All

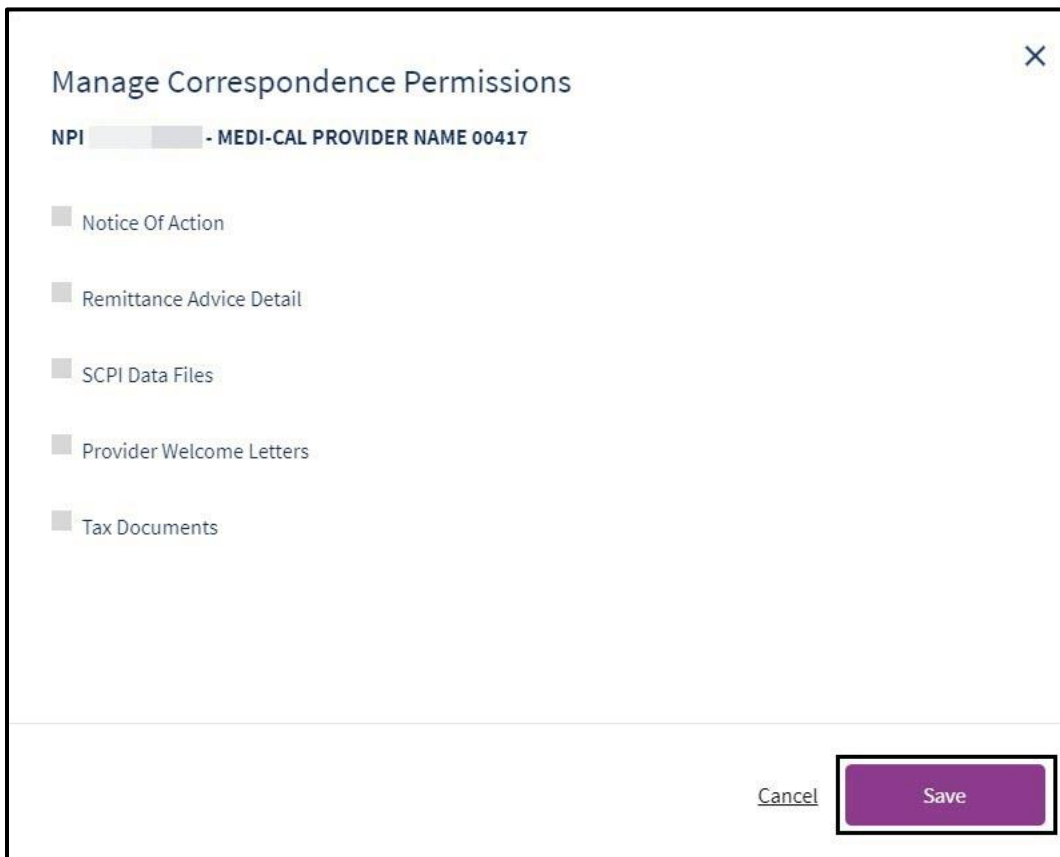
| NPI                                 | Legal Name | Correspondence Permissions  |
|-------------------------------------|------------|-----------------------------|
| <input checked="" type="checkbox"/> | NPI_NAME   | None <a href="#">Manage</a> |
| <input type="checkbox"/>            | NPI_NAME   | None <a href="#">Manage</a> |

**Figure 12.15:** Step 2: Assign Correspondence Permissions.

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16. From the **Manage Correspondence Permissions** window, choose the applicable correspondence type(s) and select **Save**.



The screenshot shows a web application window titled "Manage Correspondence Permissions" with a close button (X) in the top right corner. Below the title, it displays "NPI [redacted] - MEDI-CAL PROVIDER NAME 00417". There is a list of five correspondence types, each with an unchecked checkbox: "Notice Of Action", "Remittance Advice Detail", "SCPI Data Files", "Provider Welcome Letters", and "Tax Documents". At the bottom right, there are two buttons: a "Cancel" button and a "Save" button. The "Save" button is highlighted with a red rectangular border.

**Figure 12.16:** Select **Save** on the Manage Correspondence Permission window.

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17. After selecting Save, the correspondence selected are now listed under **Correspondence Permissions**.

Step 2

### Assign Correspondence Permissions (Optional)

Assign this user permissions to view and download selected correspondence types within their assigned NPIs. Users must be assigned to an NPI to have access to correspondence.

[All \(1\)](#) [Correspondence Permissions Assigned \(1\)](#) [Unassigned \(0\)](#)

☐ Select All

| NPI                      | Legal Name                   | Correspondence Permissions                                      |                        |
|--------------------------|------------------------------|---|------------------------|
| <input type="checkbox"/> | MEDI-CAL PROVIDER NAME 00417 | Remittance Advice Detail, Tax Documents <a href="#">+1 more</a> | <a href="#">Manage</a> |

Next

**Figure 12.17:** The Remittance Advice Detail, Tax Documents link on the Assign Correspondence Permission screen.



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18. Step 3 is **Assign Permissions Across Organization** where organization-level user permissions can be assigned to add, remove or modify users. This step is optional and may be completed later. Navigate to the dropdown menu, check Admin, Processor or None. Select **Save and Finish**.

### Step 3

#### Assign Permissions Across Organization (Optional)

Assign an organization permission level to this user.

None

Admin

Processor

✓ None

**Administrator** will give the user full permissions to all NPIs in the organization and will provide the user with full access to add, edit, delete, and assign permissions to users within this organization. However, this administrator will NOT automatically be assigned correspondence permissions. If this administrator needs to access correspondence, you will need to manually assign correspondence permissions above. **Assign this role with care.**

**None** will give the user no permissions at an organization level. NPI level permissions can still be set. Most users will fall into this permission level.

→ Save and Finish

**Figure 12.18:** Step 3: Assign Permissions Across Organization, select **Save and Finish**.

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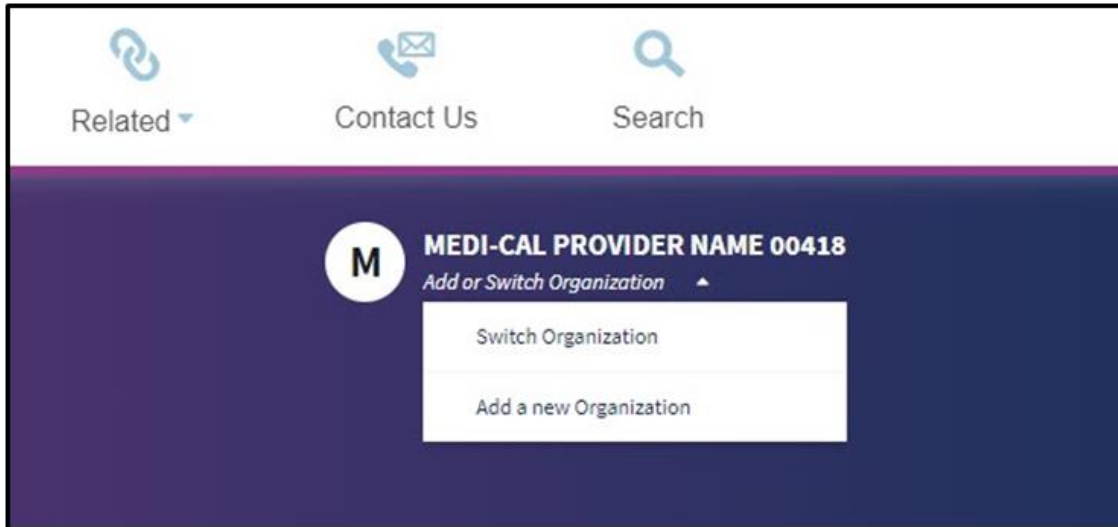
19. A confirmation page appears containing the new user's information as entered. If any information is incorrect, select **Edit** next to the incorrect field.

The screenshot displays the 'User Management and Permissions' interface. At the top right, a green checkmark icon is accompanied by the text: 'This user has been added and will receive an email to complete their registration.' Below this, a '+ Add Another User' button is visible. The main section is titled 'User Management and Permissions' and contains a user profile card. The card shows a user icon, a blurred email address, and 'Last Login: Never'. To the right of the profile card is an 'Edit' link. Below the profile card is a 'Phone Number' section with 'Business Phone' and 'Mobile Phone' fields, each with an 'Edit' link. Below the phone number section is an 'NPI Permissions' section. It features a search bar labeled 'Filter by NPI number' and three tabs: 'All (23)' (selected), 'Assigned (1)', and 'Unassigned (22)'. An 'Edit' link is located to the right of the 'NPI Permissions' section title.

**Figure 12.19:** The confirmation page containing the new user's information as entered.

## Add a new Organization

1. Log in to the Provider Portal and select the **Add or Switch Organization** from the drop-down menu, then select **Add a New Organization**.



**Figure 13.1:** The Switch Organization or Add a New Organization options under the drop-down menu.

2. Enter the **Secure Token ID** from the token letter.

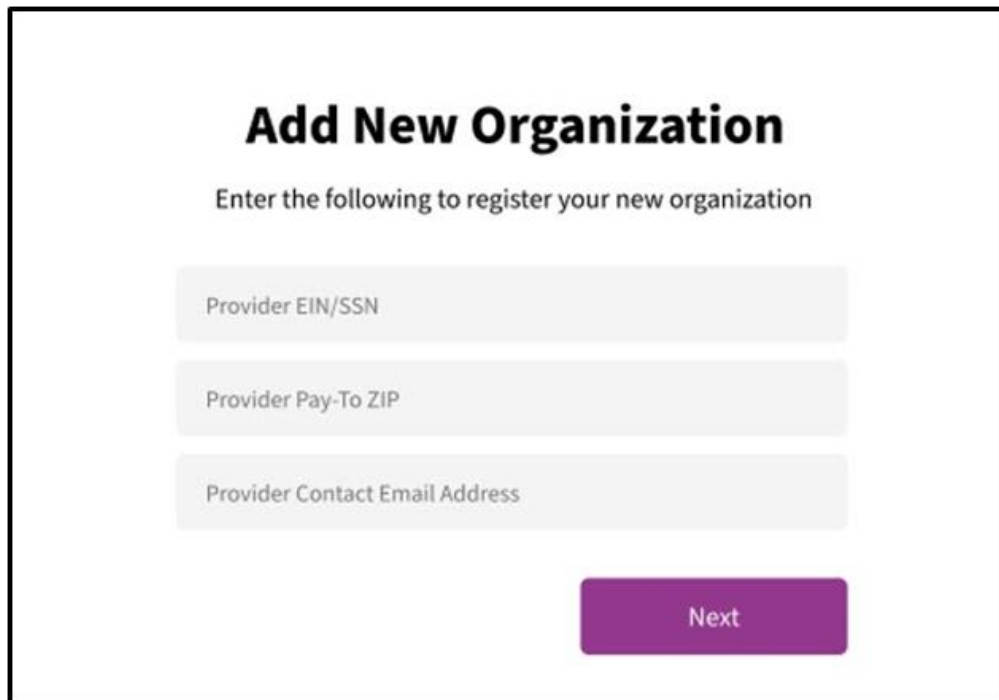
A screenshot of the 'Secure Token ID' input form. The title 'Secure Token ID' is centered at the top in a large, bold font. Below the title is a paragraph of text: 'If you don't have a token ID, please contact your organization's administrator and they will initiate the registration process.' Below this text is a light gray input field with the placeholder text 'Enter your Secure Token ID'. To the right of the input field is a purple 'Submit' button.

**Figure 13.2:** Secure Token ID input area.

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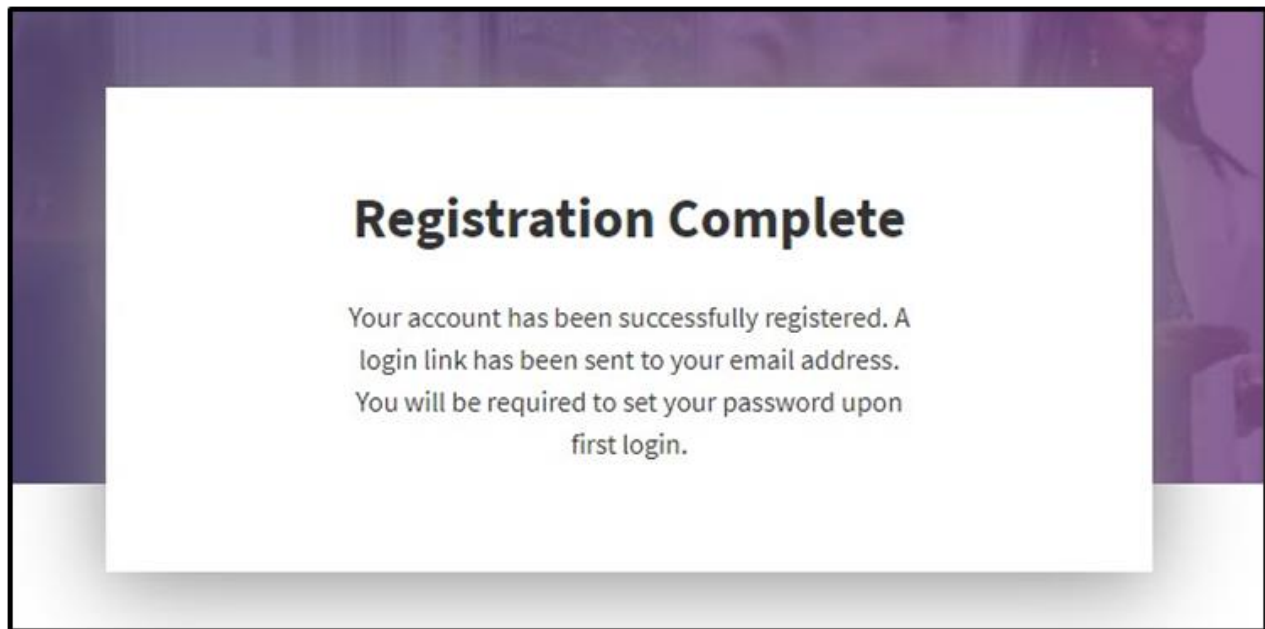
3. Enter the Provider EIN/SSN, Provider Pay-To-ZIP and Provider Contact Email Address then select **Next**.



The screenshot shows a web form titled "Add New Organization". Below the title is a subtitle: "Enter the following to register your new organization". There are three light gray input fields stacked vertically. The first field is labeled "Provider EIN/SSN", the second is labeled "Provider Pay-To ZIP", and the third is labeled "Provider Contact Email Address". To the right of these fields is a purple button with the text "Next" in white.

**Figure 13.3:** The Add New Organization window with Provider EIN/SSN, Provider Pay-To-ZIP and Provider Contact Email Address input area.

4. Registration is complete. To view the new organization, log out of the Provider Portal and log back in.



**Figure 13.4:** The Registration Complete window.

## Affiliations

Affiliations are relationships between billing agents and providers. Providers may hire external parties to submit claims to Medi-Cal on behalf of the provider organization. The Department of Health Care Services (DHCS) requires a legal agreement and disclosure of those relationships between the provider and submitter organization(s). Either the provider or submitter may initiate an affiliation request, and each entity must sign a Medi-Cal Telecommunications Provider and Biller Application/Agreement within the Provider Portal application.

## Submitter Requests New Affiliation

Follow the below steps to request a new affiliation to a provider.

1. From the Provider Portal homepage, navigate to the **Provider Network** tile and select View All.

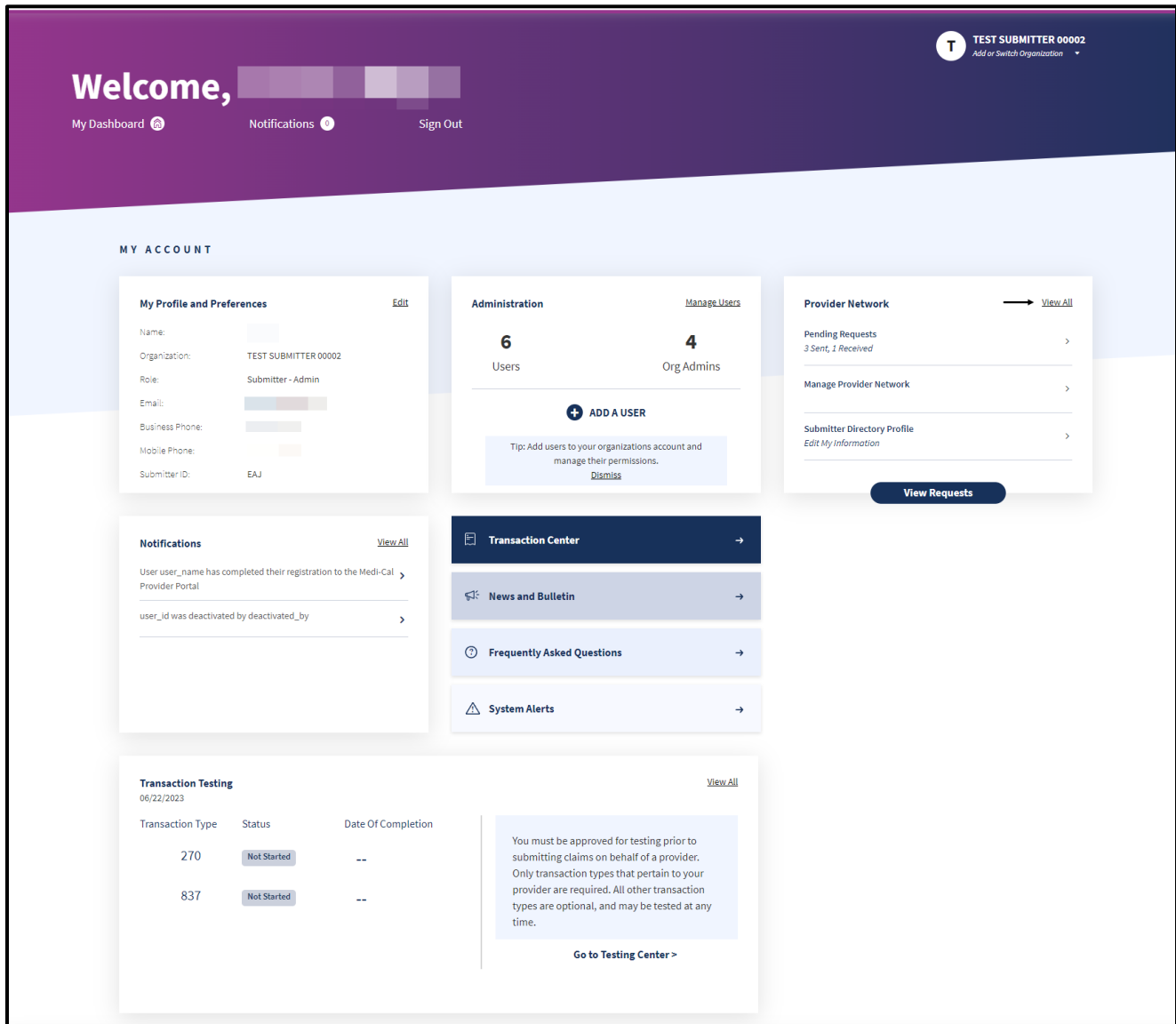
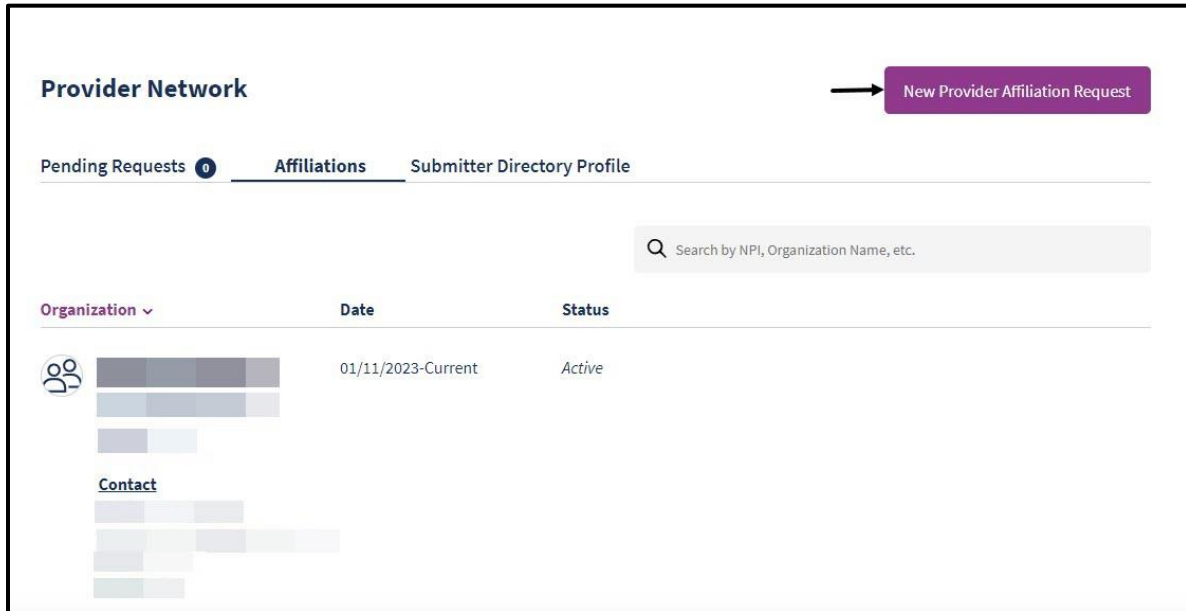


Figure 14.1: Provider Portal homepage.

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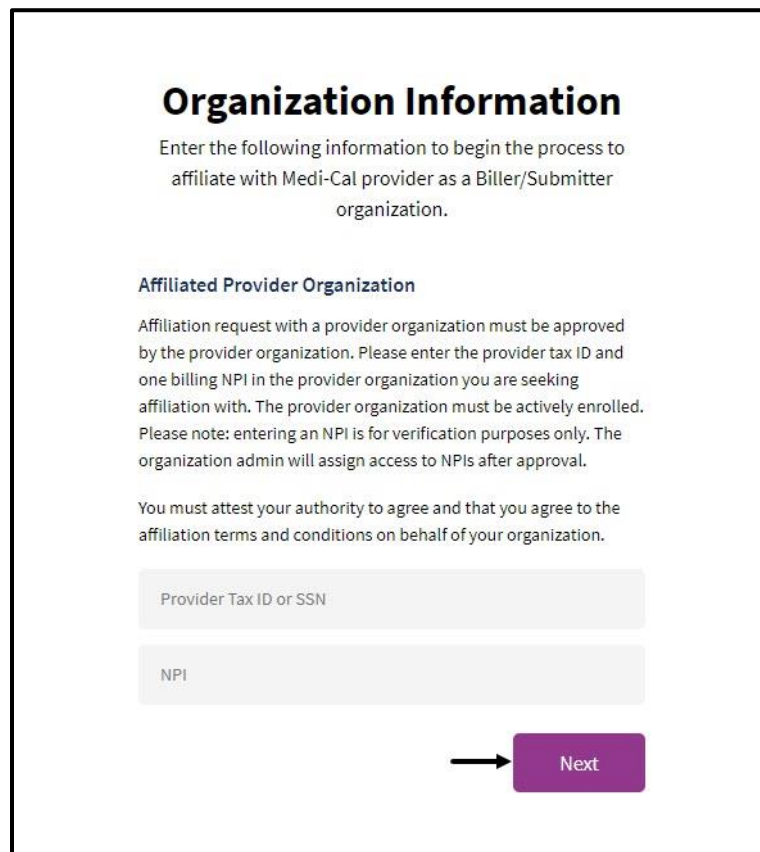
2. Navigate to Affiliations and select **New Provider Affiliation Request**.



The screenshot shows the 'Provider Network' interface. At the top right, there is a purple button labeled 'New Provider Affiliation Request' with an arrow pointing to it. Below the header, there are three tabs: 'Pending Requests' (with a count of 0), 'Affiliations' (which is selected), and 'Submitter Directory Profile'. A search bar is located below the tabs with the placeholder text 'Search by NPI, Organization Name, etc.'. Below the search bar, there is a table with columns 'Organization', 'Date', and 'Status'. The table contains one row with a blurred organization name, the date '01/11/2023-Current', and the status 'Active'. Below the table, there is a 'Contact' section with a blurred contact name and address.

Figure 14.2: New Provider Affiliation Request.

3. Complete the **Organization Information** and select **Next**.



The screenshot shows the 'Organization Information' form. The title 'Organization Information' is at the top. Below it, the text reads: 'Enter the following information to begin the process to affiliate with Medi-Cal provider as a Biller/Submitter organization.' Below this, there is a section titled 'Affiliated Provider Organization' with the following text: 'Affiliation request with a provider organization must be approved by the provider organization. Please enter the provider tax ID and one billing NPI in the provider organization you are seeking affiliation with. The provider organization must be actively enrolled. Please note: entering an NPI is for verification purposes only. The organization admin will assign access to NPIs after approval.' Below this, there is a text box for 'Provider Tax ID or SSN' and another text box for 'NPI'. At the bottom right, there is a purple button labeled 'Next' with an arrow pointing to it.

Figure 14.3: Organization Information form.

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4. Read the Submitter and Provider Affiliation Agreement and check the box confirming that you are eligible to sign this agreement on behalf of your organization. Enter your **First and Last Name**. From the drop-down menu, choose your **Role** then select **Submit Agreement**.

Submitter + Provider Affiliation Agreement

☐ Nicole Hall  
Not signed

☐ Provider  
Not signed

**MEDI-CAL TELECOMMUNICATIONS PROVIDER AND  
BILLER APPLICATION/AGREEMENT**  
(For electronic claim submission)

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF HEALTH CARE SERVICES  
DHCS 6153 (Rev. 08/19)

**1.2 BACKGROUND INFORMATION**

The Provider/Biller agrees to provide the Department with the above information requested in order to verify qualifications to act as a Medi-Cal electronic Biller.

**2.0 DEFINITIONS**

The terms used in this agreement shall have their ordinary meaning, except those terms defined in regulations, Title 22, California Code of Regulations, Section 51502.1, shall have the meaning ascribed to them by that regulation as from time to time amended. The term “electronic” or “electronically,” when used to describe a form of claims submission, shall mean any claim submitted through any electronic means such as: magnetic tape or modem communications.

**3.0 CLAIMS ACCEPTANCE AND PROCESSING**

The Department agrees to accept from the enrolled Provider/Biller, electronic claims submitted to the Medi-Cal fiscal intermediary in accordance with the Medi-Cal provider manuals. The Provider hereby acknowledges that he has received, read, and understands the provider manual and its contents, and agrees to read and comply with all provider manual updates and provider bulletins relating to electronic billing.

**3.1 CLAIMS CERTIFICATION**

The Provider agrees and shall certify under penalty of perjury that all claims for services submitted electronically have been personally provided to the patient by the Provider or under his direction by another person eligible under the Medi-Cal Program to provide to such services, and such person(s) are designated on the claim. The services were, to the best of the Provider’s knowledge, medically indicated and necessary to the health of the patient. The Provider shall also certify that all information submitted electronically is accurate and complete. The Provider understands that payment of these claims will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider/Biller agrees to keep for a minimum period of three years from the date of service an electronic archive of all records necessary to fully disclose the extent of services furnished to the patient. A printed representation of those records shall be produced upon request of the Department during that period of time. The Provider/Biller agrees to furnish these records and any

☐ I confirm that I am eligible to sign this agreement on behalf of my organization

First and Last Name

Title ▼

I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.  
Electronic Signature: \_\_\_\_\_

→

Submit Agreement

**Figure 14.4:** Submitter and Provider Affiliation Agreement.



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5. A **Request Complete** pop-up window will appear stating the account has been successfully registered.

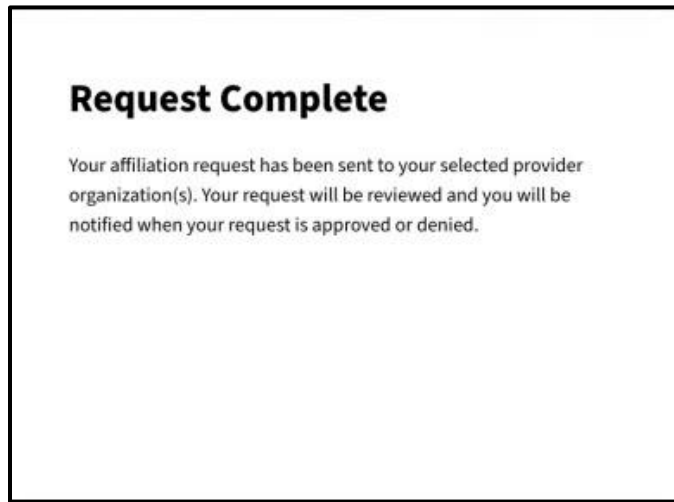


Figure 14.5: Request Complete pop-up window.

6. An email will be sent notifying the user of whether the request was approved or denied.

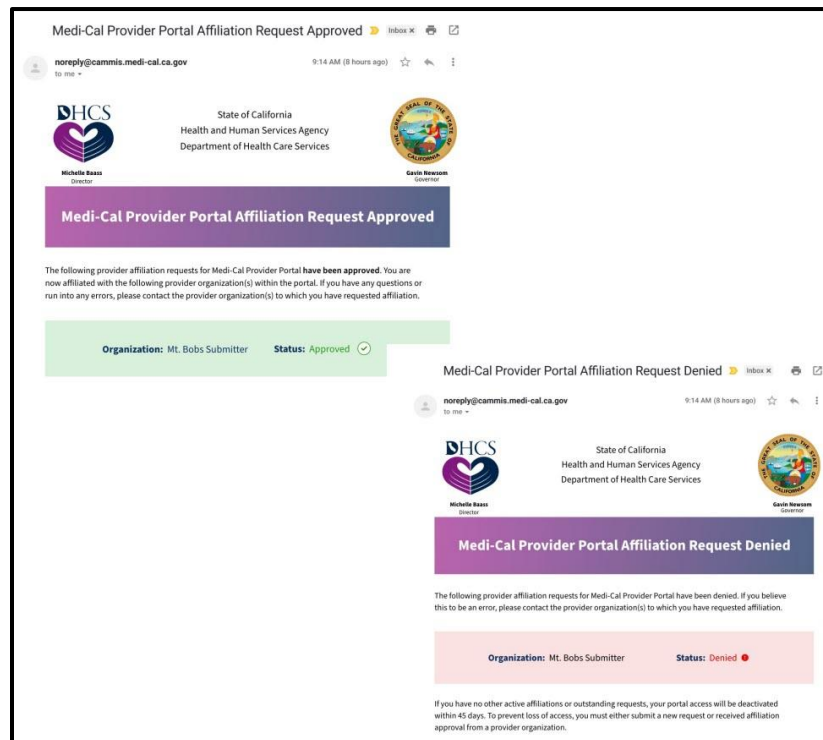
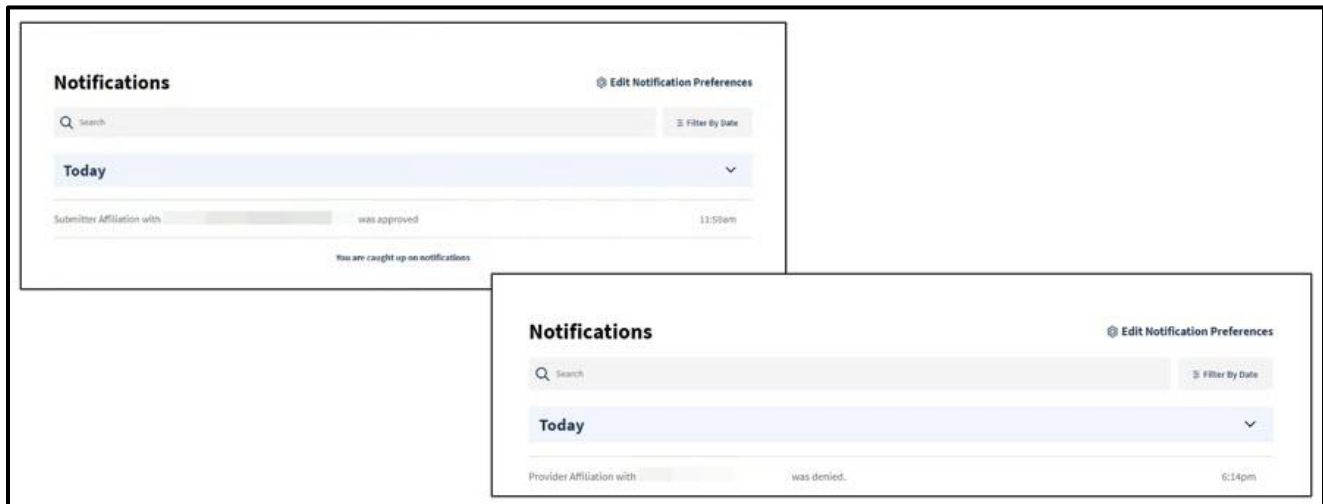


Figure 14.6: Provider Portal affiliation request status email.

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7. Another way to view the status of the affiliation request is to navigate to the **Notifications** tile, which will show whether a request was approved or denied.



**Figure 14.7:** Provider Portal affiliation request notification.

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### Provider Reviews Affiliation Requests

Follow the steps below to approve/deny a new affiliation to a provider.

1. From the Provider Portal homepage, navigate to **Submitter Management** and select **View All**.

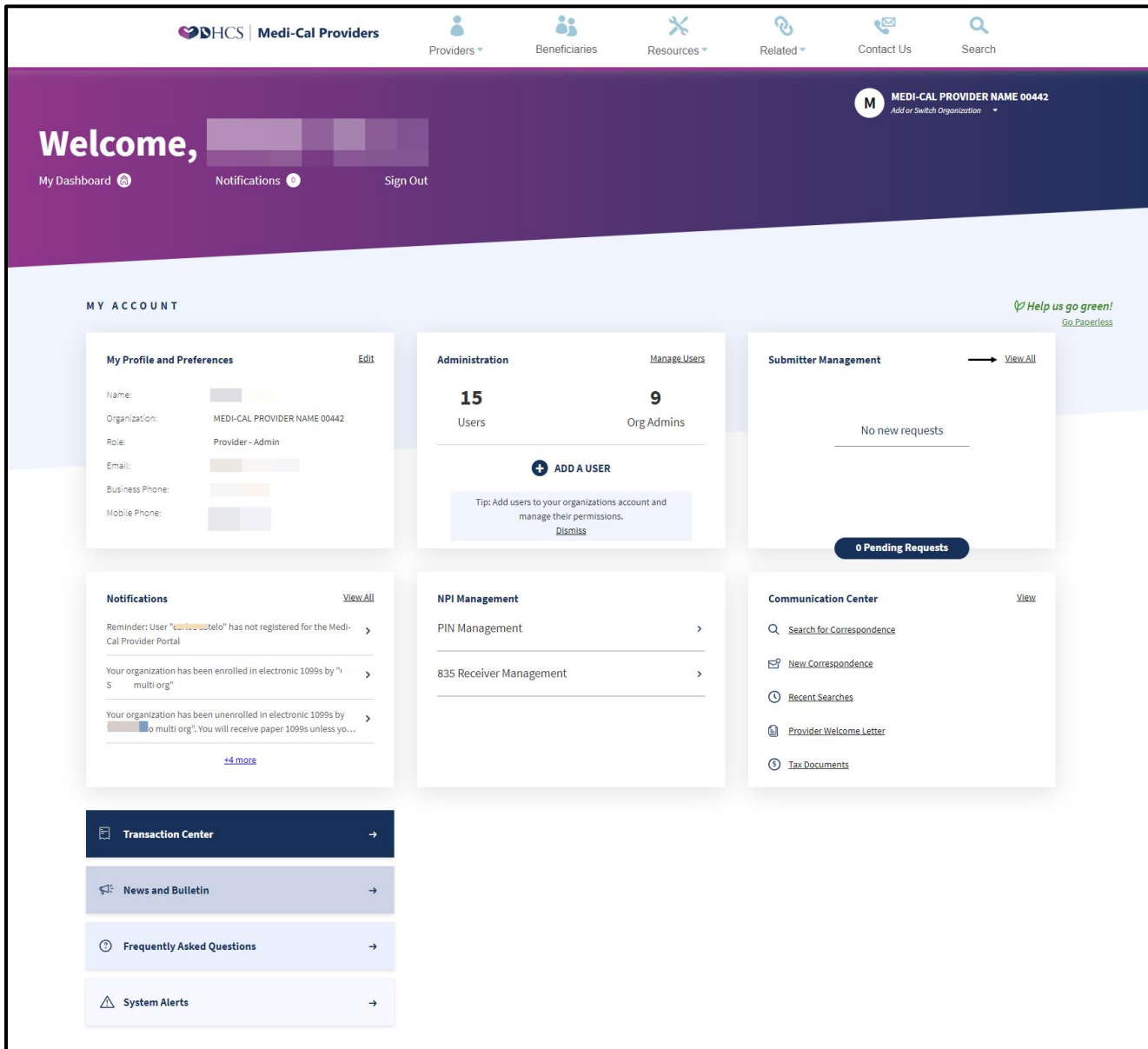
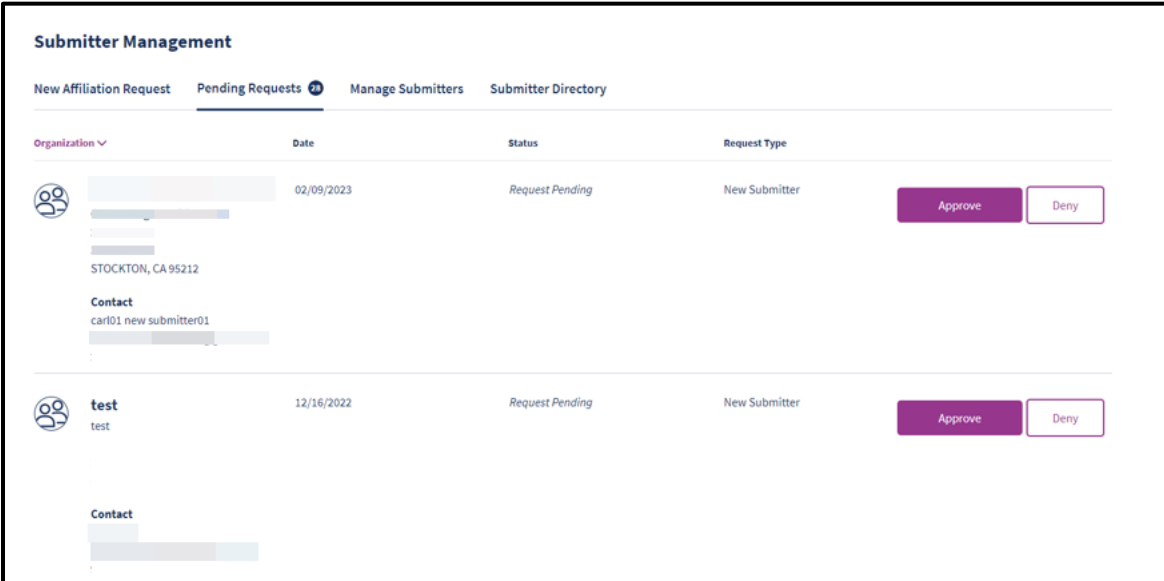




Figure 15.1: Provider Portal homepage.

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2. Navigate to **Pending Requests** and select **Approve**.



| Submitter Management  |            |                 |               |  |
|---|------------|-----------------|---------------|--|
| New Affiliation Request   Pending Requests   Manage Submitters   Submitter Directory  |            |                 |               |  |
| Organization  | Date       | Status          | Request Type  |  |
| <br>[Redacted]<br>STOCKTON, CA 95212<br><b>Contact</b><br>carl01 new submitter01<br>[Redacted] | 02/09/2023 | Request Pending | New Submitter | <button>Approve</button> <button>Deny</button> |
| <br><b>test</b><br>test<br><br><b>Contact</b><br>[Redacted]                                    | 12/16/2022 | Request Pending | New Submitter | <button>Approve</button> <button>Deny</button> |

**Figure 15.2:** Pending affiliation requests.

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3. Read the Submitter and Provider Affiliation Agreement, and then check the box confirming that you are eligible to sign this agreement on behalf of your organization. Enter your **First and Last Name**; then from the drop-down menu choose your **Role** and select **Submit Agreement**.

Submitter + Provider Affiliation Agreement

☐ Nicole Hall  
Not signed

☐ Provider  
Not signed

**MEDI-CAL TELECOMMUNICATIONS PROVIDER AND  
BILLER APPLICATION/AGREEMENT**  
(For electronic claim submission)

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF HEALTH CARE SERVICES  
DHCS 6153 (Rev. 08/19)

**1.2 BACKGROUND INFORMATION**  
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**3.0 CLAIMS ACCEPTANCE AND PROCESSING**  
The Department agrees to accept from the enrolled Provider/Biller, electronic claims submitted to the Medi-Cal fiscal intermediary in accordance with the Medi-Cal provider manuals. The Provider hereby acknowledges that he has received, read, and understands the provider manual and its contents, and agrees to read and comply with all provider manual updates and provider bulletins relating to electronic billing.

**3.1 CLAIMS CERTIFICATION**  
The Provider agrees and shall certify under penalty of perjury that all claims for services submitted electronically have been personally provided to the patient by the Provider or under his direction by another person eligible under the Medi-Cal Program to provide to such services, and such person(s) are designated on the claim. The services were, to the best of the Provider’s knowledge, medically indicated and necessary to the health of the patient. The Provider shall also certify that all information submitted electronically is accurate and complete. The Provider understands that payment of these claims will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider/Biller agrees to keep for a minimum period of three years from the date of service an electronic archive of all records necessary to fully disclose the extent of services furnished to the patient. A printed representation of those records shall be produced upon request of the Department during that period of time. The Provider/Biller agrees to furnish those records and any

☐ I confirm that I am eligible to sign this agreement on behalf of my organization

First and Last Name

Title ▾

I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.  
*Electronic Signature:* \_\_\_\_\_

→

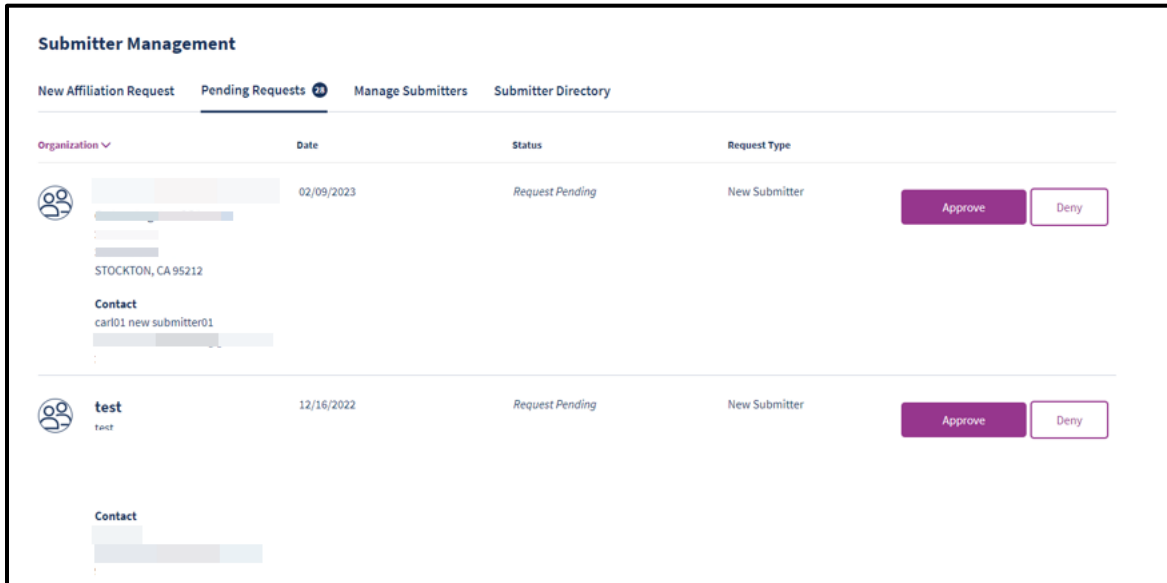
Submit Agreement

**Figure 15.3:** Submitter and Provider Affiliation Agreement.

## B Provider Portal Admin User

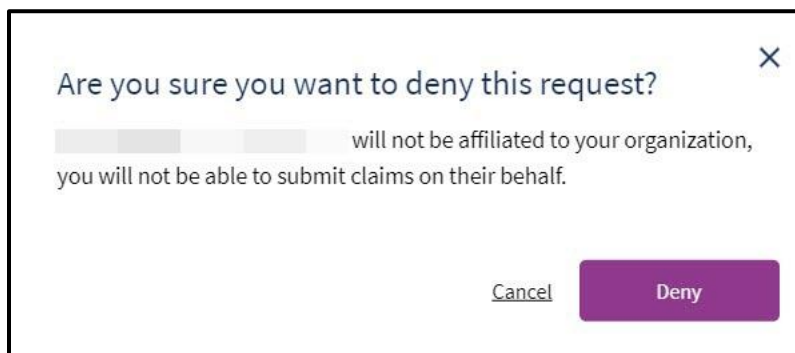
Page updated: June 2023

4. Affiliation requests may also be denied.



**Figure 15.4:** Deny affiliation request.

5. A prompt will appear asking if you are sure you want to deny this request.



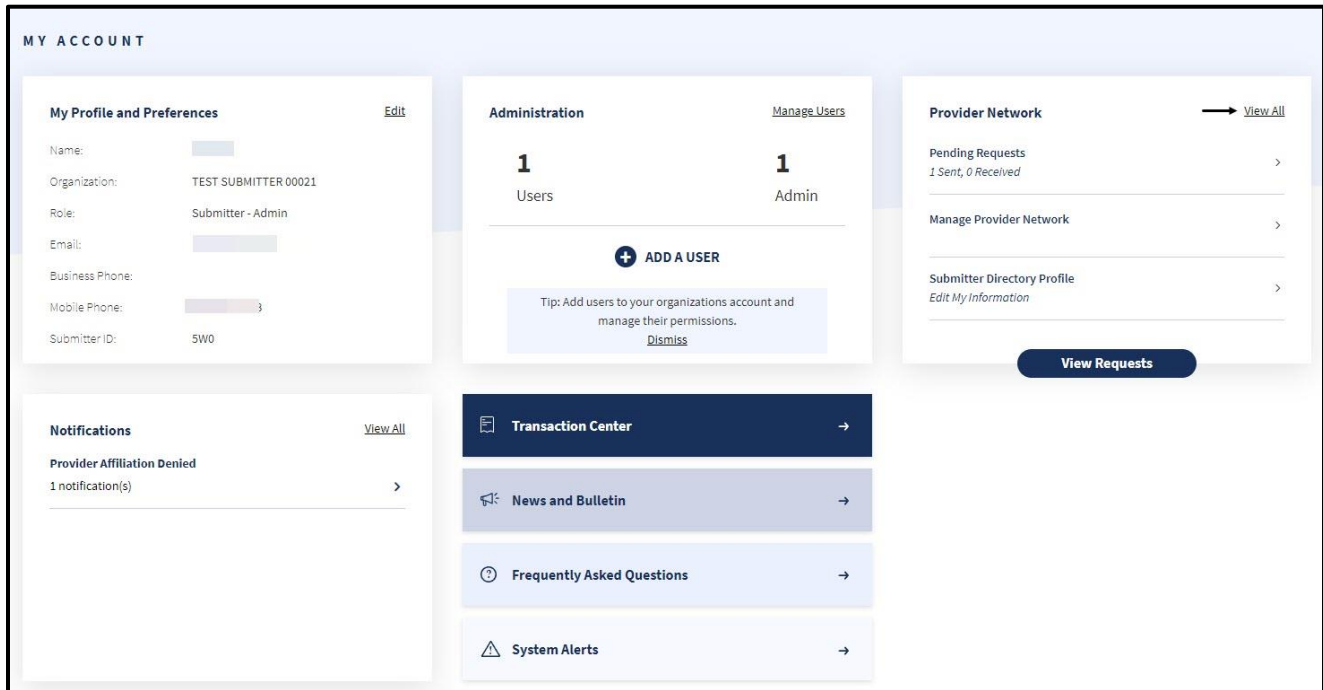
**Figure 15.5:** Confirmation prompt to deny request.

## B Provider Portal Admin User

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### Submitter Directory

From the Provider Portal homepage, navigate to Provider Network and select **View All**.



**Figure 15.6:** Provider Portal homepage


## B Provider Portal Admin User

Page updated: June 2023

Under the **Submitter Directory Profile**, the transaction types available to the submitter are shown. If an organization chooses not to be viewable in the Submitter Directory, they can change that setting in My Profile and Preferences.

**Provider Network** New Provider Affiliation Request

Pending Requests 1 Affiliations Submitter Directory Profile

| Organization  | Submitter ID | Transaction Types  | Contact Information |
|---|--------------|--|---------------------|
|  <b>TEST SUB ORG NAME 00021</b><br>840 STILL WATER ROAD<br>WEST SACRAMENTO, CA 95605 | 5W0          | <div><b>View in Submitter Directory</b><br/>Organizations may choose to be viewable or not viewable by editing the Submitter Directory Information through My Profile and Preferences.</div> |                     |

You are currently listed in the submitter directory. Uncheck to opt out. ? ✓

| Transaction Types | Submit                              |
|-------------------|-------------------------------------|
| 837 Institutional |                                     |
| LTC               | <input checked="" type="checkbox"/> |
| Outpatient        | <input checked="" type="checkbox"/> |
| Inpatient         | <input checked="" type="checkbox"/> |

**Figure 15.7:** Submitter Directory Profile

**Note:** Refer to the Provider Portal User Guide: Provider Organization for information regarding how to complete transaction testing.



# Educational Resources

## Medi-Cal Learning Portal (MLP)

- Instructor-Led Training (ILT)
- Seminars
- Webinars
  - Live and Recorded

# Training Services

- Provider Field Representative
- Small Provider Billing Assistance and Training Program 916-636-1275
- Telephone Service Center (TSC) 1-800-541-5555
  - Billing Questions
  - Provider Enrollment Inquiries
  - Provider Field Representative Referrals