

Provider Portal: Submitter Organization User Guide

California Medicaid Management Information System

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Table of Contents

Introduction to the Provider Portal	1
Submitter Dashboard	2
New Submitter Registration	4
How to Register.....	4
Complete Organization Information.....	6
One-Time Passcode (OTP).....	7
Conditions of Use Agreement	8
Create a New Medi-Cal Password	12
Set Passkey	14
Select an Organization	15
Switch Organization	16
Administer Organizations and Users	17
Add New Organization	17
Add and Manage New Users	19
Add User	19
Resend Registration Link	23
Deactivate User.....	23
Reactivate User.....	24
Unlock Account	24
Reset a Forgotten Password.....	25
Transaction Testing	28
Provider Network	28
Pending Affiliation Requests	31
New Provider Affiliation Request.....	32
Approve Provider Affiliation Request.....	34
Deny Provider Affiliation Request.....	35
Remove Provider Affiliation	36
Medi-Cal 835 Receiver	38

Make an 835 Receiver Request	38
Check 835 Request Status.....	40
Navigating the Provider Portal.....	42
My Account	42
Profile.....	43
Change a Password or Passkey	44
Email Notification Preferences	45
Edit Submitter Directory Information.....	46
Guided Tours	49
Organizations	49
Transaction Center	50
Message Center.....	51
Change Summary.....	53

Introduction to the Provider Portal

Provider Portal is an area of the Medi-Cal Providers website that houses personal information and day-to-day work for Medi-Cal providers and provider healthcare staff. It focuses on reducing paper communication increasing the security and accessibility of Medi-Cal electronic services and empowering users to administer their own organization within the Portal. The Provider Portal enables providers and submitters to:

- Perform billing work for multiple National Provider Identifiers (NPIs) with a single administrative account
- Interact with Medi-Cal more seamlessly
- Go Paperless
- Access Provider Portal Messages and Notifications and active alert notifications
- Organization and Submitter ID is always viewable and can be changed any time
- Perform self-service capabilities such as password and NPI Provider Identification Number (PIN) reset
- Request provider affiliation, view pending requests and the submitter directory profile
- Test Claim 837 and Eligibility Benefit 270/271 transactions

Submitter Dashboard

The Provider Portal provides access to submitter transactions and house communications, notifications, and organization information. Users within a submitter organization can be assigned as either an Administrator or a Processor.

The **Administrator** has access to all Provider Portal features and organization administration functions. The **Processor** can use the submitter features within the Provider Portal, such as Transaction Testing and access to Transaction Center, but cannot access to the organization administration functions.

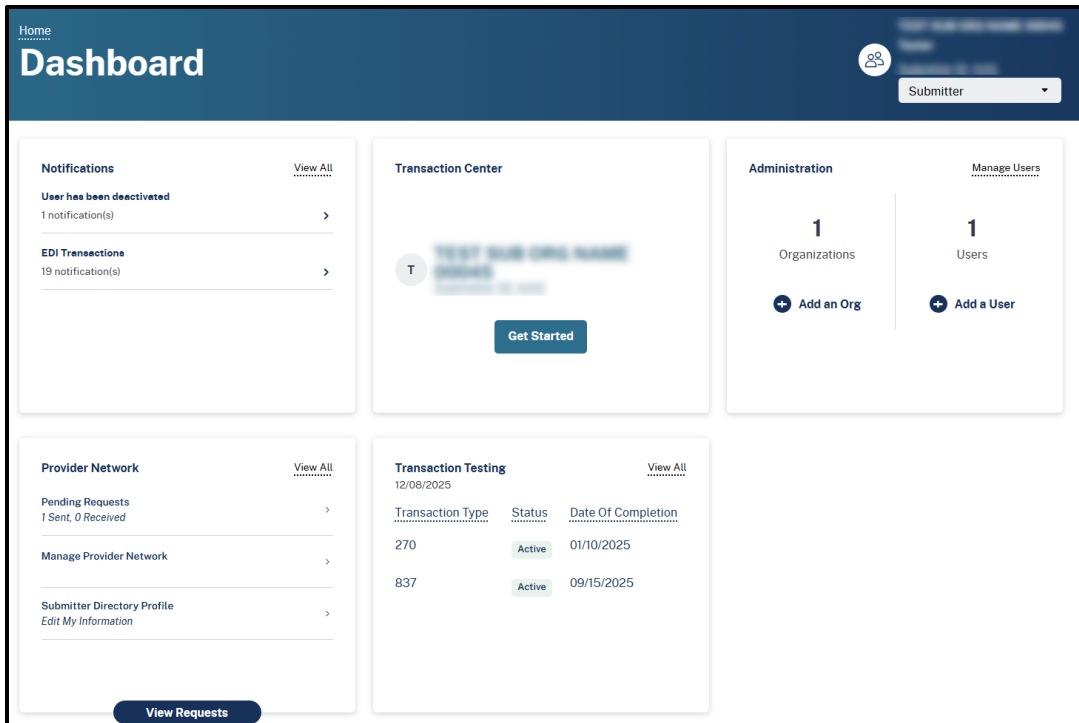


Figure 1.1: Provider Portal Submitter Dashboard.

The Portal contains five (5) areas or “tiles” on a the Submitter’s Dashboard. Detailed information about each can be found later in this user guide.

- The **Notifications** tile allows a user to view unread and past notifications about an organization. Notifications can be searched for or filtered by date.
- The **Transactions Center** tile allows a user to create and track various transactions and provides single sign on access to Transaction Center.

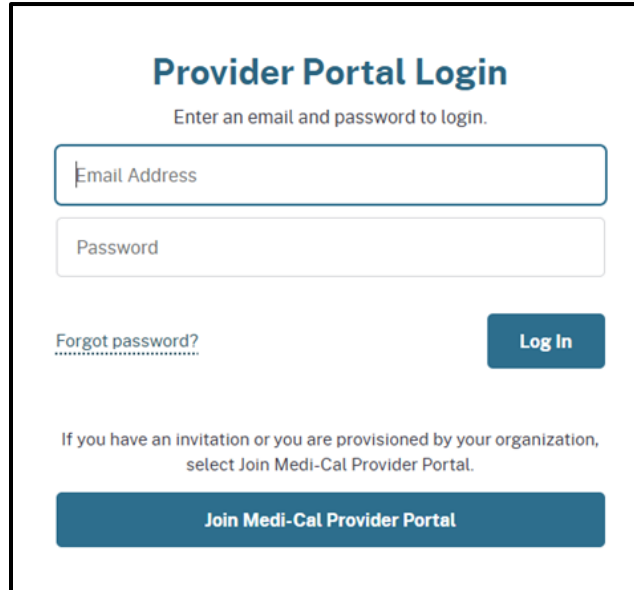
- The **Administration** tile displays information about users within an organization. This area permits Administrators to update user permissions and information and add and remove user profiles.
- The **Provider Network** tile allows a user to electronically search, view and download correspondence related to the organization. A user may search by NPI, document type or date.
- The **Transaction Testing** tile allows a user to submit transaction testing for 837 and 270 claim transactions.

New Submitter Registration

How to Register

When registering as a submitter for the first time in the Provider Portal, the steps below should be followed:

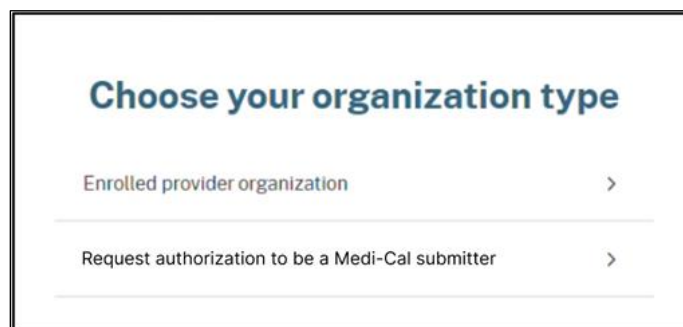
1. Select **Join Medi-Cal Provider Portal**



The screenshot shows the 'Provider Portal Login' interface. At the top, it says 'Provider Portal Login' in blue, followed by the instruction 'Enter an email and password to login.' Below this are two input fields: 'Email Address' and 'Password'. To the right of the password field is a blue 'Log In' button. Below the input fields is a link for 'Forgot password?'. At the bottom, there is a blue button labeled 'Join Medi-Cal Provider Portal' and a line of text that reads: 'If you have an invitation or you are provisioned by your organization, select Join Medi-Cal Provider Portal.'

Figure 2.1: Provider Portal Login.

2. A **Choose Your Organization Type** screen will appear. Select **Request authorization to be a Medi-Cal submitter**.



The screenshot shows the 'Choose your organization type' screen. The title is 'Choose your organization type' in blue. There are two options listed with right-pointing chevrons: 'Enrolled provider organization' and 'Request authorization to be a Medi-Cal submitter'.

Figure 2.2: Choose Your Organization Type.

1. Read the terms and conditions, select “I confirm that I have read and agree to the above” and “I confirm that I am authorized to create a Medi-Cal Provider Portal account on behalf of my organization.”
2. Check the confirmation boxes and then select **Next**.

**California System of 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

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

Next

Figure 2.3: California System of Use Notification for Medi-Cal Provider Portal.

Complete Organization Information

1. An **Organization Information** screen will appear. Enter the **Submitter Organization Information, Affiliated Provider Organization** and **Account Information**. Select SMS or Voice to receive passcode, then select **Next**.

Organization Information

Enter the following information to begin the process to enroll with Medi-Cal as a new Biller/Submitter organization.
STOP: If you are already an approved Biller/Submitter you will want to register your existing account with Medi-Cal.

Submitter Organization Information

State: CA

Affiliated Provider Organization

You must affiliate with a provider organization to gain full access to the Provider Portal. Please enter the provider tax ID and one billing NPI in the organization that is actively enrolled. Please note: entering an NPI is for verification purposes only. The organization admin will assign access to NPIs after approval.

Enter an affiliated provider organization to verify your registration.

Account Information

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

Receive passcode via:

SMS

Voice

Next

Figure 2.4: Organization Information.

2. An **Address Verification** pop-up screen appears.
3. Choose the correct address and click **Select Address & Continue**.

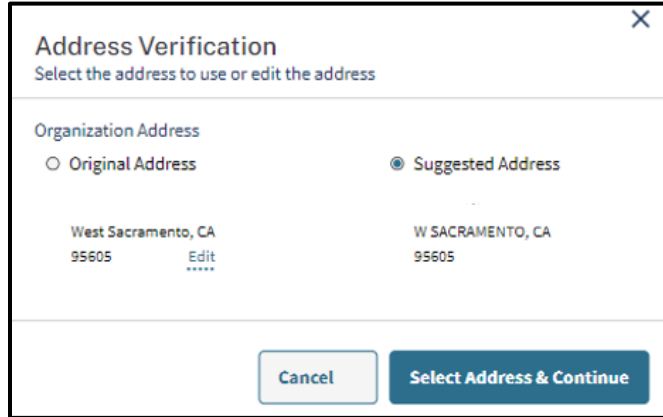


Figure 2.5: Address Verification.

4. A screen appears to enter the passcode. Jump to the One-Time Passcode section of this user guide for details about using security measures when registering an account.

One-Time Passcode (OTP)

The Provider Portal uses two-factor authentication to ensure security. At any time while conducting business in the Portal, a page prompting the user to enter an OTP may appear.

1. A screen to receive an OTP will appear. Select to receive the passcode via **short message service (SMS)** (text) or by **Voice** (call).

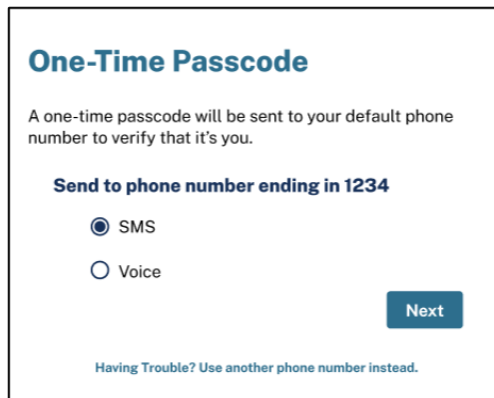


Figure 2.6: One-Time Passcode Default.

If this page appears, a code is automatically sent to the user's phone, either via text or call depending on how the user configured the settings. Enter the passcode and select **Next** to continue conducting business in Portal.

Note: If 10 minutes have passed and the user has not received an OTP, select **Resend one-time passcode**.

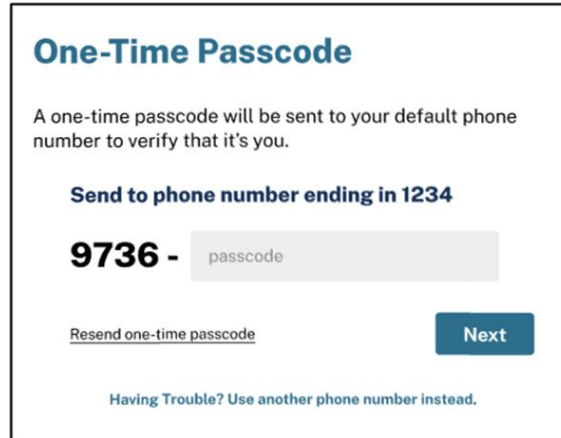


Figure 2.7: One-Time Passcode.

To edit phone settings, refer to the [Profile](#) section in this user guide.

Conditions of Use Agreement

A screen for *Medi-Cal Online Conditions of Use Agreement* will appear.

1. Select the checkboxes “I am authorized to attest and agree to all the terms and conditions of this agreement on behalf of my organization,” and “I have read and agree to these conditions of use on behalf of my organization.” Once complete, select **Next**.

Medi-Cal Online Conditions of Use Agreement

Network and Medi-Cal website to the following Medi-Cal eligibility and claims-related transactions:

- A. Verification of Medi-Cal eligibility
- B. Share of Cost (Spend Down) clearance
- C. Medi-Service reservations
- D. Submission of ANSI ASC X12N 837 professional claims (may only be performed by providers enrolled to submit claims on the Medi-Cal Medical Services claim form): applies to Medi-Cal website only
- E. Submission of electronic Treatment Authorization Requests (eTAR)

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 2.8: Medi-Cal Online Conditions of Use Agreement.

2. A screen for the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHCS 6153) form will appear. Read the agreement form and then sign with First and Last name along with Title. Once complete, select **Submit Agreement**.

Submitter + Provider Affiliation Agreement

Mcportal025
Not signed
 Not signed

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

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: 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 information regarding payments claimed for providing the services, on request, within the State of California to the California Department of HealthCare Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services; or their duly authorized representatives. The Provider also agrees that medical care services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability. The Provider/Biller agrees that using his Medi-Cal Submitter ID plus DHCS-issued password when submitting an electronic claim will identify the submitter and shall serve as acceptance to the terms and conditions of the Department's Telecommunications Provider and

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF HEALTH CARE SERVICES
DHCS 6152 (Rev. 08/18)

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

I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.

Electronic Signature: _____

Figure 2.9: Medi-Cal Telecommunications Provider and Biller Application/Agreement.

3. The **Registration Complete** screen for affiliation request will appear.

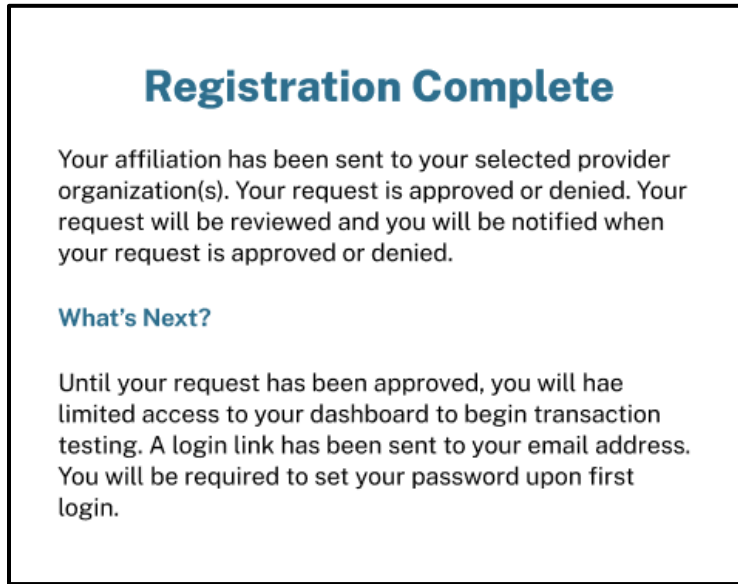


Figure 2.10: Registration Complete.

4. Once registration is complete, an email will be sent to set a new password for the Provider Portal. The submitter must select the link in the email within a set amount of time.

Note: If a new password is not set within the allotted time, the next time the new password link is selected an option is available to resend a password link.

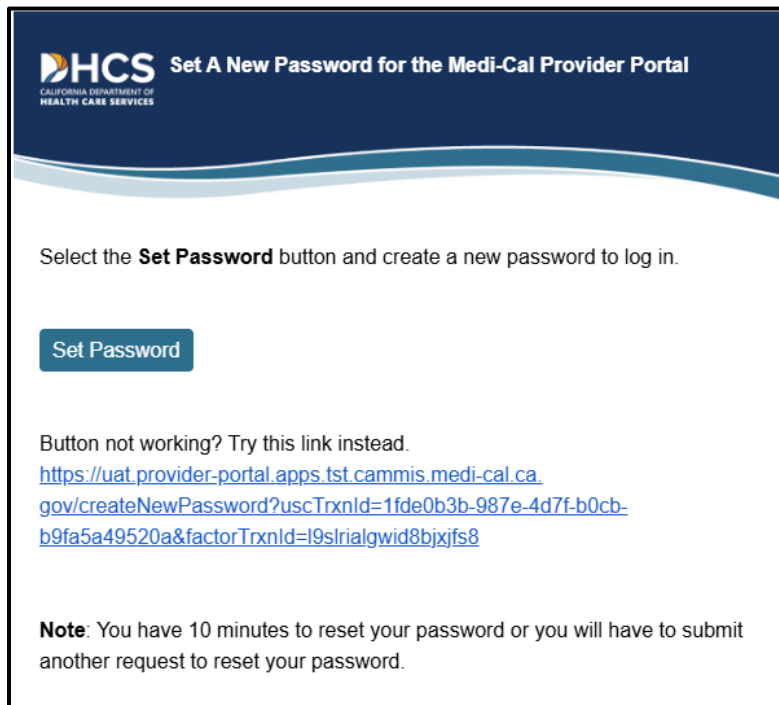


Figure 2.11: Set Your New Password Email Notification.

5. After selecting the **Set Password** button, a screen to receive an OTP will appear. Refer to the One-Time Passcode section of this user guide for details about using security measures when registering an account.

Check your email. Select the **Set Password** button in the email to proceed. If an extended period of inactivity occurs after selecting the button, select **copy/paste the hyperlink** located beneath the button into the browser to proceed to the next step.

Create a New Medi-Cal Password

1. A screen to **Create New Medi-Cal Password** will appear. Enter a password that meets the password criteria and select **Submit**.

Password Criteria: The password must be at least 15 characters long and include at least one uppercase letter, one lowercase letter, one numeral, and one special character. A previously used password cannot be reused.

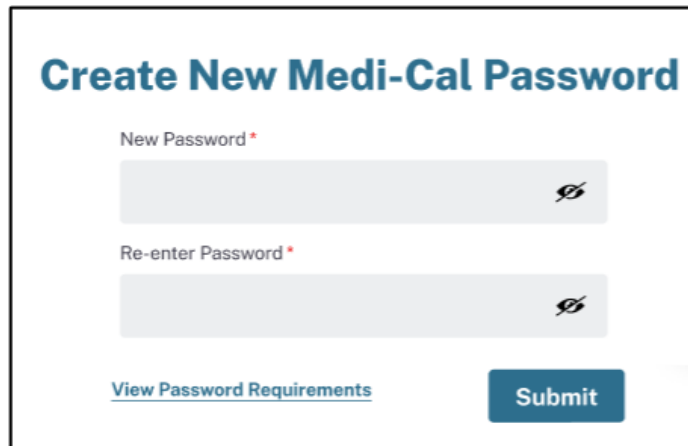
The screenshot shows a web form titled "Create New Medi-Cal Password" in blue text. Below the title are two input fields: "New Password *" and "Re-enter Password *". Each field has a light gray background and a small icon of a crossed-out circle on the right side. At the bottom left of the form is a blue link that says "View Password Requirements". At the bottom right is a blue button with the text "Submit".

Figure 2.12: Create New Medi-Cal Password.

2. Once complete, a screen will appear indicating that the password has been successfully updated. Select **Continue to Login**.

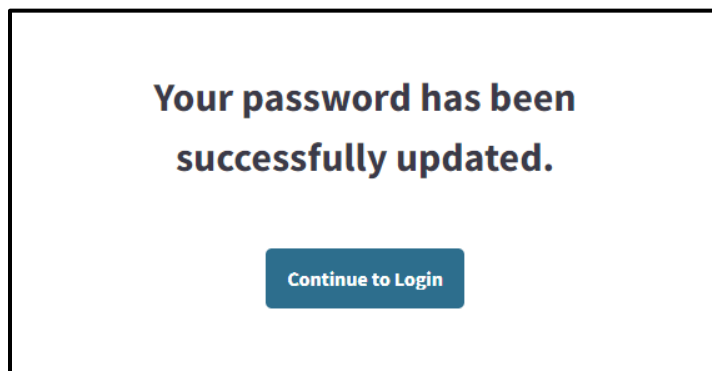
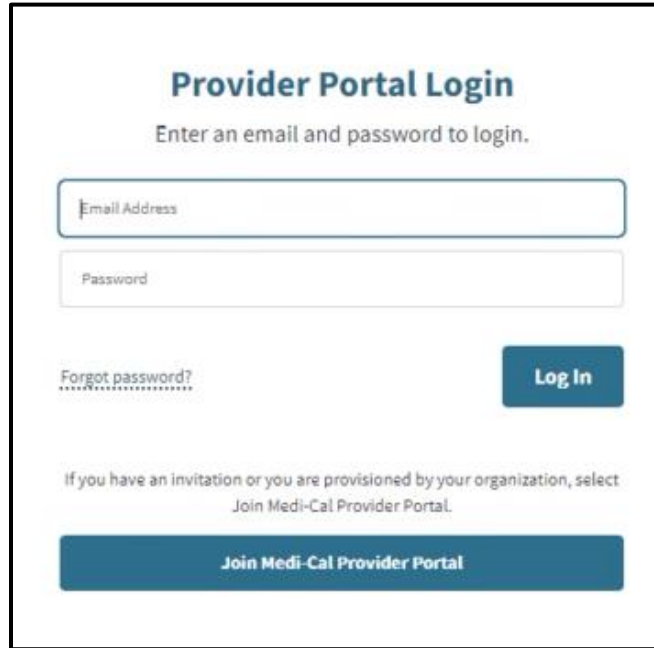
The screenshot shows a confirmation screen with the text "Your password has been successfully updated." in bold black font, centered on the page. Below the text is a blue button with the text "Continue to Login".

Figure 2.13: Password Successfully Updated.

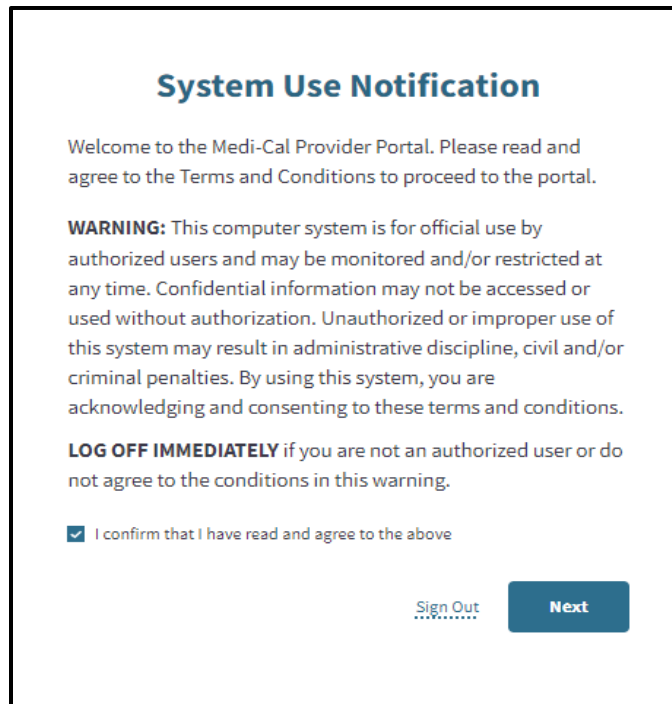
3. After completing the registration process, existing submitters will log in with the new password. Select **Log In**.



The screenshot shows a login page titled "Provider Portal Login". Below the title is the instruction "Enter an email and password to login." There are two input fields: "Email Address" and "Password". To the left of the "Log In" button is a link for "Forgot password?". The "Log In" button is a dark blue rectangle with white text. Below the login fields, there is a text prompt: "If you have an invitation or you are provisioned by your organization, select Join Medi-Cal Provider Portal." At the bottom of the page is a large dark blue button with white text that says "Join Medi-Cal Provider Portal".

Figure 2.14: Provider Portal Login.

4. A **System Use Notification** screen will appear. Select **I confirm that I have read and agree to the above** and select **Next**.



The screenshot shows a "System Use Notification" screen. The title "System Use Notification" is in a large, bold, blue font. Below the title is a welcome message: "Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal." A "WARNING" section follows, stating that the system is for official use by authorized users and may be monitored or restricted. It warns that unauthorized use could result in administrative, civil, or criminal penalties. Below the warning, there is a checkbox that is checked, with the text "I confirm that I have read and agree to the above". At the bottom right, there are two buttons: "Sign Out" (a link) and "Next" (a dark blue button with white text).

Figure 2.15: System Use Notification.

Set Passkey


After registration is complete, the **Enter User Passkey** screen will appear to create a four (4)-digit passkey for additional security. Once the new passkey is entered, select **Next** to continue.

Note: The passkey can be set later from the **My Profile and Preference** tile of the dashboard.


Enter User Passkey

In order to enhance security on the site, DHCS is requiring all users to enter a four digit user passkey.

Enter 4 digit passkey *

**** 

Retype 4 digit passkey *

**** 

Make sure you remember your four digit user passkey. You will need this in the future in order to reset your passwords with help desk, and for security and verification.

Next

Figure 2.16: Enter User Passkey.

Select an Organization

The **Select an Organization** webpage appears prompting the user to select an organization. The organizations that are displayed are determined by an Administrator when initially adding the user. Refer to the Add a User section of this user guide.

This view only appears if there are multiple organizations to which the user is assigned. If the user is assigned to a single organization, the Dashboard opens immediately.

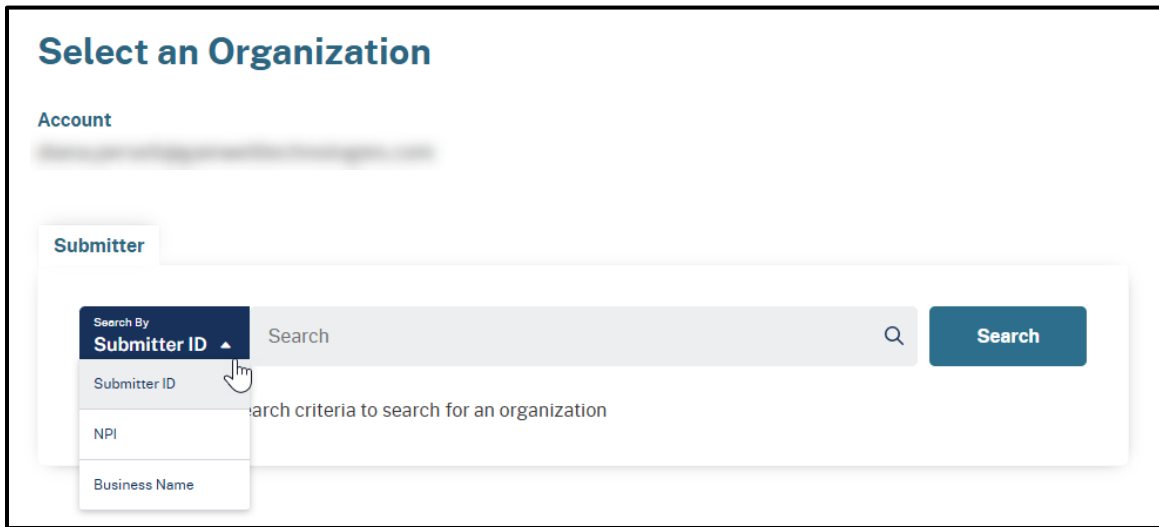


Figure 2.17: Select an Organization.

From here, the user may select any organization available to them. This serves as the user's default organization.

Switch Organization

This feature is only available if a user has been granted access to multiple organizations by the organization's respective Administrator.

1. If a user wishes to switch to a different organization, the user can do so at any time by selecting the **Add or Switch Organization** drop-down menu from the top right-hand side of the **Dashboard**, then selecting **Switch Organization**. Refer to the **Add New Organizations** for more information.

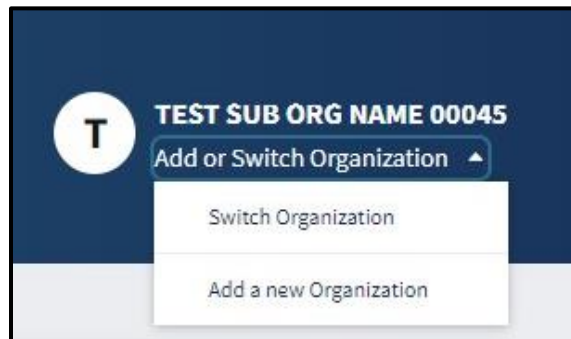


Figure 2.18: Add or Switch Organization.

2. The **Select an Organization** page appears and the user can switch organizations by selecting one of the items on the list.

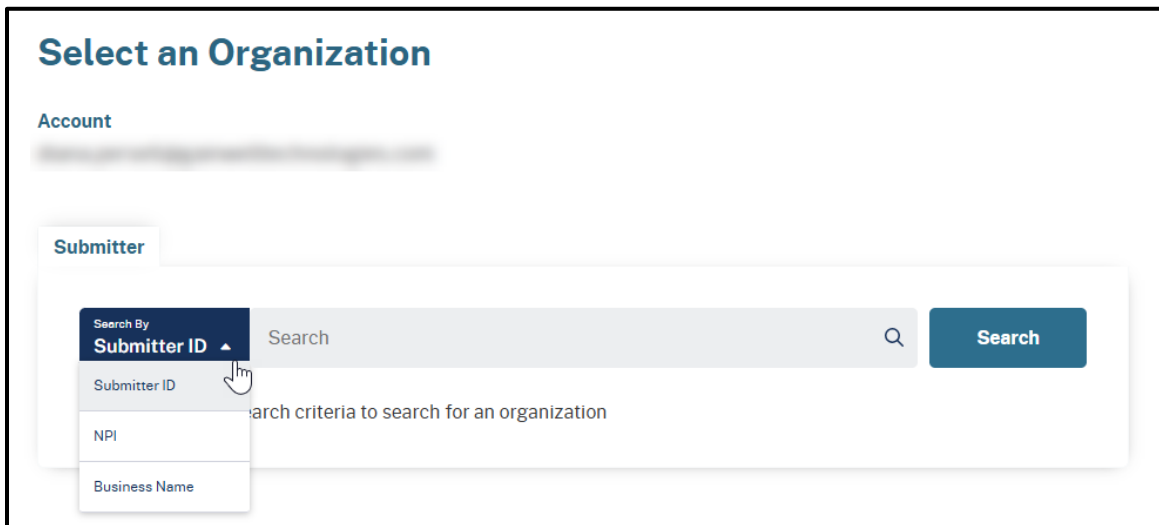


Figure 2.19: Switch Organization or Change Default.

Administer Organizations and Users

Add A New Organization

A new Medi-Cal Provider, Dental Provider, Behavioral Health Provider or Submitter organization can be added to your login. All organizations are visible upon login. Select the organization to access once their credentials are added.

1. Select **Add an Org** from the **Administration** tile from the top right-hand side of the **Dashboard**, or from the **My Account** tab anywhere in Provider Portal.

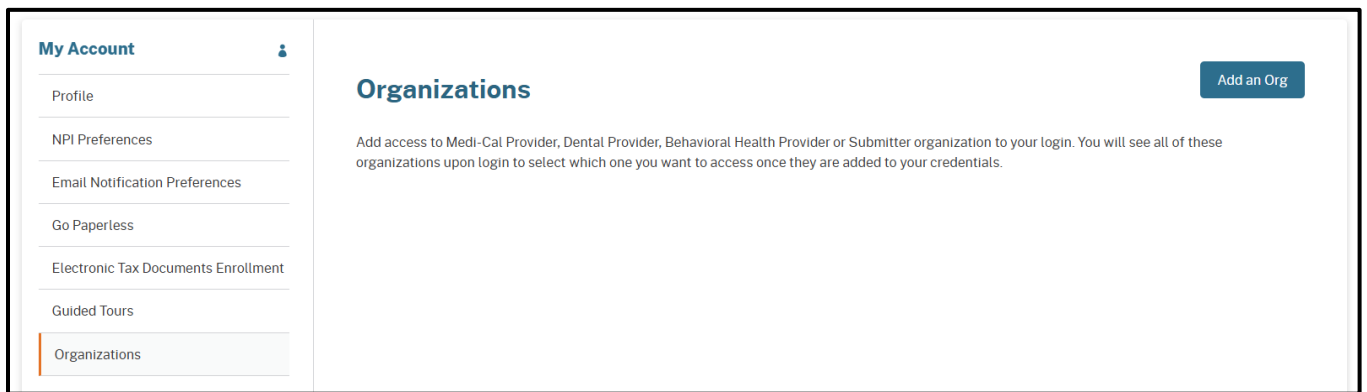


Figure 3.1: Add an Organization.

2. Choose the organization type to add. Select **Request authorization to be a Medi-Cal submitter**.

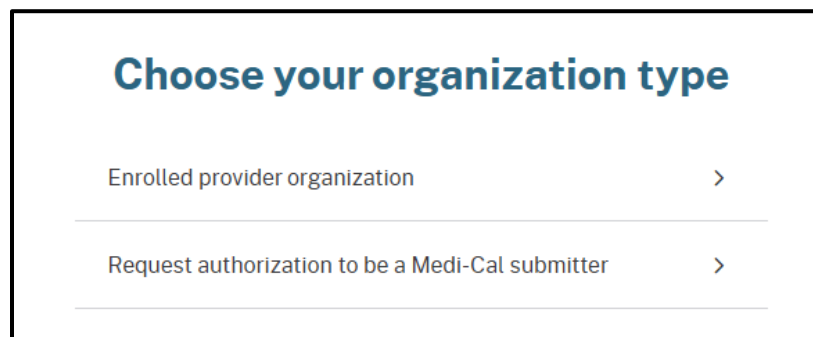


Figure 3.2: Choose Organization Type.

3. Complete the submitter organization information including an affiliated provider. Then select **Next**.

Note: If the organization is already an approved submitter, register the existing account with Medi-Cal. Refer to the Submitter Registration section of this user guide.

The screenshot shows a web form titled "Organization Information". At the top, it says "Enter the following information to begin the process to enroll with Medi-Cal as a new Biller/Submitter organization. STOP: If you are already an approved Biller/Submitter you will want to register your existing account with Medi-Cal." The form is divided into two sections: "Submitter Organization Information" and "Affiliated Provider Organization". The "Submitter Organization Information" section includes input fields for "Submitter Legal Name", "Doing Business As Name (DBA) - if applicable", "Organization Phone Number", "Address Line 1", "Address Line 2 (optional)", "City", a "State" dropdown menu (currently set to "CA"), and a "Zip" field. The "Affiliated Provider Organization" section includes a note: "You must affiliate with a provider organization to gain full access to the Provider Portal. Please enter the provider tax ID and one billing NPI in the organization that is actively enrolled. Please note: entering an NPI is for verification purposes only. The organization admin will assign access to NPIs after approval." Below this note is a sub-note: "Enter an affiliated provider organization to verify your registration." This section contains input fields for "Provider EIN/SSN" and "NPI". At the bottom of the form, there is a message: "You will receive a one-time passcode to verify your account" and a blue "Next" button.

Figure 3.3: Organization Information.

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

The screenshot shows a message box with a blue header "Registration Complete". The main text reads: "Your affiliation has been sent to your selected provider organization(s). Your request is approved or denied. Your request will be reviewed and you will be notified when your request is approved or denied." Below this is a section titled "What's Next?" with the text: "Until your request has been approved, you will have limited access to your dashboard to begin transaction testing. A login link has been sent to your email address. You will be required to set your password upon first login."

Figure 3.4: Registration Complete.

Add and Manage New Users

The **Administration** area allows for the 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 organization admins.

Add A User

1. To add a new user to an organization, select **Add a User** or **Manage Users** within the Administration tile.

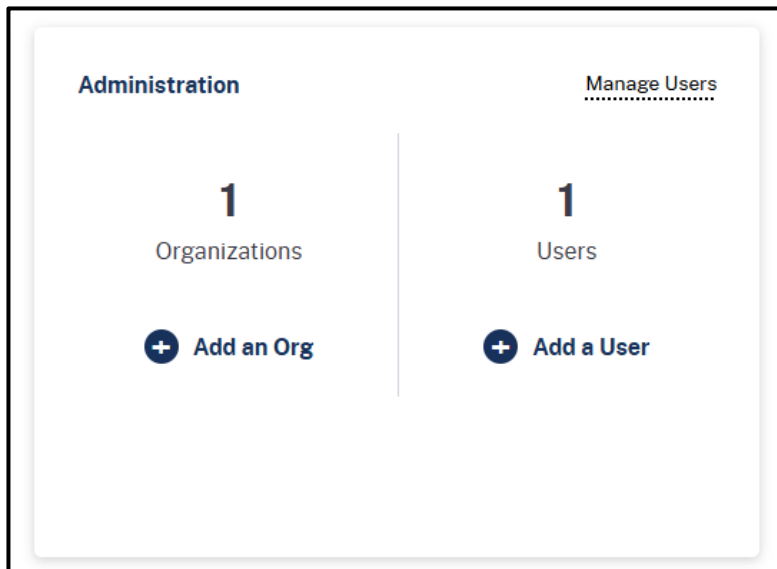


Figure 3.5: Administration Tile.

- 2 The **Manage Users** screen will display. Select the **Add User** button to enter the user's information.

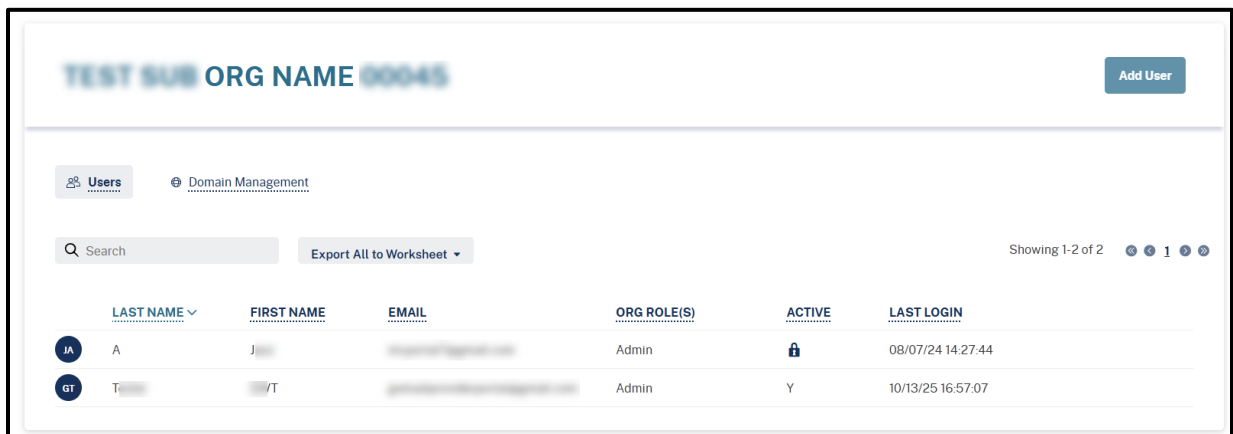
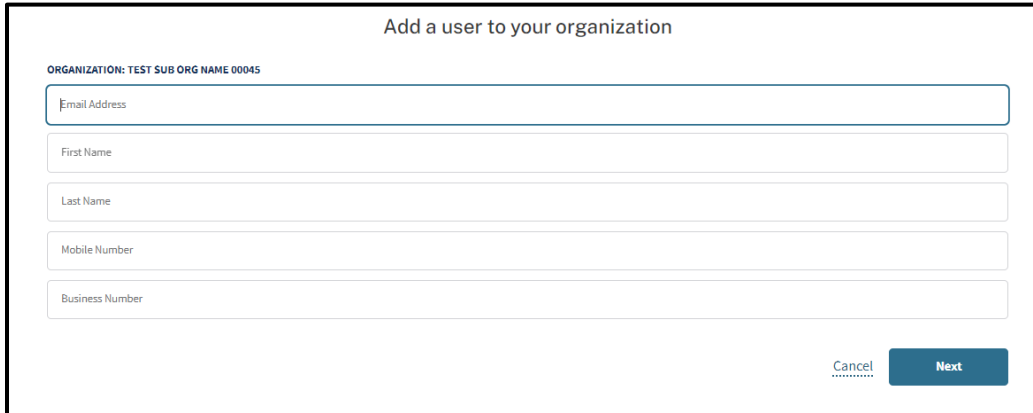


Figure 3.6: Manage Users.

- 3 The **Add a User** screen will display. Enter the **Email Address**, **First and Last Name**, **Mobile Number** and **Business Number** of the added user and select **Next**.

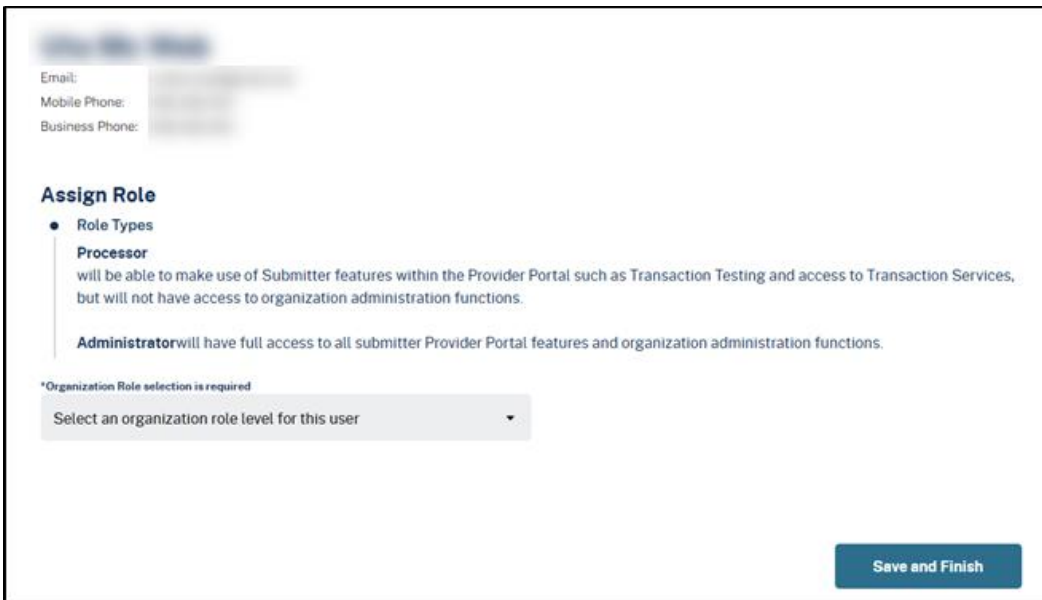


The screenshot shows a web form titled "Add a user to your organization". At the top, it displays "ORGANIZATION: TEST SUB ORG NAME 00045". Below this are five input fields: "Email Address", "First Name", "Last Name", "Mobile Number", and "Business Number". At the bottom right, there are two buttons: "Cancel" and "Next".

Figure 3.7: Add a User to Your Organization.

Once complete, a screen to assign the user's organization role will appear.

- 4 Select the Organization Role drop-down menu.



The screenshot shows the "Assign Role" page. It displays the user's contact information: "Email:", "Mobile Phone:", and "Business Phone:". Below this is the "Assign Role" section, which includes "Role Types" with two options: "Processor" and "Administrator". The "Processor" role description states: "will be able to make use of Submitter features within the Provider Portal such as Transaction Testing and access to Transaction Services, but will not have access to organization administration functions." The "Administrator" role description states: "will have full access to all submitter Provider Portal features and organization administration functions." Below the role descriptions is a note: "*Organization Role selection is required" and a drop-down menu with the text "Select an organization role level for this user". At the bottom right, there is a "Save and Finish" button.

Figure 3.8: Assign Role Page.

- To assign the role of either **Processor** or **Administrator**, select the organization role type using the drop-down menu under **Assign Role**. Once the role type is selected, select **Save and Finish**.

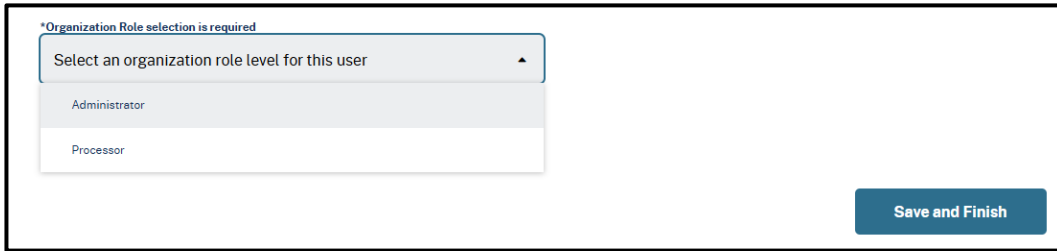


Figure 3.9: Organization Role Options.

Note: The **Administrator** will have access to all Provider Portal features and organization administration functions. The **Processor** will be able to make use of the submitter features within the Provider Portal such as Transaction Testing and access to the Transaction Center but will not have access to the organization administration functions.

- Once complete, the **User Management and Permissions** page displays. The new user will be added and they will receive an email to complete their registration.
- Continue to add users to the organization by selecting the **Add Another User** hyperlink.

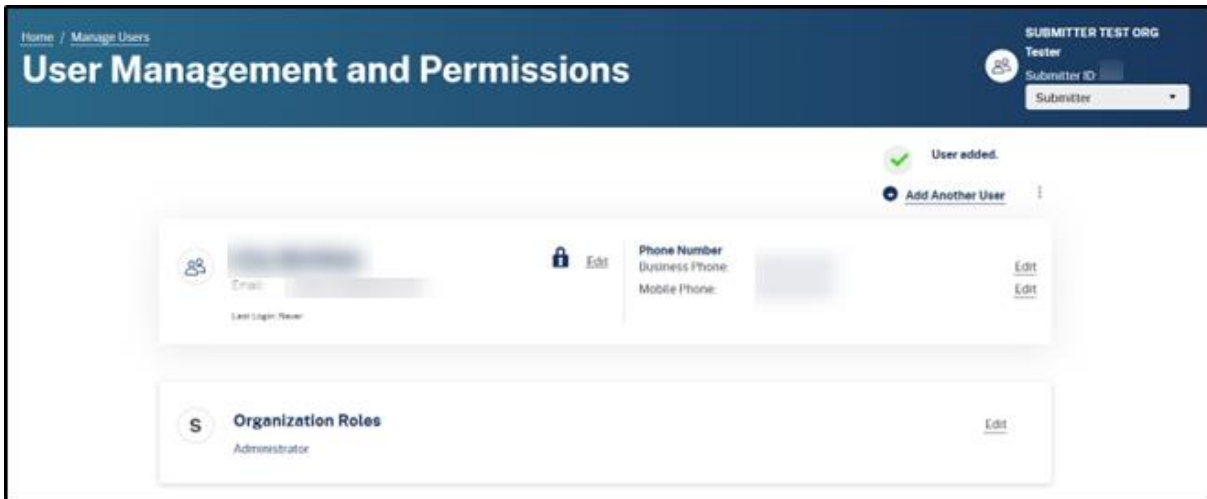


Figure 3.10: User Management and Permissions.

8 The new user and their organization role will be listed under **Users**.

	LAST NAME	FIRST NAME	EMAIL	ORG ROLE(S)	ACTIVE	LAST LOGIN
JA	A	J		Admin	🔒	08/07/24 14:27:44
OT	T	/T		Admin	Y	10/13/25 16:57:07

Figure 3.11: Submitter Organization Users.

9 Select the name of the user to reveal the user’s contact details and roles.

Deactivated User

JA A
Email:
Last Login: 08/07/24 14:27:44

Phone Number
Business Phone:
Mobile Phone:
Edit
Edit

Organization Roles
Administrator
Edit

Figure 3.12: Submitter User Details.

Resend Registration Link

1. Select the kebab menu in the far right and select **Resend registration link**.

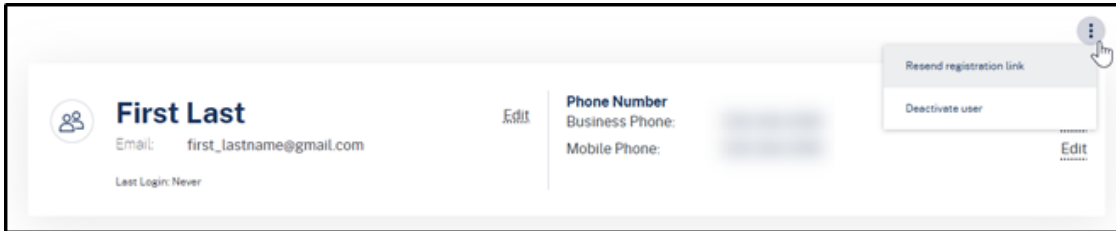


Figure 3.13: Resend Organization Link Menu Option.

A confirmation message appears after the link is sent.

Deactivate User

1. Select the kebab menu in the far right and select **Deactivate User**.

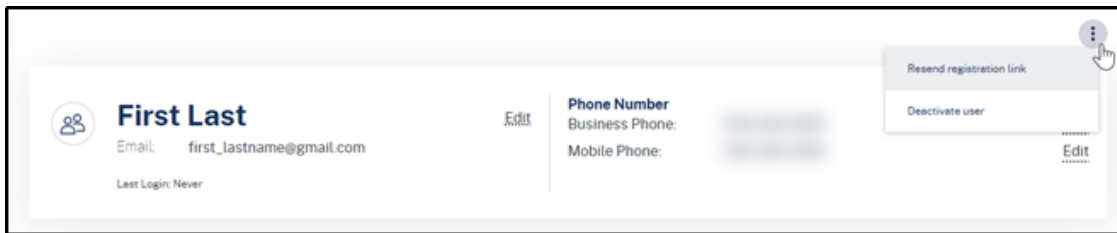


Figure 3.14: Deactivate User Menu Option.

2. A screen will appear asking for confirmation to deactivate the user. Select **Confirm**.

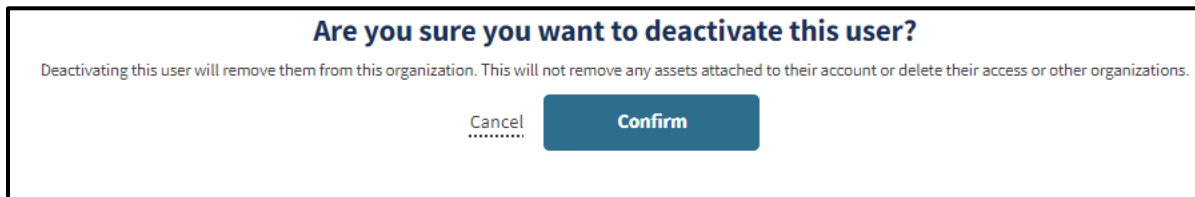


Figure 3.15: Deactivate User Confirmation.

Once complete, a successfully deactivated notification will appear within the **User Management and Permissions** profile of the user.

Reactivate User

1. Select the kebab menu in the far right and select **Reactivate User**.

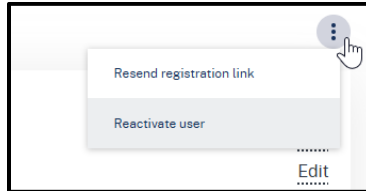


Figure 3.16: Reactivate User Menu Option.

2. A screen will appear asking for confirmation to reactivate the user. Select **Confirm**.

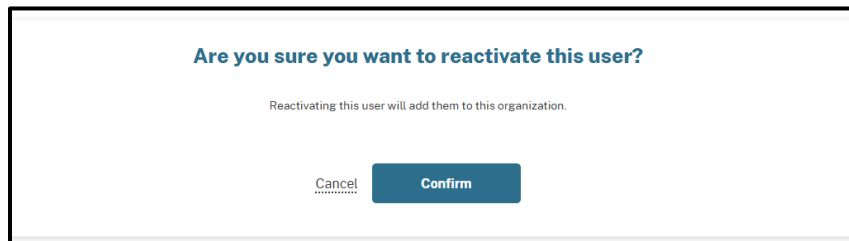
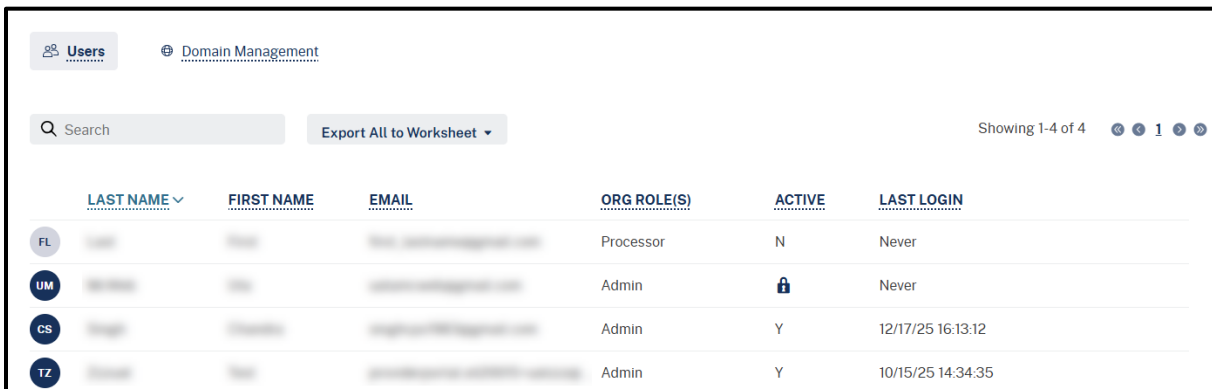


Figure 3.17: Reactivation Confirmation.

Unlock Account

A user account will become locked if it is inactive in the Provider Portal for more than 180 days. Users should log in at least once a month to prevent their account from being locked. To unlock and reactive the account, contact the organization administrator or TSC. Passwords will remain locked until the password reset email is received and the password is updated.

1. Within the Manage Users webpage the accounts that are locked have the lock symbol (🔒) in the Active column.



	LAST NAME	FIRST NAME	EMAIL	ORG ROLE(S)	ACTIVE	LAST LOGIN
FL				Processor	N	Never
UM				Admin	🔒	Never
CS				Admin	Y	12/17/25 16:13:12
TZ				Admin	Y	10/15/25 14:34:35

Figure 3.18: User Management Table.

2. Select the account that needs to be unlocked. A **Deactivated User** label appears above the user's name. Within the user's account section, select the kebab menu at the right corner and select **Unlock User Account**.

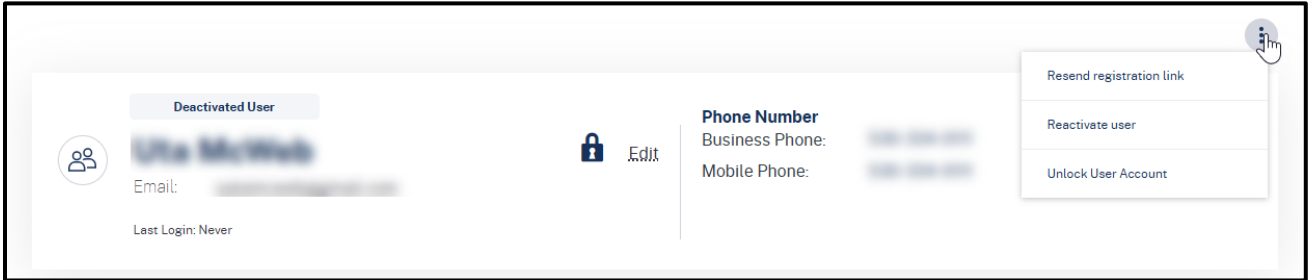


Figure 3.19: Unlock User Account Menu Option.

3. A pop-up screen will appear. Select **Unlock User Account** to proceed.

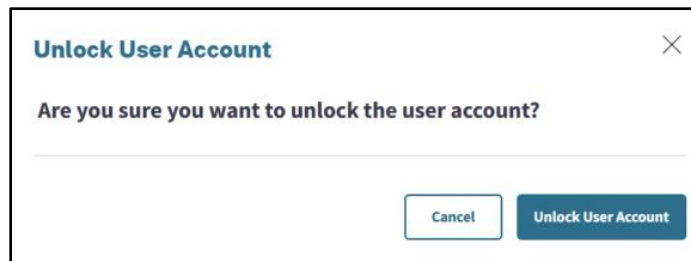


Figure 3.20: Unlock User Account.

4. Once complete, the user account will successfully be unlocked, and the user will receive an email to reset their password.

Reset a Forgotten Password

If the user forgets their password and needs to reset it, they may reset it by doing the following:

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

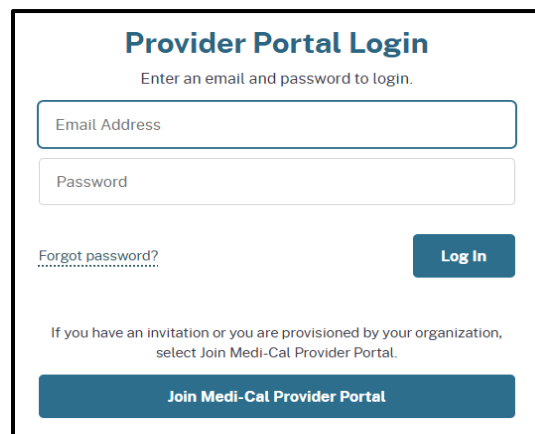


Figure 3.21: Provider Portal Login.

2. A **Resend Reset Password Link** screen will appear. Enter the appropriate email address and select **Reset Password**.

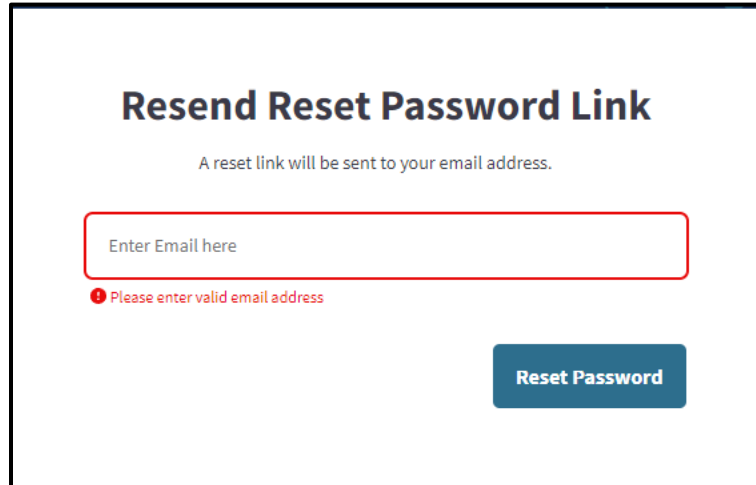


Figure 3.22: Resend Reset Password Link.

3. A notification will appear stating an email has been sent to reset password.

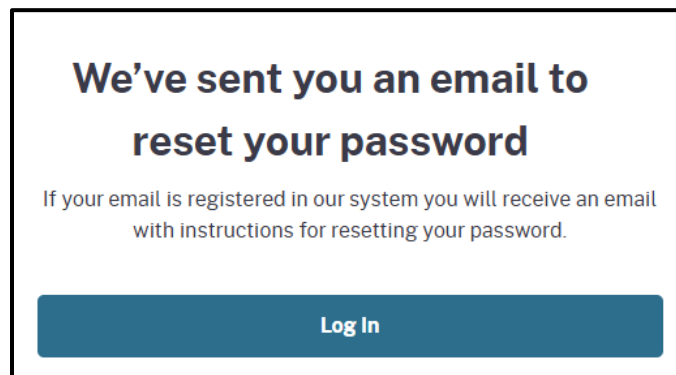


Figure 3.23: Notification of Email Sent to Reset Password.

4. A link to reset the password will be sent via email. Select **Set Password**.

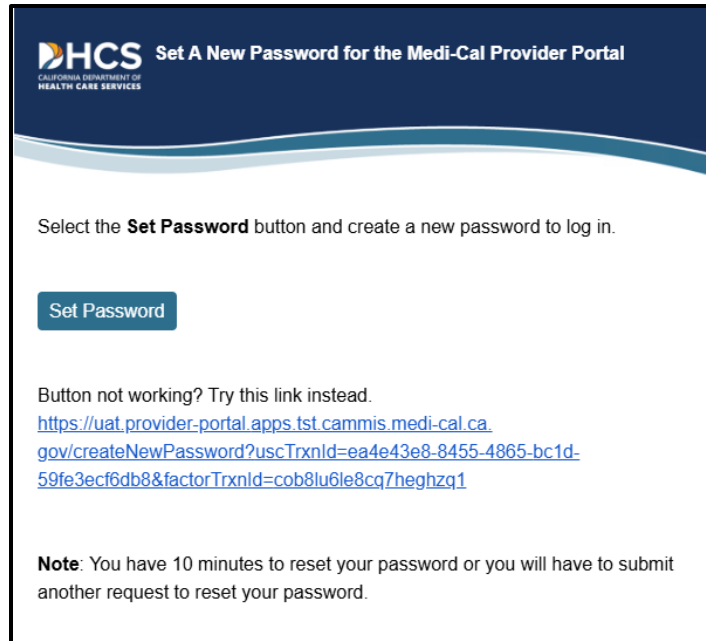


Figure 3.24 Set New Password Email Notification.

5. Select 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**.
6. After selecting the **Set Password** button, a screen to receive an OTP will appear. Refer to the One-Time Passcode section of this user guide for details about using security measures when registering an account.
7. The **Create New Medi-Cal Password** page displays and the user can enter a new password and select **Submit**. A confirmation screen appears, and the password is updated.

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

Create New Medi-Cal Password

New Password

Re-Enter Password

[View Password Requirements](#) **Submit**

Figure 3.25: Create New Medi-Cal Password.

Transaction Testing

The **Transaction Testing** area allows users to submit transaction testing for Claims 837 and Eligibility Benefit 270/271 transactions. The user can also view the status of each **Transaction Type** and the Date of Completion. The status of each Transaction Type will report as Not Started, Pending or Active. Refer to the [Medi-Cal Electronic Data Interchange \(EDI\) User Guide](#) for detailed information on transaction testing including preparing for test transactions.

1. From the **Transaction Center** tile in the Provider Portal, select **Transaction Testing** to enter the Submission Management page.

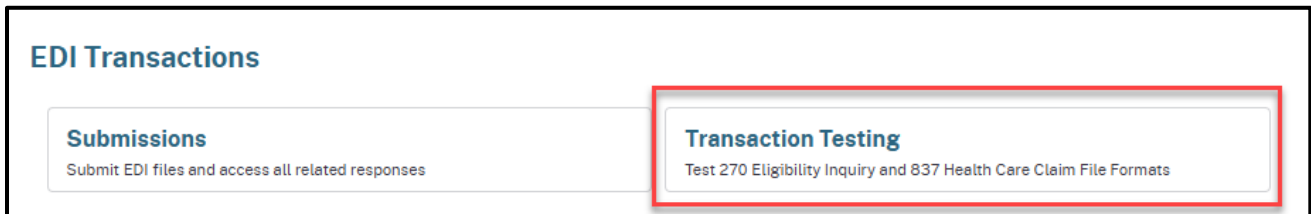


Figure 4.1: Transaction Testing Link.

Provider Network

The Provider Organizations that submitters are affiliated with are viewable in **Provider Network** on the **Dashboard**. This area may only be accessed by individuals who are designated as organization admins.

Administrators can select **View All** to view **Pending Requests, Affiliations, Submitter Directory Profile** and to request a new affiliation:

1. Select **View All** to see all provider affiliations and requests

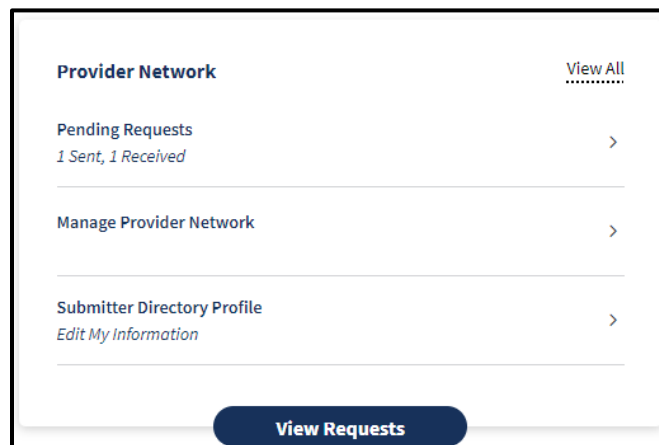


Figure 5.1: Provider Network Tile.

- The **Pending Requests** tab displays the organizations where the status for affiliation is either Request Pending, Pending Approval or Expired. Affiliation requests are valid for 60 days and once they have expired the submitter organization can select **Re-Submit Request** to resend the affiliation request.

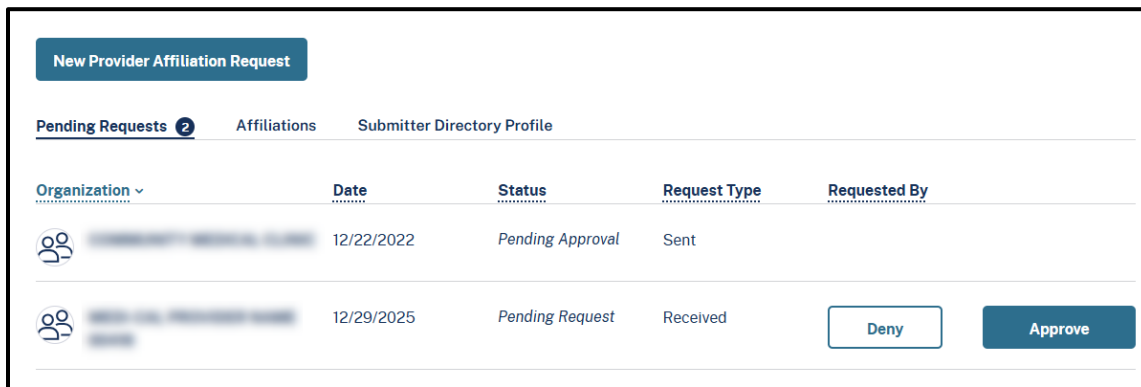


Figure 5.2: Pending Requests.

- The **Affiliations** tab displays organizations where the status of the affiliation is Active or Inactive.

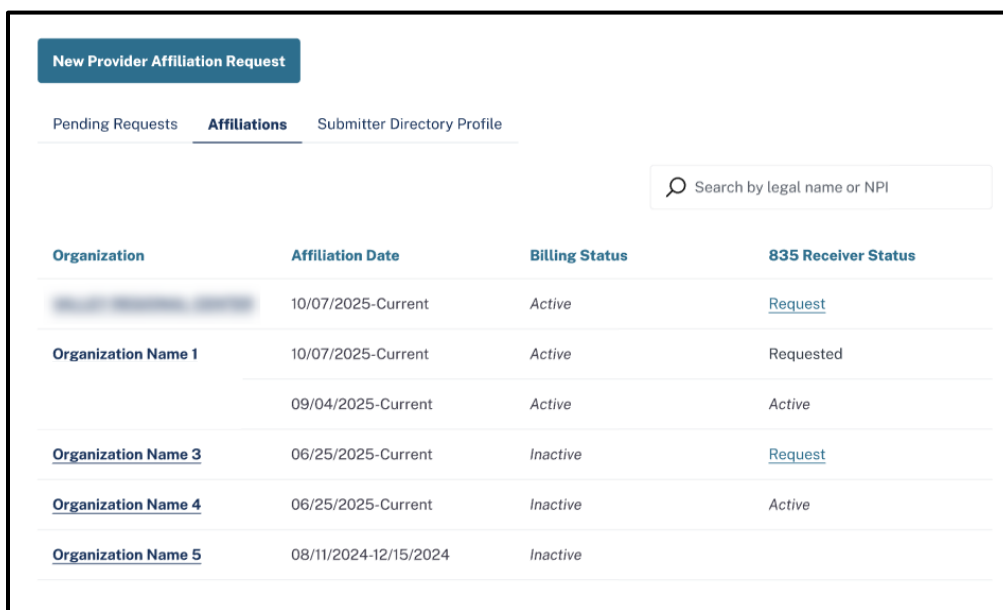


Figure 5.3: Affiliations.

- The **Submitter Directory Profile** tab displays submitter ID, transaction types and contact information.

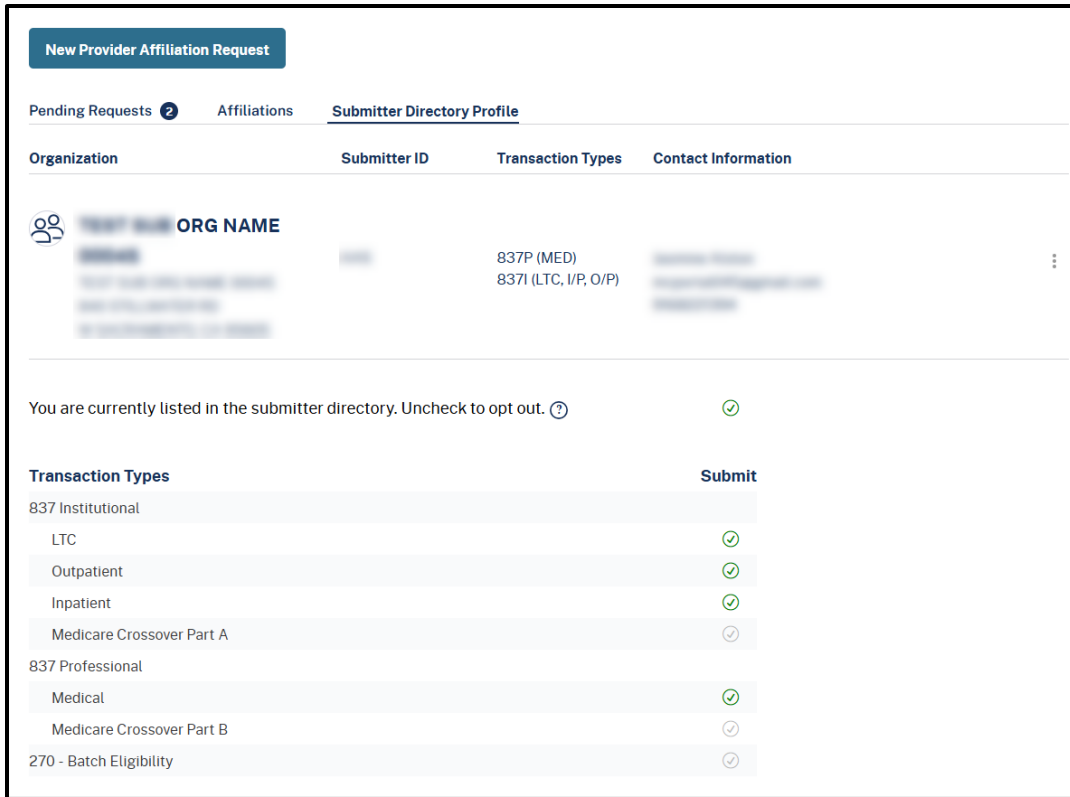


Figure 5.4: Submitter Directory Profile.

Note A green check mark (✓) will indicate that a submitter organization is listed in the submitter directory. To opt-out, view Edit Submitter Directory Information.

- Submitter information including organization contact and Submitter Directory listing can be edited outside the Provider Network page, by selecting the kebab menu to access the **Edit my Information** option.

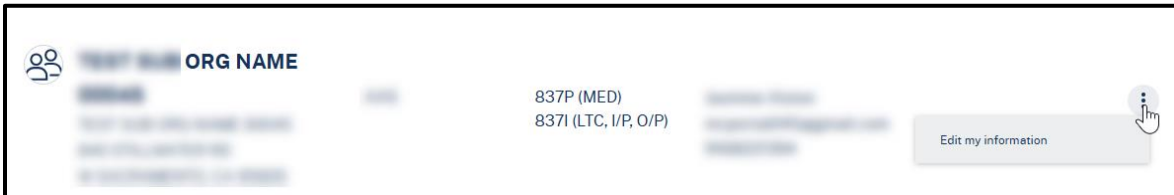


Figure 5.5: Edit Submitter Information.

- The My Account page is where submitter information can be edited. Select the **Edit** hyperlink to make appropriate changes.

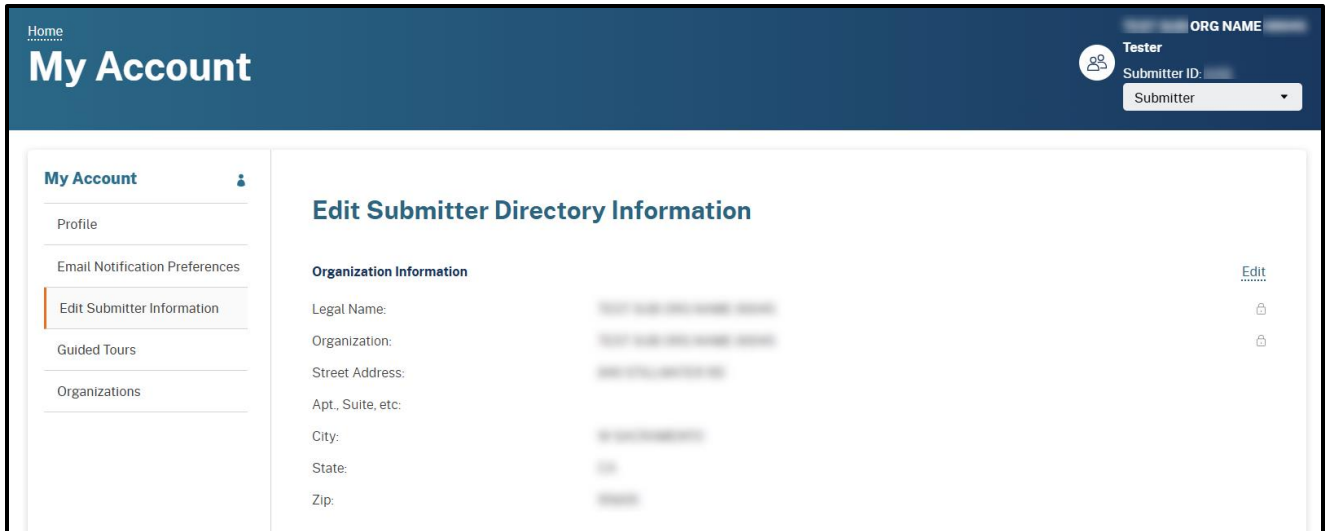


Figure 5.6: My Account Page Edit Submitter Information.

Pending Affiliation Requests

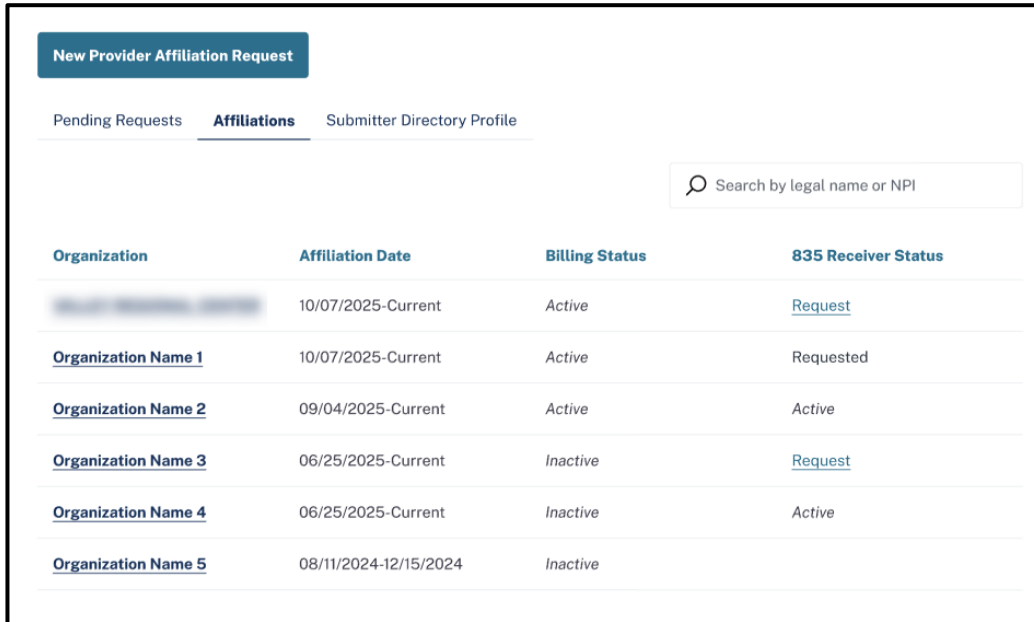
Any pending affiliation requests are visible in the Pending Requests tab. Details include the **Organization Name**, **Date** of affiliation, **Status**, **Request Type** and name **Requested By**. This information helps submitters track if further action needs to be taken to complete the affiliation. If there are no pending requests the table is blank.

New Provider Affiliation Request				
Pending Requests	Affiliations	Submitter Directory Profile		
Organization	Date	Status	Request Type	Requested By
ORGANIZATION 1 Contact FirstName LastName Email@email.com 0000000000	12/21/2025	Expired	Received	
ORGANIZATION 2 Contact FirstName LastName Email@email.com 0000000000	12/21/2025	Expired	Received	

Figure 5.7: Pending Requests Tab.

New Provider Affiliation Request

1. To request a new provider affiliation, select **New Provider Affiliation Request** within **Provider Network**.

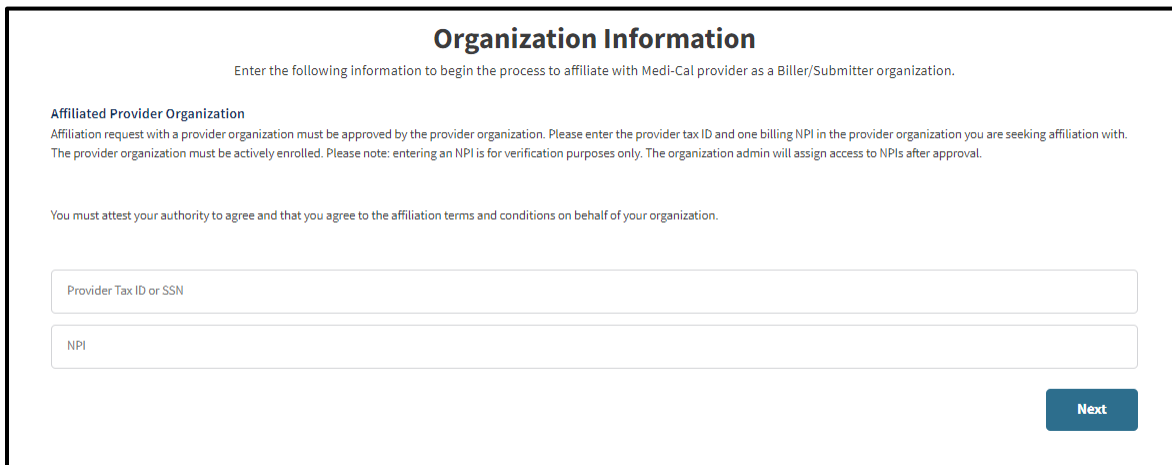


The screenshot shows a web interface for 'New Provider Affiliation Request'. At the top, there are three tabs: 'Pending Requests', 'Affiliations' (which is selected), and 'Submitter Directory Profile'. Below the tabs is a search bar with the placeholder text 'Search by legal name or NPI'. The main content is a table with the following columns: 'Organization', 'Affiliation Date', 'Billing Status', and '835 Receiver Status'. The table contains five rows of data, each representing a different organization and its affiliation status.

Organization	Affiliation Date	Billing Status	835 Receiver Status
[Redacted]	10/07/2025-Current	Active	Request
Organization Name 1	10/07/2025-Current	Active	Requested
Organization Name 2	09/04/2025-Current	Active	Active
Organization Name 3	06/25/2025-Current	Inactive	Request
Organization Name 4	06/25/2025-Current	Inactive	Active
Organization Name 5	08/11/2024-12/15/2024	Inactive	

Figure 5.8: Affiliations Tab.

2. The **Organization Information** screen will appear. Enter the **Provider Tax ID** or **SSN** and the provider's **NPI**, then select **Next**.



The screenshot shows a form titled 'Organization Information'. Below the title is a sub-header 'Affiliated Provider Organization' and a paragraph of instructions: 'Enter the following information to begin the process to affiliate with Medi-Cal provider as a Biller/Submitter organization. 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 is another paragraph: 'You must attest your authority to agree and that you agree to the affiliation terms and conditions on behalf of your organization.' There are two input fields: 'Provider Tax ID or SSN' and 'NPI'. A blue 'Next' button is located at the bottom right of the form.

Figure 5.9: Affiliation Provider Organization Information.

The **DHCS 6153** form screen will appear.

3. Read the agreement form, check the confirmation box and then sign with First and Last name along with Title. Once complete, select **Submit Agreement**.

The screenshot shows a web-based form titled "MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT (For electronic claim submission)". The header includes "Submitter + Provider Affiliation Agreement", a user ID "TEST SUB ORG NAME 0004s", and a status "Not signed". The form is from the "STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY" and "DEPARTMENT OF HEALTH CARE SERVICES", with version "DHCS 6153 (Rev. 06/19)".

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: 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 information regarding payments claimed for providing the services, on request, within the State of California to the California Department of HealthCare Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services; or their duly authorized representatives. The Provider also agrees that medical care services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability. The Provider/Biller agrees that using his Medi-Cal Submitter ID plus DHCS-issued password when submitting an electronic claim will identify the submitter and shall serve as acceptance to the terms and conditions of the Department's Telecommunications Provider and Biller Application/Agreement (DHCS 6153), paragraph 3.0. The Provider/Biller further acknowledges the necessity of maintaining the privacy of the DHCS-issued password and agrees to bear full responsibility for use or misuse of the Medi-Cal Submitter ID and password should privacy not be maintained.

3.2 VERIFICATION OF CLAIMS WITH SOURCE DOCUMENTS
Regardless of whether the Provider employs a Biller, the Provider agrees to retain personal responsibility for the development,

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 5.10: Medi-Cal Telecommunications Provider and Biller Application/Agreement.

The **Request Complete** screen will appear.

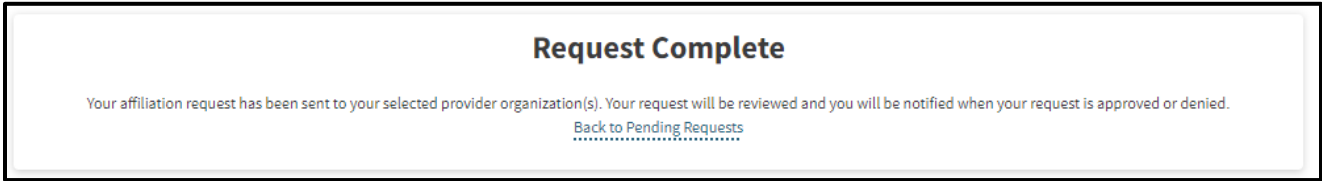


Figure 5.11: Request Complete.

Approve Provider Affiliation Request

1. Under the Pending Requests, select **Approve** for the desired provider organization affiliation request.

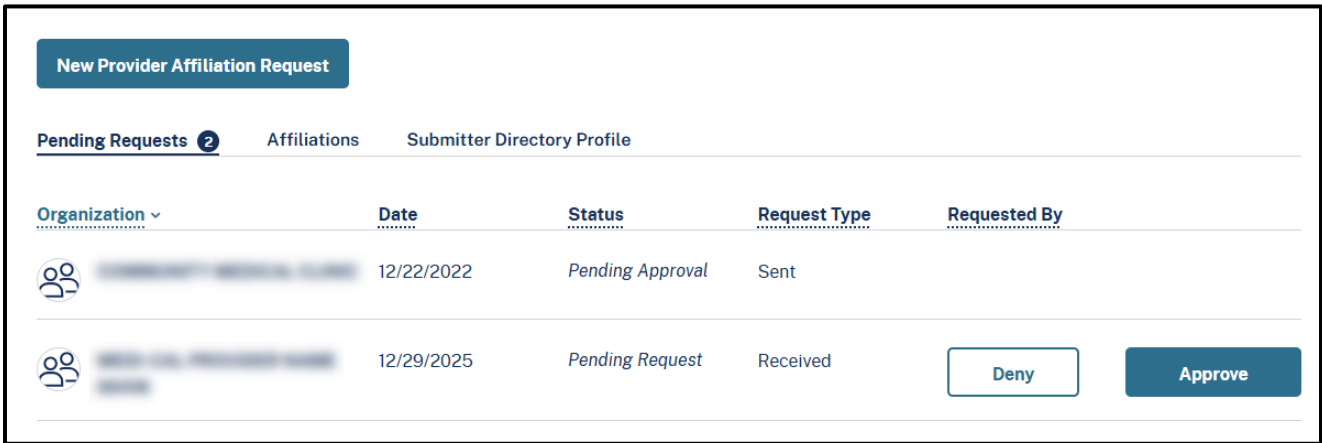


Figure 5.12: Pending Requests.

2. As executed in the New Provider Affiliation request, the DHCS 6153 form will appear. Read the agreement form and then sign with First and Last name along with the providers Title. Once complete, select **Submit Agreement**.

- Once complete, the **Approval Complete** screen will appear. Select **Return to Provider Network** to view active affiliations.

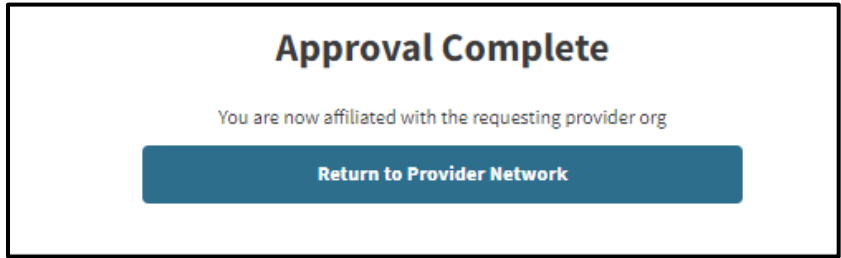


Figure 5.13: Approval Complete Confirmation.

Note: Once an affiliation is approved, the provider organization can select the medical claim type for the submitter organization prompting automatic enrollment in Internet Professional Claim Submission (IPCS).

Deny Provider Affiliation Request

- Under the Pending Requests, select **Approve** for the desired provider organization affiliation request.

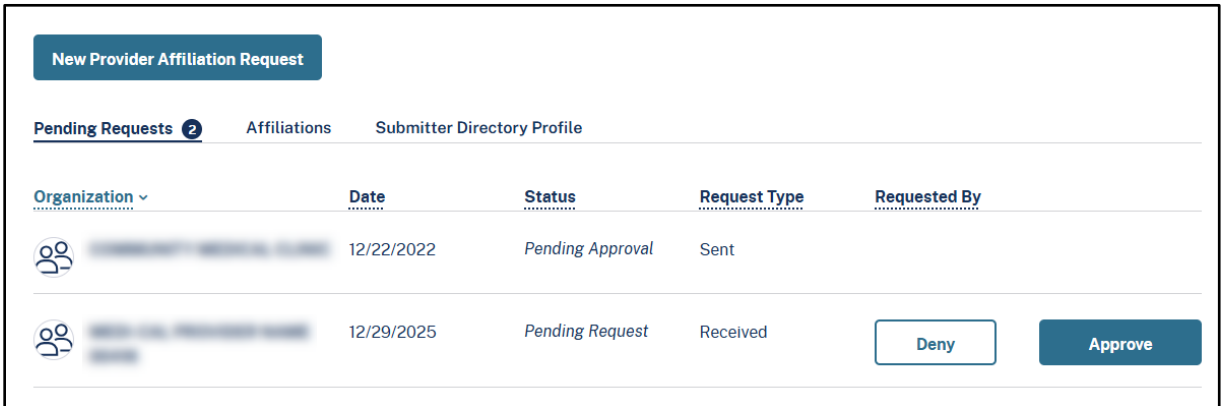


Figure 5.14: Pending Requests.

2. A pop-up screen asking for confirmation to deny request will appear. Select **Deny** to continue.

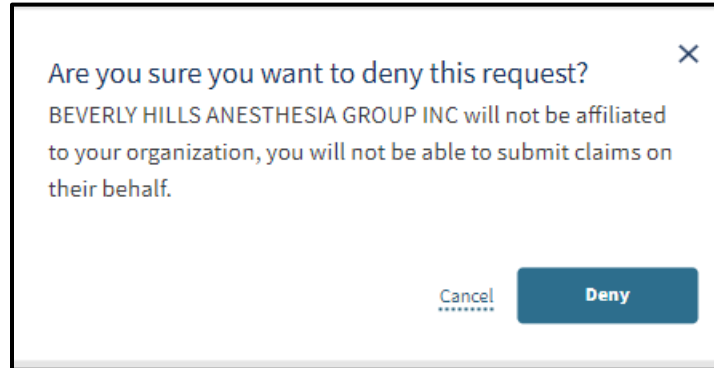


Figure 5.15: Deny Request Confirmation.

Once complete, a successfully denied notification will appear within the **Provider Network** webpage.

Remove Provider Affiliation

1. To remove a provider affiliation from the **Provider Network**, select the desired Provider Organization listed under Affiliations.

New Provider Affiliation Request

Pending Requests **Affiliations** Submitter Directory Profile

Search by legal name or NPI

Organization	Affiliation Date	Billing Status	835 Receiver Status
[REDACTED]	10/07/2025-Current	Active	Request
Organization Name 1	10/07/2025-Current	Active	Requested
Organization Name 2	09/04/2025-Current	Active	Active
Organization Name 3	06/25/2025-Current	Inactive	Request
Organization Name 4	06/25/2025-Current	Inactive	Active
Organization Name 5	08/11/2024-12/15/2024	Inactive	

Figure 5.16: Affiliations List.

2. The provider organization's profile will appear within the **Provider Network**.

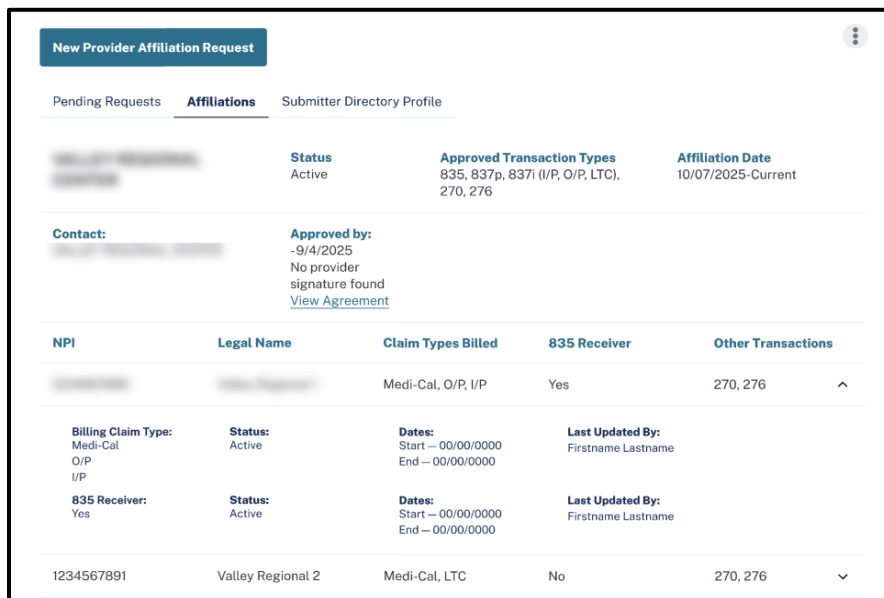



Figure 5.17: Affiliated Provider Organization Profile.

Select the kebab () menu in the top right-hand corner and then select Remove affiliation from organization.

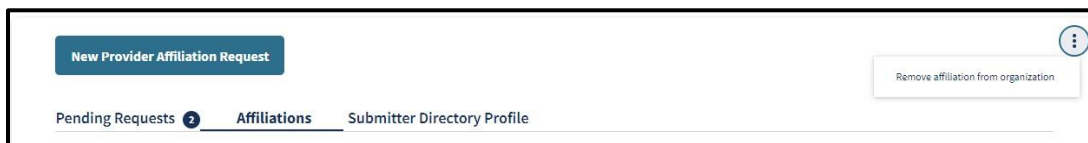


Figure 5.18: Remove Affiliation from Organization.

2. A screen will appear to confirm the removal of the affiliation. Type the organization's name in the field below to verify and select **Confirm**.

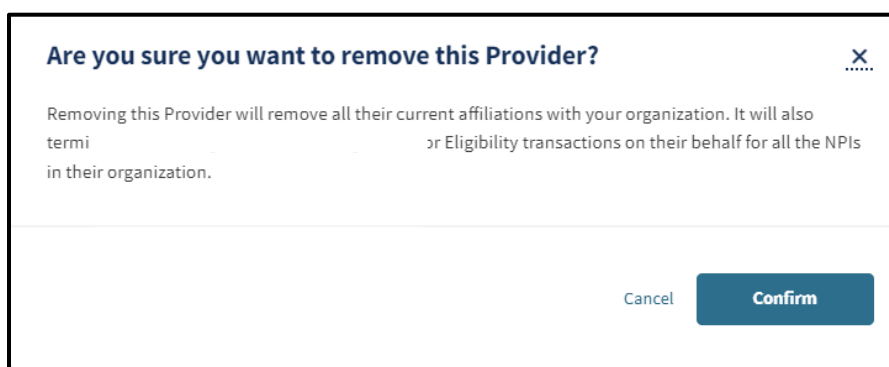


Figure 5.19: Remove Affiliation.

A notification stating, *Affiliation removed successfully*, will appear within **Provider Network** webpage and the status of the organization will read *Inactive*.

Medi-Cal 835 Receiver

Submitter organizations can request to receive the 835 from an affiliated NPI, view status of an existing request and view claim level details of the NPI if they are registered in the Medi-Cal Provider Portal. Refer to the Submitter Registration section of this user guide for registration details.

1. Access the Provider Network by selecting **View All**.

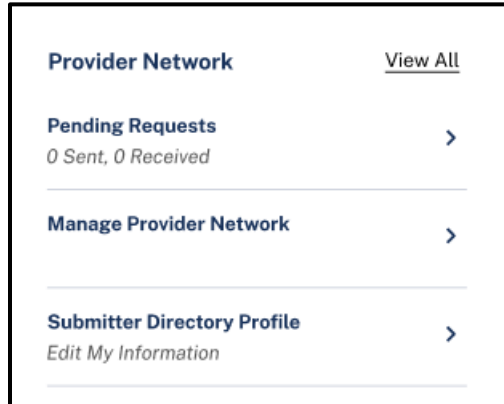


Figure 6.1: Access Submitter’s Provider Network.

Make an 835 Receiver Request

Current affiliated provider organizations are listed under the Affiliations tab. Refer to the New Provider Affiliation Request section of this user guide if a provider is not listed and should be added.

1. In the Affiliations tab on the Provider Network page select the **Request** hyperlink under the 835 Receiver Status column to send the 835 receiver request to the provider organization.

The screenshot shows a web interface for 'New Provider Affiliation Request'. It has three tabs: 'Pending Requests', 'Affiliations' (selected), and 'Submitter Directory Profile'. A search bar is present with the text 'Search by legal name or NPI'. Below is a table with the following data:

Organization	Affiliation Date	Billing Status	835 Receiver Status
[Redacted]	10/07/2025-Current	Active	Request
Organization Name 1	10/07/2025-Current	Active	Requested
Organization Name 2	09/04/2025-Current	Active	Active
Organization Name 3	06/25/2025-Current	Inactive	Request
Organization Name 4	06/25/2025-Current	Inactive	Active
Organization Name 5	08/11/2024-12/15/2024	Inactive	

Figure 6.2: Affiliated Organizations Table.

2. Enter the provider’s Taxpayer ID Number and NPI information in the Medi-Cal Provider Portal to validate the request, then select **Submit Request**.

Note: In the provider organization, each NPI can assign up to two 835 receivers and may assign them once they process the request.

The screenshot shows a form titled 'Request 835 Receiver Assignment'. It includes a note: 'To submit a request to receive the 835 from a National Provider Identifier (NPI), enter the provider’s Taxpayer ID Number (TIN) and NPI to validate the request.' Below this is another note: 'Note: In the provider organization, each NPI can assign up to two 835 receivers and may assign them once they process your request.' The form has a heading 'Request for [Org Name] to be assigned as an 835 Receiver'. There are two input fields: 'Provider Tax ID or SSN *' (with a masked input '*****') and 'NPI *' (with an 'Insert' button). At the bottom right are 'Back' and 'Submit Request' buttons.

Figure 6.3: Access Submitter’s Provider Network.

Once the organization has processed the request, the submitter will receive an email approving or denying the request.

Check 835 Request Status

Submitter organizations designated to be an 835 receiver will receive a notification within the Provider Portal after being added by an organization. The status types of the request are found in the 835 Receiver Status column of the Affiliations table. The applicable states are **Request**, **Requested** or **Active**.

1. Select an organization name to view that organization's details

Organization	Affiliation Date	Billing Status	835 Receiver Status
[Redacted]	10/07/2025-Current	Active	Request
Organization Name 1	10/07/2025-Current	Active	Requested
Organization Name 2	09/04/2025-Current	Active	Active
Organization Name 3	06/25/2025-Current	Inactive	Request
Organization Name 4	06/25/2025-Current	Inactive	Active
Organization Name 5	08/11/2024-12/15/2024	Inactive	

Figure 6.4: Affiliations Tab.

The organization details page provides submitters with information pertaining to the types of transactions, the affiliation date, the contact person and when the affiliation was approved.

2. Select the **View Agreement** hyperlink to download the Affiliation Agreement.

Note: If there is more than one NPI associated with the organization, each NPI can be expanded to show claim-level details.

New Provider Affiliation Request
⋮

Pending Requests
Affiliations
Submitter Directory Profile

Organization:
[Redacted]

Status:
Active

Approved Transaction Types:
835, 837p, 837i (I/P, O/P, LTC),
270, 276

Affiliation Date:
10/07/2025-Current

Contact:
[Redacted]

Approved by:
- 9/4/2025
No provider signature found
[View Agreement](#)

NPI	Legal Name	Claim Types Billed	835 Receiver	Other Transactions									
[Redacted]	[Redacted]	Medi-Cal, O/P, I/P	Yes	270, 276	^								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Billing Claim Type: Medi-Cal O/P I/P</td> <td style="width: 25%;">Status: Active</td> <td style="width: 25%;">Dates: Start — 00/00/0000 End — 00/00/0000</td> <td style="width: 25%;">Last Updated By: Firstname Lastname</td> </tr> <tr> <td>835 Receiver: Yes</td> <td>Status: Active</td> <td>Dates: Start — 00/00/0000 End — 00/00/0000</td> <td>Last Updated By: Firstname Lastname</td> </tr> </table>						Billing Claim Type: Medi-Cal O/P I/P	Status: Active	Dates: Start — 00/00/0000 End — 00/00/0000	Last Updated By: Firstname Lastname	835 Receiver: Yes	Status: Active	Dates: Start — 00/00/0000 End — 00/00/0000	Last Updated By: Firstname Lastname
Billing Claim Type: Medi-Cal O/P I/P	Status: Active	Dates: Start — 00/00/0000 End — 00/00/0000	Last Updated By: Firstname Lastname										
835 Receiver: Yes	Status: Active	Dates: Start — 00/00/0000 End — 00/00/0000	Last Updated By: Firstname Lastname										
1234567891	Valley Regional 2	Medi-Cal, LTC	No	270, 276	v								

Figure 6.5: Affiliated Organization Details.

Navigating the Provider Portal

The Provider Portal consolidates Medi-Cal-related information for the user’s organization into one location. See each section below for details on how to use each of the Provider Portal areas.

My Account

The **My Account** page gives users the ability to set or update their preferences by using the left navigation panel. This area allows users to modify account information, such as business or cell phone numbers.

1. Select the **My Account** tab from any page in the Provider Portal.



Figure 7.1: Edit Account Information.

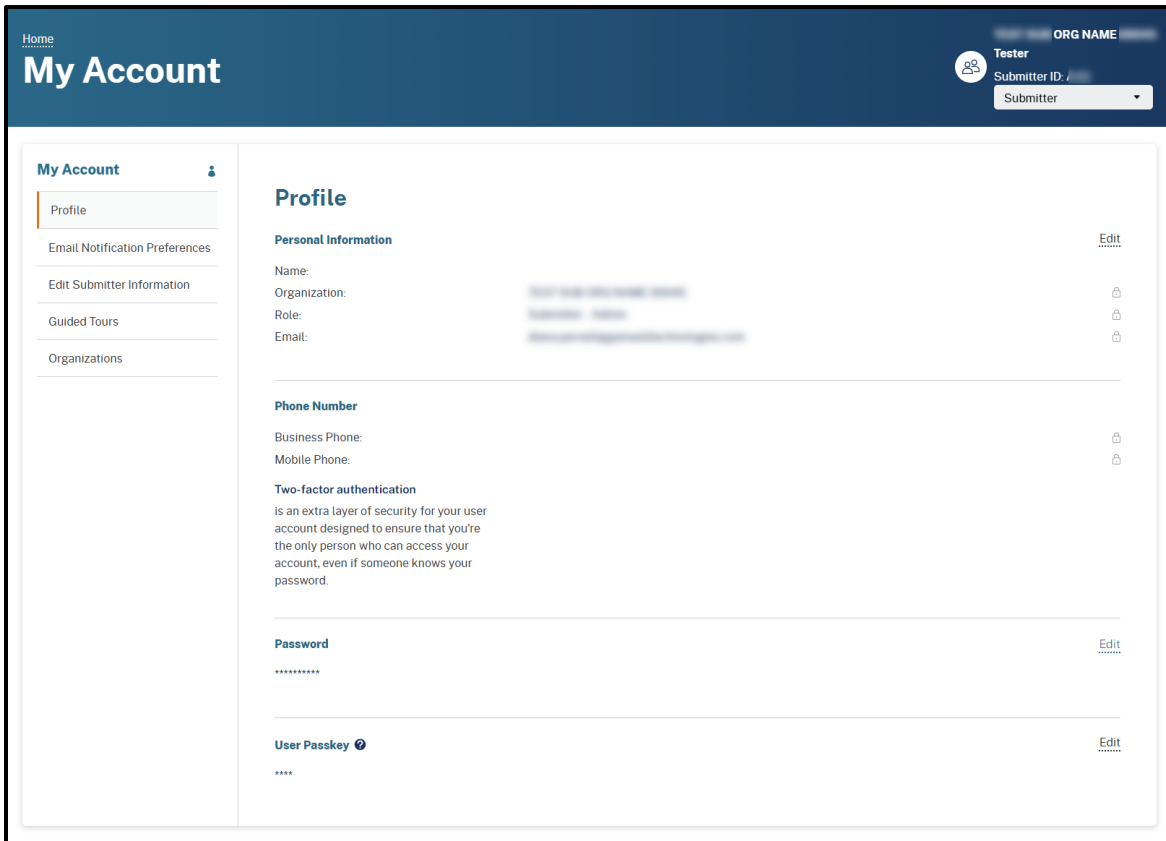


Figure 7.2: My Account Landing Page.

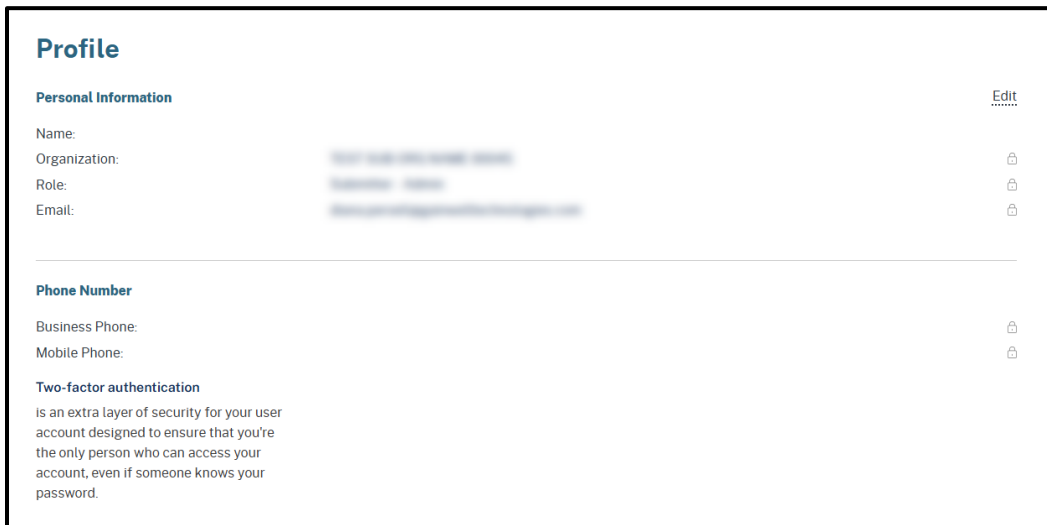
Profile

The **Profile** area houses personal account information and notification preferences.

Personal Information and Phone Number

Select the **Profile** tab on the left of the screen. Select the **Edit** hyperlink in line with the **Personal Information** section and follow the steps provided.

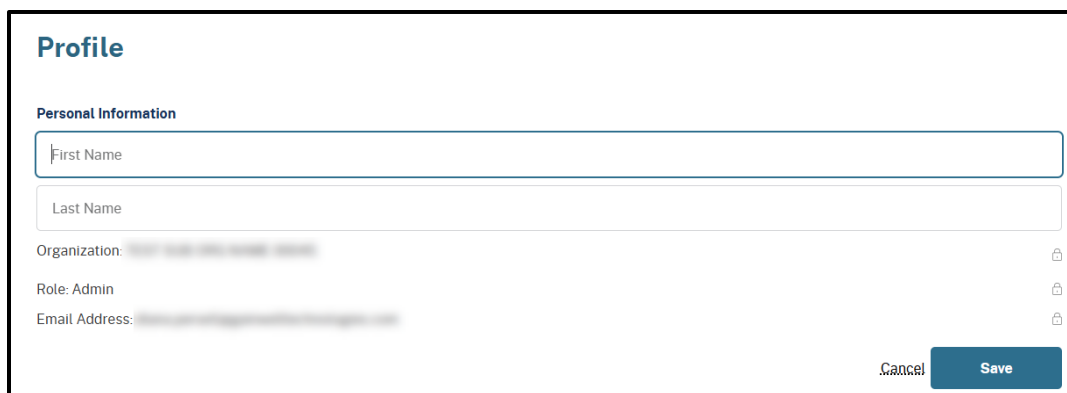
Note: The field opens allowing the user to edit the phone number. If the phone number selected is not assigned to a two-factor authentication and the user would like to use a two-factor authentication, select **Use this number for two-factor authentication**.



The screenshot shows the 'Profile' page with the following sections:

- Profile** (header)
- Personal Information** (section header) with an **Edit** link to its right.
- Fields for Name, Organization, Role, and Email, each with a lock icon on the right.
- Phone Number** (section header) with fields for Business Phone and Mobile Phone, each with a lock icon on the right.
- Two-factor authentication** (section header) with a descriptive paragraph below it.


Figure 7.3: Edit Profile Information.



The screenshot shows the 'Profile' page with the 'Personal Information' section expanded into an edit form:

- Profile** (header)
- Personal Information** (section header)
- Input fields for First Name and Last Name.
- Fields for Organization, Role (Admin), and Email Address, each with a lock icon on the right.
- Cancel** and **Save** buttons at the bottom right.

Figure 7.4: Edit Personal Information.

Note: The lock () icon on the right-hand side of the field indicates that the field cannot be edited. These can only be edited by the Administrator. If a user is a member of multiple organizations, the user will not be able to edit the email address. The user must be deactivated from the organizations and re-added to the Portal as a new user with a new email address.

Phone Number

Business Phone: [Edit](#)

Mobile Phone

Use this number for two-step authentication

[Cancel](#) [Save](#)

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.

Figure 7.5: Edit Phone Number.

A confirmation appears indicating the updated information was successfully updated.

Change a Password or Passkey

1. Select the **Profile** tab on the left of the screen. Select the **Edit** hyperlink in line with the Password or User Passkey section and follow the steps provided.

Password [Edit](#)

User Passkey [Edit](#)

[Save](#)

Figure 7.6: Edit Passkey.

1. Enter a new four (4) digit passkey into the fields and select **Save Changes**. It is important to remember the passkey as it will be needed to reset passwords with the help desk and for security verification.

User Passkey

Enter 4 digit User Passkey *

....

Retype 4 digit User Passkey *

....

[Cancel](#) [Save Changes](#)

Figure 7.7: Edit Passkey.

Once complete, a successfully updated user passkey message will appear.

Email Notification Preferences

Users automatically receive notifications in the Provider Portal.

1. Select the **My Account** tab from any page in the Provider Portal.



Figure 7.8: Edit Account Information.

- 2 In the **Email Notification Preferences** section, users set **Email Preferences** by selecting only required emails or all Provider Portal emails, and set the **EDI transactions frequency** to Daily, Weekly or None.
- 3 Select **Save Changes** at the bottom of the page to finish updating preferences. A confirmation appears indicating that the preferences are saved.

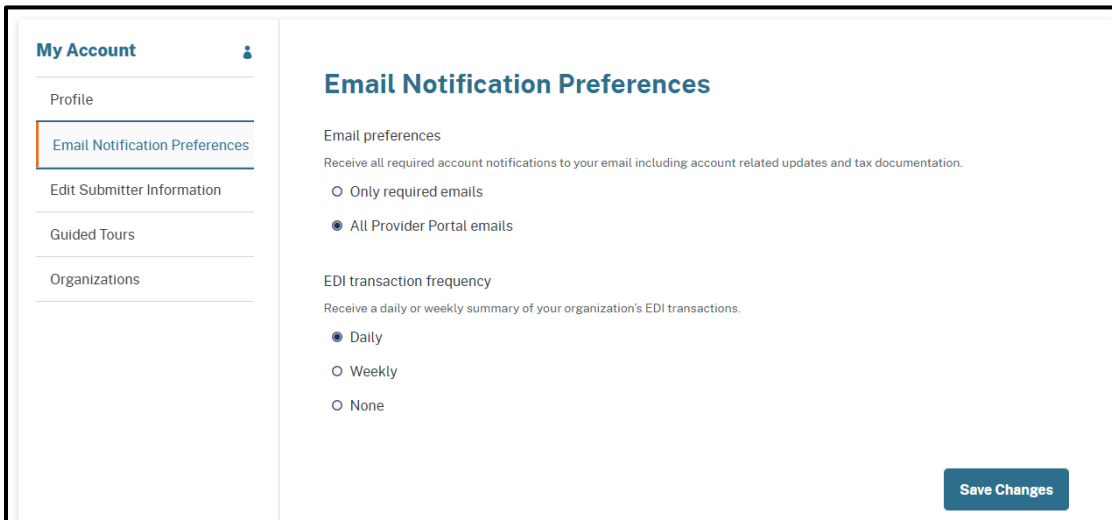


Figure 7.9: Notification Frequency.

Edit Submitter Directory Information

This area may only be accessed by submitters who are designated as organization administrators. The Edit Submitter Directory Information page is divided in the following three sections: **Organization Information**, **Contact Information** and **Submitter Directory Listing**.

1. Select the **My Account** tab from any page in Provider Portal.



Figure 7.10: Edit Account Information.

2. Select **Edit Submitter Information** from the left navigation panel.

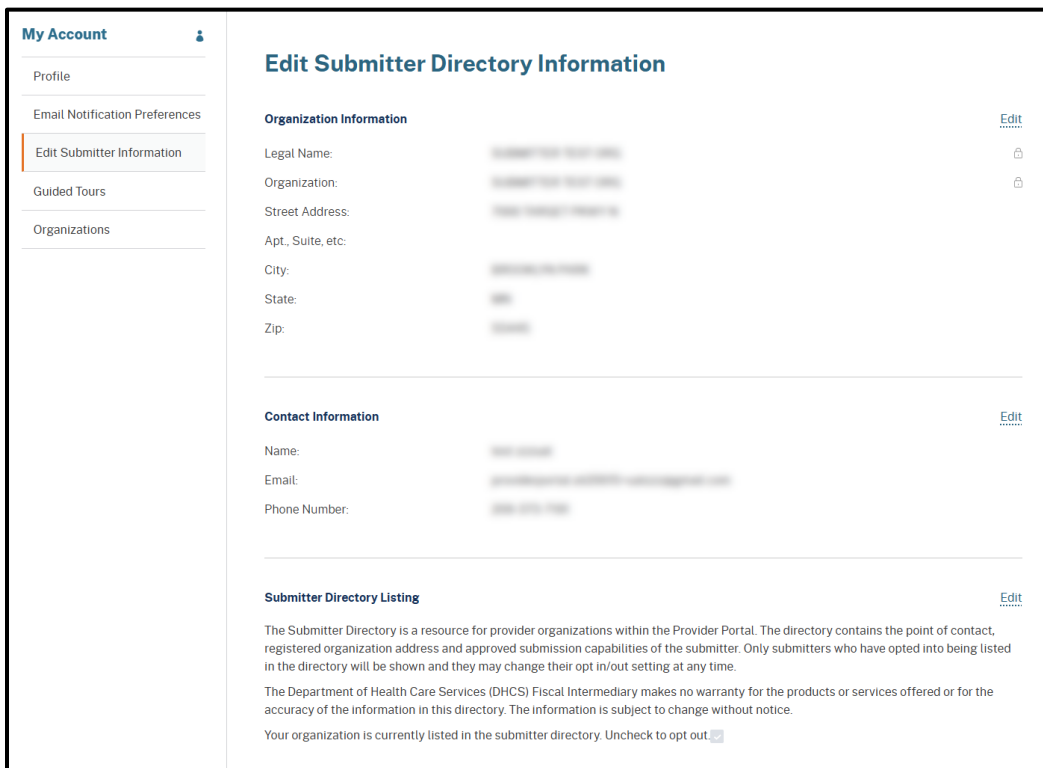



Figure 7.11: Edit Submitter Directory Information.

Note: The lock () icon on the right-hand side of the field indicates that the field cannot be edited. These fields can only be edited by the Administrator. If a user is a member of multiple organizations, the user will not be able to edit the email address. The user must be deactivated from the organizations and re-added to the Portal as a new user with a new email address.

- 3 Select **Edit** next to Organization Information.

The screenshot shows a form titled "Edit Submitter Directory Information". Under the "Organization Information" section, there are several fields: "Legal Name:", "Organization:", "Street Address:", "Apt., Suite, etc:", "City:", "State:", and "Zip:". To the right of the "Legal Name:" and "Organization:" fields, there is an "Edit" link and a lock icon.

Figure 7.12: Edit Organization Information.

- 4 Update the desired information and select **Save**. A confirmation appears indicating the updated information was successfully updated.

The screenshot shows the same form titled "Edit Submitter Directory Information", but now the "Personal Information" section is active. It includes fields for "Legal Name:" (with "ORG NAME" as a placeholder), "Organization:" (with "ORG NAME" as a placeholder), "Street Address", "Apt, Ste, Unit number (optional)", "City", "State", and "Zip Code". At the bottom right, there are "Cancel" and "Save" buttons.

Figure 7.13: Edit Submitter Personal Information.

- 5 Select **Edit** next to Personal Information.

The screenshot shows the form titled "Edit Submitter Directory Information" with the "Contact Information" section active. It includes fields for "Name:", "Email:", and "Phone Number:". To the right of the "Name:" field, there is an "Edit" link.

Figure 7.14: Edit Contact Information.

- 6 Update the desired information and select **Save**. A confirmation appears indicating the updated information was successfully updated.

The screenshot shows a form titled "Personal Information" with four input fields: "First Name", "Last Name", "Email", and "Business Phone". Each field contains a blurred placeholder. At the bottom right of the form are two buttons: "Cancel" and "Save".

Figure 7.15: Edit Personal Information.

The Submitter Directory contains the point of contact, registered organization address and approved submission capabilities of the submitter who have opted into being listed in the directory. If the submitter has opted in to be listed in the Submitter Directory, a check box () icon is visible at the end of the Submitter Directory Listing statement.

- 7 Select **Edit** next to Submitter Directory Listing.

The screenshot shows a section titled "Submitter Directory Listing" with an "Edit" link in the top right corner. Below the title is a paragraph of text: "The Submitter Directory is a resource for provider organizations within the Provider Portal. The directory contains the point of contact, registered organization address and approved submission capabilities of the submitter. Only submitters who have opted into being listed in the directory will be shown and they may change their opt in/out setting at any time." Below this is another paragraph: "The Department of Health Care Services (DHCS) Fiscal Intermediary makes no warranty for the products or services offered or for the accuracy of the information in this directory. The information is subject to change without notice." At the bottom, it says "Your organization is currently listed in the submitter directory. Uncheck to opt out." followed by an unchecked checkbox.

Figure 7.16: Submitter Directory Listing Section.

- 8 Change opt-in/out setting at any time by using the check box, then select **Save**.

This screenshot is similar to Figure 7.16, but the checkbox at the bottom is now checked. The "Save" button is highlighted in blue, indicating it is the active action.

Figure 7.17: Edit View of Submitter Directory Listing.

Note: This area may only be accessed by those who are designated as Administrators of the submitter organization.

Guided Tours

Guided tours are available within Provider Portal to point out key features of the applications.

1. Access **Guided Tours** anytime through the Guided Tours tab in My Account.

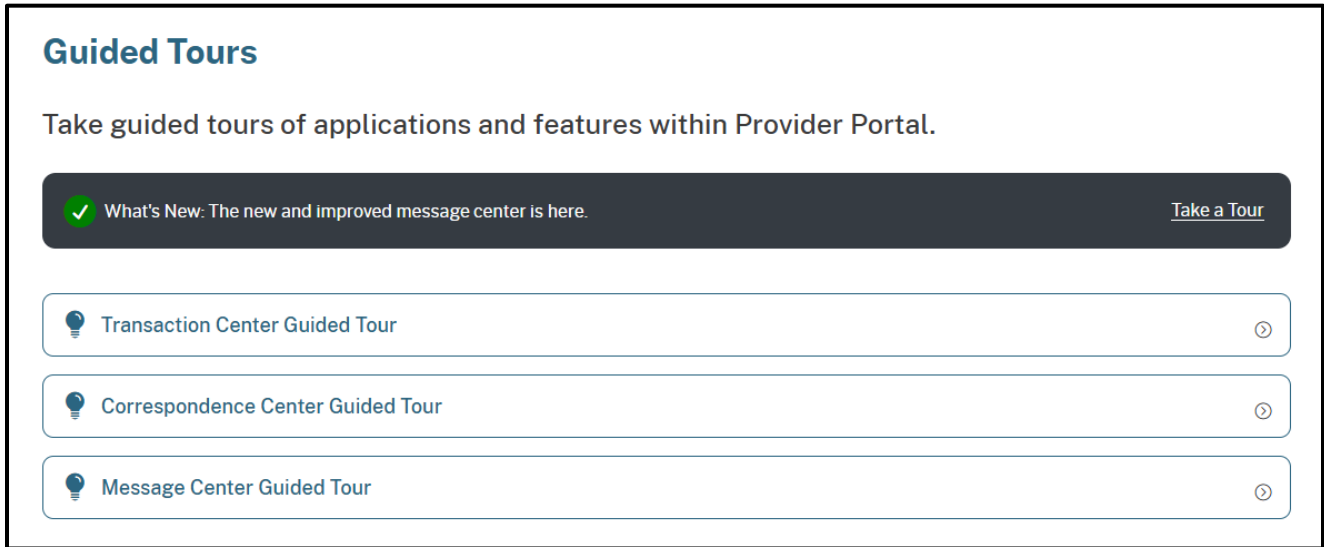


Figure 7.18: Guided Tours.

Organizations

Select **Add an Org** to provide access to providers and submitters to the administrator's login credentials. Refer to [Add New Organization](#) section of this user guide for step-by-step instructions.

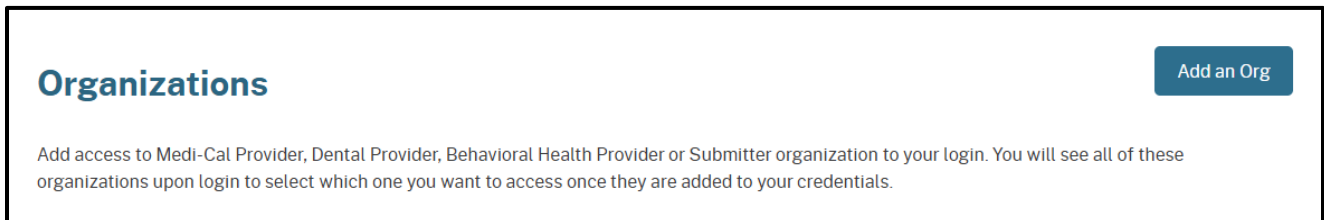


Figure 7.19: Add New Organization.

Transaction Center

Provider Portal users may access the Transaction Center by secure single sign-on.

1. Users can search transactions by selecting the **Get Started** link within the Transaction Center tile on the Provider Portal **Dashboard**.

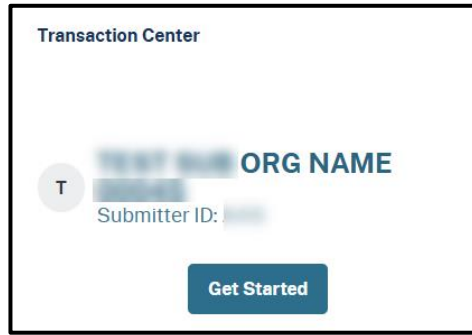


Figure 8.1: Transaction Center Tile.

From here, the user can search or view the transactions.

2. Users will be able to “Favorite” any transaction by clicking the star within each link, or previously selected transactions will be listed under the “Recents” heading.

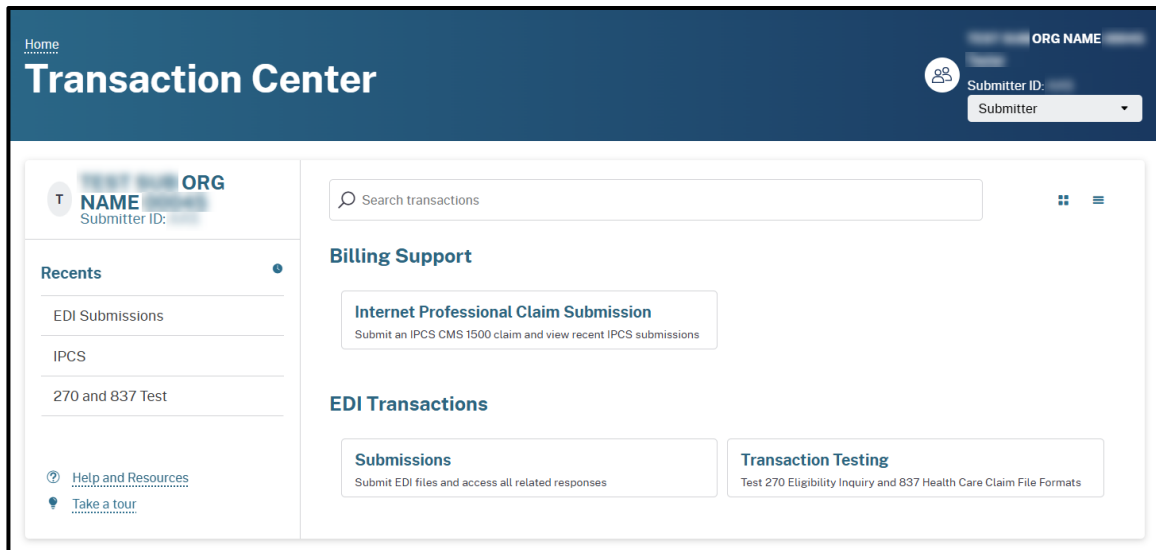


Figure 8.2: Transaction Center.

Message Center

The Messages tab in **Message Center** displays messages and notifications relevant to the submitter organization. The Message Center is accessible from anywhere in Provider Portal. If there are new messages or notifications a “dot” will appear next to the bell (🔔) icon.

1. Select the **Messages** tab from any page in Provider Portal.
2. Select the **Filter** menu and enter the desired date range.

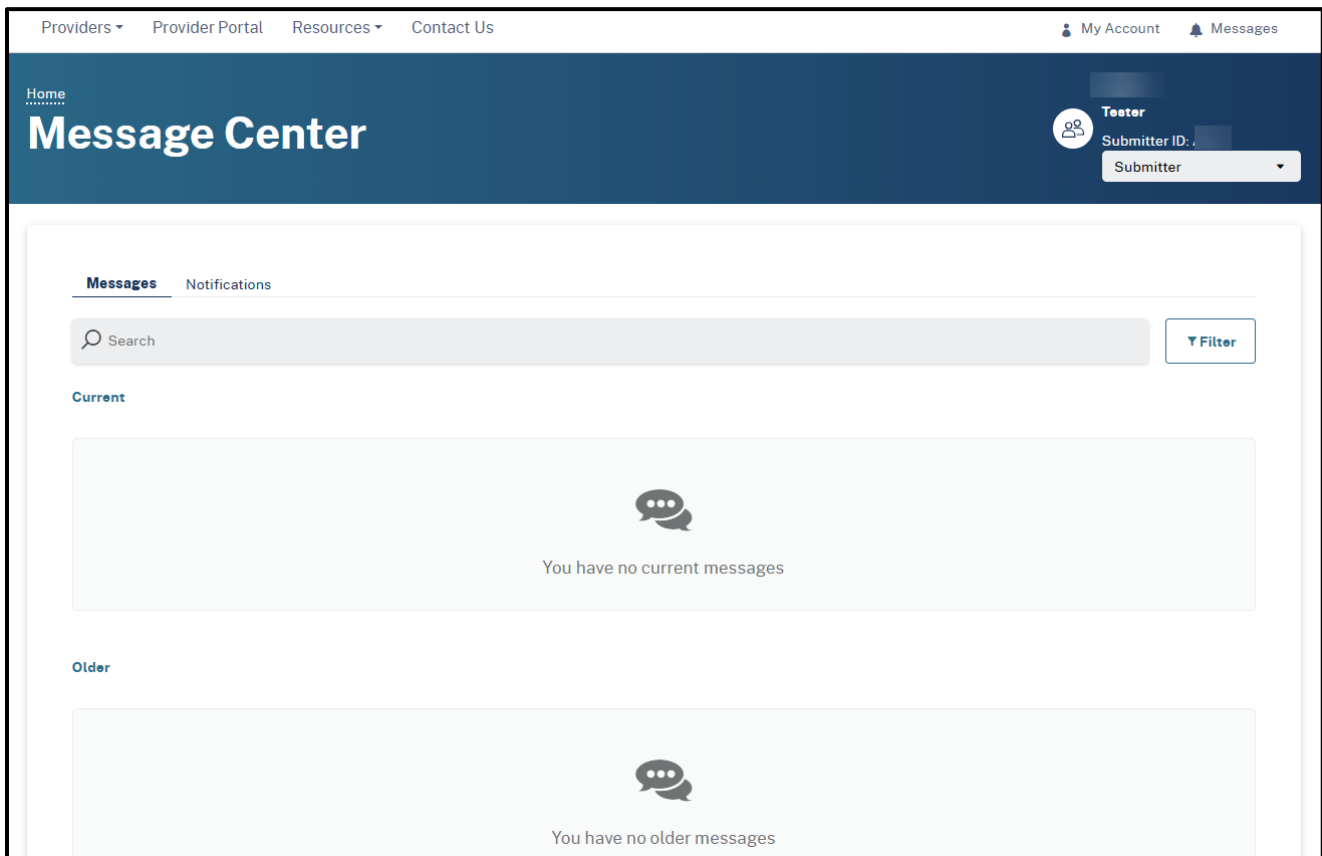


Figure 9.1: Messages Tab.

The **Messages** tab opens by default. If there are any announcements they will be displayed on this page.

3. Select the **Notification** tab to view important notifications regarding transactions.

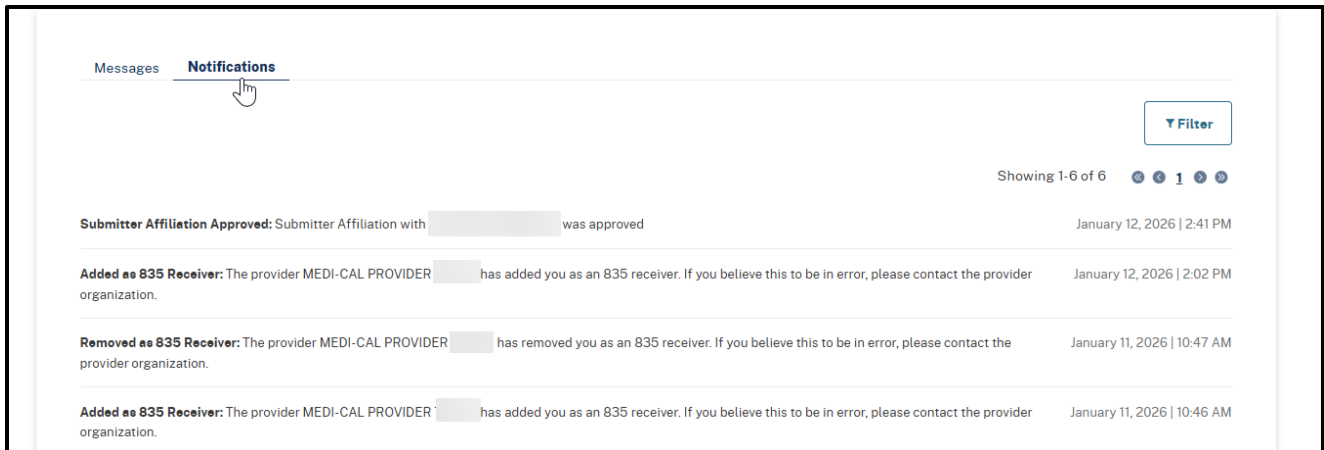


Figure 9.2: Notifications Tab.

Change Summary

Version Number	Date	Description	Notes/Comments
1.1	July 28, 2023	Associated with SDN 20015B	Updated screenshots and instructions to include 835 Receiver Management. Updated User Guide format.
1.2	March 15, 2024	Associated with SDN 20015B	Updated screenshots to match the new DHCS rebranding and the Transaction Center functions.
1.3	September, 2024	Associated with SDNs 20015B and 23036	Updated screenshot to include the new Passkey and Unlock Password features in Provider Portal. Also, updated the DHCS logo on the cover page. Update formatting.
1.4	July 2025	Update	Updated screen shots with current UI and instruction/figure description updated to match UI.
1.5	September 2025	Title Update	None
1.6	October 2025	User Guide Template update.	Removed "Page Updated: Month Year" on each page. Changed CA-MMIS to California Medicaid Management Information System.
1.7	March 2026	Update	Added 835 Receiver instructions and updated screen shots.