



Medi-Cal Provider Portal User Guide: Submitter Organization

Department of Health Care Services (DHCS)

CA-MMIS

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Introduction to the Provider Portal

The 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 communications between the Department of Health Care Services (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. The Provider Portal enables providers and billers to:

- Perform billing work for multiple National Provider Identifiers (NPIs) with a single administrative account
- Interact with Medi-Cal more seamlessly
- Go Paperless
- Find correspondence easily in the Communication Center
- Instantly receive correspondence, instead of waiting for traditional mail, and quickly resolve issues
- Access Fee-For-Service 1099 forms electronically for all NPIs who have received reimbursement a few weeks earlier than traditional mail
- Use a single-sign-on to link directly to Transaction Services without an additional log in
- Perform self-service capabilities such as password and NPI Provider Identification Number (PIN) reset
- Complete provider-submitter affiliations and submit Claim 837 and Eligibility Benefit 270/271 test transactions

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How to Register as an Existing Submitter

When registering as an existing submitter, DHCS will issue a one-time registration token directly to the designated individual. This token will be sent by hard-copy (paper) letter to the pay-to address on file with Medi-Cal. **It must be used within 30 days of the date it is issued or it will expire.** Once the token has been received, the steps below should be followed:

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

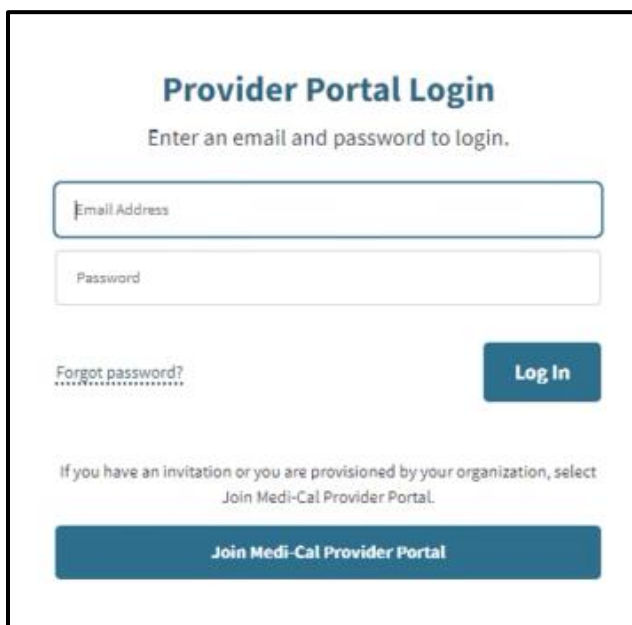
The screenshot shows the 'Provider Portal Login' interface. At the top, the title 'Provider Portal Login' is in blue. Below it, the instruction 'Enter an email and password to login.' is in grey. There are two input fields: 'Email Address' and 'Password'. To the right of the password field is a blue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

Figure 1.1: Provider Portal Login.

2. A **Choose Your Organization Type** screen will appear. Select **Submitter Organization**.

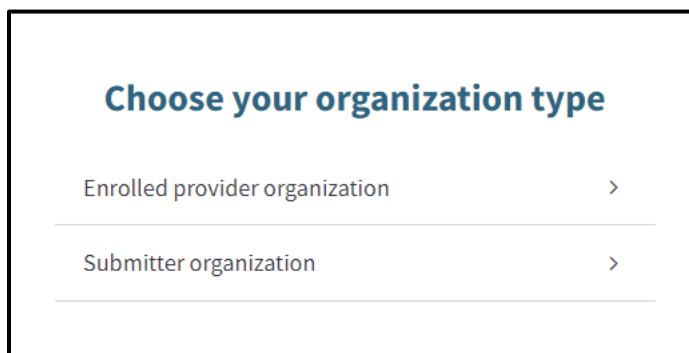
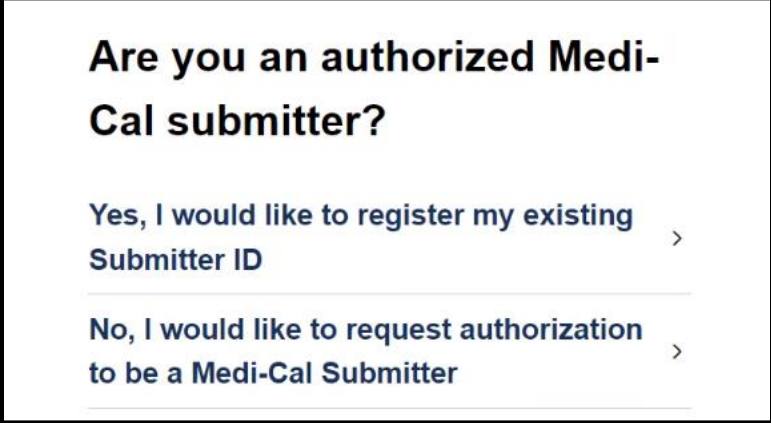
The screenshot shows the 'Choose your organization type' screen. The title 'Choose your organization type' is in blue. Below the title, there are two options: 'Enrolled provider organization' and 'Submitter organization'. Each option has a right-pointing chevron (>) next to it. The 'Submitter organization' option is highlighted with a light blue background.

Figure 1.2: Choose your organization type.

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3. A submitter authorization window will appear. Select **Yes, I would like to register my existing Submitter ID**.

A screenshot of a web form titled "Are you an authorized Medi-Cal submitter?". It contains two options, each with a right-pointing chevron. The first option is "Yes, I would like to register my existing Submitter ID" and the second is "No, I would like to request authorization to be a Medi-Cal Submitter".

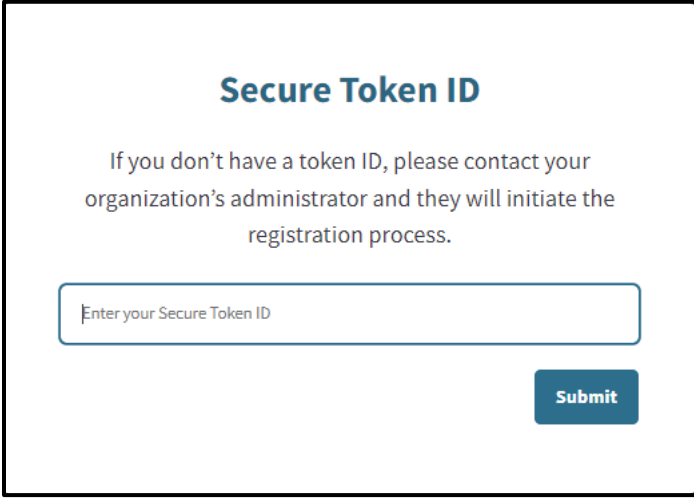
Are you an authorized Medi-Cal submitter?

Yes, I would like to register my existing Submitter ID >

No, I would like to request authorization to be a Medi-Cal Submitter >

Figure 1.3: Medi-Cal Submitter Authorization.

4. Enter the **Secure Token ID** sent from DHCS and then select **Submit**. For a token ID, contact your organization's administrator and they will initiate the registration process.

A screenshot of a web form titled "Secure Token ID". It includes a paragraph of text, a text input field with a placeholder, and a "Submit" button.

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 1.4: Secure Token ID.

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5. 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**. Once complete, click **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 on behalf of my organization.

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Figure 1.5: California System of Use Notification for Medi-Cal Provider Portal.

6. Enter in **Submitter Organization Information** (CMC Submitter ID, Business Address ZIP code and the provider's NPI), and **Account Information** (email, first name and last name). Select SMS or Voice to receive passcode, then click **Next**.

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Organization Information

Enter the following to register your organization and admin account in Provider Portal.

Submitter Organization Information

Account Information

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

Receive passcode via:

☒ SMS

☐ Voice

Figure 1.6: Organization Information.

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7. A screen to enter the passcode appears. Enter the last six digits of the code that was sent to the phone and click **Next**.

Note: Depending on the user's phone carrier, there may be a delay in receiving a One-Time Passcode (OTP). Please wait for the OTP to be received. If ten minutes has passed and the user has not received an OTP, the user may click **Resend one-time password**.

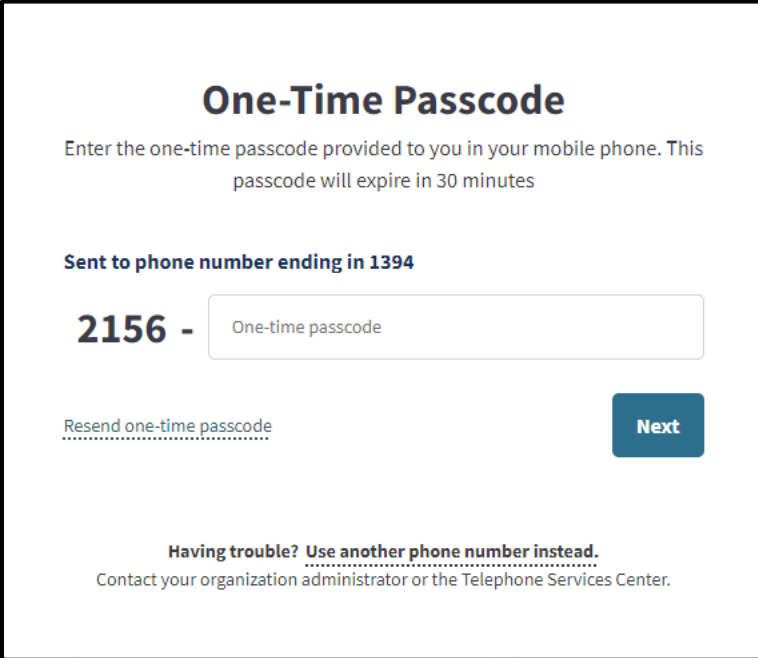
A screenshot of a web form titled "One-Time Passcode". The form has a white background with a black border. At the top, the title "One-Time Passcode" is in bold. Below it, a message says "Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 30 minutes". Further down, it says "Sent to phone number ending in 1394". Below that, the number "2156 -" is displayed next to a text input field labeled "One-time passcode". At the bottom left, there is a link "Resend one-time passcode" with a dotted underline. At the bottom right, there is a blue button labeled "Next". At the very bottom, there is a section titled "Having trouble? Use another phone number instead." with a dotted underline, followed by the text "Contact your organization administrator or the Telephone Services Center."

Figure 1.7: One-Time Passcode.

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8. A **Registration Complete** screen will appear. Click to continue to login button.

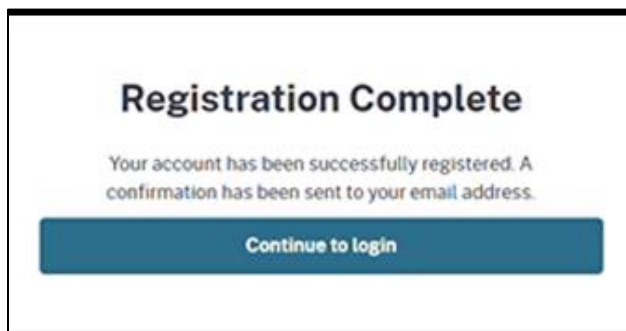


Figure 1.8: Registration Complete.

9. Once registration is complete, an email will be sent to set new password for the Provider Portal. The submitter must select the link in the email **within 30 minutes of receipt**.

Check your email. Click the **set your new password** button in the email to proceed. If an extended period of inactivity results after clicking the button, click **copy/paste the hyperlink** that is under the button into the browser to go directly to the next step.

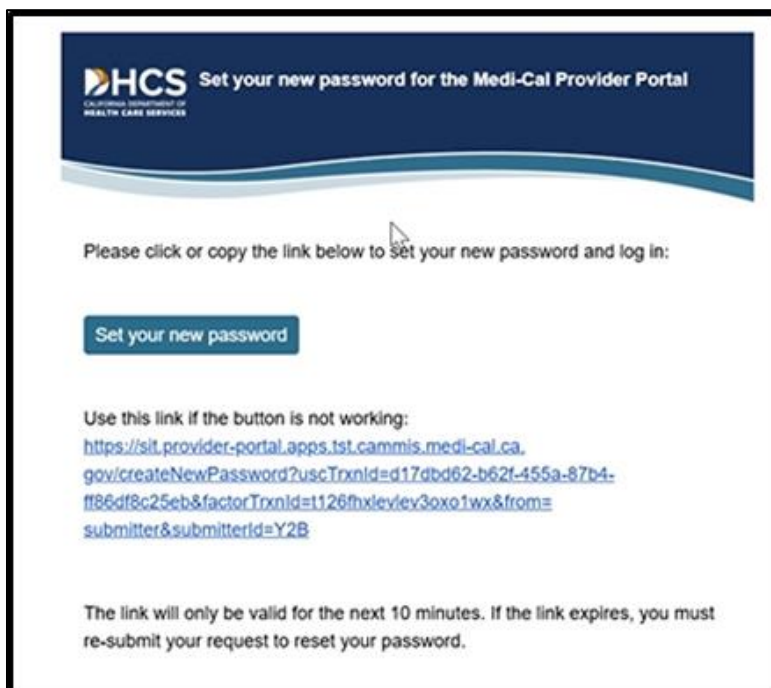
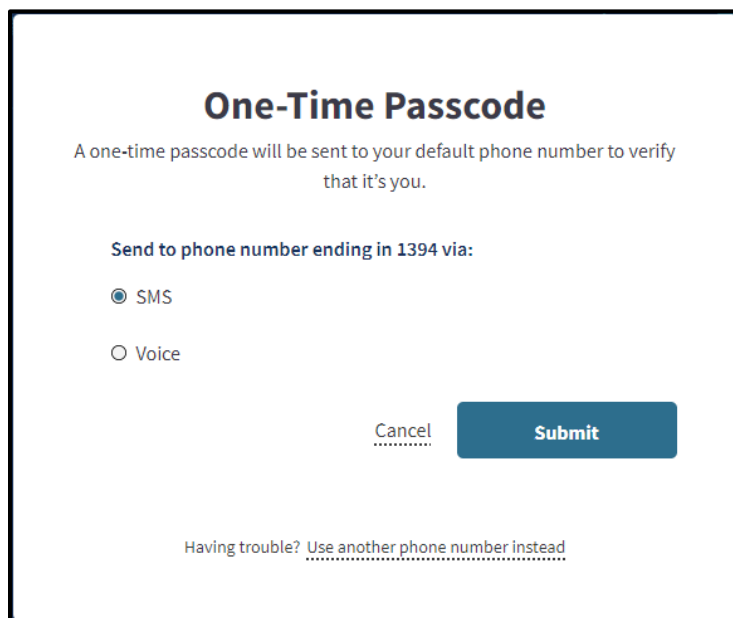


Figure 1.9: Set Your New Password Email Notification.

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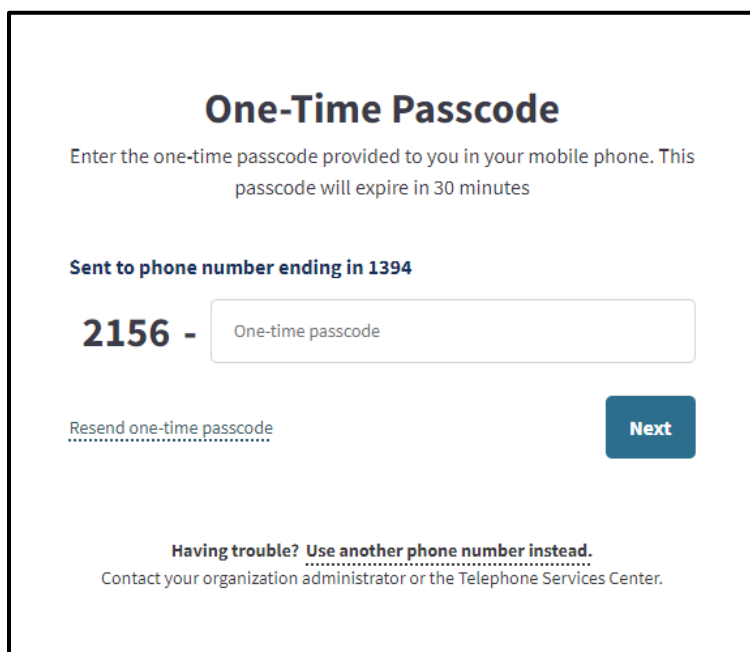
10. A screen to receive an OTP will appear. Select to receive the passcode via **short message service (SMS)** (text) or by **Voice** (call).



The screenshot shows a mobile application screen titled "One-Time Passcode". Below the title, it states: "A one-time passcode will be sent to your default phone number to verify that it's you." There are two radio button options: "SMS" (which is selected) and "Voice". At the bottom right, there are two buttons: "Cancel" and "Submit". At the bottom center, there is a link: "Having trouble? Use another phone number instead".

Figure 1.10: One-Time Passcode.

11. A screen to enter the passcode appears. Enter the last six digits of the code that was sent to the phone and click **Next**.



The screenshot shows a mobile application screen titled "One-Time Passcode". Below the title, it states: "Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 30 minutes". There is a label "Sent to phone number ending in 1394" followed by the number "2156 -" and a text input field labeled "One-time passcode". Below the input field, there is a link: "Resend one-time passcode". At the bottom right, there is a "Next" button. At the bottom center, there is a link: "Having trouble? Use another phone number instead." followed by the text: "Contact your organization administrator or the Telephone Services Center."

Figure 1.11: One-Time Passcode.

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

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

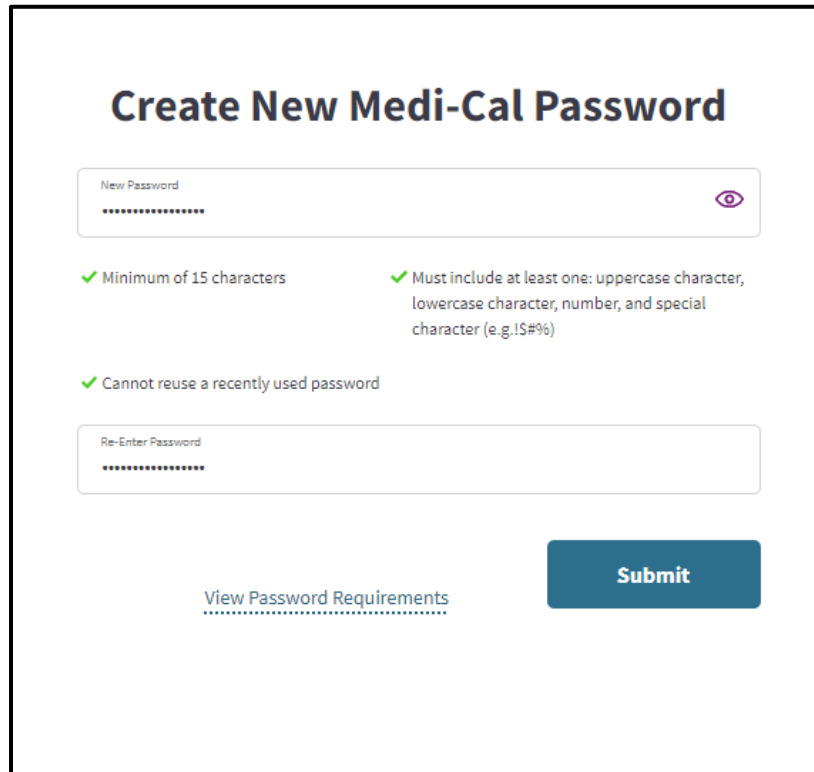
The screenshot shows a web form titled "Create New Medi-Cal Password". At the top, there is a text input field labeled "New Password" with a password strength indicator (a series of dots) and a toggle icon (an eye) to its right. Below this field, there are three green checkmarks indicating password requirements: "Minimum of 15 characters", "Must include at least one: uppercase character, lowercase character, number, and special character (e.g. !\$#%)", and "Cannot reuse a recently used password". Below these checks is a text input field labeled "Re-Enter Password" with a password strength indicator. At the bottom left, there is a link "View Password Requirements" with a dotted underline. At the bottom right, there is a blue "Submit" button.

Figure 1.12: Create New Medi-Cal Password.

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13. Once complete, a screen will appear indicating the new password has been successfully updated.

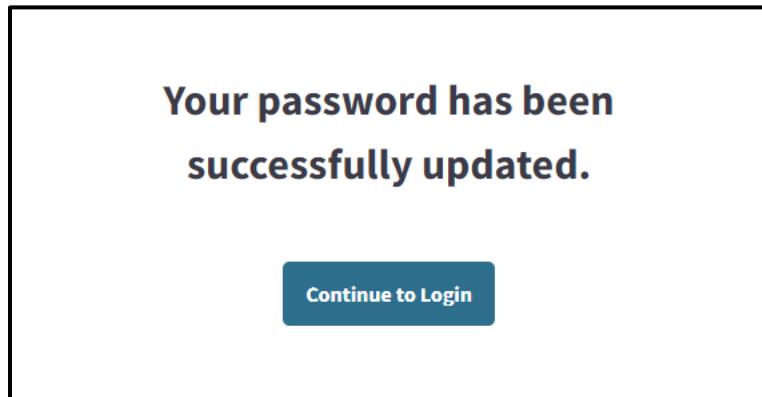


Figure 1.13: Password successfully updated.

14. After completing the registration process, existing submitters will login with the new password.

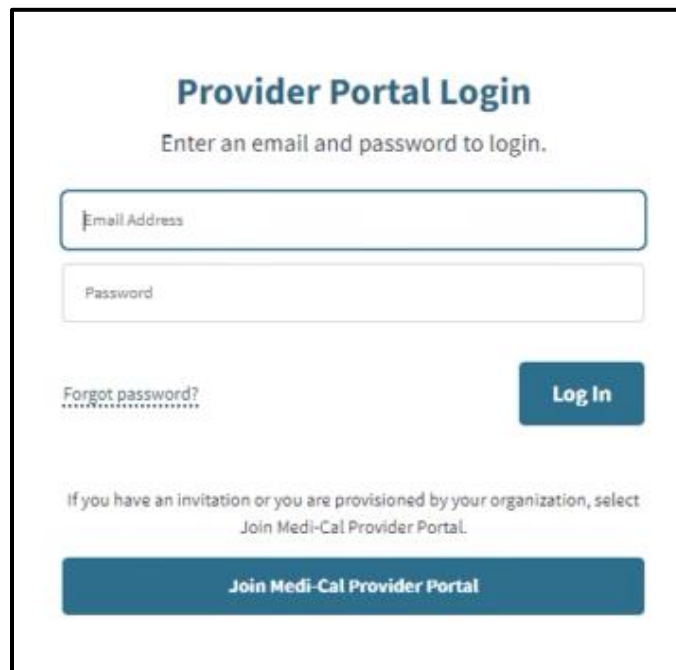
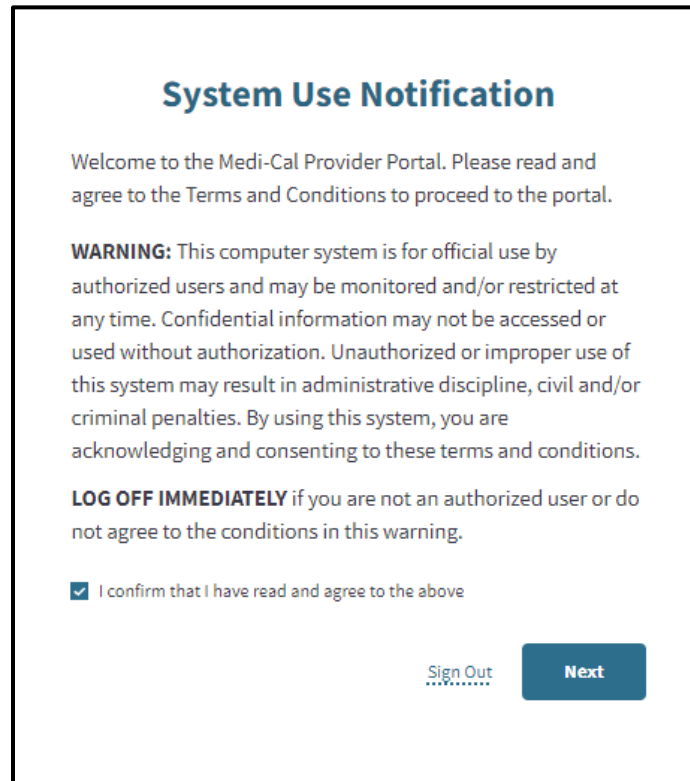


Figure 1.14: Provider Portal Login.

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

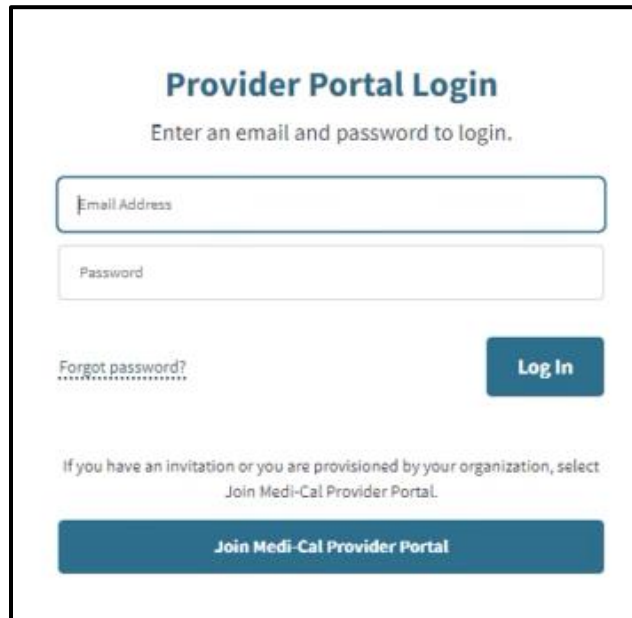
☒ I confirm that I have read and agree to the above

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

Figure 1.15: System Use Notification.

Register as a New Submitter

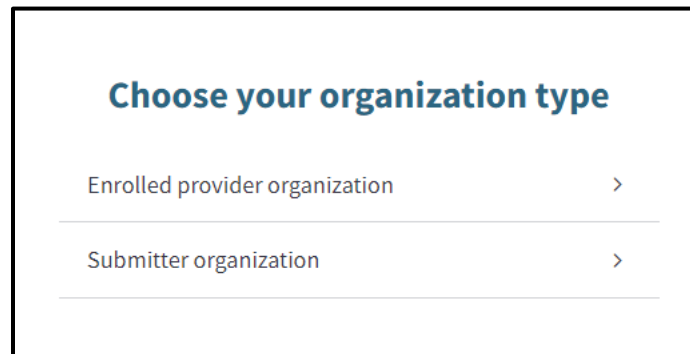
1. Click **Join Medi-Cal Provider Portal**.



The screenshot shows the 'Provider Portal Login' interface. At the top, the title 'Provider Portal Login' is displayed in blue. Below it, a subtitle reads 'Enter an email and password to login.' There 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, there is a link for 'Forgot password?' with a series of dots. At the bottom, there is a blue button labeled 'Join Medi-Cal Provider Portal' with the text 'If you have an invitation or you are provisioned by your organization, select Join Medi-Cal Provider Portal.' above it.

Figure 1.16: Provider Portal Login.

2. A **Choose Your Organization Type** screen will appear. Click **Submitter Organization**.



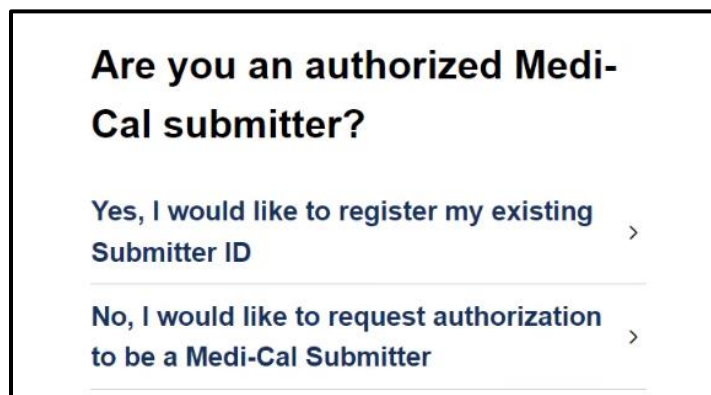
The screenshot shows the 'Choose your organization type' screen. The title 'Choose your organization type' is displayed in blue. Below the title, there are two options: 'Enrolled provider organization' and 'Submitter organization'. Each option has a right-pointing chevron (>) next to it. The 'Submitter organization' option is highlighted with a light blue background.

Figure 1.17: Choose your organization type.

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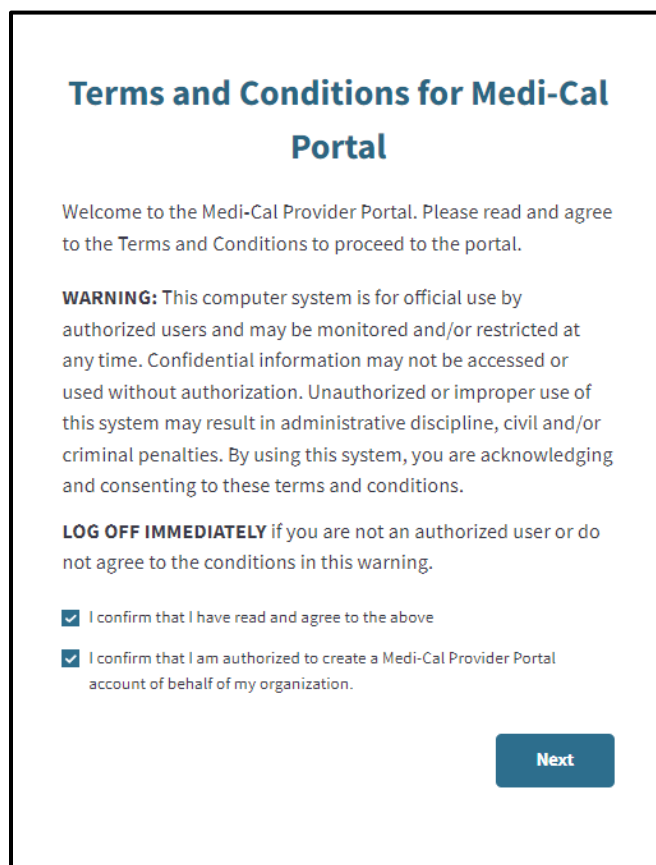
3. A submitter authorization window will appear. Click **No, I would like to request authorization to be a Medi-Cal Submitter**.



The screenshot shows a white rectangular box with a black border. At the top, the text "Are you an authorized Medi-Cal submitter?" is displayed in bold black font. Below this, there are two options, each with a right-pointing chevron icon. The first option is "Yes, I would like to register my existing Submitter ID" in blue text. The second option is "No, I would like to request authorization to be a Medi-Cal Submitter" in blue text.

Figure 1.18: Medi-Cal Submitter Authorization.

4. 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**. Once complete, click **Next**.



The screenshot shows a white rectangular box with a black border. At the top, the text "Terms and Conditions for Medi-Cal Portal" is displayed in bold blue font. Below this, a paragraph of text reads: "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 black font, which states: "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." Below the warning, there is a "LOG OFF IMMEDIATELY" section in bold black font, which states: "if you are not an authorized user or do not agree to the conditions in this warning." At the bottom, there are two checkboxes, both of which are checked. The first checkbox is labeled "I confirm that I have read and agree to the above" and the second checkbox is labeled "I confirm that I am authorized to create a Medi-Cal Provider Portal account on behalf of my organization." At the bottom right, there is a blue button with the text "Next" in white.

Figure 1.19: Terms and Conditions for Medi-Cal Portal.

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5. 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 click **Next**.

The screenshot shows a web form titled "Organization Information". It contains three main sections: "Submitter Organization Information", "Affiliated Provider Organization", and "Account Information". The "Submitter Organization Information" section includes fields for Submitter Legal Name, Doing Business As Name (DBA) - if applicable, Organization Phone Number, Address Line 1, Address Line 2 (optional), City, State (a dropdown menu currently showing "CA"), and Zip. The "Affiliated Provider Organization" section includes a paragraph of instructions, a field for Provider EIN/SSN, and a field for NPI. The "Account Information" section includes fields for Email Address, First Name, Last Name, and Preferred Contact Number. At the bottom, there are radio buttons for "SMS" (selected) and "Voice" to receive a passcode, and a blue "Next" button.

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

Submitter Legal Name

Doing Business As Name (DBA) - if applicable

Organization Phone Number

Address Line 1

Address Line 2 (optional)

City

State
CA

Zip

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.

Provider EIN/SSN

NPI

Account Information

Email Address

First Name

Last Name

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

Preferred Contact Number

Receive passcode via:

☒ SMS

☐ Voice

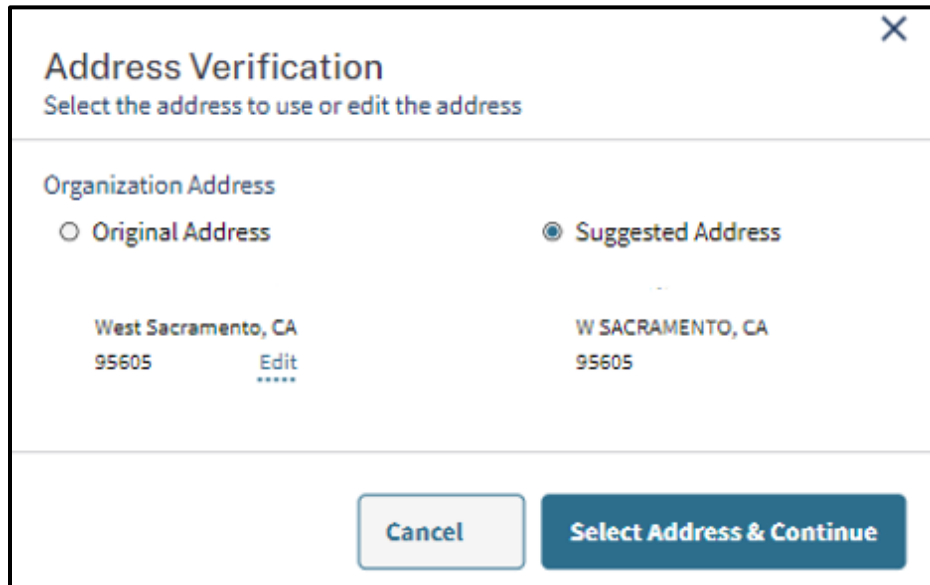
Next

Figure 1.20: Organization Information.

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6. An **Address Verification** screen appears. Select the correct address and click **Select Address & Continue**.



The screenshot shows a modal window titled "Address Verification" with a close button (X) in the top right corner. Below the title is the instruction "Select the address to use or edit the address". The main content area is titled "Organization Address" and contains two radio button options: "Original Address" and "Suggested Address". The "Suggested Address" option is selected. Below these options, there are two address entries. The "Original Address" entry shows "West Sacramento, CA 95605" with an "Edit" link. The "Suggested Address" entry shows "W SACRAMENTO, CA 95605". At the bottom of the modal, there are two buttons: "Cancel" and "Select Address & Continue".

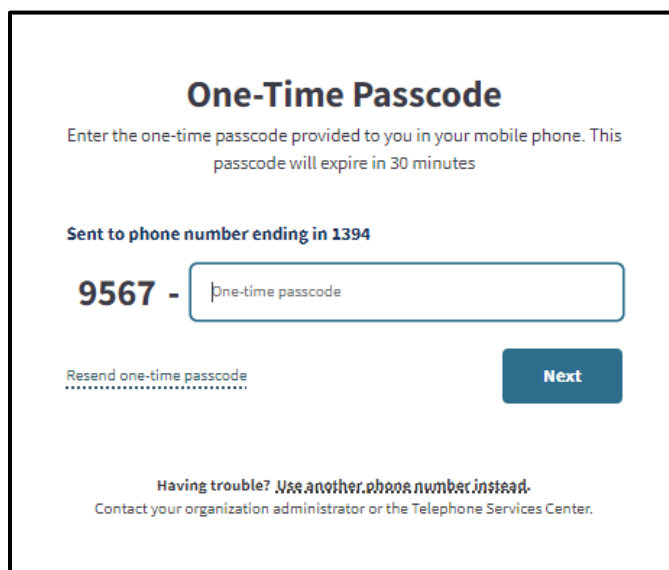
Figure 1.21: Address Verification.

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7. A screen to enter the passcode appears. Enter the last six digits of the code that was sent to the phone and click **Next**.

Note: Depending on the user's phone carrier, there may be a delay in receiving a OTP. Please wait for the OTP to be received. If ten minutes has passed and the user has not received an OTP, the user may click **Resend one-time password**.



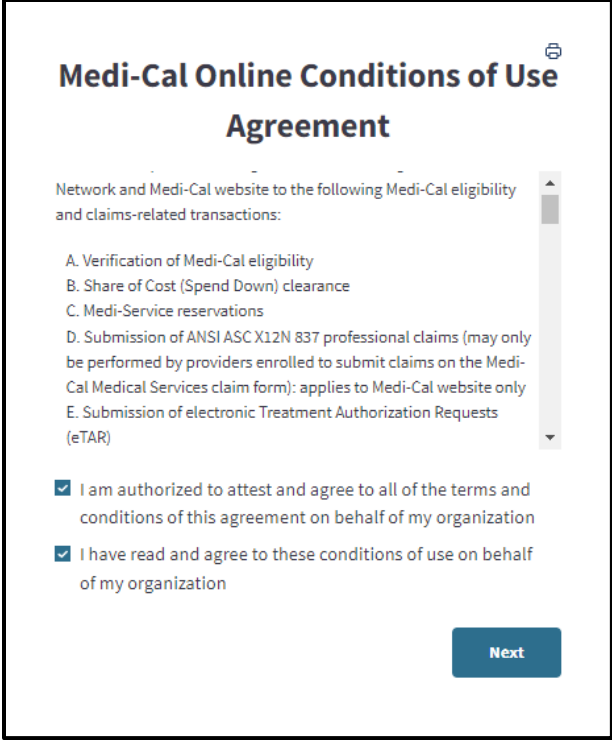
The screenshot shows a web interface for entering a one-time passcode. At the top, the title "One-Time Passcode" is displayed in bold. Below it, a message states: "Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 30 minutes". Further down, it says "Sent to phone number ending in 1394". The main input area shows "9567 -" followed by a text box containing "One-time passcode". Below the input area, there is a link "Resend one-time passcode" and a blue button labeled "Next". At the bottom, there is a section titled "Having trouble? Use another phone number instead." with the text "Contact your organization administrator or the Telephone Services Center."

Figure 1.22: One-Time Passcode.

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



The screenshot shows a web form titled "Medi-Cal Online Conditions of Use Agreement". At the top right is a printer icon. Below the title, it says "Network and Medi-Cal website to the following Medi-Cal eligibility and claims-related transactions:". A list of conditions follows: 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, and E. Submission of electronic Treatment Authorization Requests (eTAR). Below the list are two checkboxes, both of which are checked: "I am authorized to attest and agree to all of 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". At the bottom right is a blue button labeled "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

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Figure 1.23: Medi-Cal Online Conditions of Use Agreement.

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

The screenshot displays the 'Submitter + Provider Affiliation Agreement' form. At the top, there are two status indicators: 'Mcportal025 Not signed' and 'Not signed'. The form title is 'MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT (For electronic claim submission)'. It is identified as 'STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY' and 'DEPARTMENT OF HEALTH CARE SERVICES', with version 'DHCS 6153 (Rev. 08/18)'. The form is divided into sections: '1.2 BACKGROUND INFORMATION', '2.0 DEFINITIONS', '3.0 CLAIMS ACCEPTANCE AND PROCESSING', and '3.1 CLAIMS CERTIFICATION'. Each section contains detailed text regarding the provider's obligations. At the bottom, there is a checkbox for 'I confirm that I am eligible to sign this agreement on behalf of my organization', followed by input fields for 'First and Last Name' and 'Title'. A statement 'I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.' is present, along with a line for 'Electronic Signature:'. A blue 'Submit Agreement' button is located at the bottom right.

Figure 1.24: Medi-Cal Telecommunications Provider and Biller Application/Agreement.

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10. **Registration Complete** screen for affiliation request will appear.

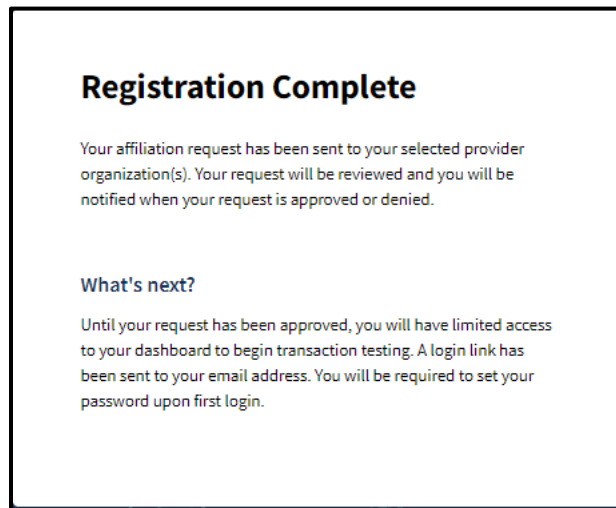


Figure 1.25: Registration Complete.

11. Once registration is complete, an email will be sent to set new password for the Provider Portal. The submitter must select the link in the email **within 30 minutes or it will expire.**

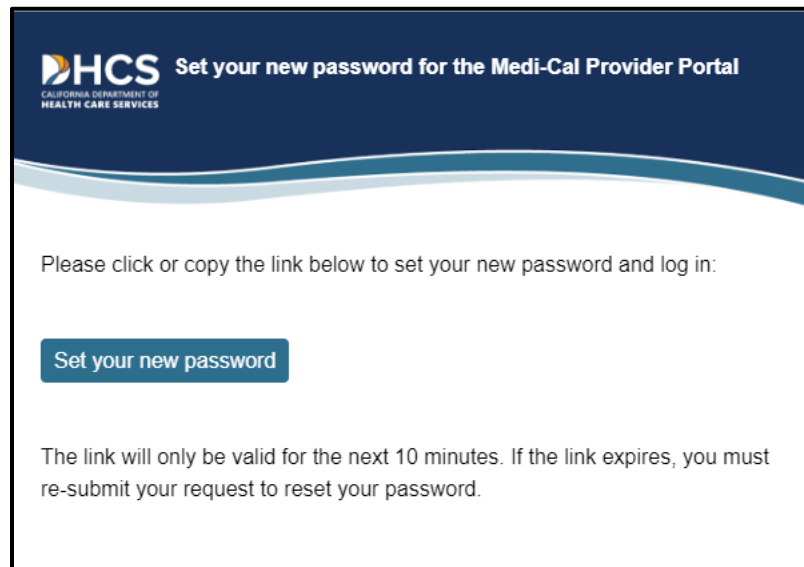
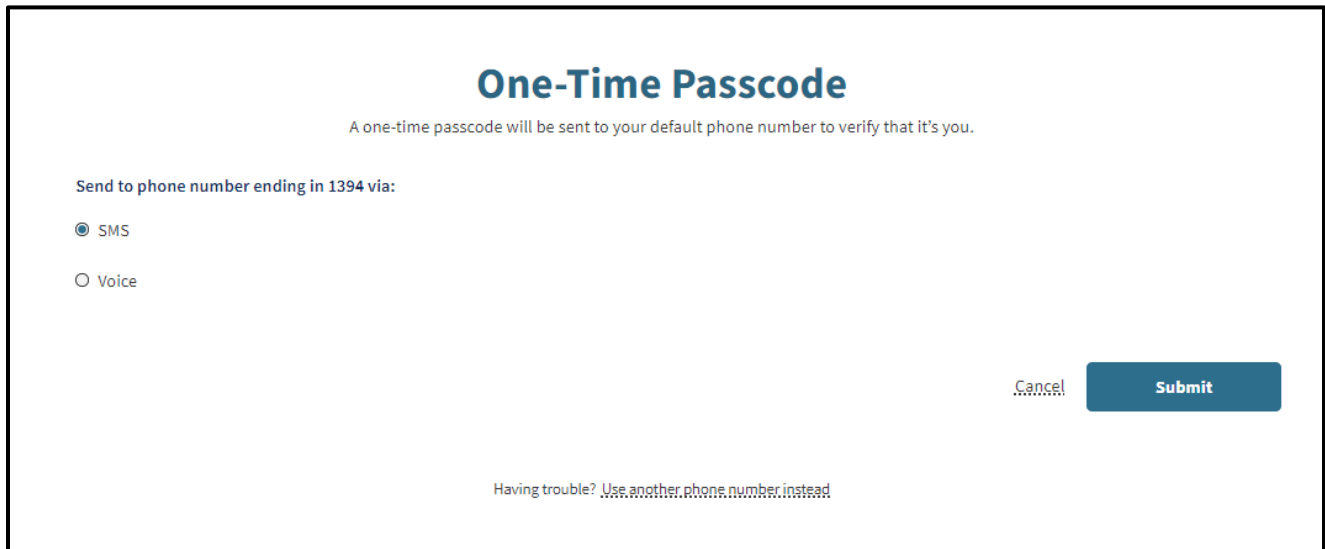


Figure 1.26: Set Your New Password Email Notification.

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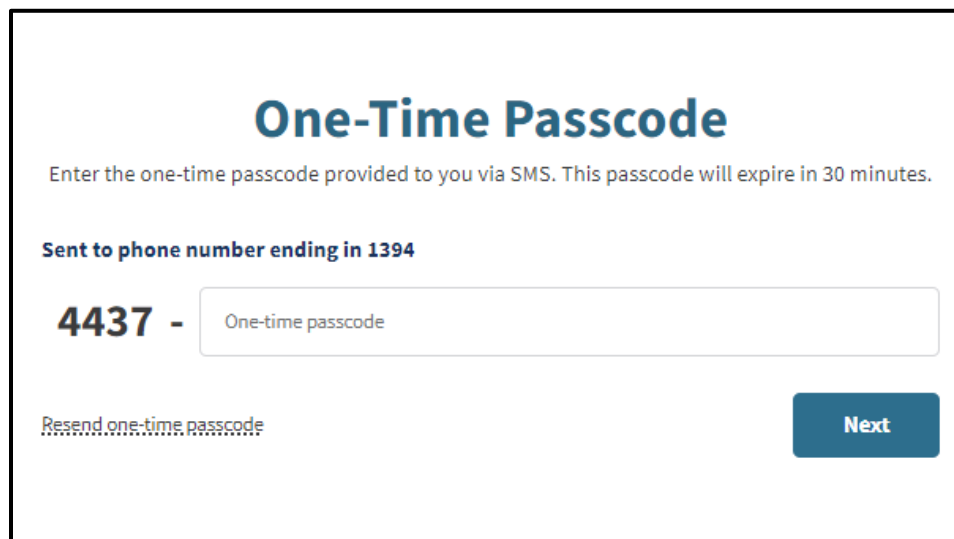
12. A screen to receive an OTP will appear. Select to receive the passcode via **SMS** or **Voice**.



The screenshot shows a web interface titled "One-Time Passcode" in blue. Below the title, a message states: "A one-time passcode will be sent to your default phone number to verify that it's you." Underneath, it says "Send to phone number ending in 1394 via:" followed by two radio button options: "SMS" (which is selected) and "Voice". At the bottom right, there are two buttons: "Cancel" and "Submit". At the very bottom, a link reads "Having trouble? Use another phone number instead".

Figure 1.27: One-Time Passcode.

13. A screen to enter the passcode appears. Enter the last six digits of the code that was sent to the phone and click **Next**.



The screenshot shows a web interface titled "One-Time Passcode" in blue. Below the title, a message states: "Enter the one-time passcode provided to you via SMS. This passcode will expire in 30 minutes." Underneath, it says "Sent to phone number ending in 1394". Below this, the number "4437" is displayed in large blue font, followed by a hyphen and a text input field labeled "One-time passcode". At the bottom left, there is a link "Resend one-time passcode". At the bottom right, there is a blue button labeled "Next".

Figure 1.28: One-Time Passcode.

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14. A screen to **Create New Medi-Cal Password** will appear. Enter a password that aligns with the password criteria and click **Submit**.

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

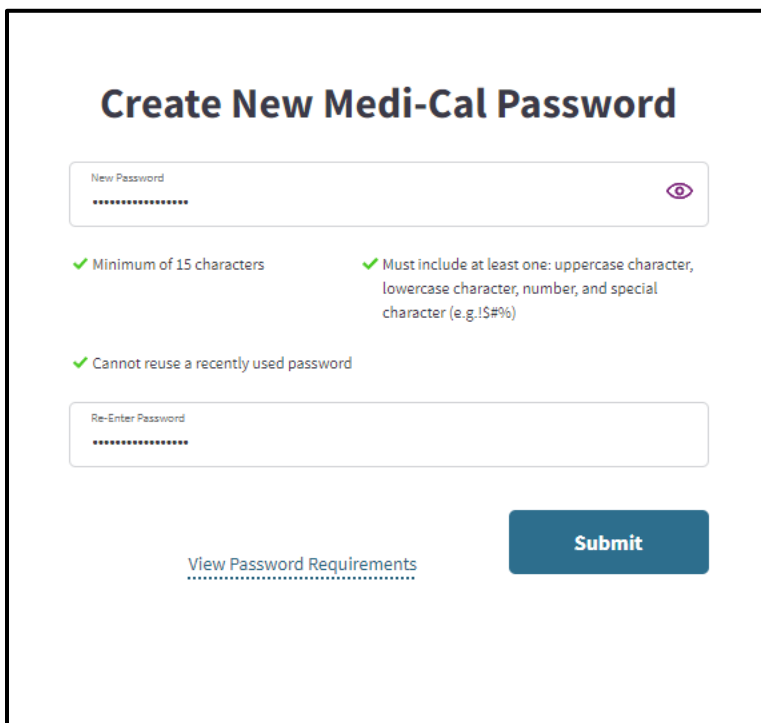


Figure 1.29: Create New Medi-Cal Password.

15. Once complete, a screen will appear indicating the new password has been successfully updated.

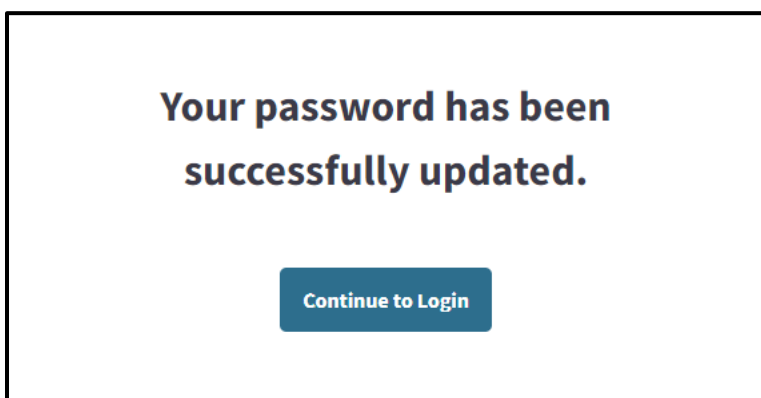


Figure 1.30: Password successfully updated.

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16. After completing the registration process, existing submitters will login with the new password.

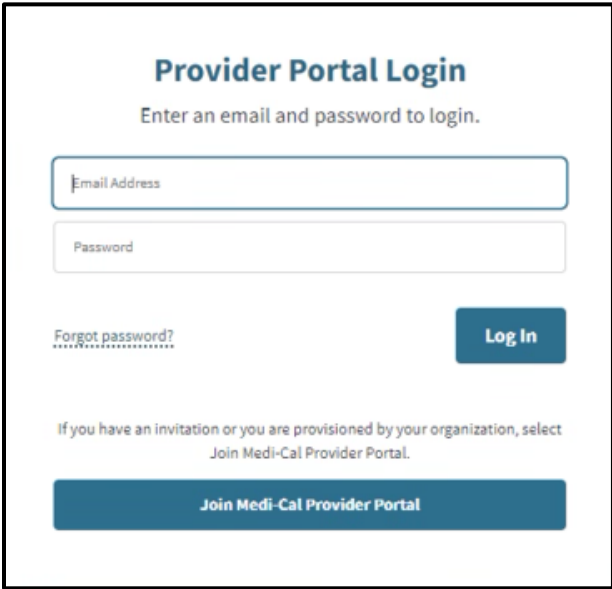
The image shows a login page titled "Provider Portal Login". Below the title is the instruction "Enter an email and password to login." There are two input fields: "Email Address" and "Password". To the right of the "Password" field is a "Log In" button. Below the input fields is a link "Forgot password?". At the bottom, there is a section for users with an invitation or provisioned by their organization, with the text "If you have an invitation or you are provisioned by your organization, select Join Medi-Cal Provider Portal." and a "Join Medi-Cal Provider Portal" button.

Figure 1.31: Provider Portal Login.

17. A **System Use Notification** window displays. Select **I confirm that I have read and agree to the above** and click **Next**.

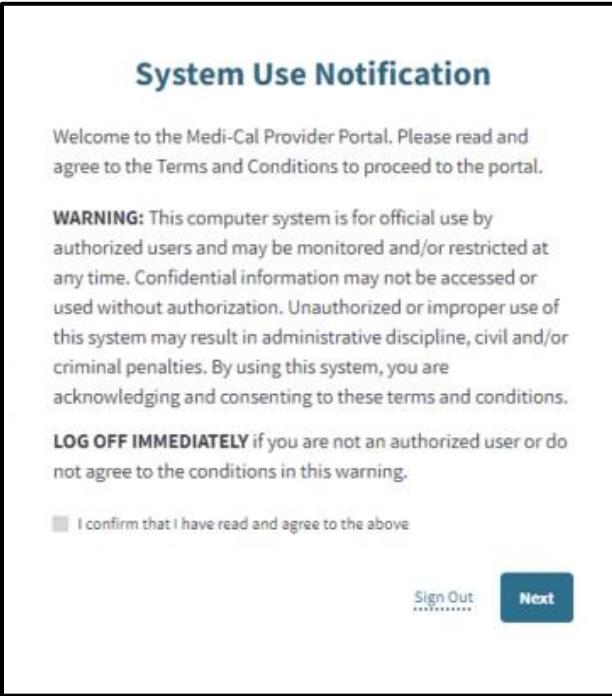
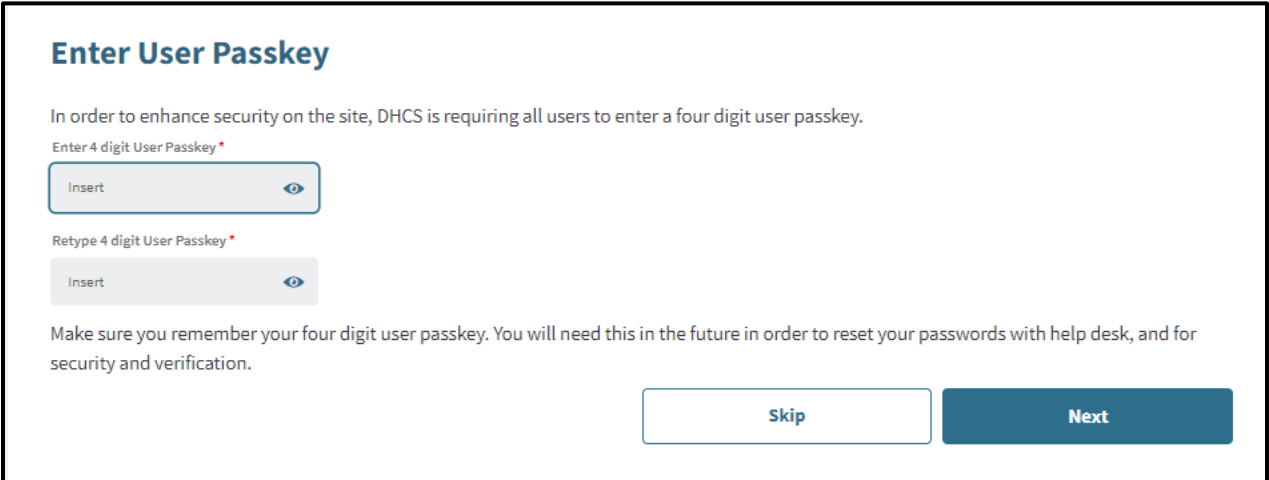
The image shows a "System Use Notification" screen. It starts with a welcome message: "Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal." Below this is a "WARNING" section stating that the system is for official use, may be monitored, and that unauthorized use can result in penalties. It asks the user to acknowledge and consent to these terms. Then, it says "LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions in this warning." At the bottom, there is a checkbox labeled "I confirm that I have read and agree to the above". To the right of the checkbox are two buttons: "Sign Out" and "Next".

Figure 1.32: 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, click **Next** to continue or click **Skip** to bypass adding the new passkey.

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 User Passkey *

Insert

Retype 4 digit User Passkey *

Insert

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.

[Skip](#) [Next](#)

Figure 1.33: Enter User Passkey.

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Provider Portal Overview

The Provider Portal is designed to house communications, notifications and organization information. Users within a submitter organization may be assigned as an Administrator or a Processor.

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 Transaction Center but will not have access to the organization administration functions.

Dashboard

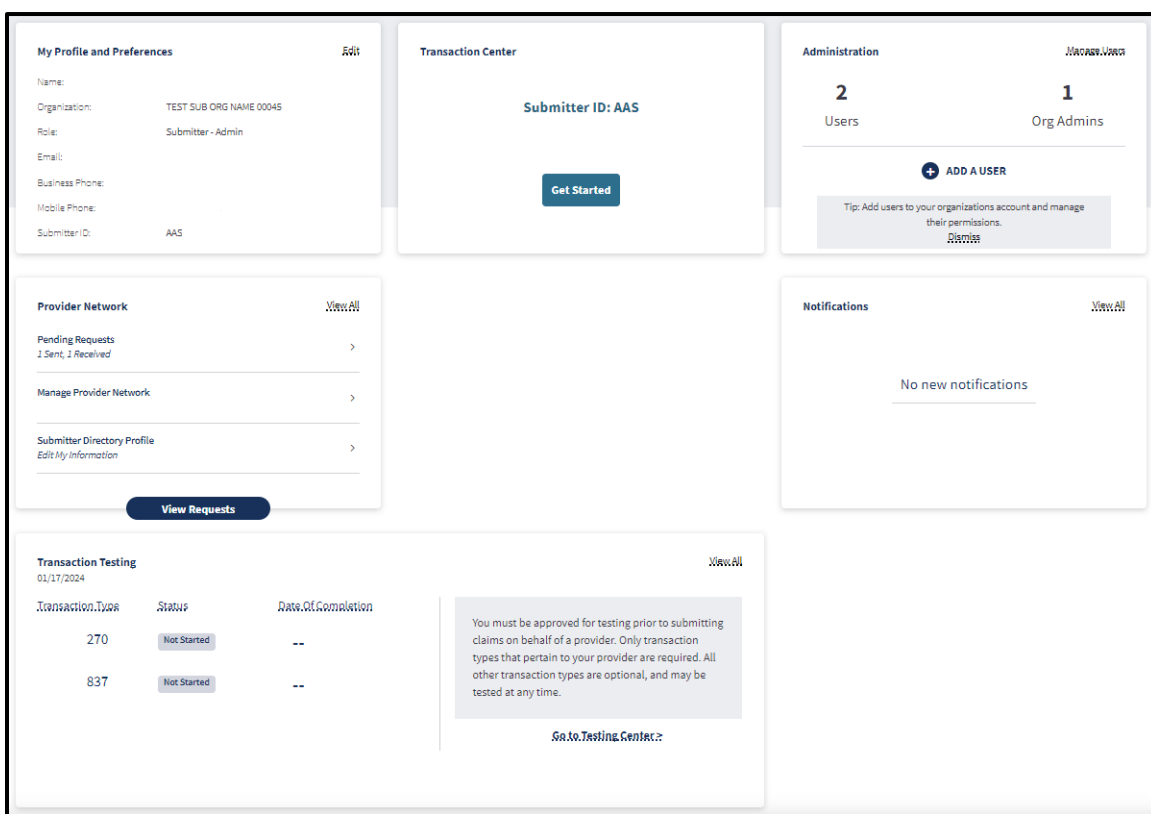


Figure 1.34: Provider Portal Submitter Admin Dashboard.

The Portal contains six (6) areas on an Administrator's Dashboard; detailed information about each can be found later in this user guide.

- **My Profile and Preferences** contains personal contact information and submitter ID. This allows adjustment to email notification settings.
- The **Transactions Center** allows users to create and keep track of various transactions, and single sign on to Transaction Services.

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

Account Status Bar

The **Account Status** bar located on the bottom of the Dashboard page displays the approval status of: **Submit affiliation request(s)**, **Complete transaction testing** and **Receive provider approval**. The bar will read **Pending approval** until all three tasks are checked. Once they are all complete, the bar will disappear.

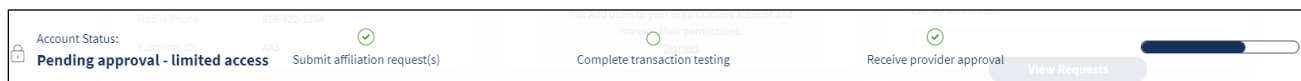


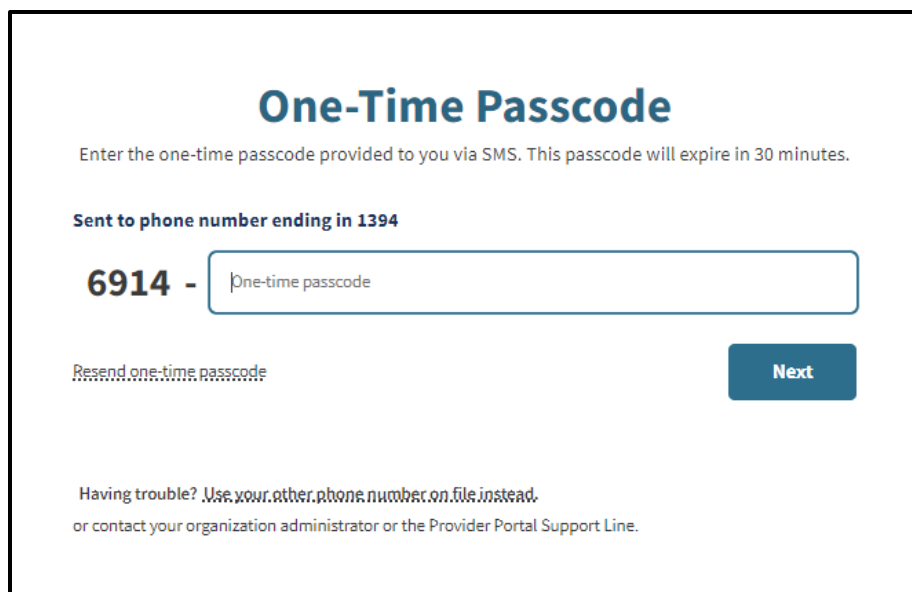
Figure 1.35: Account Status Dashboard.

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One-Time Passcode

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.



The screenshot shows a web form titled "One-Time Passcode" in a blue header. Below the title, a message states: "Enter the one-time passcode provided to you via SMS. This passcode will expire in 30 minutes." The form indicates the passcode was "Sent to phone number ending in 1394". It features a large input field with a blue border, preceded by the text "6914 -". Inside the input field, the placeholder text "One-time passcode" is visible. To the left of the input field is a link that says "Resend one-time passcode". To the right is a blue button labeled "Next". At the bottom, there is a link: "Having trouble? Use your other phone number on file instead," followed by the text "or contact your organization administrator or the Provider Portal Support Line."

Figure 1.36: One-Time Passcode.

If the 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 click **Next** to continue conducting business in the Portal.

To edit phone settings, refer to the "Edit Phone Number" section in this user guide.

Select an Organization

Upon first login, a screen appears prompting the new user to select an organization. The organizations displayed are determined by an Administrator when the Administrator is initially adding the user. (Refer to the “Add a User” section).

This page 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.

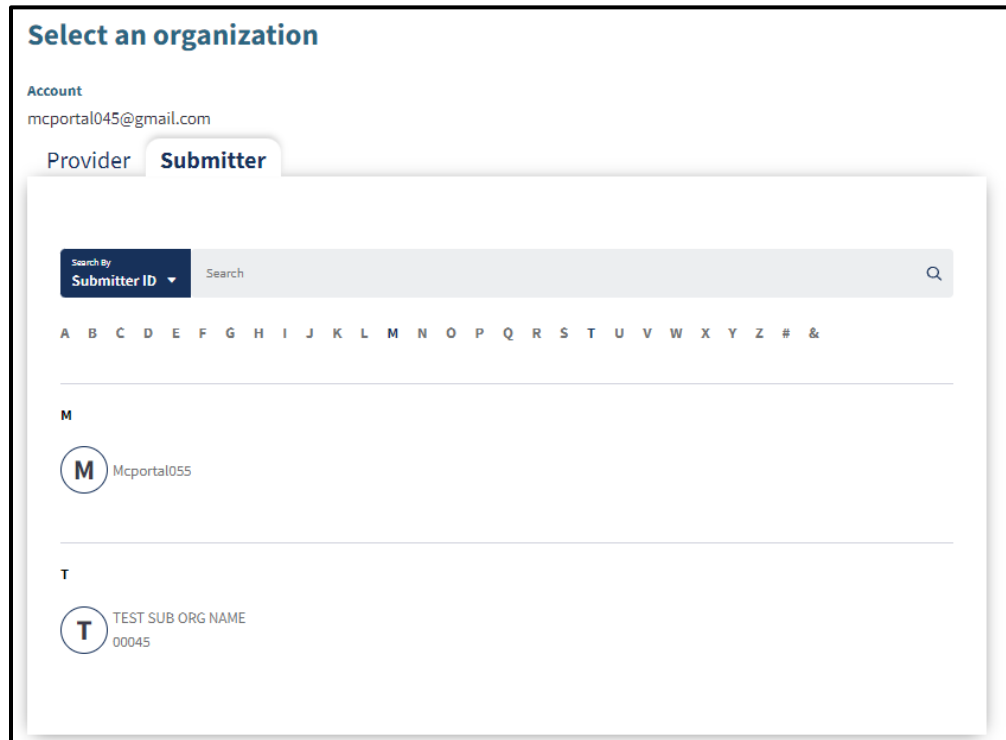


Figure 1.37: Select an organization.

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

Switch to a Different 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 clicking the **Add or Switch Organization** drop-down menu from the top right-hand side of the **Dashboard**, then selecting **Switch Organization**.

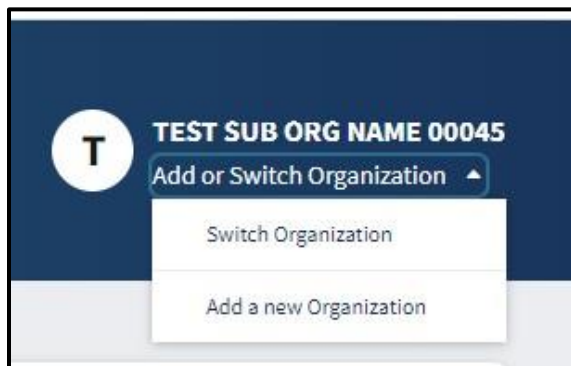


Figure 1.38: Add or Switch Organization.

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

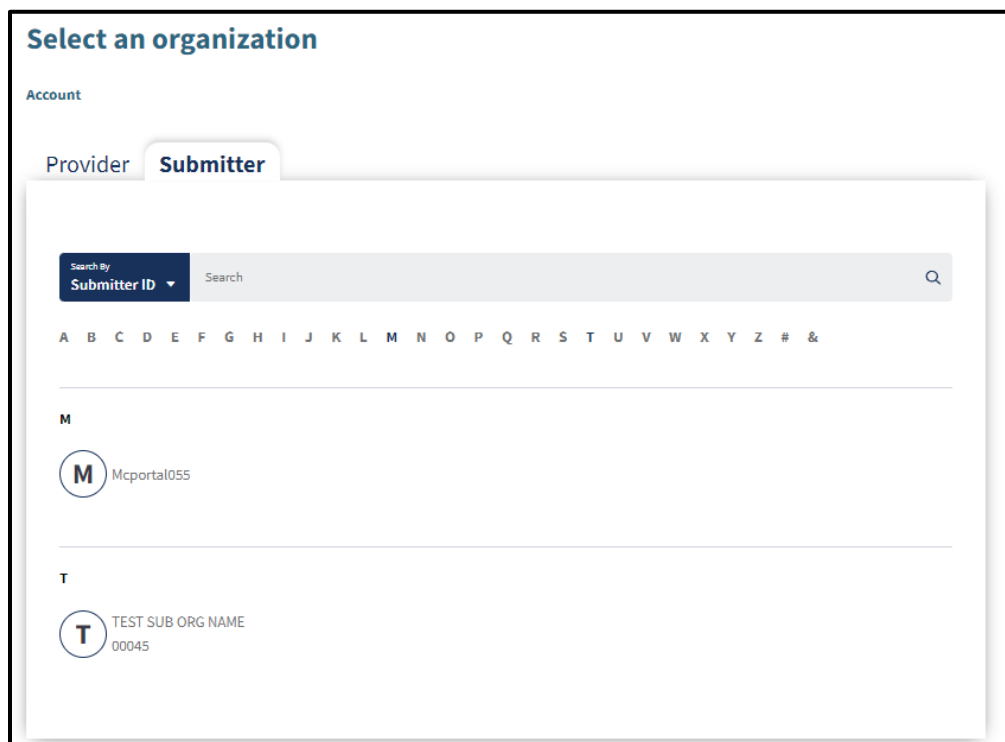


Figure 1.39: Select an organization.

Add New Organization

1. If a user wishes to add a new organization, the user can do so at any time by clicking the **Add or Switch Organization** drop-down menu from the top right-hand side of the **Dashboard**, then selecting **Add a new organization**.

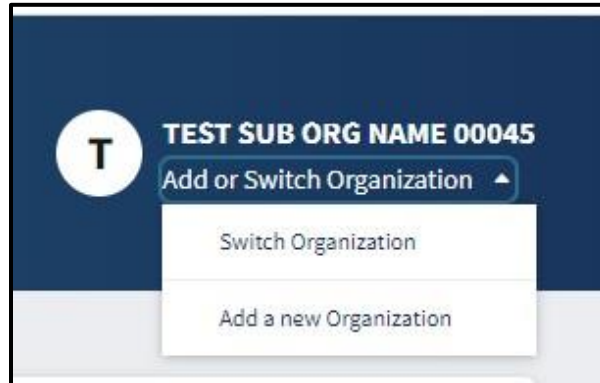


Figure 1.40: Add or Switch Organization.

Change a Password

Users may change their own passwords:

1. From **My Profile and Preferences** on the **Dashboard**, select **Edit**.

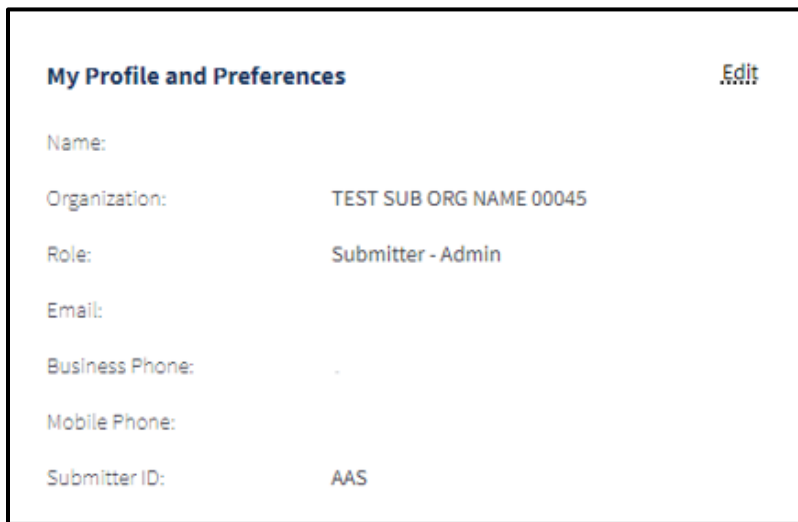


Figure 1.41: My Profile and Preferences.

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2. A page to **Edit Account Information** appears. Scroll down to Password and click **Edit**. An area to edit the account password appears.

Edit Account Information

Personal Information [Edit](#)

Name:

Organization: TEST SUB ORG NAME 00045 [Edit](#)

Role: Submitter [Edit](#)

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 1.42: Edit Account Information.

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3. A screen to receive an OTP will appear. Select to receive the passcode via **SMS** (text) or **Voice** (call).

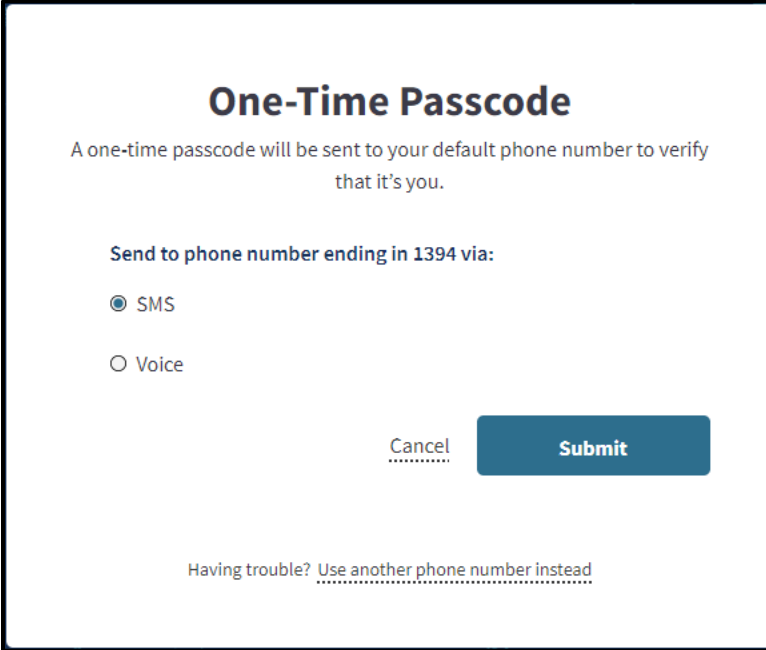
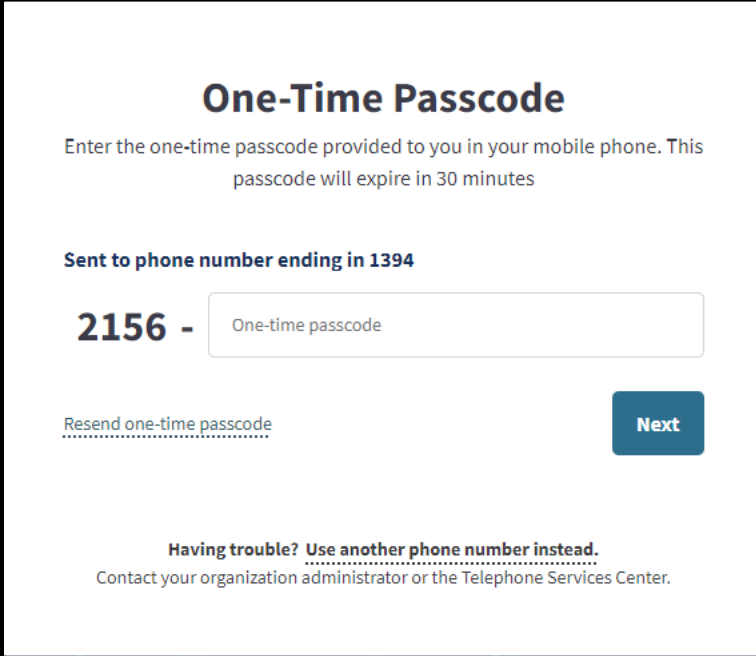
A screenshot of a mobile application screen titled "One-Time Passcode". The screen has a white background with a dark blue border. At the top, the title "One-Time Passcode" is in bold dark blue. Below it, a message states: "A one-time passcode will be sent to your default phone number to verify that it's you." Further down, the text "Send to phone number ending in 1394 via:" is followed by two radio button options: "SMS" (which is selected) and "Voice". At the bottom right, there are two buttons: a "Cancel" button with a dotted line underneath and a solid blue "Submit" button. At the bottom center, there is a link that says "Having trouble? Use another phone number instead" with a dotted line underneath.

Figure 1.43: One-Time Passcode.

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4. Enter the OTP provided. The passcode will expire in 10 minutes.

A screenshot of a web form titled "One-Time Passcode". The form instructs the user to enter a one-time passcode received on their mobile phone, noting it expires in 30 minutes. It shows a sample number "2156 -" followed by a text input field labeled "One-time passcode". Below the input field is a "Resend one-time passcode" link and a blue "Next" button. At the bottom, there is a "Having trouble?" section with a link to use another phone number and contact information for the organization administrator or Telephone Services Center.

One-Time Passcode

Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 30 minutes

Sent to phone number ending in 1394

2156 -

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

Having trouble? Use another phone number instead.
Contact your organization administrator or the Telephone Services Center.

Figure 1.44: One-Time Passcode.

5. An area to edit the account password appears. Enter the current password and a new password that follows the password guidelines.

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 recently used password cannot be reused.

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Re-enter the new password and select **Change Password**.


The screenshot shows a 'Change Password' form. At the top, the word 'Password' is in bold. Below it are three input fields: 'Current Password', 'New Password', and 'Re-enter New Password'. Each field has a small eye icon to its right. At the bottom left is a link 'View Password Requirements'. At the bottom center is a 'Cancel' button. At the bottom right is a blue 'Change Password' button.

Figure 1.45: Change Password.

6. A confirmation screen appears. The password is now updated.

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?**

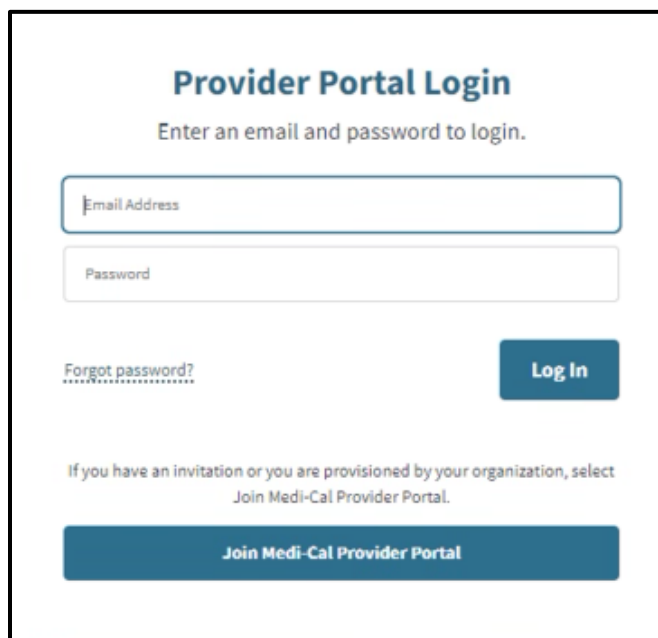
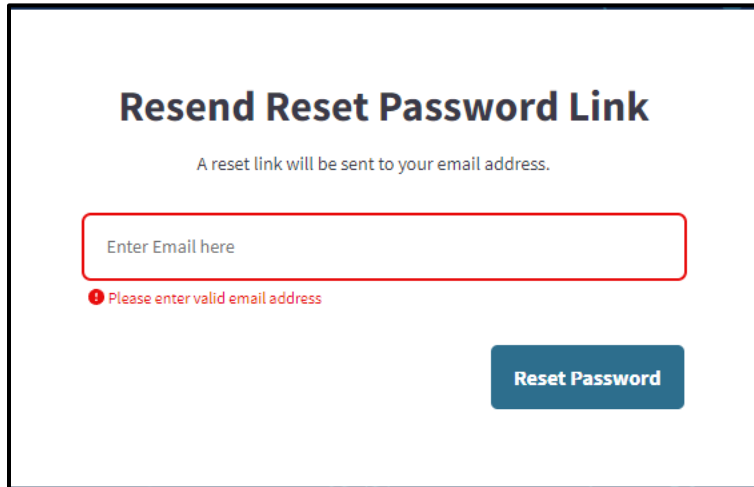
The screenshot shows the 'Provider Portal Login' screen. The title 'Provider Portal Login' is at the top in blue. Below it is the instruction 'Enter an email and password to login.' There are two input fields: 'Email Address' and 'Password'. To the right of the 'Password' field is a blue 'Log In' button.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

Figure 1.46: Provider Portal Login.

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

A screenshot of a web form titled "Resend Reset Password Link". 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 red error message: "Please enter valid email address". To the right of the input field is a blue button labeled "Reset Password".

Resend Reset Password Link

A reset link will be sent to your email address.

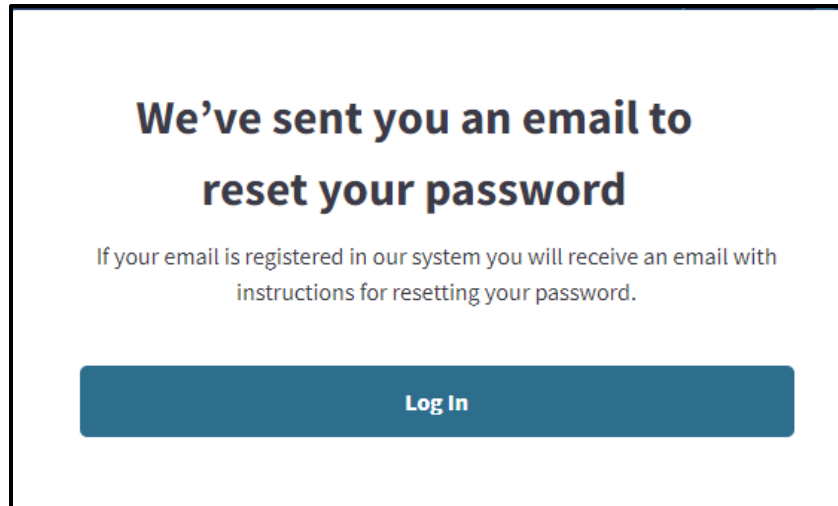
Enter Email here

Please enter valid email address

Reset Password

Figure 1.47: Resend Reset Password Link.

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

A screenshot of a notification screen. The main heading is "We've sent you an email to reset your password". Below this is a subtitle: "If your email is registered in our system you will receive an email with instructions for resetting your password." At the bottom is a blue button labeled "Log In".

**We've sent you an email to
reset your password**

If your email is registered in our system you will receive an email with
instructions for resetting your password.

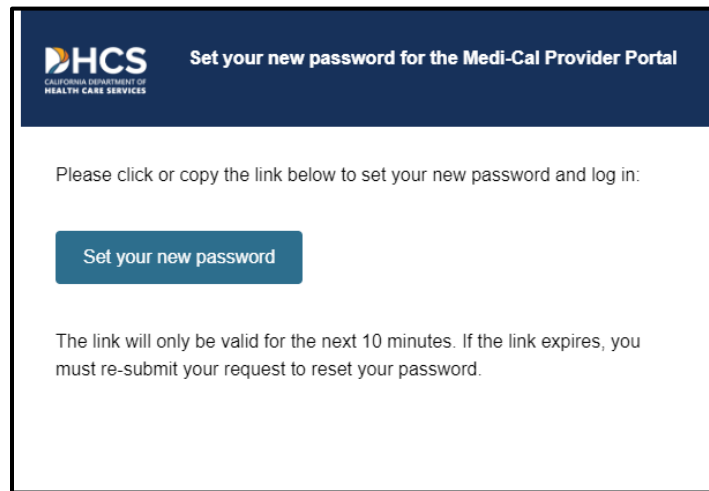
Log In

Figure 1.48: Notification of email sent to reset password.

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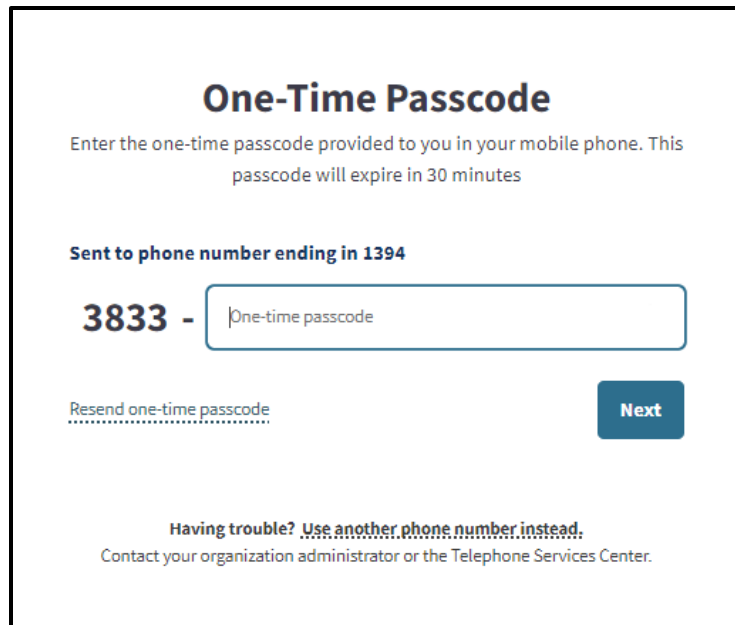
4. A link to reset the password will be sent via email.



The screenshot shows an email notification from HCS (California Department of Health Care Services). The header is dark blue with the HCS logo and the text 'Set your new password for the Medi-Cal Provider Portal'. The main body is white and contains the following text: 'Please click or copy the link below to set your new password and log in:'. Below this is a blue button labeled 'Set your new password'. Further down, it states: 'The link will only be valid for the next 10 minutes. If the link expires, you must re-submit your request to reset your password.'

Figure 1.49: Set new password email notification.

5. 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 click **Next**.



The screenshot shows a 'One-Time Passcode' entry screen. The title is 'One-Time Passcode' in bold. Below it, the text reads: 'Enter the one-time passcode provided to you in your mobile phone. This passcode will expire in 30 minutes'. Underneath, it says 'Sent to phone number ending in 1394'. The passcode '3833' is displayed, followed by a hyphen and a text input field labeled 'One-time passcode'. Below the input field is a link that says 'Resend one-time passcode'. To the right of the input field is a blue button labeled 'Next'. At the bottom, there is a section titled 'Having trouble? Use another phone number instead.' with the text 'Contact your organization administrator or the Telephone Services Center.'

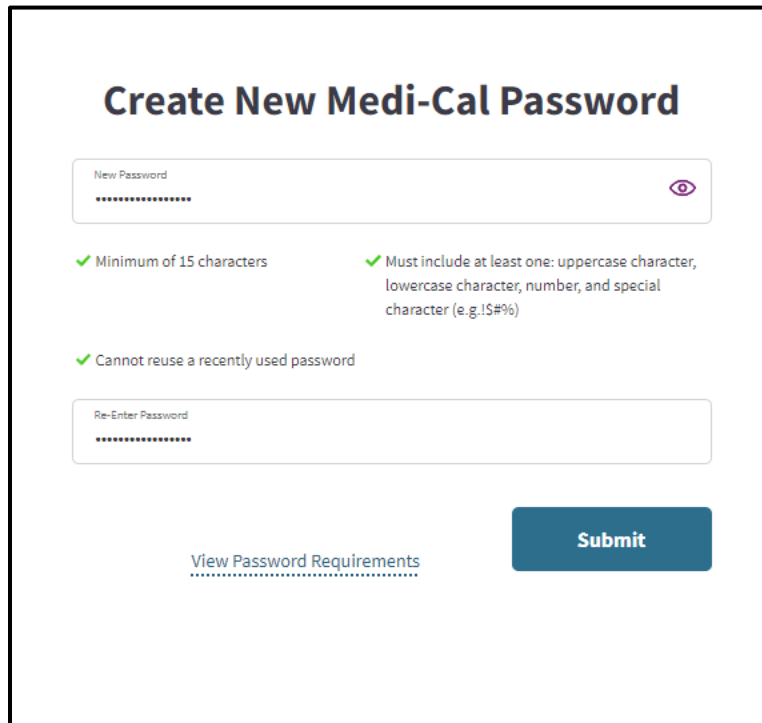
Figure 1.50: One-Time Passcode.

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6. The **Create New Medi-Cal Password** page displays and the user can enter a new password and click **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 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 1.51: Create New Medi-Cal Password.

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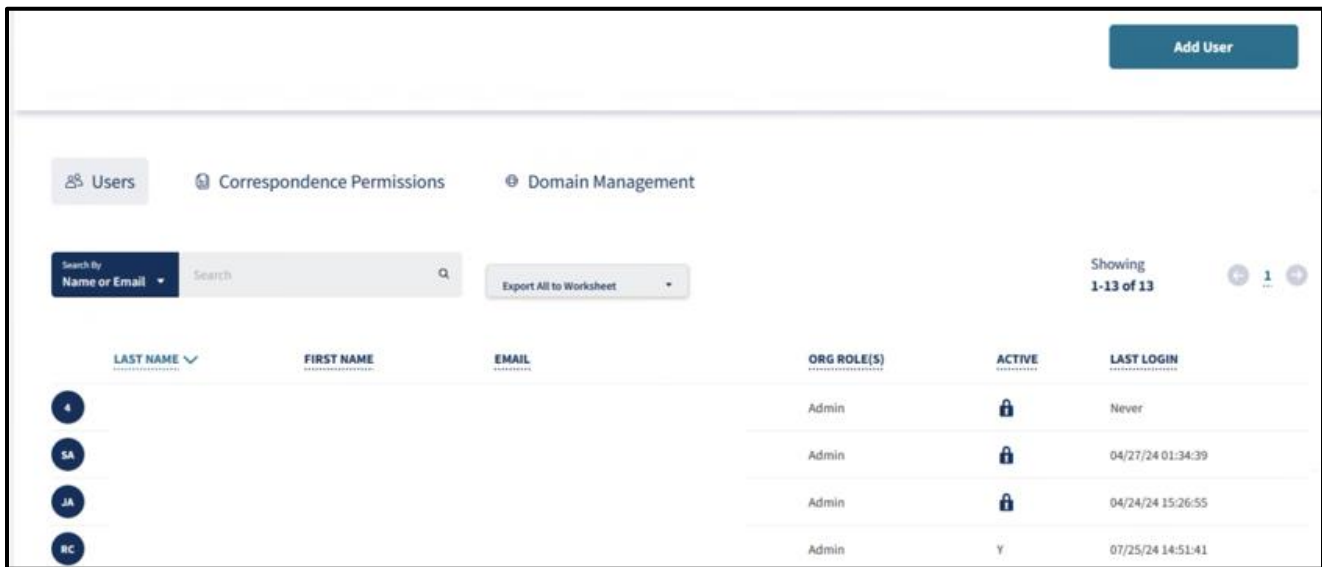
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Unlock Account/Reset Password

A user account will become locked if it is inactive for more than 180 days. Passwords will remain locked until the password reset email is received and the password is updated.

To unlock an account, Administrators must follow these steps:

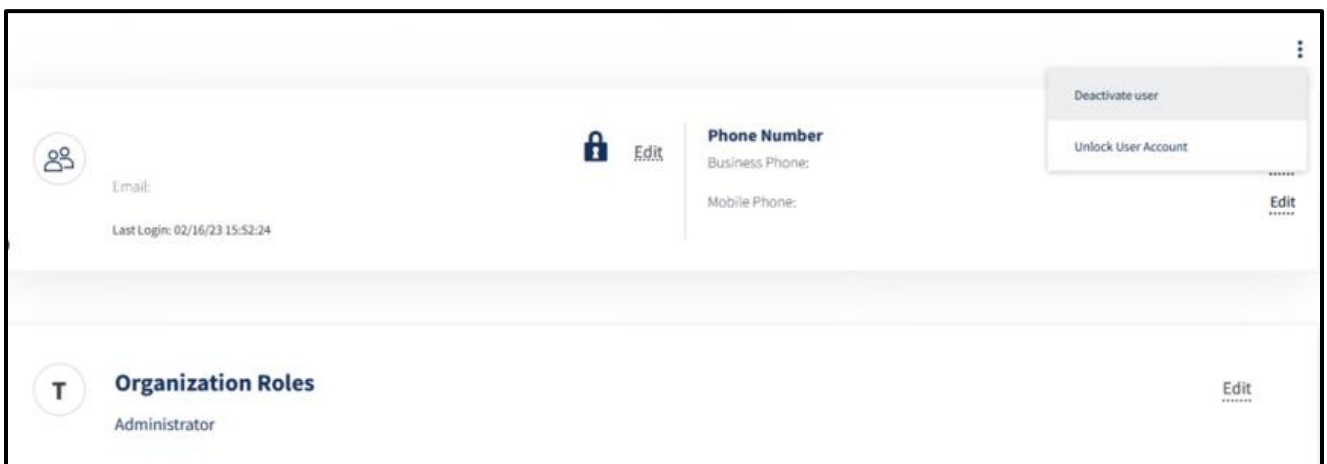
1. Within User Management, the accounts that are locked have the lock symbol (🔒) in the Active column.



| LAST NAME | FIRST NAME | EMAIL | ORG ROLE(S) | ACTIVE | LAST LOGIN |
|-----------|------------|-------|-------------|--------|-------------------|
| 4 | | | Admin | 🔒 | Never |
| SA | | | Admin | 🔒 | 04/27/24 01:34:39 |
| JA | | | Admin | 🔒 | 04/24/24 15:26:55 |
| NC | | | Admin | Y | 07/25/24 14:51:41 |

Figure 1.52: User Management.

2. Select the account that needs to be unlocked. Within the user's account, click the kebab menu at the right corner and select Unlock User Account.



Email: Last Login: 02/16/23 15:52:24

Phone Number
Business Phone:
Mobile Phone:

Organization Roles
Administrator

Deactivate user
Unlock User Account

Figure 1.53: Unlock User Account.

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

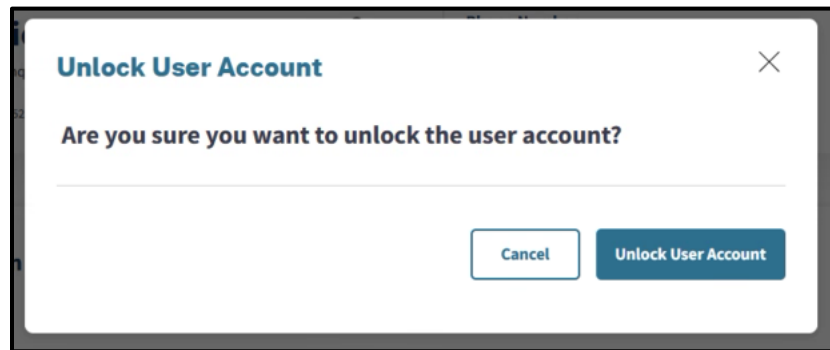


Figure 1.54: Unlock User Account.

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

How to Use Provider Portal Features

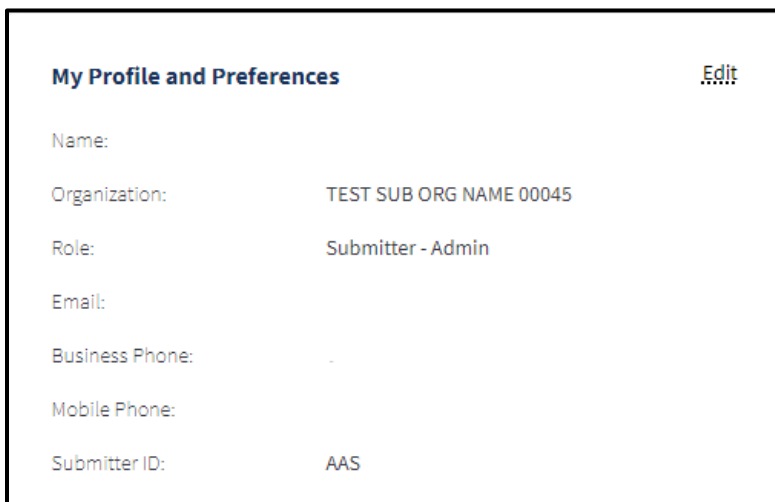
The Provider Portal consolidates Medi-Cal-related information for the user's organization into one location. See each section below for details on how to use each of the Provider Portal areas.

My Profile and Preferences

The **My Profile and Preferences** area houses personal account information and notification preferences. Personal information can be updated at any time. Follow the steps below:

Edit Personal Information

1. To edit a user's information and preferences, select **Edit** in the **My Profile and Preferences** area on the **Dashboard**:



| My Profile and Preferences | | Edit |
|----------------------------|-------------------------|------|
| Name: | | |
| Organization: | TEST SUB ORG NAME 00045 | |
| Role: | Submitter - Admin | |
| Email: | | |
| Business Phone: | - | |
| Mobile Phone: | | |
| Submitter ID: | AAS | |

Figure 2.1: My Profile and Preferences.

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2. Click **Edit** next to **Personal Information**.

Edit Account Information

Personal Information

Edit

Name:

Organization: TEST SUB ORG NAME 00045

Role: Submitter

Email:

Phone Number

Business Phone:

Mobile Phone:

Assigned to two-factor authentication

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

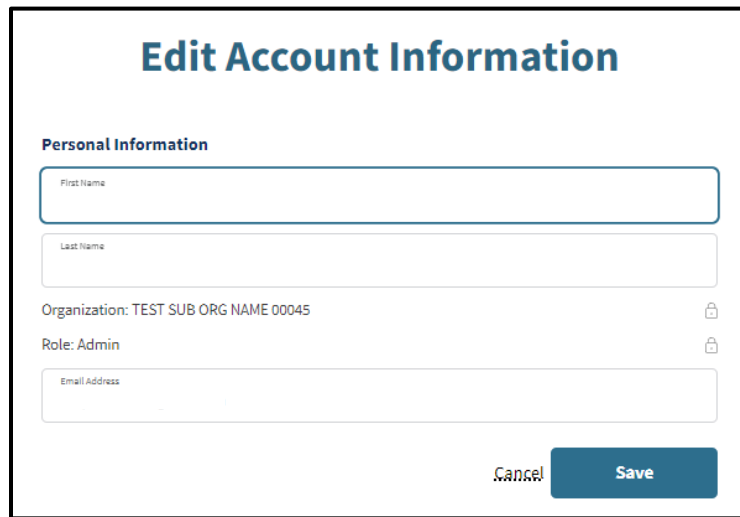
Edit

Figure 2.2: Edit Account Information.

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3. Update the desired information and click **Save**.



The screenshot shows a web form titled "Edit Account Information" in a blue header. Below the title is a section labeled "Personal Information". It contains four input fields: "First Name", "Last Name", "Email Address", and "Organization". The "Organization" field is pre-filled with "TEST SUB ORG NAME 00045". To the right of the "Organization" and "Role: Admin" fields is a lock icon, indicating they are read-only. At the bottom right of the form are two buttons: "Cancel" and "Save".

Figure 2.3: Edit Account 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 who created the user. **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.

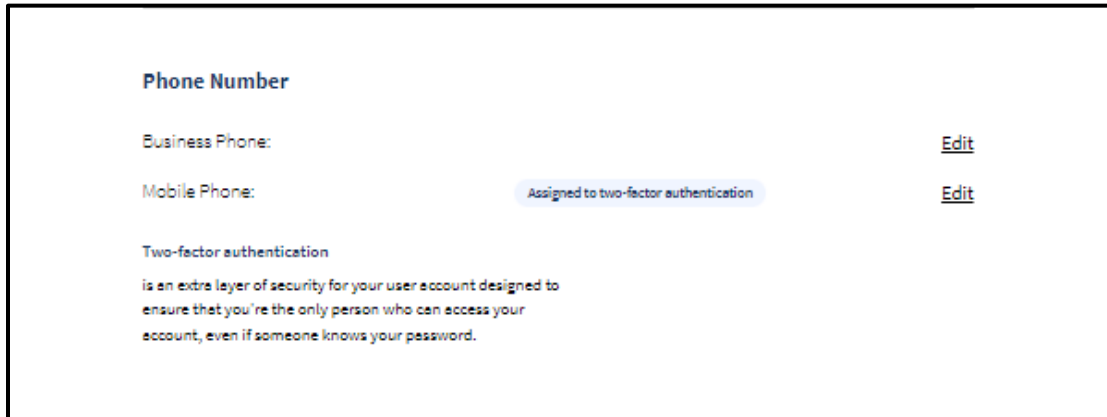
4. A confirmation appears indicating the updated information was successfully updated.

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Edit Phone Number

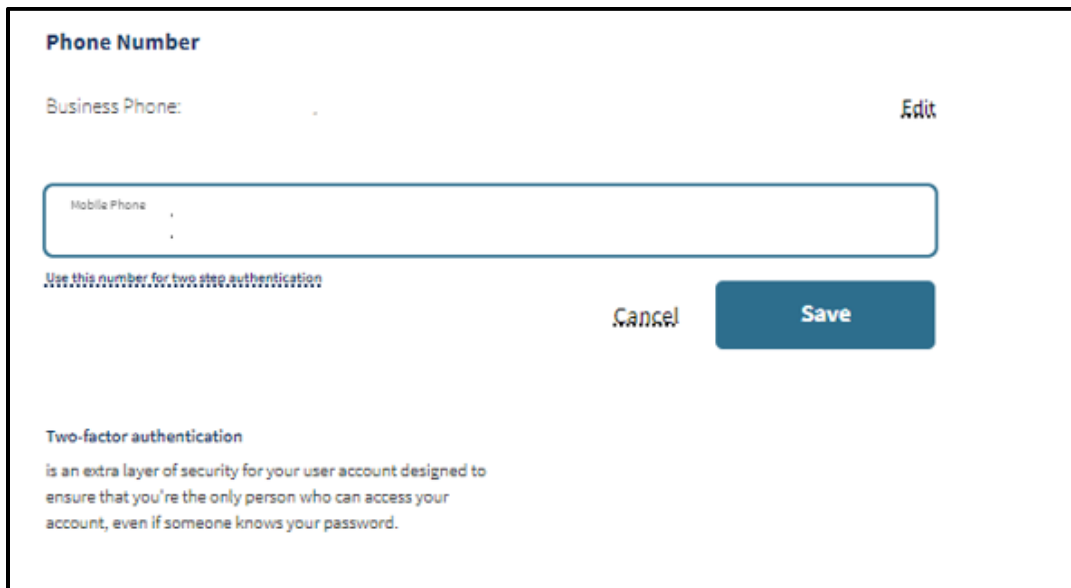
1. Select **Edit** next to the phone number to edit.



The screenshot shows a 'Phone Number' settings page. It has a title 'Phone Number' in blue. Below it, there are two rows: 'Business Phone:' with an 'Edit' link to its right, and 'Mobile Phone:' with a blue pill-shaped label 'Assigned to two-factor authentication' and an 'Edit' link to its right. At the bottom, there is a section titled 'Two-factor authentication' with a paragraph explaining it as an extra layer of security.

Figure 2.4: Phone Number.

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



The screenshot shows a modal window titled 'Phone Number'. It contains a 'Business Phone:' label with an 'Edit' link. Below it is a large text input field for the 'Mobile Phone'. Under the input field is a link that says 'Use this number for two step authentication'. At the bottom right are 'Cancel' and 'Save' buttons. At the bottom, there is a section titled 'Two-factor authentication' with a paragraph explaining it as an extra layer of security.

Figure 2.5: Edit Phone Number.

3. Click **Save**. The phone number is now updated.

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Edit Passkey

1. Click **Edit** in the User Passkey area.



Figure 2.6: Edit Passkey.

2. After entering the One-Time Passcode, enter a four (4) digit passkey. It is important to remember the passkey as it will be needed to reset passwords with help desk and for security verification.

A screenshot of the 'User Passkey' form. It has a title 'User Passkey' with a help icon. Below it, the instruction 'Enter 4 digit User Passkey' is followed by a red asterisk. There is a text input field with the placeholder 'Insert' and a toggle icon. Below this, the instruction 'Retype 4 digit User Passkey' is followed by a red asterisk, with another 'Insert' text input field and a toggle icon. At the bottom right, there are two buttons: 'Cancel' and 'Save Changes'.

Figure 2.7: Edit Passkey.

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

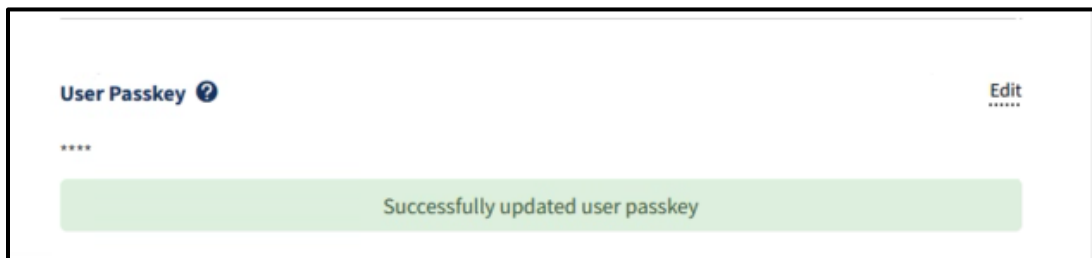


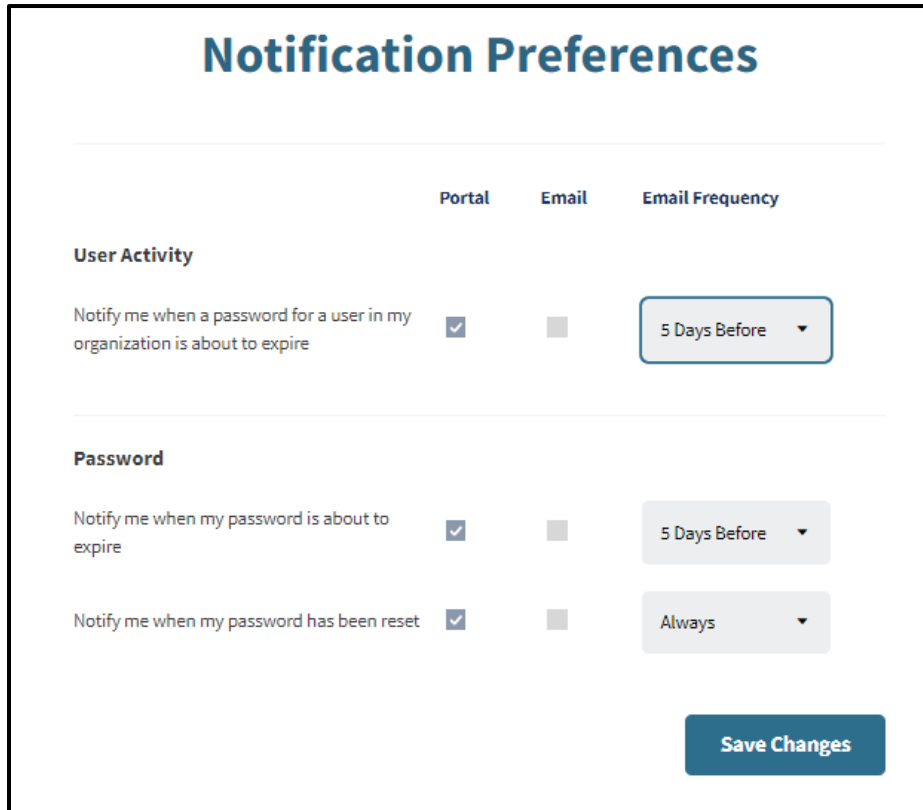
Figure 2.8: Successfully Updated User Passkey.

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Edit Notification Preferences

Users automatically receive notifications in the Provider Portal via the **Notifications** area. This setting is automatically selected and cannot be changed. However, if a user would like to receive notifications via email, they can select the **Email** checkbox next to the desired notification.

The screenshot shows a web form titled "Notification Preferences" in a large, bold, blue font. Below the title is a horizontal line. Underneath, there are three column headers: "Portal", "Email", and "Email Frequency". The form is divided into two main sections: "User Activity" and "Password". In the "User Activity" section, there is a row with the text "Notify me when a password for a user in my organization is about to expire". To the right of this text are three controls: a checked checkbox under "Portal", an unchecked checkbox under "Email", and a dropdown menu under "Email Frequency" currently set to "5 Days Before". The "Password" section has two rows. The first row has the text "Notify me when my password is about to expire" followed by a checked checkbox under "Portal", an unchecked checkbox under "Email", and a dropdown menu set to "5 Days Before". The second row has the text "Notify me when my password has been reset" followed by a checked checkbox under "Portal", an unchecked checkbox under "Email", and a dropdown menu set to "Always". At the bottom right of the form is a blue button labeled "Save Changes".

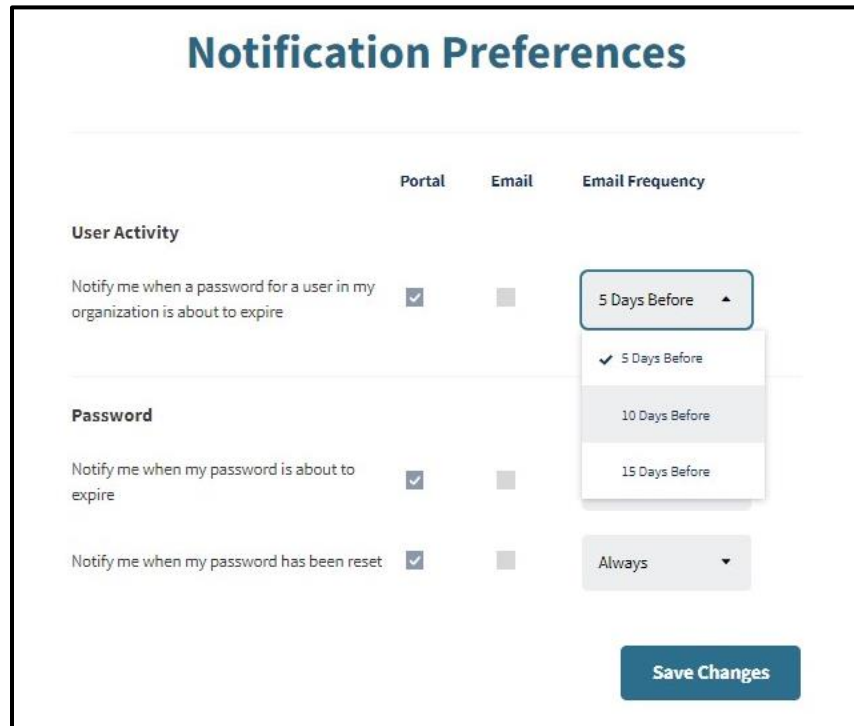
| | Portal | Email | Email Frequency |
|--|-------------------------------------|--------------------------|-----------------|
| User Activity | | | |
| Notify me when a password for a user in my organization is about to expire | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5 Days Before ▼ |
| Password | | | |
| 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 2.9: Notification Preferences.

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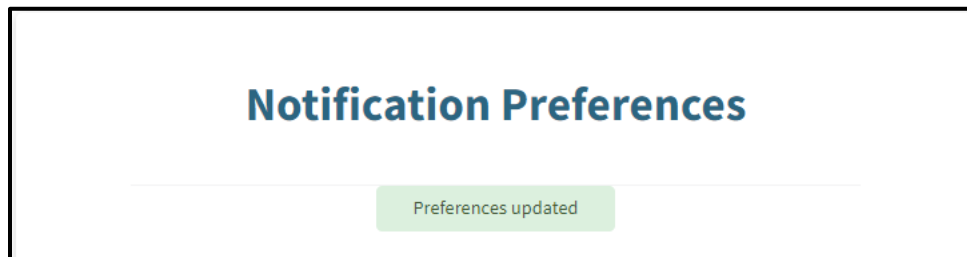
1. To change the frequency of a notification, click the **Notification Frequency** dropdown menu next to the specific notification to update the setting.



The screenshot shows the "Notification Preferences" page. At the top, there are three tabs: "Portal", "Email", and "Email Frequency". The "Email Frequency" tab is selected. Below the tabs, there are two sections: "User Activity" and "Password". Each section has a notification description, a "Portal" checkbox, an "Email" checkbox, and an "Email Frequency" dropdown menu. In the "User Activity" section, the notification is "Notify me when a password for a user in my organization is about to expire". The "Email" checkbox is checked, and the "Email Frequency" dropdown is open, showing options: "5 Days Before" (selected), "10 Days Before", and "15 Days Before". In the "Password" section, there are two notifications: "Notify me when my password is about to expire" and "Notify me when my password has been reset". Both have their "Email" checkboxes checked. The "Email Frequency" dropdown for the second notification is open, showing the "Always" option. At the bottom right, there is a "Save Changes" button.

Figure 2.10: Notification Frequency.

2. Click **Save Changes** at the bottom of the page to finish updating preferences. A confirmation appears indicating that the settings are saved.



The screenshot shows the "Notification Preferences" page after the settings have been saved. A green confirmation message "Preferences updated" is displayed in the center of the page.

Figure 2.11: Notification Preferences Successfully Edited.

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Edit Submitter Directory Information

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

Edit Submitter Directory Information

Organization Information

Edit

Legal Name:

TEST SUB ORG NAME 00045

Organization:

TEST SUB ORG NAME 00045

Street Address:

Apt., Suite, etc:

City:

W SACRAMENTO

State:

CA

Zip:

95605

Contact Information

Edit

Name:

Email:

Phone Number:

Submitter Directory Listing

Edit

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.

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.

Your organization is currently listed in the submitter directory. Uncheck to opt out. ☒

Figure 2.12: Edit Submitter Directory Information.

1. Click **Edit** next to Organization Information

Organization Information

Edit

Legal Name:

TEST SUB ORG NAME 00045

Organization:

TEST SUB ORG NAME 00045

Street Address:

Apt., Suite, etc:

City:

W SACRAMENTO

State:

CA

Zip:

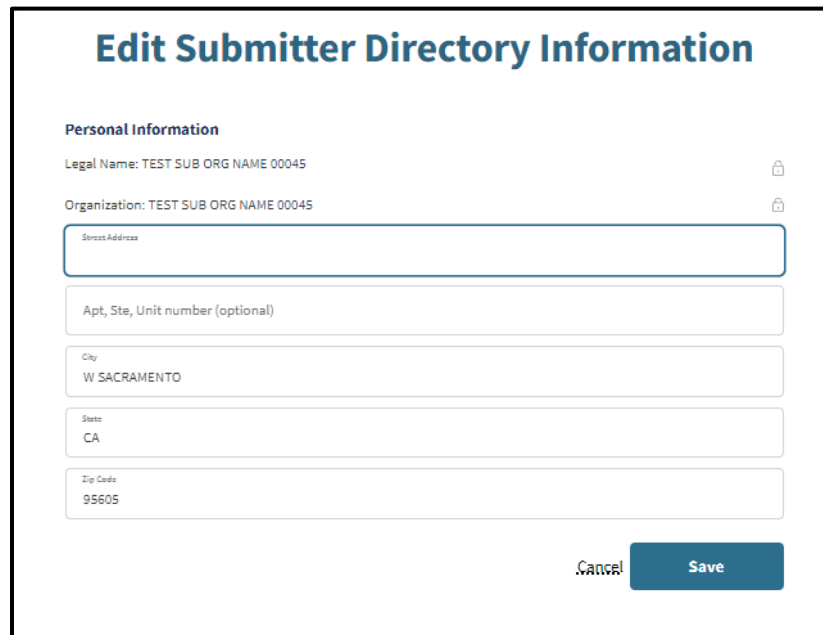
95605

Figure 2.13: Edit Organization Information.

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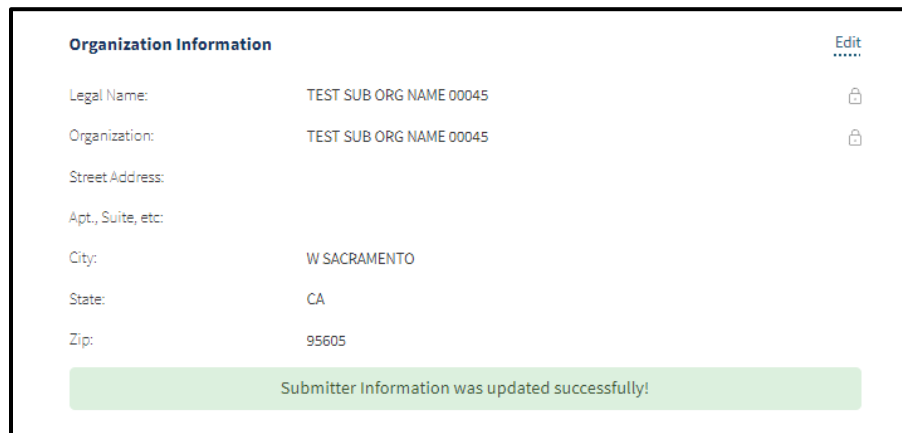
2. Update the desired information and click **Save**.



The screenshot shows a web form titled "Edit Submitter Directory Information". Under the "Personal Information" section, there are fields for "Legal Name" (TEST SUB ORG NAME 00045), "Organization" (TEST SUB ORG NAME 00045), "Street Address", "Apt, Ste, Unit number (optional)", "City" (W SACRAMENTO), "State" (CA), and "Zip Code" (95605). Each field has a lock icon to its right. At the bottom right, there are "Cancel" and "Save" buttons.

Figure 2.14: Edit Personal Information.

3. A confirmation appears indicating the updated information was successfully updated.



The screenshot shows a confirmation screen titled "Organization Information". It displays the updated information: "Legal Name: TEST SUB ORG NAME 00045", "Organization: TEST SUB ORG NAME 00045", "Street Address:", "Apt., Suite, etc:", "City: W SACRAMENTO", "State: CA", and "Zip: 95605". Each field has a lock icon to its right. At the top right, there is an "Edit" link with a dropdown arrow. At the bottom, a green banner displays the message "Submitter Information was updated successfully!".

Figure 2.15: Submitter Information Successfully Updated.

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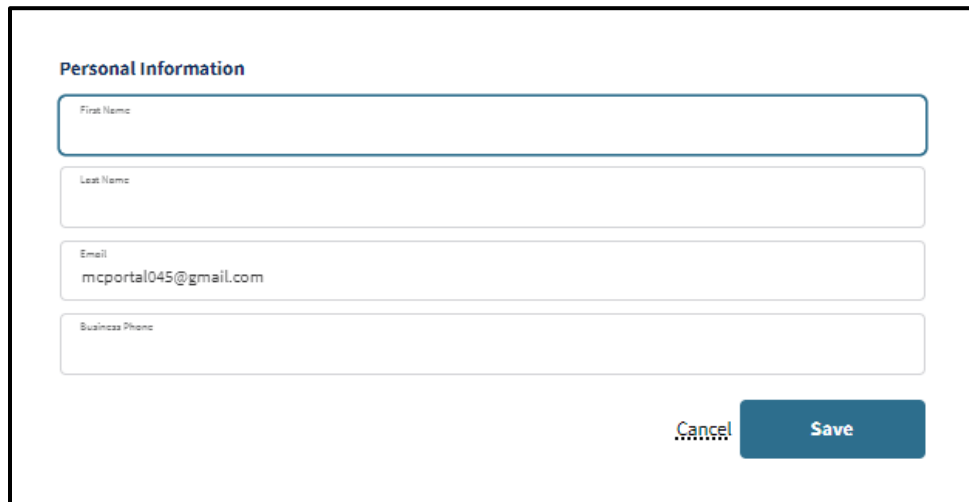
4. Click **Edit** next to Contact Information.



The screenshot shows a form titled "Contact Information" in blue text. In the top right corner, there is a blue "Edit" link. Below the title, there are three labels: "Name:", "Email:", and "Phone Number:", each followed by a text input field.

Figure 2.16: Edit Contact Information.

5. Update the desired information and click **Save**.



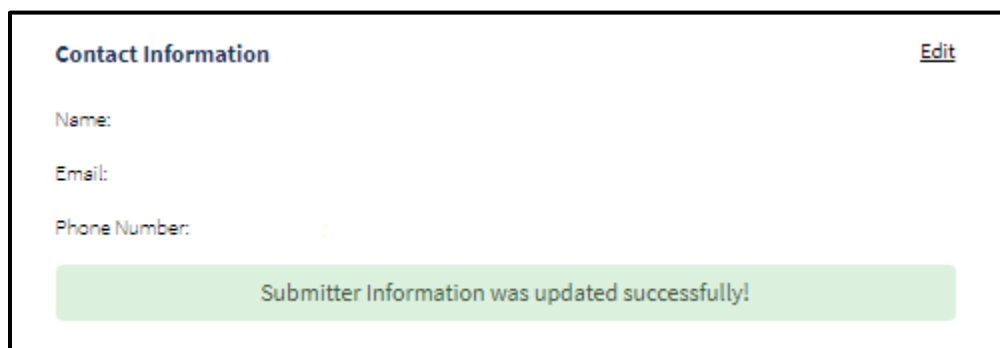
The screenshot shows a form titled "Personal Information" in blue text. It contains four text input fields with the following labels and values: "First Name" (empty), "Last Name" (empty), "Email" (mcportal045@gmail.com), and "Business Phone" (empty). At the bottom right, there are two buttons: a "Cancel" button with a dotted border and a solid blue "Save" button.

Figure 2.17: Edit Personal Information.

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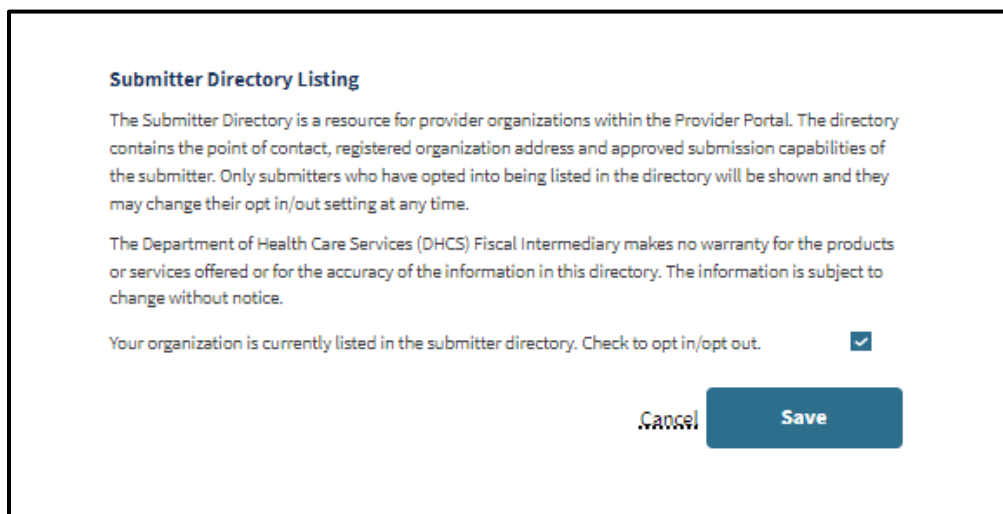
6. A confirmation appears indicating the updated information was successfully updated.



The screenshot shows a form titled "Contact Information" with an "Edit" link in the top right corner. The form contains three input fields: "Name:", "Email:", and "Phone Number:". Below these fields is a green banner with the text "Submitter Information was updated successfully!".

Figure 2.18: Submitter Information Successfully Updated.

7. The Submitter 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. Click **Edit** next to Submitter Directory Listing.



The screenshot shows the "Submitter Directory Listing" page. It contains two paragraphs of text explaining the directory and a disclaimer from the Department of Health Care Services (DHCS) Fiscal Intermediary. Below the text is a checkbox labeled "Your organization is currently listed in the submitter directory. Check to opt in/opt out." which is currently checked. At the bottom right, there are two buttons: "Cancel" and "Save".

Figure 2.19: Submitter Directory Listing.

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

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Transaction Center

Provider Portal users may access Transaction Services by secure single sign-on. Users may search transactions by clicking the **Get Started** link within the Transaction Center tile on the Provider Portal **Dashboard**.

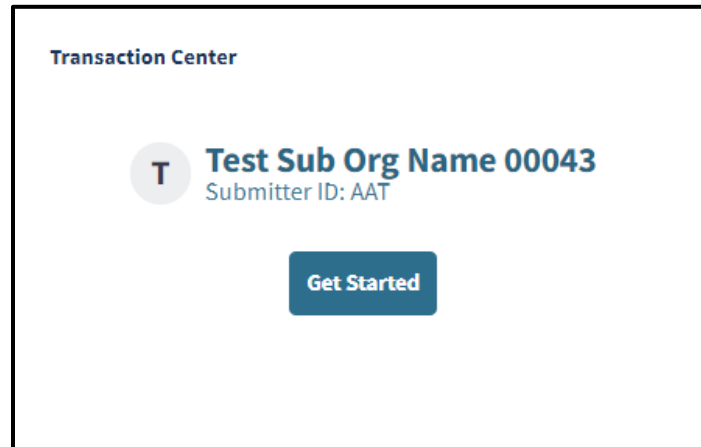


Figure 2.20: Transaction Center Tile.

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

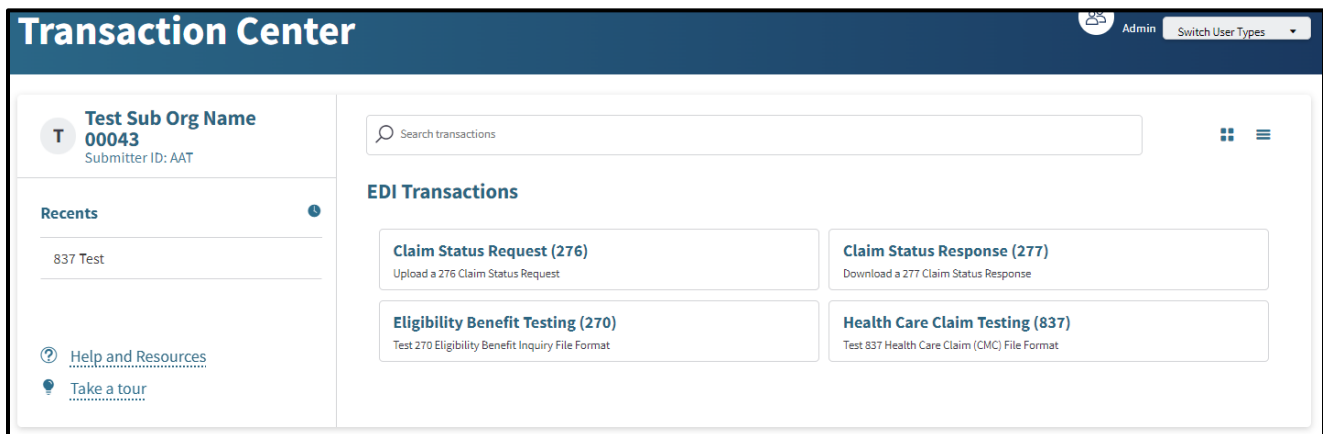


Figure 2.21: Transaction Center.

Administration

The **Administration** area 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 organization admins.

Add User

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

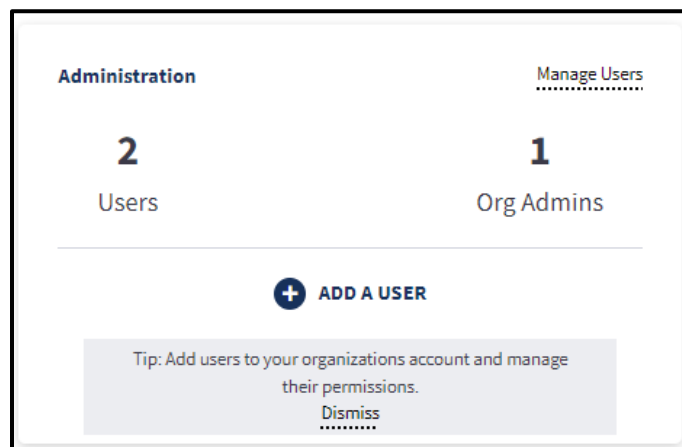


Figure 2.22: Administration Tile.

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

A screenshot of the 'Add a user to your organization' form. The form has a title 'Add a user to your organization' at the top. Below the title, it says 'ORGANIZATION: TEST SUB ORG NAME 00045'. There 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 2.23: Add a User to Your Organization.

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

Jazz A

Email:
Mobile Phone:
Business Phone:

Assign Role

- Role Types

Processor
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.

Administrator will have full access to all submitter Provider Portal features and organization administration functions.

*Organization Role selection is required

Select an organization role level for this user

Save and Finish

Figure 2.24: Assign Role.

4. Select the organization role type by clicking the drop-down menu under **Assign Role** to assign the role of either **Processor** or **Administrator**. Once the role type is selected, click **Save and Finish**.

Jazz A

Email: mcportal7@gmail.com
Mobile Phone:
Business Phone:

Assign Role

- Role Types

Processor
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.

Administrator will have full access to all submitter Provider Portal features and organization administration functions.

*Organization Role selection is required

Select an organization role level for this user

- Administrator
- Processor

Save and Finish

Figure 2.25: Assign Role.

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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 Transaction Services but will not have access to the organization administration functions.

5. Once complete, the **User Management and Permissions** screen will appear, the new user will be added and they will receive an email to complete their registration.

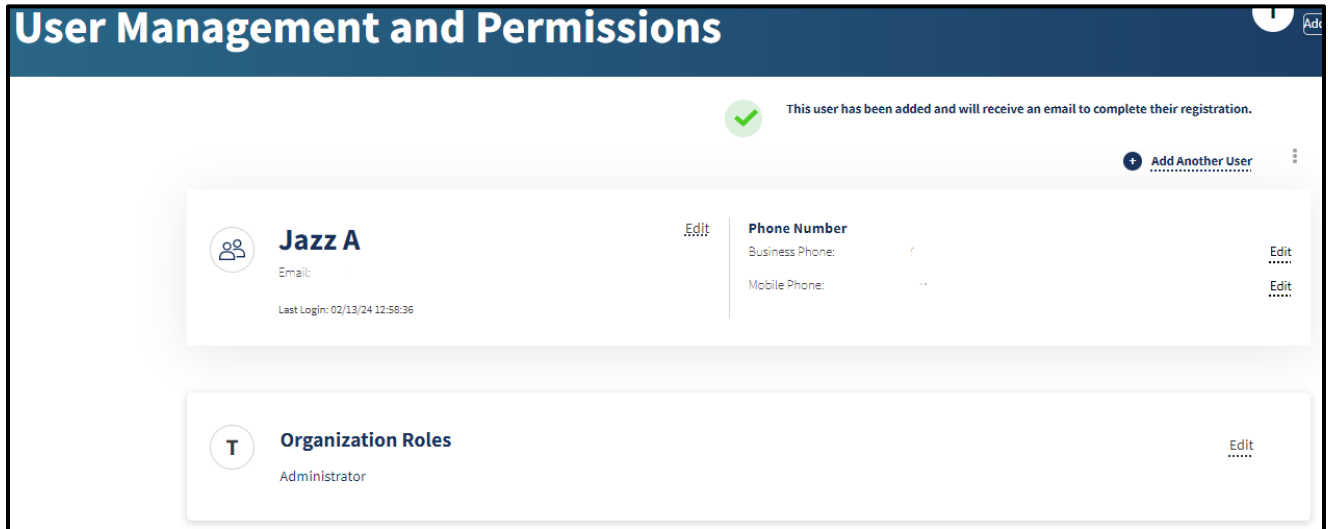


Figure 2.26: User Management and Permissions.

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

The screenshot shows the 'Manage Users' interface for a specific organization. At the top, the organization name 'TEST SUB ORG NAME 00045' is displayed in blue, with an 'Add User' button to its right. Below this, there are two tabs: 'Users' (selected) and 'Domain Management'. A search bar and an 'Export All to Worksheet' button are located below the tabs. On the right, it says 'Showing 1-3 of 3' with pagination controls. The main content is a table with the following columns: LAST NAME, FIRST NAME, EMAIL, ORG ROLE(S), ACTIVE, and LAST LOGIN. There are three rows of user data, each with a circular profile picture icon on the left.

| LAST NAME | FIRST NAME | EMAIL | ORG ROLE(S) | ACTIVE | LAST LOGIN |
|-----------|------------|-------|-------------|--------|-------------------|
| JA | | | Admin | Y | 02/13/24 12:58:36 |
| JA | | | Admin | Y | 02/23/24 12:07:42 |
| JA | | | Processor | Y | 02/22/24 17:36:13 |

Figure 2.27: Manage Users.

Deactivate User

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

The screenshot shows the 'User Management and Permissions' interface. At the top, the title 'User Management and Permissions' is displayed in white on a dark blue background. Below this, there are two main sections. The first section is for a user, showing a profile card with a circular icon, an 'Email' field, and a 'Last Login' timestamp. To the right of the profile card is a 'Phone Number' section with 'Business Phone' and 'Mobile Phone' fields, each with an 'Edit' link. A 'Deactivate user' button is located in the top right corner of the user section. The second section is for 'Organization Roles', showing a circular icon with the letter 'T', the role name 'Processor', and an 'Edit' link.

Figure 2.28: User Management and Permissions.

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2. A pop-up screen will appear asking for confirmation to deactivate the user. Click **Confirm**.

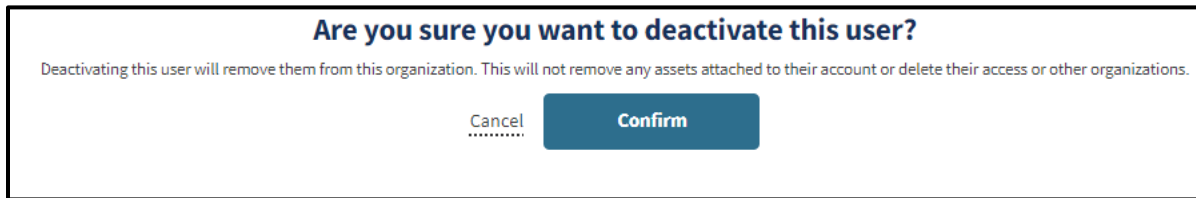


Figure 2.29: Deactivate User Confirmation.

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

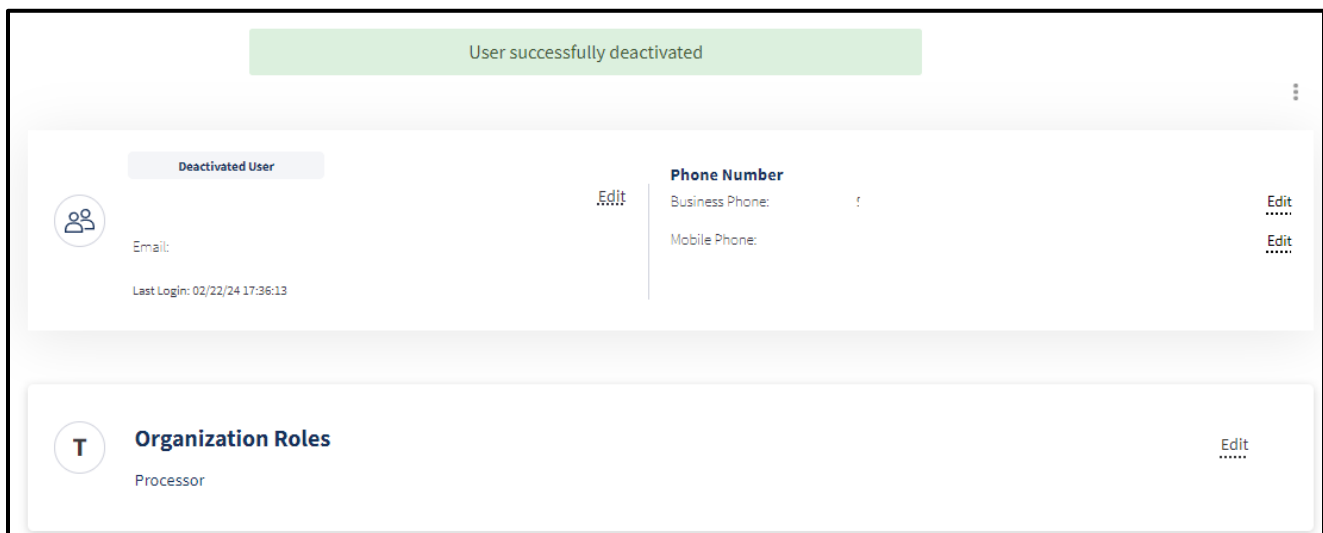


Figure 2.30: User Management and Permissions.

Notifications

The **Notifications** area allows a user to quickly view notifications related to their organization. The most recent notifications appear on the **Dashboard**. To see all notifications, click **View All**.

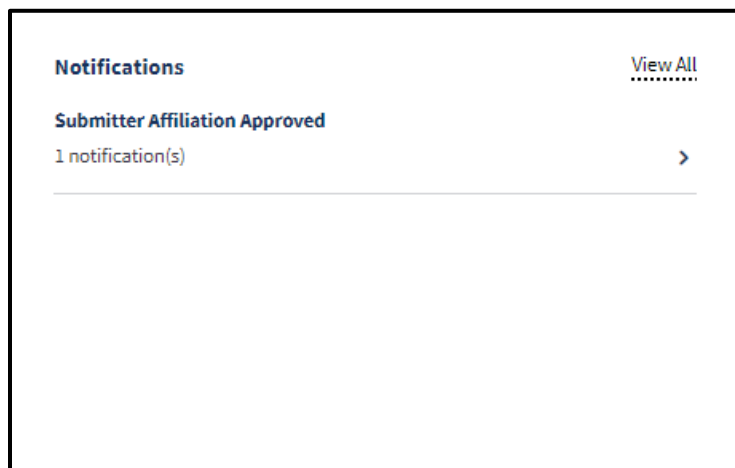


Figure 2.31: Notifications Tile.

A page appears with all past and current notifications. Past notifications can be viewed by using the search bar, or the **Filter By Date** feature. To use the filter by date option, select the **Filter By Date** menu and enter the desired date range.

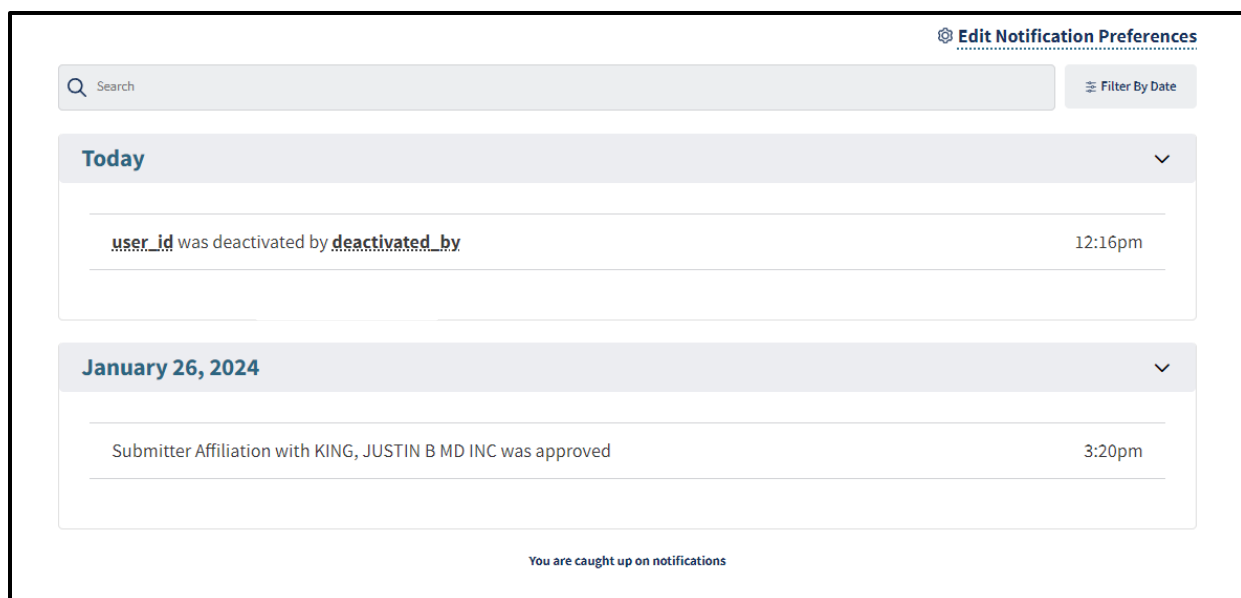


Figure 2.32: Notifications.

To edit notification preferences, click **Edit Notification Preferences**. Refer to the [Edit Notification Preferences](#) section in this user guide for detailed instructions.

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

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

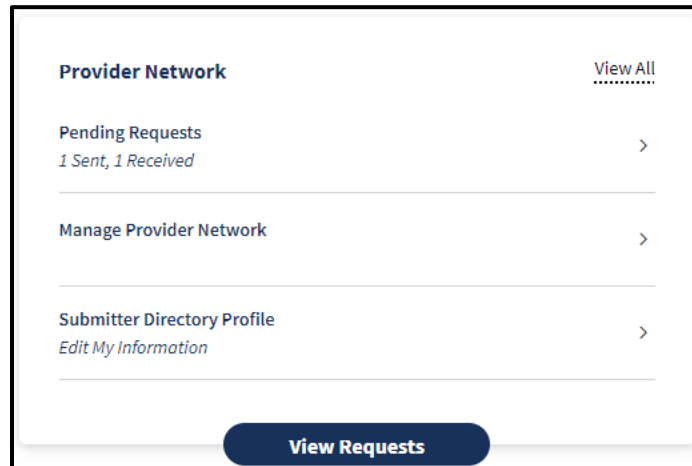


Figure 2.33: Provider Network Tile.

2. 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 it has expired the submitter organization can click **Re-Submit Request** to resend the affiliation request.

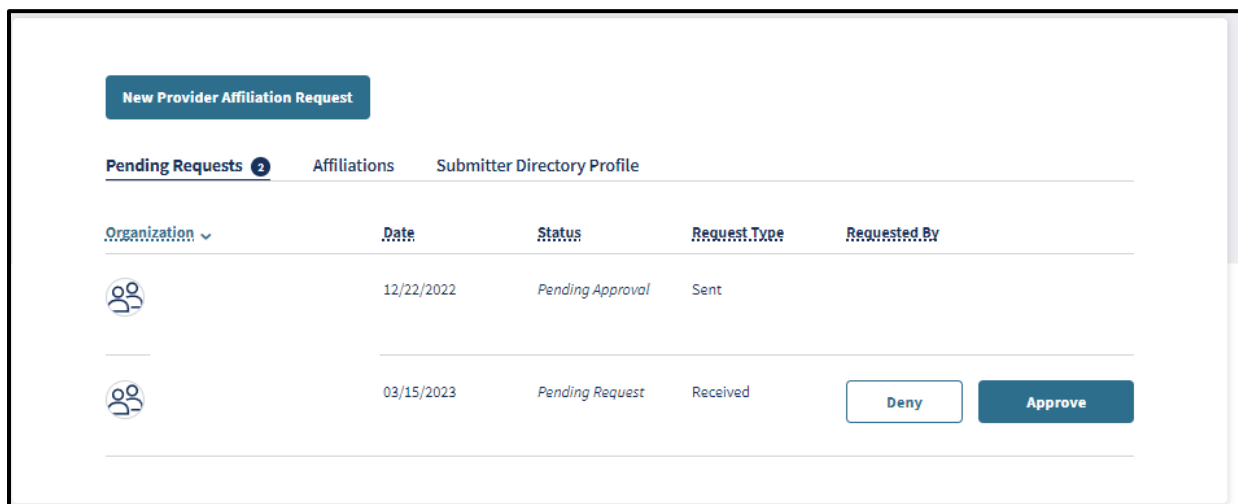


Figure 2.34: Pending Requests.

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

New Provider Affiliation Request

Pending Requests 2

Affiliations

Submitter Directory Profile

Search by NPI, Organization Name, etc.



| Organization | Date | Status |
|---|--------------------|--------|
| <div><div></div><div>Contact</div></div> | 01/25/2023-Current | Active |
| <div><div></div><div></div></div> | 01/17/2023-Current | Active |

Figure 2.35: Affiliations.

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


New Provider Affiliation Request

Pending Requests 2

Affiliations

Submitter Directory Profile

| Organization | Submitter ID | Transaction Types | Contact Information |
|---|--------------|-------------------|-----------------------|
| <div><div></div><div>TEST SUB ORG NAME 00045 TEST SUB ORG NAME 00045 W SACRAMENTO, CA 95605</div></div> | AAS | | mcportal045@gmail.com |

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

Transaction Types

Submit

837 Institutional

LTC

Outpatient

Inpatient


Medicare Crossover Part A


837 Professional


Medical


Medicare Crossover Part B


270 - Batch Eligibility




















Figure 2.36: Submitter Directory Profile.

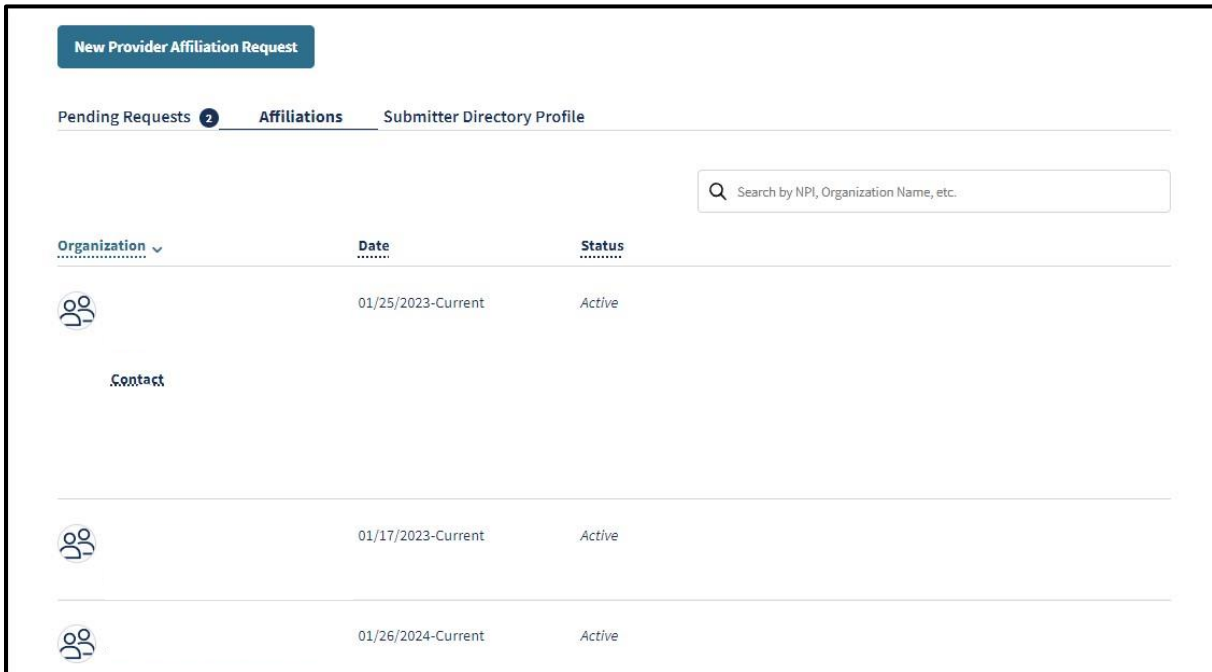
Note The green check mark will indicate that a submitter organization is listed in the submitter directory. To opt-out, view [Edit Submitter Directory Information](#).

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New Provider Affiliation Request

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



The screenshot shows a web interface for managing provider affiliations. At the top, there is a blue button labeled "New Provider Affiliation Request". Below it, there are three tabs: "Pending Requests" (with a blue circle containing the number 2), "Affiliations", and "Submitter Directory Profile". A search bar is located on the right side of the table area, with the placeholder text "Search by NPI, Organization Name, etc.". The table has three columns: "Organization", "Date", and "Status". There are three rows of data, each starting with a person icon and a "Contact" link. The first row shows a date of "01/25/2023-Current" and a status of "Active". The second row shows a date of "01/17/2023-Current" and a status of "Active". The third row shows a date of "01/26/2024-Current" and a status of "Active".




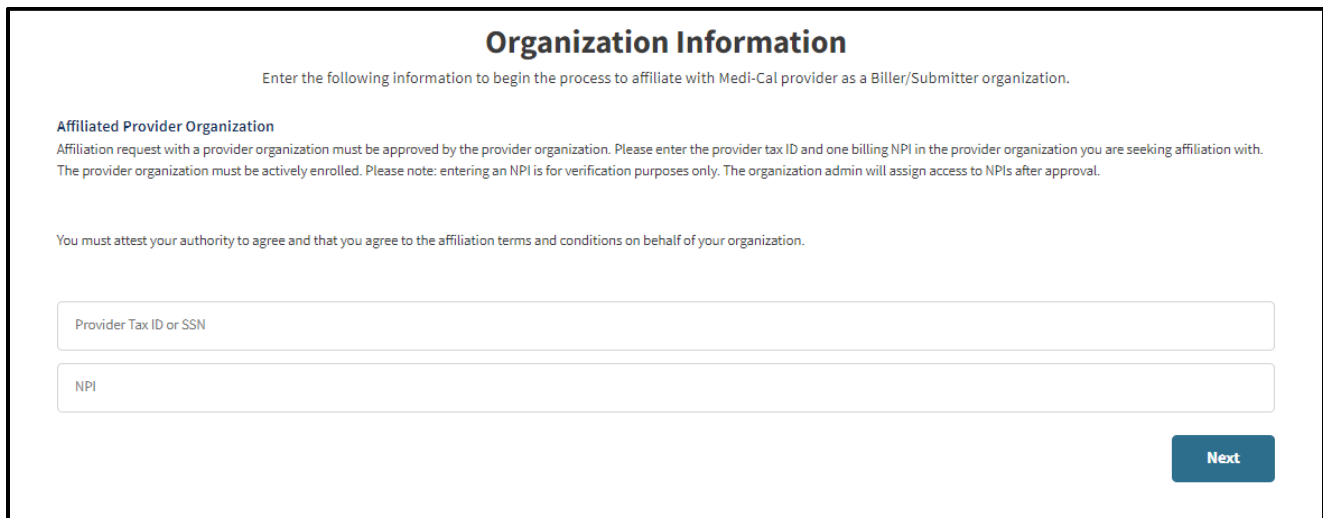
| Organization | Date | Status |
|---|--------------------|--------|
|  Contact | 01/25/2023-Current | Active |
|  | 01/17/2023-Current | Active |
|  | 01/26/2024-Current | Active |

Figure 2.37: Pending Requests.

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



The screenshot shows the "Organization Information" screen. At the top, there is a heading "Organization Information" and a subheading "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 a paragraph of 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 paragraph: "You must attest your authority to agree and that you agree to the affiliation terms and conditions on behalf of your organization." At the bottom, there are two input fields: "Provider Tax ID or SSN" and "NPI". A blue button labeled "Next" is located at the bottom right.

Organization Information

Enter the following information to begin the process to affiliate with Medi-Cal provider as a Biller/Submitter organization.

Affiliated Provider 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.

You must attest your authority to agree and that you agree to the affiliation terms and conditions on behalf of your organization.

Provider Tax ID or SSN

NPI

Next

Figure 2.38: Affiliation Provider Organization Information.

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

Submitter + Provider Affiliation Agreement

TEST SUB ORG NAME 00000 ☐ Not signed ☐ 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. 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: modern 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 Health Care 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 2.39: Medi-Cal Telecommunications Provider and Biller Application/Agreement.

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4. A **Request Complete** screen will appear.

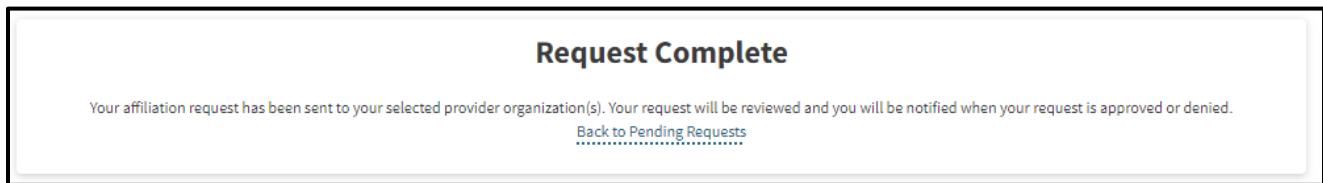


Figure 2.40: Request Complete.

Approve Provider Affiliation Request

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

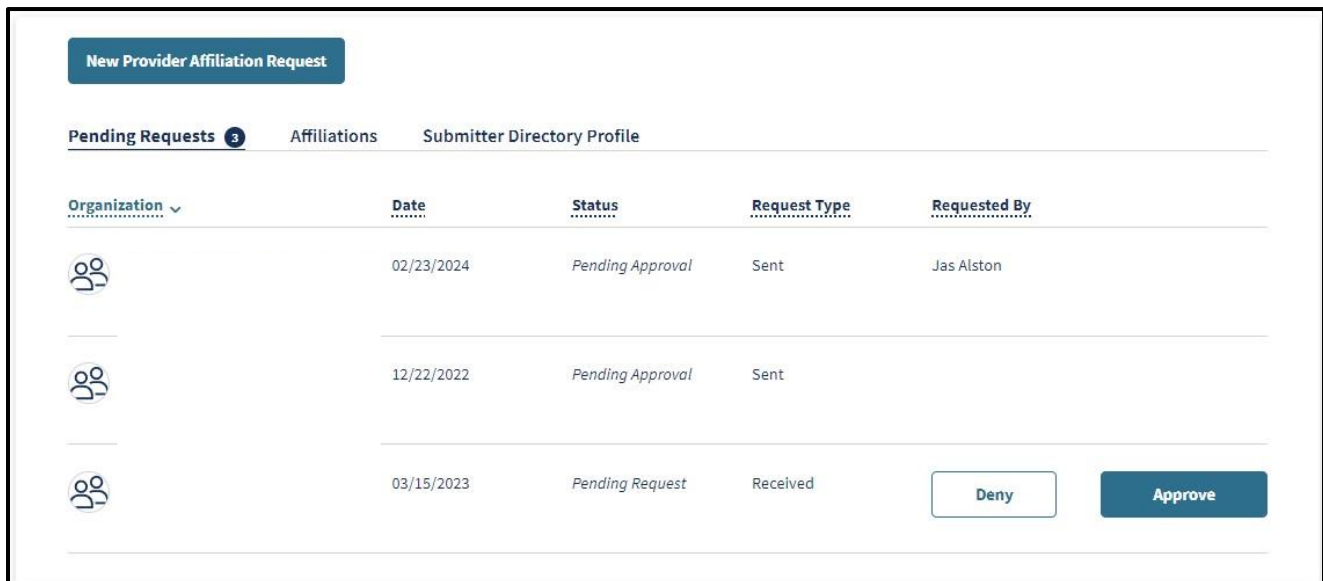


Figure 2.41: Pending Requests.

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

The screenshot displays the 'Medi-Cal Telecommunications Provider and Biller Application/Agreement' (DHCS 6153) form. The header bar includes the title 'Submitter + Provider Affiliation Agreement', a status indicator 'TEST SUB ORG NAME 00045' with 'Not signed' and 'Signed' options, and a 'Signed' button. The main content area is titled 'MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT (For electronic claim submission)' and is attributed to the 'STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY', 'DEPARTMENT OF HEALTH CARE SERVICES', dated 'DHCS 6153 (Rev. 02/19)'. The form contains several sections of text: '1.2 BACKGROUND INFORMATION', '2.0 DEFINITIONS', '3.0 CLAIMS ACCEPTANCE AND PROCESSING', '3.1 CLAIMS CERTIFICATION', and '3.2 VERIFICATION OF CLAIMS WITH SOURCE DOCUMENTS'. At the bottom, there is a checkbox for 'I confirm that I am eligible to sign this agreement on behalf of my organization', followed by input fields for 'First and Last Name' and 'Title'. A statement 'I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.' is followed by a line for 'Electronic Signature:'. A 'Submit Agreement' button is located at the bottom right.

Figure 2.42: Medi-Cal Telecommunications Provider and Biller Application/Agreement.

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3. Once complete, an **Approval Complete** screen will appear. Click **Return to Provider Network** to view active affiliations.

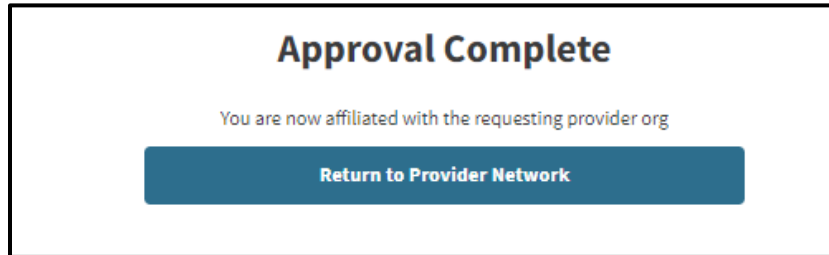


Figure 2.43: Approval Complete.

Note: Once an affiliation is approved, the provider organization can select the Medical claim type for the submitter organization prompting automatic enrollment in IPCS.

Deny Provider Affiliation Request

1. Under the Pending Requests, click **Deny** for the desired provider organization affiliation request.

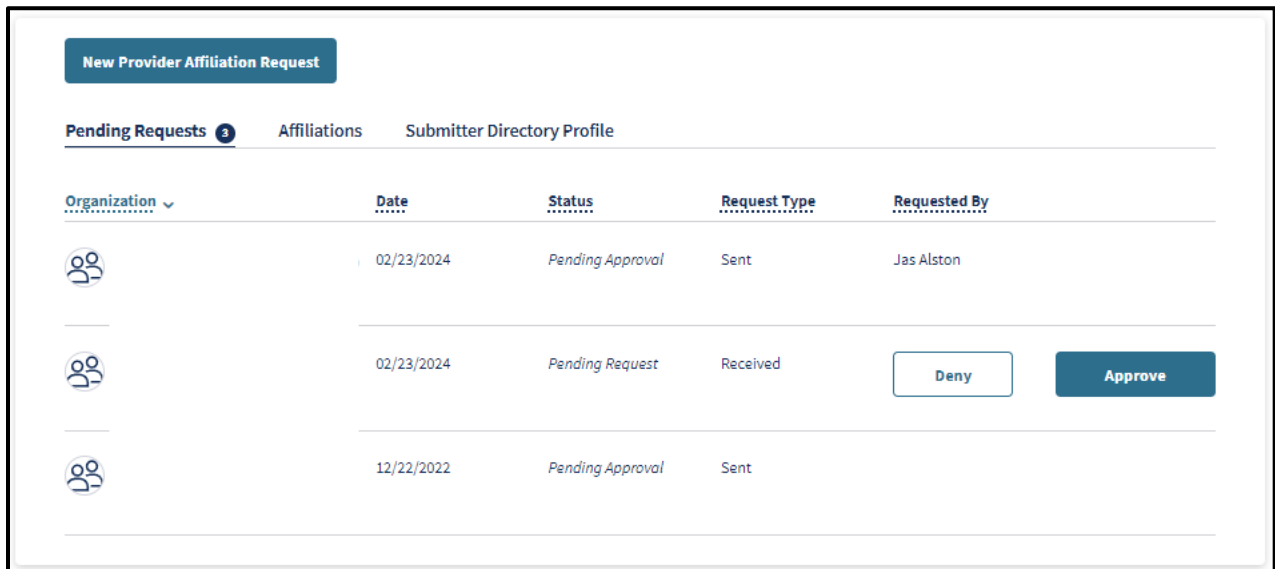


Figure 2.44: Pending Requests.

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

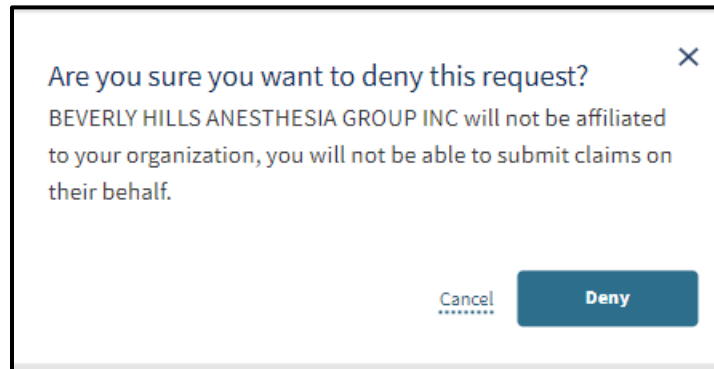


Figure 2.45: Deny Request Confirmation.

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

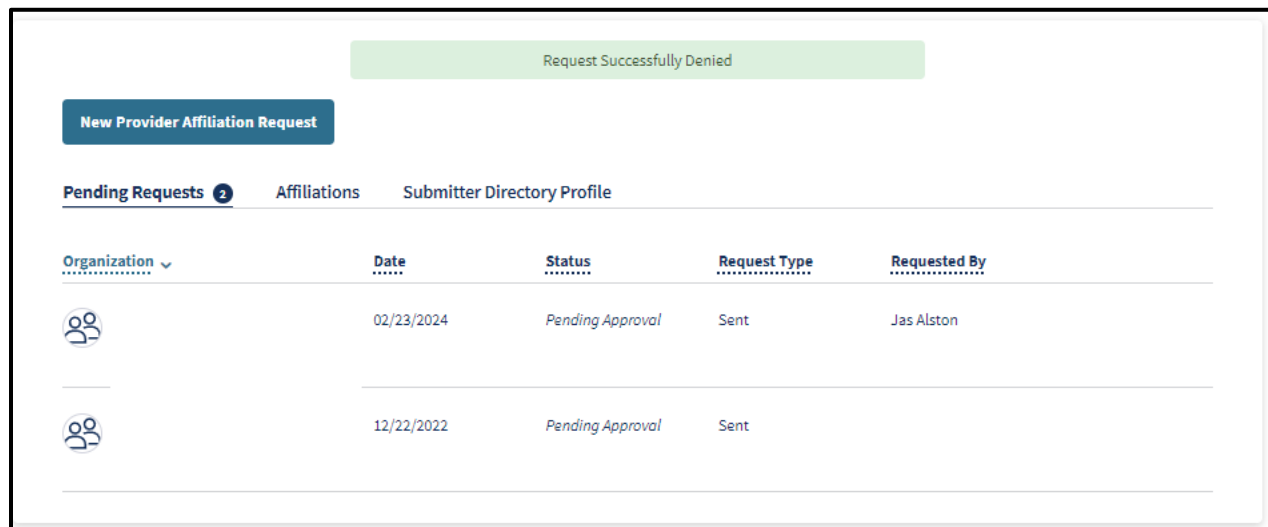


Figure 2.46: Request Successfully Denied.

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Remove Provider Affiliation

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

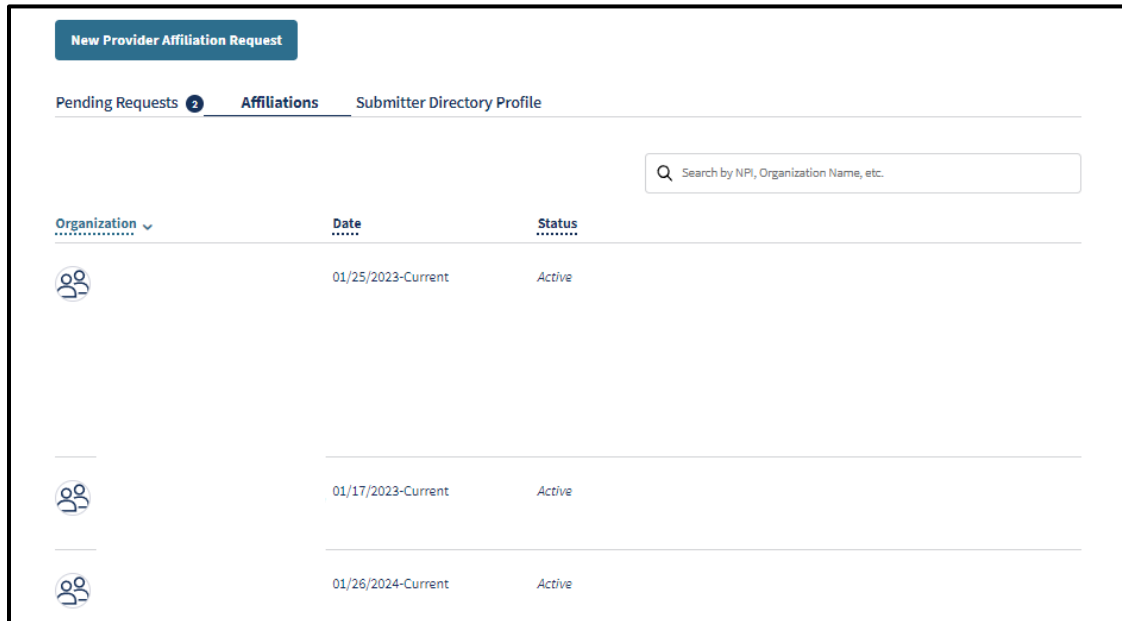


Figure 2.47: Affiliations.

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

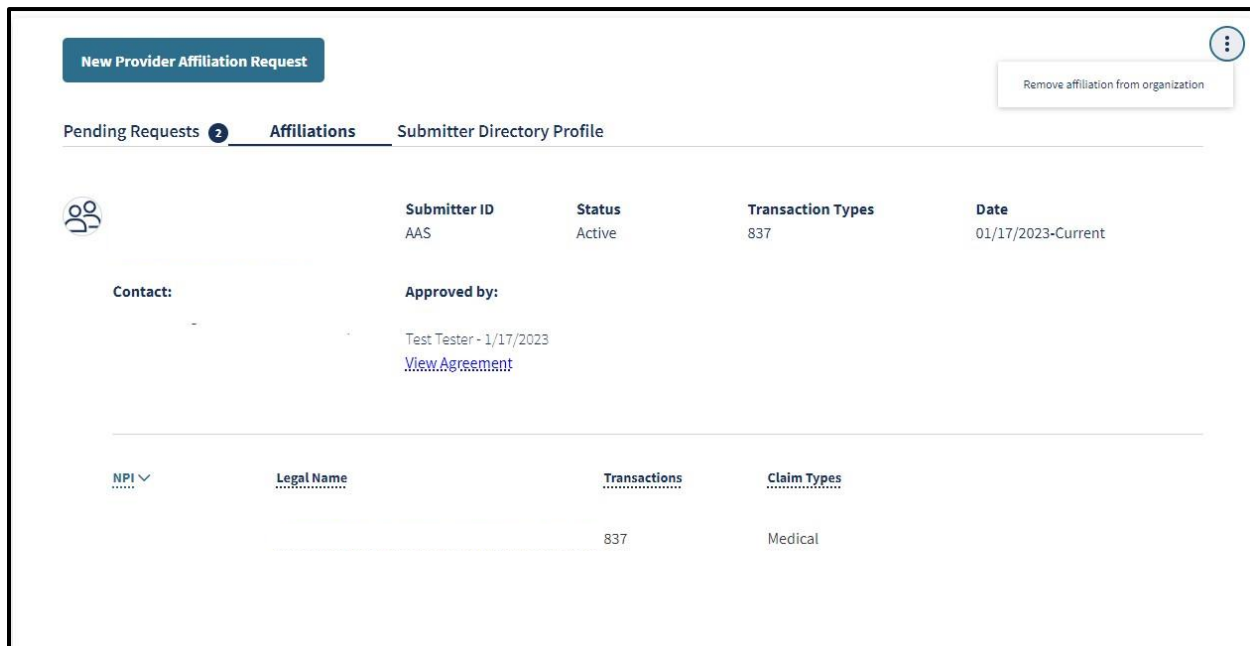


Figure 2.48: Affiliated Provider Organization Profile.

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3. Select the kebab menu in the top right-hand corner and then click **Remove affiliation from organization**.

The screenshot shows the 'Affiliations' tab in the Provider Portal. At the top left is a button 'New Provider Affiliation Request'. At the top right is a kebab menu icon with a dropdown menu containing the option 'Remove affiliation from organization'. Below the tabs are three sections: a profile card with a contact name and approved by information, a table of transactions, and a table of claim types.

| Submitter ID | Status | Transaction Types | Date |
|--------------|--------|-------------------|--------------------|
| AAS | Active | 837 | 01/17/2023-Current |

| NPI | Legal Name | Transactions | Claim Types |
|-----|------------|--------------|-------------|
| | | 837 | Medical |

Figure 2.49: Remove Affiliation From Organization.

4. A screen will appear to confirm the removal of the affiliation. Please type the organization's name in the field below to verify and click **Yes, remove the affiliation**.

The dialog box has a title 'Are you sure you want to remove this Provider?' and a close button. The main text reads: 'Removing this Provider will remove all their current affiliations with your organization. It will also terminate access for you to conduct any Claims or Eligibility transactions on their behalf for all the NPIs in their organization.' At the bottom right are 'Cancel' and 'Confirm' buttons.

Figure 2.50: Remove Affiliation.

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

Affiliation removed successfully

New Provider Affiliation Request

Pending Requests 2

Affiliations

Submitter Directory Profile



| Organization | Date | Status | Request Type | Requested By |
|---|------------|------------------|--------------|--------------|
|  | 02/23/2024 | Pending Approval | Sent | Jas Alston |
|  | 12/22/2022 | Pending Approval | Sent | |

Figure 2.51: Affiliation Removed Successfully.

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Medi-Cal 835 Receiver

The Provider Portal allows only provider organizations to designate up to two entities to receive 835 Transactions. The two receivers can either be an organizational NPI or an affiliated submitter organization. The submitter does not need to be assigned any transaction or claim type privileges to be a designated receiver.

Submitter organizations designated to be an 835 receiver will receive a notification within the Provider Portal after being added by an organizational NPI.

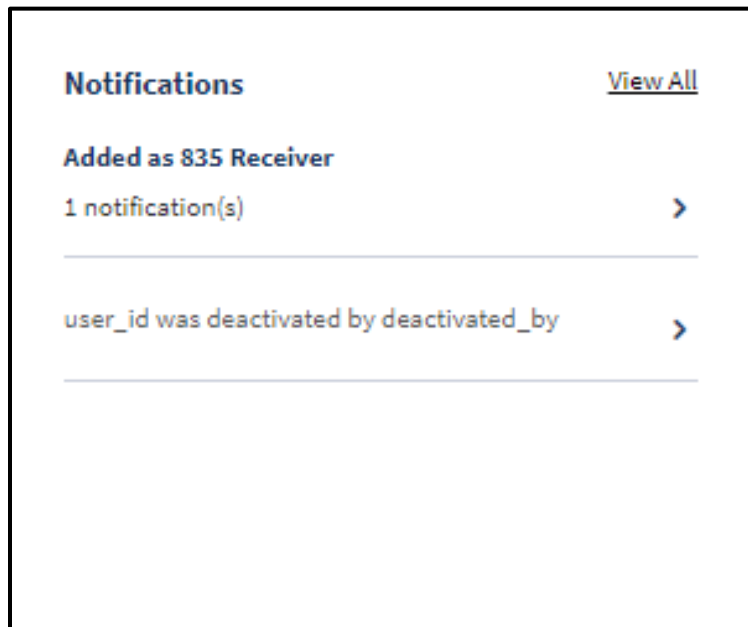


Figure 2.52: 835 Receiver Notification.

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.

1. To view testing status, select **View All** within the **Transaction Testing** tile of the **Dashboard**.

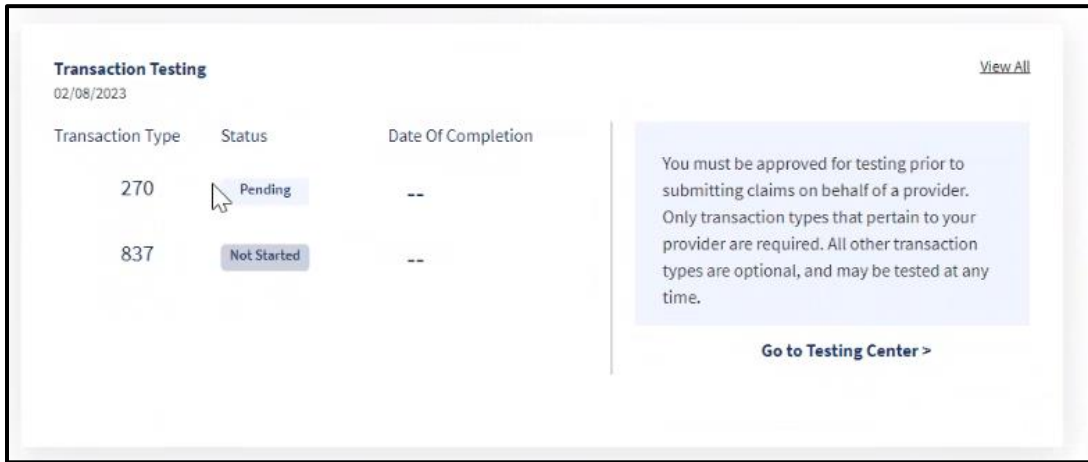


Figure 2.53: Transaction Testing Tile.

2. The **Submitter Testing Status** will appear for the each of transaction types available.

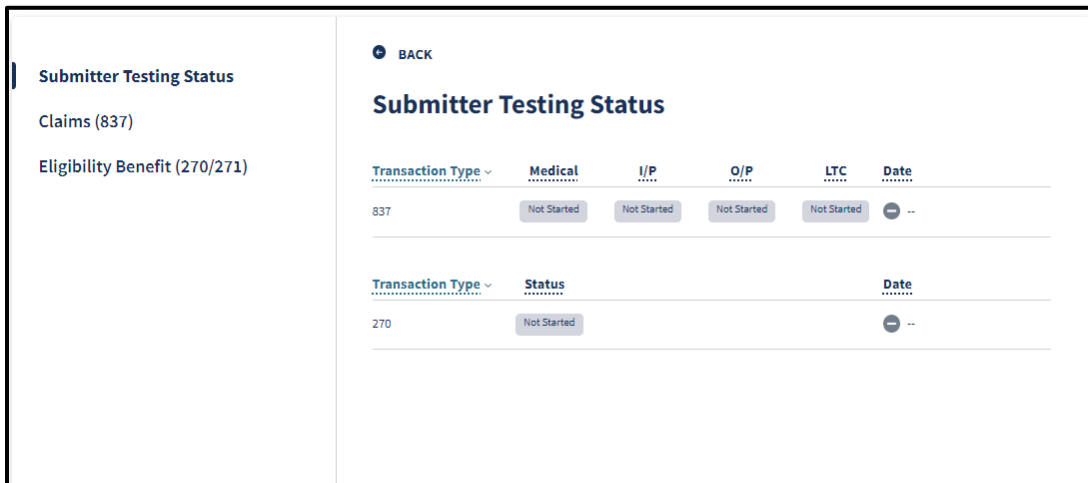


Figure 2.54: Submitter Testing Status.

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Claims 837 Transaction Testing

1. Select **Claims (837)** under **Submission Management**. Click **Upload a Submission**.

The screenshot displays the 'Submission Management' interface. On the left, a sidebar contains three links: 'Submitter Testing Status', 'Claims (837)', and 'Eligibility Benefit (270/271)'. The 'Claims (837)' link is highlighted with a blue vertical bar. The main content area is titled 'Claims (837) Submissions' and includes the following text: 'View the status of 837 type test transactions. Test results may take up to 24 hours to be posted.' and 'New submitters must complete testing and activation procedures, located in the Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual - Testing and Activation Procedures section.' A blue button labeled 'Upload a Submission' is positioned on the right. At the bottom, a 'Need help?' section provides a link to instruction manuals and a 'Take me there' button with a right-pointing arrow.

Figure 2.55: Claims (837) Submissions.

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2. Select **Drag and drop your files here or click to browse** to upload a file for claim type approval. If approved, submitters will be able to submit the claim type for valid providers and the test results will be received within 24 hours.


Submission Management

[Submitter Testing Status](#)
Claims (837)
[Eligibility Benefit \(270/271\)](#)

[BACK](#)

Claims (837) Upload

Upload a file for claim type approval. If approved, you will be able to submit the claim type for valid providers. You will receive your test results within 24 hours.



Drag and drop your files here
or click to **browse**

Text file or ZIP
Max File Size: 5MB

Need help?
Please refer to our details instruction manuals for guidance on how to format your submission, testing and submission procedure, and more.


Take me there 

Figure 2.56: Claims (837) Upload.

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3. Complete will appear on the screen once the file has been uploaded.

Submission Management

Submitter Testing Status

Claims (837)

Eligibility Benefit (270/271)

[BACK](#)

Claims (837) Upload

Upload a file for claim type approval. If approved, you will be able to submit the claim type for valid providers. You will receive your test results within 24 hours.

Medical Test Claim_AAT.txt [X](#)

[Submit File](#)

Complete

Medical Test
Claim_AAT.txt

Need help?
Please refer to our details instruction manuals for guidance on how to format your submission, testing and submission procedure, and more.
[Take me there](#)

Figure 2.57: Claims (837) Upload Complete.

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4. Once the file is successfully uploaded, the Volume Serial (Volser) Number, File Name, File Size and Date Submitted will appear.


Submission Management

[Submitter Testing Status](#)
[Claims \(837\)](#)
[Eligibility Benefit \(270/271\)](#)

[BACK](#)

Claims (837) Upload

Upload a file for claim type approval. If approved, you will be able to submit the claim type for valid providers. You will receive your test results within 24 hours.

 **Medical Test Claim_AAT.txt**

Thank you for your submission. Your file has been submitted successfully. You will receive a notification when your submission has been approved. You may check the status of your submission at any time under [Submissions](#).

| | |
|-----------------|----------------------------|
| Volser Number | 100075 |
| File Name | Medical Test Claim_AAT.txt |
| File Size: | 1423 Bytes |
| Date Submitted: | 02/23/2024 10:24 AM |

Upload Another File

Need help?
Please refer to our details instruction manuals for guidance on how to format your submission, testing and submission procedure, and more.


Take me there 

Figure 2.58: Upload Another File.

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5. Select **Claims (837)** to view the status of each test file. Each uploaded file will be issued a Volser number.

The screenshot shows the 'Submission Management' interface. On the left, a sidebar lists 'Submitter Testing Status', 'Claims (837)', and 'Eligibility Benefit (270/271)'. The main area is titled 'Claims (837) Submissions' and includes instructions: 'View the status of 837 type test transactions. Test results may take up to 24 hours to be posted.' and a reminder: 'Each uploaded file will be issued a Volser number. Volser numbers may be used to check the status of your submission. Volser details may not be available for up to 24 hours after the submission is uploaded, and details are available for approximately 30 days.' Below this is a table with columns: File Name, Volser No., Date, and Status. A single row is visible: 'Medical Test Claim_AAT.txt', '100075', '02/23/2024 10:24 AM', and 'Pending'. At the bottom, there is a 'Need help?' section with a link 'Take me there' and an 'Upload a New Submission' button.

| File Name | Volser No. | Date | Status |
|----------------------------|------------|---------------------|---------|
| Medical Test Claim_AAT.txt | 100075 | 02/23/2024 10:24 AM | Pending |

Figure 2.59: Claims (837) Submissions.

Note: Volser details may not be available for up to 24 hours after the submission is uploaded, and details are available for approximately 30 days.

6. Once a Passed status appears for the Volser number, the **Account Status** bar will update with a green check mark for **Complete transaction testing**.

The screenshot shows the 'Account Status' bar. It includes a lock icon and the text 'Account Status: Pending approval - limited access'. There are four steps: 'Submit affiliation request(s)' (green checkmark), 'Complete transaction testing' (green checkmark, highlighted with a green box), 'Receive provider approval' (green checkmark), and 'Receive provider approval' (green checkmark). A progress bar on the right shows the first two steps completed.

Figure 2.60: Complete Transaction Testing Account Status.

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7. Select the **Volser number** with the passed status and view the details of the test submission.

| File Name | Volser No. | Date | Status |
|----------------------------|------------|---------------------|--------|
| Medical Test Claim_AAT.txt | 100075 | 02/23/2024 10:24 AM | Passed |

Figure 2.61: Claims (837) Submissions.

8. A submitter is ready to submit 837 claims once the test has passed.

Passed

Your test transaction has been approved. You are now eligible to submit 837s on behalf of your affiliated providers.

Medical Test Claim_AAT.txt

Volser Number 100075
File Name Medical Test Claim_AAT.txt
Date Submitted: 02/23/2024 10:24 AM

For testing purposes only: The following Error Codes are acceptable on the CMC Submission Error Listing (CP-O-12) report and would consider the test successful

- 26 (Provider is not valid for this submitter)
- 27 (Provider/claim type not on active status)
- 55 (Submitter/claim type not approved for included attachment)
- 58 (Submitter not approved to bill Medi-Cal claims for this media type)
- 62 (Provider not valid for claim type billed)
- 80 (Submitter not approved to bill crossover claims for this media type)

These error codes will not be accepted in the production environment

Details 02/23/2024 10:24 AM

Figure 2.62: Passed Transaction Testing.

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9. Select the **Volser number** with the failed status and view the details of the test submission.

Submitter Status

Claims (837)

Eligibility Benefit (270/271)

Claims (837) Submissions


View the status of 837 type test transactions. Test results may take up to 24 hours to be posted.

Reminder: Each uploaded file will be issued a Volser number. Volser numbers may be used to check the status of your submission. Volser details may not be available for up to 24 hours after the submission is uploaded, and details are available for approximately 30 days.

| File Name | Volser No. | Date | Status |
|-------------------------------|------------|---------------------|--------|
| LTC Test Claim_AAY.txt | 100058 | 02/10/2023 01:48 PM | Failed |
| Medical Test Claim_AAY.txt | 100059 | 02/10/2023 01:55 PM | Passed |
| Outpatient Test Claim_AAY.txt | 100060 | 02/10/2023 01:56 PM | Failed |
| Inpatient Test Claim_AAY.txt | 100061 | 02/10/2023 01:56 PM | Passed |

Figure 2.63: Claims (837) Submissions.

10. A submitter must resubmit the test transaction in order to until it has passed in order to submit 837 claims.


Failed

Your transaction test was not approved. Please review your detailed results below and modify your test before re-submission.

OutP 837 File 02-13-23 AAY.txt

Volser Number: 100063

File Name: OutP 837 File 02-13-23 AAY.txt

Date Submitted: 02/15/2023 2:24 PM

For testing purposes only: The following Error Codes are acceptable on the CMC Submission Error Listing (CP-O-12) report and would consider the test successful

- 27 (Provider/claim type not on active status)
- 55 (Submitter/claim type not approved for included attachment)
- 58 (Submitter not approved to bill Medi-Cal claims for this media type)
- 80 (Submitter not approved to bill crossover claims for this media type)

These error codes will not be accepted in the production environment

Details

02/15/2023 2:24 PM

Figure 2.64: Failed Transaction Testing.

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Eligibility Benefit 270 Transaction Testing

1. Select **Eligibility Benefit (270/271)** under Submission Management. Click **Upload a Submission**.

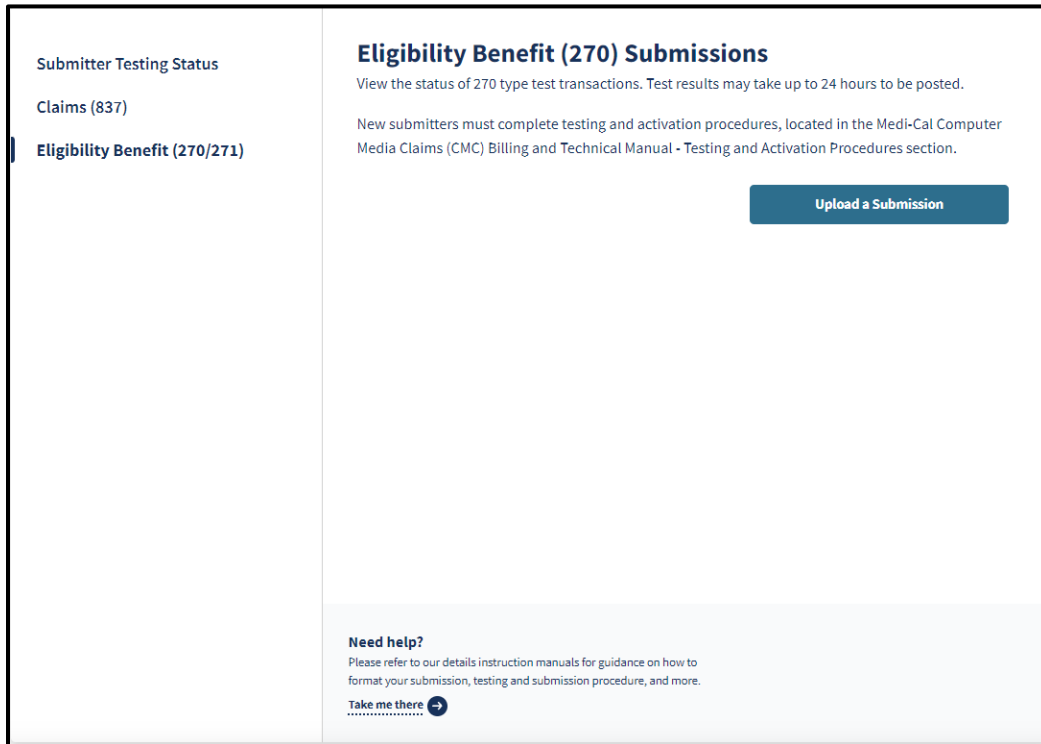


Figure 2.65: Eligibility Benefit (270) Submissions.

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2. Select **Drag and drop your files here or click to browse** to upload a file for claim type approval. If approved, submitters will be able to submit the claim type for valid providers and the test results will be received within 24 hours.

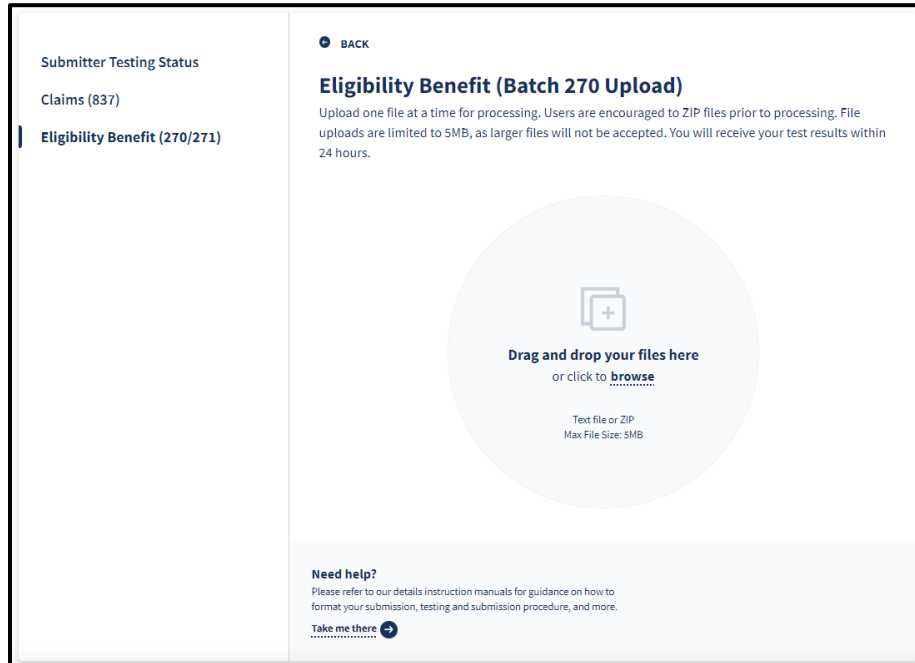


Figure 2.66: Eligibility Benefit (Batch 270 Upload).

3. Complete will appear on the screen once the file has been uploaded.

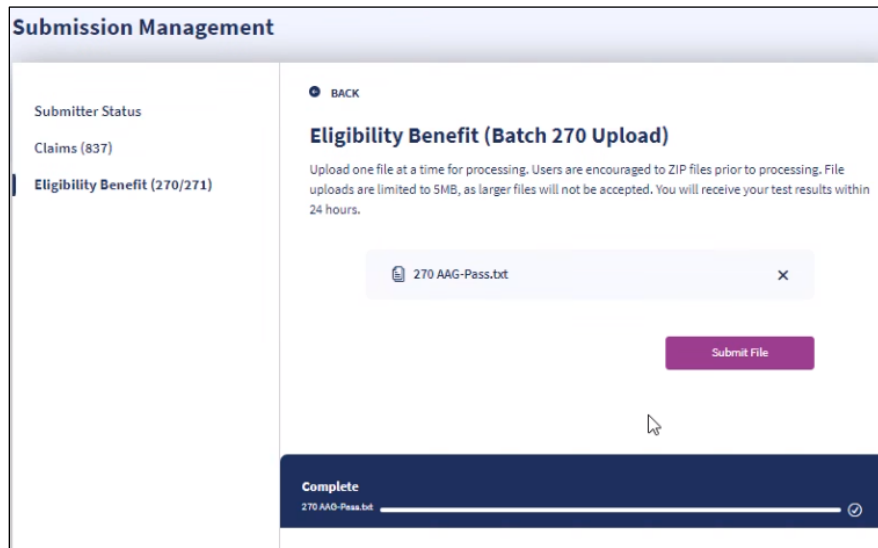


Figure 2.67: Eligibility Benefit (Batch 270 Upload) complete.

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4. Once the file is successfully uploaded, the Volser Number, File Name, File Size and Date Submitted will appear.

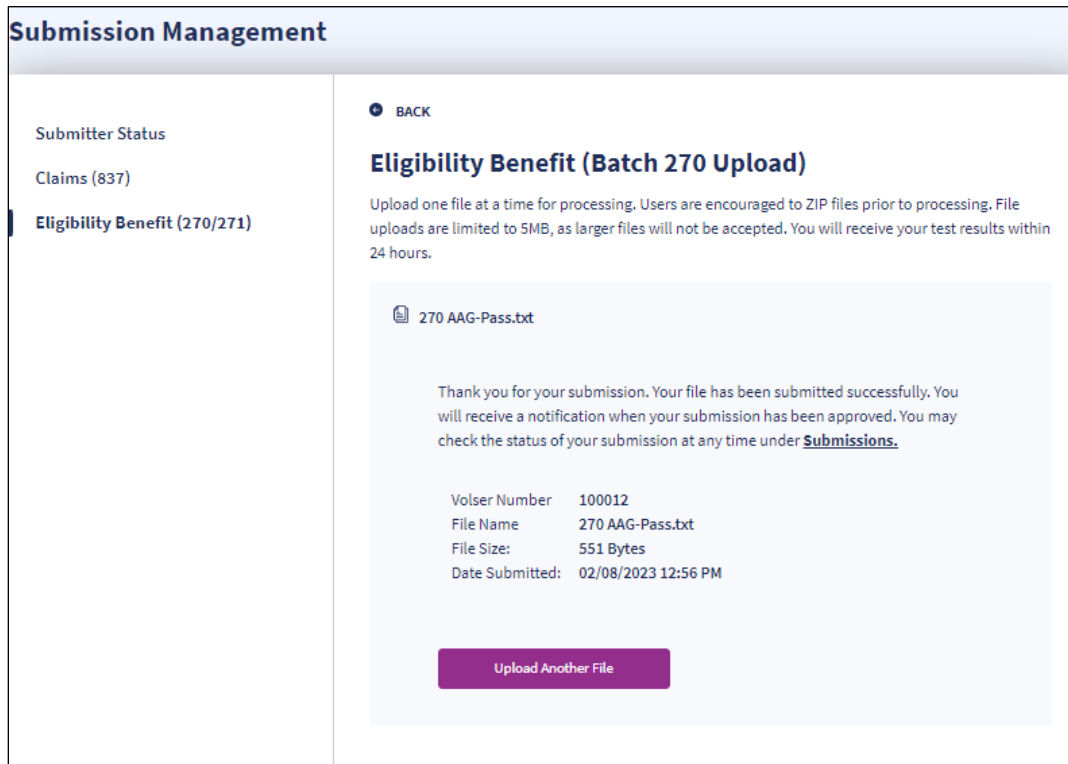


Figure 2.68: Upload Another File.

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5. Select **Eligibility Benefit (270/271)** to view the status of each test file. Each uploaded file will be issued a Volser number

Submission Management

Submitter Testing Status
Claims (837)
Eligibility Benefit (270/271)

Eligibility Benefit (270) Submissions

View the status of 270 type test transactions. Test results may take up to 24 hours to be posted.

Reminder: Each uploaded file will be issued a Volser number. Volser numbers may be used to check the status of your submission. Volser details may not be available for up to 24 hours after the submission is uploaded, and details are available for approximately 30 days.

| File Name | Volser No. | TA1 ACK | 999 ACK | 271 Response | Upload Date | Status |
|--|------------|--------------------------|---------|--------------------------|------------------------|---------|
| 270 AAG.txt | 100011 | N/A | N/A | N/A | 01/29/2023 04:25 PM | Failed |
| 270 AAG-Pass.txt | 100012 | Download | N/A | N/A | 02/08/2023 12:56 PM | Pending |
| 270 AAG-Pass.txt | 100031 | Download | N/A | Download | 03/03/2023 03:13 PM | Failed |
| cmcsb15char AAG_09909783 0_504495_270 _070513.txt | 100022 | Download | N/A | Download | 02/16/2023 03:18 PM | Passed |

Need help?
Please refer to our details instruction manuals for guidance on how to format your submission, testing and submission procedure, and more.
[Take me there](#)

[Upload a New Submission](#)

Figure 2.69: Eligibility Benefit (Batch 270 Upload) Submissions.

Note: Volser details may not be available for up to 24 hours after the submission is uploaded, and details are available for approximately 30 days.

6. Once a Passed status appears for the Volser number, the **Account Status** bar will update with a green check mark for **Complete transaction testing**.



Figure 2.70: Complete Transaction Testing Account Status Bar.

7. Submitters will have the option to download the **TA1 ACK**, **999 ACK** or **271 Response** to view the status details. Refer to the [Batch Eligibility Benefit Inquiry/Response Testing User Guide](#) to find out more information on the testing acknowledgments.

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. |