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Medi-Cal
Provider
Training
2024

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Navigating the Medi-Cal Provider Website & Online Billing

The Outreach and Education services is made up of Provider Field Representatives located throughout California and includes the Small Provider Billing Assistance and Training Program staff, who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment. See the below additional tools and free services available to your provider community.

Medi-Cal Learning Portal (MLP)

Explore the Medi-Cal Learning Portal (MLP) that offers Medi-Cal providers and billers self-paced online training about billing basics, related policies and procedures; new initiatives and any significant changes to the Medi-Cal program.

How can you get started using the MLP?

- First time users must complete a one-time registration at www.learn.medi-cal.ca.gov
- After logging in, you will be able to RSVP for training events or view eLearning courses
- Refer to the Medi-Cal Learning Portal (MLP) Job Aid or the Medi-Cal Learning Portal (MLP) User Guide for detailed instructions

How can you benefit from using the MLP?

- Significantly reduce billing errors by learning billing best practices
- Quizzes that test your knowledge
- Practice your skills using interactive activities

Free Services for Providers

Provider Seminars and Webinars

Provider Training Seminars and Webinars offer basic and advanced billing courses for all provider types. Seminars also offer a free billing assistance called the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Provider Field Representative. The dates and locations for the annual provider training seminars and webinars can be found on the events calendar in the MLP tool and in the News area on www.medi-cal.ca.gov.

Provider Field Representatives

Receive one-on-one assistance from Provider Field Representatives who live and work in cities throughout California. Provider Field Representatives are available to visit providers at their office to assist with billing needs and/or provide custom billing training to office staff.

Small Provider Billing Assistance and Training Program

The Small Provider Billing Assistance and Training Program is one-on-one billing assistance for one year to providers who submit fewer than 100 claim lines per month and would like some extra help. For more information about how to enroll in the Small Provider Billing Assistance and Training Program, call (916) 636-1275 or 1-800-541-5555.

All of the aforementioned services are available to providers at no cost!

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Navigating the Medi-Cal Providers Website

Introduction

Purpose

The purpose of this module is to provide an overview of the Medi-Cal Providers website.

Module Objectives

- Provide a walk-thru of the Medi-Cal Providers website and its functions
- Examine Medi-Cal Provider Communities
- Highlight common Medi-Cal transactions
- Review valuable references on the Medi-Cal Providers website

Acronyms

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

Medi-Cal Providers Homepage

The Medi-Cal Providers website homepage can be accessed by opening an internet browser, typing *mcweb.apps.prd.cammi.medi-cal.ca.gov* in the address bar and selecting **Enter**.

When there is an active System Status Alert, a banner will appear. The Learn More link will open the System Status page containing more information about the alert.

Remove the banner by “clicking” on the **X** located in the upper-right corner.

If the System Status Alert banner has been closed, details are accessible via the **System Status Alerts** links located in the Support section at the footer of the Medi-Cal Providers website.

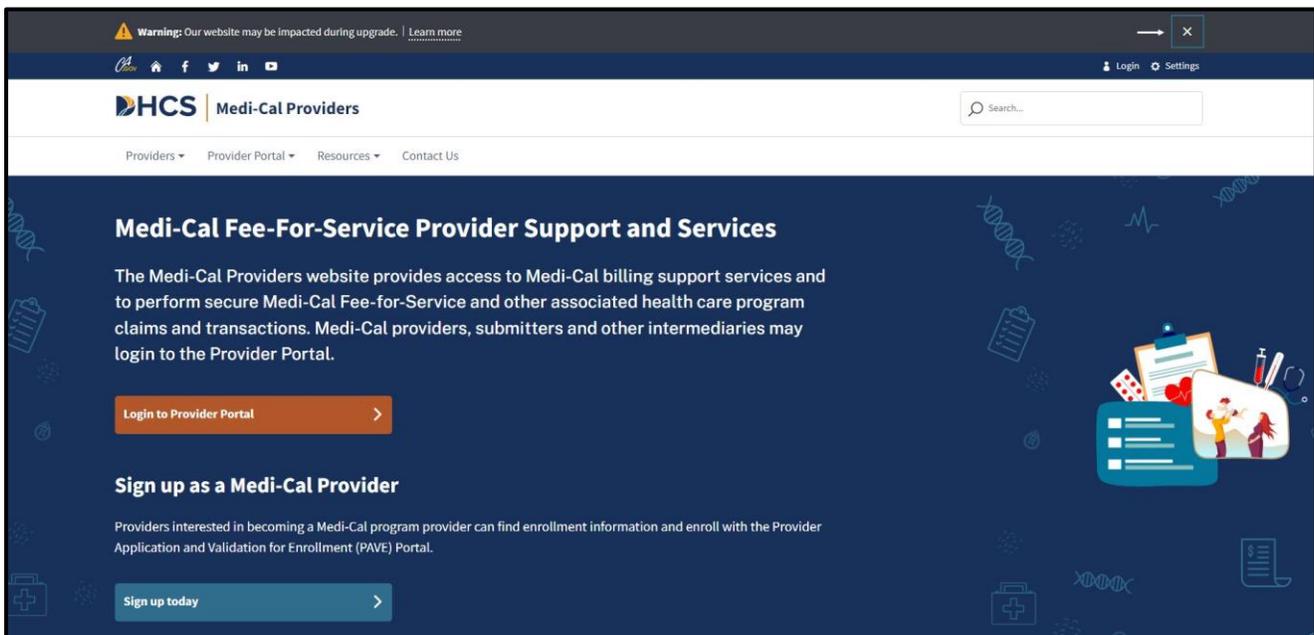


Figure 1.1: The System Status alert appears at the top of the Medi-Cal Providers website by default and may be removed by clicking on the **X**.

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The first icon is a link to the website *www.ca.gov*. The house icon when selected will take the user back to the homepage from anywhere within the Medi-Cal Providers website. The next four icons are for social media and will display the corresponding California Department of Health Care Services page.



Figure 1 2: In the upper-left corner there are several icons for links to various websites including a house icon that takes the user back to the homepage.

If the **Settings** button is selected, options are shown how to change the website display such as showing the website in high contrast colors or increasing the font size of the text.

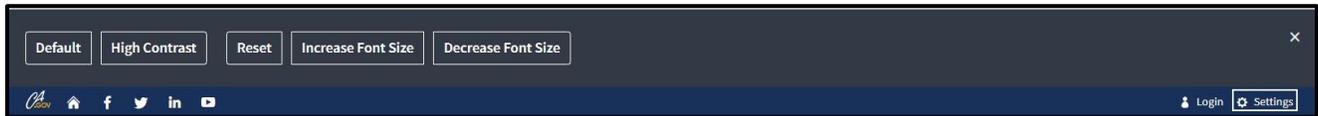


Figure 1.3: The **Settings** button displays options to adjust the color and font size for the Medi-Cal Providers website.

Navigation Bar

The navigation bar on the Medi-Cal Providers website homepage serves as the starting point for providers to access information and services by selecting one of the featured icons.



Figure 2.1: The navigation bar at the top of the Medi-Cal Providers website homepage.

Providers

When selecting the **Providers** tab from the navigation bar, a drop-down menu will display four detailed listings of pages to visit:

- **New Provider** – Provides a step-by-step checklist, links and reference documents for newly enrolled Medi-Cal providers.
- **Outreach and Education** – Provides information and resources regarding claim billing assistance and training services available to Medi-Cal providers and billers.
- **Publications** – Access to Medi-Cal Provider Manuals, Provider Bulletins, and the News area.
- **Medi-Cal Subscription Service** – Free subscription service to keep providers up to date with the latest Medi-Cal news.

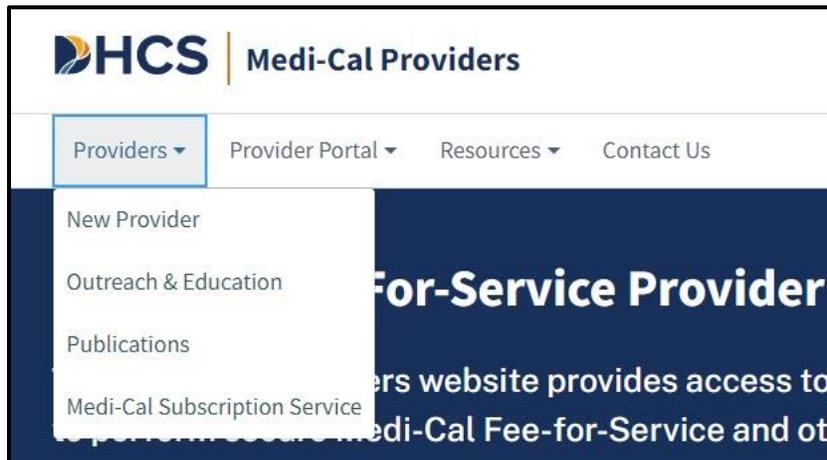


Figure 3.1: The Providers drop-down menu.

Provider Portal

The Provider Portal drop-down menu displays two options for users to login to the Provider Portal or legacy Transaction Services.

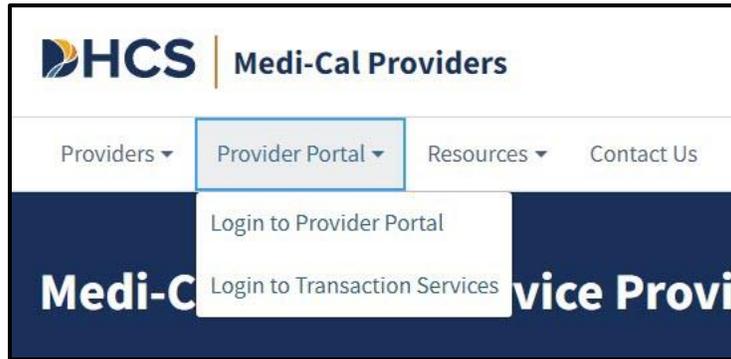


Figure 4.1: The Provider Portal drop-down menu.

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Resources



Figure 5.1: The Resources tab is located within the navigation bar.

Medi-Cal References has an assortment of helpful links to facilitate participation in the Medi-Cal program.

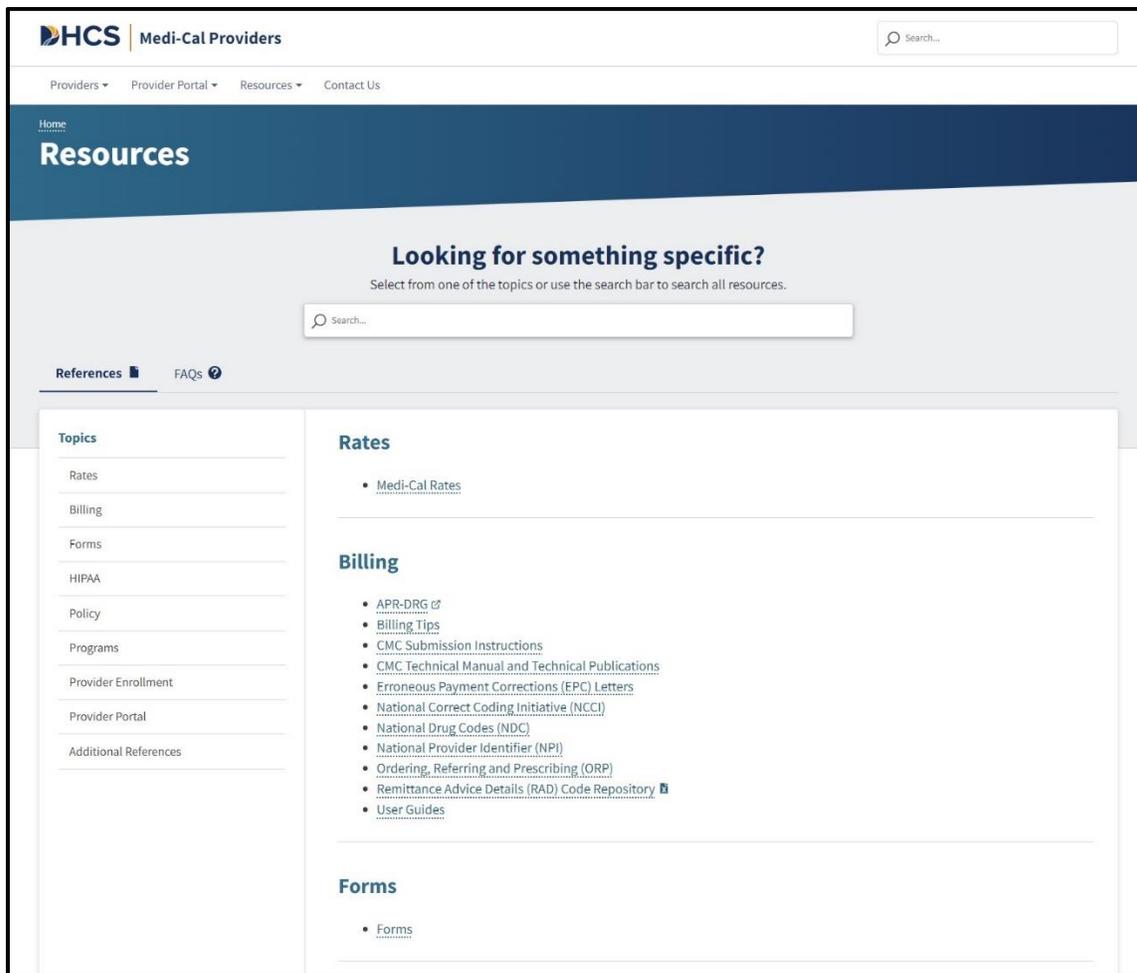


Figure 5.2: Links under Medi-Cal References.

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The Specialty Programs link contains several Medi-Cal programs. Providers can select program(s) of interest and obtain detailed program information regarding the selected program.

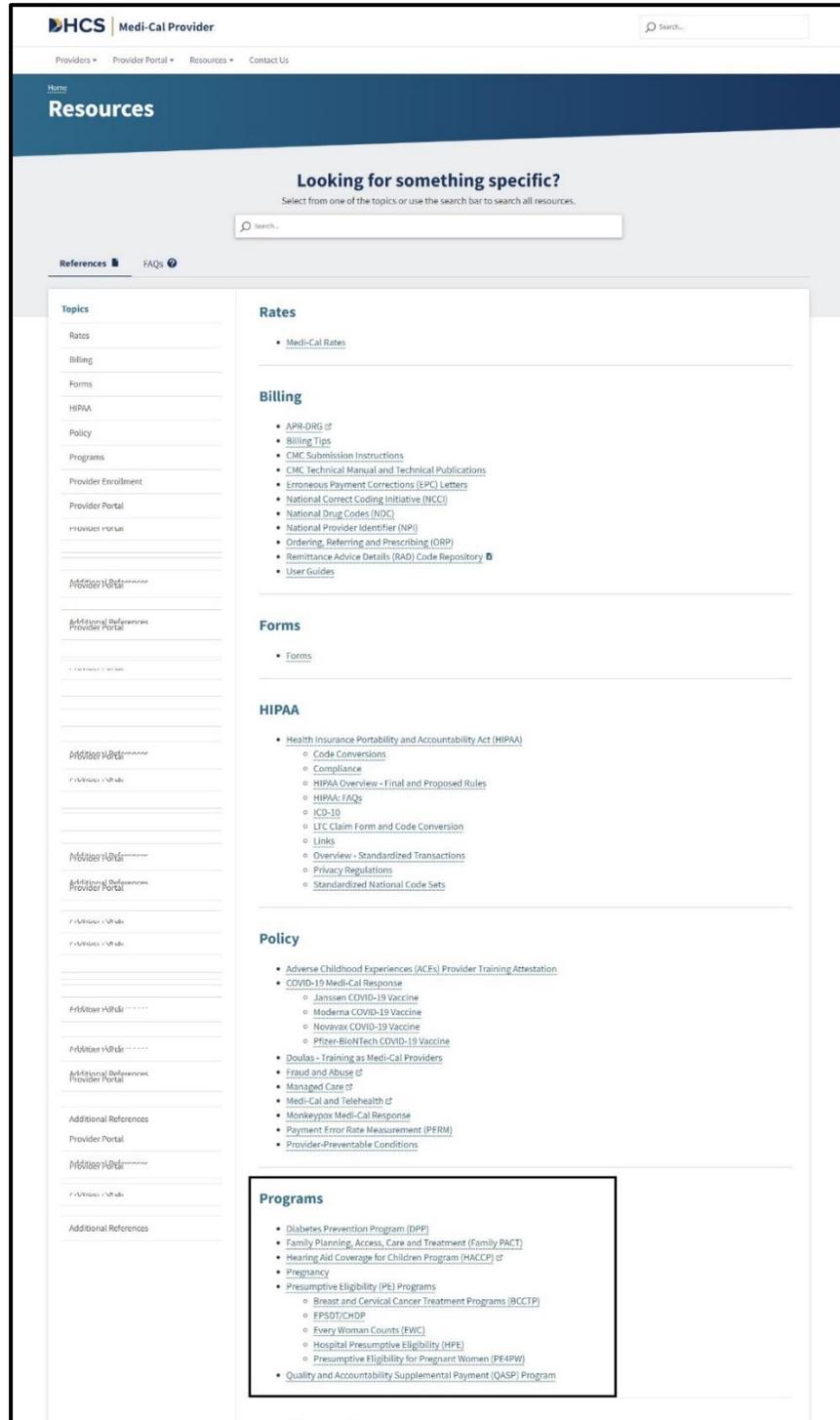


Figure 5.3: The Specialty Programs link contains several Medi-Cal programs.

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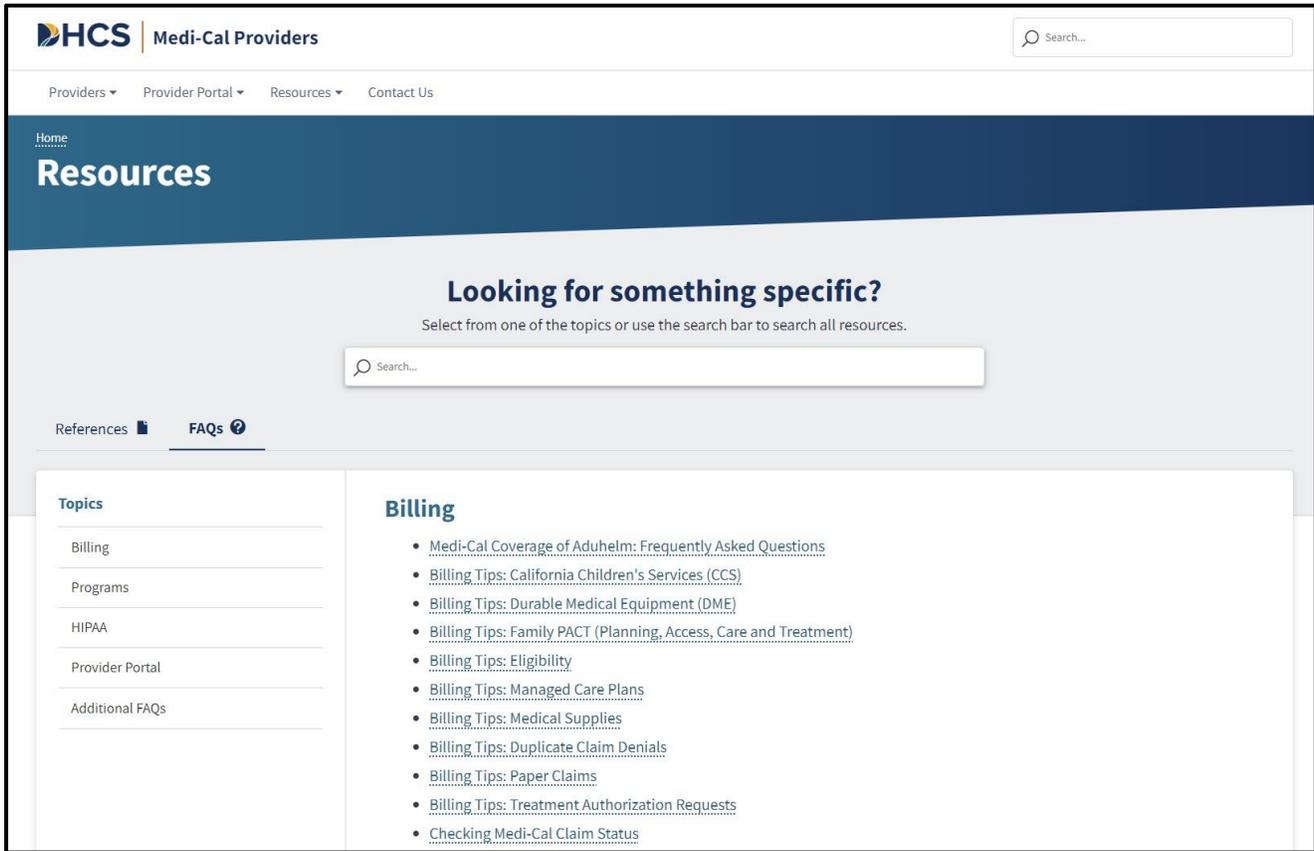


Figure 5.4: FAQs under Medi-Cal Resources.

Contact Us

Contact Us provides contact numbers and addresses for communicating with Medi-Cal personnel.

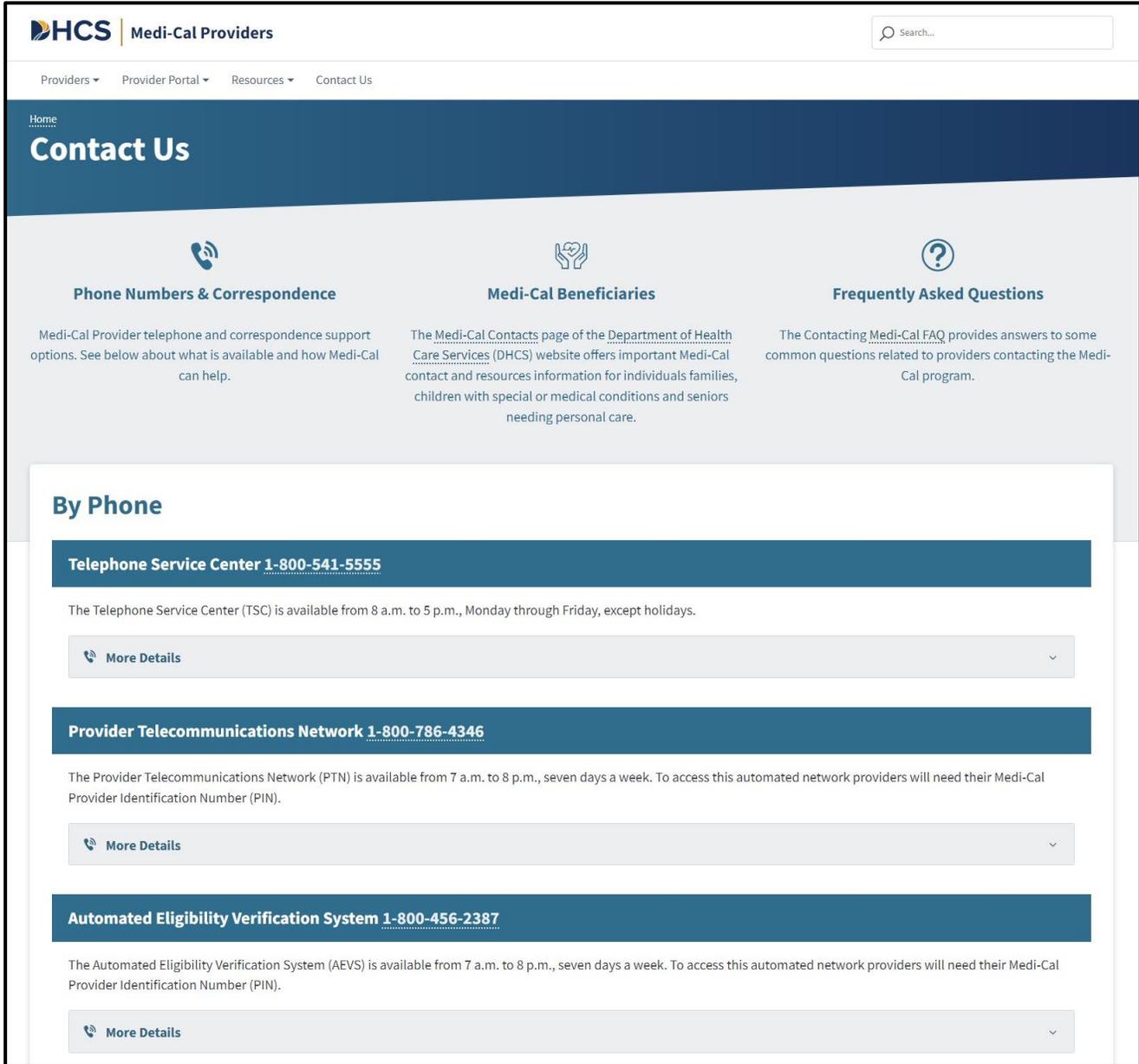


Figure 6.1: The Contact Us webpage provides contact numbers, information and addresses for communicating with Medi-Cal personnel.

Additional Medi-Cal Provider References

The **Additional Medi-Cal Provider References** tiles contains links to other related resource and program websites. The sites include:

- Department of Health Care Services (DHCS)
- Medi-Cal Rx
- Medi-Cal Dental Program
- Family Planning, Access, Care and Treatment (Family PACT)
- California Department of Aging
- Medi-Cal Managed Care

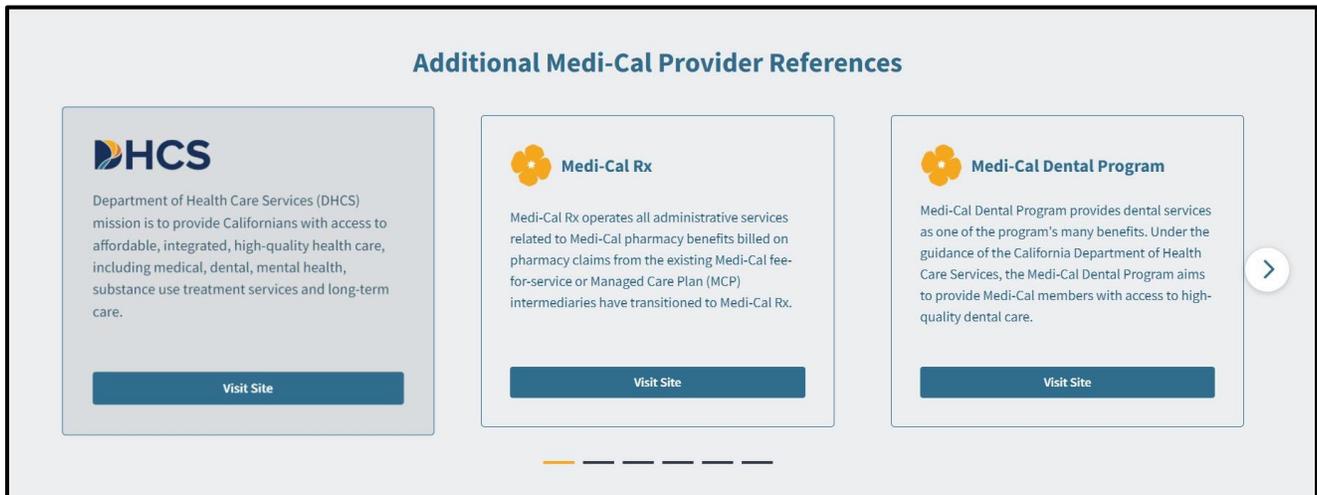


Figure 7.1: Additional Medi-Cal Provider references tiles.

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Footer

The footer of the Medi-Cal Providers homepage contains helpful links to Categories such as: Transactions, Support and Statewide Campaigns.

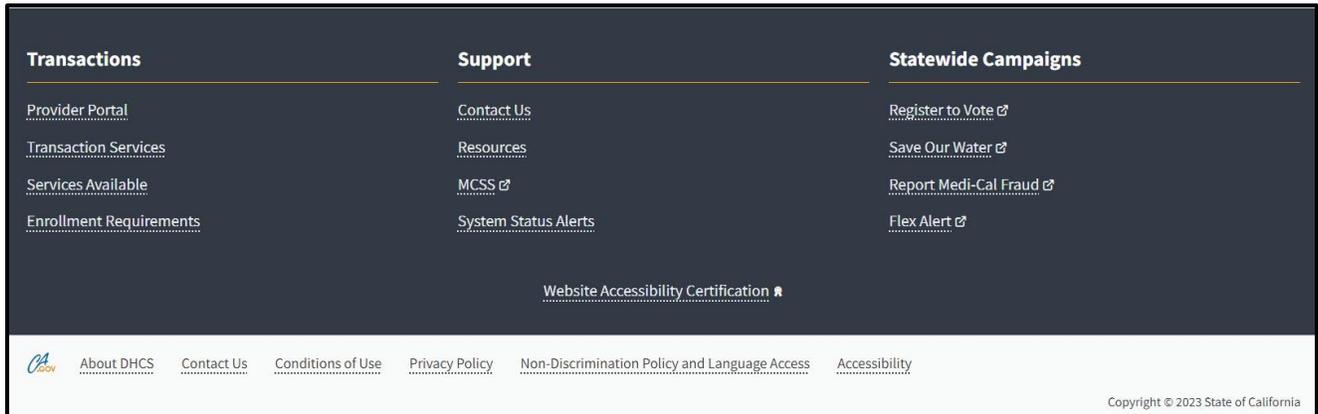


Figure 8.1 Additional Medi-Cal Provider references tiles.

Transactions Log In

1. Navigate to the [Medi-Cal Provider Portal](#). Enter the email address and select **Next**.

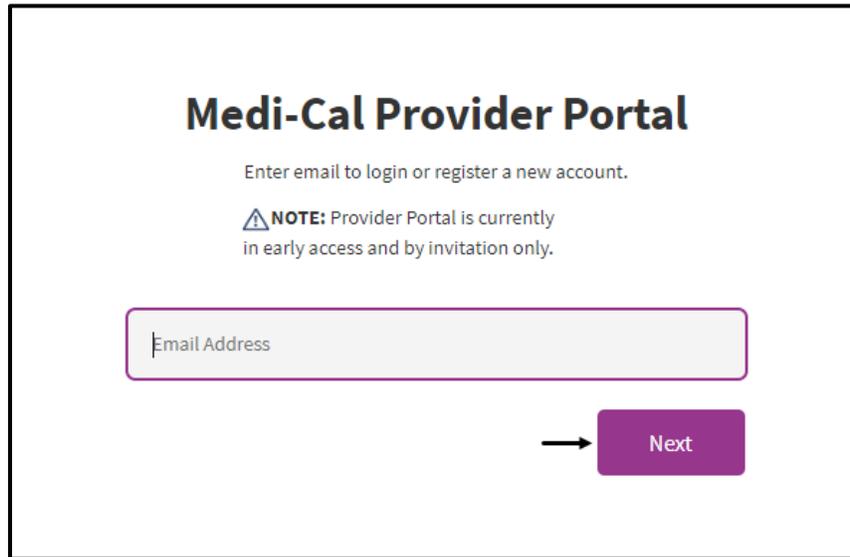


Figure 9.1: Enter Email address page to login to Medi-Cal Provider Portal.

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

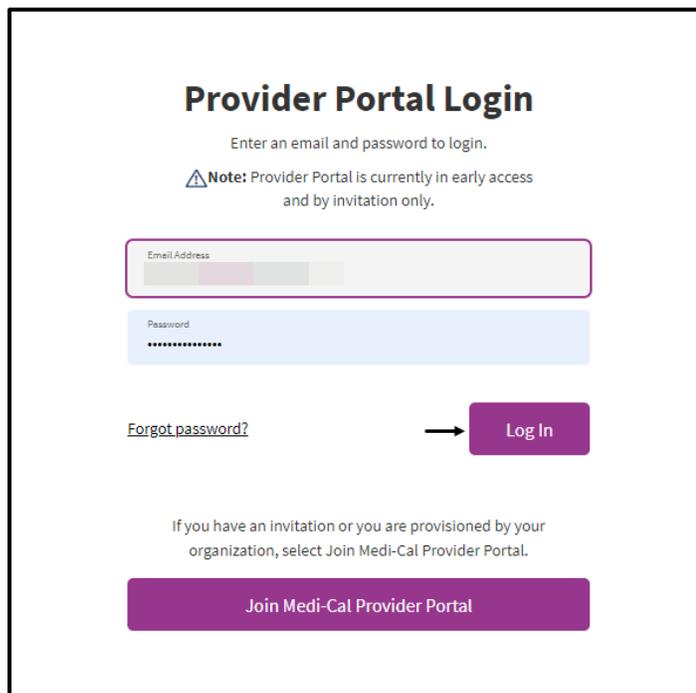
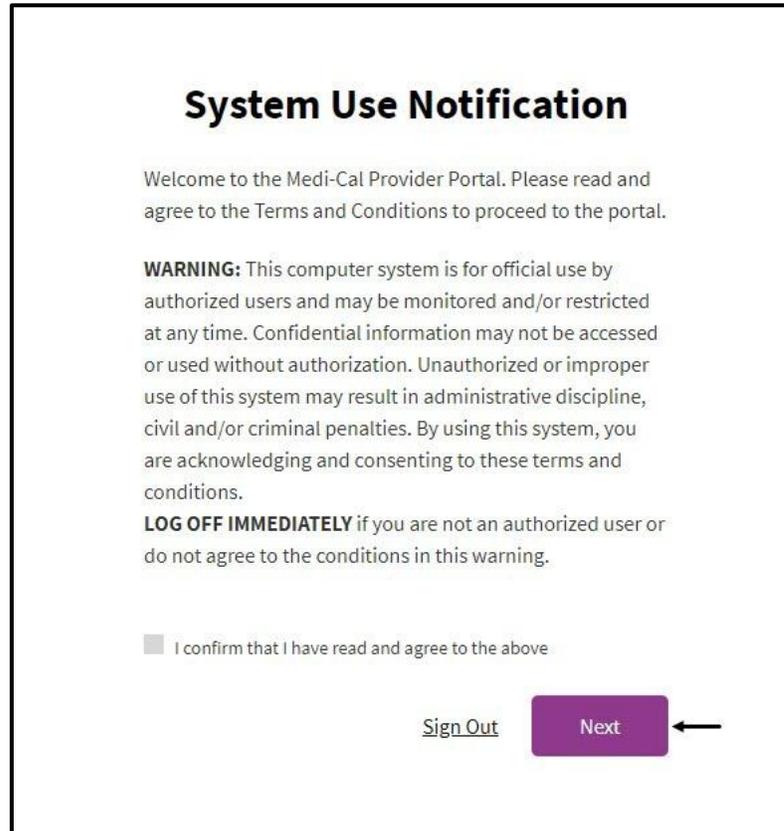


Figure 9.2: Provider Portal Login screen.

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3. Read the System Use Notification, check the “I confirm that I have read and agree to the above,” then select **Next**.



System Use Notification

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

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

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

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

[Sign Out](#) [Next](#) ←

Figure 9.3: System Use Notification screen.

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4. If the user that is logging in is a member of several organizations a Select an organization screen will appear. The organizations displayed are determined by an Admin when a user's account is set up. If the user is assigned to a single organization, the Provider Portal homepage appears.

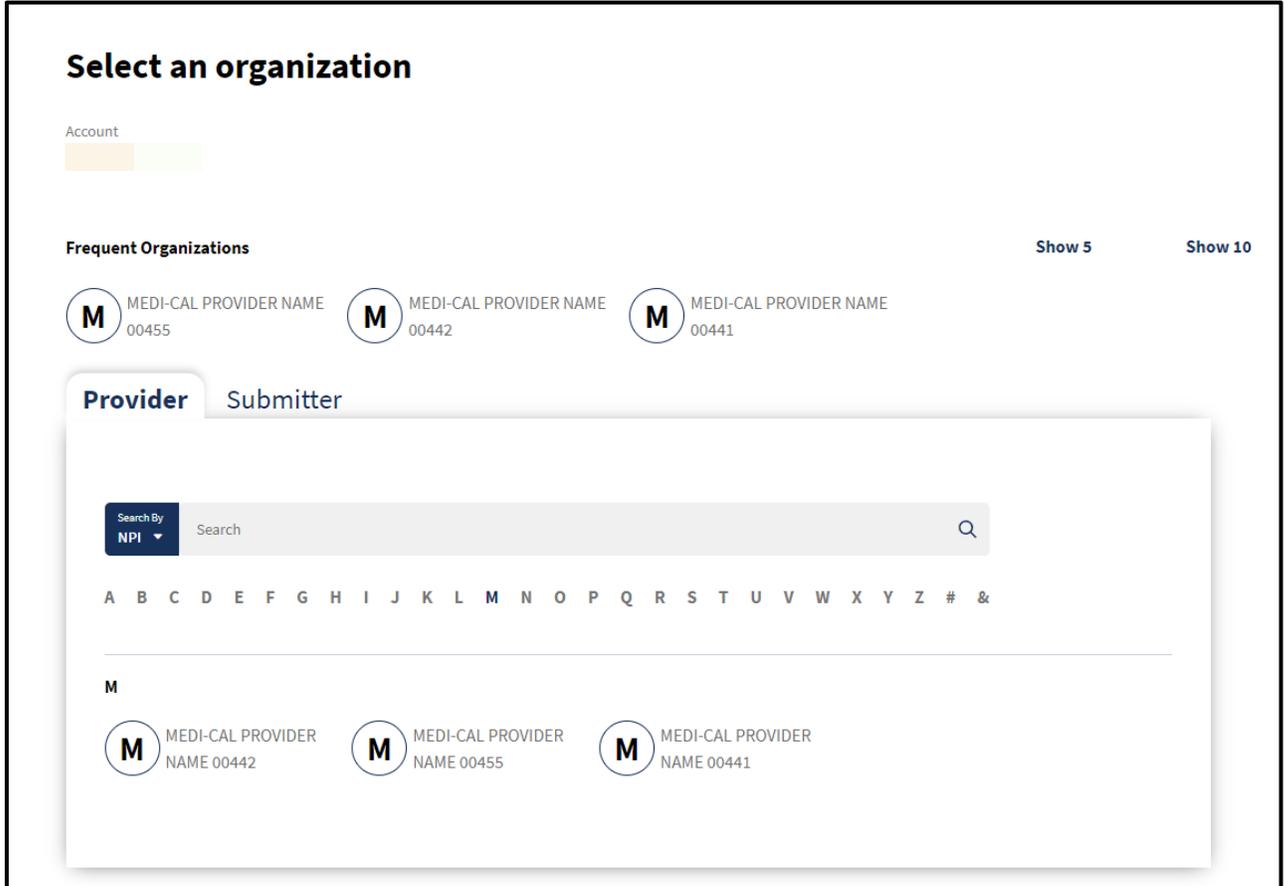


Figure 9.4: Select an organization screen.

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5. Navigate to the **Transaction Center**.

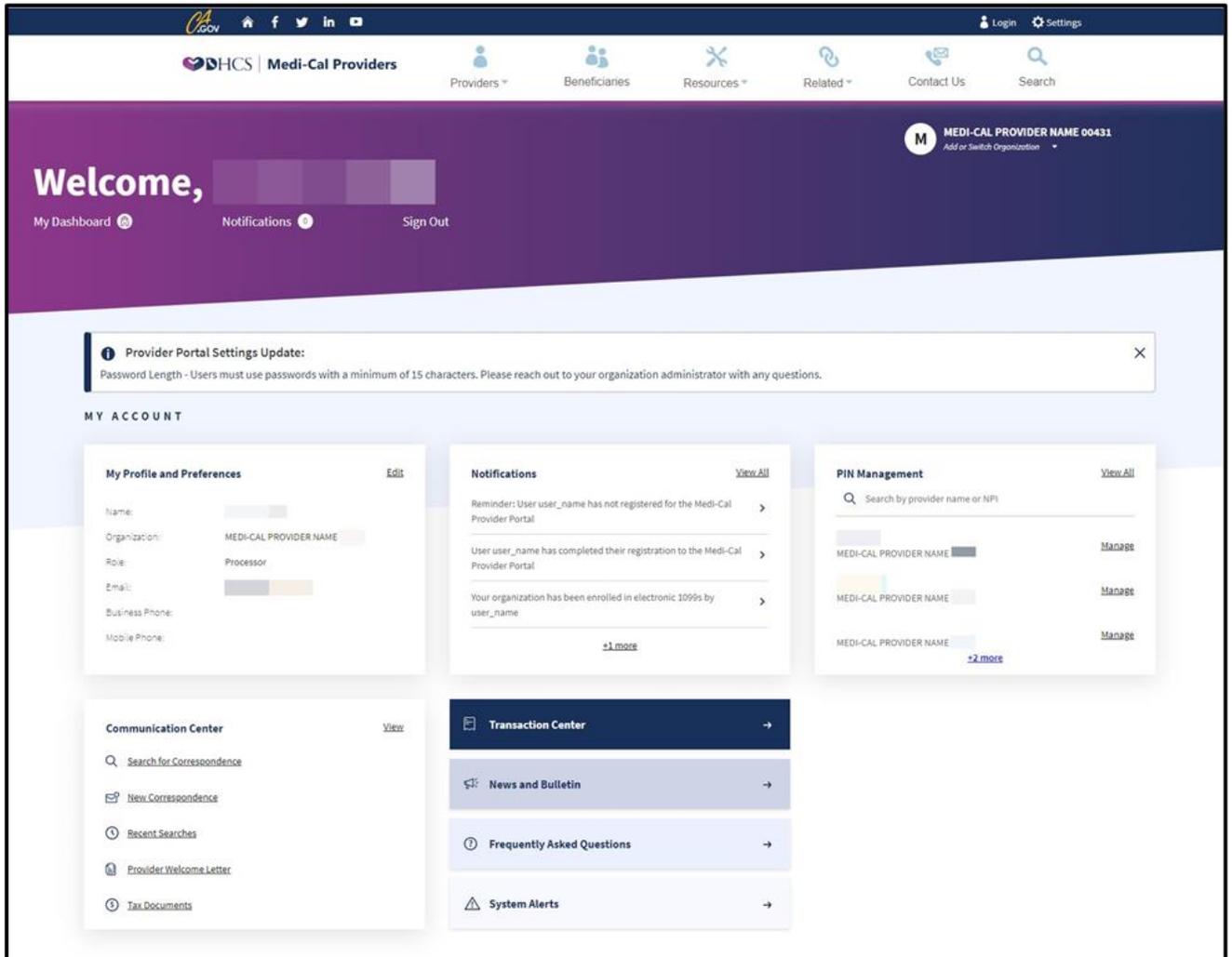


Figure 9.5: Provider Portal homepage.

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- From the drop-down menu, choose the desired NPI then select **Enter Transaction Services**.

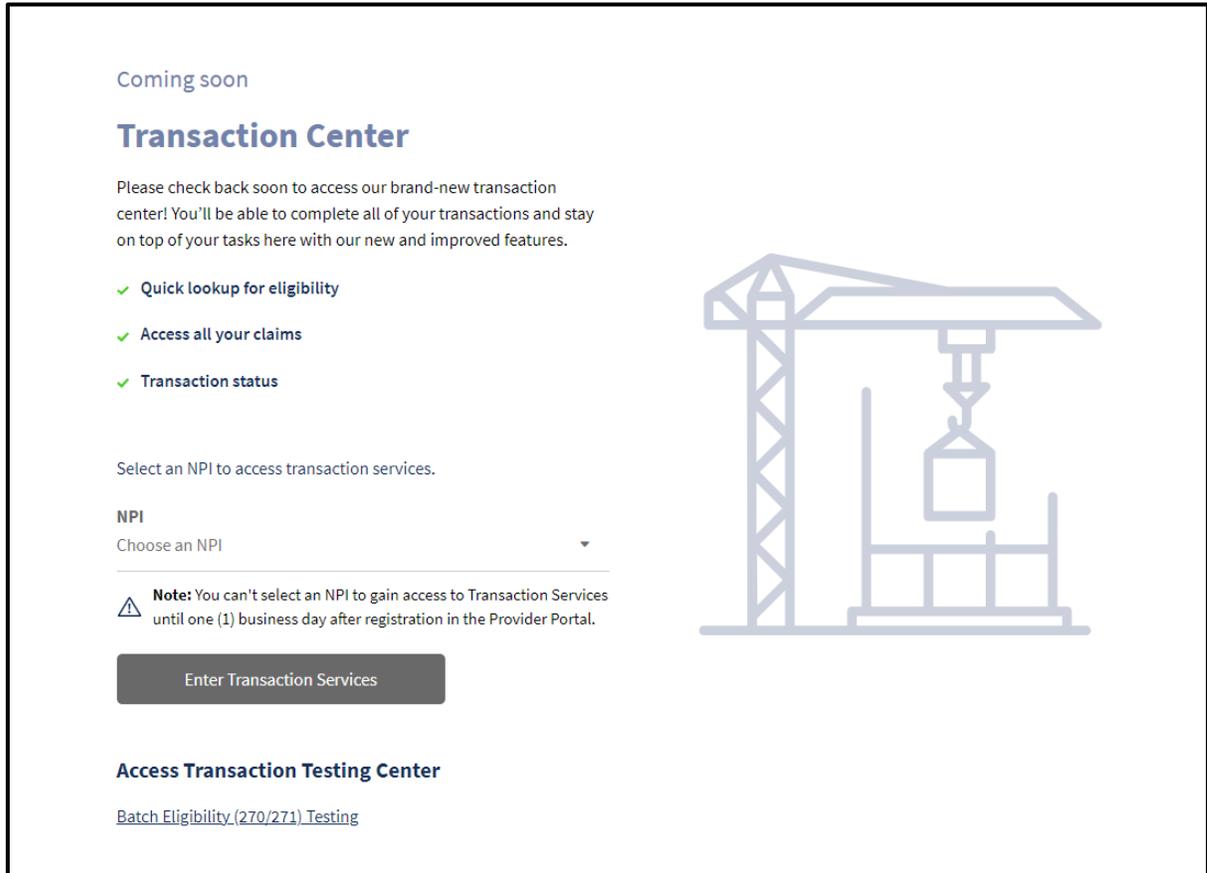


Figure 9.6: Transaction Center.

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

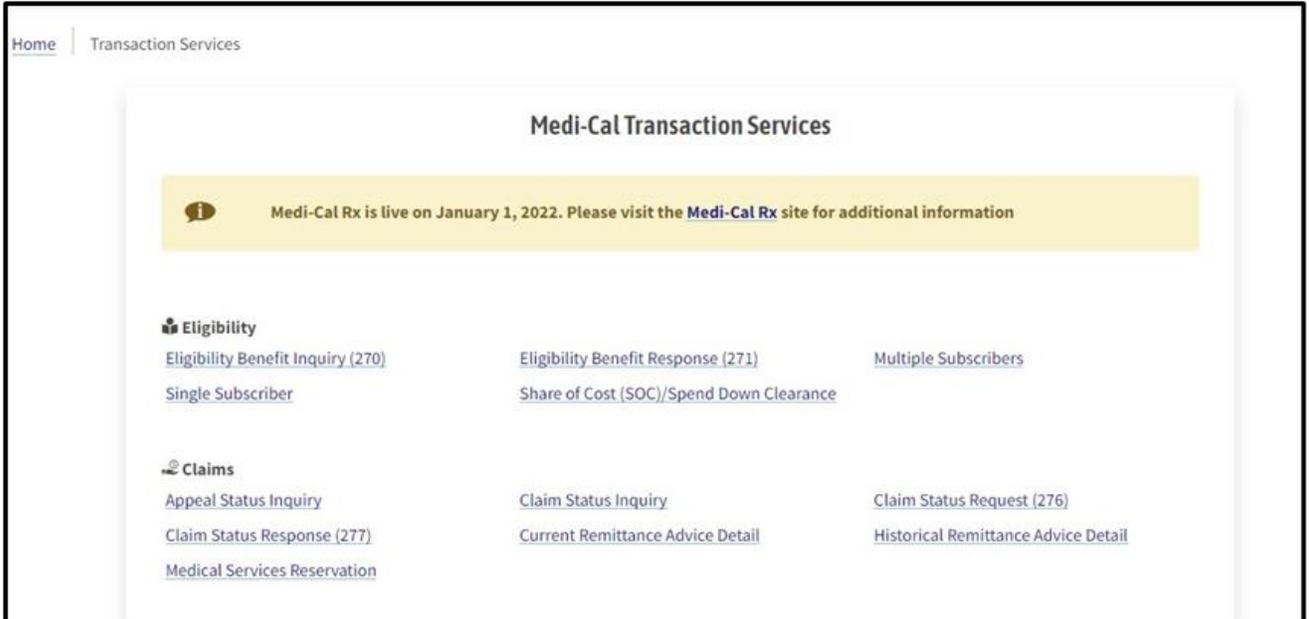


Figure 9.7: Transaction Services.

Eligibility Section

Transaction Services are available to all Medi-Cal providers and allows providers to perform secure transactions. The specific transaction options available are based on the provider/submitter enrollment type.

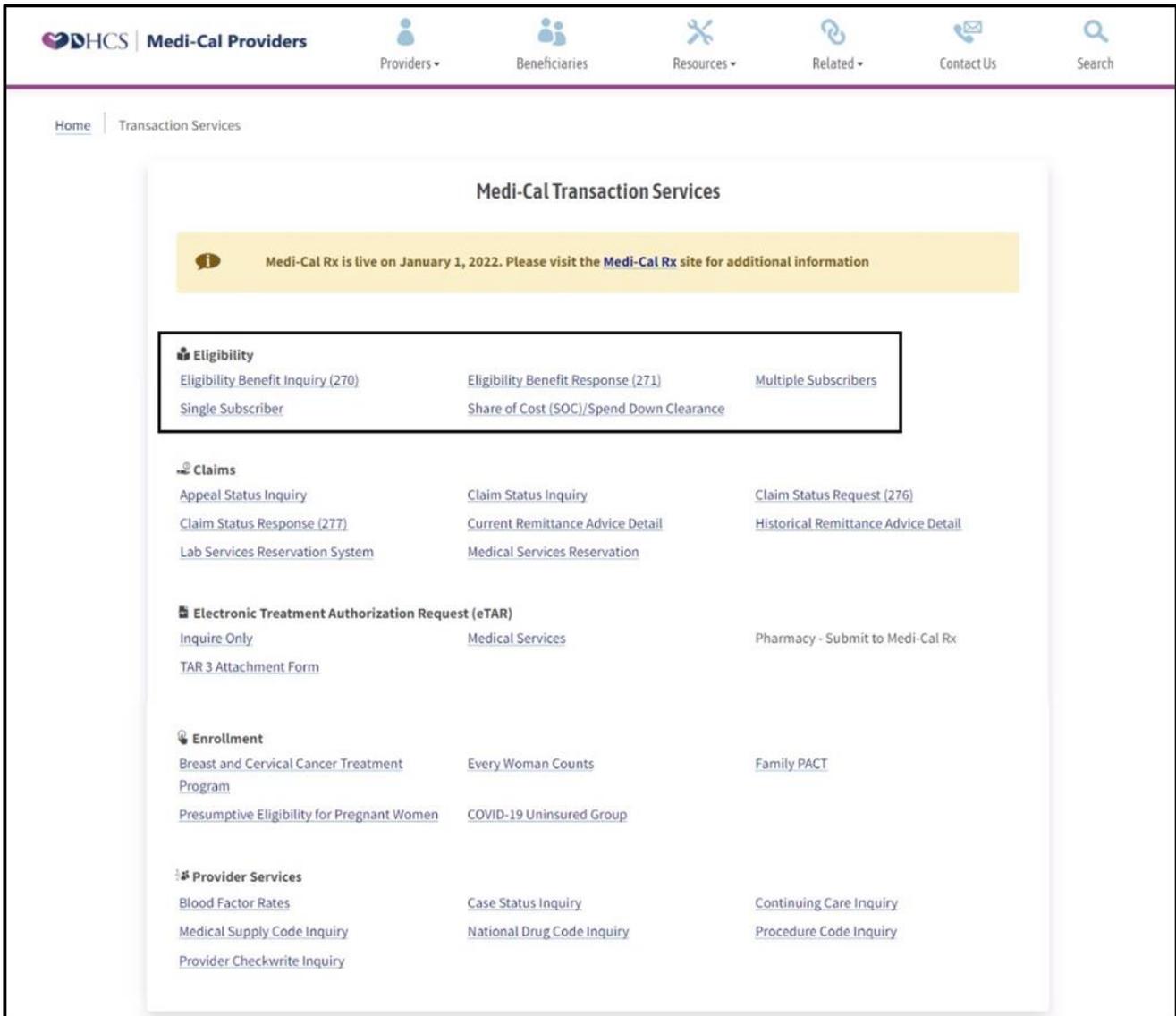


Figure 10: The Eligibility section is available from the Transaction Services webpage.

Eligibility Verification

Providers should verify a beneficiary’s eligibility by obtaining their Beneficiary Identification Card (BIC) prior to rendering service. Providers can verify eligibility online through **Transaction Services**.

1. Under Eligibility, select Single Subscriber

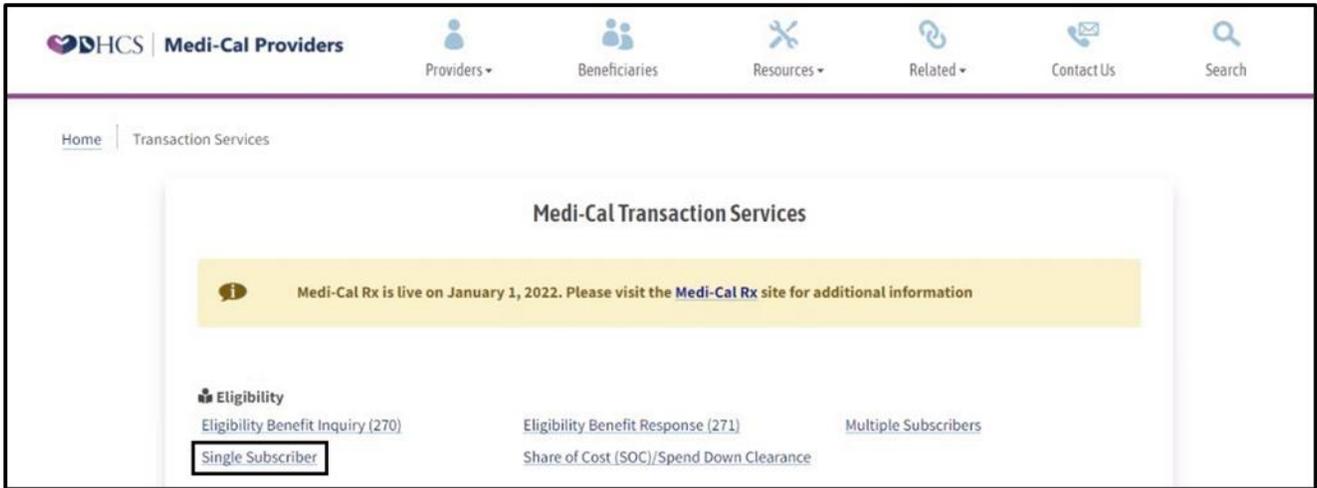


Figure 11.2: Single Subscriber link on the Transaction Services page.

2. All of the *asterisk fields are required to verify beneficiary eligibility. Fill out the form, and press Submit.

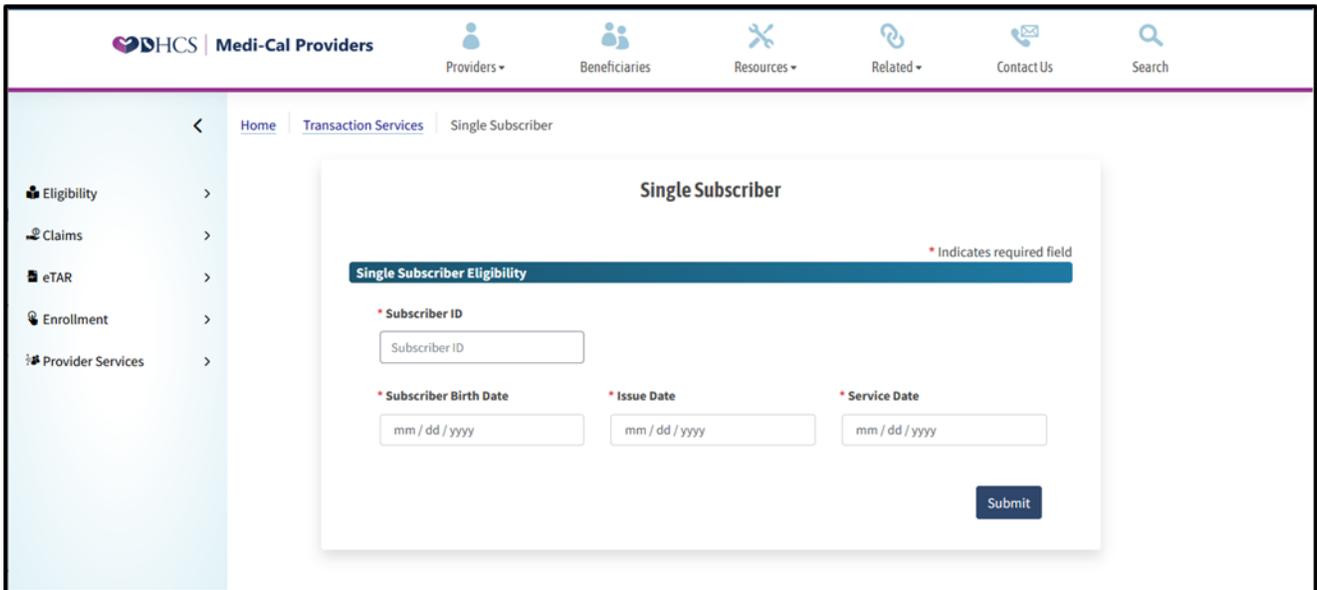


Figure 11.3: Single Subscriber Eligibility information.

Eligibility Responses

The Eligibility Verification Responses are much like traffic lights. For example, if a beneficiary has full-scope, fee-for-service eligibility with no Share of Cost indicated in the eligibility beneficiary's message is displayed in green. It is recommended to make a screenshot of the response for the beneficiary's medical records.

Green banner: Subscriber is eligible for services.

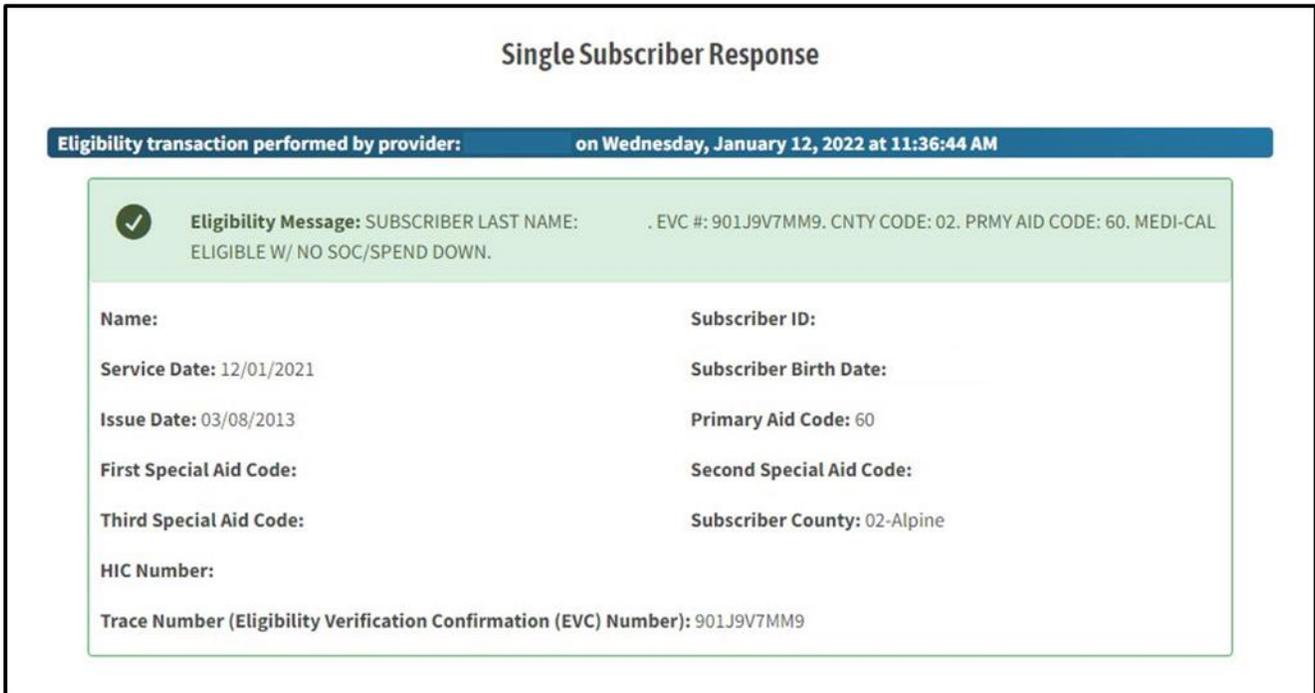


Figure 12.1: An eligibility message with a green banner will appear when a beneficiary has full-scope, fee-for-service eligibility with no Share of Cost indicated.

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When an eligibility response is returned with a yellow banner. Providers should use caution and read the eligibility message carefully. It may indicate that the beneficiary is a member of a health plan. If the provider is not a member of the health plan, providers must advise the patient that they should seek services from the health plan indicated in the eligibility response or let them know that the visit will be on a cash basis.

Yellow banner: Subscriber is eligible under certain conditions.

Single Subscriber Response

Eligibility transaction performed by provider: on Thursday, January 13, 2022 at 11:23:00 AM

 **Eligibility Message:** SUBSCRIBER LAST NAME: . EVC #: 3314R432TC. CNTY CODE: 02. PRMY AID CODE: 84. 2ND SPECIAL AID CODE: 7H. AID CODE NO LONGER IN USE. CALL ADVANCED MEDICAL MANAGEMENT 1-877-589-6807. MEDI-CAL ELIGIBLE FOR O/P TUBERCULOSIS RELATED SVCS W/ NO SOC/SPEND DOWN. OTHER HEALTH INSURANCE COV UNDER CODE A.

Name:	Subscriber ID:
Service Date: 10/01/2021	Subscriber Birth Date:
Issue Date: 10/18/1993	Primary Aid Code: 84
First Special Aid Code:	Second Special Aid Code: 7H
Third Special Aid Code:	Subscriber County: 02-Alpine
HIC Number:	
Primary Care Physician Phone #:	Service Type:
Trace Number (Eligibility Verification Confirmation (EVC) Number): 3314R432TC	

Figure 12.2: An eligibility message with a yellow banner will appear to suggest providers use caution and read the eligibility message carefully.

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If the Eligibility Message indicates: **SUBSCRIBER NOT FOUND**, then the beneficiary is not eligible for Medi-Cal benefits.

Red banner: Subscriber is not eligible for benefits.

Single Subscriber Response

Eligibility transaction performed by provider: on Tuesday, January 11, 2022 at 10:55:51 AM

 **Eligibility Message:** NO RECORDED ELIGIBILITY FOR REQUESTED DATE OF SERVICE 01/05/2022.

Subscriber ID:	
Service Date: 01/05/2022	Subscriber Birth Date:
Issue Date: 05/01/1999	Primary Aid Code:
First Special Aid Code:	Second Special Aid Code:
Third Special Aid Code:	Subscriber County: -unknown
HIC Number:	
Primary Care Physician Phone #:	Service Type:
Trace Number (Eligibility Verification Confirmation (EVC) Number):	

Figure 12.3: An eligibility message with a red banner will appear to indicate a beneficiary is not eligible for Medi-Cal benefits.

Side Bar Menu

When any link is selected from Eligibility, Claims, Enrollment or Provider Services this side bar menu will appear. It provides the links for those sections without having to return to Transaction Services.



Figure 13.1: Side Bar Menu.

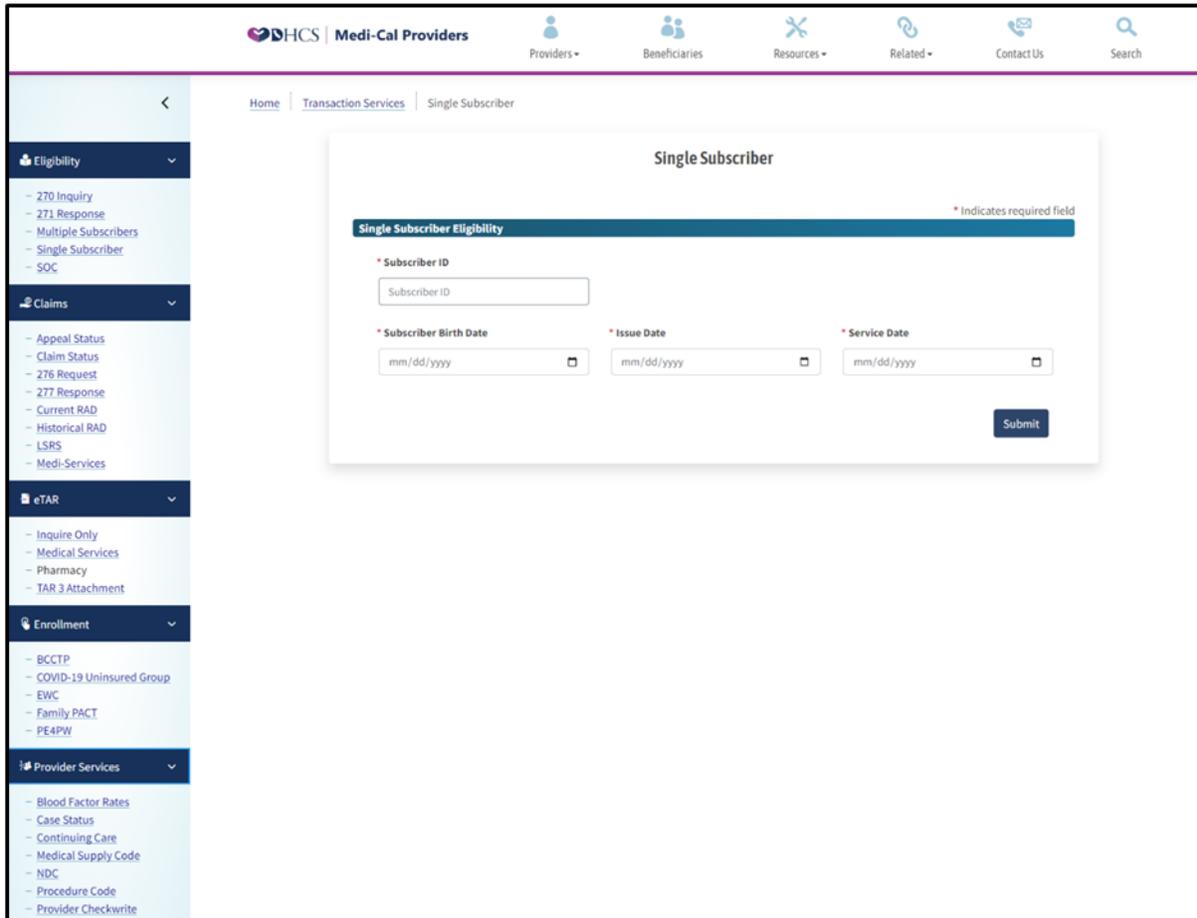


Figure 13.2: Expanded Side Bar Menu.

Share of Cost/Spend Down Transactions

Some Medi-Cal beneficiaries must pay or agree to pay (obligate) a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits.

This dollar amount is called Share of Cost (SOC) also known as Spend Down.

If a beneficiary has paid or obligated a SOC, it must be cleared via the Point of Service (POS) network. Providers can do this by logging into **Transaction Services** and clicking the **SOC (Spend Down) Transactions** link.

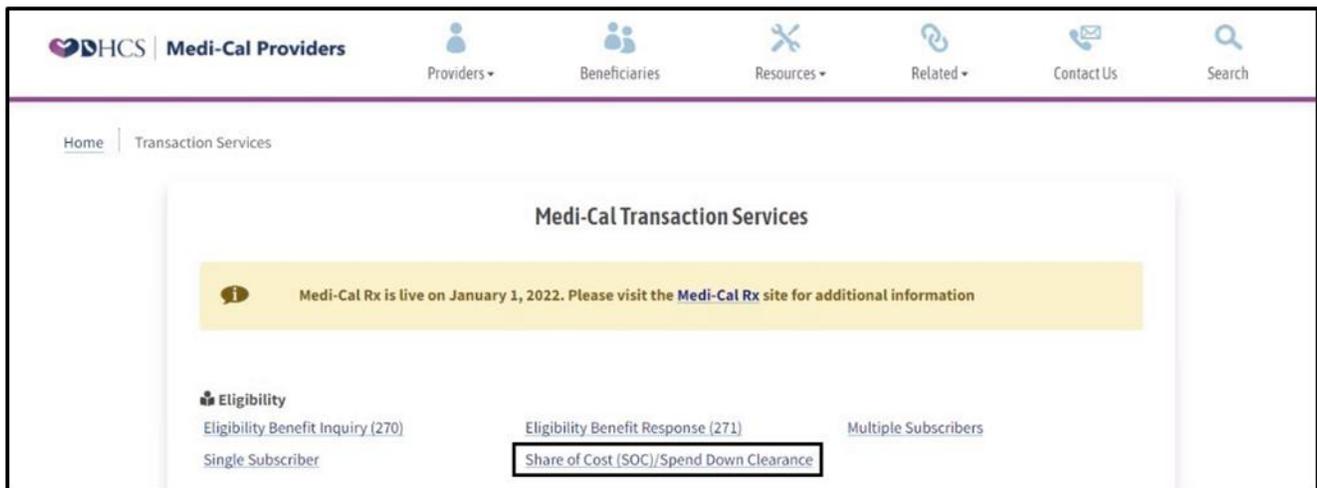


Figure 14.1: The SOC (Spend Down) Transactions link is located on the Transaction Services webpage under the Eligibility tab.

Share of Cost/Spend Down Transactions

Providers have the option of applying or reversing a Share of Cost (SOC), also known as Spend Down, by indicating which transaction they want to complete. The provider can only reverse a SOC if the total SOC has not been cleared. All fields marked with a **red asterisk** are required fields. Complete the SOC transaction by entering the information below and press **Submit**.

- Subscriber ID
- Subscriber Birth Date (MM/DD/YYYY format)
- Issue Date (MM/DD/YYYY format)
- Service Date (MM/DD/YYYY format)
- Procedure Code
- Total Claim Charge Amount
- SOC (Spend Down) Amount Applied

Home | Transaction Services | SOC

Share of Cost (SOC)/Spend Down Clearance

* Indicates required field

SOC Application/Reversal

SOC (Spend Down) Application SOC (Spend Down) Reversal

SOC (Spend Down) Transaction Detail

* Subscriber ID * Subscriber Birth Date * Issue Date

Subscriber ID mm / dd / yyyy mm / dd / yyyy

* Service Date * Procedure Code * Total Claim Charge Amount

mm / dd / yyyy Procedure Code Total Claim Charge Amount

Case Number SOC (Spend Down) Amount Applied

Case Number SOC (Spend Down) Amount /

SUBMIT

Figure 14.2: Providers may have the option of applying or reversing the Share of Cost (SOC) of a transaction by entering the required information.

Share of Cost/Spend Down Response

The following SOC (Spend Down) Response indicates the subscriber has a SOC spend down amount obligation amount of 68 dollars on service date January 5, 2022. Spend down amount applied was 10 dollars leaving a remaining SOC balance amount 58 dollars.

Share of Cost (SOC)/Spend Down Clearance Response

SOC (Spend Down) Amount transaction performed by provider: on 1/13/2022 at 11:20 AM


Eligibility Message: SUBSCRIBER LAST NAME: SOC/SPEND DOWN AMT DEDUCTED: \$ 10.00. REMAINING SOC/SPEND DOWN \$58.00. SOC/SPEND DOWN CLEARANCE APPLIED. MEDI-CAL SUBSCRIBER HAS A \$00068 SOC/SPEND DOWN. ELIGIBILITY REPORTED RETROACTIVELY.

Name:	Subscriber ID:
Service Date: 01/05/2022	Subscriber Birth Date:
Issue Date: 03/01/2021	Procedure Code: 99211
Total Claim Charge Amount: 10.00	Case Number:
SOC (Spend Down) Amount Applied: 10.00	Primary Aid Code:
First Special Aid Code:	Second Special Aid Code:
Third Special Aid Code:	Subscriber County:
HIC Number:	
SOC (Spend Down) Amount Obligation: \$68.00	Remaining SOC (Spend Down) Amount: \$58.00
Trace Number (Eligibility Verification Confirmation (EVC) Number):	

Figure 14.3: The Eligibility Message displayed in the SOC (Spend Down) Response indicates 10 dollars Spend Down was applied to the subscribers SOC obligation amount 68 dollars, leaving a remaining SOC balance of 58 dollars.

Claims Section

Under the Claims section, there are links to obtain information regarding claims as well as links to reservation systems.

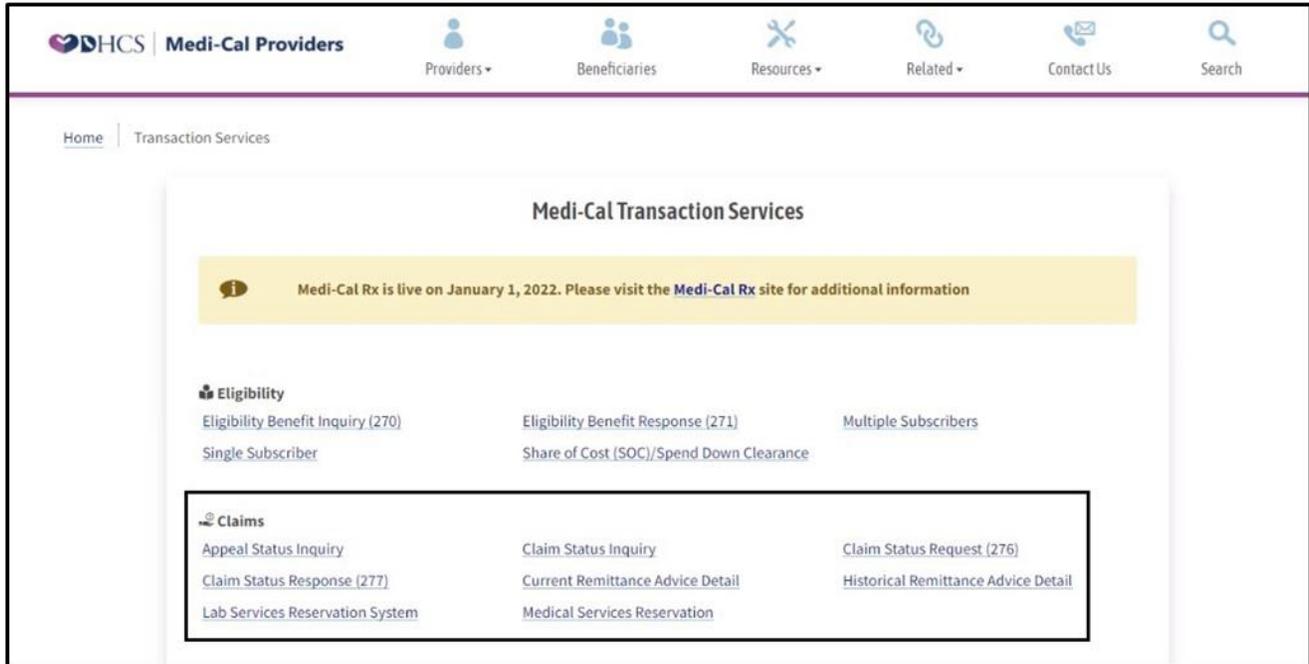


Figure 15.1: The Claims Section on the Transaction Services page.

Claim Status Inquiry

When checking the claim status in Transactions, providers can receive information for both claims in process or claims adjudicated by entering a Claim Control Number (CCN) or subscriber information.

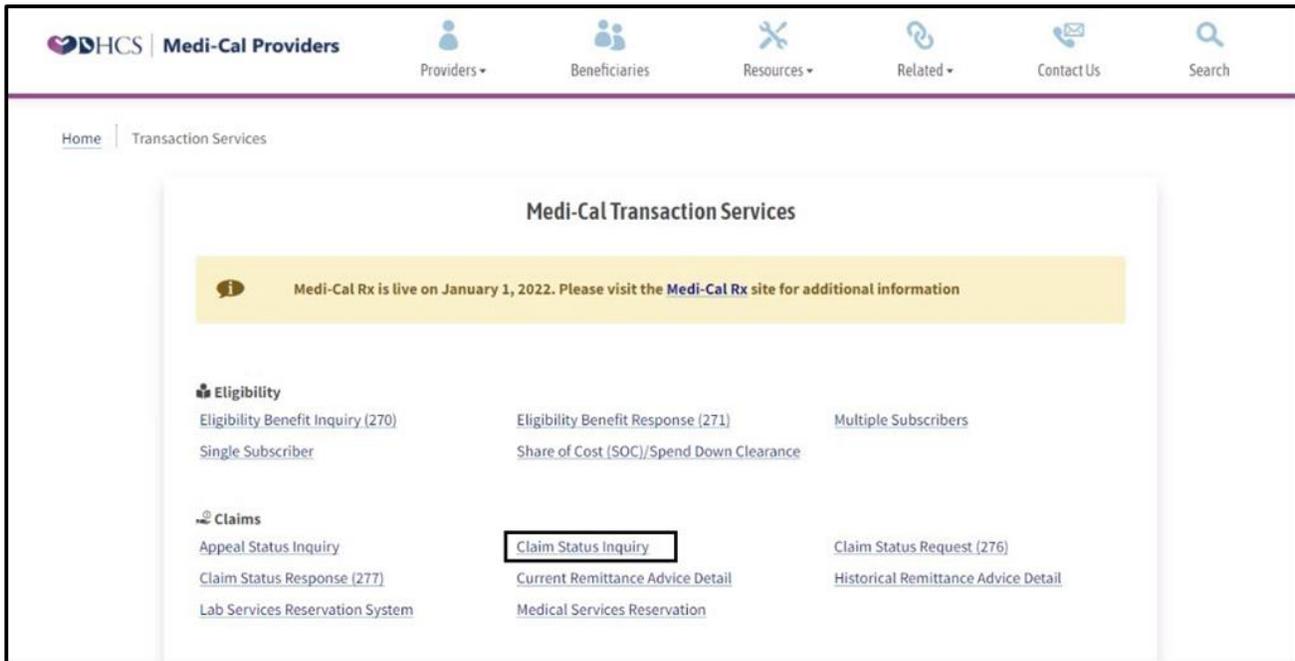


Figure 15.2: The Claims Status Inquiry Link on the Transaction Services page.

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For completing a claim status transaction, follow the steps below.

3. Enter Payer CCN.
4. Select **Submit** or press **Enter**.

Or

5. Enter Subscriber Identifier.
Example: 12345678A
6. Enter Claim Service Period From/To in **MM/DD/YYYY** format.
7. Enter Total Claim Charge Amount (Optional).
8. Select **Submit** or press **Enter**.

The screenshot displays the 'Claim Status Inquiry' form on the Medi-Cal Providers website. The page header includes the DHCS logo and navigation links for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The breadcrumb trail shows 'Home > Transaction Services > Claim Status'. The form itself is titled 'Claim Status Inquiry' and features a dropdown menu for 'Claim Status Inquiry on Provider Number'. Below this, there are two main input sections. The first section is for 'Payer Claim Control Number' with a text input field. The second section is for 'Subscriber Identifier' with a text input field, and 'Claim Service Period From' and 'Claim Service Period To' with date pickers. A 'Total Claim Charge Amount' text input field is also present. A 'SUBMIT' button is located at the bottom right of the form. A note '* Indicates required field' is visible in the top right corner of the form area.

Figure 15.3: Providers can obtain status of a claim by entering a Claim Control Number (CCN) or subscriber information.

Appeal Status Inquiry

Providers can inquire on the status of their appeals by logging into the Appeal Status Inquiry.

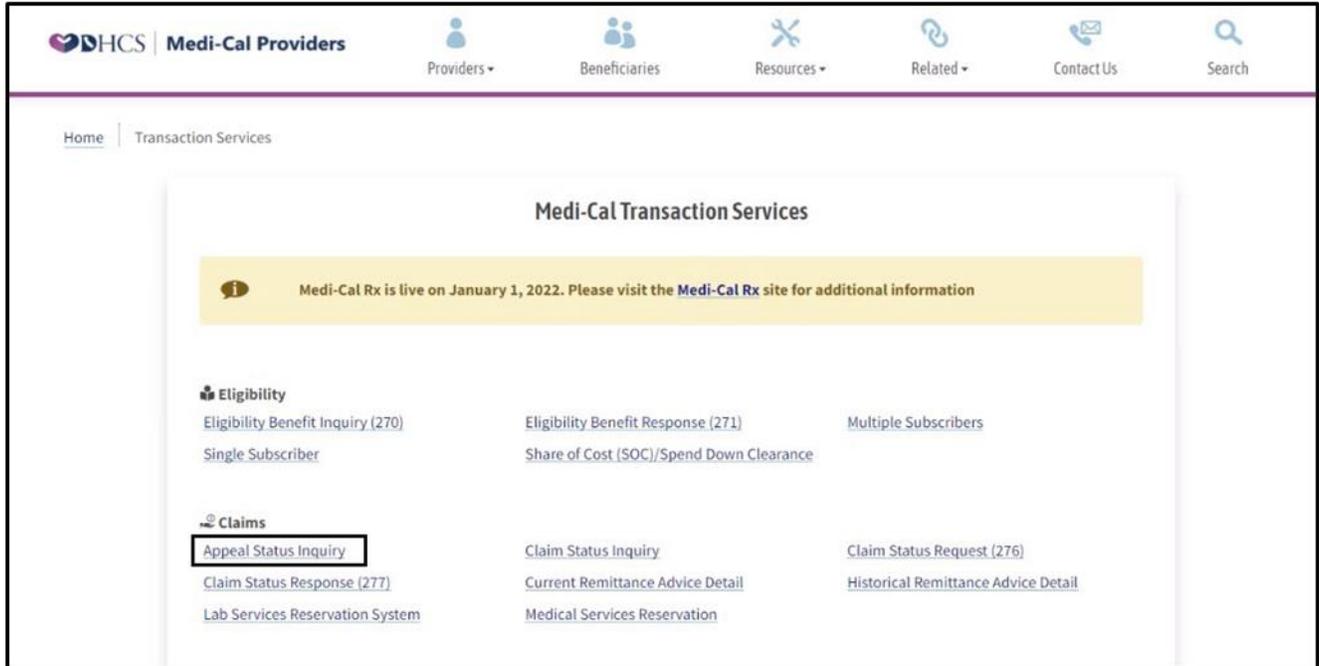


Figure 16.1: Appeal Status Inquiry link on the Transaction Services page.

Enter the appeal's Document Number and press **Submit**.

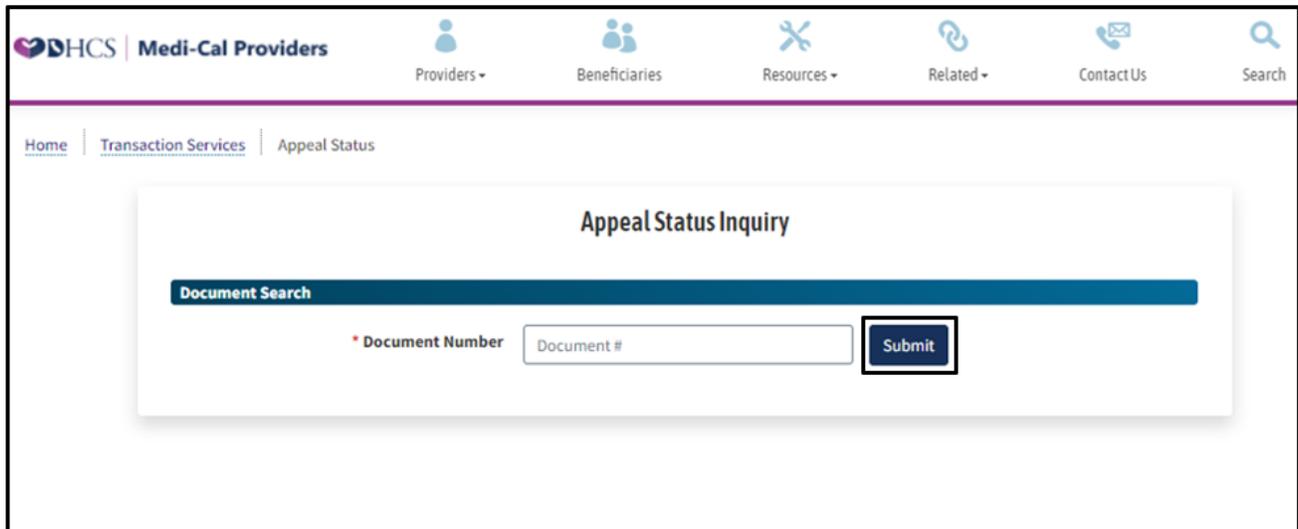


Figure 16.2: The Appeal Status Inquiry will inform on the status of an appeal.

Lab Services Reservation System

The Lab Services Reservation System (LSRS) is an online system used to schedule beneficiary lab services.

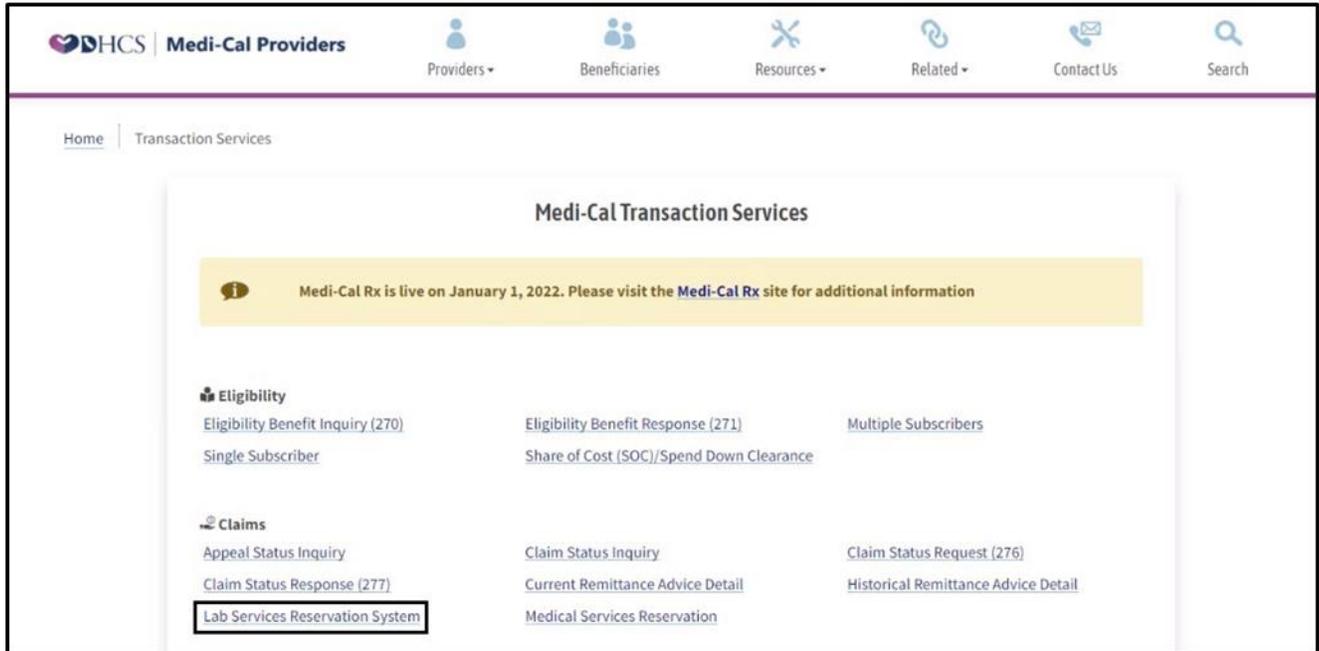


Figure 17.1: LSRS link on the Transaction Services page.

LSRS – Make a Reservation

The following information is required when making a LSRS reservation:

- Provider Number (NPI)
- Recipient ID (enter the BIC exactly as shown on the card)
- Reservation Date (planned date of service for procedure)
- Procedure Code
- Service Modifier (if applicable)
- Select **Reserve this Service**

The screenshot shows the 'Lab Services Reservation System (LSRS)' interface. At the top, there are navigation links for 'Home', 'Transaction Services', and 'LSRS - Make Reservation'. The main heading is 'Lab Services Reservation System (LSRS)'. Below this is a 'Make a Reservation' section with a blue header. A legend indicates that an asterisk (*) denotes a required field. The form contains five input fields: 'Provider Number' (empty), 'Recipient ID' (empty), 'Reservation Date' (set to 12/03/2021 with a calendar icon and a 'Month Only' checkbox), 'Procedure Code' (set to 81025), and 'Service Modifier' (set to 'No Modifier' with a dropdown arrow). A blue button labeled 'Reserve this Service' is located at the bottom right of the form.

Figure 17.2: The LSRS Reservation System requires several pieces of beneficiary information in order to reserve services.

LSRS – Reservation Response

The LSRS online system:

- Processes one reservation at a time
- Requires all fields in the LSRS system to be completed for the reservation to be processed
- Deletes information completed during the web reservation if the application is left unattended for 20 minutes
- Protects the submitter ID, password and provider ID to prevent unauthorized reservations

Note: Providers may call the Telephone Service Center (TSC) to request reservation changes or cancellations at 1-800-541-5555.

The screenshot displays the Lab Services Reservation System (LSRS) interface. At the top, the title 'Lab Services Reservation System (LSRS)' is centered. Below it, a green notification box with a checkmark icon contains the text: 'Reservation Complete', 'Reference# 2204608341468', and 'Please note your reference number! You can either click 'Print' to print a copy of your reservation, or click 'New Reservation' to make another reservation request'. To the right of this box, a small note says '* Indicates required field'. Below the notification is a blue header for the 'Make a Reservation' form. The form contains several input fields: 'Provider Number', 'Recipient ID', 'Reservation Date' (with a calendar icon and a 'Month Only' checkbox), 'Procedure Code' (containing '81025'), and 'Service Modifier' (a dropdown menu with 'No Modifier' selected). At the bottom right of the form are two buttons: 'New Reservation' and 'Print'.

Figure 17.3: LSRS Reservation Complete message.

Medical Services Reservation (Medi-Services)

Medi-Cal beneficiaries are normally allowed two Medi-Service visits per month. Medi-Services are used by allied health, medical services, and outpatient providers. A Medi-Service should be reserved before billing for the following services:

- Acupuncture
- Audiology
- Chiropractic
- Occupational Therapy
- Podiatry
- Speech Pathology

Providers can make a reservation after logging into **Medi-Cal Transaction Services**, under the Claims section and selecting **Medical Services Reservation**.

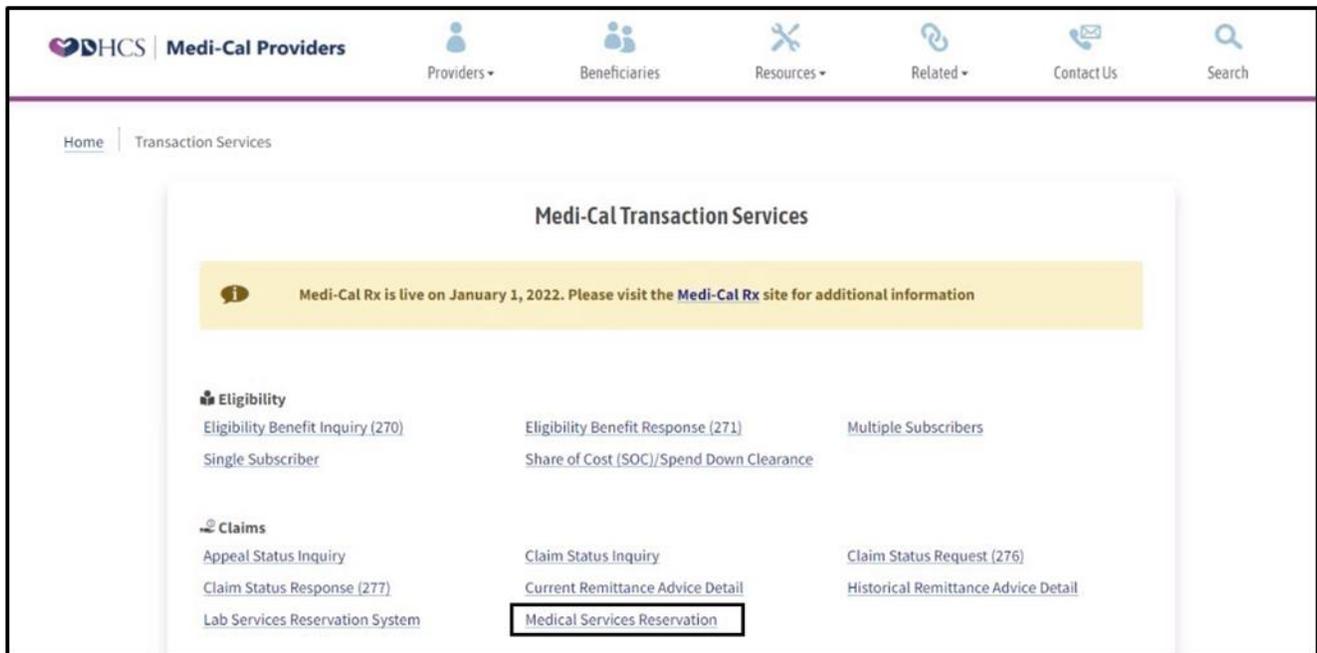


Figure 18.1: Login to Transaction Services and select **Medical Services Reservations** (Medi-Service) to make a reservation.

Medical Services Reservation

Providers must enter information in all the fields listed below with the **red asterisk**

- Subscriber ID.
- Subscriber Birth Date
- Issue Date
- Service Date
- Procedure Code
- Select **Submit** or press **Enter**

Note: Providers may perform a reversal of a Medi-Service reservation by selecting the Medical Services Reservation Reversal option.

The screenshot shows a web form titled "Medical Services Reservation (Medi-Services)". At the top, there are navigation links for "Home", "Transaction Services", and "Medi-Services". Below the title, there is a section for "Medical Services Reservation/Reversal" with two radio button options: "Medical Services Reservation" (selected) and "Medical Services Reservation Reversal". A legend indicates that a red asterisk (*) denotes a required field. The "Medi-Services Detail" section contains five input fields: "Subscriber ID" (Recipient ID), "Subscriber Birth Date" (mm / dd / yyyy), "Issue Date" (mm / dd / yyyy), "Service Date" (mm / dd / yyyy), and "Procedure Code" (Procedure Code). A "SUBMIT" button is located at the bottom right of the form.

Figure 18.2: Providers must enter all information marked with a red asterisk to process a Medical Services Reservation or Reversal.

Medical Services Reservation Response

In the **Medi-Service Response** below, the Medi-Service transaction indicates it is rejected because a Medi-Service reservation is not required for the service requested.

The screenshot displays the Medi-Cal Providers website interface. At the top, there is a navigation bar with the DHCS logo and 'Medi-Cal Providers' text. Below this are several menu items: Providers, Beneficiaries, Resources, Related, Contact Us, and Search. A breadcrumb trail shows the path: Home > Transaction Services > Medi-Services > Medi-Service Response.

The main content area is titled 'Medical Services Reservation (Medi-Service) Response'. A blue banner at the top of this section states: 'Medical Services Reservation transaction performed by provider: on 2/14/2022 at 2:52 PM'. Below this is a light blue box with a document icon and the heading 'Eligibility Message:'. Inside this box, a list of fields and their values is displayed:

Subscriber ID:	Service Date: 02/14/2022
Subscriber Birth Date:	Issue Date: 03/01/2021
Procedure Code: 99211	Primary Aid Code:
First Special Aid Code:	Second Special Aid Code:
Third Special Aid Code:	Subscriber County:
Medical Services Reservations Remaining:	HIC Number:
Primary Care Physician Phone #:	Service Type:
Trace Number (Eligibility Verification Confirmation (EVC) Number):	

Figure 18.3: Medical Services Reservation Response example. In the example image the Reservation has been rejected.

Provider Services

Under the Provider Services section, there are links to obtain financial information regarding claims, claim status and procedure code information.

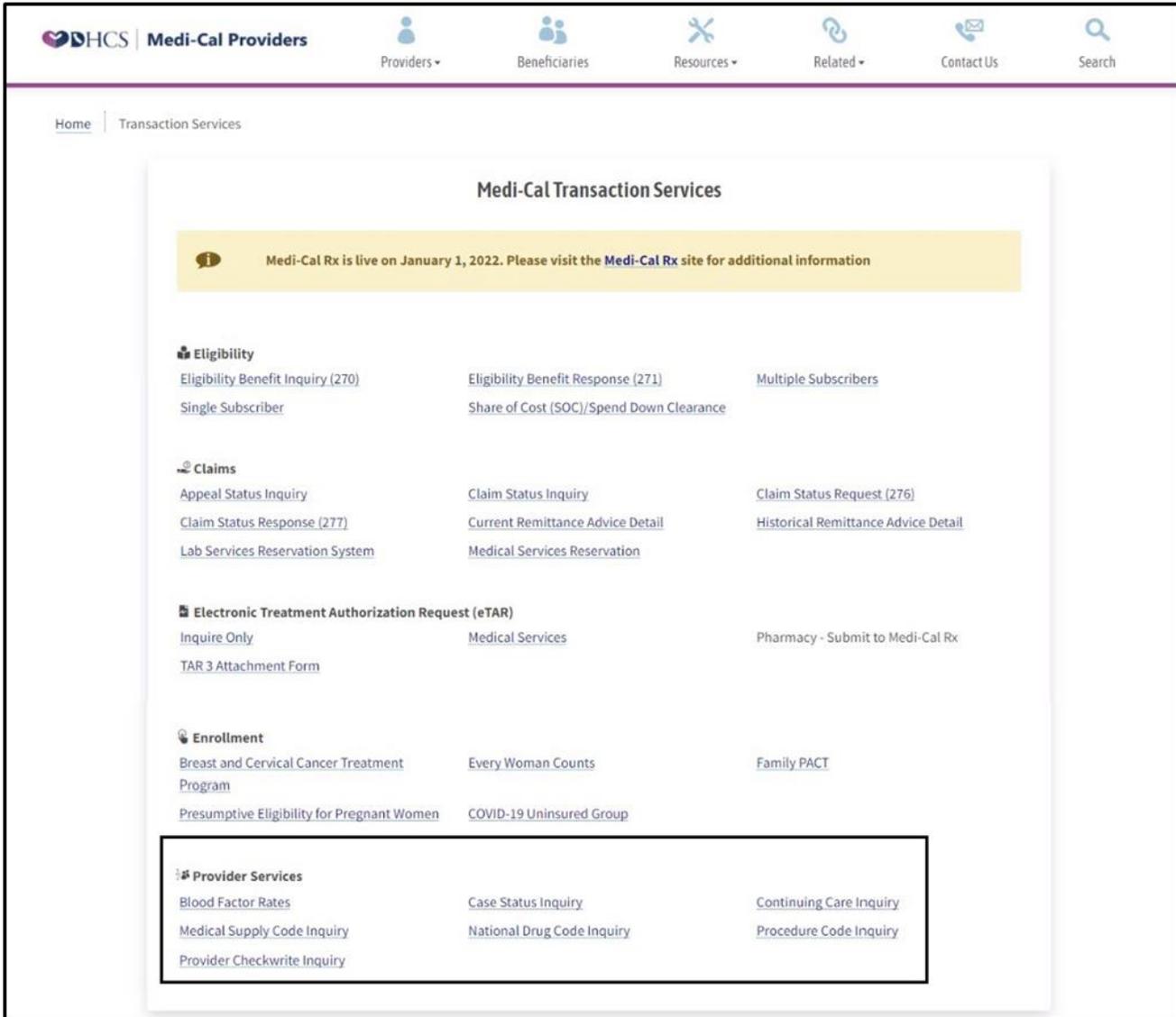


Figure 19.1: Provider Services section on the Transaction Services page.

Case Status Inquiry

When a provider contacts the California Medicaid Management Information System (CA-MMIS) Fiscal Intermediary (FI) they will receive a Service Request (SR) or Issue Number that can be tracked under the **Case Status Inquiry** link.

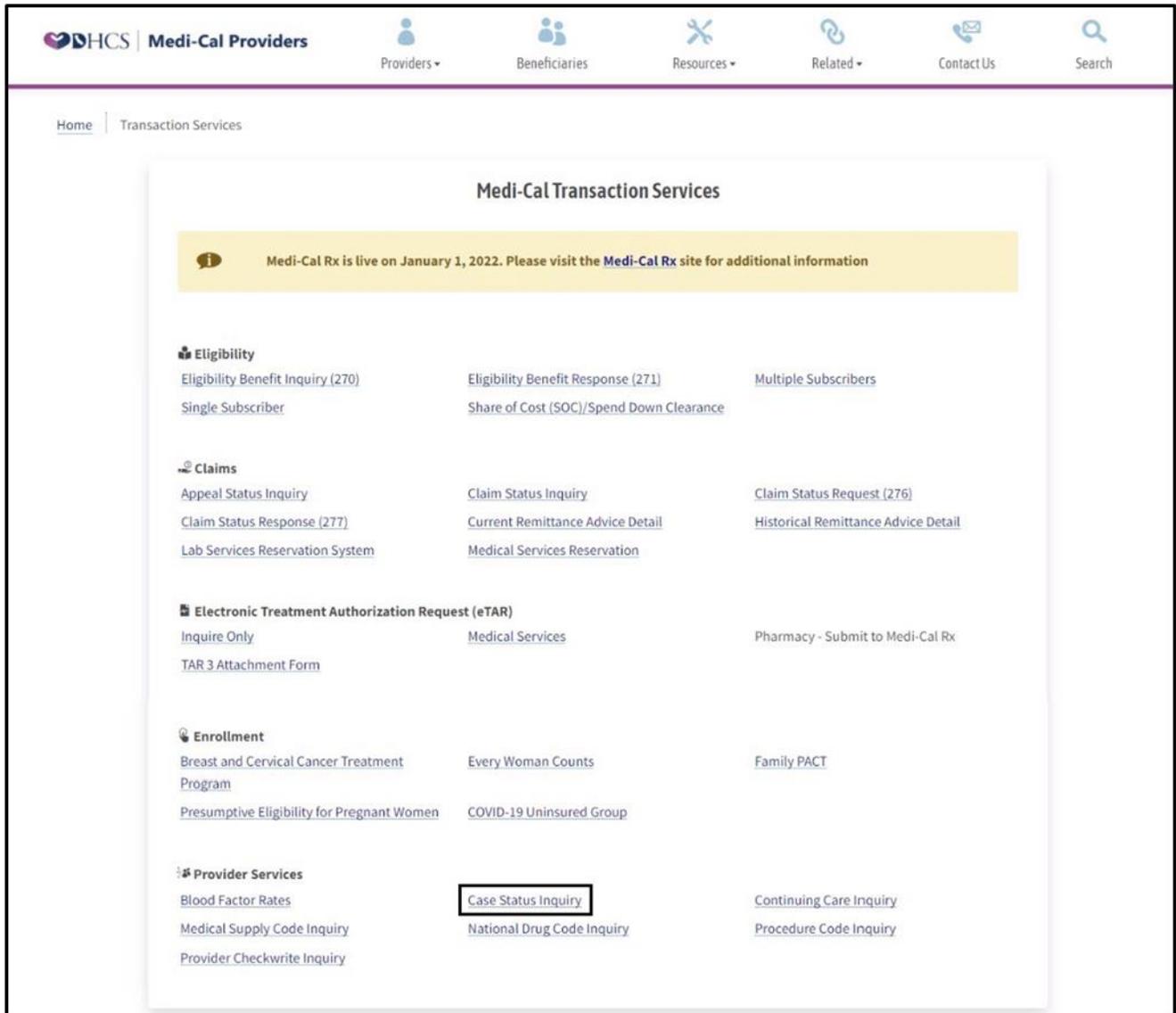


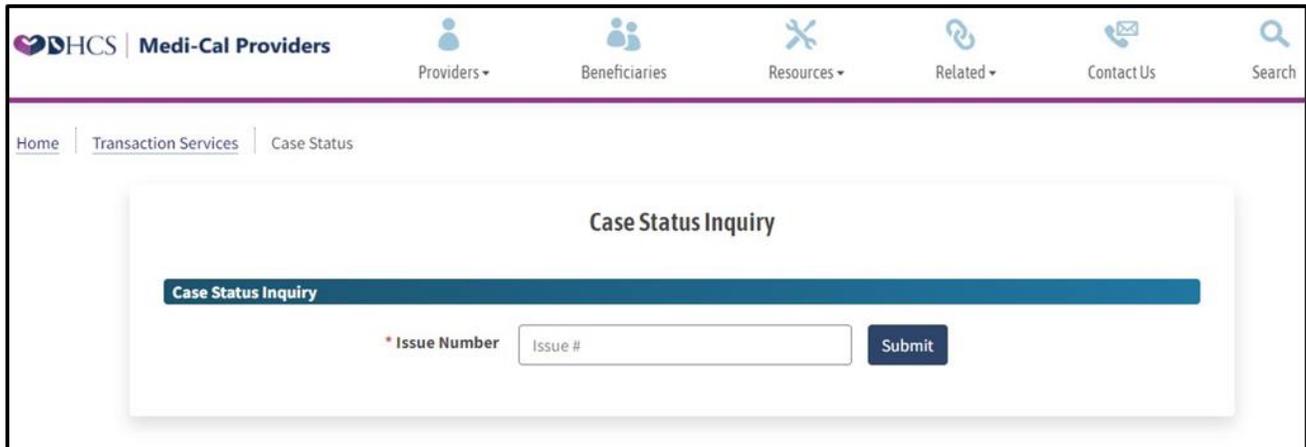
Figure 20.1: Case Status Inquiry link on the Transaction Services page.

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9. Enter the Issue Number or Service Request Number in the **Issue Number** field.

10. Select **Submit** or press **Enter**.



The screenshot shows the Medi-Cal Provider Website interface. At the top, there is a navigation bar with the logo for DHCS (Department of Health Care Services) and the text "Medi-Cal Providers". To the right of the logo are several menu items: "Providers", "Beneficiaries", "Resources", "Related", "Contact Us", and "Search". Below the navigation bar, there is a breadcrumb trail: "Home" | "Transaction Services" | "Case Status". The main content area is titled "Case Status Inquiry". Below the title, there is a form with a blue header bar that also says "Case Status Inquiry". The form contains a label "* Issue Number" followed by a text input field labeled "Issue #". To the right of the input field is a blue "Submit" button.

Figure 20.2: The Issue Status webpage tracks Service Requests (SRs) and Issue Numbers.

Procedure Code Inquiry

Providers may obtain code-specific information and the Medi-Cal maximum reimbursement rate through the **Procedure Code Inquiry** link.

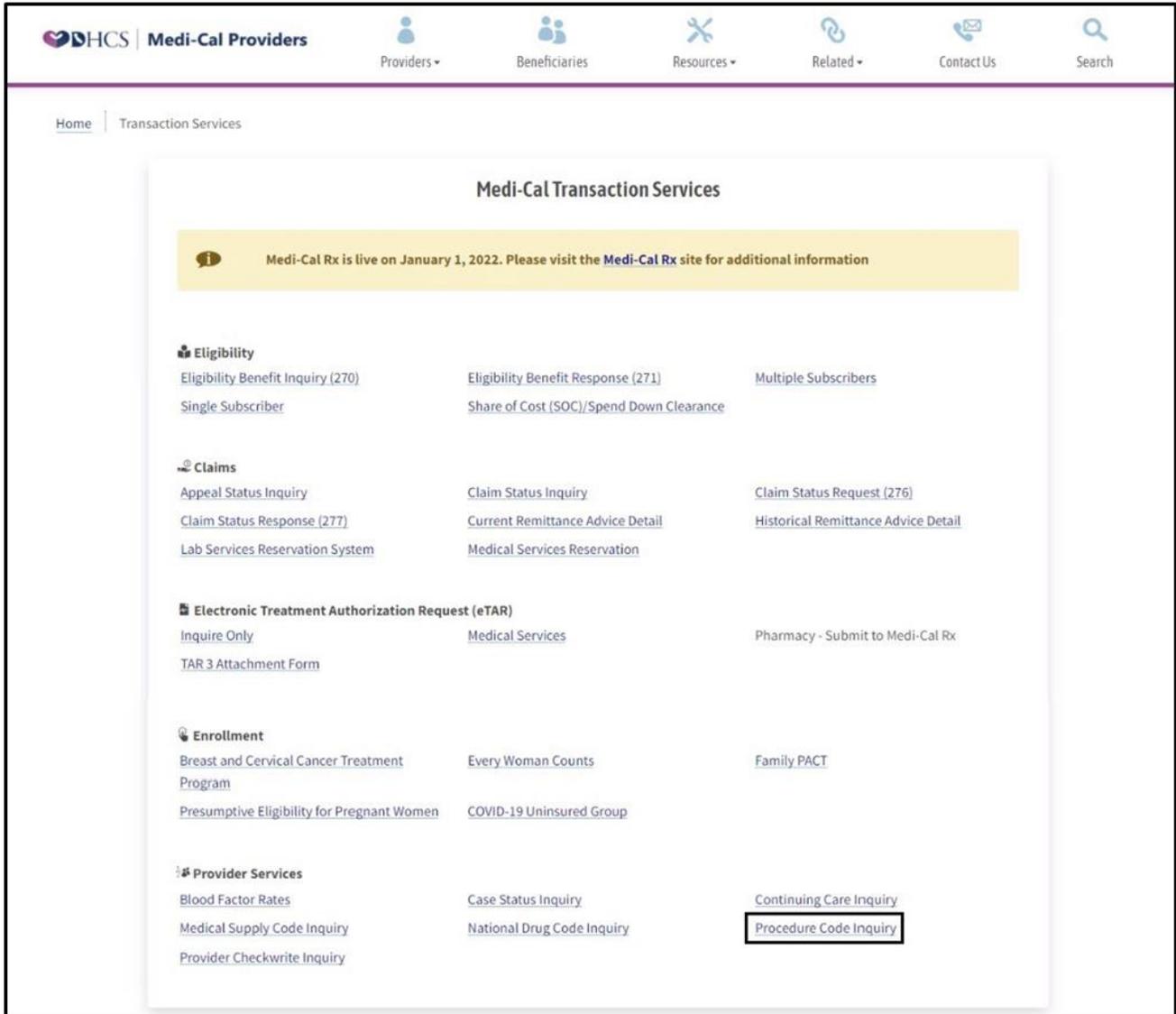


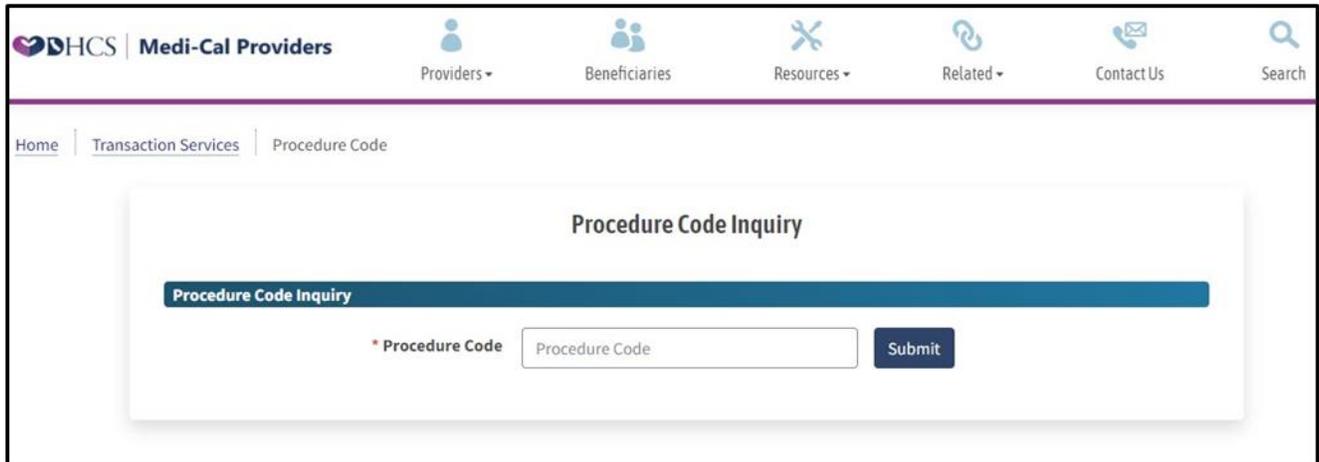
Figure 20.3: Procedure Code Inquiry link on the Transaction Services page.

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To complete an inquiry for procedure codes, follow these steps:

11. Enter the procedure code in the **Procedure Code** box.
12. Select **Submit** or press **Enter**.



The screenshot displays the Medi-Cal Providers website interface. At the top, there is a navigation bar with the DHCS logo and the text "Medi-Cal Providers". To the right of the logo are several menu items: "Providers", "Beneficiaries", "Resources", "Related", "Contact Us", and "Search". Below the navigation bar is a breadcrumb trail: "Home" | "Transaction Services" | "Procedure Code". The main content area features a "Procedure Code Inquiry" form. The form has a title "Procedure Code Inquiry" and a blue header bar with the same text. Below the header, there is a label "* Procedure Code" followed by a text input field containing the placeholder text "Procedure Code". To the right of the input field is a dark blue "Submit" button.

Figure 20.4: Code specific information is available through the Procedure Code Inquiry Transaction webpage.

Procedure Code Inquiry Response

The Procedure Code Inquiry Response screen will populate the following information in the fields below.

- Procedure Code and Name
- Procedure Level
- Procedure Type
- Effective Date and End Date
- Follow Up Days
- Gender
- Minimum and Maximum Age Medi-Cal Max Allowable Amount
- Medi-Cal Max Allowable Amount
- Split-Bill professional percentage (if applicable)
- Miscellaneous information

The screenshot shows the 'Procedure Code Inquiry' screen on the Medi-Cal Providers website. At the top, there is a navigation bar with icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. Below the navigation bar, the breadcrumb trail reads 'Home | Transaction Services | Procedure Code'. The main content area is titled 'Procedure Code Inquiry' and features a search bar with the text '* Procedure Code' and a 'Submit' button. The search results show '59025' and 'FETAL NONSTRESS TEST'. A status bar indicates the inquiry was performed by provider 0099211928 on Monday, February 14, 2022 at 5:47:01 PM. Below this, a table displays the following information:

59025 FETAL NONSTRESS TEST		
Procedure Level : CPT4 code	Procedure Type : Surgery	
Effective Date : 08/01/2000	End Date : 12/31/2069	Follow Up Days : 0
Gender : Female Only	Min Age : 0	Max Age : 99
Medi-Cal Max Allowable Amount : \$22.80	Split Bill professional percentage : 0.4%	
No TAR or medi-reservation required.		

Figure 20.5: The Procedure Code Inquiry Response screen displays code specific information related to the procedure code entered.

Provider Checkwrite Inquiry

Providers can obtain financial information regarding adjudicated and pending claims by navigating to Provider Services and selecting the **Provider Checkwrite Inquiry** link.

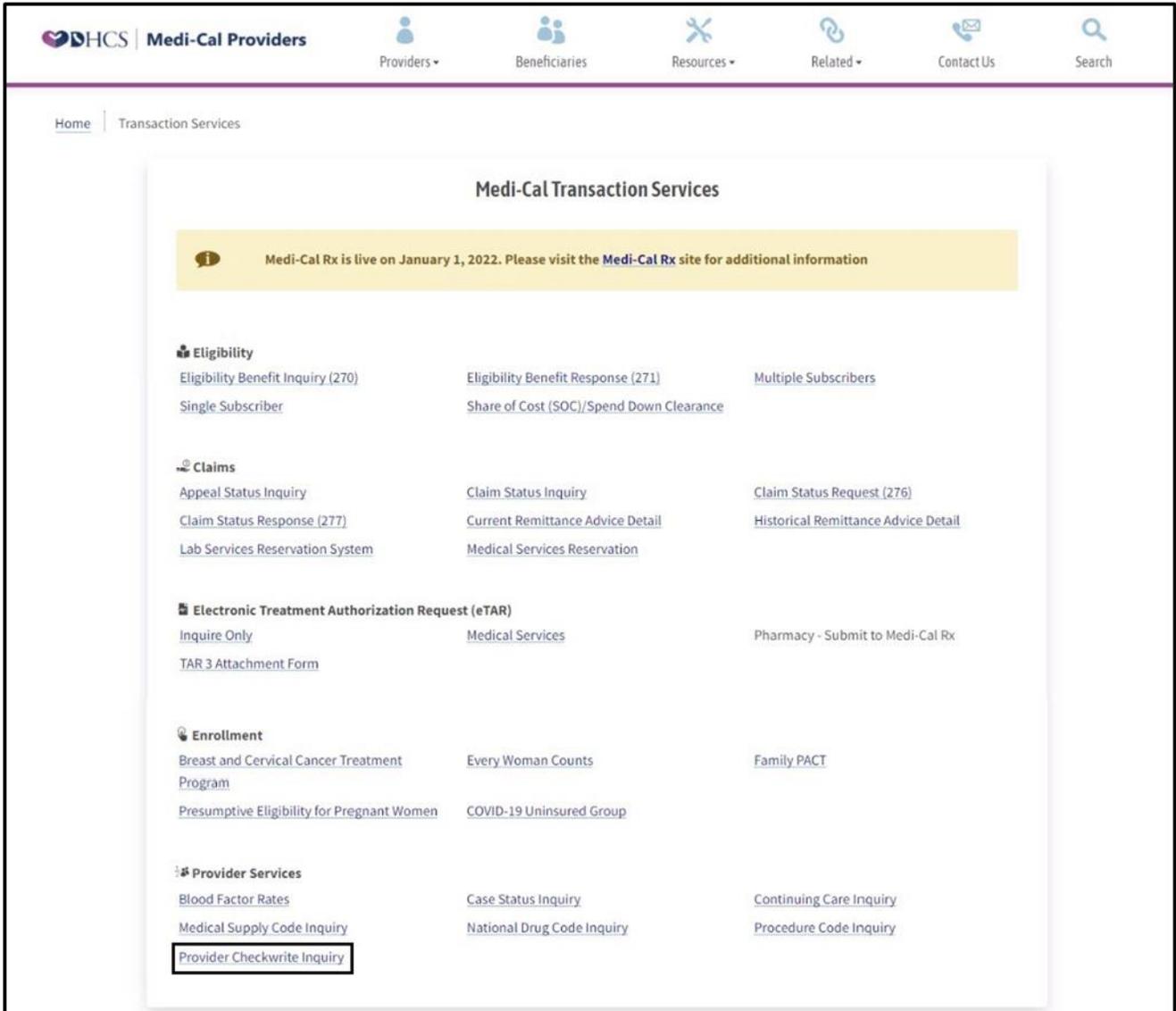


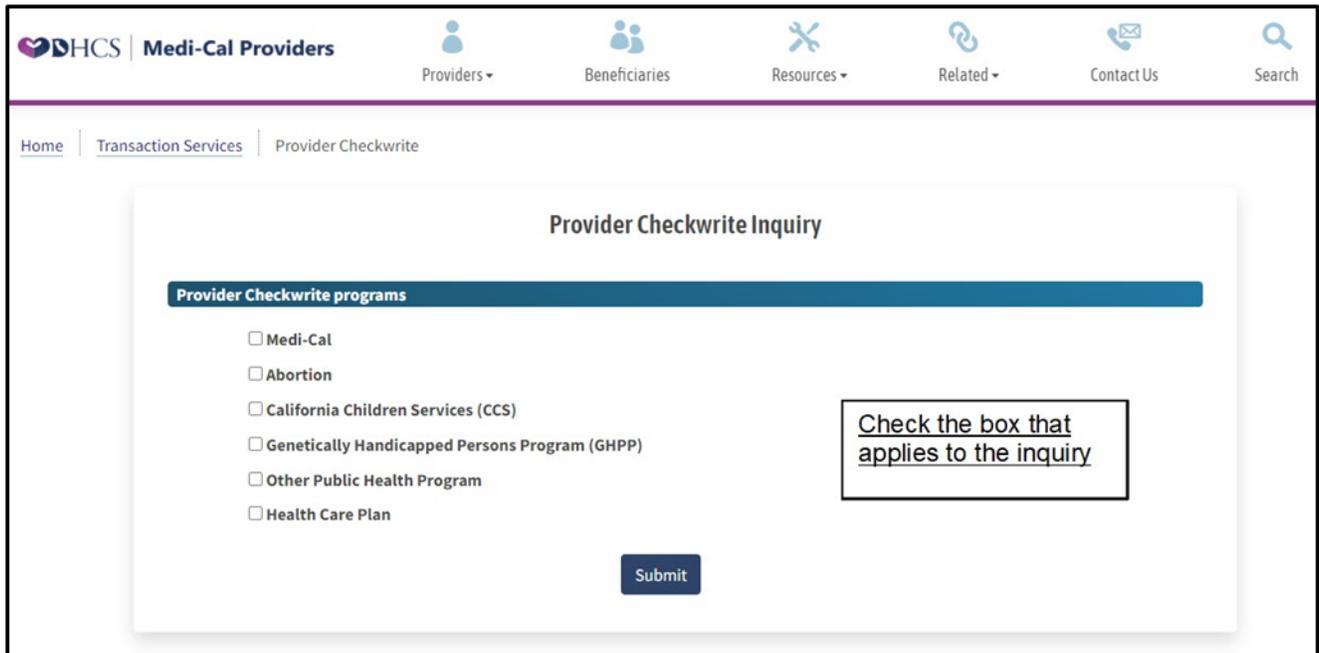
Figure 21.1: Provider Checkwrite Inquiry link on the Transaction Services page.

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The information includes:

- Last warrant date and amount
- Pending number of claims with the billed amount on the claim
- Claims currently in process with the provisional adjudicated amount



The screenshot displays the Medi-Cal Providers website interface. At the top, there is a navigation bar with the DHCS logo and 'Medi-Cal Providers' text. Below this are several menu items: 'Providers', 'Beneficiaries', 'Resources', 'Related', 'Contact Us', and 'Search'. The main content area shows a breadcrumb trail: 'Home' > 'Transaction Services' > 'Provider Checkwrite'. The central focus is the 'Provider Checkwrite Inquiry' form. It features a blue header 'Provider Checkwrite programs' and a list of six programs, each with an unchecked checkbox: 'Medi-Cal', 'Abortion', 'California Children Services (CCS)', 'Genetically Handicapped Persons Program (GHPP)', 'Other Public Health Program', and 'Health Care Plan'. A blue 'Submit' button is located at the bottom of the form. A callout box with a black border and white background is positioned to the right of the checkboxes, containing the text 'Check the box that applies to the inquiry'.

Figure 21.2: Providers can obtain financial information regarding adjudicated and pending claims on the Checkwrite Transaction webpage by checking the box next to the community that applies to the inquiry.

Publications

Publications contains links to all of the provider communities and the associated provider news, bulletins and manuals. Navigate to **Publications** from the Providers drop-down menu.

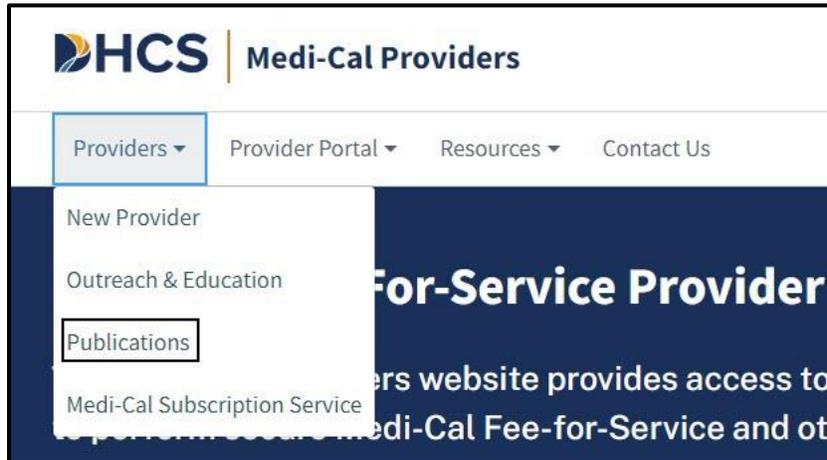


Figure 22.1: Access to Publications is accessible from the Providers drop-down on the Medi-Cal Providers homepage.

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Medi-Cal Providers Publications

The Publications landing page contains links to all of the provider communities. Provider communities are services with published materials.

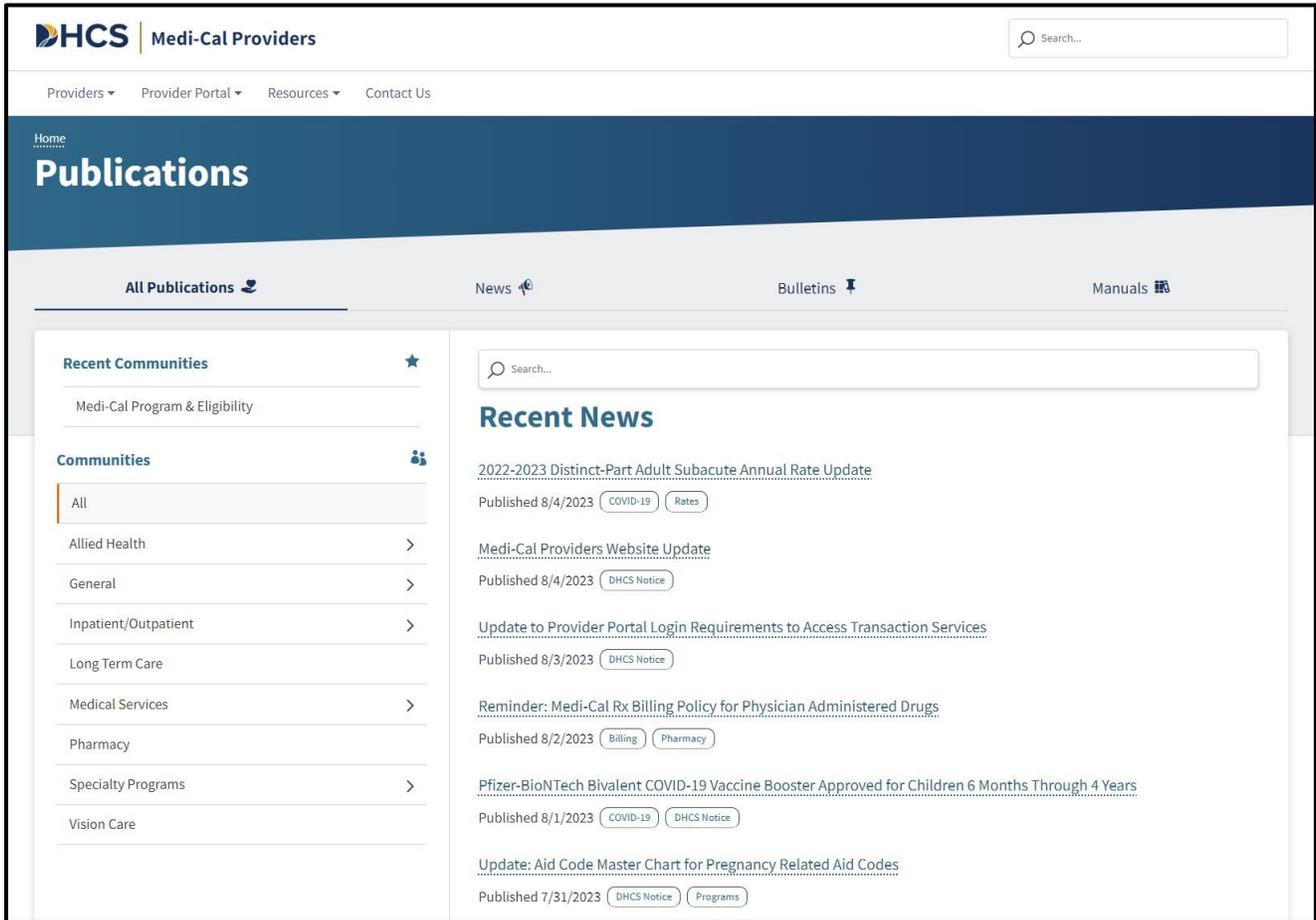


Figure 22.2: All provider communities may be accessed individually from the Medi-Cal Providers Publications homepage.

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Publications Navigation Bar

The navigation bar on the Publications homepage serves as a starting point for providers to access published materials for all communities.

- **News** contains an ongoing list of important informational articles and updates.
- **Bulletins** is a collection of news articles tailored to each provider community published by the 16th of each month. The previous 12 months of bulletins are archived for providers to reference.
- **Manuals** contain valuable resources for providers including billing guidelines, claim form completion instructions, policy, references and more. The provider manuals are sorted into two parts: **Part 1 and Part 2**.

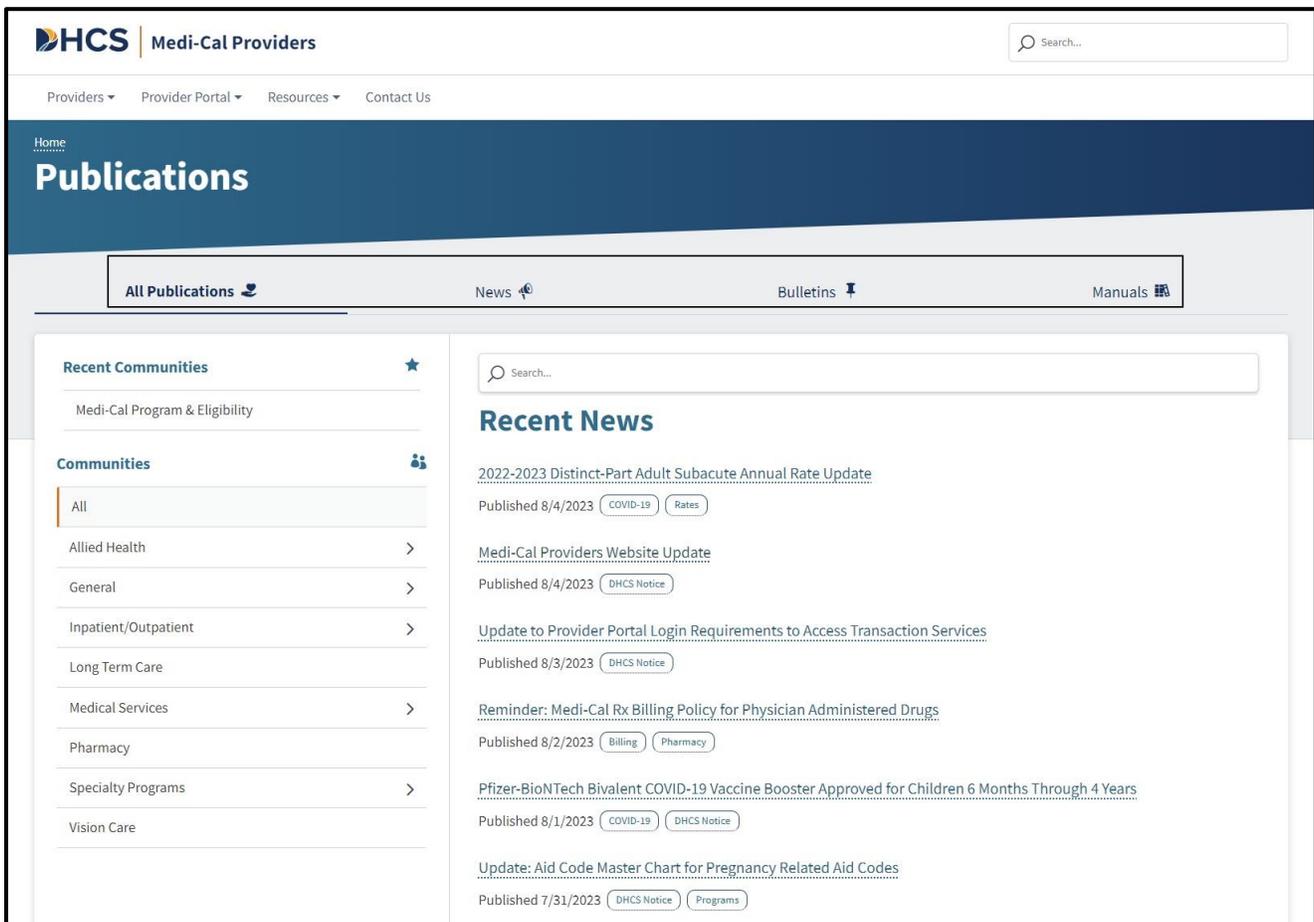


Figure 22.3: Publications Navigation Bar.

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Provider Communities

Provider communities are organized by Medi-Cal service types. Each community contains a list of Medi-Cal services. As shown below, Allied Health has several related provider communities listed.

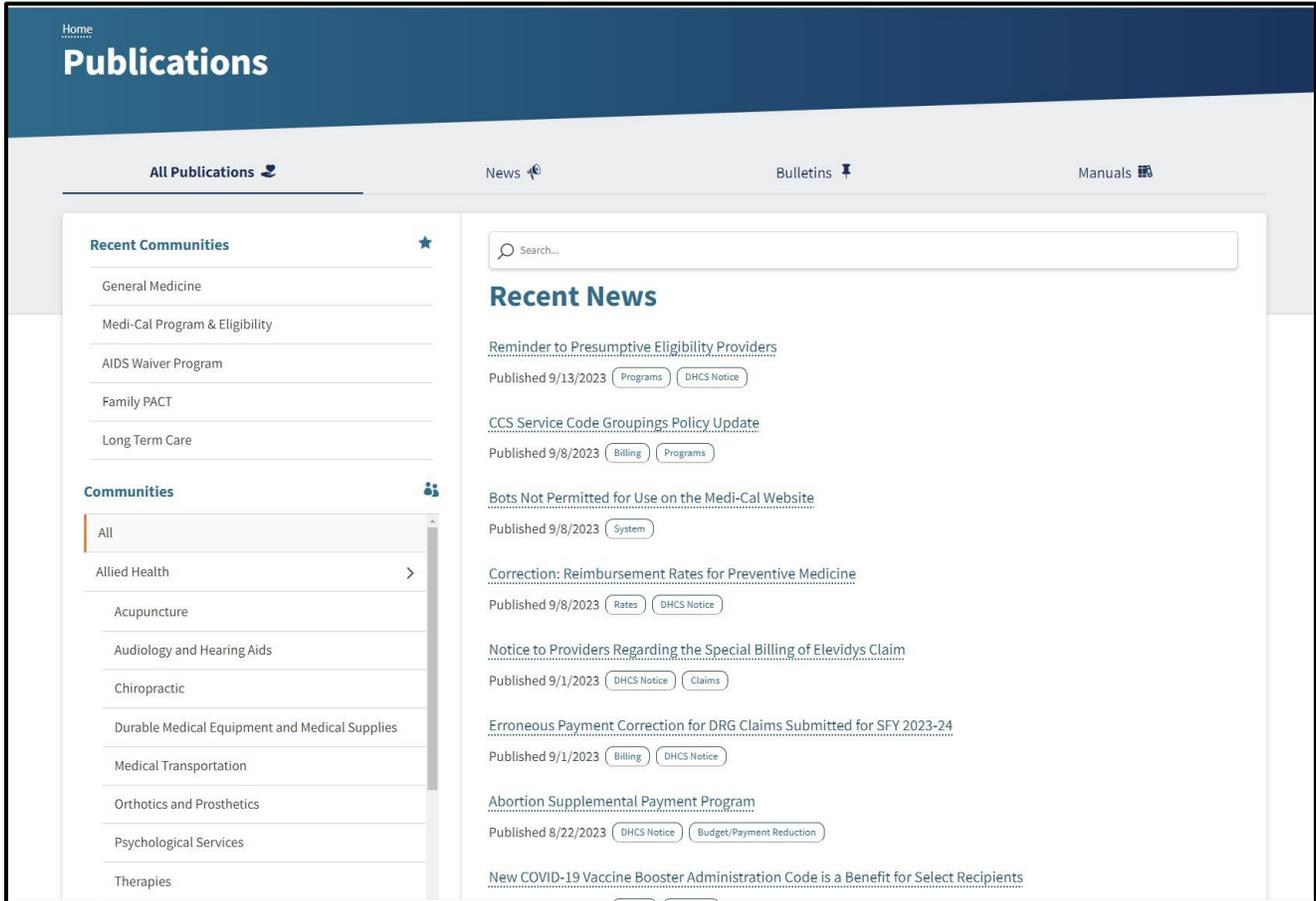


Figure 22.4: Individual provider communities are listed under each Medi-Cal service type.

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Audiology and Hearing Aids Community

Once the desired provider community has been selected, the community page will appear which displays community-specific news, bulletins and manuals.

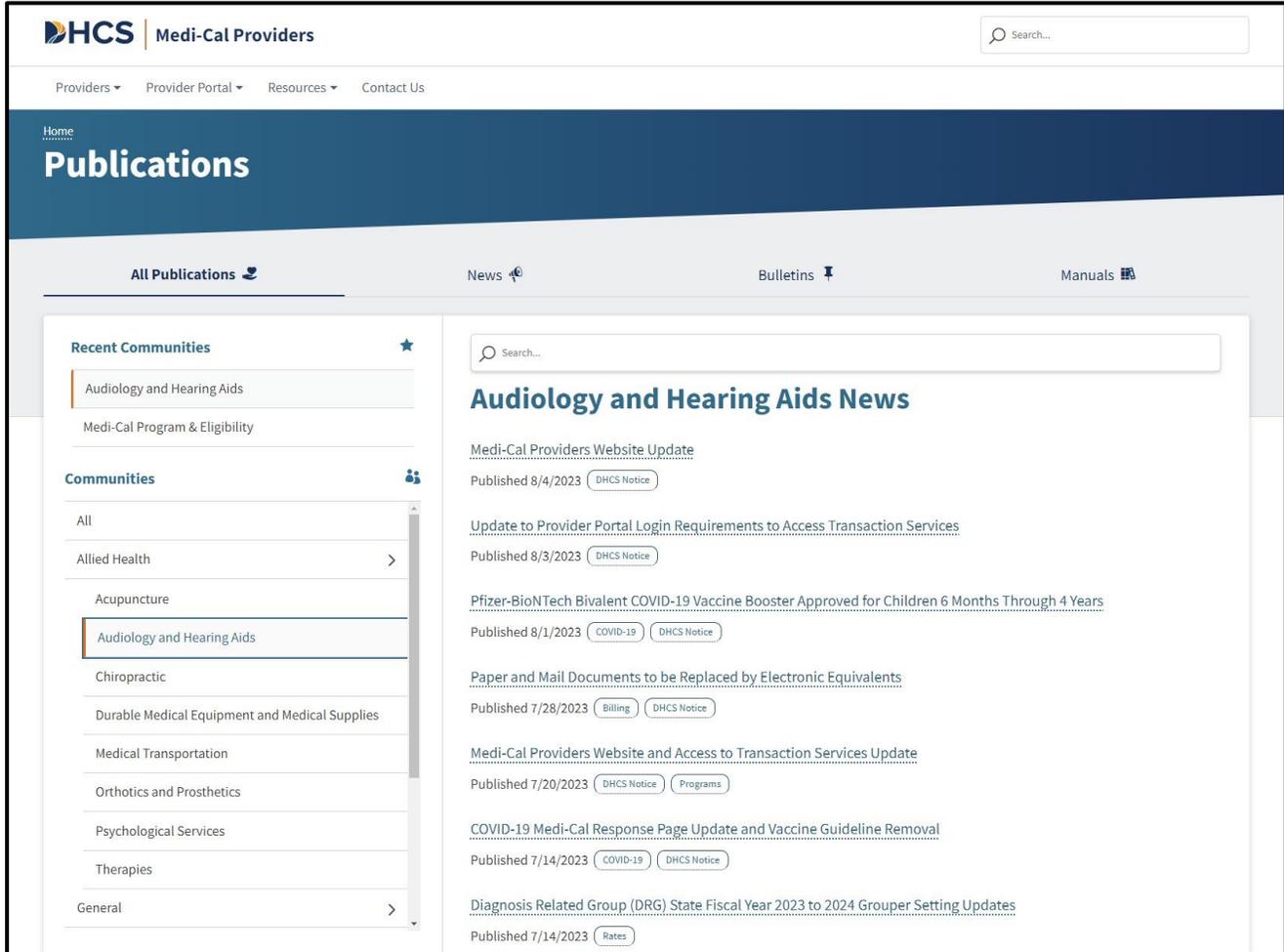


Figure 22.5: Audiology and Hear Aids community page.

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Part 1 – Medi-Cal Program and Eligibility

The Part 1 Provider Manual contains both program and eligibility information for all providers.

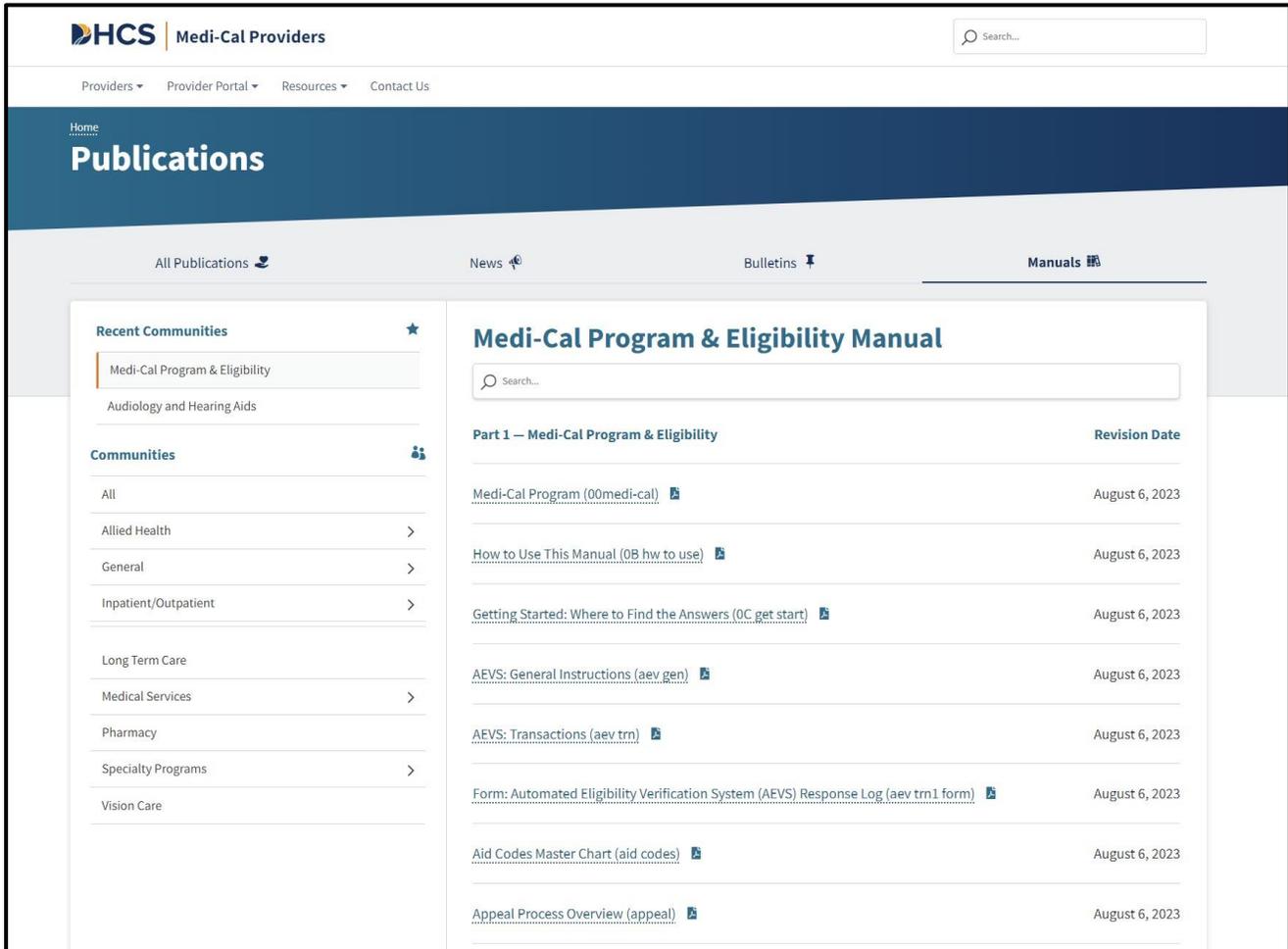


Figure 22.6: Part 1 provider manuals are located on each provider community's homepage under the Provider Manual tab.

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Part 2 – Provider Manual

The Part 2 Provider Manuals are found within each provider community and contain provider community-specific information related to billing guidelines and other helpful information to assist providers in billing the Medi-Cal program.

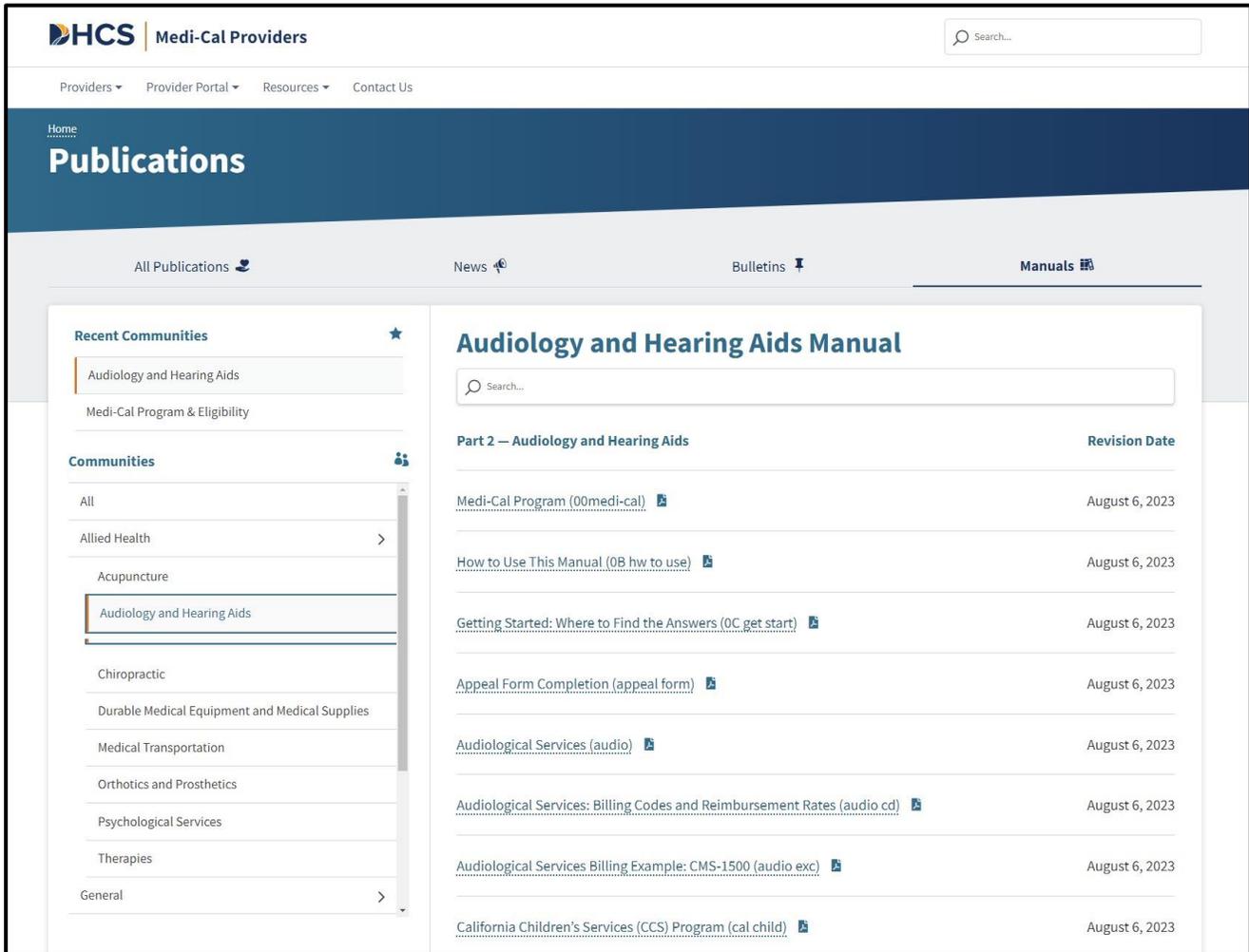


Figure 22.7: Part 2 provider manuals are located on each provider community's homepage under the Provider Manual tab.

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Family PACT

When selecting the link for **Family PACT**, providers can access Family PACT-specific bulletins, the Family PACT Policies, Procedures and Billing Instructions (PPBI) manual and corresponding news articles from the community's homepage.

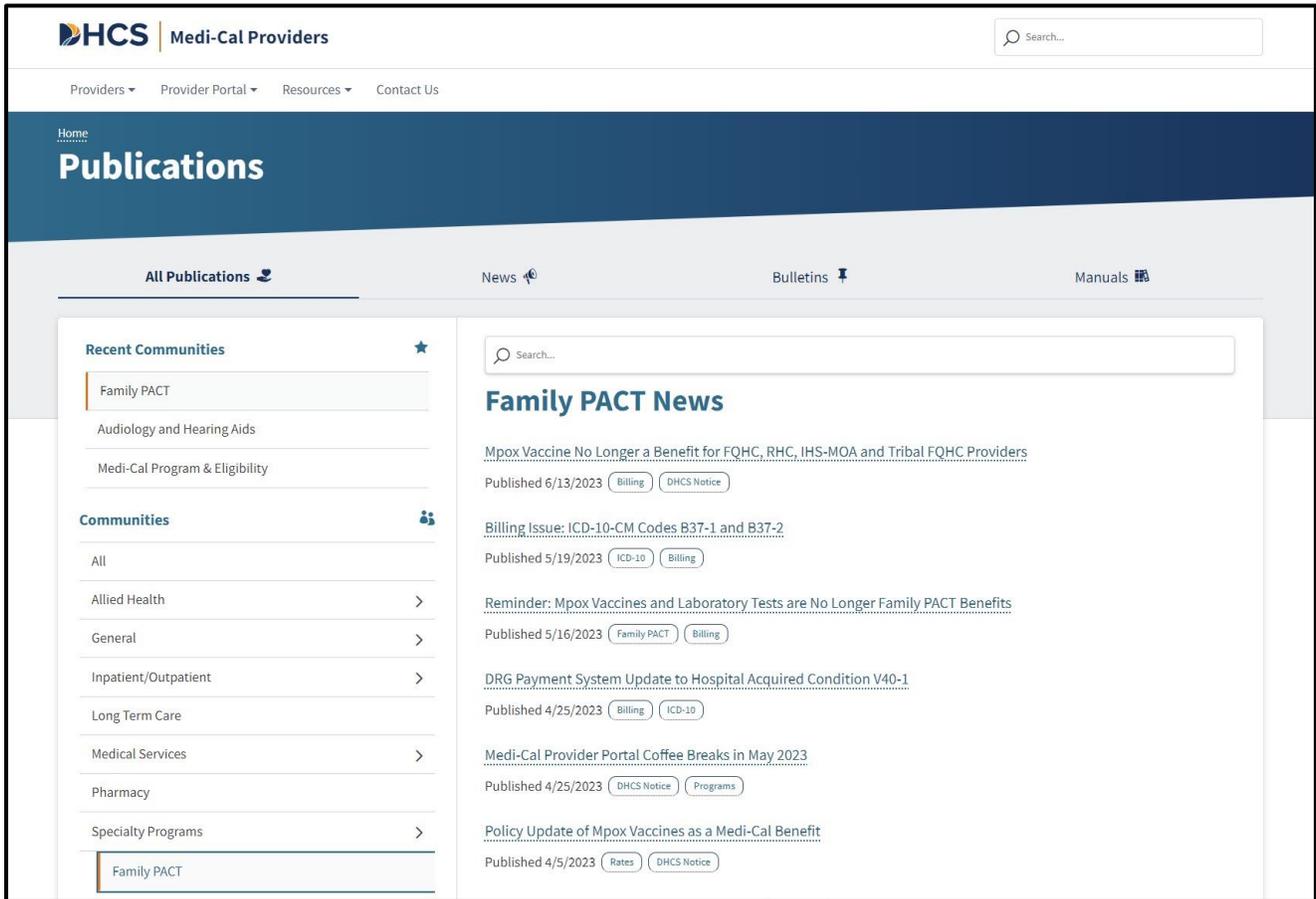


Figure 22.8: The Family PACT link is accessed from the Medi-Cal Providers Publications homepage.

Outreach and Education

The Outreach and Education (O&E) page directs providers to a variety of Medi-Cal support services such as:

- Medi-Cal Learning Portal (MLP)
- Provider Training Events
- List of scheduled Provider Training Schedule
- Provider Field Representatives
- Small Provider Billing Assistance and Training Program
- Medi-Cal Provider Training workbooks

All support services are training focused and help providers efficiently submit their Medi-Cal claims for reimbursement and to reduce billing errors.



Figure 23.1: Outreach and Education can be accessed from the Provider drop-down of the Medi-Cal Providers homepage.

Outreach and Education Services

The Outreach and Education team offers billing-specific education and support services to Medi-Cal providers and billers to assist in navigating Medi-Cal and receive timely reimbursement for services.

The Medi-Cal Learning Portal (MLP) offers self-paced online training about billing basics, policies, procedures, new initiatives and upcoming changes to the Medi-Cal program. Selecting **Launch the Medi-Cal Learning Portal** from the Outreach and Education Services page will connect to the MLP homepage. First-time MLP users need to complete a one-time registration to gain access to the MLP. Registered users will be able to access recorded webinars, the training calendar and the opportunity to enroll in live training sessions.

Provider training events offer basic and advanced billing courses for all provider types. Training events include webinars, in-person events, Virtual Claims Assistance Room (VCAR) and coffee breaks.

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HCS | Medi-Cal Providers Search...

Providers ▾ Provider Portal ▾ Resources ▾ Contact Us

Home / References

Outreach & Education

The Outreach & Education team offers billing-specific education and support services to Medi-Cal providers and billers, to help providers navigate Medi-Cal and receive timely reimbursement for services.

Outreach and Education support services include Provider Field Representative assistance, the Small Provider Billing Assistance and Training Program, and a variety of billing focused training events and online courses via the Medi-Cal Learning Portal. These free support services are structured to help providers to understand billing policies and processes, and how to submit Medi-Cal claims for payment using manual and electronic billing systems.

Medi-Cal Learning Portal

The Medi-Cal Learning Portal offers Medi-Cal providers and billers self-paced online training about billing basics, policies, procedures, new initiatives and upcoming changes to the Medi-Cal program.

- First-time users must complete a one-time registration at learn.medi-cal.ca.gov
- After logging in, you will be able to view the course catalog and sign up for [training events](#).
- Refer to the [Job Aide](#) or [User Guide](#) for detailed instructions.

[Launch the Medi-Cal Learning Portal](#)

Provider Training Events

Provider training includes a variety of venues. Provider training events offer basic and advanced billing courses for all provider types. At our Provider Seminars and in the Virtual Claims Assistance Room (VCAR), we offer free billing assistance, and providers are encouraged to bring their billing issues to receive individual assistance from a Provider Field Representative.

All training events will be posted in the News area at [medi-cal.ca.gov](https://www.medi-cal.ca.gov) and on the Medi-Cal Learning Portal Event Calendar at least 30 days prior to the event. Please refer to the event postings for specific billing topics. Providers interested in attending any training must register through the [Medi-Cal Provider Learning Portal Event Calendar](#).

2023 Provider Training Schedule:

Date	Event	Location
January 10 - 31	Billing Webinars	Virtual
February 9	Meet & Greet	West Sacramento
March 14	Meet & Greet	Rancho Cucamonga
April 4 - 27	Coffee Break	Virtual
May 2 - 31	Virtual Claims Assistance Room (VCAR)	Virtual
June 6 - 29	Billing Webinars	Virtual
July 12	Meet & Greet	Redding
August 9	Meet & Greet	San Diego Metro
September 5 - 28	Coffee Break	Virtual
October 3 - 26	Virtual Claims Assistance Room (VCAR)	Virtual

Provider Field Representatives

Providers may receive one-on-one assistance from Provider Field Representatives throughout California. These representatives are available to visit providers in their office or virtually to assist with billing needs or to conduct custom billing training for their office staff. To schedule an on-site visit call the Telephone Service Center at [1-800-541-5555](tel:1-800-541-5555) and request to be contacted by a Provider Field Representative.

Small Provider Billing Assistance

The Small Provider Billing Assistance and Training Program is a one-on-one billing assistance program available to providers who submit fewer than 100 claim lines per month for up to one year at no charge. For more information about how to enroll in the program, call [1-916-636-1275](tel:1-916-636-1275) or [1-800-541-5555](tel:1-800-541-5555).

Medi-Cal Provider Training Workbooks

The [Medi-Cal Provider Training Workbooks](#) are available for download. These workbooks are for use at the Medi-Cal provider seminars and other training events.

Figure 23.2: Within the O&E Services page providers may connect to the MLP homepage, view the training schedule and other information.

Medi-Cal Subscription Service (MCSS)

MCSS is a free email-based subscription service that keeps providers up to date on the latest Medi-Cal news. Subscribers receive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal Providers website.

MCSS subscribers can choose to receive one or more of the following:

- *Medi-Cal Update* Bulletins – monthly bulletins containing the latest program and policy news
- Medi-Cal News – articles that publish outside of a bulletin and on a daily, weekly timeline
- System Status Alerts – a status list for the Medi-Cal Providers website

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To subscribe online:

13. Navigate to the Sign up for MCSS section of the Medi-Cal Providers website and select **MCSS Signup**.

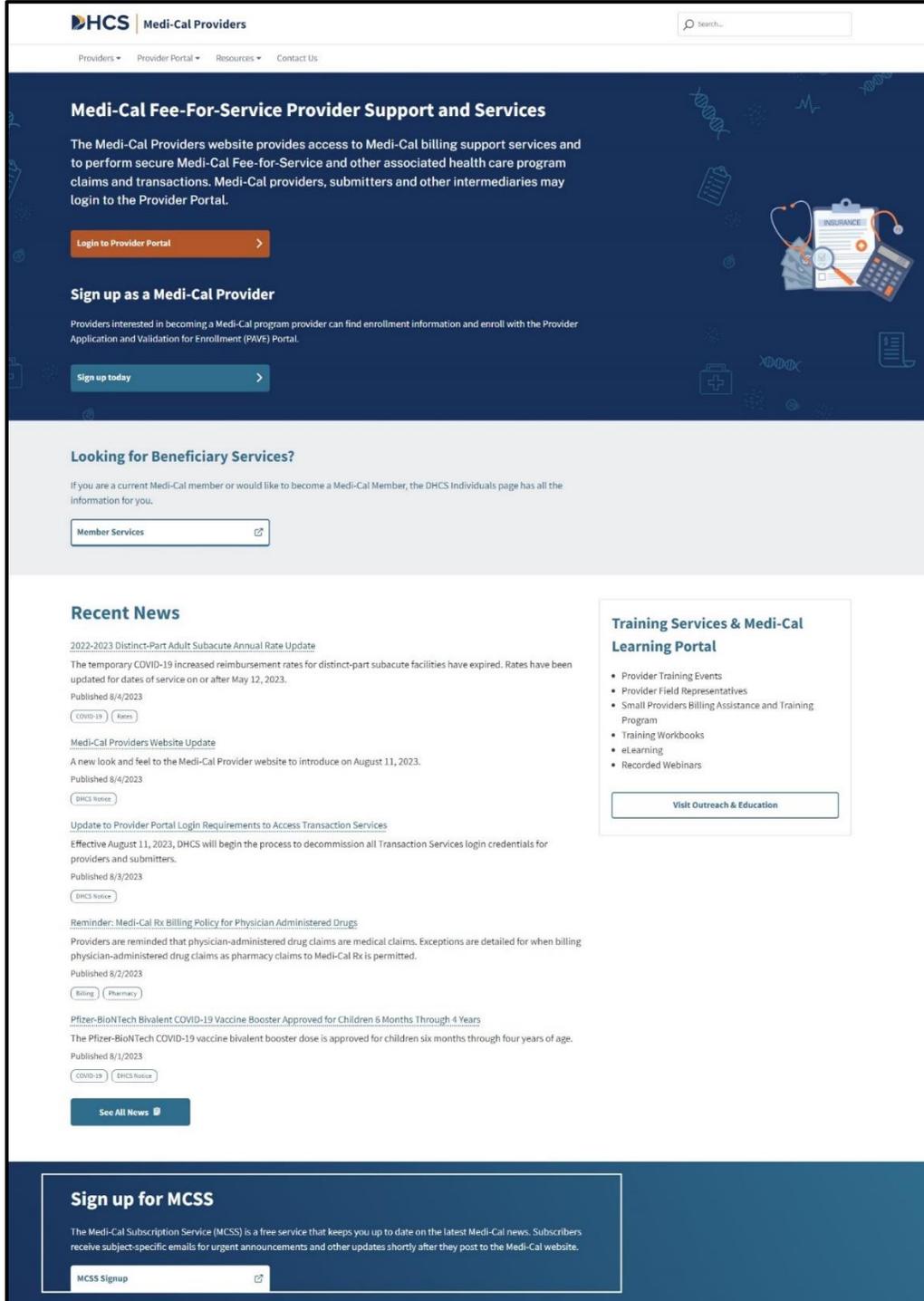


Figure 23.3: The MCSS can be subscribed to directly from the Medi-Cal Providers website homepage.

14. Select **Start Here**.

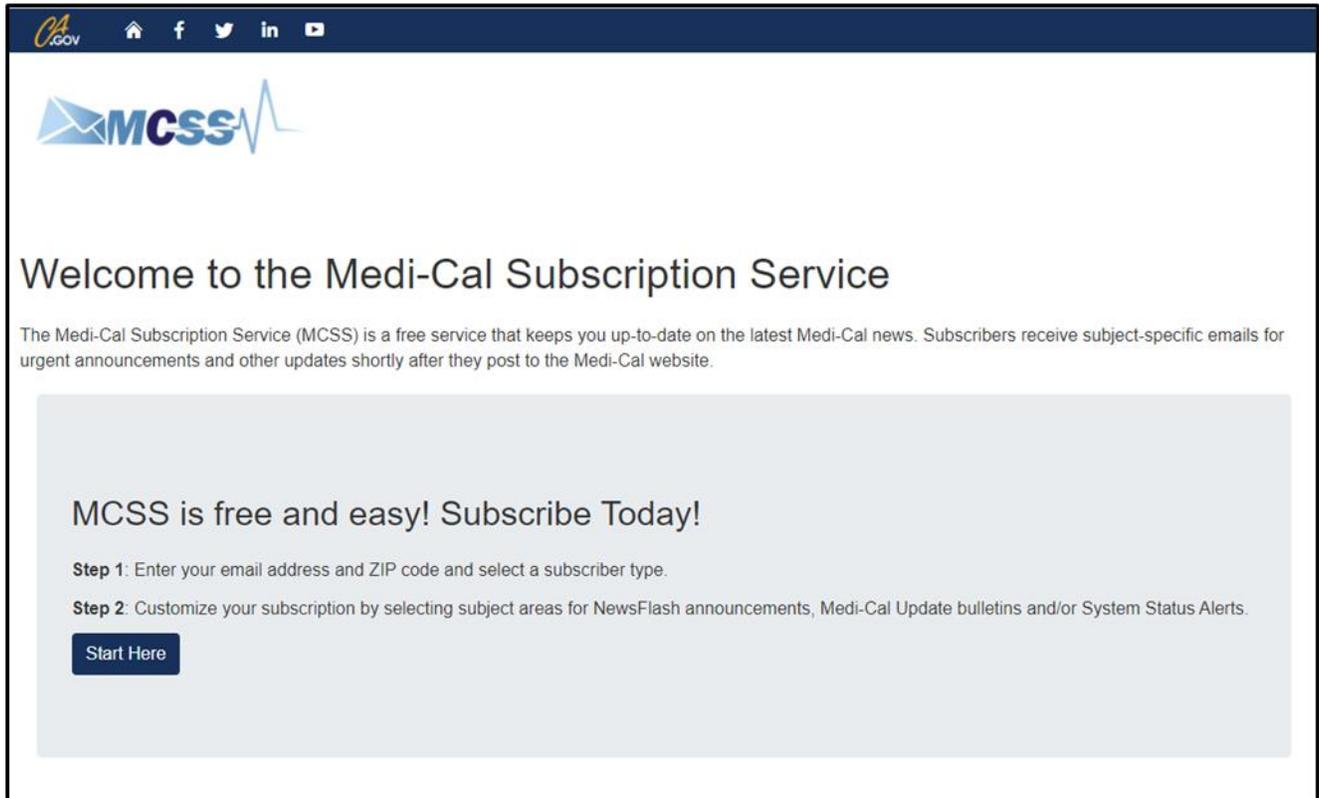


Figure 23.4: To complete the MCSS Subscriber Form enter your name, email address, ZIP code and subscriber type(s) in the appropriate fields.

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15. Fill out the Enrollment form, all fields with an asterisk are required. When form is complete, select **Submit**.

Medi-Cal Subscription Service - Enrollment

Salutation	First Name*	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail*		Confirm E-mail*	
<input type="text"/>		<input type="text"/>	
Subscriber Type		If "Other" please specify	
<input type="text"/>		<input type="text"/>	
Preferred contact method			
<input type="text"/>			
Address Line 1		Address Line 2	
<input type="text"/>		<input type="text"/>	
City		State	
<input type="text"/>		<input type="text"/>	
Zip Code*		Phone*	
<input type="text"/>		<input type="text"/>	

Manage Subscriptions

	NewsFlash	Medi-Cal Update Bulletins		NewsFlash	Medi-Cal Update Bulletins
Allied Health			Outpatient Services		
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	AIDS Waiver Program	<input type="checkbox"/>	<input type="checkbox"/>
Audiology and Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>	Clinics and Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Dialysis Clinics	<input type="checkbox"/>	<input type="checkbox"/>
Durable Medical Equipment and Medical Supplies	<input type="checkbox"/>	<input type="checkbox"/>	Community-Based Adult Services (formerly Adult Day Health Care Centers)	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Expanded Access to Primary Care Program	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics and Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	Heroin Detoxification	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Services	<input type="checkbox"/>	<input type="checkbox"/>	Home Health Agencies/Home Community-Based Services	<input type="checkbox"/>	<input type="checkbox"/>
Therapies	<input type="checkbox"/>	<input type="checkbox"/>	Hospice Care Program	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	Local Educational Agency	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	Multipurpose Senior Service Program	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services			Rehabilitation Clinics	<input type="checkbox"/>	<input type="checkbox"/>
General Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Additional Subject Areas		
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	California Children's Service	<input type="checkbox"/>	
Pharmacy			Computer Media Claims/Electronic Data Interchange	<input type="checkbox"/>	
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	Federally Qualified Health Centers/Rural Health Clinics	<input type="checkbox"/>	
Drug Use Review	<input type="checkbox"/>		Indian Health Services/Memorandum of Agreement	<input type="checkbox"/>	
Specialty Programs					
CHDP Gateway to Health Coverage	<input type="checkbox"/>	<input type="checkbox"/>			
Family Pact Update	<input type="checkbox"/>	<input type="checkbox"/>			
Vision Care	<input type="checkbox"/>	<input type="checkbox"/>			

System Status Alerts

Enter the characters you see
New | Audio



Figure 23.5: MCSS Subscriber Form Step 3.

Resource Information

[Medi-Cal Providers website](#)

- Provider Manuals
- Provider Bulletins
- Medi-Cal Subscription Service (MCSS)
- Medi-Cal Learning Portal (MLP)
- Telephone Service Center (TSC) 1-800-541-5555
- Provider Field Representatives
- Virtual Claims Assistance Room (VCAR)
- Small Provider Billing Assistance and Training (916) 636-1275

Medi-Cal Learning Portal

Introduction

The Medi-Cal Learning Portal (MLP) is the easy-to-use, one-stop learning center for Medi-Cal billers and providers. First-time users must complete a one-time registration to access the MLP.

Purpose

The purpose of this module is to provide an overview of the MLP and introduce the many different MLP resources.

Objectives

- Introduce the basic features of the MLP
- Identify the requirements for accessing MLP
- Detail the process for creating a user account for MLP
- Review specialized training and certifications

Acronyms

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

MLP User Requirements

Google Chrome is the recommended web browser for the Medi-Cal Learning Portal. For assistance or additional information regarding the new Medi-Cal Learning Portal, please contact the Telephone Service Center (TSC) at 1-800-541-5555.

Accessing the MLP

There are two ways to access the MLP:

1. By typing www.learn.medi-cal.ca.gov into the Google Chrome web browser and then pressing **Enter**.
2. Another way to access the MLP is by going to the Medi-Cal Providers website: www.medi-cal.ca.gov, navigating to the Providers tab and selecting the Outreach and Education link.

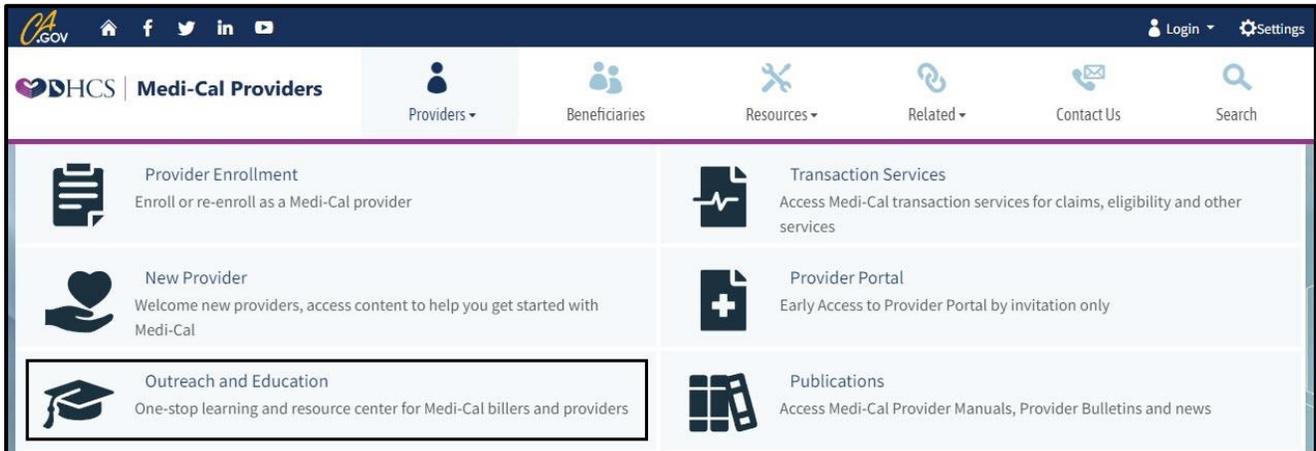


Figure 1.1: The suite of services under Outreach and Education is available on the Providers drop-down menu.

B Medi-Cal Learning Portal (MLP)

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3. Select the Launch the Medi-Cal Learning Portal button to access the MLP Account Login screen.

The screenshot shows the top navigation bar of the Medi-Cal Providers website. The header includes the HCS logo and the text 'Medi-Cal Providers'. Below the header are several navigation links: 'Providers', 'Beneficiaries', 'Resources', 'Related', 'Contact Us', and 'Search'. The main content area features a 'Home' link, a section titled 'Outreach & Education' with a paragraph of text, and a section titled 'Medi-Cal Learning Portal' with a paragraph of text and a bulleted list of instructions. A blue button labeled 'Launch the Medi-Cal Learning Portal' is highlighted with a white border.

Home

Outreach & Education

The Outreach & Education team offers billing-specific education and support services to Medi-Cal providers and billers, to help providers navigate Medi-Cal and receive timely reimbursement for services.

Outreach and Education support services include Provider Field Representative assistance, the Small Provider Billing Assistance and Training Program, and a variety of billing focused training events and online courses via the Medi-Cal Learning Portal. These free support services are structured to help providers to understand billing policies and processes, and how to submit Medi-Cal claims for payment using manual and electronic billing systems.

Medi-Cal Learning Portal

The Medi-Cal Learning Portal offers Medi-Cal providers and billers self-paced online training about billing basics, policies, procedures, new initiatives and upcoming changes to the Medi-Cal program.

- First-time users must complete a one-time registration at learn.medi-cal.ca.gov
- After logging in, you will be able to view the course catalog and sign up for [training events](#).
- Refer to the [Job Aide](#) or [User Guide](#) for detailed instructions.

[Launch the Medi-Cal Learning Portal](#)

Figure 1.2: In order to access and login to an MLP account, select the **Launch Medi-Cal Learning Portal** button.

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4. From the Medi-Cal Learning Portal homepage, select the Login button located in the upper right corner.



Figure 1.3: The Medi-Cal Learning Portal landing page.

Note: The MLP uses cookies. Users need to select **OK** at the bottom of the page to consent to the use of cookies for each new session.

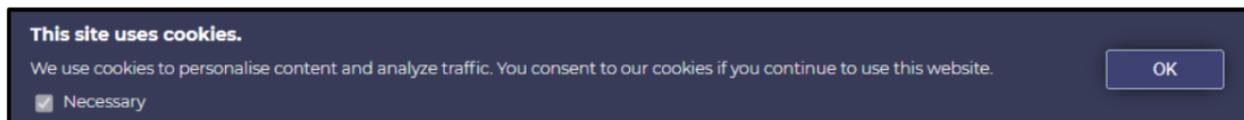


Figure 1.4: Notification of consent to use cookies by accessing website.

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From the Login pop-up window users can:

1. Enter their username and password and select the **Log In** button.
2. Set up an account by selecting the **Register Here** link.
3. Users who have forgotten their password, can request a reset by clicking the **I forgot my password** link.

LOGIN

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.

1 Username:

Password (case-sensitive):

Log In

2 To create an account, [register here.](#)

3 [I forgot my password.](#)

Figure 1.5: The MLP Login screen.

Note: The MLP will timeout after 20 minutes of being idle within the tool and will not save any changes in progress. This timeout does not apply when taking a course.

Create User Account

First time MLP users will be required to create a user account. Complete the information on the Create User Account form.

- Complete the required information as indicated with a red asterisk *
- Enter your **First** and **Last** name
- Enter your **Email** address

Note: Additional form completion instructions can be found as you complete the form below.

CREATE AN ACCOUNT

Required items are marked with an asterisk (*).

Name: * First Name: * Last Name:

* Email:

- State Employees, CA-MMIS Contractors, CCS County Staff, DXC Employees and DXC Subcontractors, IBM Employees and IBM Subcontractors : Please use your work email for registration.
- Must be a valid email address and no more than 100 characters.

Figure 2.1: First time MLP users may create an account by filling all fields marked with a red asterisk.

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Next, complete the following:

- **Username** (Email address and Username will be the same. See below.)
- **Password**
- **Time Zone** (Select from drop-down menu)

The screenshot shows a form titled "CREATE AN ACCOUNT". It contains three main sections:

- Username:** A red asterisk indicates this field is required. The text says "Username is your email address. Please confirm by re-entering your above email address here." Below this is a single text input field.
- Password:** A red asterisk indicates this field is required. The text lists requirements: "Must be at least 8 characters and no more than 25 characters.", "Cannot contain 'password', '123456', '654321' or contain the username.", and "Must be composed of characters from at least three of the following four groups from the standard keyboard: uppercase, lowercase, numeric, special characters." Below this are two text input fields: one for the password and one for "Confirm by entering again".
- Timezone:** A label "Timezone:" is followed by a dropdown menu currently showing "(GMT -8:00) Pacific Time (US & Canada)".

Figure 2.2: Complete the username, password and time zone fields.

Then, enter **Address** including **Country**. Again, all fields marked with an asterisk * are required.

The screenshot shows the "CREATE AN ACCOUNT" form with the address section expanded. It contains the following fields:

- Address:** A label "Address:" is followed by "Street Address:" and "Enter no more than 100 characters." Below this is a large text input field.
- City:** A red asterisk indicates this field is required. The text says "Enter no more than 50 characters." Below this is a text input field.
- State:** A red asterisk indicates this field is required. The text says "Please enter 2 letter state abbreviation to represent U.S. States, for all others, enter 'N/A'." Below this is a text input field.
- Zip Code:** A red asterisk indicates this field is required. The text says "Must be 5 digit number." Below this is a text input field.
- Country:** A red asterisk indicates this field is required. Below this is a dropdown menu currently showing "UNITED STATES".

Figure 2.3: An **Address** including **Country** must also be provided.

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Next, continue completing the following fields. Again, all fields marked with an asterisk* are required.

- **Phone Number**
- **Job Title**
- **Department**
- **Type of User** (select from drop-down)
- **Primary Claim Type** (highlight all that apply using the **Shift** or **CTRL** key)

If none of the primary claim types apply, select **Not Applicable**.

CREATE AN ACCOUNT

Phone Number(s): * Telephone:

* Job Title:

* Department:

* Type of User: -- Select

* Primary Claim Type:

- In which of the following areas are you typically involved?
- Highlight all that apply using shift or ctrl key.

Figure 2.4: Complete the required fields: Phone Number, Job Title, Department, Type of User and Primary Claim Type.

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Indicate which of the following credentials, if any, the user possesses. If none, leave blank.

CREATE AN ACCOUNT	
Credential:	<ul style="list-style-type: none">• Which of the following credentials, if any, do you possess?• Check all that apply.<input type="checkbox"/> CPC<input type="checkbox"/> CPC-H<input type="checkbox"/> CPC-P<input type="checkbox"/> CIRCC<input type="checkbox"/> CPMA<input type="checkbox"/> CPCO<input type="checkbox"/> CMRS<input type="checkbox"/> CCAP<input type="checkbox"/> CECF<input type="checkbox"/> RHIA<input type="checkbox"/> RHIT<input type="checkbox"/> CCA<input type="checkbox"/> CCS<input type="checkbox"/> CCS-P

Figure 2.5: Check individual credentials that may apply to this account.

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National Provider Identifier (NPI): Healthcare providers, Provider staff, or staff working for Healthcare Providers are required to enter a 10-digit NPI. All others enter “N/A”. Users may have a maximum of five NPIs. The final step to create an account is to read the User Agreement, select “**I agree**,” and click **Create Account** button. Valid NPIs must meet the following criteria:

- Must be ten digits
- Must contain only numerals (no letters or special characters)
- Must begin with a one or a two
- Must not already be on file when cross-referenced against the Approved Presumptive Eligibility Agreement on file in Transaction Services.

Note: An MLP user may get the “Provider Attestation not found” error message until the Transaction Services data tables have been updated with the Approved Presumptive Eligibility Agreement.

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CREATE AN ACCOUNT

NPI1: Healthcare Providers, Provider Staff or staff working for Healthcare Providers are required to enter a 10-digit National Provider Identifier (NPI). Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI2: Enter second NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI3: Enter third NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI4: Enter fourth NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI5: Enter fifth NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

User Agreement:

This system is for use by authorized users and is subject to being monitored and/or restricted at any time. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By using this system you indicate your awareness of and explicit consent to these [Conditions of Use](#) and [Privacy Policy](#).

Check this box to indicate your awareness of and explicit consent to the [Conditions of Use](#) and [Privacy Policy](#).

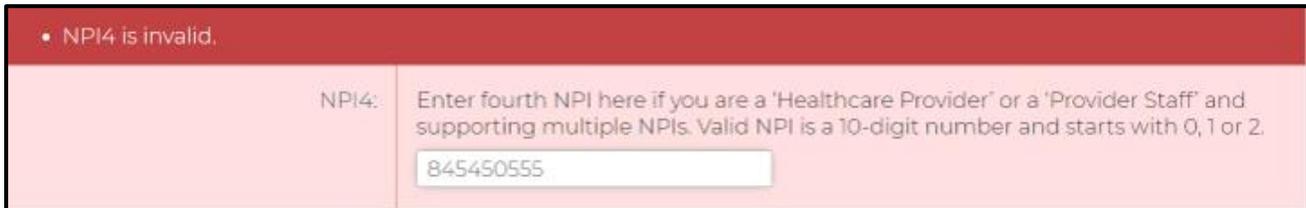
I agree.

Figure 2.6: Healthcare providers, providers and working staff are required to enter a 10-digit NPI. All others enter “N/A”. Users may have a maximum of five NPIs. Press the Create Account button to complete the account process.

NPI Error Message

When a user enters a NPI it is checked for validation against the CA-MMIS (California Medicaid Management Information Systems) Provider Master File. If this message is received, double check that the NPI was entered correctly.

Below is an example of NPI error message:



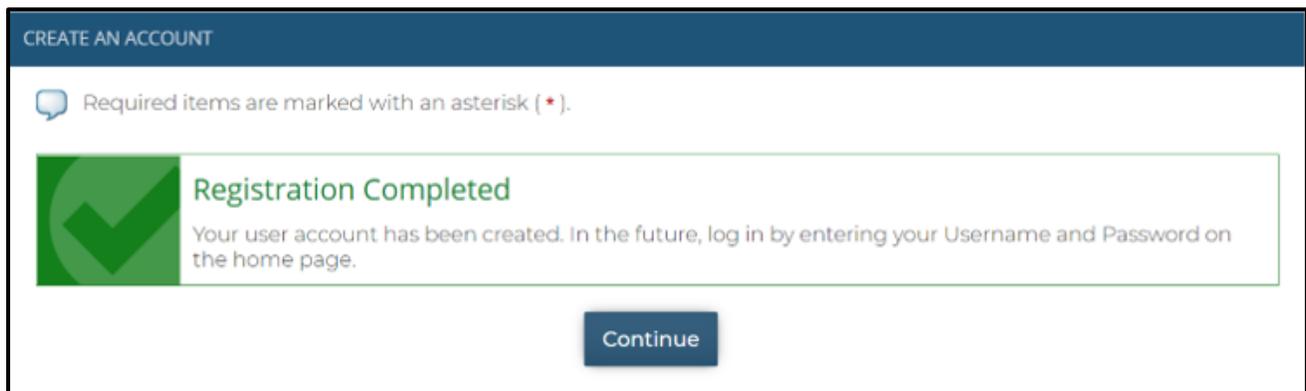
The screenshot shows a form with a red error banner at the top that reads "• NPI4 is invalid." Below this, the label "NPI4:" is followed by a text box containing "845450555". To the right of the text box, there is a message: "Enter fourth NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2."

Figure 2.7: NPI is invalid error message

If this message is received double check that the NPI was entered correctly.

Registration Complete

The message will appear once all information has been entered correctly and verified.



The screenshot shows a "CREATE AN ACCOUNT" page. At the top, there is a blue header with the text "CREATE AN ACCOUNT". Below the header, there is a message icon and the text "Required items are marked with an asterisk (*)." In the center, there is a green box with a checkmark icon and the text "Registration Completed" in bold. Below this, it says "Your user account has been created. In the future, log in by entering your Username and Password on the home page." At the bottom of the green box, there is a blue button labeled "Continue".

Figure 2.8: Registration Completed: Your user account has been created.

Medi-Cal Learning Portal Homepage

Once logged into the MLP, this page will display.

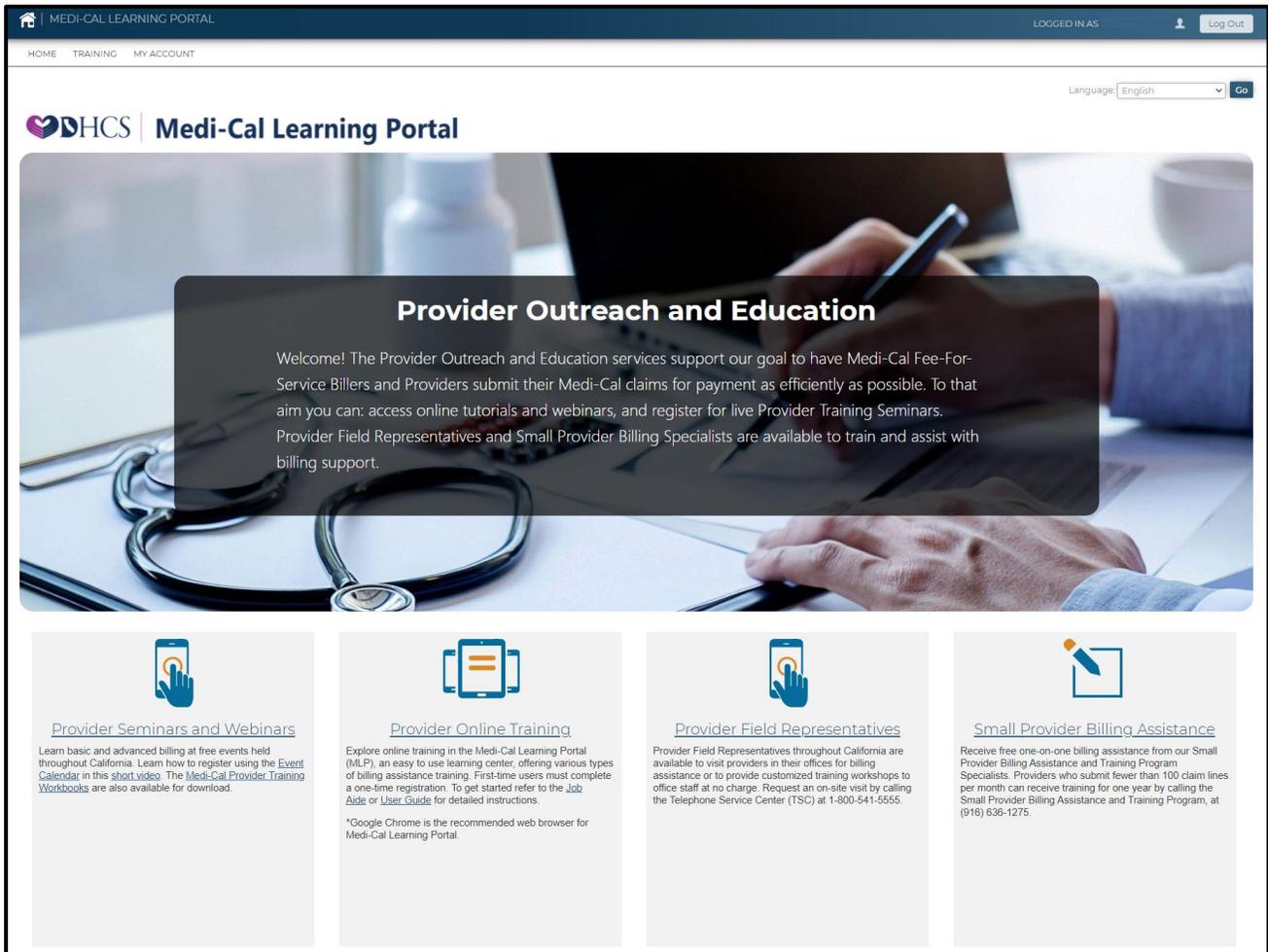


Figure 3.1: Medi-Cal Learning Portal (MLP) homepage.

B Medi-Cal Learning Portal (MLP)

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In the upper-left corner there are several links:

- Home – takes the user back to the homepage from anywhere within the MLP
- Training – directs the user to the Course Catalog
- My Account – points the user to their account page

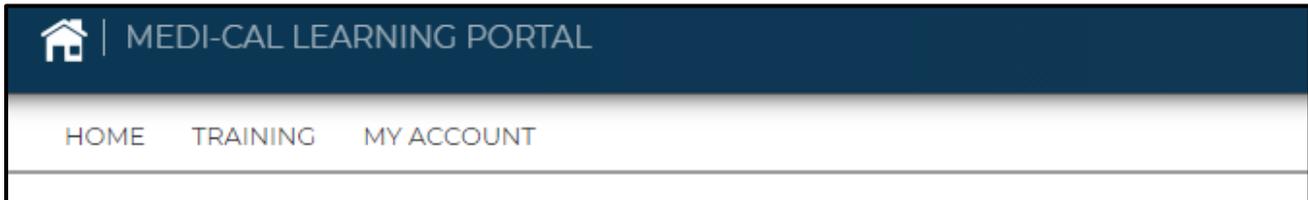


Figure 3.2: The upper-left corner contains links to Home, Training and My Account.

The bottom portion of the homepage contains links to:

- Provider Seminars and Webinars
- Provider Online Training
- Provider Field Representatives
- Small Provider Billing Assistance

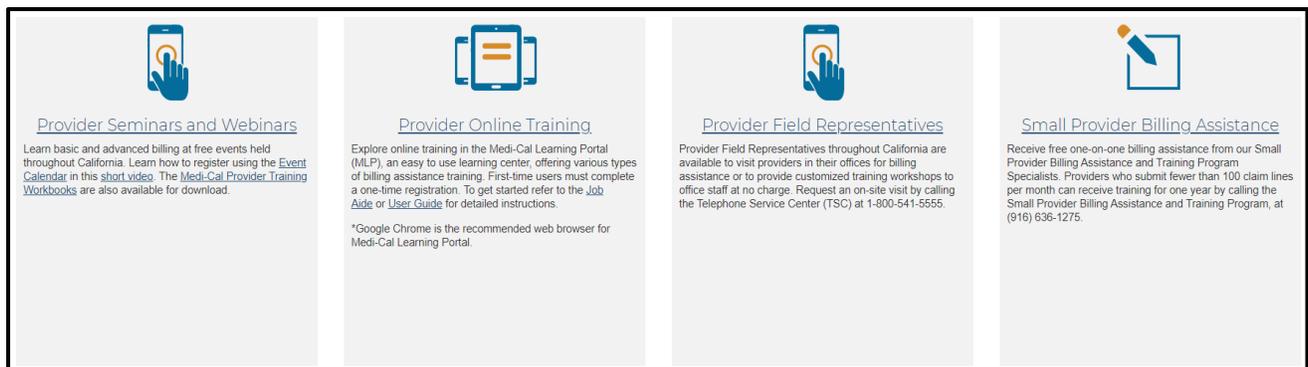


Figure 3.3: The bottom portion of the homepage contains links to Provider Seminars and Webinars, Provider Online Training, Provider Field Representatives and Small Provider Billing Assistance.

B Medi-Cal Learning Portal (MLP)

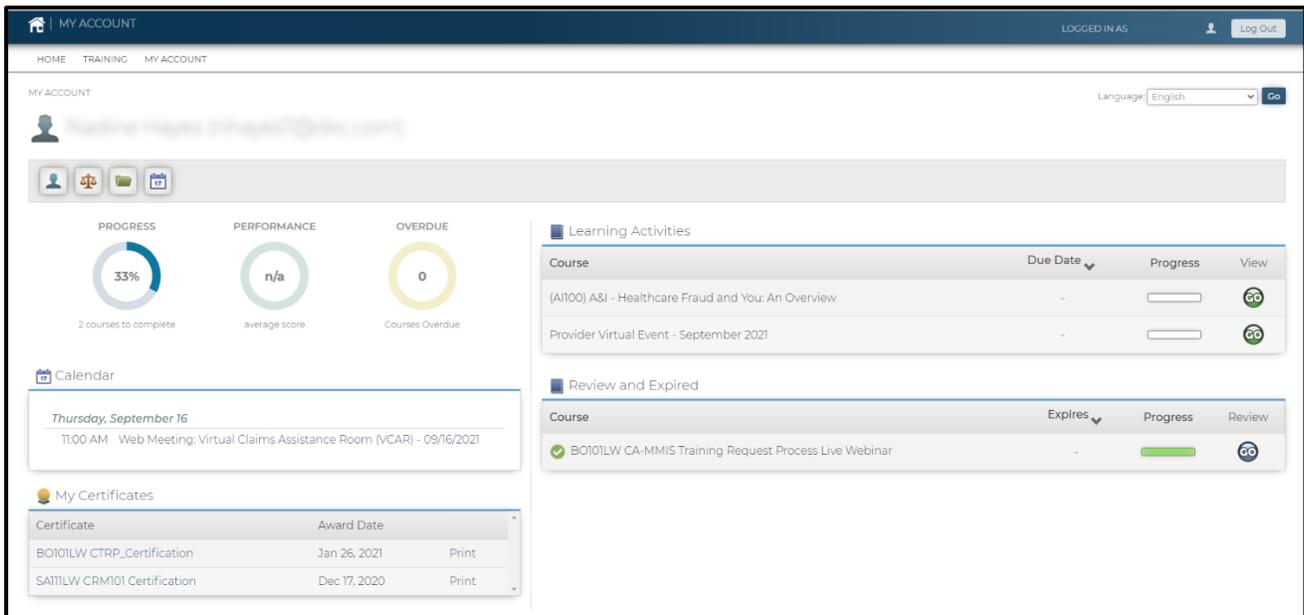
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My Account

From the home page, select the **My Account** link.



Figure 3.4: The My Account link accessed from the homepage of the Medi-Cal Learning Portal.

A screenshot of the My Account homepage of the Medi-Cal Learning Portal. The page has a dark blue header with "MY ACCOUNT" and "LOGGED IN AS" with a user icon and "Log Out" button. Below the header is a navigation bar with "HOME", "TRAINING", and "MY ACCOUNT" links. The main content area is divided into several sections: a "MY ACCOUNT" section with a user profile icon and name, a "Language" dropdown set to "English", and a "Go" button; a "PROGRESS" section with a circular gauge showing 33% completion for 2 courses; a "PERFORMANCE" section with a circular gauge showing "n/a" for average score; an "OVERDUE" section with a circular gauge showing 0 courses overdue; a "Learning Activities" section with a table of courses including "(AI100) A&I - Healthcare Fraud and You: An Overview" and "Provider Virtual Event - September 2021"; a "Review and Expired" section with a table of courses including "BO101LW CA-MMIS Training Request Process Live Webinar"; a "Calendar" section showing a meeting on Thursday, September 16 at 11:00 AM; and a "My Certificates" section with a table of certificates including "BO101LW CTRP_Certification" and "SA111LW CRM101 Certification".

Course	Due Date	Progress	View
(AI100) A&I - Healthcare Fraud and You: An Overview	-	<input type="text"/>	
Provider Virtual Event - September 2021	-	<input type="text"/>	

Course	Expires	Progress	Review
BO101LW CA-MMIS Training Request Process Live Webinar	-	<input type="text"/>	

Certificate	Award Date	Print
BO101LW CTRP_Certification	Jan 26, 2021	Print
SA111LW CRM101 Certification	Dec 17, 2020	Print

Figure 3.5: The My Account homepage of the Medi-Cal Learning Portal contains a calendar, learning activities and a menu panel of useful icons.

Icon Menu

The icon menu under the username has the following buttons: **My Profile**, **User Agreement**, **My Transcript** and **My Calendar**.



Figure 3.6: The My Profile, User Agreement, My Transcript and My calendar icons accessed from the left side of the homepage of the MLP.

My Profile: Shows the account information saved when setting up the account. If something changes, you can access this page to make changes.

MY ACCOUNT // MY PROFILE

Use the form below to modify your account.

Name: * First Name: * Last Name:

* Email: State Employees, CA-MMIS Contractors, CCS County Staff, DXC Employees and DXC Subcontractors, IBM Employees and IBM Subcontractors : Please use your work email for registration. Must be a valid email address and no more than 100 characters.

* Username: Username is your email address. Please confirm by re-entering your above email address here.

Password: *****
Change Password

Timezone: (GMT -8:00) Pacific Time (US & Canada)

Created: August 18, 2020

Expires: Never

Last Login: September 15, 2021

Figure 3.7: Shows the account information saved when setting up the account.

B Medi-Cal Learning Portal (MLP)

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User Agreement: Displays the User Agreement from setting up the account.

USER AGREEMENT

Last updated: August 10, 2020 @ 12:00 AM (GMT -8:00) Pacific Time (US & Canada)

This system is for use by authorized users and is subject to being monitored and/or restricted at any time. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By using this system you indicate your awareness of and explicit consent to these [Conditions of Use](#) and [Privacy Policy](#).

Check this box to indicate your awareness of and explicit consent to the [Conditions of Use](#) and [Privacy Policy](#).

I agree. I do not agree.

Figure 3.8: Displays the User Agreement.

My Transcript: Shows a complete list of all courses completed, including the code, course name, credits, course status, the date it was completed, lesson name, status and the score of each lesson.

Code	Course	Credits	Course Status	Date Completed	Lesson	Status	Score
BOT01LW	CA-MMIS Training Request Process Live Webinar (#715287)	1	Completed	Dec 17, 2020 2:03 PM	CA-MMIS Training Request Process Live Webinar	Completed	-

Figure 3.9: Shows a **complete** list of all courses completed.

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My Calendar: When selected, a pop-up window displays a current month calendar with the sessions you are enrolled in. To get information on the course, hover over headset icon to see details. To close the pop-up window, click outside the calendar.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

Dates and times for online activities are in (GMT -8:00) Pacific Time (US & Canada)

Figure 3.10: Displays the course user is enrolled in for the current month.

My Account Homepage

Circle Charts: Displays 3 circle graphs depicting progress, performance and overdue percentages.

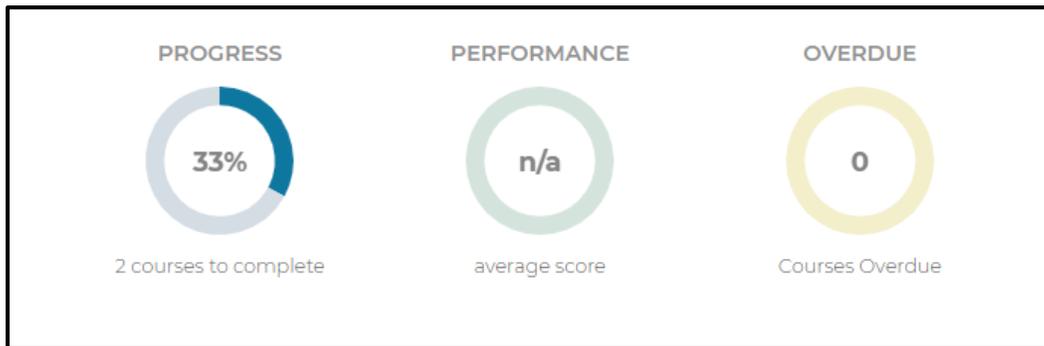


Figure 4.1: Displays 3 circle graphs depicting progress, performance and overdue percentages.

Learning Activities: Shows a list of up to five sessions or online courses you are enrolled in and up to twelve of the most recent sessions or online courses completed. To view the course, select the **GO** button.

Learning Activities			
Course	Due Date	Progress	View
(AI100) A&I - Healthcare Fraud and You: An Overview	-	<input type="text"/>	
Provider Virtual Event - September 2021	-	<input type="text"/>	

Figure 4.2: Under the Learning Activities section enrolled sessions and completed courses are listed.

Calendar: Shows this week's events. If there are not any events, it will display: No events this week.

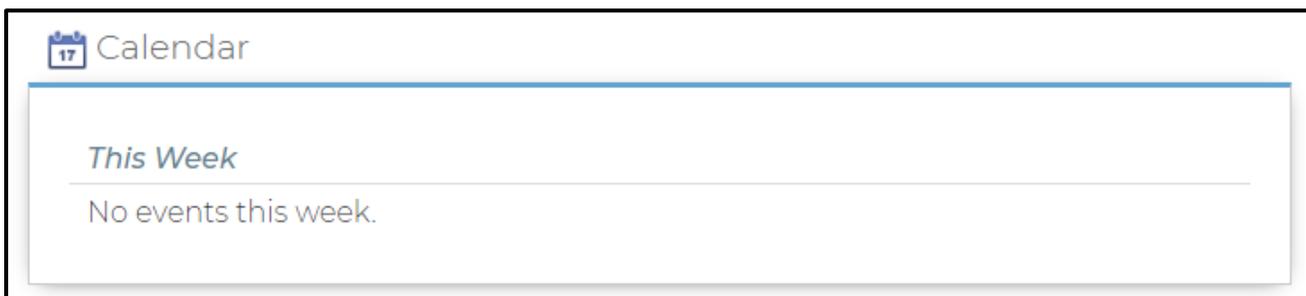
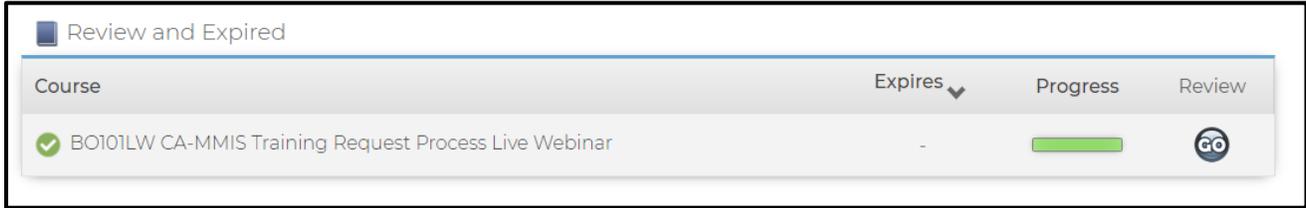


Figure 4.3: Active events for a given week are displayed under the calendar section.

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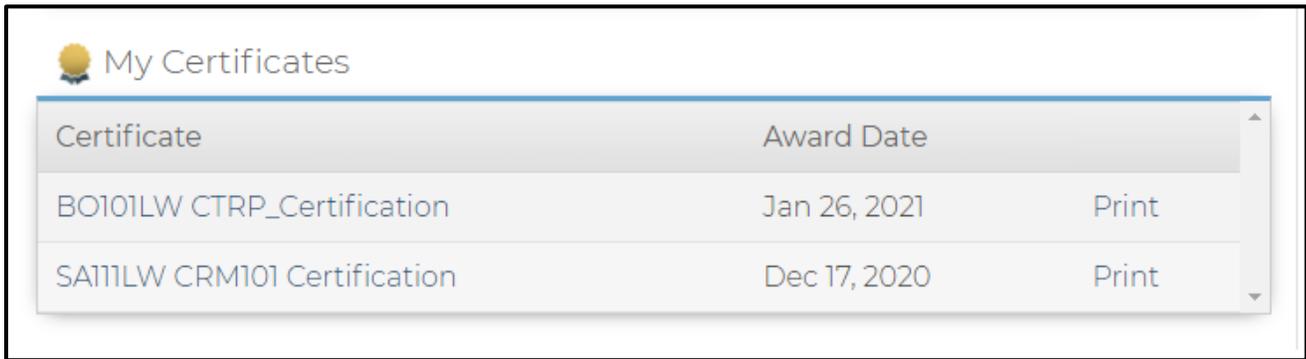
Review and Expired:



Course	Expires	Progress	Review
✓ BO101LW CA-MMIS Training Request Process Live Webinar	-	<div style="width: 100%;"></div>	GO

Figure 4.4: Displays courses to review as well as courses that have expired.

My Certificates:



Certificate	Award Date	
BO101LW CTRP_Certification	Jan 26, 2021	Print
SA111LW CRM101 Certification	Dec 17, 2020	Print

Figure 4.5: Shows completed courses, the date completed and the option to print a certificate.



Figure 4.6: Example of a Certificate of Completion

MLP-Secured Emails

To align with security protocols, the following emails have been secured by Proofpoint Encryption:

- MLP User Registration
- MLP Reset Password

Proofpoint New User Registration Process

1. Once your MLP registration has been completed or Password Reset is selected, a secure message will be received.
 - For the MLP Registration email, the email will have the subject line: *[MLP-ENCRYPT] Medi-Cal Learning Portal Registration.*
 - For the MLP Password Reset email, you will see the following in the email subject line: *[MLP-ENCRYPT] Medi-Cal Learning Portal Reset Password.*
2. After opening the email, follow the message instructions to select the **Click Here** button. A Proofpoint Registration dialogue window will display.

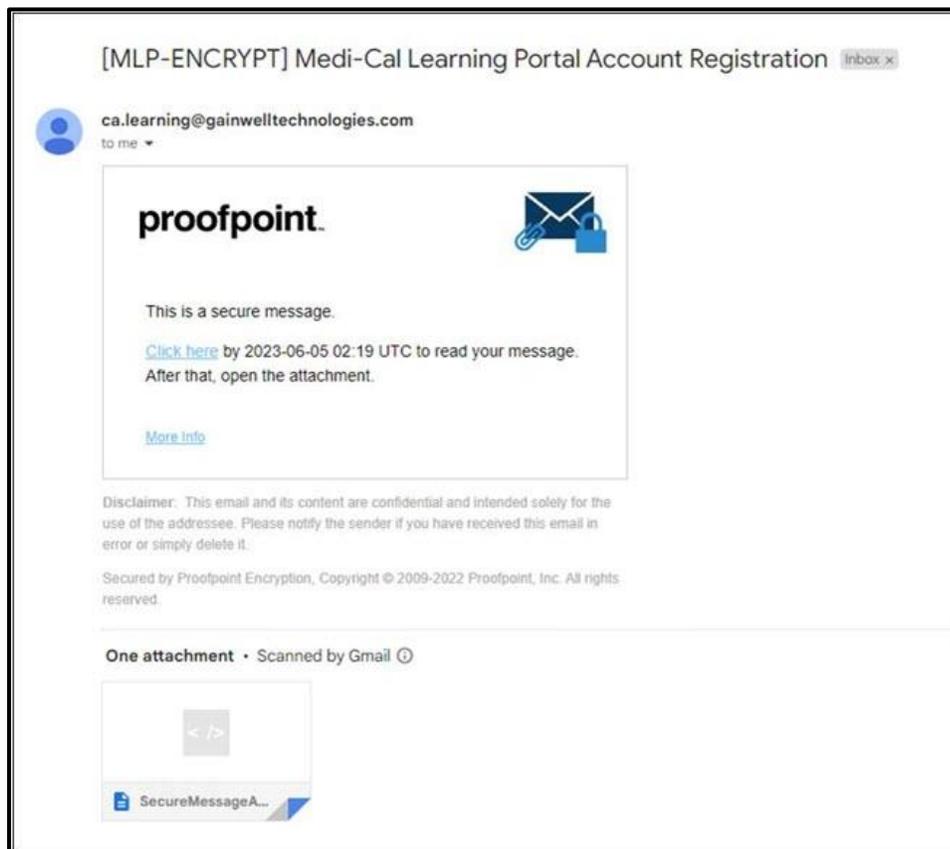


Figure 5.1: Screenshot of Encrypted Email Secured by Proofpoint.

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3. New Proofpoint users will need to register before viewing the encrypted message. Complete all Proofpoint Registration Account fields.
4. During the Proofpoint registration process, a prompt to establish a security question and answer will appear. This will trigger a one-time Proofpoint Validation Code from Gainwell_Verification_Code@gainwelltechnologies.com. Please note that the Proofpoint Registration Validation Code will expire within 30 minutes.
5. Type or paste the **Proofpoint Validation Code** in the Validation Code field.
6. Select **Continue** to view the MLP secured message.

proofpoint.
Registration

Create your account to read secure email.

Email Address:

First Name:

Last Name:

Password:

Confirm Password:

Question:

Answer:

We have sent a validation code to your email address.
Please check your inbox for the code and enter it below. If you did not receive it and need another code: [Click here](#)

Validation Code:

Continue

Figure 5.2: Proofpoint Registration prompt to establish a security question.

Proofpoint Returning User Process

Existing Proofpoint users only need to enter their Proofpoint User ID and Password to view the MLP automated emails mentioned above.

If the Proofpoint password is forgotten, select the **Forgot Password** link. The security question established during registration will be required to answer to change your password.

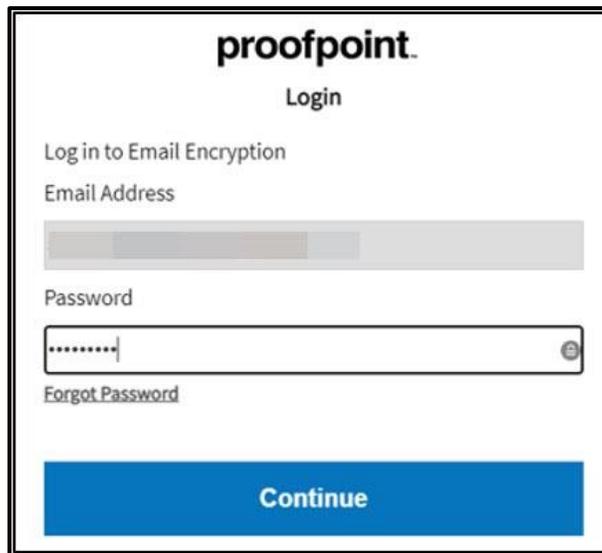


Figure 5.3: Proofpoint Login.

Training

The **Training** page displays the **Course Catalog** and **Event Calendar**.

The **Course Catalog** can be viewed through the:

1. **Catalogs** tab: Shows types of online courses and training events. Select the catalog to view the online courses or events in the catalog. Types of training available are:
 - Computer Based Training (CBT)
 - Recorded Webinars (RWT)
2. **Courses** tab: Lists all courses that are not part of any catalog.
3. **Event Calendar**: Shows all the courses that are scheduled during the current month.
4. **Search** Field: You may also search for a course or event by typing the course code or keywords into the **Search** field and then selecting **Search**.

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The screenshot shows the 'Course Catalog' page. At the top, there are navigation links for 'HOME', 'TRAINING', and 'MY ACCOUNT'. Below this, the 'COURSE CATALOG' section is visible, with a search bar and a language dropdown set to 'English'. A search bar contains the text 'Search the course catalog'. Below the search bar, there are two tabs: 'Catalogs (32)' and 'Courses (2)'. The 'Catalogs (32)' tab is selected. Below the tabs, there are four catalog entries, each with a book icon, a title, a course count, and a brief description. The first entry is 'Catalog: A&I Fraud Series' with 3 courses. The second is 'Catalog: Allied Health & Medical Services' with 6 courses. The third is 'Catalog: Basic Billing' with 12 courses. The fourth is 'Catalog: CCS/GHPP' with 3 courses. To the right of the catalog list is a calendar for 'September 2021 - Events'. The calendar shows dates from 29 to 2. The date 15 is highlighted in blue, indicating an event. The calendar is titled 'Open' and has a search icon.

Figure 6.1: The Course Catalog and Event Calendar may be accessed from the Training homepage.

Select a **Catalog** to view the courses within that catalog.

The screenshot shows the 'Course Catalog' page with the 'Catalogs (24)' tab selected. Below the tabs, there are three catalog entries, each with a book icon, a title, a course count, and a brief description. The first entry is 'Catalog: A&I Fraud Series' with 3 courses. The second is 'Catalog: Allied Health & Medical Services' with 6 courses. The third is 'Catalog: Basic Billing' with 12 courses. The 'Catalog: Basic Billing' entry is highlighted with a black border, indicating it is the selected catalog.

Figure 6.2: Selecting a catalogue from the list of catalogs will display the courses contained within that catalog.

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When you find a **Course** that interests you, select the course code.

The screenshot shows a navigation bar with 'Sub-Catalogs (0)' and 'Courses (12)'. Below are three course listings:

- BB100LW - Recipient Eligibility Live Webinar**
Credits: 1
The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process. Please login 10 minutes early. Webinar Link: <https://www.myroom.hpe.com/attend/MEPH4AZDPJE>. If you need to call in to listen, please use our Toll Free #: (833) 391-8638, Conference Id: 549528930. Access the course from the 'My Account' page to learn how to save the course webinar link as a calendar event.
- BB100RW - Recipient Eligibility Recorded Webinar**
Credits: 0.5
The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process.
Recorded: 03/23/2020
- BB101LW - Share of Cost (SOC) Live Webinar**
Credits: 1
The purpose of this module is to define recipient Share of Cost (SOC), to familiarize participants with the process, to discuss the Share of Cost Case Summary form and to explain SOC certification. Please login 10 minutes early. Webinar Link: <https://www.myroom.hpe.com/attend/MEP79VG2P9E>. If you need to call in to listen, please use our Toll Free #: (833) 391-8638, Conference Id: 549528930. Access the course from the 'My Account' page to learn how to save the course webinar link as a calendar event.

Figure 6.3: Selecting a course from the Course Catalog will display further information on the course.

The **Course Description** page includes a description of the course, its associated lessons, the length of time of the course, and the **Enroll** icon. To enroll, select the **Enroll** icon.

The screenshot shows the course description page for BB100RW. At the top are navigation links: HOME, TRAINING, MY ACCOUNT. Below is the breadcrumb: COURSE CATALOG // RECIPIENT ELIGIBILITY RECORDED WEBINAR (BB100RW). The course title is 'Recipient Eligibility Recorded Webinar (BB100RW)'. There is an 'Enroll Now!' button and a star rating of five stars. The description states: 'The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process. Recorded: 03/23/2020'. Below this, it shows 'Credits: 0.5 | Estimated Length: 30 minute(s)'. A 'Lessons' section follows, with a table:

Name	View Schedule
1. Recipient Eligibility Recorded Webinar	-

Figure 6.4: Selecting a course from the Course Catalog will display a description of the course, associate lessons, the length of the course and the Enroll icon.

B Medi-Cal Learning Portal (MLP)

Page updated: June 2023

The **Enrollment Successful** message displays after a successful course enrollment. This message also includes a link to the **MyAccount** page to launch the **CBT, ELT** or **RWT**.

The screenshot shows the user interface of the Medi-Cal Learning Portal. At the top, there are navigation links for HOME, TRAINING, and MY ACCOUNT. Below this, the course title 'Recipient Eligibility Recorded Webinar (BB100RW)' is displayed with a book icon. An 'Enroll Now!' button is visible, along with a five-star rating. A prominent blue 'Enrolled' message box states: 'You are currently enrolled in this course. Go to My Account to launch the course.' Below the message, course details are provided: 'The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process. Recorded: 03/23/2020. Credits: 0.5 | Estimated Length: 30 minute(s)'. A 'Lessons' section follows, with a table listing the course content.

Name	View Schedule
1. Recipient Eligibility Recorded Webinar	-

Figure 6.5: Upon successfully enrolling in a course, the Enrollment Successful message will appear.

An email confirmation is also sent with the details of the course and email address if the participant has any questions.

The screenshot shows an email confirmation message. It begins with 'Dear [redacted],'. The main body of the email reads: 'Thank you for enrolling in Recipient Eligibility Recorded Webinar. Below are the training details: The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process. Recorded: 03/23/2020'. It then provides contact information: 'For all account and training related questions, please email us at CAMMISAccountTraining@gainwelltechnologies.com'. The email concludes with 'Thank you, Medi-Cal Learning Portal' and a footer that says 'Please do not reply to this email; this address is not monitored.'

Figure 6.6: Upon successfully enrolling in a course an email confirmation is sent.

B Medi-Cal Learning Portal (MLP)

Page updated: June 2023

If the course is a live webinar an email will be sent with the live webinar details.

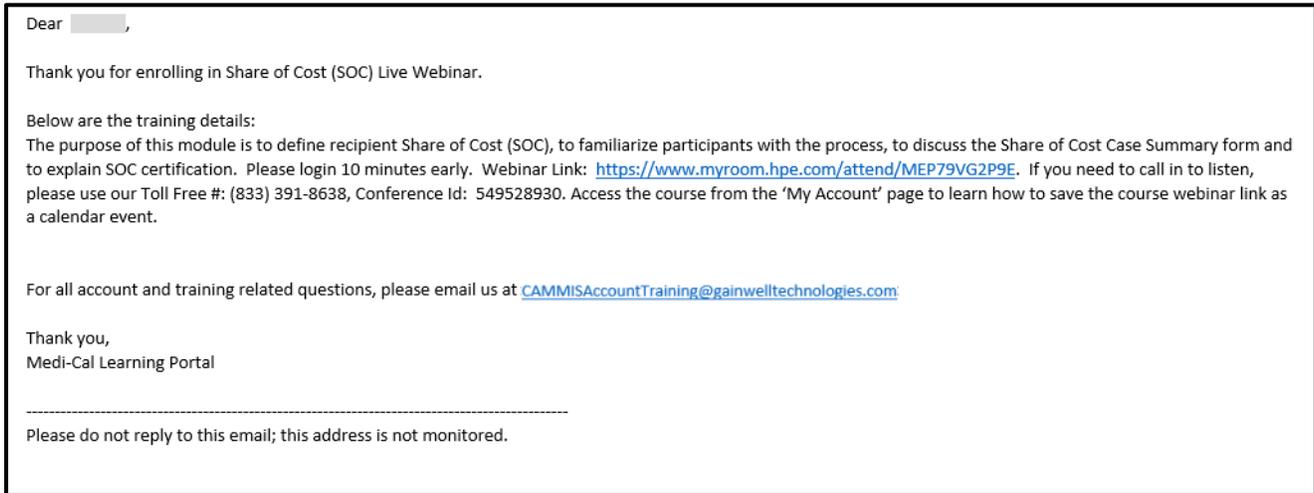


Figure 6.7: An email confirmation is sent for enrolling in a live webinar will include webinar details.

Next, from the **My Account** page, you can see the course in the **Enrolled** section of **Learning Activities**.

The course name displays the due date and progress bar. The **GO** button under the **View** heading launches the course. Select the **GO** button to launch the course.



Figure 6.8: The Learning Activities tab lists the courses in which a provider is currently enrolled.

B Medi-Cal Learning Portal (MLP)

Page updated: June 2023

Once the **GO** button is selected, this page will display.

MY ACCOUNT // LEARNING ACTIVITIES // RECIPIENT ELIGIBILITY RECORDED WEBINAR (BB100RW)

Recipient Eligibility Recorded Webinar (BB100RW)

Enrolled | ☆☆☆☆☆ Your rating: Not rated yet

The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process.

Recorded: 03/23/2020

Estimated Length: 30 minute(s)

Learning Activities

Title	Status	Score	Action
1. Recipient Eligibility Recorded Webinar	Not Attempted	-	GO

Figure 6.9: Once the **GO** button is selected the page will display the course title, description, status, score (if applicable) and action.

Once a course is completed, from the **My Account** page under the **Review and Expired** section the completed course(s) will display. To see more details regarding the completed course, select the **GO** button.

Review and Expired

Course	Expires	Progress	Review
BO101LW CA-MMIS Training Request Process Live Webinar	-	<div style="width: 100%; height: 10px; background-color: green;"></div>	GO
BB100RW Recipient Eligibility Recorded Webinar	-	<div style="width: 100%; height: 10px; background-color: green;"></div>	GO

Figure 6.10: Under the Review and Expired section from the My Account page a list of completed courses is shown.

B Medi-Cal Learning Portal (MLP)

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The course review page displays:

1. The **Completed** button displays in green.
2. You can rate the course by selecting **1-5 stars**.
3. You are also able to provide feedback on the course by selecting the link for the **survey**.

The screenshot shows the course review page for 'Recipient Eligibility Recorded Webinar (BB100RW)'. The page includes a navigation bar with 'HOME', 'TRAINING', and 'MY ACCOUNT'. The course title is 'Recipient Eligibility Recorded Webinar (BB100RW)'. A green 'Completed' button is visible, along with a star rating system (1-5 stars) and the text 'Your rating: Not rated yet'. A description of the module is provided: 'The purpose of this module is to provide an overview of the Medi-Cal recipient identification and eligibility verification process.' The recording date is '03/23/2020' and the estimated length is '30 minute(s)'. A 'Learning Activities' table is shown with one entry: '1. Recipient Eligibility Recorded Webinar' with a status of 'Completed' and a 'GO' button. A survey prompt is also visible: 'Let us know what you think! Take our survey and let us know how you liked this course.'

Figure 6.11: Providers are given the opportunity to rate and review courses through a survey.

The completed course will also display under the **My Certificates** section on the **My Account** page.

The screenshot shows the 'My Certificates' section on the My Account page. It features a table with three columns: 'Certificate', 'Award Date', and 'Print'. The table lists three certificates:

Certificate	Award Date	Print
BB100RW RE Certification	Sep 18, 2021	Print
BO101LW CTRP_Certification	Jan 26, 2021	Print
SA111LW CRM101 Certification	Dec 17, 2020	Print

Figure 6.12: My Certificates section on the My Account page where completed courses and certificates are displayed.

Specialized Training and Certificates

The MLP also includes some specialized training and certificates for provider groups.

- Audits and Investigation (A&I) – Includes a series of CBT that focuses on fraud. After completing the training, you will receive a specialized certificate that includes 1.0 Continuing Education Units (CEUs)
- Presumptive Eligibility (PE) - Includes two online certification courses:
 - PE for Pregnant Women (PE4PW)
 - Hospital PE (HPE)

When registering a new MLP account, users will have the option to add up to five affiliated National Provider Identifiers (NPIs) to one user’s profile. The NPIs are numbered as follows: NPI1, NPI2, NPI3, NPI4 and NPI5.

In addition, there are a total of five Presumptive Eligibility (PE) sub-catalogs that numerically align with each NPI. Each PE sub-catalog contains two PE certificate trainings: one each for Hospital Presumptive Eligibility (HPE) and one PE4PW as shown below.

Presumptive Eligibility (PE) Sub-Catalog Table

NPI	PE Course Sub-Catalog Name	HPE Code	PE4PW Code
NPI-1	Presumptive Eligibility Certification – 1	PE101-1	HAPE100-1
NPI-2	Presumptive Eligibility Certification – 2	PE101-2	HAPE100-2
NPI-3	Presumptive Eligibility Certification – 3	PE101-3	HAPE100-3
NPI-4	Presumptive Eligibility Certification – 4	PE101-4	HAPE100-4
NPI-5	Presumptive Eligibility Certification – 5	PE101-5	HAPE100-5

B Medi-Cal Learning Portal (MLP)

Page updated: February 2022

As a user's NPI(s) is registered or added to their Profile page, the corresponding PE course sub-catalog(s) with its certificate trainings will display within the MLP for the provider to access and complete. In alignment with the PE Agreement, MLP users providing PE services must complete (view every slide) and pass a quiz with, at least, 80 percent accuracy to certify as a PE provider for each corresponding NPI. It is not necessary to complete both PE certificate trainings within a sub-catalog unless the provider will be providing both PE program services for that NPI.

In addition, providers will have limited ability to edit the NPI(s) on their MLP **My Account/Profile** page. When an NPI is added to a user's Profile page, the user can still edit or delete that NPI, if the correlated PE training has not been accessed yet. However, once the training has been started and is considered 'In Progress,' the user can still edit the NPI, but will not be able to delete it. Once the training is completed and passed, the user will not be able to make any changes to the NPI. At that point, they will need to contact the MLP Administrator for assistance at CAMMISAccountTraining@gainwelltechnologies.com or call the Telephone Service Center (TSC) at 1 (800) 541-5555.

Whenever a MLP user enters an NPI in one of the five NPI fields on the **Registration** or **My Account/Profile** page, the system will check the validity of the NPI and prevent invalid data from being transferred to the Medi-Cal website. When an NPI is entered in the MLP that does not meet the below criteria, the MLP user will receive an 'NPI Invalid' error message. Valid NPIs:

- Must be 10 digits
- Must contain numeric only (no letters or special characters)
- Must begin with a one (1) or two (2)

The validity check will also ensure the NPI entered is not a duplicate. Providers can reference the updated *Medi-Cal Learning Portal Provider User Guide* for more information and/or register for future live webinars in the MLP on this subject.

MLP User Support

If you have questions that are not covered in the guide, please contact the MLP support team by emailing: CAMMISAccountTraining@gainwelltechnologies.com.

Should you need further assistance, please call the TSC at 1-800-541-5555.

Resource Information

[Medi-Cal Provider website](#)

- Provider Manual
- Provider Bulletins
- Medi-Cal Subscription Service (MCSS)
- Medi-Cal Learning Portal

TSC 1-800-541-5555

Provider Field Representatives

Small Provider Billing Assistance and Training 1-916-636-1275

B Medi-Cal Learning Portal (MLP)

Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Introduction

Purpose

The purpose of this module is to introduce the Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS) claim submission processes.

Module Objectives

- Review the CMC & IPCS enrollment process.
- Demonstrate the CMC upload procedure through a real-time presentation.
- Demonstrate the IPCS claim completion procedure through a real-time presentation.
- Discuss the use of the Attachment Control Form (ACF).

Acronyms

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

CMC Overview

Computer Media Claims (CMC) submission is the most efficient method of Medi-Cal claims billing. Unlike paper claims, these claims use a computer medium for submission and processing. As a result, manual processing is eliminated. CMC submission offers improved billing efficiency to providers and submitters because these claims are submitted faster, entered into the claims processing system faster and are paid faster.

Highlights

- Paper attachments can be linked to submissions.
- Improved processing and payment timeframe.
- Increased data security.
- Minimized risk of administration errors.

CMC Enrollment Process

Getting Started

1. From the Medi-Cal Provider website, under the **Resources** drop down menu, select **References**.

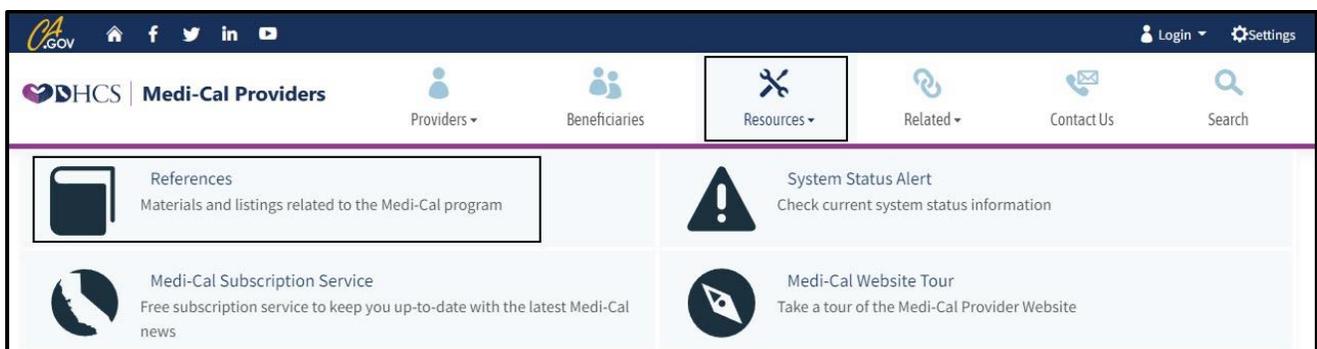


Figure 1.1: Select **References** from the **Resources** drop-down menu.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: January 2023

2. Under Billing, Forms, select Billing (CMC, EFT, Hardcopy and POS).

The screenshot shows a website navigation menu with the following sections and links:

- References**
 - Medi-Cal References have an assortment of helpful materials, listings and announcements to facilitate participation in the Medi-Cal program.
- Provider Portal**
 - [Login to Provider Portal](#)
 - [Frequently Asked Questions](#)
- Policy**
 - [Adverse Childhood Experiences \(ACEs\) Provider Training Attestation](#)
 - [COVID-19 Medi-Cal Response](#)
 - [Fraud and Abuse](#)
 - [Managed Care](#)
 - [Medi-Cal & Telehealth](#)
 - [Medi-Cal News Articles \(All Communities\)](#)
 - [Monkeypox Medi-Cal Response](#)
 - [Payment Error Rate Measurement \(PERM\)](#)
 - [Procedure/Drug Code Limitation List](#)
 - [Provider Bulletins \(All Communities\)](#)
 - [Provider Manuals \(All Communities\)](#)
 - The Contract Drugs List is managed by Medi-Cal Rx. See the [Medi-Cal Rx website](#) for more information.
 - [Provider-Preventable Conditions](#)
 - [Suspended and Ineligible Provider List](#)
- Rates**
 - [Medi-Cal Rates](#)
- Billing**
 - [APR-DRG](#)
 - [Billing Tips](#)
 - [Computer Media Claims \(CMC\) Submission Instructions](#)
 - [EPC Letters](#)
 - Forms**
 - Billing (CMC, EFT, Hardcopy and POS)**
 - [California Children's Services \(CCS\)](#)
 - [Community-Based Adult Services \(CBAS\)](#)
 - [Consent](#)
 - [Every Woman Counts \(EWC\)](#)
 - [Family Planning, Access, Care and Treatment \(Family PACT\)](#)
 - [Facilities and Hospitals](#)
 - [Hospital Presumptive Eligibility \(HPE\)](#)
 - [Medi-Cal Tuberculosis Program](#)
 - [Presumptive Eligibility for Pregnant Women \(PE4PW\)](#)
 - [Provider Enrollment](#)
 - [Supplemental Claims Payment Information \(SCPI\)](#)
 - [Supplies Injections & DUR](#)
 - [Treatment Authorization Request \(TAR\)](#)

Figure 1.2: Select Billing (CMC, EFT, Hardcopy and POS) found under Billing, Forms.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: January 2023

3. Under Billing, select the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* form (DHCS 6153) to download and print.

The screenshot shows a web page titled "Forms" with a navigation link "Home -> References". Below the title, there is a paragraph: "Medi-Cal providers and billers may view and download the following forms. For information about completing and submitting these forms, please review the appropriate provider manual section." A dropdown menu is open, showing "Billing (CMC, EFT Payments, Hardcopy & POS)". Under this menu, there is a section for "Computer Media Claims (CMC)" with the following items:

- [Electronic Health Care Claim Payment/Advice Receiver Agreement \(ANSI ASC X12N 835 Transaction\)](#) (DHCS 6246)
- [Medi-Cal Telecommunications Provider and Biller Application/Agreement](#) (DHCS 6153)**
- [CMC Enrollment Procedures](#)
- [CMC Enrollment Checklist](#)
- [837 Claim Attachment Guidelines for Providers and Vendors](#)

Below the list, there is a note: "Attachments: Call the Telephone Service Center (TSC) 1-800-541-5555 to order an Attachment Control Form (ACF) form. (ACF-001)" and a link: "Instructions: See 'ACF: Required and Optional Fields' for ACF completion instructions."

Figure 1.3: The *Medi-Cal Telecommunications Provider and Biller Application/Agreement* can be found on the Forms page.

4. Complete the form, sign and mail to the address indicated on the form.

Note: The acronym "IPCS" must follow "5010" on the ANSI X 12837 Version line of the DHCS 6153 (See page 22).

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: January 2023

5. All CMC providers/submitters must have a *Medi-Cal Point of Service (POS) Network/Internet Agreement* form on file with the CA-MMIS Fiscal Intermediary (FI).

From the Providers drop-down menu, select **Transaction Services**.

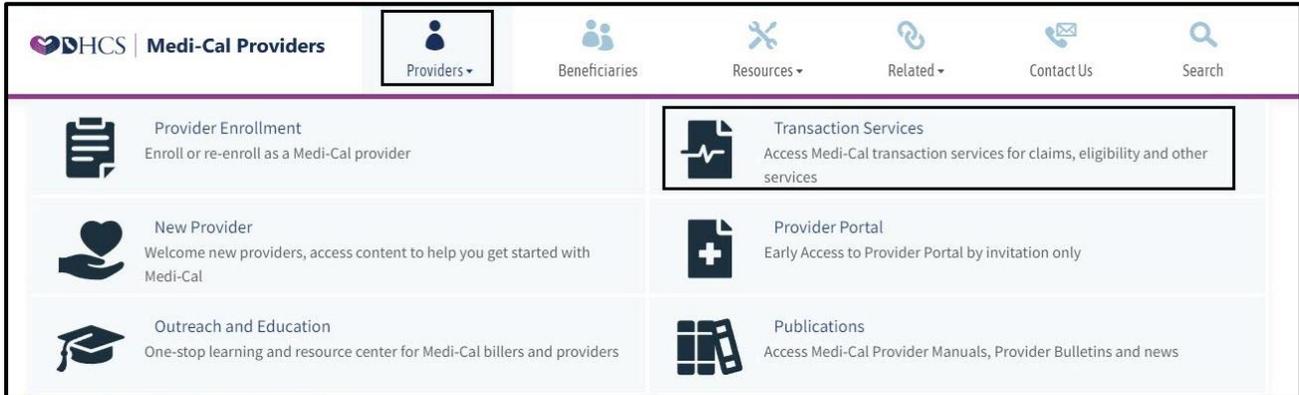


Figure 1.4 Transaction Services can be found in the Providers drop-down menu.

Note: Correctly completing and signing the document helps expedite the application process. Applications typically take two to three weeks to be approved.

Providers/submitters receive their CMC submitter ID via written correspondence. Providers/submitters are instructed to call the FI and give a password of their choosing. (The password is separate from the National Provider Identifier [NPI] and Provider Identification Number [PIN]).

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: January 2023

- Next select the **Services Available** link.

Home | Transaction Services

Login to Medi-Cal

User ID

Password

Login

[Services Available](#) [Login Help](#)

Provider Portal
Early access to the Provider Portal and some Medi-Cal transactions, by invitation only.

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

Figure 1.5: Login to Transaction Services, select Services Available.

- Select the **Visit Transactions Enrollment Requirements** link for the POS Network/Internet Agreement form.

Home -> Login to Medi-Cal

Transaction Services Available

Transaction Services allows providers and submitters to perform secure transactions with their login credentials. Transaction Services applications are available based on provider and submitter enrollment type. The most commonly used applications are listed below.

Visit [Transaction Enrollment Requirements](#) for instructions on how to gain access to transaction services.

Figure 1.6: The Transaction Enrollment Requirements link on the Transaction Services Available page.

- From here you can select the link for Electronic POS/Internet form or the link to download a Paper POS/Internet form which would need to be mailed.

Transaction Enrollment Requirements			
For information about Provider Enrollment, visit the Provider Enrollment page.			
For newly enrolled Medi-Cal providers, visit the New Provider page.			
Enrollment Requirements for Medi-Cal Internet Transactions			
Single Subscriber and Multiple Subscriber Eligibility, Share of Cost, Medi-Services Reservations, Remittance Advice Detail, and other Provider Services such as Medicare Drug Pricing	Must have a National Provider Identifier (NPI) and PIN, and have either an electronic or paper <i>Medi-Cal Point of Service (POS) Network/Internet Agreement</i> form on file: <table border="1"><tr><td>Electronic POS/Internet form</td></tr><tr><td>Paper POS/Internet form</td></tr></table> For information about Provider Enrollment, visit the Provider Enrollment page. Please call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.	Electronic POS/Internet form	Paper POS/Internet form
Electronic POS/Internet form			
Paper POS/Internet form			

Figure 1.7: The Medi-Cal Point of Service (POS) Network/Internet Agreement form can either be download or filed electronically.

9. The CMC submitter ID usually starts with “CMCSUB_ _ _” and is alphanumeric.
10. Providers/submitters must send a test file to the CMC unit to ensure accurate file format, completeness, and validity. Any problems discovered during the testing period must be corrected and a new test must be submitted for review prior to the final approval. The CMC staff works directly with the provider/submitter during all phases of the testing process.

Test submissions should contain a cross section of claim type data that can be expected in a production environment. The test file must consist of a minimum of 10 claims for each claim type to be billed. A maximum of 100 claims is allowed for testing.

Note: A new test must be submitted when software is upgraded, or the submission method changes.

Third Party Automation and Identification of Parties

Many providers employ a third-party company to help automate the CMC submission process. Providers may also purchase Medi-Cal CMC submission software from system developers or vendors. A benefit of developer/vendor supplied software is that it has already been tested and approved for CMC submission.

To find a list of Medi-Cal approved software developers, vendors, and billers:

1. Go to the Medi-Cal Provider website: www.medi-cal.ca.gov.
2. From the Provider drop down menu, select **Publications**.
3. Under Featured Links, select the **References** link.

4. The **Technical Publications** link can be found under Billing.

The screenshot displays the Medi-Cal website's navigation menu. It is organized into several sections: 'References', 'Provider Portal', 'Policy', 'Rates', and 'Billing'. The 'Billing' section is expanded, showing a list of links. The link 'Technical Publications' is highlighted with a black rectangular box. Other links in the 'Billing' section include 'APR-DRG', 'Billing Tips', 'Computer Media Claims (CMC) Submission Instructions', 'EPC Letters', 'Forms' (with sub-links like 'Billing (CMC, EFT, Hardcopy and POS)', 'California Children's Services (CCS)', etc.), 'Frequently Asked Questions (FAQs)', 'Health Insurance Portability and Accountability Act (HIPAA)', 'National Correct Coding Initiative (NCCI)', 'National Drug Codes (NDC)', 'Ordering, Referring and Prescribing', and 'Remittance Advice Details (RAD) Code Repository'. The 'User Guides' link is also visible at the bottom of the 'Billing' section.

References

Medi-Cal References have an assortment of helpful materials, listings and announcements to facilitate participation in the Medi-Cal program.

Provider Portal

- [Login to Provider Portal](#)
- [Frequently Asked Questions](#)

Policy

- [Adverse Childhood Experiences \(ACEs\) Provider Training Attestation](#)
- [COVID-19 Medi-Cal Response](#)
- [Fraud and Abuse](#)
- [Managed Care](#)
- [Medi-Cal & Telehealth](#)
- [Medi-Cal News Articles \(All Communities\)](#)
- [Monkeypox Medi-Cal Response](#)
- [Payment Error Rate Measurement \(PERM\)](#)
- [Procedure/Drug Code Limitation List](#)
- [Provider Bulletins \(All Communities\)](#)
- [Provider Manuals \(All Communities\)](#)
 - The Contract Drugs List is managed by Medi-Cal Rx. See the [Medi-Cal Rx website](#) for more information.
- [Provider-Preventable Conditions](#)
- [Suspended and Ineligible Provider List](#)

Rates

- [Medi-Cal Rates](#)

Billing

- [APR-DRG](#)
- [Billing Tips](#)
- [Computer Media Claims \(CMC\) Submission Instructions](#)
- [EPC Letters](#)
- [Forms](#)
 - [Billing \(CMC, EFT, Hardcopy and POS\)](#)
 - [California Children's Services \(CCS\)](#)
 - [Community-Based Adult Services \(CBAS\)](#)
 - [Consent](#)
 - [Every Woman Counts \(EWC\)](#)
 - [Family Planning, Access, Care and Treatment \(Family PACT\)](#)
 - [Facilities and Hospitals](#)
 - [Hospital Presumptive Eligibility \(HPE\)](#)
 - [Medi-Cal Tuberculosis Program](#)
 - [Presumptive Eligibility for Pregnant Women \(PE4PW\)](#)
 - [Provider Enrollment](#)
 - [Supplemental Claims Payment Information \(SCPI\)](#)
 - [Supplies Injections & DUR](#)
 - [Treatment Authorization Request \(TAR\)](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
 - [Code Conversions](#)
 - [HIPAA Archives](#)
 - [HIPAA FAQ](#)
 - [HIPAA Links](#)
 - [HIPAA Privacy](#)
 - [ICD-10](#)
 - [LTC Claim Form and Code Conversion](#)
 - [National Provider Identifier \(NPI\)](#)
- [National Correct Coding Initiative \(NCCI\)](#)
- [National Drug Codes \(NDC\)](#)
- [Ordering, Referring and Prescribing](#)
- [Remittance Advice Details \(RAD\) Code Repository](#)
- [Technical Publications](#)
- [User Guides](#)

Figure 2.1: Location of Technical Publications link.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

5. Select **CMC Developers, Vendors and Billing Services Directory**.

Technical Publications

This page contains a listing of technical publications that may be of interest to providers performing electronic submissions.

CMC and HIPAA 5010 Overview

- [HIPAA 5010 Medi-Cal Companion Guide](#)
- [Medi-Cal Computer Media Claims \(CMC\) Billing and Technical Manual](#) - Proprietary formats, Medi-Cal CHDP CMC, ANSI ASC X12N v.5010A1.
- [CMC Developers, Vendors and Billing Services Directory](#) (Updated December 22, 2021)
- [Electronic Attachment and Image Specifications Third-Party Vendors](#)
- [Supplemental Claims Payment Information \(SCPI\) User Guide](#) (Updated September 15, 2021): For more information on the enrollment forms visit the [Forms](#) page of the Medi-Cal website.

Figure 2.2: The CMC Developers link can be found on the Links to Other Technical Publications webpage.

- System Developer: Translates customer needs to system requirements.
- Software Vendor: Sells software products that allow providers to enter and submit CMCs electronically.
- Billing Service: A company that submits claims on behalf of providers.

Note: DHCS and its FI make no warranty on any software purchased from third party vendors.

CMC Upload Procedure

1. Open an Internet browser and go to the Medi-Cal Provider website at www.medi-cal.ca.gov. Select **Transaction Services**.

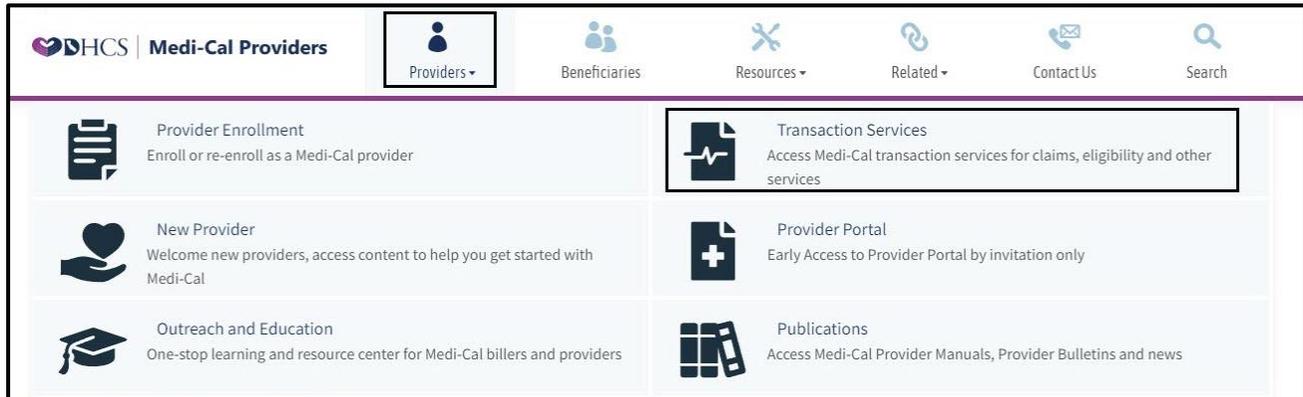


Figure 3.1: The Transactions link can be found under the Providers dropdown.

2. Enter your CMC Submitter ID and Password and select **Login**.

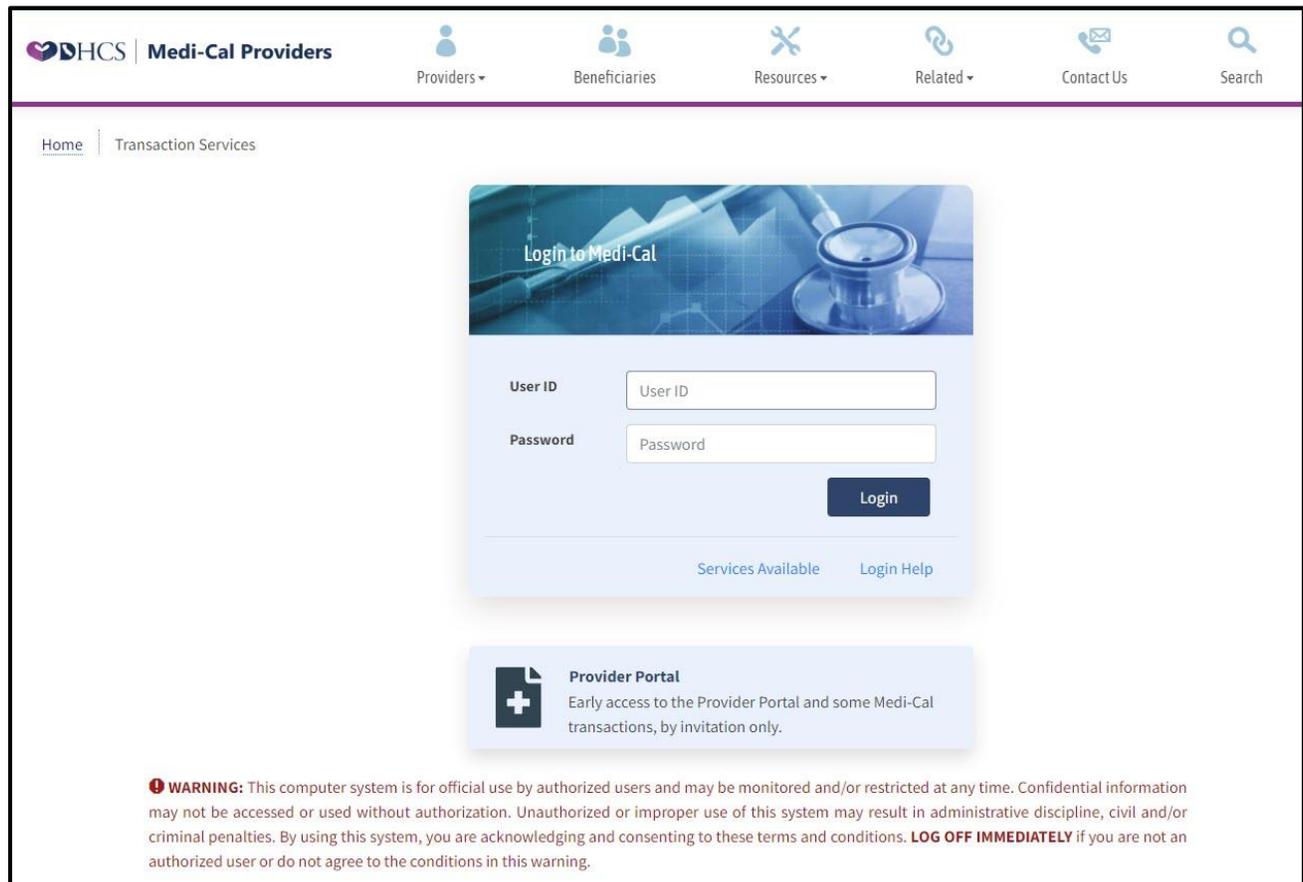


Figure 3.2: Transaction Services login screen.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

3. Under the **Claims** section, select **CMC Claims Upload**.

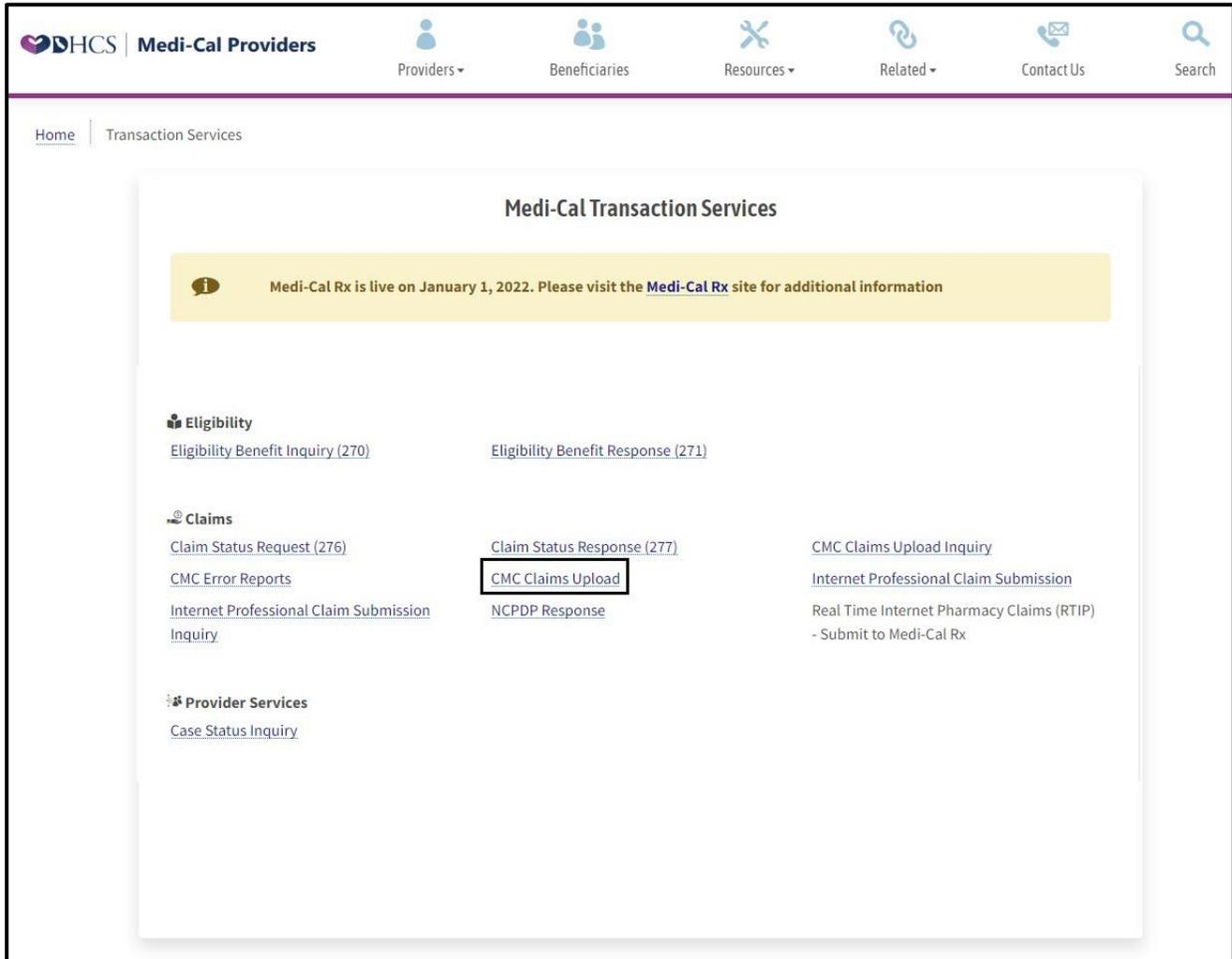


Figure 3.3: CMC Claims Upload link is located under the Claims section of the Transaction Services website.

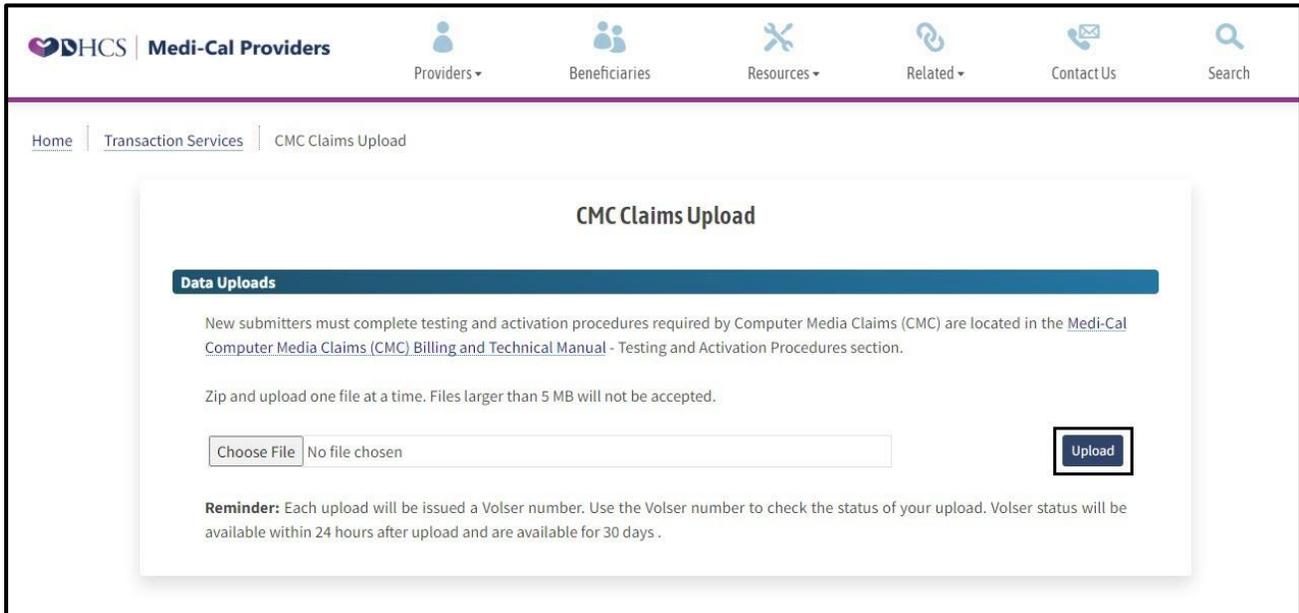
Note: The options on the **Transaction Services** menu may vary depending on the type of submitter.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

4. Select the Choose File button to search for the claims ready to upload.

Once the claim file appears, select **Upload**.



The screenshot shows the 'CMC Claims Upload' page. At the top, there is a navigation bar with the DHCS logo and 'Medi-Cal Providers' text. Below this are several menu items: Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area has a breadcrumb trail: Home > Transaction Services > CMC Claims Upload. The central heading is 'CMC Claims Upload'. Underneath, there is a 'Data Uploads' section with a blue header. The text below the header explains that new submitters must complete testing and activation procedures, with a link to the 'Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual - Testing and Activation Procedures section'. It also states that files larger than 5 MB will not be accepted. There is a file selection area with a 'Choose File' button and a text box showing 'No file chosen'. To the right of this area is an 'Upload' button. A 'Reminder' section at the bottom states that each upload will be issued a Volser number, which can be used to check the status of the upload within 24 hours and is available for 30 days.

Figure 3.4: Upload the claim file via the Choose File and Upload buttons.

5. If the upload is successful, a confirmation page is displayed showing the Volser number as a reference for the upload.



The screenshot shows the 'CMC Claims Upload' confirmation page. At the top, there is a green banner with a checkmark icon and the text 'File uploaded successfully'. Below this banner is a table of upload details:

Volser #:	106792	File Name:	Med_NDC_SDN20016.dat
File Saved as:		File Size:	943 bytes
Start Time:	5/2/2022 4:48:58 PM	End Time:	5/2/2022 4:48:58 PM
Total Time:	0.03 sec		

Below the table, there is a 'Data Uploads' section with a blue header. The text below the header explains that new submitters must complete testing and activation procedures, with a link to the 'Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual - Testing and Activation Procedures section'. It also states that files larger than 5 MB will not be accepted. There is a file selection area with a 'Choose File' button and a text box showing 'No file chosen'. To the right of this area is an 'Upload' button. A 'Reminder' section at the bottom states that each upload will be issued a Volser number, which can be used to check the status of the upload within 24 hours and is available for 30 days.

Figure 3.5: Successful CMC Claims Upload confirmation page.

Inquiry on a CMC

Providers may check on a CMC upload 24 hours after the claims are uploaded into the system.

1. Log in to **Transaction Services** with your CMC Submitter ID and password.

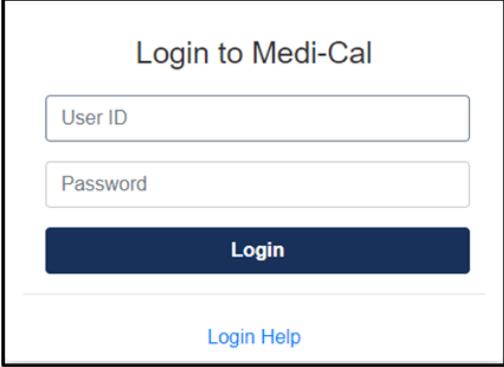


Figure 4.1: Transactions Services login.

2. Under the Claims section, select **CMC Claims Upload Inquiry**.

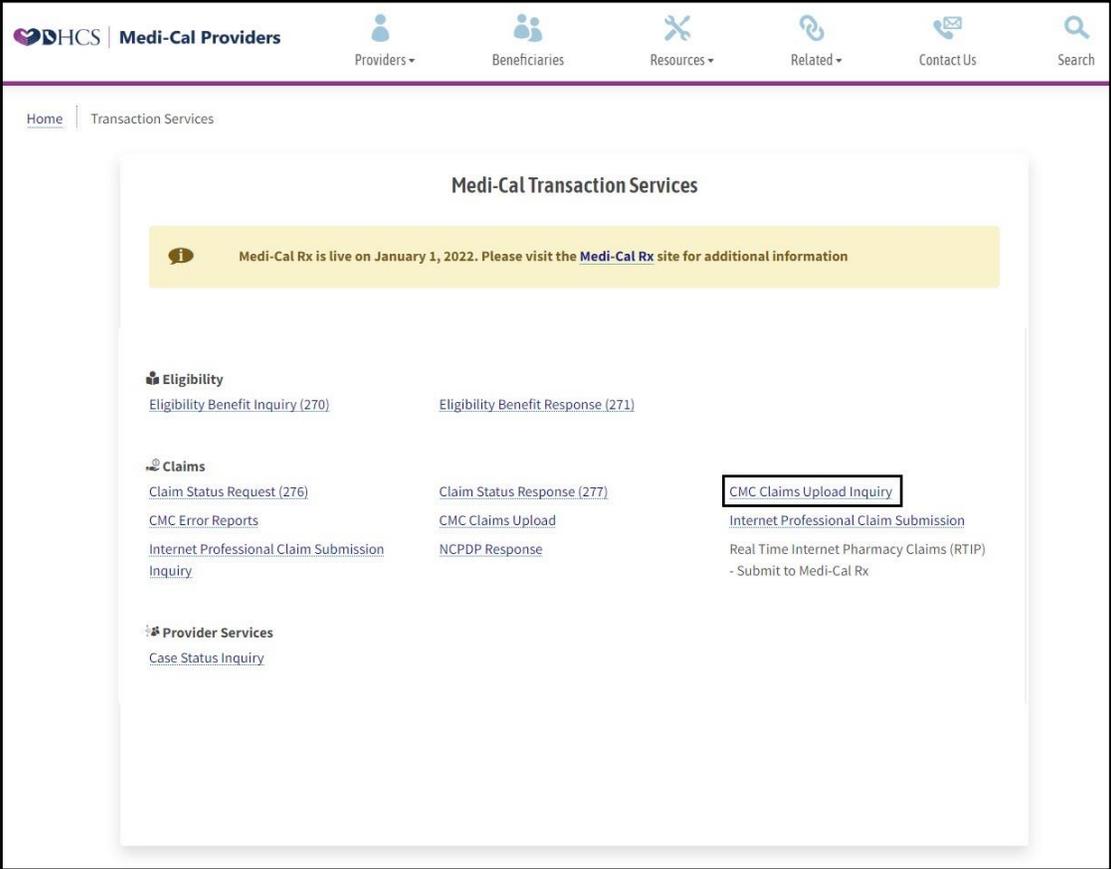


Figure 4.2: The link for CMC Claims Upload Inquiry is located under Claims section.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: January 2023

1. Enter the Volser number in the box and select Search or press Enter.

Figure 4.3: The Volser number search bar is used for inquiries on submissions.

2. If you scroll down to the bottom of the page, you will see a list of your Volser numbers.

The last 30-days of CMC submission uploads are listed below.

User ID	Filename	File Size	Date/Time of Upload	Volser	
		193579	924	4/7/2022 2:27:49 PM	193579
		193578	1011	4/7/2022 2:27:35 PM	193578
		193577	1011	4/7/2022 2:27:21 PM	193577
		193576	1011	4/7/2022 2:27:00 PM	193576
		193575	1021	4/6/2022 3:56:08 PM	193575
		193574	1020	4/5/2022 4:12:54 PM	193574
		193573	1023	4/5/2022 4:12:36 PM	193573
		193572	1022	4/5/2022 4:12:27 PM	193572
		193571	1019	4/5/2022 4:10:19 PM	193571
		193570	1022	4/5/2022 4:10:08 PM	193570
		193569	1021	4/5/2022 4:09:56 PM	193569
		193568	1010	4/5/2022 3:54:50 PM	193568
		193567	1010	4/5/2022 3:54:35 PM	193567
		193566	924	4/5/2022 3:54:18 PM	193566
		193565	923	4/5/2022 3:54:05 PM	193565
		193564	924	4/5/2022 3:53:42 PM	193564
		193563	924	4/5/2022 3:53:28 PM	193563
		193562	986	4/5/2022 3:53:12 PM	193562
		193561	920	4/5/2022 3:52:57 PM	193561
		193560	920	4/5/2022 3:52:45 PM	193560

Figure 4.4: List of Volser numbers.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

3. Once the Volser number is entered, the Volser status information is displayed.

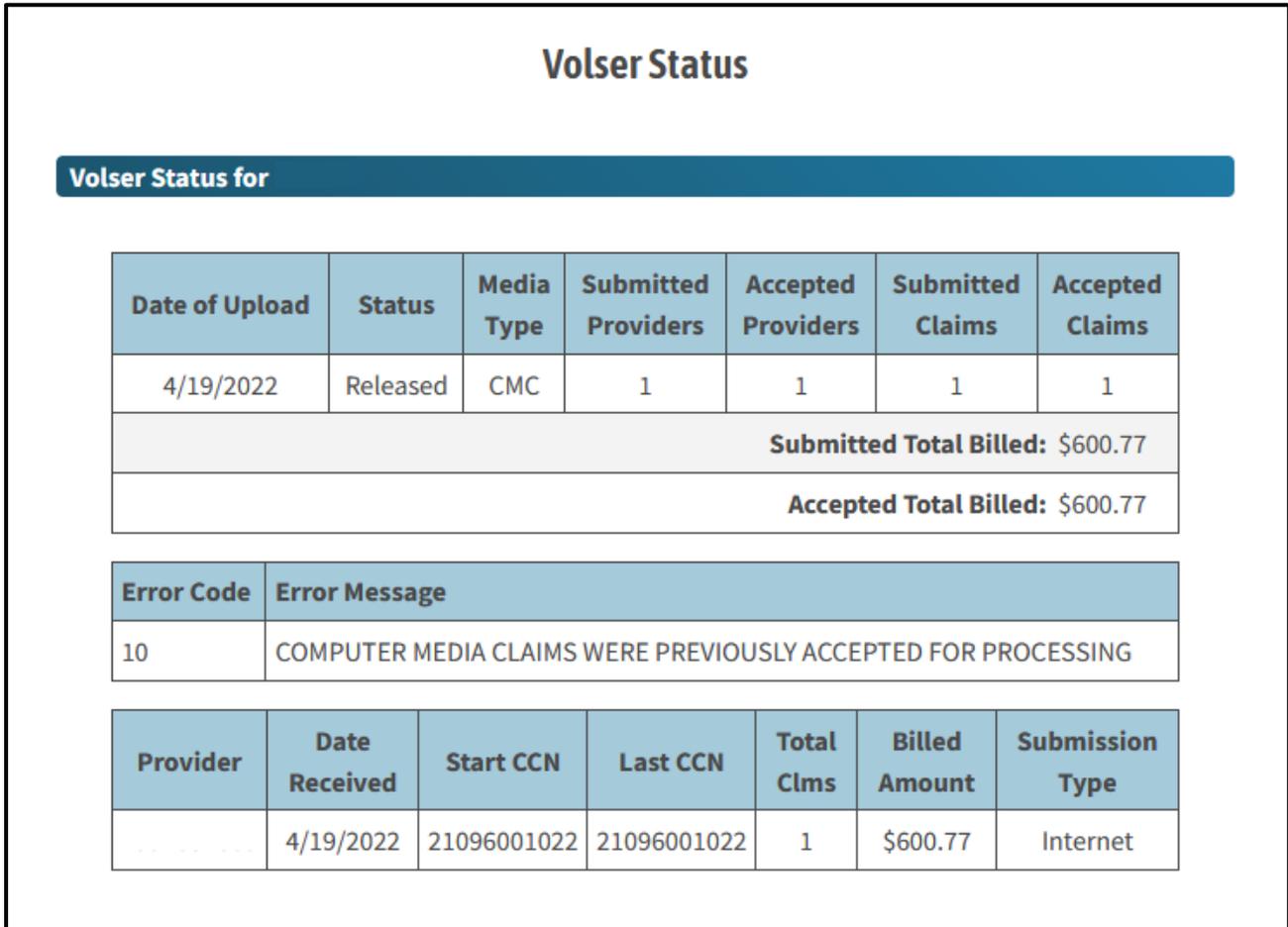


Figure 4.5: Volser status information includes dates, CCN, billing amounts and submission types.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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6. When a claim is not accepted, the status appears as **Deleted**.

Volser Status						
Volser Status for						
Date of Upload	Status	Media Type	Submitted Providers	Accepted Providers	Submitted Claims	Accepted Claims
4/21/2022	Deleted	ANSI	1	0	5	0
Submitted Total Billed:						\$57,226.80
Accepted Total Billed:						\$0.00
Error Code	Error Message					
8	SUBMITTER NUMBER NOT ON FILE WITH CMC					
70	AMOUNT FIELD ON CLAIM RECORD IS NOT NUMERIC					
26	PROVIDER IS NOT VALID FOR THIS SUBMITTER					
11	AMOUNT BILLED ON PROVIDER CONTROL RECORD DOES NOT BALANCE					
31	AMOUNT BILLED ON SUBMITTER CONTROL RECORD DOES NOT BALANCE					

Figure 4.6: Status is 'Deleted' if claim is not accepted.

CMC Error Reports

Computer Media Claims (CMC) submitters may now download the CMC Error Report (CP-O-214) from the Medi-Cal Provider website. The report, which will be available 24 hours after a claim is uploaded into the claims processing system, contains information about errors encountered while incoming CMC data was processing.

The report will remain available to CMC submitters for 30 calendar days.

CMC submitters also may continue to inquire about the Telephone Service Center (TSC) at 1-800-541-5555, selecting from the menu Technical Help Desk, then CMC. The TSC is open 8 a.m. to 5 p.m., Monday through Friday, excluding holidays.

1. From the Transaction Services page, under the **Claims** section select **CMC Error Reports**.

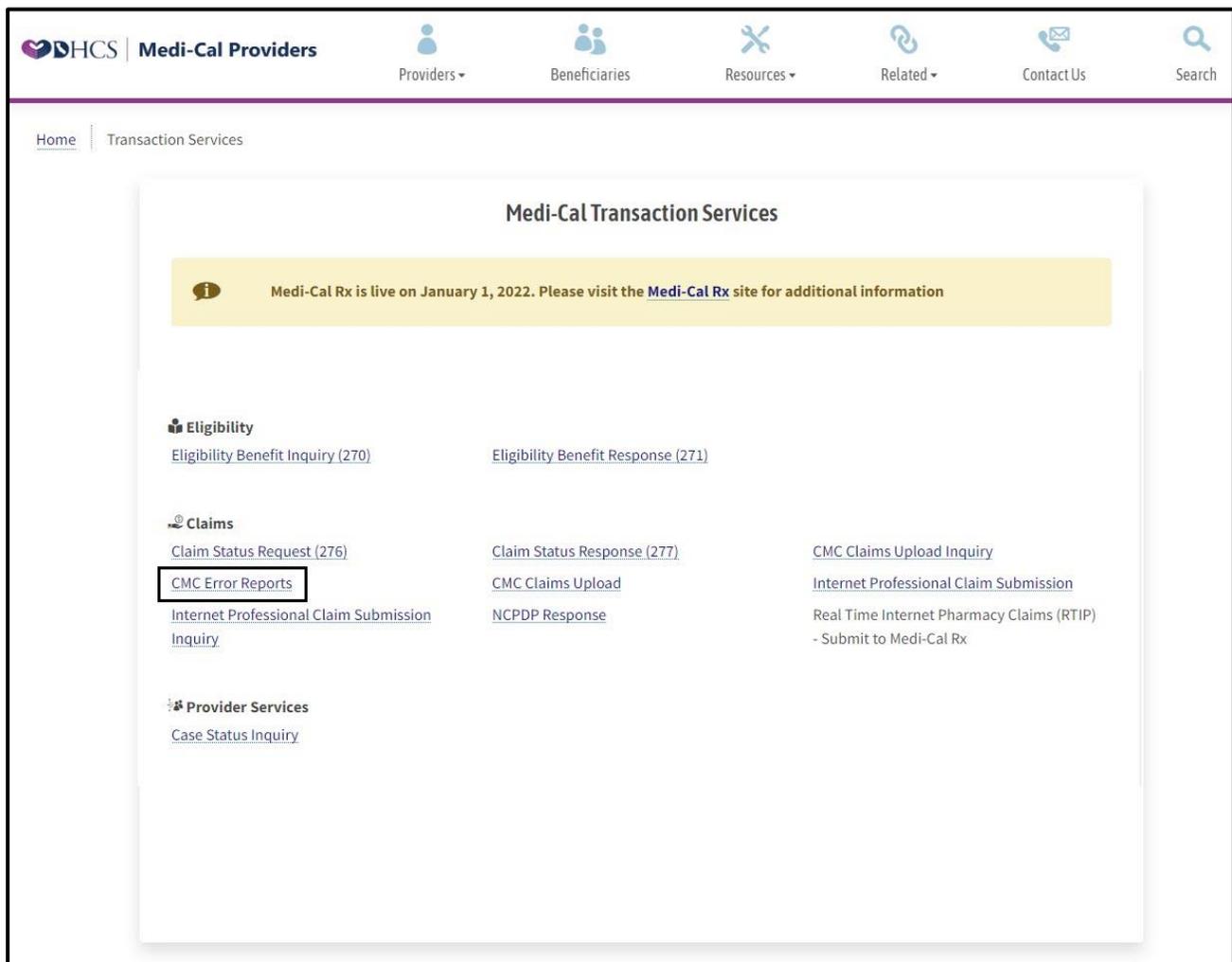
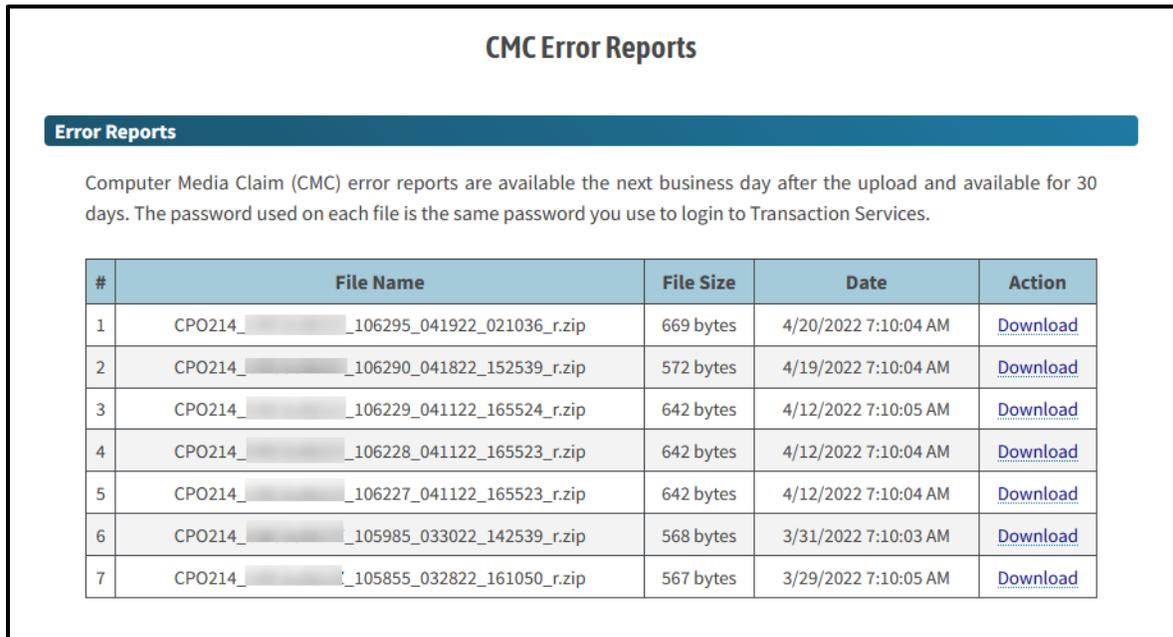


Figure 5.1: The CMC Error Reports is located under the Claims section.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

- You will see a list of CMC Error Reports (CP-O-214). Information about the duration of the availability of files will display at the bottom.



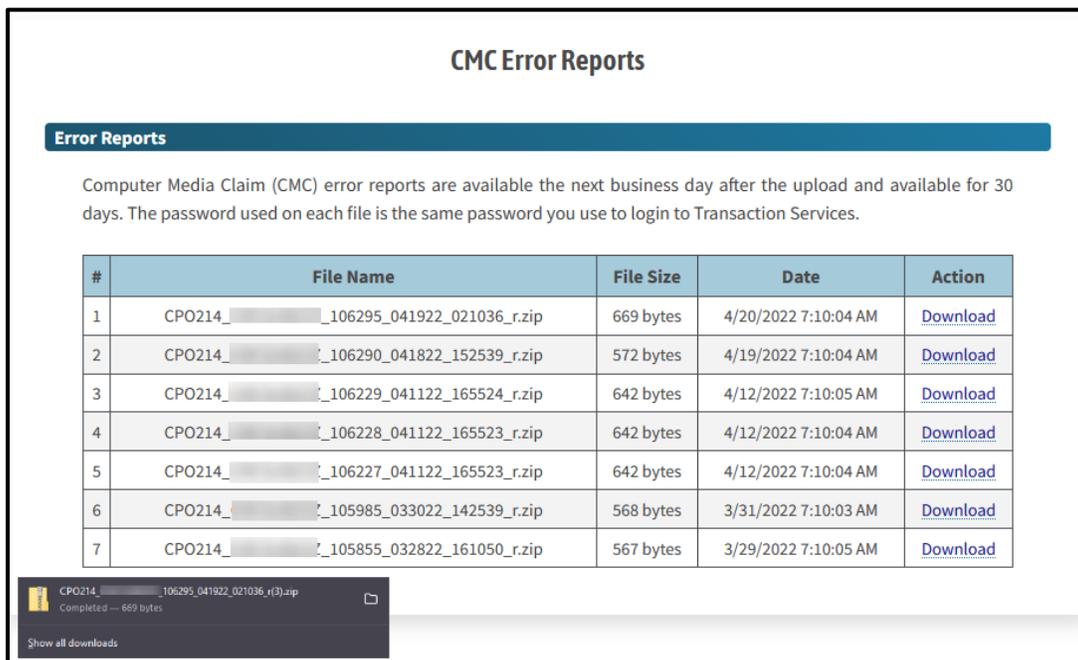
The screenshot shows the 'CMC Error Reports' page. At the top, there is a blue header with the text 'Error Reports'. Below this, a paragraph states: 'Computer Media Claim (CMC) error reports are available the next business day after the upload and available for 30 days. The password used on each file is the same password you use to login to Transaction Services.' Below the text is a table with 7 rows and 5 columns: '#', 'File Name', 'File Size', 'Date', and 'Action'. Each row contains a file name starting with 'CPO214_', a file size in bytes, a date and time, and a 'Download' link.

#	File Name	File Size	Date	Action
1	CPO214_ [redacted] _106295_041922_021036_r.zip	669 bytes	4/20/2022 7:10:04 AM	Download
2	CPO214_ [redacted] _106290_041822_152539_r.zip	572 bytes	4/19/2022 7:10:04 AM	Download
3	CPO214_ [redacted] _106229_041122_165524_r.zip	642 bytes	4/12/2022 7:10:05 AM	Download
4	CPO214_ [redacted] _106228_041122_165523_r.zip	642 bytes	4/12/2022 7:10:04 AM	Download
5	CPO214_ [redacted] _106227_041122_165523_r.zip	642 bytes	4/12/2022 7:10:04 AM	Download
6	CPO214_ [redacted] _105985_033022_142539_r.zip	568 bytes	3/31/2022 7:10:03 AM	Download
7	CPO214_ [redacted] _105855_032822_161050_r.zip	567 bytes	3/29/2022 7:10:05 AM	Download

Figure 5.2: The CMC Error Reports page includes a list of downloadable files.

- After the **Download** link is selected a prompt at the bottom of the screen will display showing the progress of the download.

Note: All available downloads are zipped and password protected



The screenshot shows the 'CMC Error Reports' page with the same table as in Figure 5.2. At the bottom of the page, a download progress bar is visible. It shows a file icon, the file name 'CPO214_ [redacted] _106295_041922_021036_r(3).zip', and the text 'Completed - 669 bytes'. Below the progress bar is a 'Show all downloads' link.

Figure 5.3: Press one of the Download buttons to download a copy of an individual file.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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4. Once the download is complete, a screen will appear showing you a .txt file, double click on the file name.

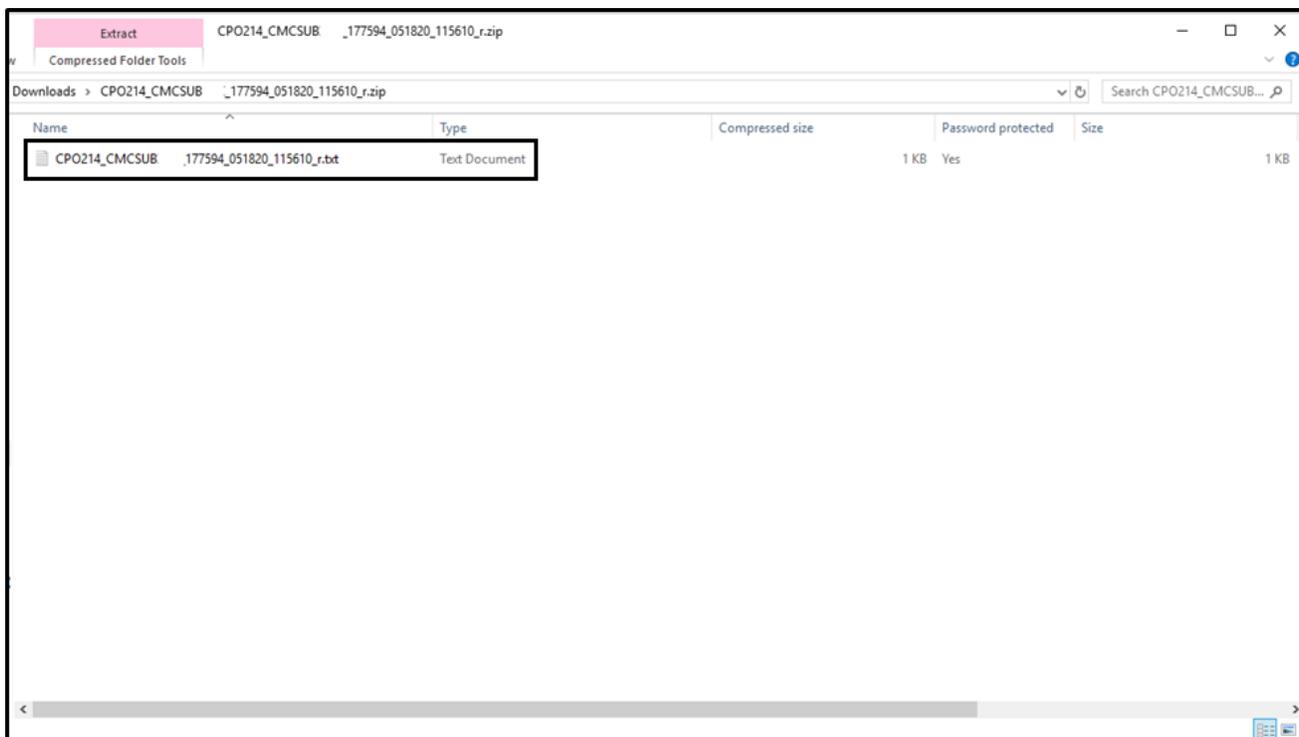


Figure 5.4: Double click a file to open.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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5. When prompted for the password, enter the password you use to log in to the Medi-Cal Provider website.

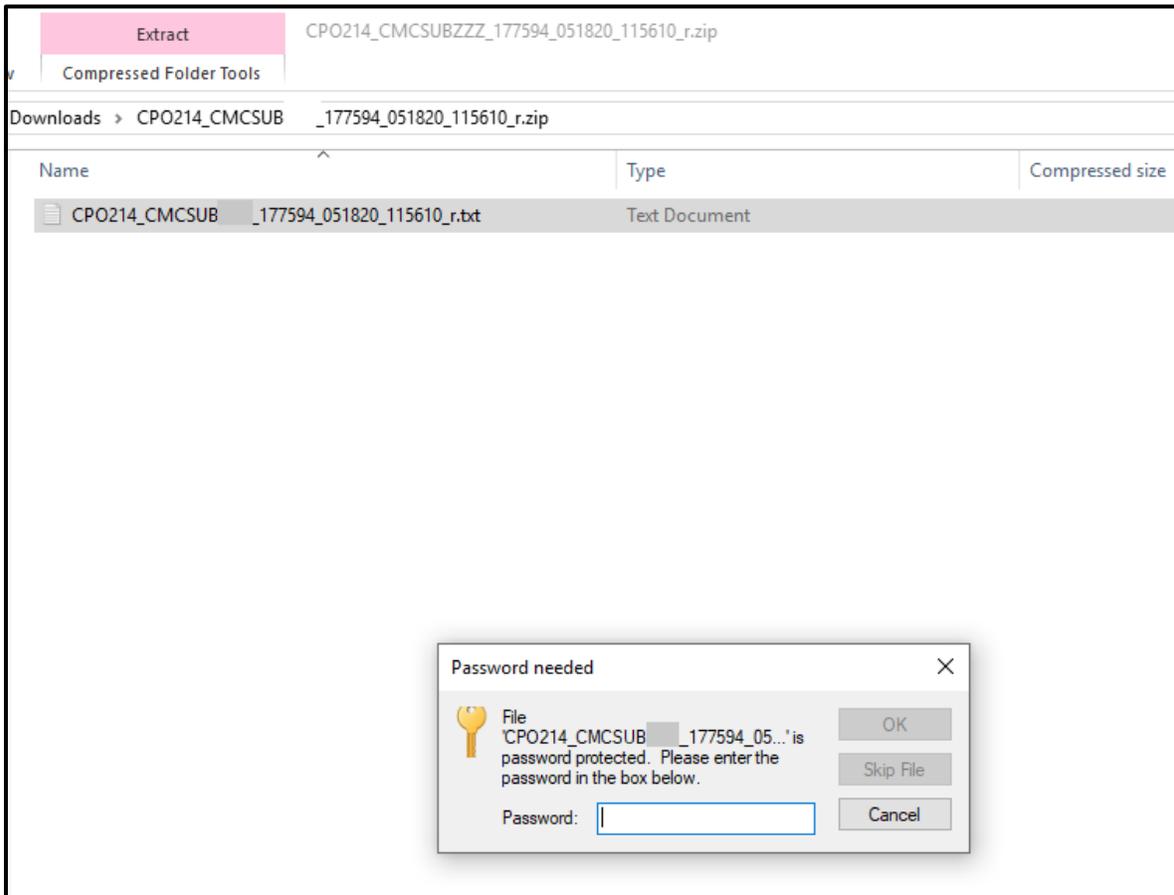


Figure 5.5: Use the Medi-Cal login password to open the downloaded file.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: September 2020

6. The error report (CP-O-214) will display in Notepad.

```
CPO214_CMCSUB 175012_031020_030006_r.txt - Notepad
File Edit Format View Help
MCWEB LOGIN ID: CMCSUB VOL-SER-NO: 175012
Compliance Check HTML Readable Results TRANSMISSION
Sequence: File=\"%lt;data;%gt;\"* TYPE 1: ERRORS NOTED
* INTERCHANGE Sequence: 1 Control Number: 808740501

* TYPE 1: ERRORS NOTED
* FUNCTIONAL GROUP Sequence: 1 ID: HC Control Number: 15

* TYPE 1: ERRORS NOTED
* TRANSACTION SET Sequence: 1 TransactionSetID: 837 Transaction Set Control Number: 1000

* TYPE 1: REJECT
* SEGMENT At position: 2154 DMG {Demographic Information}

* TYPE 1: error
* ELEMENT DMG02 {Date Time Period}

* TYPE 1: error
* Error Code: 4 {Data element too short.}
* Data Content: Date Time Period 1

* SEGMENT At position: 2207 DMG {Demographic Information}

* TYPE 1: error
* ELEMENT DMG02 {Date Time Period}

* TYPE 1: error
* Error Code: 4 {Data element too short.}
* Data Content: Date Time Period 1
```

Figure 5.6: The error report (CP-O-214) displayed in Notepad.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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Note: When a new submitter accesses the CMC, Error Reports for the first time the page will display with no table (see below).

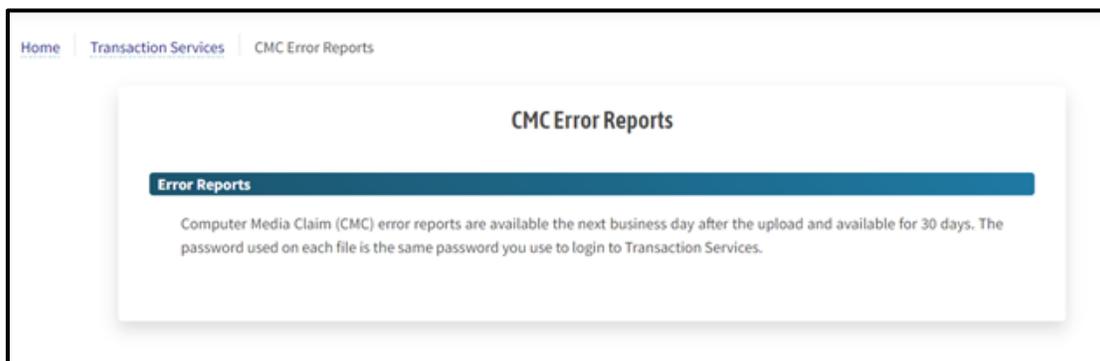


Figure 5.7: The CMC Error Reports page will not display a table on the first visit to the page as a new submitter.

IPCS Overview

The Internet Professional Claim Submission (IPCS) system allows providers to submit a single professional medical claim using a computer and the internet. Claims that are successfully submitted receive a Claim Control Number (CCN) on the host response screen. If an error has been detected on the claim, a "Claim Rejected" message is displayed on the host response screen. The claim can be edited to correct the error before resubmitting the claim for processing. The submitted claim enters the Medi-Cal claims processing system for processing in the daily batch cycle.

The IPCS system integrates technology with an intuitive user interface that facilitates entering medical claims. IPCS allows a faster, more efficient data exchange between providers and the California MMIS FI.

Note: Only professional medical claims may be submitted using IPCS. At this time, institutional claims may not be submitted through IPCS

Highlights

- Paper attachments or an ACF can be linked to submissions.
- Improved processing and payment timeframe.
- Increased data security.
- Minimized risk of administration errors.

IPCS Enrollment Process

Getting Started

1. Complete the agreement forms mentioned in the CMC Enrollment Process/Getting Started section.

All CMC providers/submitters must have the Medi-Cal POS Network/Internet Agreement form on file with the FI and a completed Medi-Cal Telecommunications Provider and Biller Application/Agreement form.

Note: Correctly completing and signing the document helps expedite the application process. Applications typically take two to three weeks to be approved.

2. Providers/submitters receive their CMC submitter ID via written correspondence. Providers/submitters are instructed to call the FI and give a password of their choosing. (The password is separate from the NPI & PIN).

The CMC submitter ID usually starts with “CMCSUB_ _ _” and is alphanumeric.

Note: Providers/submitters with a current, valid CMC submitter ID must still add the IPCS application to their list of available Internet options.

3. There is no testing required for IPCS. Once DHCS approves a provider/submitter application, the provider/submitter can start utilizing IPCS.

State of California Health and Human Services Agency	Department of Health Care Services
MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT (For electronic claim submission)	
1.0 IDENTIFICATION OF PARTIES This agreement is between the State of California, Department of Health Care Services, hereinafter referred to as the "Department," and:	
PROVIDER INFORMATION	
Provider name (full legal)	Provider number
DBA (if applicable)	Last 4 digits of Tax ID Number or Social Security Number
Provider service address (number, street)	City State ZIP
Contact person	E-mail address
Contact person address (number, street)	City State ZIP
Contact telephone number	Currently assigned submitter number (otherwise, leave blank to be assigned a new submitter number)
BILLER INFORMATION (If other than the provider of service)	
Biller name (full legal)	Biller telephone number
DBA (if applicable)	E-mail address
Business address (number, street)	City State ZIP
Contact person	Currently assigned submitter number (otherwise, leave blank to be assigned a new submitter number)
<i>Full legal name(s) required as well as any assumed (DBA) name(s), address(es) and Medi-Cal provider number(s). The parties identified above will be hereinafter referred to as the "Provider" and/or "Biller."</i>	
1.1 CMC Batch Submission Type: <input type="checkbox"/> Dial-up <input type="checkbox"/> Magnetic tape <input type="checkbox"/> Internet*	Real Time Submission Type: <input type="checkbox"/> Point of Service (POS) <input type="checkbox"/> Leased Line <input type="checkbox"/> Dial-up <input checked="" type="checkbox"/> Internet*
* Note: Requires a completed network agreement on file.	
DHCS 6153 (Revised 02/2022)	Page 1 of 6

Figure 6.1: Medi-Cal Telecommunications Provider & Biller Applications/Agreement.

Note: Check the **Internet** box under Real Time Submission Type.

IPCS System Requirements

To process claims using the IPCS system, the following minimum requirements must be met:

- **Computer:** 300 MHz Intel Pentium processor or higher.
- **RAM:** 64 MB of Random Access Memory (RAM) free, (128 MB or higher recommended).
- **Monitor Resolution:** 1024 x 768, 16-bit color display or better.
- **Web Browser:** Latest versions of Google Chrome, Microsoft Edge or Mozilla Firefox.

Note: Internet Explorer is no longer supported on the Medi-Cal Provider website.

Web Tool Box

1. Going to the Medi-Cal Providers website: www.medi-cal.ca.gov, scroll to the bottom of the page and select **Site Map**.

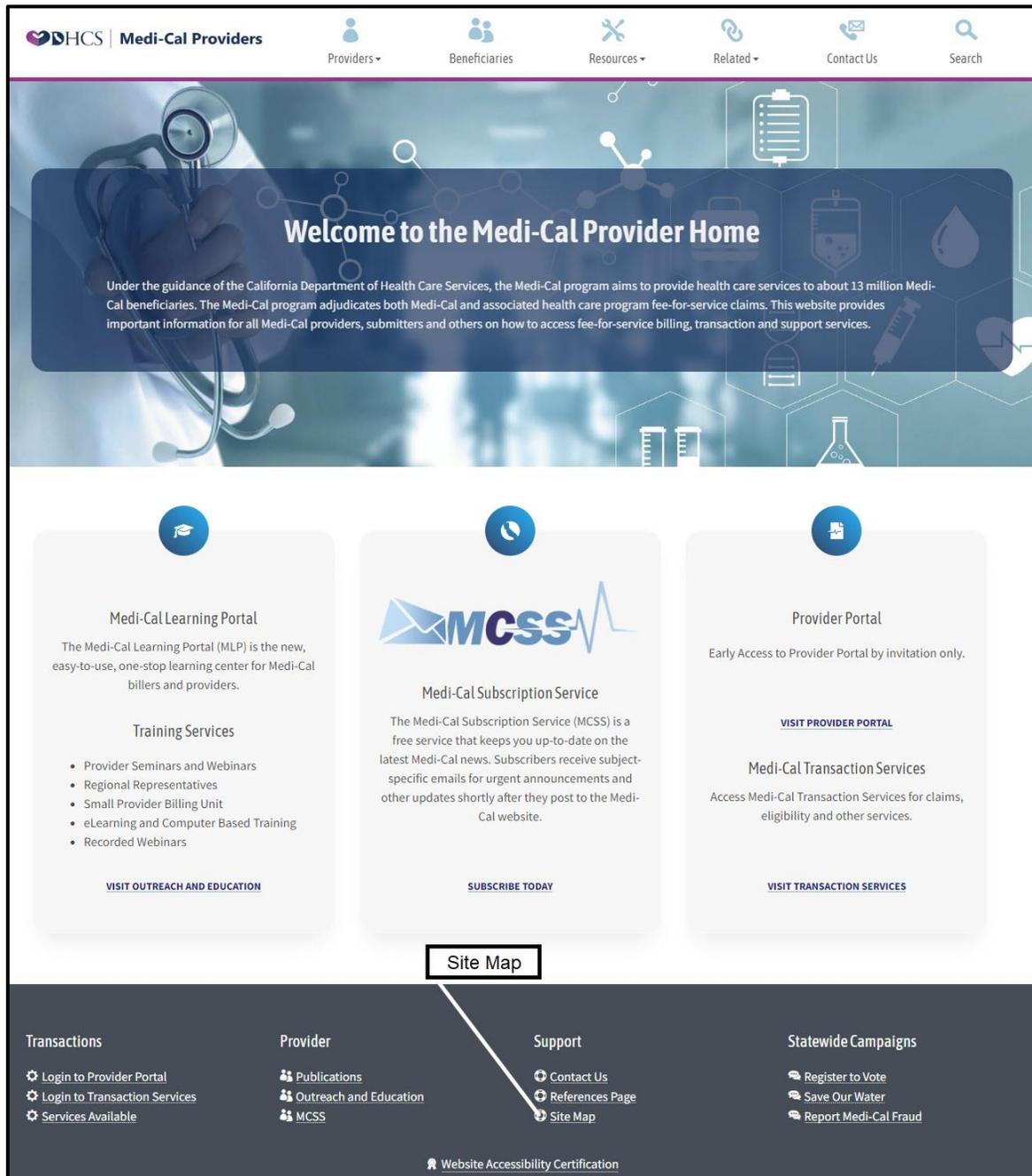


Figure 7.1: Link to the **Site Map** is listed in the Navigation bar at the bottom of the Medi-Cal provider website homepage.

2. Under Site Information, select **Web Tool Box**.



Figure 7.2: The Web Tool Box can be accessed from the Site Map webpage.

3. The Web Tool box contains links to the recommended web browsers as well as suggested browser settings. Medi-Cal no longer supports Internet Explorer.

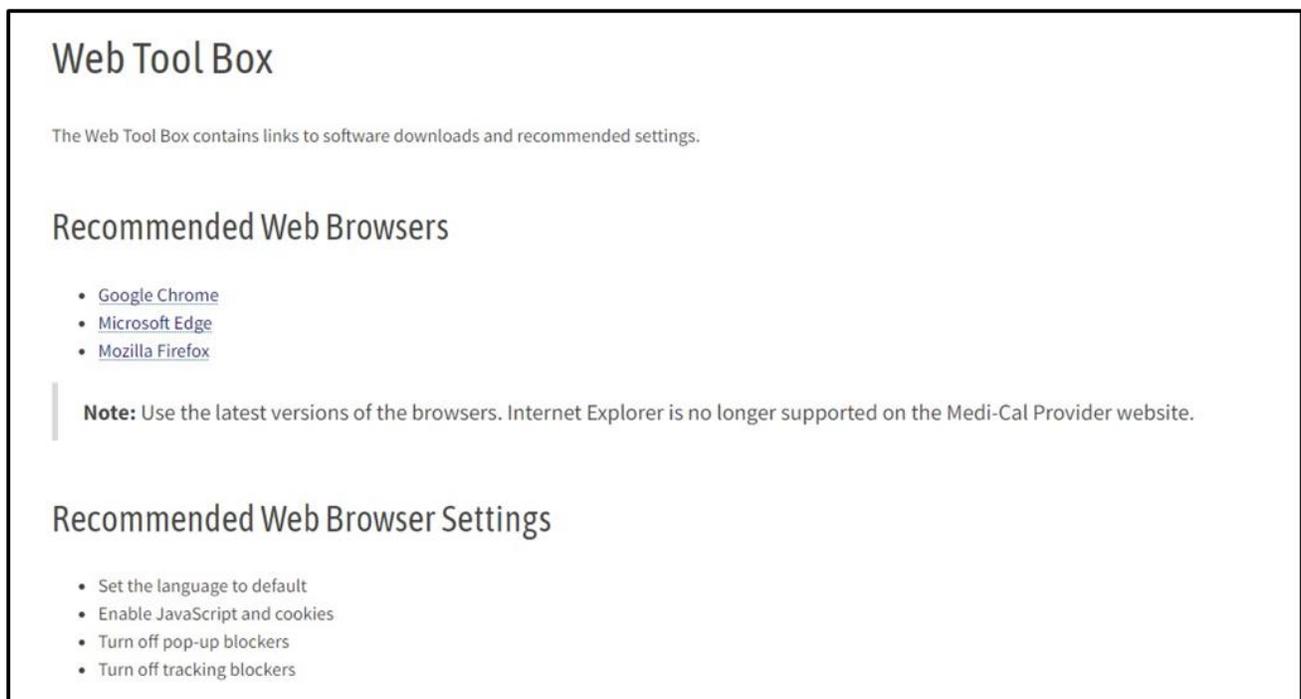


Figure 7.3: The Web Tool Box contains links to recommended web browsers and suggested browser settings.

IPCS Claim Form

Important Tips

- Do **not** use your browser’s Back or Refresh buttons. Clicking these will cause you to lose all data entered.
- IPCS times out if left inactive for 20 minutes. This feature protects you from unauthorized use of the system.
- Exiting IPCS prior to submitting the claim deletes all data entered.
- Partially completed claims may not be saved. You must complete the claim or lose all data entered.

The IPCS User Guide can be accessed at the Medi-Cal home page by typing in “IPCS User Guide” in the search area in the upper right corner.

Required Fields

Each of the tabs on IPCS has required fields that must be completed for each claim submitted. Required fields are marked with an asterisk (*). In this example, the asterisks indicate that the National Provider ID, Address, City, State, Zip Code, and Benefit Assignment Indicator fields are required and must be completed for every claim.

The screenshot shows a form titled "Billing Provider" with several input fields. The required fields are marked with an asterisk (*):

- * National Provider ID (input field)
- Medicaid Provider ID (input field)
- * Address (input field)
- Address 2 (input field)
- * City (input field)
- * State (input field)
- * ZIP Code (input field)
- Country (input field)
- Country SDC (input field)
- Taxonomy Code (input field)
- * Benefit Assignment Indicator (dropdown menu with "Select One" and a downward arrow)

The "OR" label is positioned between the National Provider ID and Medicaid Provider ID fields. The "Address" and "Address 2" fields are also labeled with "Address" and "Address 2" respectively.

Figure 8.1: Billing Provider Required fields.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

For example, if health care services are provided at a location other than the billing provider's address, the **Service Facility Provider** and **Entity Identifier** fields in the **Service Facility Section** must be completed.

The IPCS System displays a prompt if a situational required field is not completed.

Note: Other fields may be required, depending on the billing scenario. Refer to the Medi-Cal provider manual or click a field name to view the pop-up help that is built into each field.

Detailed Description by Field

To get more information about each field, hover your mouse over that field.

The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a progress bar shows seven steps: Provider Info (highlighted in yellow), Subscriber Info, Claim Info, Other Health, Vision, Service Details, and Summary. Below the progress bar, there are two main sections: 'Billing Provider' and 'Service Facility'. The 'Billing Provider' section includes fields for 'National Provider ID' and 'Medicaid Provider ID', with an 'OR' option between them. The 'Service Facility' section includes fields for 'National Provider ID' and 'Medicaid Provider ID', also with an 'OR' option. A tooltip is visible over the 'Address 2' field, stating: 'This field is required when the Billing Provider's Medi-Cal ID/State License Number is not entered'. Below the 'Address 2' field is an 'Entity Identifier' dropdown menu with 'Select One' as the current selection. A legend indicates that an asterisk (*) denotes a required field.

Figure 8.2: Hover your mouse over a field to get more information.

Note: To hide the field description, move your mouse away from field.

IPCS Step-by-Step Claim Completion Process

1. Go to the Medi-Cal Provider website and select **Transaction Services** from the Provider drop down menu.

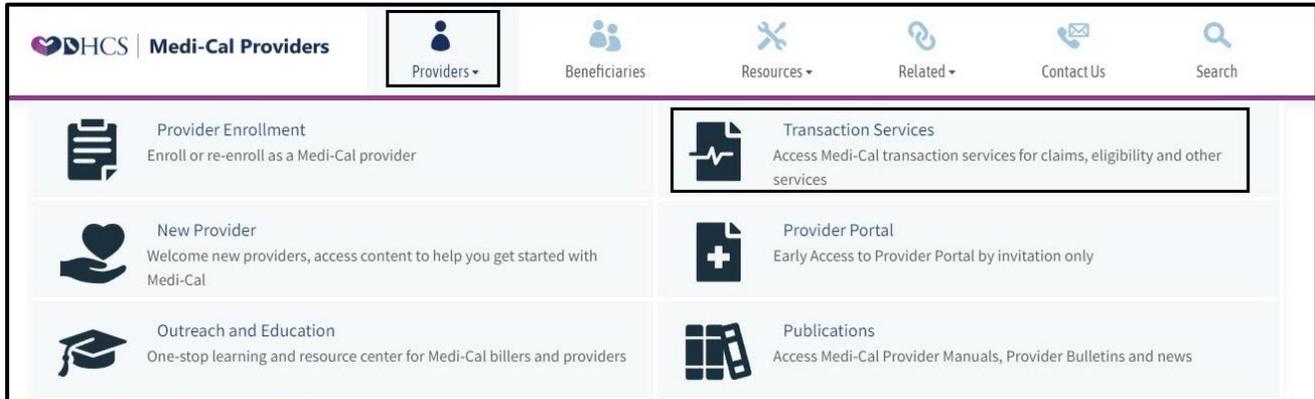


Figure 9.1: The Transactions link can be found under the Providers drop-down of the Medi-Cal provider website homepage.

2. Log in to IPCS by entering your CMC User ID and Password.

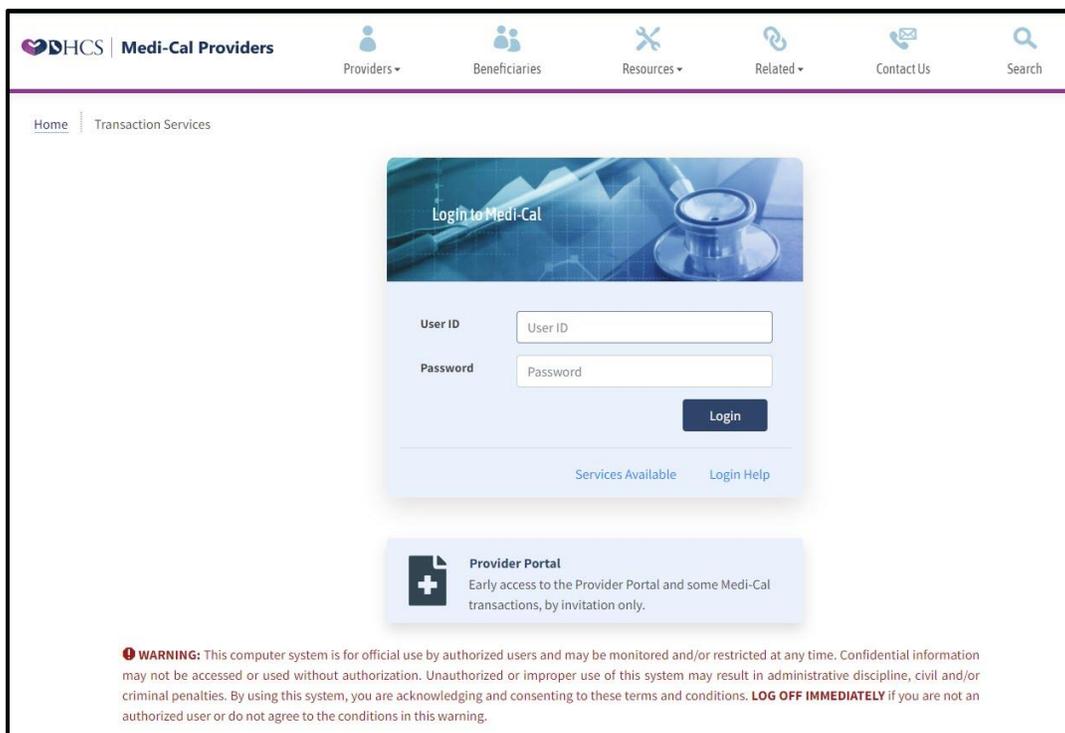


Figure 9.2: Enter CMC User ID and password to enter IPCS webpage.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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3. Under the Claims section, select **Internet Professional Claim Submission** (IPCS).

The screenshot displays the Medi-Cal Providers website interface. At the top, there is a navigation bar with the DHCS logo and 'Medi-Cal Providers' text. To the right of the logo are several icons with labels: 'Providers', 'Beneficiaries', 'Resources', 'Related', 'Contact Us', and 'Search'. Below the navigation bar, there is a breadcrumb trail showing 'Home' and 'Transaction Services'. The main content area is titled 'Medi-Cal Transaction Services'. A yellow banner at the top of this section contains an information icon and the text: 'Medi-Cal Rx is live on January 1, 2022. Please visit the Medi-Cal Rx site for additional information'. Below the banner, there are three main sections: 'Eligibility', 'Claims', and 'Provider Services'. Under 'Eligibility', there are links for 'Eligibility Benefit Inquiry (270)' and 'Eligibility Benefit Response (271)'. Under 'Claims', there are several links: 'Claim Status Request (276)', 'Claim Status Response (277)', 'CMC Claims Upload Inquiry', 'CMC Error Reports', 'CMC Claims Upload', 'Internet Professional Claim Submission Inquiry', 'NCPDP Response', and 'Real Time Internet Pharmacy Claims (RTIP) - Submit to Medi-Cal Rx'. The 'Internet Professional Claim Submission' link is highlighted with a black rectangular box. Under 'Provider Services', there is a link for 'Case Status Inquiry'.

Figure 9.3: The Internet Professional Claim Submission is accessed under the Claims section.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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4. Enter all required information on the **Provider Info** section. This information identifies the billing, rendering and referring providers and the service facility for the claim. Once required fields are populated, select **Next** to proceed to Subscriber Info screen.

Home | Transaction Services | IPCS

Internet Professional Claim Submission (IPCS)

Progress: Provider Info (Active), Subscriber Info, Claim Info, Other Health, Vision, Service Details, Summary

* Indicates required field

Billing Provider

* National Provider ID: National Provider ID OR Medicaid Provider ID

Medicaid Provider ID: Medicaid Provider ID

* Address: Address

Address 2: Address 2

* City: City

* State: State

* ZIP Code: ZIP Code

Entity Identifier: Select One

Rendering Provider

National Provider ID: National Provider ID OR Medicaid Provider ID

Medicaid Provider ID: Medicaid Provider ID

Taxonomy Code: Taxonomy Code

Referring Provider

National Provider ID: National Provider ID OR Medicaid Provider ID/License #

Medicaid Provider ID/License #: Medicaid Provider ID/Licens

Taxonomy Code: Taxonomy Code

Provider Name: Provider Name

Benefit Assignment Indicator: Select One

Buttons: Back to Menu, Next

Figure 9.4: The Provider Info screen contains Subscriber ID, birth date, gender code, Patient Account Number and Release Information Code.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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5. On the **Subscriber Info** screen enter all required information. This screen contains information about the Medi-Cal subscriber, including any Share of Cost/Spend Down they may have paid. Once required fields are populated, select **Next** to proceed to Claim Info screen.

Internet Professional Claim Submission (IPCS)

Provider Info **Subscriber Info** Claim Info Other Health Vision Service Details Summary

* Indicates required field

Subscriber/Recipient Information

Suffix	* Last Name	* First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Subscriber ID #	Issue Date	* Subscriber Birth Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Gender Code	Pregnancy Indicator		
<input type="text"/>	<input type="text"/>		
* Patient Account Number	Patient Amount Paid	* Release of Information Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Previous Next

Figure 9.5: The Subscriber Info screen contains Subscriber ID, birth date, gender code, Patient Account Number and Release Information Code.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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6. Enter all required information on the **Claim Info** screen. This screen contains general information regarding the claim. The appropriate **ICD-CM Type** must be selected before entering a Diagnosis Code. When changing the ICD-CM Type, you must first clear the **Diagnosis Codes** field, select the appropriate ICD-CM Type, and then re-enter the new Diagnosis Code. Once required fields are populated, select **Next** to proceed to Other Health screen.

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info **Claim Info** Other Health Vision Service Details Summary

* Indicates required field

Overall Claim Information

Hospitalization Admit Date Hospitalization Discharge Date ICD-CM Type

mm/dd/yyyy mm/dd/yyyy NONE

Primary Diagnosis Code Secondary Diagnosis Code Prior Authorization Referral #

Diagnosis Code Diagnosis Code Prior Authorization Referral #

* Place of Service Special Program Indicator

Select One Select One

Delay Reason Code Onset of Current Illness/Injury Date Accident Date

Select One mm/dd/yyyy mm/dd/yyyy

Related Causes Code 1 Related Causes Code 2 Auto Accident State/Province State Province Country Code

Select One Select One State/Province Country

Attachment Transmission Code Attachment Control Number Note Reference Code

Select One Attachment Control Number Select One

Claim Note Text File Information

Claim Note File Info

Previous Next

Figure 9.6: The Claim Info screen contains general information regarding the claim.

Note: Under Claim Info, the **Diagnosis Codes** field is not marked with an asterisk, but this field may be required. Please check the *CMS-1500* Completion section of the Part 2 provider manual for a list of services that are exempt from entering the diagnosis description and codes when they are the only services billed on the claim. Enter the diagnosis without the decimal point.

If sending in attachments with the claim, make sure you put the Attachment Control Number (ACN) in the corresponding field.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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7. The Other Health screen contains information regarding **Other Health Coverage (OHC)** the Medi-Cal subscriber may have, which indicates shared responsibility for paying the claim. If a subscriber has OHC populate the required fields and, select **Next** to proceed to Vision.

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info Claim Info **Other Health** Vision Service Details Summary

* Indicates required field

Other Insured/Payer Information

Would you like to submit other health coverage? Yes No

* Other Insured's Last Name * Other Insured's First Name Other Insured's MI * Other Insured Primary ID

Other Insured's Last Name Other Insured's First Name Other Insured's Other Insured Primary ID

* Other Payer Name * Other Payer ID * Responsibility Code

Other Payer Name Other Payer ID Select One

* Relationship Code Insurance Type Code

Select One Select One

* Release of Information Code

Select One

* Other Payer Paid Amount * Other Payer Benefits Assignment Certification Indicator

\$ Select One

Previous Next

Figure 9.7: The Other Health screen and information.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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8. This screen contains fields for **Vision**-related information that a Medi-Cal subscriber may have corresponding to a claim. If applicable populate the required fields and, select **Next** to proceed to Service Details.

The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a progress bar shows seven steps: Provider Info, Subscriber Info, Claim Info, Other Health, Vision (highlighted in yellow), Service Details, and Summary. Below the progress bar, a blue header reads 'Vision Information' with a note '* Indicates required field'. The form contains the following fields:

- Would you like to submit Vision?** with radio buttons for 'Yes' and 'No' (selected).
- Prescription Date**: A text input field with the placeholder 'mm/dd/yyyy'.
- Category Code**: A dropdown menu with 'Select One'.
- Purchased Service Amount**: A text input field with a '\$' symbol.
- Condition Indicator 1**, **Condition Indicator 2**, **Condition Indicator 3**, **Condition Indicator 4**, and **Condition Indicator 5**: Each is a dropdown menu with 'Select One'.

At the bottom right, there are two buttons: 'Previous' and 'Next'.

Figure 9.8: The Vision screen and information.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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9. The **Service Details** screen contains information about the specific procedures performed. At least one service detail is required, but you may enter up to six.

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info Claim Info Other Health Vision **Service Details** Summary

Total Claim

Total Claim Charge Amount: 0.00

Service Line Details Information (Limit 6 Details) * Indicates required field

Line Item Control # * From Service Date To Service Date

Control # mm/dd/yyyy mm/dd/yyyy

* Procedure Code # Modifiers

Procedure Code # 1st 2nd 3rd 4th

* Charge Amount * Quantity * Quantity Qual

\$ Quantity Select One

Emergency Indicator EPSDT/Family Planning Indicator Family Planning Indicator Note Reference Code

No No No Select One

Line Note Text Line File Information

Line Note File Info

Drug Identification

Product ID Qualifier Product ID

Select One Product ID

Unit Price Unit Quantity Unit Of Measure

\$ Unit Quantity Select One

Prescription # Qual Prescription #

Prescription # Qual Prescription #

Figure 9.9: The Service Details screen includes Service Dates, Procedure Code, Quantity and Quantity Qual.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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10. Once the required fields have been completed, select **Add Detail** at the bottom of the form.

The screenshot displays a web form for claim submission, organized into several sections:

- Override:** A blue header bar with the text "Use only when information for this detail differs from that entered on the Claim and Provider tabs." Below this are four input fields: "Onset Date" (with a date picker icon), "Place of Service" (a dropdown menu), "Prior Authorization #" (a text box), and "Referral #" (a text box).
- Rendering Provider:** A blue header bar. Below it are two groups of input fields. The first group has "National Provider ID" and "Medicaid Provider ID" with an "OR" between them. The second group has "National Provider ID" and "Medicaid Provider ID" with an "OR" between them. Below these is a "Taxonomy Code" text box and an "Entity Identifier" dropdown menu.
- Referring Provider:** A blue header bar. Below it are four input fields: "National Provider ID", "Medicaid Provider ID/License #", "Taxonomy Code", and "Provider Name".
- Action Buttons:** A row of four buttons: "Add Detail", "Remove Detail", "Edit Detail", and "Save Detail". An arrow points to the "Add Detail" button.
- Detail List:** A blue header bar. Below it are two buttons: "Previous" and "Submit Preview".

Figure 9.10: Click Add Detail after the required fields have been filled.

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11. To add another service detail, complete the required fields marked with an asterisk (*) for the next service and select Add Detail at the bottom of the form.

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info Claim Info Other Health Vision Service Details Summary

Total Claim

Total Claim Charge Amount:

* Indicates required field

Service Line Details Information (Limit 6 Details)

Line Item Control #
 * From Service Date
 To Service Date

* Procedure Code #
 Modifiers:

* Charge Amount
 * Quantity
 * Quantity Qual

Emergency Indicator
 EPSDT/Family Planning Indicator
 Family Planning Indicator
 Note Reference Code

Line Note Text
 Line File Information

Figure 9.11: Further details can be added by repeating the required fields and pressing the Add Detail button at the bottom of the form.

12. Each service detail is listed in the box at the bottom of the screen.

Detail List

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	2019-12-16	99214	125.00	1.000
2	2019-12-16	71020	80.00	1.000

Figure 9.12: Service details listed at the bottom of the webpage.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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13. To remove or edit a detail line, under Detail List, highlight the desired service and select **Remove Detail** or **Edit Detail**.

Note: When a detail line is selected it will take the user to the top of the form. The Detail List will now display the selected detail line highlighted in gray as shown below.

Referring Provider

National Provider ID Medicaid Provider ID/License # Taxonomy Code Provider Name

National Provider ID Medicaid Provider ID/Liscer Taxonomy Code Provider Name

Add Detail Remove Detail Edit Detail Save Detail

Detail List

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	2021-09-10	99453	60.00	1.000

Previous Submit Preview

Figure 9.13: Highlight the service and select Remove Detail or Edit Detail.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

14. As you add or remove details, the **Total Claim Charge Amount** field at the top of the screen changes to reflect the sum of the **Service Line Detail** charges entered up to that point,

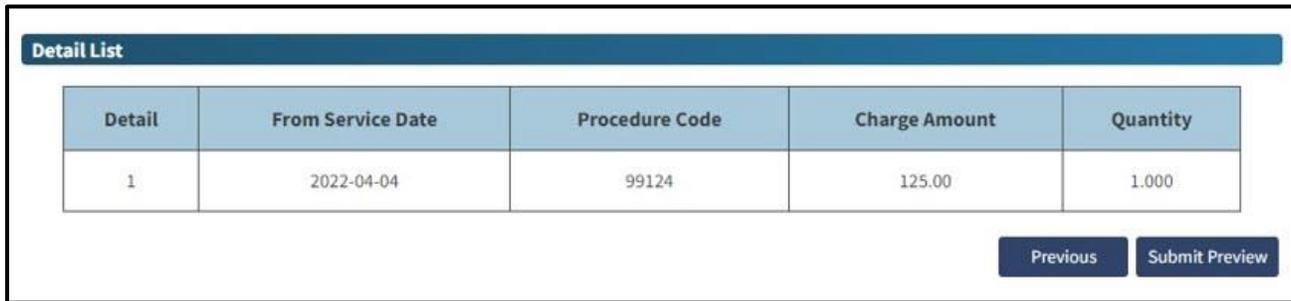
The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a navigation bar includes icons for Provider Info, Subscriber Info, Claim Info, Other Health, Vision, Service Details, and Summary. The 'Service Details' tab is active. Below this, a 'Total Claim' section features a 'Total Claim Charge Amount' field with the value '205.00'. A note indicates that an asterisk (*) denotes a required field. The 'Service Line Details Information (Limit 6 Details)' section contains several input fields: 'Line Item Control #' (Control #), '* From Service Date' (mm / dd / yyyy), 'To Service Date' (mm / dd / yyyy), '* Procedure Code #' (Procedure Code #), 'Modifiers' (1st, 2nd, 3rd, 4th), '* Charge Amount' (\$), '* Quantity' (Quantity), '* Quantity Qual' (Select One), 'Emergency Indicator' (No), 'EPSDT/Family Planning Indicator' (No), 'Family Planning Indicator' (No), and 'Note Reference Code' (Select One). At the bottom, there are two text areas: 'Line Note Text' (Line Note) and 'Line File Information' (File Info).

Figure 9.14: The Total Claim Charge Amount will update to reflect the total Service Line Detail charges as they are entered.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

15. Once all the service details are completed, select the **Submit Preview** button to go to the Summary page.



The screenshot shows a web interface with a table titled "Detail List". The table has five columns: "Detail", "From Service Date", "Procedure Code", "Charge Amount", and "Quantity". There is one data row with the following values: "1", "2022-04-04", "99124", "125.00", and "1.000". Below the table, there are two buttons: "Previous" and "Submit Preview".

Detail	From Service Date	Procedure Code	Charge Amount	Quantity
1	2022-04-04	99124	125.00	1.000

Previous Submit Preview

Figure 9.15: The Submit Preview button goes to the Summary page.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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17. If all required fields are correctly completed, the Claim Detail screen is displayed:

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info Claim Info Other Health Vision Service Details Summary

Claim Detail

Submitter:

===== PROVIDER INFORMATION =====

Billing Provider ID:

Billing Provider Address: 650 knott ave buena park 906212612

Billing Provider Country:

Billing Provider Country SDC:

Billing Taxonomy Code:

Benefit Assignment: W - Not Applicable

Facility Provider ID:

Facility Entity ID:

Rendering Provider ID:

Rendering Taxonomy Code:

Referring Provider ID:

Referring Taxonomy Code:

Referring Provider Name:

===== SUBSCRIBER INFORMATION =====

Subscriber's 1st Name / Middle:

Subscriber's Last Name:

Subscriber ID # / Suffix:

Issue Date: 2013-08-03

Subscriber Birth Date: 1983-08-03

Gender:

Patient Account Number:

Pregnancy Indicator: N

Patient Amount Paid:

Release Of Information: Y - Yes, Provider has signed statement permitting release of medical billing data related to a claim

Figure 9.17: The Claim Detail screen is displayed after all required fields are correctly completed.

Note: Use the scroll bar on the right side to scroll down and view the entire claim.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: January 2023

18. To complete the claim, select the **Submit** button. The other button options include:

- **Previous** – takes the user back to the Service Details screen
- **Print** – Print the full claim summary
- **Start New Claim** -this option is available once the claim is successfully submitted.

===== DRUG IDENTIFICATION =====

Product ID Qualifier:
Product ID:
Unit Price:
Unit Quantity:
Unit Of Measure:
Prescription # Qualifier:
Prescription #:

===== CLAIM OVERRIDE =====

Prior Authorization #:
Referral#:
Onset Date:
Place of Service:
Rendering Provider ID:
Rendering Tax Code:
Referring Provider ID:
Referring Tax Code:
Referring Provider Name:
Facility Provider ID:
Facility Entity ID:

Figure 9.18: To complete a claim, select the Submit button.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

19. A response screen shows the verification result and will display any errors. If the response screen shows errors, select the **Previous** button to make corrections.

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info Claim Info Other Health Vision Service Details Summary

Claim contains error(s) and was not submitted.

Header Error Submitter ID not valid for Provider

Claim Detail

Submitter:
===== PROVIDER INFORMATION =====

Billing Provider ID:

Billing Provider Address: 650 knott ave buena park 906212612

Billing Provider Country:

Billing Provider Country SDC:

Billing Taxonomy Code:

Benefit Assignment: W - Not Applicable

Facility Provider ID:

Facility Entity ID:

Rendering Provider ID:

Rendering Taxonomy Code:

Referring Provider ID:

Referring Taxonomy Code:

Referring Provider Name:

Figure 9.19: The response screen will display errors with the claim. To correct errors, select the Previous button.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

Page updated: May 2022

20. If the claim data entered is accepted for processing, the response screen displays the CCN. Select one of the following options:

- Start New Claim.
- Print.

The screenshot displays the 'Internet Professional Claim Submission (IPCS)' interface. At the top, a progress bar shows seven steps: Provider Info, Subscriber Info, Claim Info, Other Health, Vision, Service Details, and Summary. The 'Claim Info' step is highlighted with a green checkmark, indicating the current status. Below the progress bar, a green box contains the text 'Claim Accepted' and 'CCN'. A blue header bar labeled 'Claim Detail' is followed by a list of fields. The 'Billing Provider Address' field is populated with '650 knott ave buena park 906212612', and the 'Benefit Assignment' field is populated with 'W - Not Applicable'. Other fields are empty.

Internet Professional Claim Submission (IPCS)

Provider Info Subscriber Info Claim Info Other Health Vision Service Details Summary

✓ Claim Accepted
CCN

Claim Detail

Submitter:
===== PROVIDER INFORMATION =====

Billing Provider ID:
Billing Provider Address: 650 knott ave buena park 906212612
Billing Provider Country:
Billing Provider Country SDC:
Billing Taxonomy Code:
Benefit Assignment: W - Not Applicable
Facility Provider ID:
Facility Entity ID:
Rendering Provider ID:
Rendering Taxonomy Code:
Referring Provider ID:
Referring Taxonomy Code:
Referring Provider Name:

Figure 9.20: After the claim is accepted, select Start New Claim or Print.

Note: An accepted claim does not guarantee payment. An accepted claim means only that the claim form was completed correctly, and it will enter Medi-Cal's claim processing system.

If you need any assistance with IPCS, you may call the TSC at 1-800-541-5555. Select the options for the POS/Internet Helpdesk.

IPCS: Viewing Submitted Claims

To view claims for a particular provider, the provider ID must be assigned to the submitter (user) ID used to log on to the system and the claim must previously have been submitted using the same user ID and provider ID.

1. Log into **Transaction Services**, under the Claims section, select **Internet Professional Claim Submission Inquiry**.

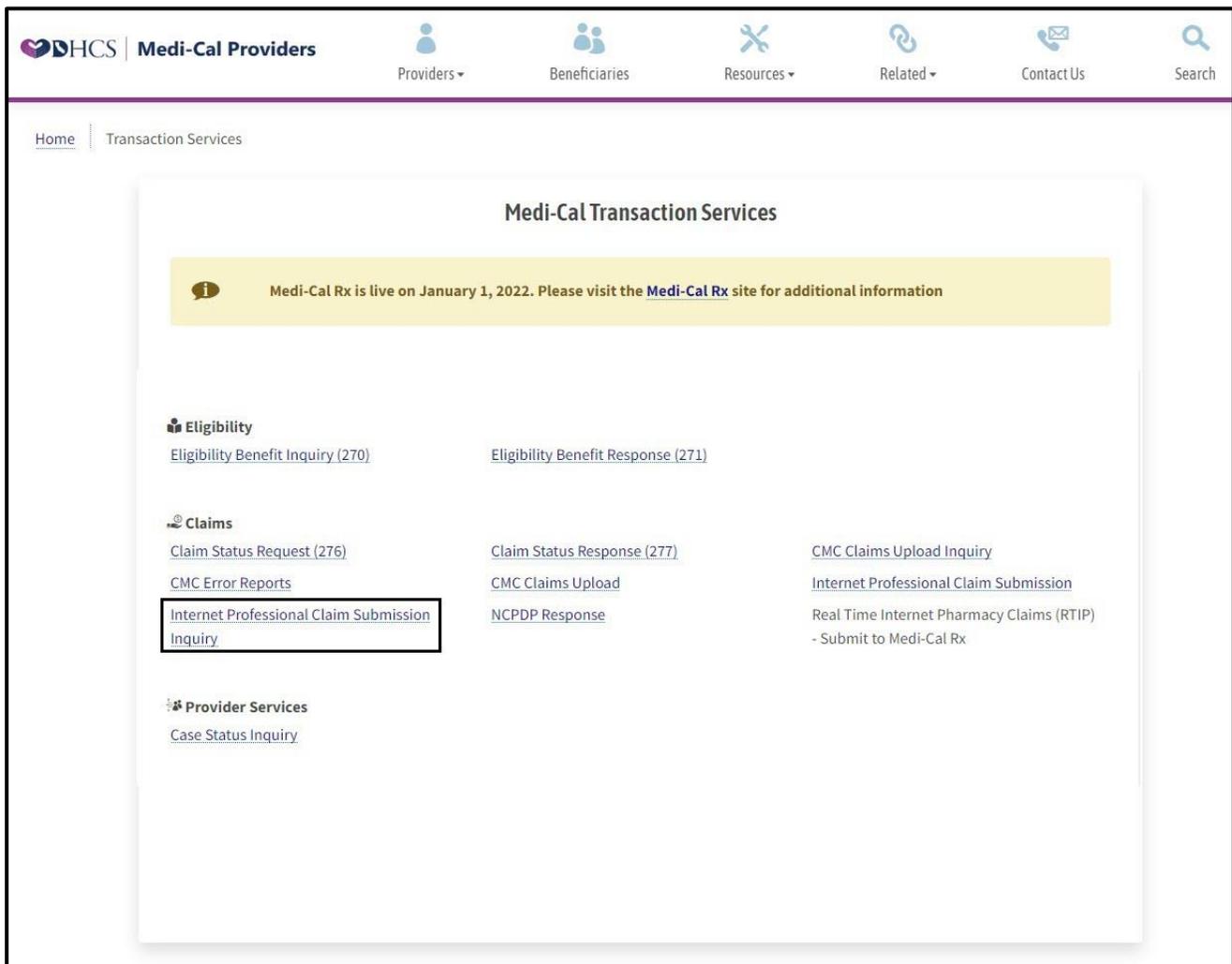
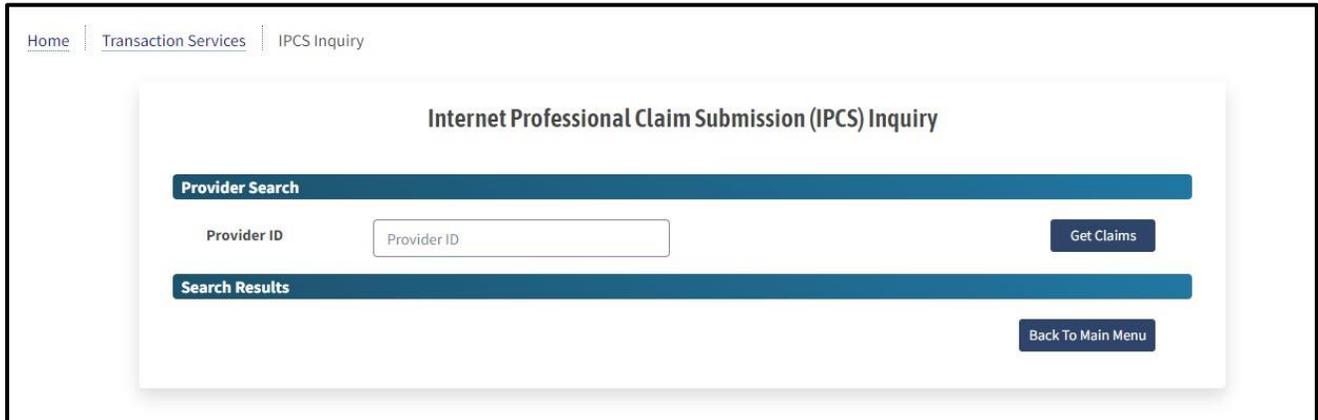


Figure 10.1: From the Transaction Services homepage, under the Claims section select the Internet Professional Claim Submission Inquiry link.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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2. Enter the billing provider's 10-digit NPI into the Provider ID field and select **Get Claims**.



The screenshot shows a web interface for "Internet Professional Claim Submission (IPCS) Inquiry". At the top, there are navigation links for "Home", "Transaction Services", and "IPCS Inquiry". The main content area has a title "Internet Professional Claim Submission (IPCS) Inquiry". Below the title, there is a "Provider Search" section with a "Provider ID" label and a text input field containing "Provider ID". To the right of the input field is a "Get Claims" button. Below the "Provider Search" section is a "Search Results" section, which is currently empty. At the bottom right of the "Search Results" section is a "Back To Main Menu" button.

Figure 10.2: Enter the NPI number into the Provider ID field and select the Get Claims button.

Note: You may only view claims that are submitted that day.

C Computer Media Claims (CMC) and Internet Professional Claim Submission (IPCS)

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3. The system returns a list of claims submitted for the user and provider ID on the current day. To print, select the desired claim from the CCN column.

Home | Transaction Services | IPCS Inquiry

Internet Professional Claim Submission (IPCS) Inquiry

Provider Search

Provider ID: [Get Claims](#)

Search Results

You have 4 claim(s) available to view.
Claims 1 thru 4 are displayed. Click the CCN # to view claim details.

	CCN	Details	Subscriber ID	Subscriber Name	Service Date
1	[blurred]	1			09/10/2021
2	[blurred]	1			10/09/2021
3	[blurred]	1			10/09/2021
4	[blurred]	1			10/09/2021

[Back To Main Menu](#)

Figure 10.3: The list of claims submitted for a single user and provider ID that occurred on the day of the search will appear. Select Print after the desired claim is selected in the CCN column.

Attachment Control Form (ACF)

An ACF validates the process of linking paper attachments to electronic claims. The California Medicaid Management Information System (CA-MMIS) processes paper attachments submitted in conjunction with an electronic claim.

For each electronically submitted claim requiring an attachment, a single and unique ACF must be submitted via mail or fax. Providers are required to use the 11-digit Attachment Control Number (ACN) from the ACF to populate the Paperwork (PWK) segment of the 837I HIPAA transaction.

Attachments must be mailed or faxed to the Fiscal Intermediary at the address below.

California MMIS Fiscal Intermediary
P.O. Box 526022
Sacramento, CA 95852
Fax: 1-866-438-9377

Attachment Policies

- All attachments must be received within 30 days of the electronic claim submission.
- Attachments can be submitted 30 days prior to electronic claim submission.
- Only one ACN is accepted per single electronic claim and only one set of attachment will be assigned to a claim.
- Do not copy the ACF forms.

ACF Order/Reorder Instructions

ACFs and envelopes are provided free of charge to all providers submitting electronic transactions. Call TSC at 1-800-541-5555 to request ACF forms and envelopes.

Attachment Control Form (ACF)

The Provider Number field must be completed and the form must be signed and dated.

DO NOT STAPLE IN BAR AREA

MEDI-CAL CLAIM ATTACHMENT CONTROL FORM
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

DO NOT WRITE IN THIS SPACE

ATTACHMENT CONTROL NUMBER 9999999999

PROVIDER NUMBER : (REQUIRED)

PROVIDER NAME : _____

PROVIDER ADDRESS : _____

(PLEASE PRINT IN BLACK OR BLUE INK TO COMPLETE THIS FORM)

FOR F.I. USE ONLY
1 2 3 4

RETURN THIS FORM WITH ATTACHMENTS TO:
FISCAL INTERMEDIARY
P.O. BOX 526022
SACRAMENTO, CA 95852

PROVIDER SIGNATURE _____ DATE _____

USE THIS FORM AS A COVER SHEET FOR PAPER DOCUMENTATION TO SUPPORT THE ELECTRONICALLY SUBMITTED CLAIM.
FOR FURTHER INFORMATION REGARDING USE OF THE ATTACHMENT CONTROL FORM SEE THE PROVIDER MANUAL.

FORM NUMBER ACF-001

Figure 11.1: The Provider number, signature and date are required fields.

ACF Rejection Letter

**California MMIS
Fiscal Intermediary**
P.O. Box 13029
Sacramento, CA 95813-4029
1.800.541.5555

Date: _____

ATTACHMENT CONTROL FORM REJECT LETTER

This letter is to inform you that the coversheet or Attachment Control Form (ACF) you submitted does not meet Medi-Cal standards. It has been rejected for the following reason(s):

_____ **Invalid ACF**
(Only original ACFs provided by California Department of Health Care Services (DHCS) will be accepted)

_____ **Missing ACF**
(Paper attachments submitted without ACF)

_____ **Supporting documentation missing**
(ACF received without paper attachments)

_____ **Invalid Attachment Control Number (ACN) on ACF**
(Pre-imprinted CANNOT be altered or unreadable)

_____ **Other:** _____

Please resubmit your electronic claim if:

The resubmitted ACF has an Attachment Control Number (ACN) that differs from your original electronic claim form or;

More than 30 days have passed since you originally submitted your electronic claim.

Mail attachments to: California MMIS Fiscal Intermediary
P.O. Box 526022
Sacramento, CA 95852

If you have any questions regarding this notice or submitting attachments, please call the Telephone Service Center (TSC) at 1-800-541-5555.

Sincerely,

California Medicaid Management Information System Fiscal Intermediary

Figure 12.1: Sample of the Control Form Rejection Letter.

Resource Information

References

- Telephone Service Center (TSC): 1-800-541-5555
- Medi-Cal Provider website: www.medi-cal.ca.gov
- IPCS User Guide
- Provider Field Representatives
- CMC Help Desk 916-636-1100

Appendix

Acronyms

Acronym	Description
ACF	Attachment Control Form
ACN	Attachment Control Number
BIC	Benefits Identification Card
BIN	Benefits Identification Number
CA-MMIS	California Medicaid Management Information System
CCN	Claim Control Number
CMC	Computer Media Claims
DOB	Date of Birth
DOI	Date of Issue
FI	Fiscal Intermediary; contractor for DHCS responsible for claims processing, provider services, and other fiscal operations of the Medi-Cal program
IPCS	Internet Professional Claim Submission
IP	Inpatient Services
LSRS	Lab Services Reservation System
MLP	Medi-Cal Learning Portal
NPI	National Provider Identifier
OHC	Other Health Coverage
PIN	Provider Identifier Number
PPO	Preferred Provider Organization
POS	Point of Service
PTN	Provider Telecommunications Network
SOC	Share of Cost
TAR	Treatment Authorization Request
TCN	TAR Control Number
TSC	Telephone Service Center

