

State of California
Department of Health Care Services



Medi-Cal Electronic Data Interchange (EDI) User Guide

California Medicaid Management Information System

V 1.5

February 2026

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Overview

Introduction to the Provider Portal

The Provider Portal is an area within the Medi-Cal Providers website that houses general information and day-to-day work for Medi-Cal providers and provider healthcare staff. It focuses on reducing paper communications between the Department of Health Care Services (DHCS) and provider communities, increasing the security and accessibility of Medi-Cal electronic services and empowering providers in managing their organization to support their billing needs.

Objective

The purpose of the *Electronic Data Interchange (EDI) User Guide* is to help Medi-Cal submitters and providers manage their organizational networks, submit transactions and review responses for the following EDI transactions:

- Health Care Claim Testing (837)
- Eligibility Benefit Testing (270)
- Health Care Claim (837)
- Eligibility Benefit Request and Response (270/271)
- Claim Status Request and Response (276/277)
- Health Care Claim Payment Advice (835)

Submitter Management and Provider Network

Submitters will see the **Provider Network** tile and Providers will see the **Submitter Management** tile on their dashboards. These tiles allow Providers and Submitters to manage their affiliations.

Submitters are required to be affiliated with a Provider to do EDI transactions on a provider’s behalf. Submitters have access to submit all EDI transactions.

Providers can submit Eligibility Benefit (270) and Health Care Claim Status (276) transactions without needing to affiliate with a submitter.

Submitters can refer to the **Provider Network** section of the [Provider Portal: Submitter Organization](#) for more information about new provider affiliation requests, approve or deny a Provider’s request, and remove affiliation.

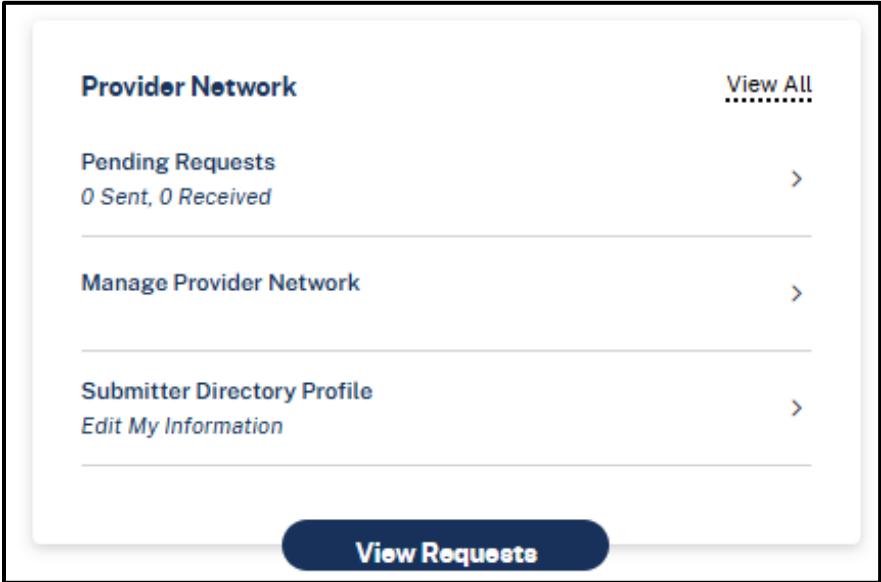


Figure 1.1: Provider Network Tile on the Submitter Dashboard.

Providers can refer to the **Submitter Management** section of the [Provider Portal: Provider Organization](#) for more information about new submitter affiliation requests, approve or deny a submitter request, manage submitters and the Submitter Directory.

Transaction Testing

Submitters must test their Health Care Claim (837) and Eligibility Benefit (270) transactions to ensure the file format is accurate, complete and valid before submission. Any formatting issues must be corrected to receive final authorization to submit transactions. Submitters who have already tested and received approval for 837 claims are not required to retest for each new provider, if they continue to use the same submitter number, format, medium and claim type.

Providers must perform test Eligibility Benefit (270) transactions to ensure accurate file format, completeness and validity before submitting these transactions. Any format problems discovered must be corrected to receive final authorization to submit transactions. Provider organizations will test under one NPI but will be applied for all NPI in their organization.

Note: Submitters and providers may submit Health Care Claim Status (276) transactions without testing requirements.

Preparing an 837 Test Transaction

Test submissions should contain a cross section of claim type data that can be expected in a production environment. Submitters should use data from previously adjudicated claims. The 837 test file must consist of a minimum of 10 claims for each claim type to be billed.

Note: Claims contained on the test file will not be processed for payment.

The test file will be evaluated for the following requirements for all format types:

- The claim data can be read by the claims processing system.
- Records and mandatory fields required for 837 claims are present and contain valid information (for example, provider number[s], submitter number, control records and claim records).

Preparing a Batch 270 Test Transaction

Medi-Cal requires that each provider or submitter test for structure and content (the basic common data elements). Each provider or submitter will need to pass this test successfully, which may require several iterations of the test before a successful response is returned. Refer to the [Batch Eligibility Inquiry/Response Testing](#) guide for test process requirements.

- The provider or submitter must use the Required 270 Eligibility Inquiry Test Data to complete the test transaction. Values are defined in the [Medi-Cal Companion Guide Transaction Information](#) and the Federal Implementation Guides Type 3 Technical Reports (TR3s).

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Transaction Test Submission

1. From the **Transaction Center** in the Medi-Cal Provider Portal, click **Transaction Testing** to enter the Submission Management page.

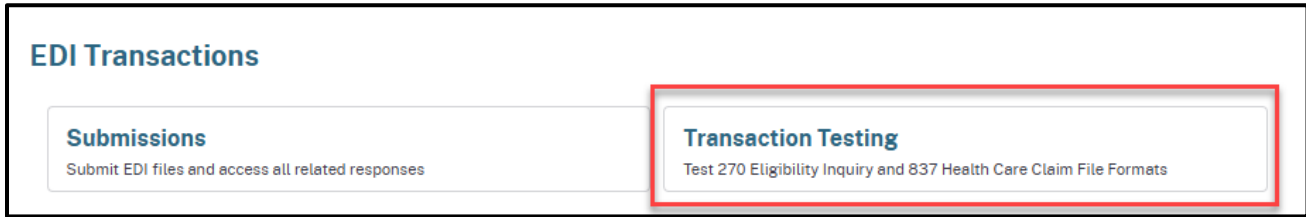


Figure 2.1: Transaction Testing Link.

2. **Submitter Testing Status** is displayed for each transaction type (837 and 270), along with the date that the test status became active.

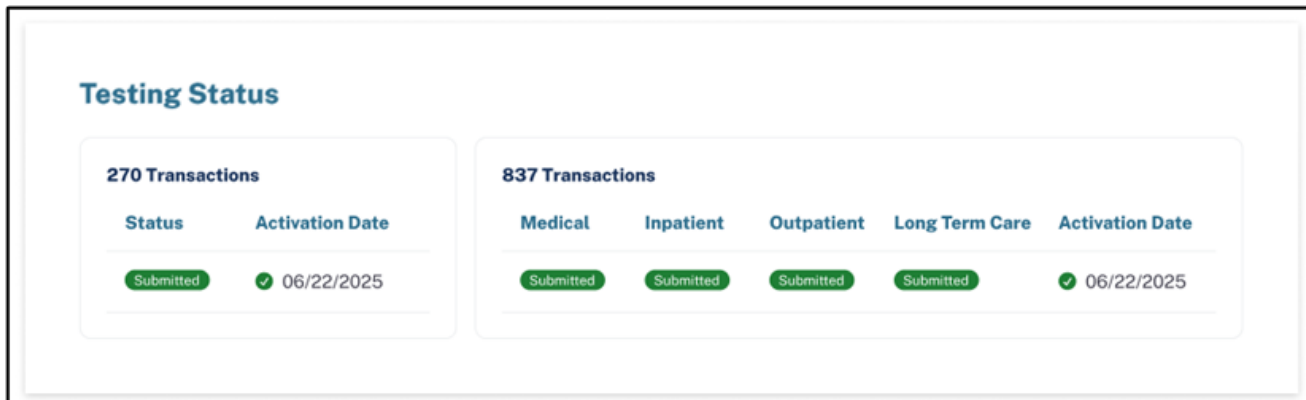


Figure 2.2: Submitter Testing Status.

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3. Directly below the Testing Status section, click **Upload Test EDI File** or **drag and drop** a file to test.

Note: The upload process is the same for either an 837 or 270 test transactions. The following screenshots reflect an 837 test transaction.

Upload Test EDI File

Upload a test file for processing. Files up to 5MB are accepted; users are encouraged to zip larger files. Refer to the **Need Help?** menu for detailed instruction manuals for guidance on file formatting, testing, submission procedures, and more.

+ Drag and drop your file here or click to browse
Text file or ZIP | Max file size 5MB

Select file to upload

Test EDI Response Files

Responses for test submissions may take up to 24 hours to become available and are available for approximately 30 days. Volser numbers are used to track uploads and check status.

Volser Range: Select
Transaction Type: Select
Date Range: 06/16/2024-06/18/2024
File Name: Input

Reset Search

Showing 1-10 of 95

Search files

Test EDI statuses will differ from production EDI statuses.

Volser	Type	Upload Date	File Name	Uploaded By	Status	Responses
100120	270	06/18/2024	837_file_new.txt	Tommy Scott	Pending	
100121	837	06/18/2024	837_file_new.txt	Tommy Scott	Passed	Volser Summary
100122	837	06/18/2024	837_file_new.txt	Tommy Scott	Failed	Error
100123	837	06/18/2024	837_file_new.txt	Tommy Scott	Failed	Error

Figure 2.3: Upload a New Submission.

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4. Click **Select file to upload** to select a file from your computer to upload or **drag and drop** a file onto the area indicated on the page to upload.

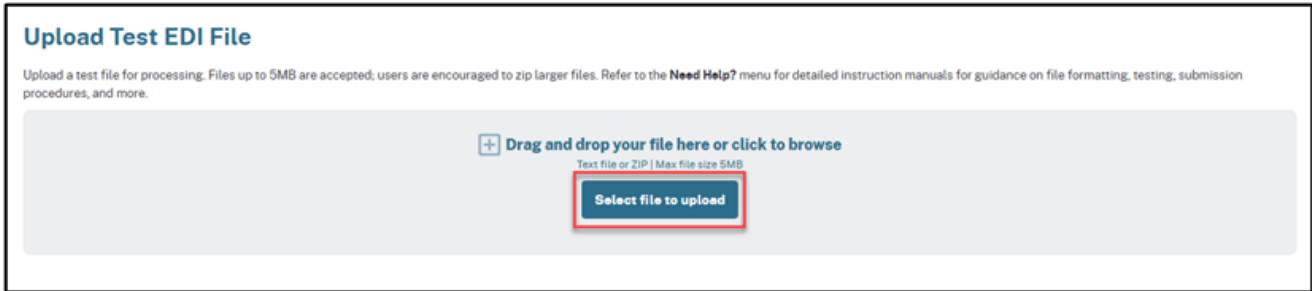


Figure 2.4: Browse File.

5. As the file uploads, a progress bar will display and when the file upload is complete, the file name will appear in the complete bar. Click **Submit File** to complete the test transaction submission.

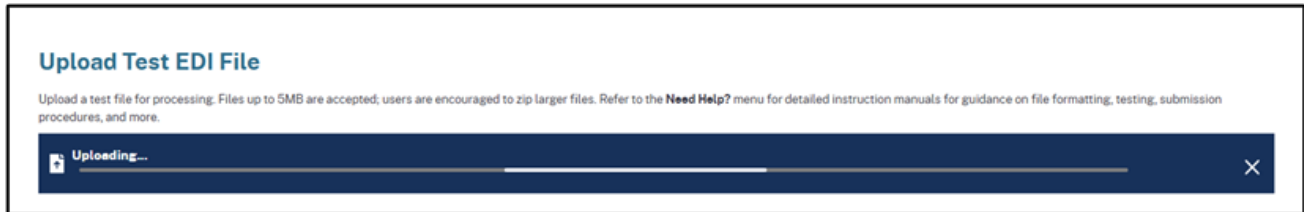


Figure 2.5: Upload Progress Bar

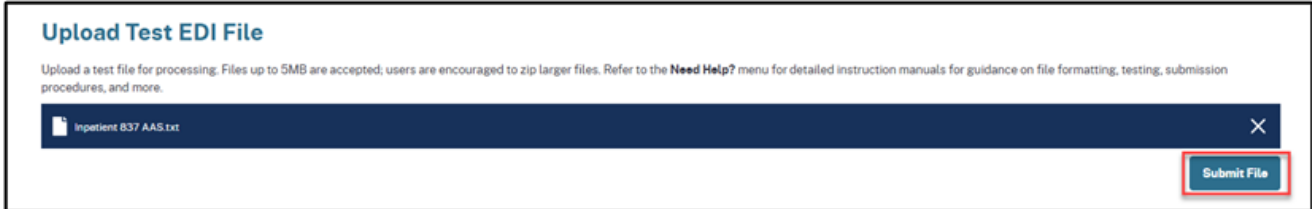


Figure 2.6: Submit File

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- Once the file is successfully uploaded, each file will be issued a Volume Serial (Volser) Number, and the File Name, File Size and Date Submitted will appear.
- To upload more files, click **Select file to upload** to begin the process again. Test results will be received within one business day. Users will receive a notification when the test submission has been approved or denied. The status of each submission can be checked any time on the **Transaction Testing** screen.

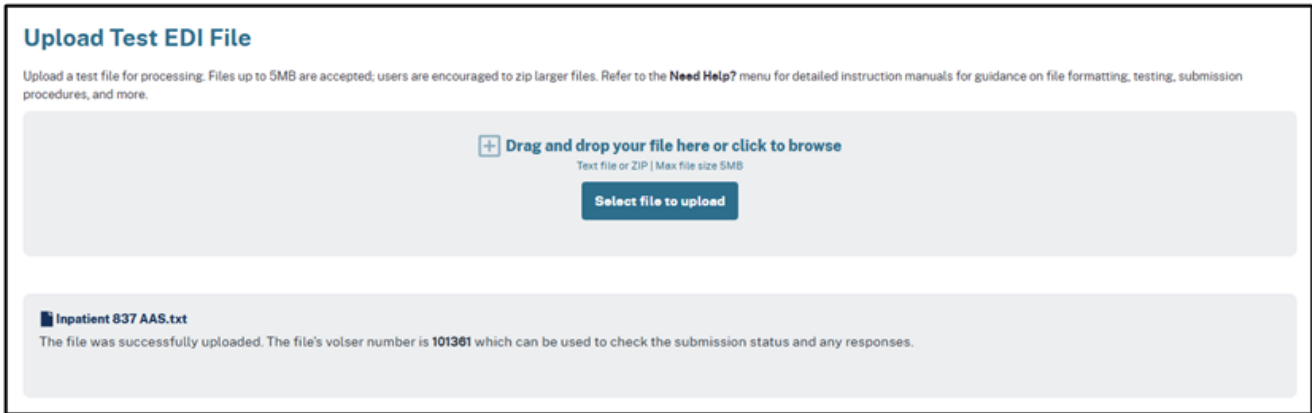


Figure 2.7: Upload Another File.

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

View Test Submissions

- To view the status of each test file, click the **Transaction Testing** link in Transaction Center

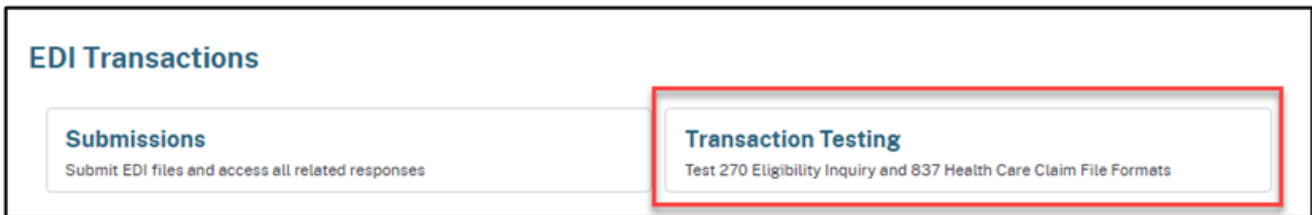


Figure 2.8: Transaction Testing Link.

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- All test submissions are visible in the response list and can be sorted by clicking the column headings **Volser**, **Type**, **Upload Date**, **File Name**, **Uploaded By**, **Status** or **Responses**.
- Click the hyperlink under the **Responses** column to review the details of a test submission

Note: Users submitting 270 transactions will have the option to download the **TA1 Acknowledgement**, **999 Acknowledgement** or **271 Response** to view the status details. Refer to the [Batch Eligibility Benefit Inquiry/Response Testing User Guide](#) to find out more information on the testing acknowledgments.

Volser	Type	Upload Date ▾	File Name	Uploaded By	Status ⓘ	Responses
101361	837	9/9/2025	Inpatient 837 AAS.txt	Unknown	Pending	
101354	837	9/8/2025	Med 837 AAS.txt	Unknown	Pending	
101355	837	9/8/2025	OutP 837 AAS.txt	Unknown	Failed	Error
101356	837	9/8/2025	Inpatient 837 AAS.txt	Unknown	Failed	Error
101357	837	9/8/2025	LTC 837 AAS.txt	Unknown	Failed	Error
101358	837	9/8/2025	Inpatient 837 AAS.txt	Unknown	Failed	Error
101359	837	9/8/2025	Med 837 AAS.txt	Unknown	Pending	
500137	270	9/8/2025	Valid_270_UAT_AAS_D01222...	Unknown	Failed	TA1 • 271
101337	837	9/5/2025	Inpatient 837 AAS.txt	Unknown	Failed	Error
101338	837	9/5/2025	OutP 837 AAS.txt	Unknown	Failed	Error

Figure 2.9: Submission Status.

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8. When submitting an 837 claim and the test transaction fails, a submitter must resubmit the test transaction until it passes.

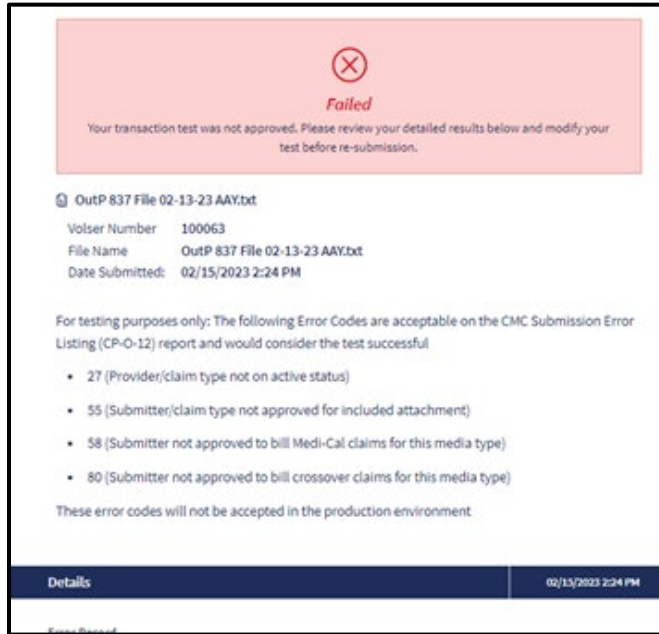


Figure 2.10: Failed Transaction Testing.

9. A submitter is ready to submit 837 claims once the test transaction has passed. Click **Back** to return to the **Claims (837) Submissions** page.

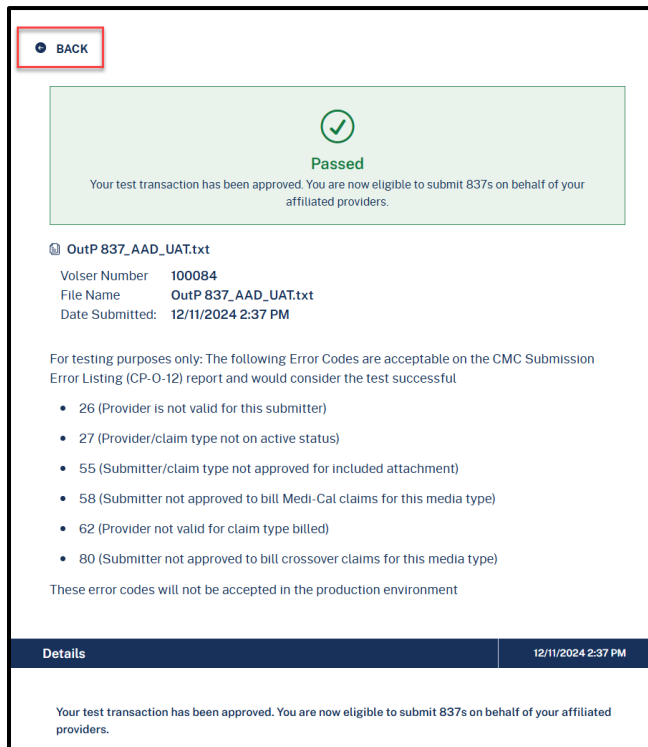


Figure 2.11: Passed Transaction Testing.

CA-MMIS 837, 270 and 276 Submissions

The **EDI Submission** process is the same for the following transaction types:

- Health Care Eligibility Benefit Inquiry 270
- Health Care Claim Status Request 276
- Health Care Claim 837

Successful testing must be performed for 270 and 837 transactions before submissions can begin.

1. From the Transaction Center, click **Submissions** to navigate to the **EDI Submission** page.

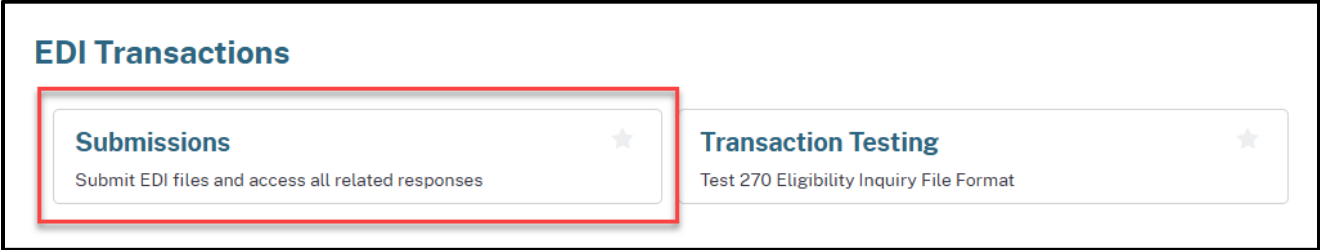


Figure 3.1: Submissions Link in the Transaction Center.

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2. **Drag and drop** the appropriate file or click **Select file to upload** to upload the file from a computer. Files must be 5 Megabytes or less to be accepted. Uploading ZIP files is encouraged.

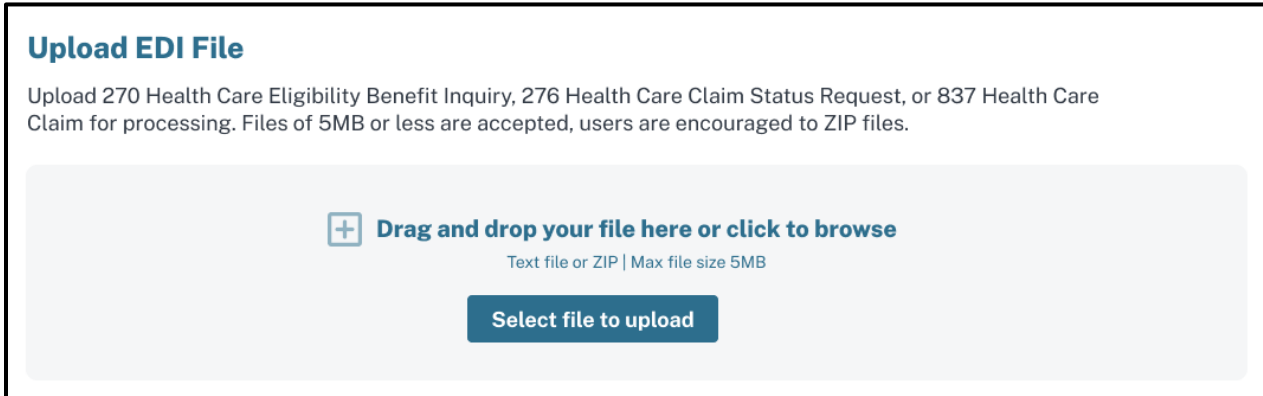


Figure 3.2: File Upload Section for EDI Submissions.

3. While uploading the file, an upload progress bar will appear.



Figure 3.3: Upload Progress Bar

Note: If a file is not compatible, or if the maximum file size is exceeded, an error message appears below the **Drag and drop** zone. Correct the issue and upload the file.



Figure 3.4: File Submission Error Message.

4. Click **Submit File** to complete the transaction.



Figure 3.5: Submit File.

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5. After a file submission is successfully uploaded, a message is displayed showing the file name and the Volser number as a reference for the upload.

 **837_file.txt**

The file was successfully uploaded. The file's Volser number is **XXXX** which can be used to check the submission status and any responses.

Figure 3.6: Successful File Upload Confirmation.

CA-MMIS 837, 270 and 276 Responses

Once a submission has been processed, it will appear within the **EDI Submissions** section of the Provider Portal.

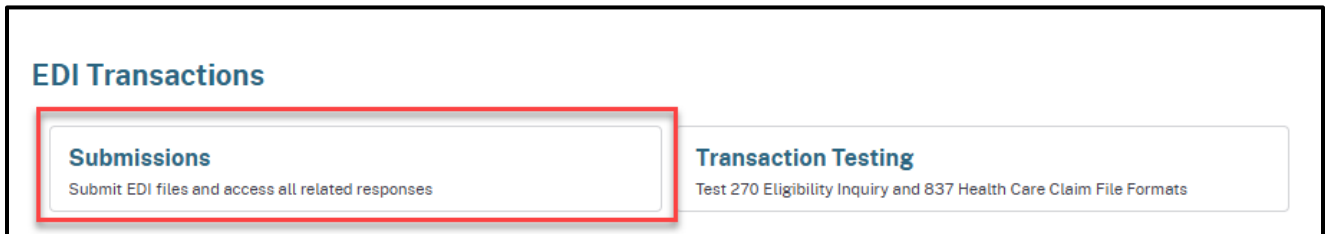


Figure 4.1: Submissions Link in the Transaction Center.

View Response Files

The **EDI Upload Errors/Responses** tab displays all EDI submission types (837, 270 and 276). View the Status column in the **EDI Response** table to stay up to date on the response.

1. Use the advanced lookup capabilities by entering a **Volser Range**, **Transaction(s) Type**, **Date Range** and/or **File Name** to help narrow results in the EDI response table, then click **Search**. Click **Reset** to clear all of the advanced lookup fields.

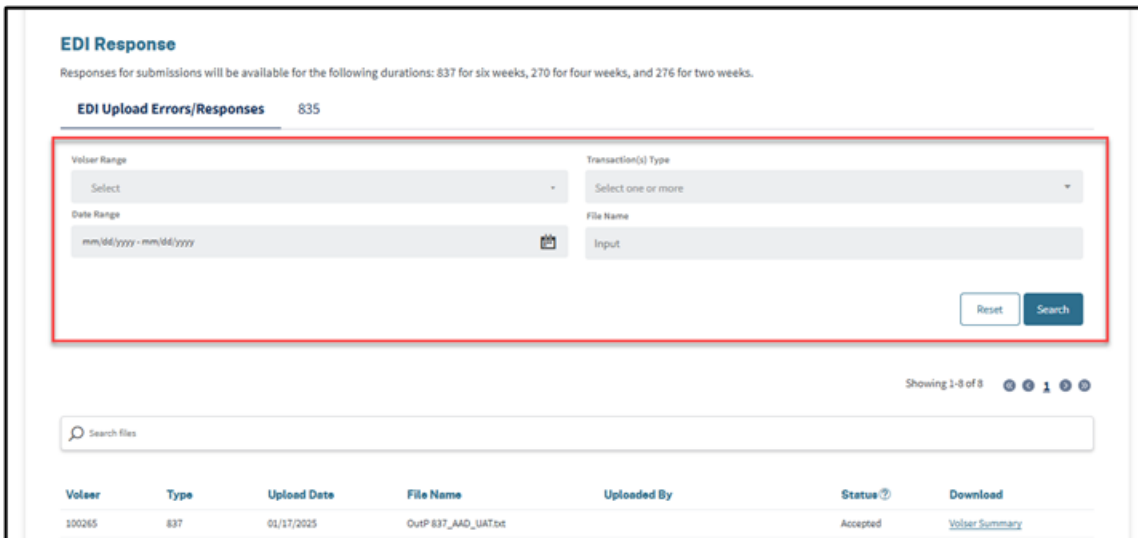


Figure 4.2: EDI Upload Errors/Responses Tab

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EDI Submission Response Table

Transaction Type	Response Types	Response Statuses	Response Time	Response Availability
837	Volser Summary	Accepted or Accepted with errors	1 business day (processed overnight, available next morning)	6 weeks
837	Error	Rejected	Average 4 hours	6 weeks
270	271	Processed	Within 2 hours	4 weeks
270	TA1	Processed or Rejected	Within 2 hours	4 weeks
270	999	Processed or Rejected	Within 2 hours	4 weeks
276	277	Processed or Processed with errors	1 business day (processed overnight, available next morning)	2 weeks
276	TA1	Processed, Processed with errors, Accepted or Rejected	Within 2 hours	2 weeks
276	Error	Processed with errors or Rejected	Within 2 hours	2 weeks
835	835	N/A	Wednesday morning business hours or if a holiday Thursday.	6 weeks

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3. To view or download an EDI response, the response list can be sorted by clicking **Volser**, **Type**, **Upload Date**, **File Name**, **Uploaded By**, **Status**.

Volser ▾	Type	Upload Date	File Name	Uploaded By	Status ?	Download
100120	276	03/18/2024	276_file.txt	Tommy Scott	In Process	TA1
100121	276	03/18/2024	276_upload.txt	Tommy Scott	Accepted	277
100122	276	03/18/2024	upload276.txt	Tommy Scott	Accepted with Errors	TA1 • 277 • Error
100123	837	03/18/2024	837_file.txt	Tommy Scott	Accepted	Volser Summary
100124	837	03/18/2024	837_file1.txt	Tommy Scott	In Process	
100125	837	03/18/2024	Upload837file.txt	Tommy Scott	In Process	
100126	276	03/18/2024	276.txt	Tommy Scott	Accepted	277
100127	276	03/18/2024	276.txt	Tommy Scott	Error	Error
100128	837	03/18/2024	837_file_new.txt	Tommy Scott	Accepted	Volser Summary

Figure 4.3: EDI Response Table.

4. After clicking a response, the file downloads automatically to a computer.

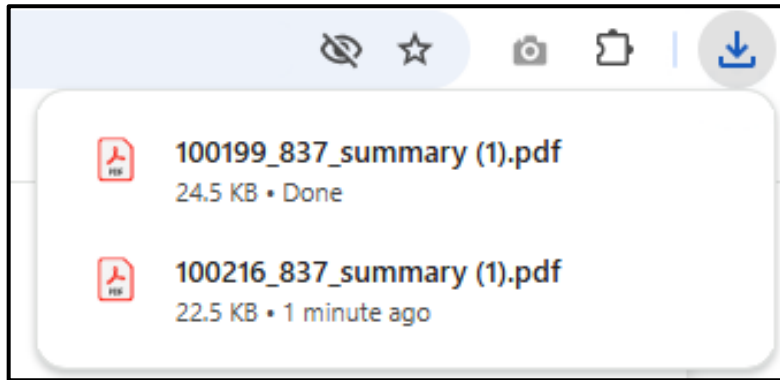


Figure 4.4: Browser Download Indicator.

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5. The 837 **Volser Summary** can be downloaded in PDF format.

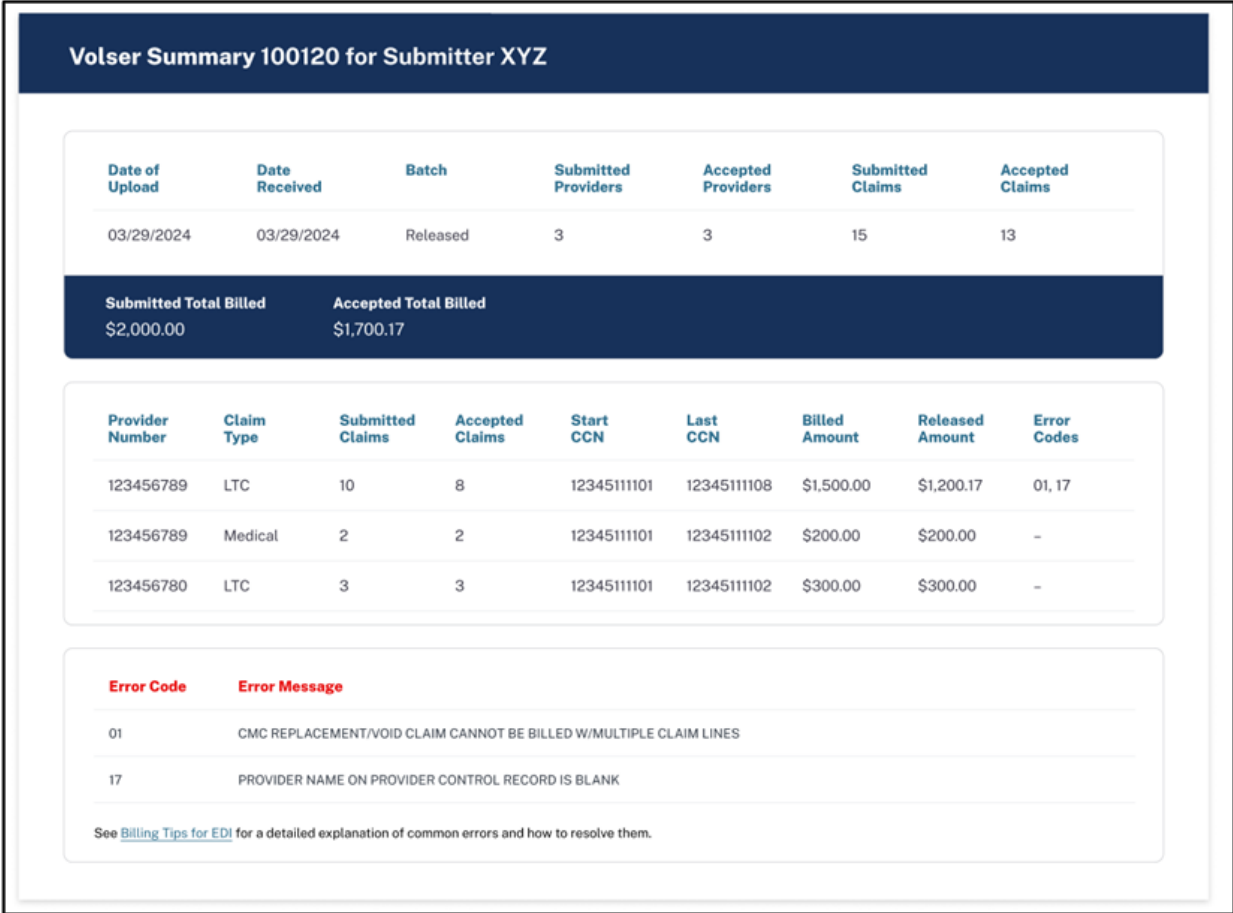


Figure 4.5: 837 Volser Status.

CA-MMIS 835 Health Care Claim Payment/Advice

The Health Care Claim Payment/Advice (835) is available electronically each week in response to 837 submissions and other claim types including paper claims. The 835 details claims that have been paid, reduced or denied, deductible, co-insurance or co-pay amounts, bundling/splitting of claims, and how the payment was made no matter how the claim was originally submitted. The 835 becomes available each Wednesday morning unless Tuesday is a holiday in which it will be processed on Wednesday and becomes available on Thursday.

Manage 835 Receivers

The **835 Receiver Management** allows provider organizations to designate up to two entities to receive 835 Transactions. The two receivers can either be an organizational NPI or an affiliated submitter organization. The submitter does not need to be assigned any transaction or claim type privileges to be a designated receiver. A submitter can request to become a receiver. If the provider accepts the request, an affiliation is established. The 835 Transaction link will be available for the designated receivers in the Transaction Center.

Manage 835 Receivers

1. Select **835 Receiver Management** within the NPI Agreements and Settings tile.



Figure 5.1: NPI Agreements and Settings Tile.

2. Use the Receiver Requests section to **Assign** or **Deny** a receiver request. Select **Assign** to jump to the Receiver Assignment section of the page.

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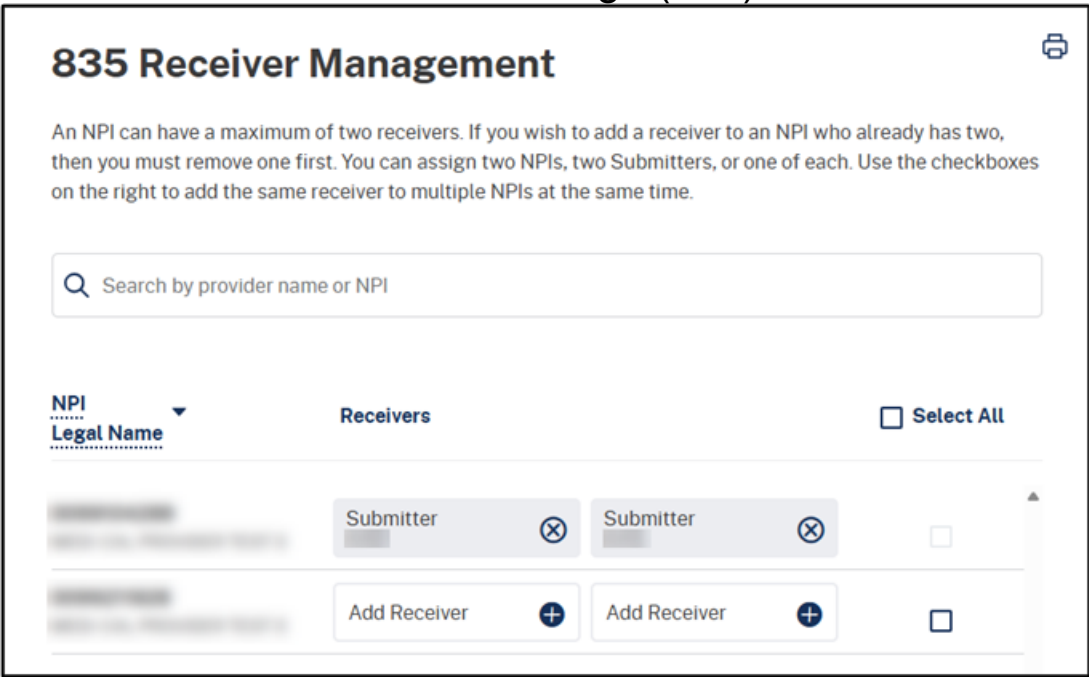


Figure 5.2: Assign or Deny 835 Receivers.

- 3. Select **Deny** and a confirmation message appears stating the requesting submitter will be notified about the denial.

Note: Affiliated submitters can be assigned later after a denial.

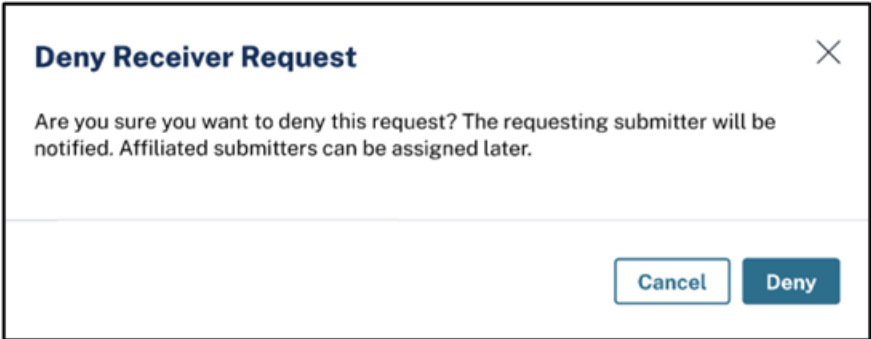


Figure 5.3: Deny 835 Receivers Message.

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Add 835 Receiver

1. Select the **add symbol (+)** next to Add Receiver. To perform the same action to multiple NPIs in the list **check the box** in line with each NPI or use the **Select All** check box to select all NPIs in the list.

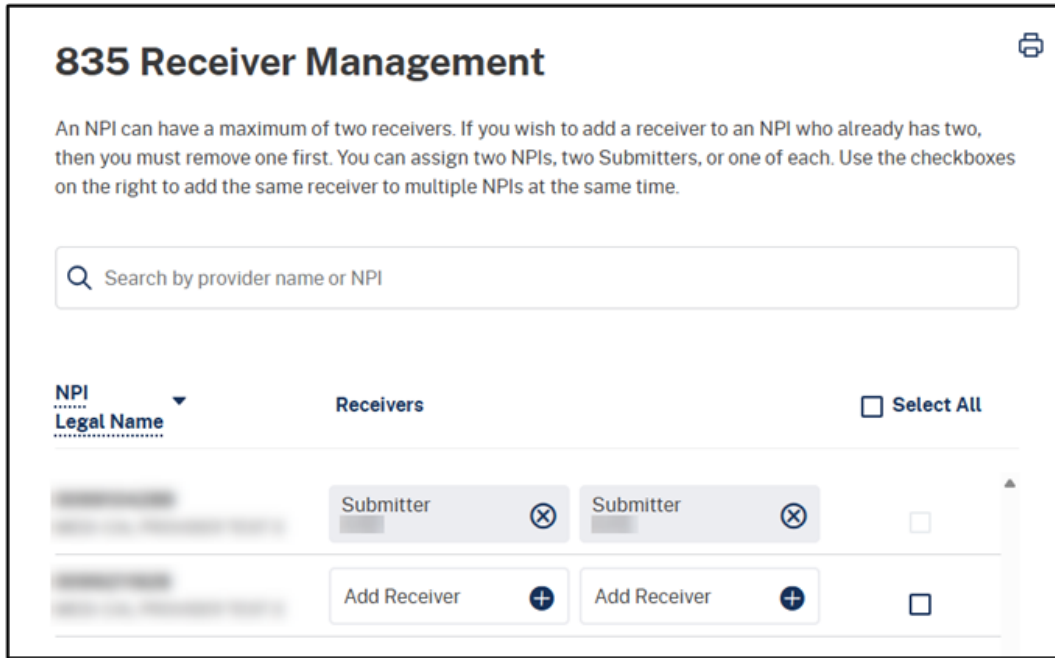


Figure 5.4: Add or Remove and NPI Receiver.

2. Select up to two organizational NPIs or affiliated submitters to be 835 receivers. Once the organizations are selected, select **Confirm** to continue.

Note: If a submitter is not in the list, make an Affiliation Request. Refer to the **New Affiliations** section of the [Provider Organization User Guide](#) for more information

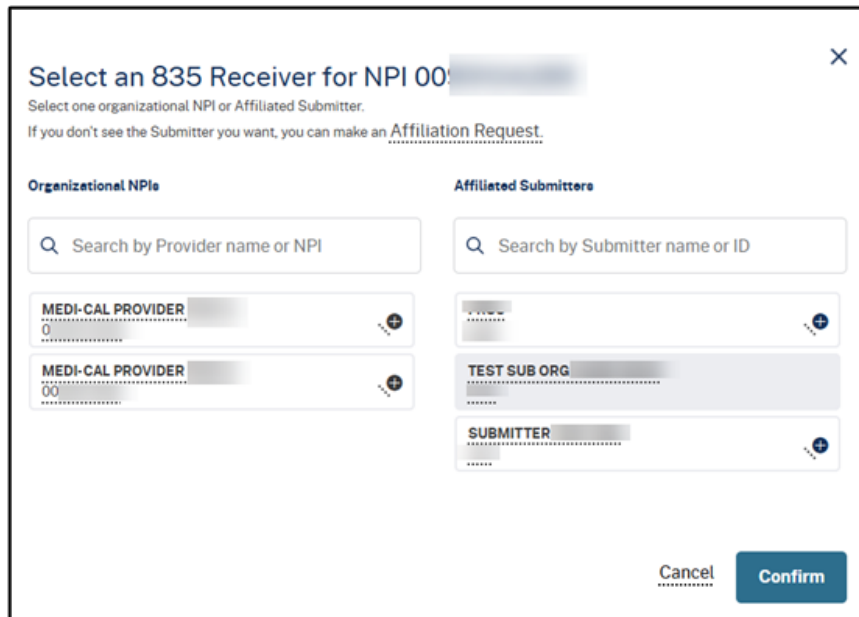


Figure 5.5: Select an 835 Receiver for NPI

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3. A pop-up screen will appear asking for confirmation to assign the selected receivers to the NPI. Select **Confirm**.

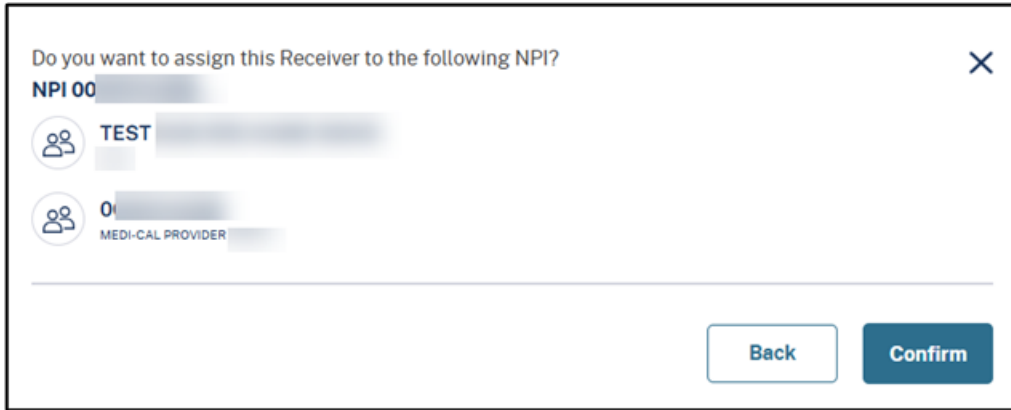


Figure 5.6: Confirmation to Assign Receiver to NPI.

Remove 835 Receiver

1. Select the remove symbol (x) next to the receiver organization name to remove it from the list

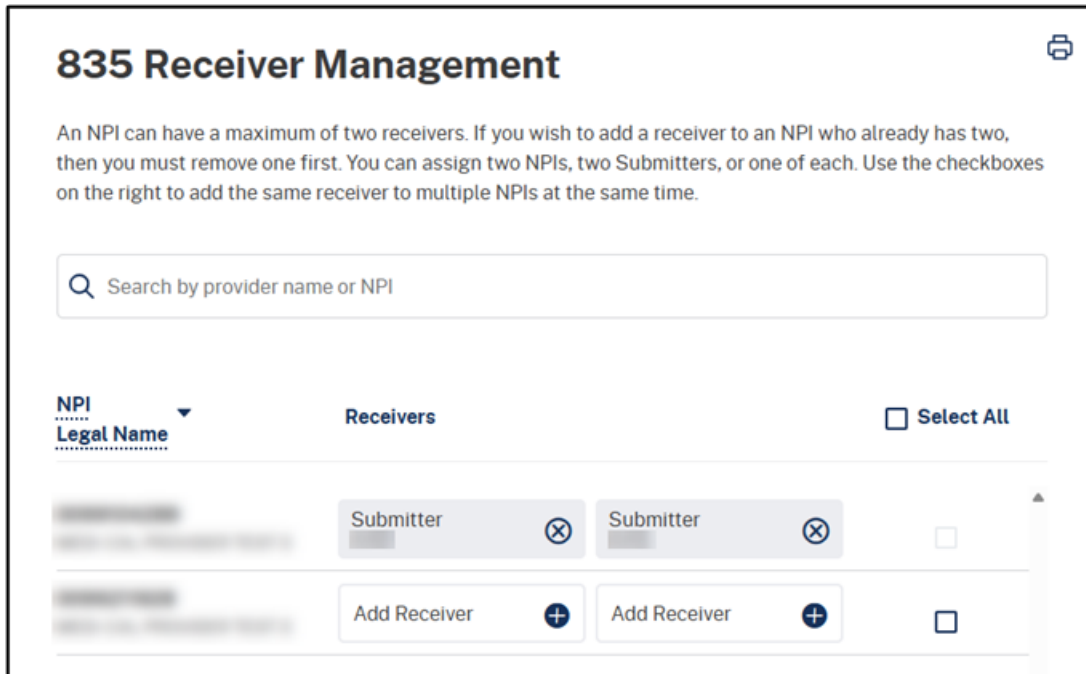


Figure 5.7: 835 Receiver Management.

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2. A pop-up screen will appear asking for confirmation to remove the receiver. Select **Remove**.



Figure 5.8: Remove Receiver Confirmation.

Once the receiver is removed, a successfully saved notification will appear and the receiver will no longer be listed next to the NPI.

835 Downloads

To access the **835 Response** list, click the **835** tab to view the **Upload Date**, **File Name**, **File Size** and if the file has been **Downloaded**. An 835 is available for six weeks after the upload date on the Medi-Cal Provider Portal.

Note: To receive data users must be assigned as an 835 Receiver.

EDI Response			
Health Care Payment & Remittance Advice (835) are available for six weeks.			
EDI Upload Errors/Responses		835	
Upload Date	File Name	File Size	Downloaded
02/12/2025	CMCSUBAAD_01_835_021125.zip	232 bytes	✗ No
02/05/2025	CMCSUBAAD_01_835_020425.zip	775 bytes	✓ Yes
01/28/2025	CMCSUBAAD_01_835_011425.zip	129 bytes	✓ Yes
01/28/2025	CMCSUBAAD_01_835_012125.zip	716 bytes	✗ No
01/28/2025	CMCSUBAAD_01_835_012825.zip	715 bytes	✓ Yes

Figure 6.1: 835 Response Table.

Change Summary

Version Number	Date	Description	Notes/Comments
1.0	May 2025	Provider Portal	New user guide for step-by-step instructions on how to process EDI transactions in the Medi-Cal Provider Portal.
1.1	June 2025	Provider Portal	Clean-up page 17
1.2	September 2025	Volser number information	Complete transaction testing account image deleted
1.3	September 2025	Volser number information changed. Submission images updated	Transaction testing images updated. Page 27 deleted.
1.4	October 2025	User Guide Template update.	Removed "Page Updated: Month Year" on each page. Changed CA-MMIS to California Medicaid Management Information System.
1.5	February 2026	New section and updates	Added 835 Receiver section