

# Medi-Cal Electronic Data Interchange (EDI) User Guide

Department of Health Care Services (DHCS)

CA-MMIS ASC X12N 837 v.5010 837, 270/271/, 276/277 and 835

V 1.0

May 2025

# Table of Contents

- Overview ..... 1
  - Introduction to the Provider Portal ..... 1
  - Objective ..... 1
- Submitter Management and Provider Network ..... 2
- Transaction Testing ..... 3
  - Preparing an 837 Test Transaction ..... 3
  - Preparing a Batch 270 Test Transaction ..... 3
  - Transaction Test Submission ..... 4
  - View Submissions ..... 10
- CA-MMIS 837, 270 and 276 Submissions ..... 12
- CA-MMIS 837, 270 and 276 Responses ..... 15
  - View Response Files ..... 15
- CA-MMIS 835 Health Care Claim Payment/Advice ..... 20
  - Designate 835 Receivers ..... 21
- 835 Downloads ..... 26
- Change Summary ..... 27

# 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)

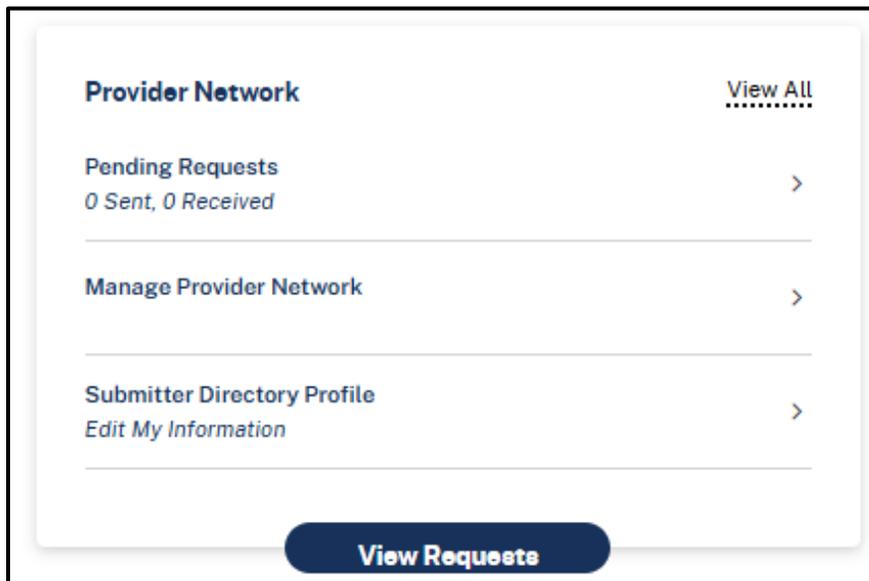
# Submitter Management and Provider Network

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 User Guide: 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 User Guide: 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 accurate file format, completeness and validity before submitting these transactions. Any format problems discovered 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).

# Transaction Test Submission

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

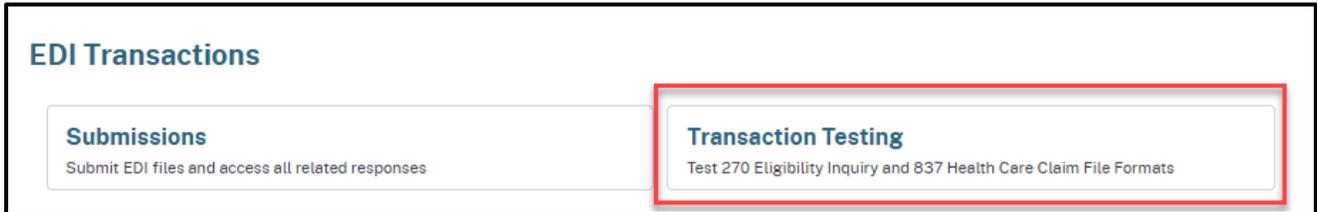


Figure 2.1: Transaction Testing Link.

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

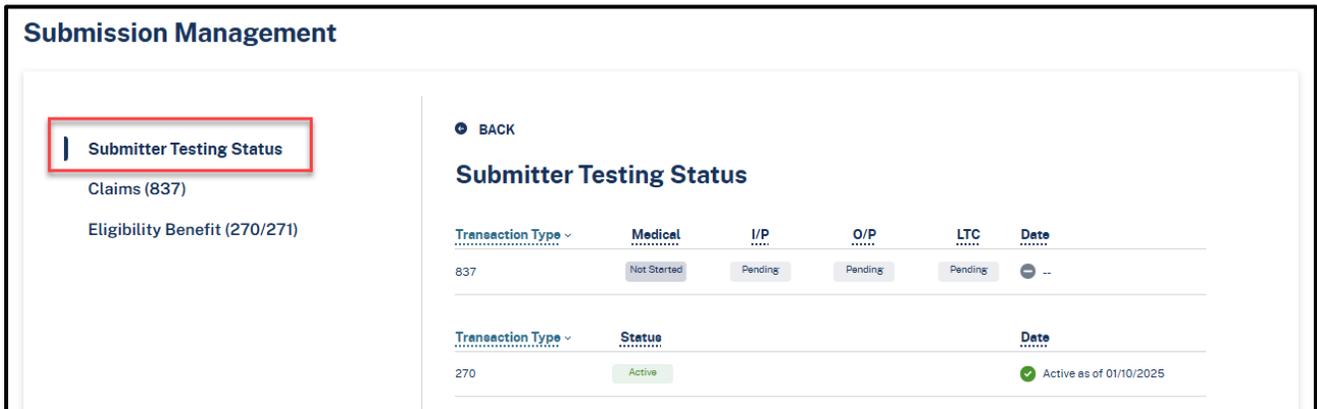


Figure 2.2: Submitter Testing Status.

# Provider Portal User Guide: EDI

Page updated: May 2025

3. Select either **Claims (837)** or **Eligibility Benefits (270/271)** from the left navigation bar. Click **Upload a New Submission**.

**Note:** The upload process is the same for either an 837 or 270/271 test transactions. The following screenshots reflect an 837 test transaction.

**Submitter Testing Status**

- Claims (837)
- Eligibility Benefit (270/271)

### Claims (837) Submissions

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

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

File Name	Volser No.	Date	Status
Inpatient 837 AAS.txt	100086	12/12/2024 11:31 AM	Failed
OutP 837 AAS.txt	100254	01/15/2025 11:15 AM	Failed
Med 837 AAS.txt	100255	01/15/2025 11:15 AM	Failed
LTC 837 AAS.txt	100256	01/15/2025 11:15 AM	Failed
Inpatient 837 AAS.txt	100257	01/15/2025 11:16 AM	Failed

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

**Upload a New Submission**

**Figure 2.3:** Upload a New Submission.

# Provider Portal User Guide: EDI

Page updated: May 2025

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

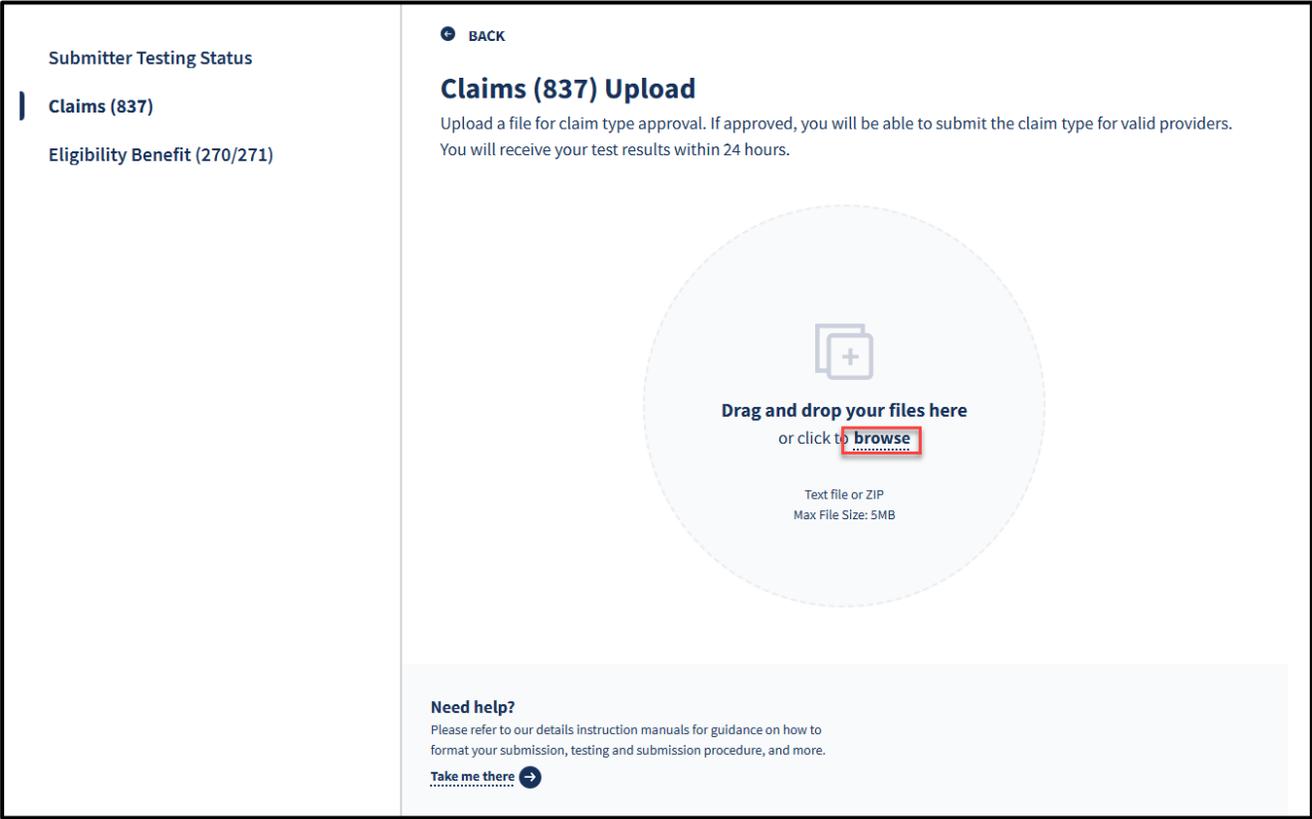


Figure 2.4: Upload File.

# Provider Portal User Guide: EDI

Page updated: May 2025

- 5. The progress bar will appear and show **Complete** once the file has been uploaded. Click **Submit File** to complete the test transaction submission.

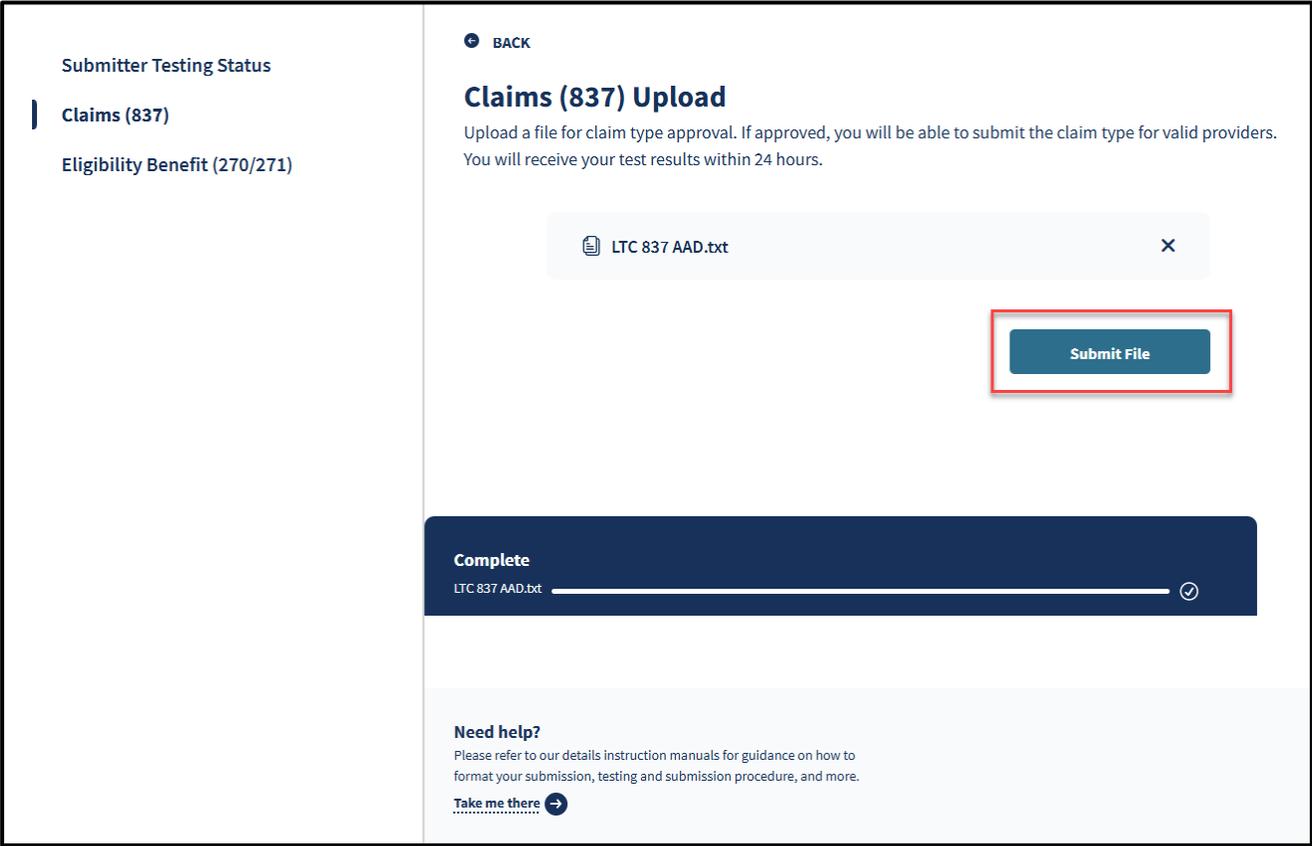
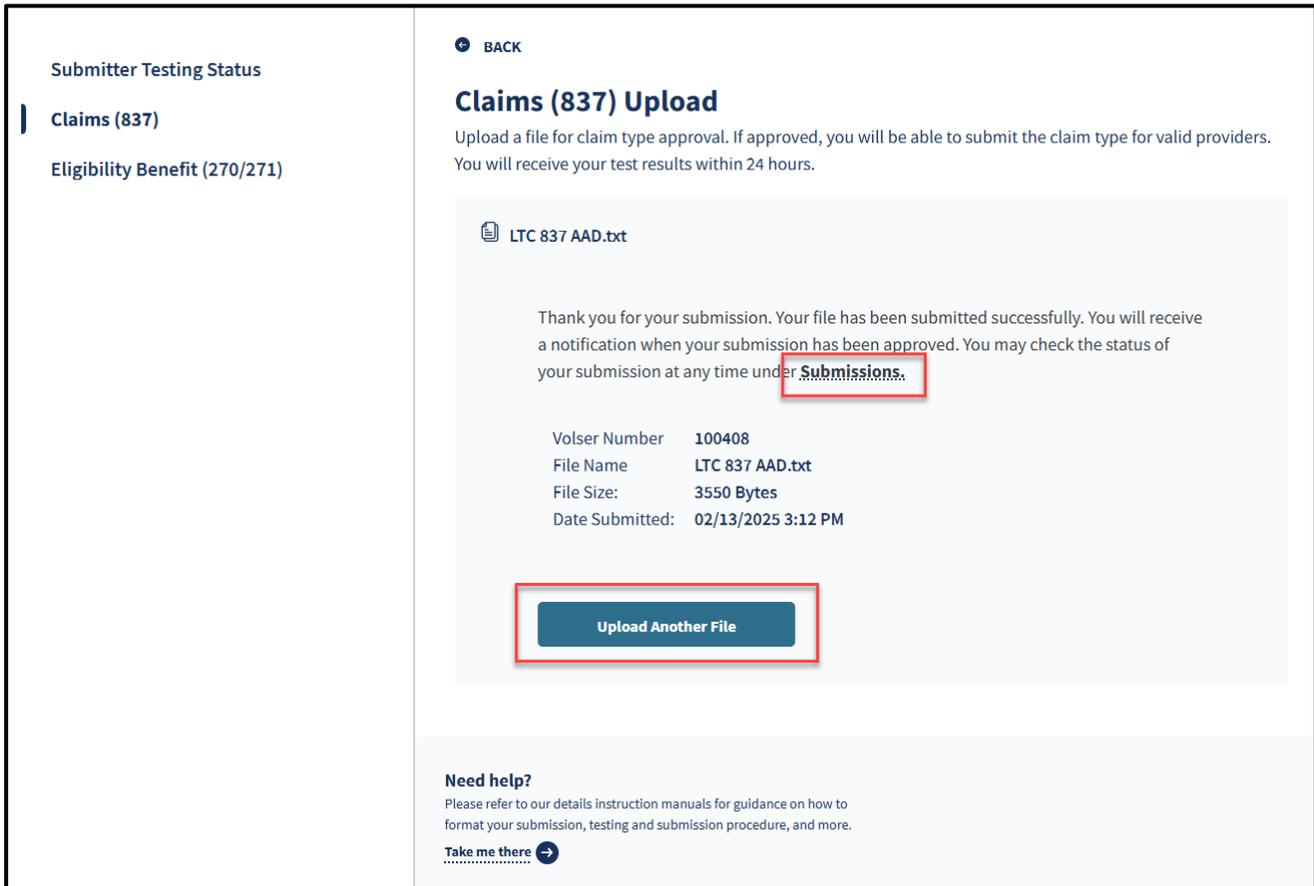


Figure 2.5: Submit File.

# Provider Portal User Guide: EDI

Page updated: May 2025

- 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 **Upload Another File** 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 under **Submissions**.



**Figure 2.6:** 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.

- Once the Volser number shows a “Passed” status, the Account Status bar will update with a green check mark indicating transaction testing is complete.



**Figure 2.7:** Complete Transaction Testing Account Status.

# Provider Portal User Guide: EDI

Page updated: May 2025

**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.

The screenshot displays the 'Eligibility Benefit (270) Submissions' section. On the left, under 'Submitter Testing Status', there are two options: 'Claims (837)' and 'Eligibility Benefit (270/271)', with the latter selected. The main content area is titled 'Eligibility Benefit (270) Submissions' and includes a note: 'View the status of 270 type test transactions. Test results may take up to 24 hours to be posted.' Below this is a reminder: 'Reminder: Each uploaded file will be issued a Volser number. Volser numbers may be used to check the status of your submission. Volser details may not be available for up to 24 hours after the submission is uploaded, and details are available for approximately 30 days.' A table below shows the submission details:

File Name	Volser No.	TA1 ACK	999 ACK	271 Response	Upload Date	Status
Valid_270_UAT_AAS_D012225.txt	500133	N/A	N/A	N/A	04/15/2025 02:42 PM	Pending

**Figure 2.8:** Eligibility Benefit Submission Status.

# View Submissions

1. To view the status of each test file, click **Claims (837)** or **Eligibility Benefit (270/271)** on the left navigation bar. Click the **arrow** next to the status to review the details of a test submission.

**Submitter Testing Status**

- Claims (837)
- Eligibility Benefit (270/271)

### Claims (837) Submissions

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

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

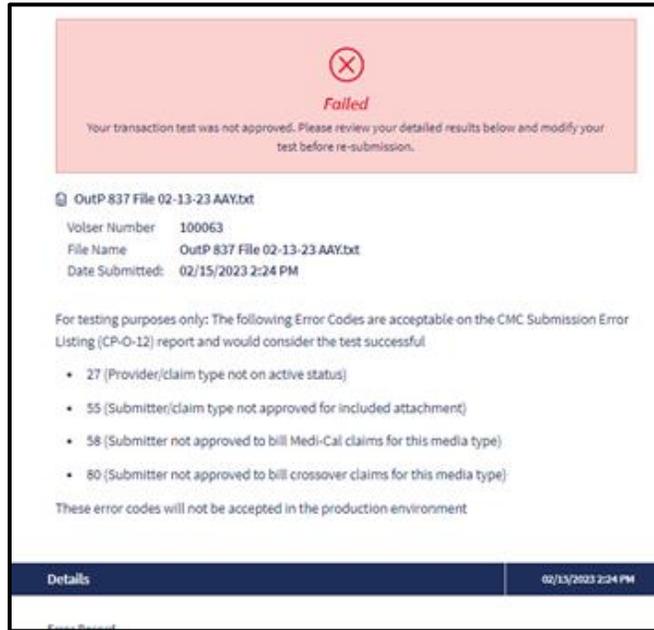
File Name	Volser No.	Date	Status
Inpatient 837 AAD.txt	100079	12/09/2024 02:14 PM	Failed
LTC 837 AAD.txt	100080	12/09/2024 02:18 PM	Failed
Med 837 AADCopy.txt	100081	12/09/2024 02:55 PM	Failed
OutP 837 AAD.txt	100082	12/09/2024 02:58 PM	Failed
OutP 837_AAD_UAT.txt	100084	12/11/2024 02:37 PM	Passed
LTC 837 AAD.txt	100408	02/13/2025 03:12 PM	Pending

Figure 2.9: Submission Status.

# Provider Portal User Guide: EDI

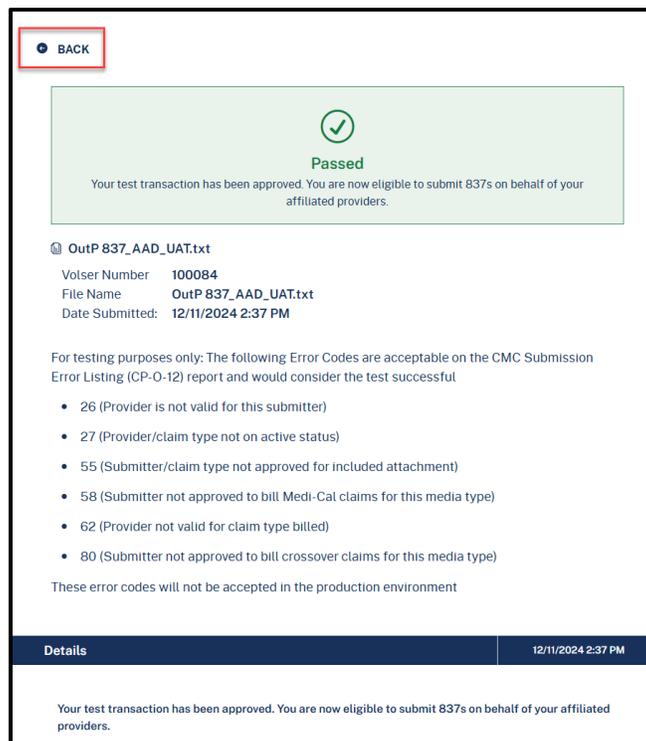
Page updated: May 2025

- 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.

- 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.

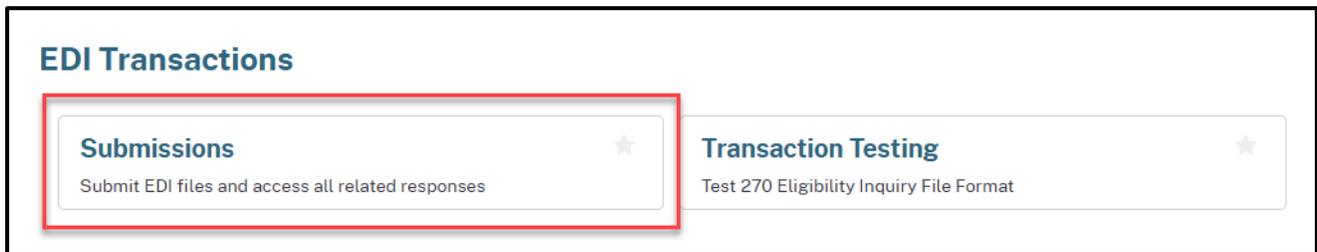
# CA-MMIS 837, 270 and 276 Submissions

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.

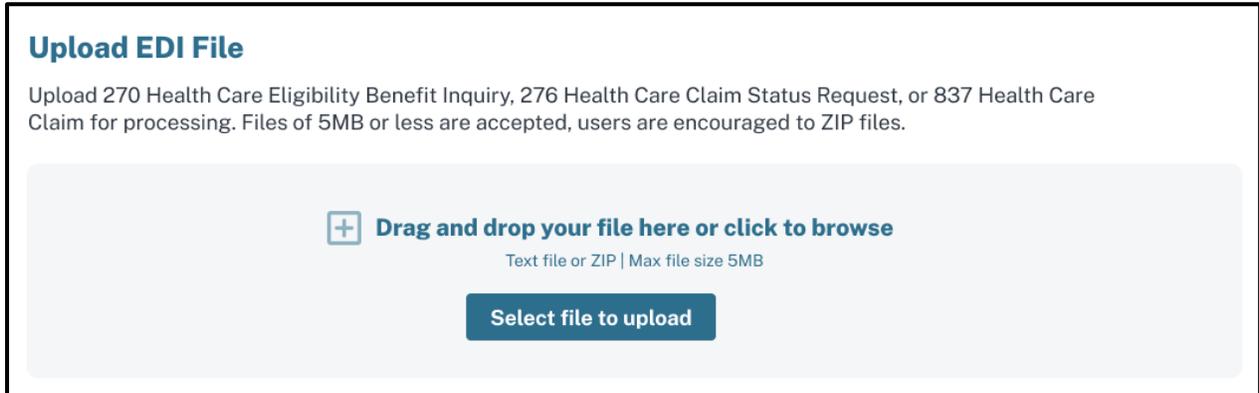


**Figure 3.1:** Submissions Link in the Transaction Center.

# Provider Portal User Guide: EDI

Page updated: May 2025

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.

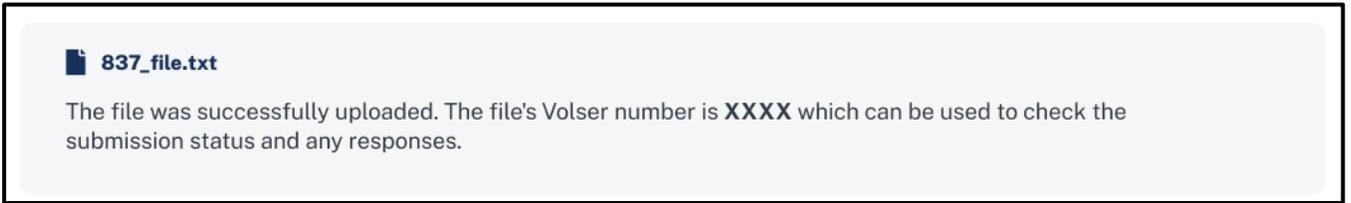


**Figure 3.5:** Submit File.

# Provider Portal User Guide: EDI

Page updated: May 2025

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.



**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.

# Provider Portal User Guide: EDI

Page updated: May 2025

Home / Transaction Center

# EDI Submission

FRSC  
Submitter ID: AAD  
Admin  
Submitter

### Upload EDI File

Upload 270 Health Care Eligibility Benefit Inquiry, 276 Health Care Claim Status Request, or 837 Health Care Claim for processing. Files of 5MB or less are accepted, users are encouraged to ZIP files.

**+** Drag and drop your file here or click to browse  
Text file or ZIP | Max File Size: 5MB  
**Select file to upload**

### EDI Response

Responses for submissions will be available for the following durations: 837 for six weeks, 270 for four weeks, and 276 for two weeks.

#### EDI Upload Errors/Responses 835

Volser Range: Select

Transaction(s) Type: Select one or more

Date Range: mm/dd/yyyy - mm/dd/yyyy

File Name: Input

**Reset** **Search**

Showing 1-8 of 8

Search files

Volser	Type	Upload Date	File Name	Uploaded By	Status	Download
100265	837	01/17/2025	OutP 837_AAD_UAT.txt		Accepted	<a href="#">Volser Summary</a>

Figure 4.2: EDI Upload Errors/Responses Tab.

# Provider Portal User Guide: EDI

Page updated: May 2025

## 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
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

# Provider Portal User Guide: EDI

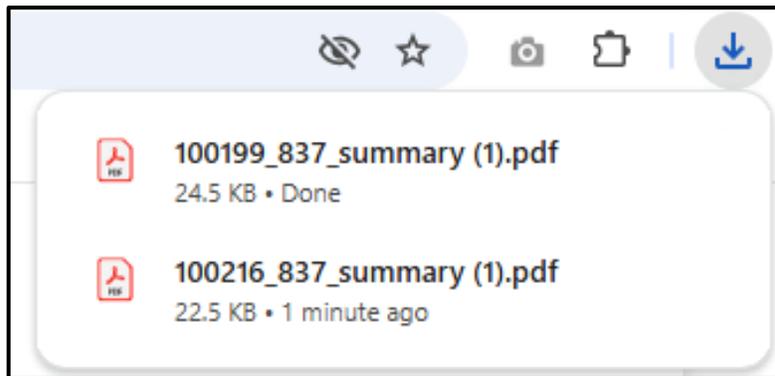
Page updated: May 2025

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** or **Download**.

Volser ▾	Type	Upload Date	File Name	Uploaded By	Status ?	Download
100120	276	03/18/2024	276_file.txt	Tommy Scott	In Process	<a href="#">TA1</a>
100121	276	03/18/2024	276_upload.txt	Tommy Scott	Accepted	<a href="#">277</a>
100122	276	03/18/2024	upload276.txt	Tommy Scott	Accepted with Errors	<a href="#">TA1</a> • <a href="#">277</a> • <a href="#">Error</a>
100123	837	03/18/2024	837_file.txt	Tommy Scott	Accepted	<a href="#">Volser Summary</a>
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	<a href="#">277</a>
100127	276	03/18/2024	276.txt	Tommy Scott	Error	<a href="#">Error</a>
100128	837	03/18/2024	837_file_new.txt	Tommy Scott	Accepted	<a href="#">Volser Summary</a>

**Figure 4.3:** EDI Response Table.

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



**Figure 4.4:** Browser Download Indicator.

# Provider Portal User Guide: EDI

Page updated: May 2025

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

<b>Volser Status for 100199</b>					
<b>Date of Upload</b>	<b>Batch</b>	<b>Submitted Providers</b>	<b>Accepted Providers</b>	<b>Submitted Claims</b>	<b>Accepted Claims</b>
01/07/25	Released	1	1	12	12
<b>Submitted Total Billed</b>		<b>Accepted Total Billed</b>			
\$2432.58		\$2432.58			
<b>Accepted Providers</b>	<b>Date Received</b>	<b>Start CCN</b>	<b>Last CCN</b>	<b>Accepted Claims</b>	<b>Billed Amount</b>
1	01/07/25	500760010 01	500760010 12	12	\$2432.58

**Figure 4.5:** 837 Volser Status.

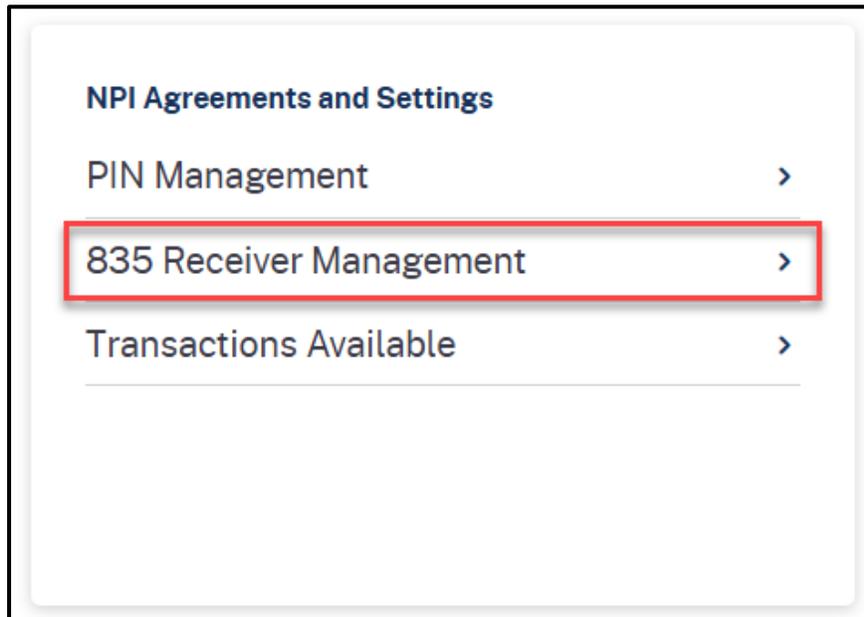
# CA-MMIS 835 Health Care Claim Payment/Advice

Health Care Claim Payment/Advice (835) is available electronically as a weekly response of sorts to 837 submissions and any claims from other sources such as paper claims. The 835 contains information about what charges 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 available on Thursday.

# Designate 835 Receivers

The Medi-Cal Provider Portal allows provider organizations to designate up to two entities to receive 835 responses. The two receivers can either be another NPI within the same organization or an affiliated submitter organization. A submitter does not need to be assigned any transaction or claim type privileges to be a designated receiver.

1. Click **835 Receiver Management** on the NPI Agreements and Settings tile of the dashboard.



**Figure 5.1:** NPI Agreements and Settings Tile.

# Provider Portal User Guide: EDI

Page updated: May 2025

2. To add receivers to an organization, click **Add Receiver** to find NPIs and affiliated submitters.

**835 Receiver Management** 

An NPI can have a maximum of two receivers. If you wish to add a receiver to an NPI who already has two, then you must remove one first. You can assign two NPIs, two Submitters, or one of each. Use the checkboxes on the right to add the same receiver to multiple NPIs at the same time.

<u>NPI</u> <u>Legal Name</u>	Receivers		<input type="checkbox"/> Select All
7060 HEALTHCARE - M...	Add Receiver 	Add Receiver 	<input type="checkbox"/>
8013 HEALTHCARE MED...	Add Receiver 	Add Receiver 	<input type="checkbox"/>
2807 HEALTHCARE MED...	Add Receiver 	Add Receiver 	<input type="checkbox"/>
5131 HEALTHCARE MED...	Add Receiver 	Add Receiver 	<input type="checkbox"/>

**Figure 5.2:** 835 Receiver Management.

7060 HEALTHCARE - M...	Add Receiver 	Add Receiver 	<input type="checkbox"/>
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**Figure 5.3:** Add Receiver.

# Provider Portal User Guide: EDI

Page updated: May 2025

3. The “Select an 835 Receiver for NPI” pop-up opens. Click the **Add Receiver** icon (+) next to the NPI or submitter, then click **Confirm** to continue.

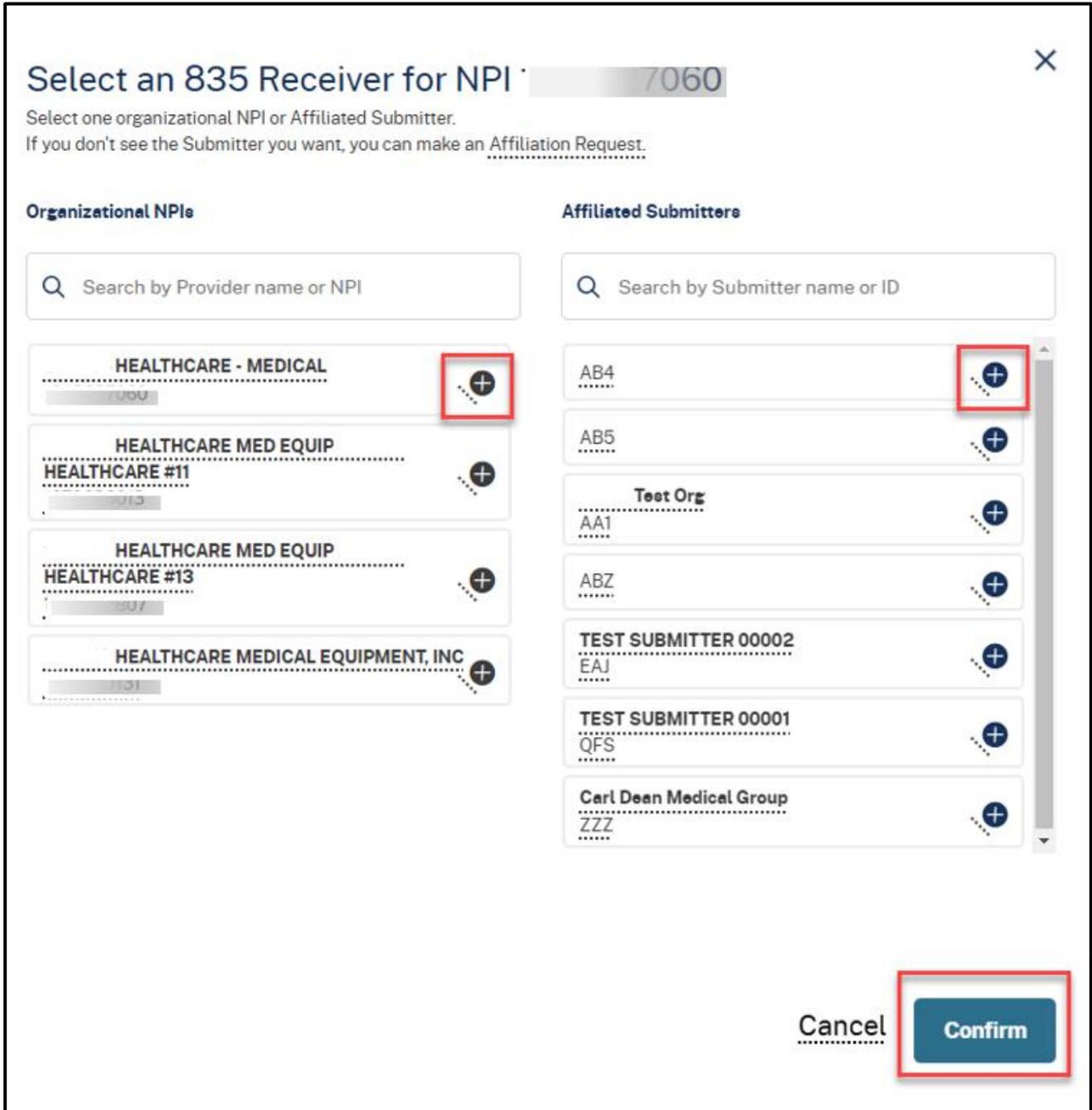
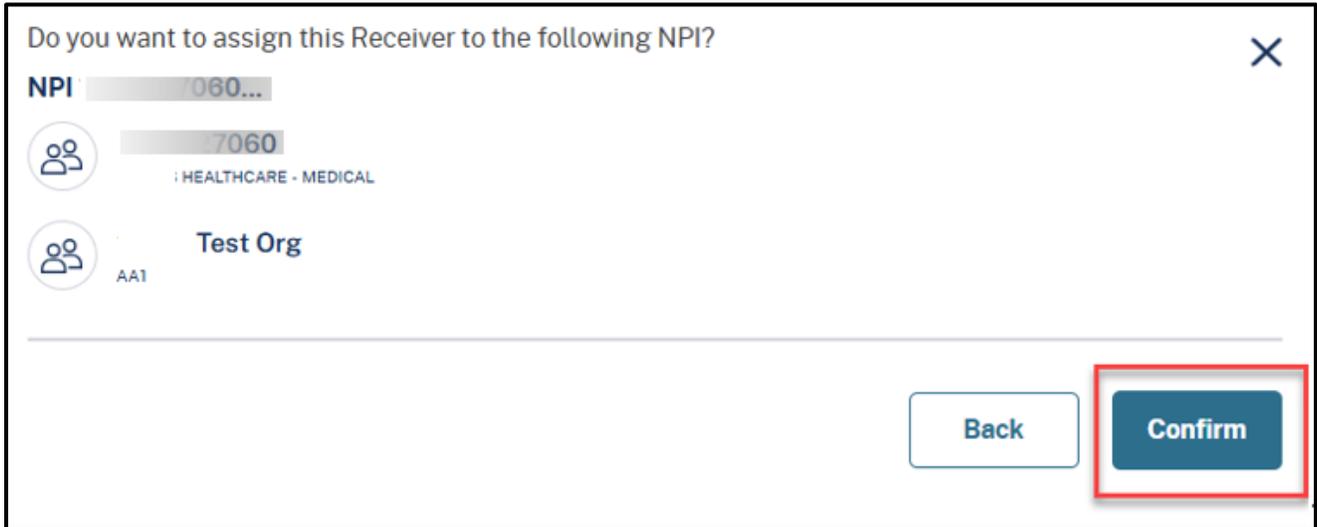


Figure 5.4: Select an 835 Receiver for the NPI.

# Provider Portal User Guide: EDI

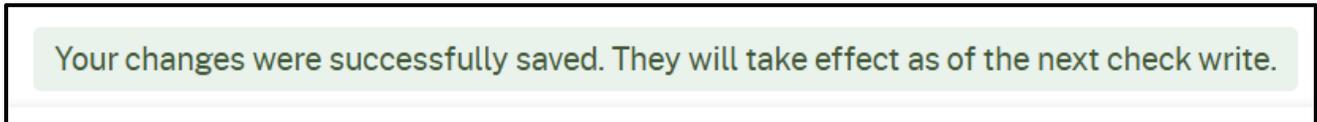
Page updated: May 2025

4. After selecting receivers, you will see a confirmation pop-up. Click **Confirm** to continue.



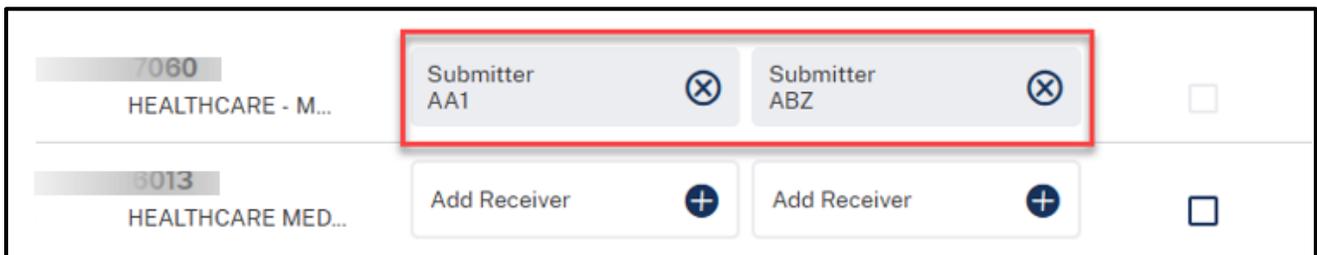
**Figure 5.5:** Confirm Adding 835 Receivers Pop-Up.

5. After confirming, the confirmation banner will appear: "Your changes were successfully saved. They will take effect as of the next checkwrite."



**Figure 5.6:** Changes Successfully Saved.

6. Remove a receiver by clicking the remove **Submitter** icon (X) next to the Submitter ID.

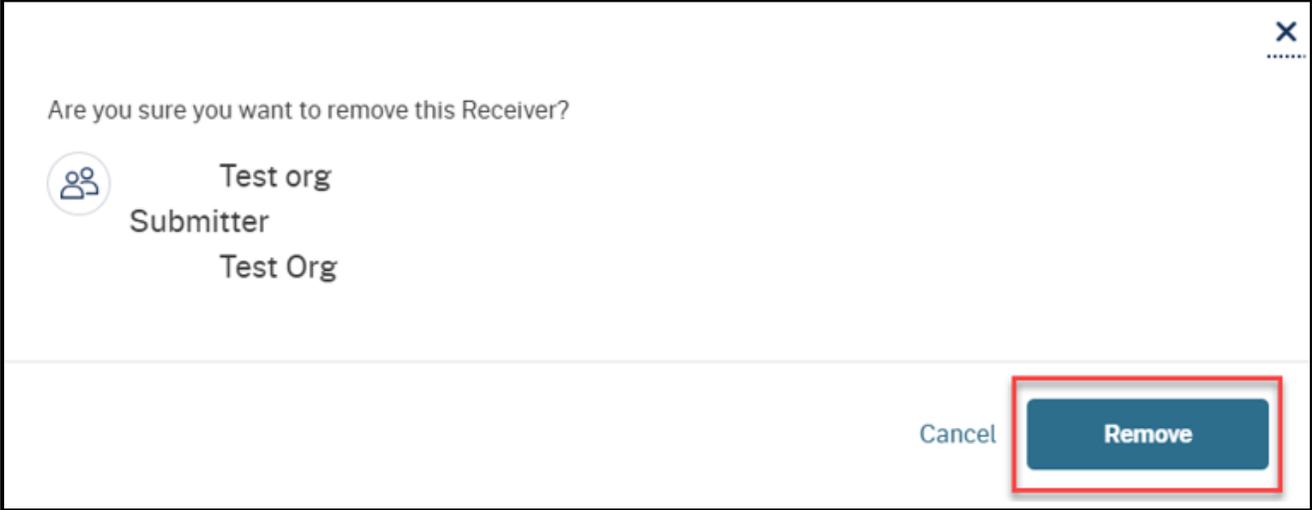


**Figure 5.7:** Remove Receiver Icons.

# Provider Portal User Guide: EDI

Page updated: May 2025

7. The removal confirmation pop-up appears after each individual receiver is removed.



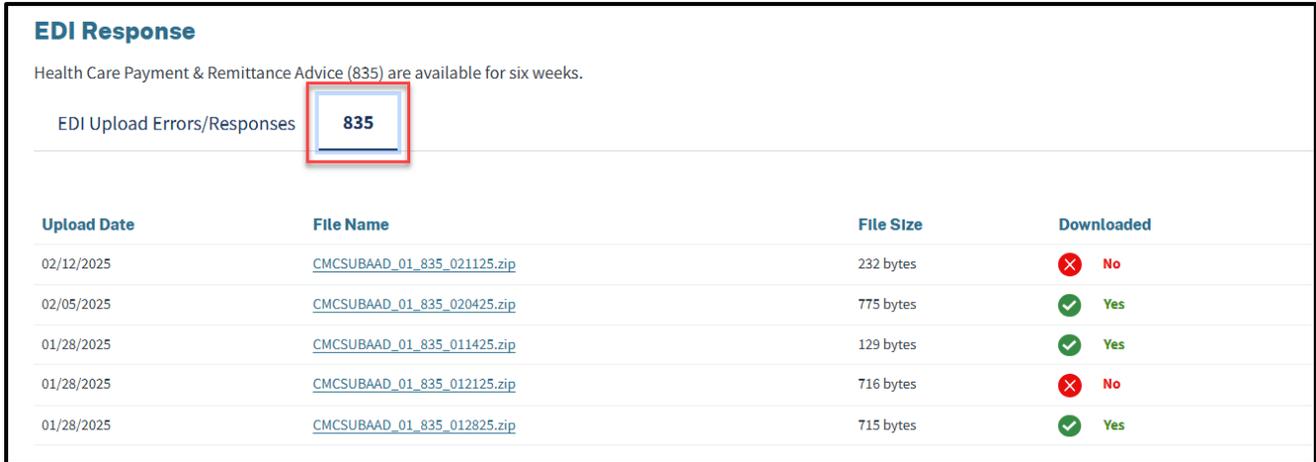
**Figure 5.8:** Remove Receiver Confirmation Pop-Up.

**Note:** Submitter organizations designated to be an 835 receiver will receive a message within the Provider Portal after being added by an affiliated provider.

# 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	<a href="#">CMCSUBAAD_01_835_021125.zip</a>	232 bytes	No
02/05/2025	<a href="#">CMCSUBAAD_01_835_020425.zip</a>	775 bytes	Yes
01/28/2025	<a href="#">CMCSUBAAD_01_835_011425.zip</a>	129 bytes	Yes
01/28/2025	<a href="#">CMCSUBAAD_01_835_012125.zip</a>	716 bytes	No
01/28/2025	<a href="#">CMCSUBAAD_01_835_012825.zip</a>	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.