



# Medi-Cal Provider Portal User Guide: Registration

Department of Health Care Services (DHCS)

CA-MMIS

V 1.0

February 2025

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# Overview

The purpose of the *Provider Portal User Guide: Registration* is to be a comprehensive instructional document that provides step-by-step instructions for how to register as a provider or submitter in the Medi-Cal Provider Portal.

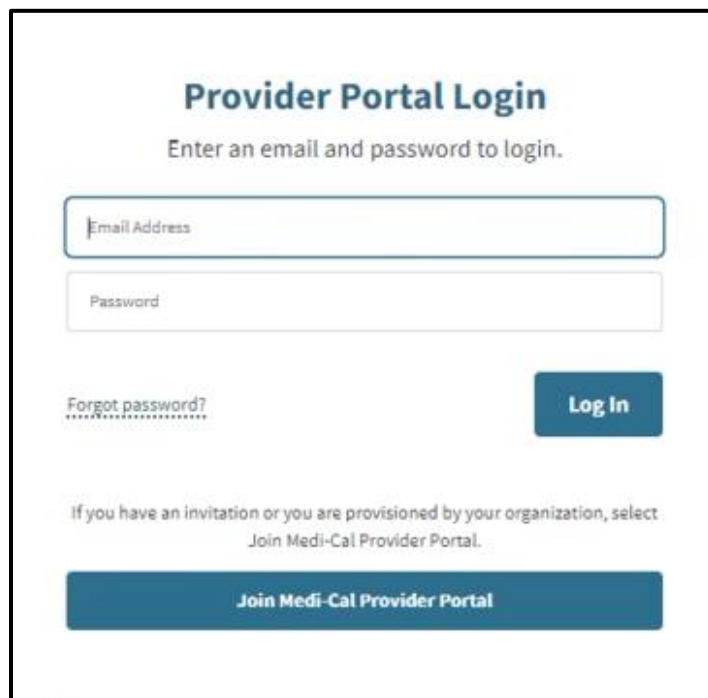
# Introduction to the Provider Portal

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.

# Register a Provider Organization

Providers must first select an administrator to represent their organization. This administrator will register the organization in the Medi-Cal Provider Portal and create an account for the organization. A secure token is sent by hard-copy (paper) letter to the pay-to address on file with Medi-Cal. **It must be used within 30 days of the date it is issued or it will expire.** Alternatively, you may call the Telephone Service Center (TSC) at 1-800-541-5555 (Monday to Friday, 8 a.m. to 5 p.m., except for holidays) in order to obtain a new secure token. Once an appropriate person has been selected as the Provider Portal Administrator, and has received the token, the steps below should be followed.

1. Navigate to the **Log In** screen and click **Join Medi-Cal Provider Portal**.



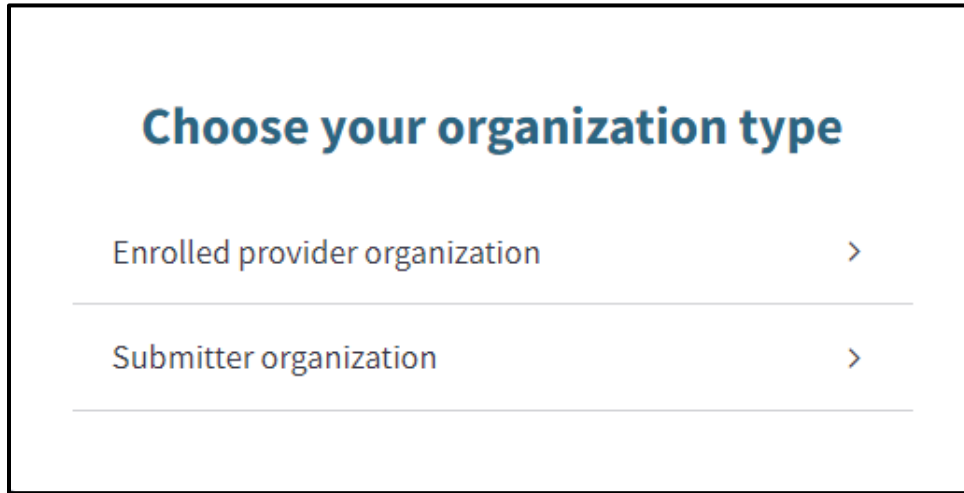
The screenshot shows the 'Provider Portal Login' interface. At the top, it says 'Provider Portal Login' in blue, followed by the instruction 'Enter an email and password to login.' Below this are two input fields: 'Email Address' and 'Password'. To the left of the 'Log In' button is a link for 'Forgot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

**Figure 1.1:** Join Medi-Cal Provider Portal Registration Button.

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2. Click **Enrolled provider organization** on the **Choose your organization type** screen.



**Choose your organization type**

Enrolled provider organization >

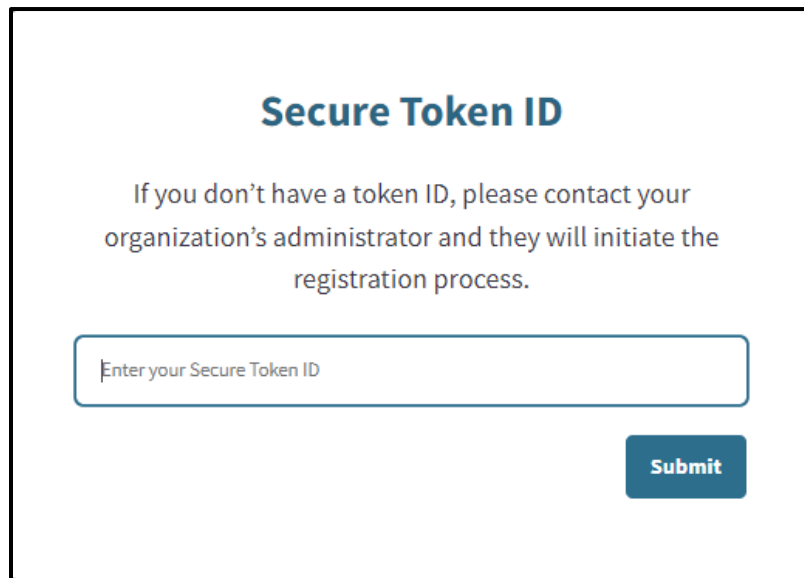
---

Submitter organization >

---

**Figure 1.2:** Choose your organization type.

3. Enter a **Secure Token ID** and click **Submit**.



**Secure Token ID**

If you don't have a token ID, please contact your organization's administrator and they will initiate the registration process.

Enter your Secure Token ID

**Submit**

**Figure 1.3:** Secure Token ID.

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4. Read the **Terms and Conditions for the Medi-Cal Provider Portal**. Select the two checkboxes and click **Next**.

## Terms and Conditions for Medi-Cal Portal

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

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

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

I confirm that I have read and agree to the above

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

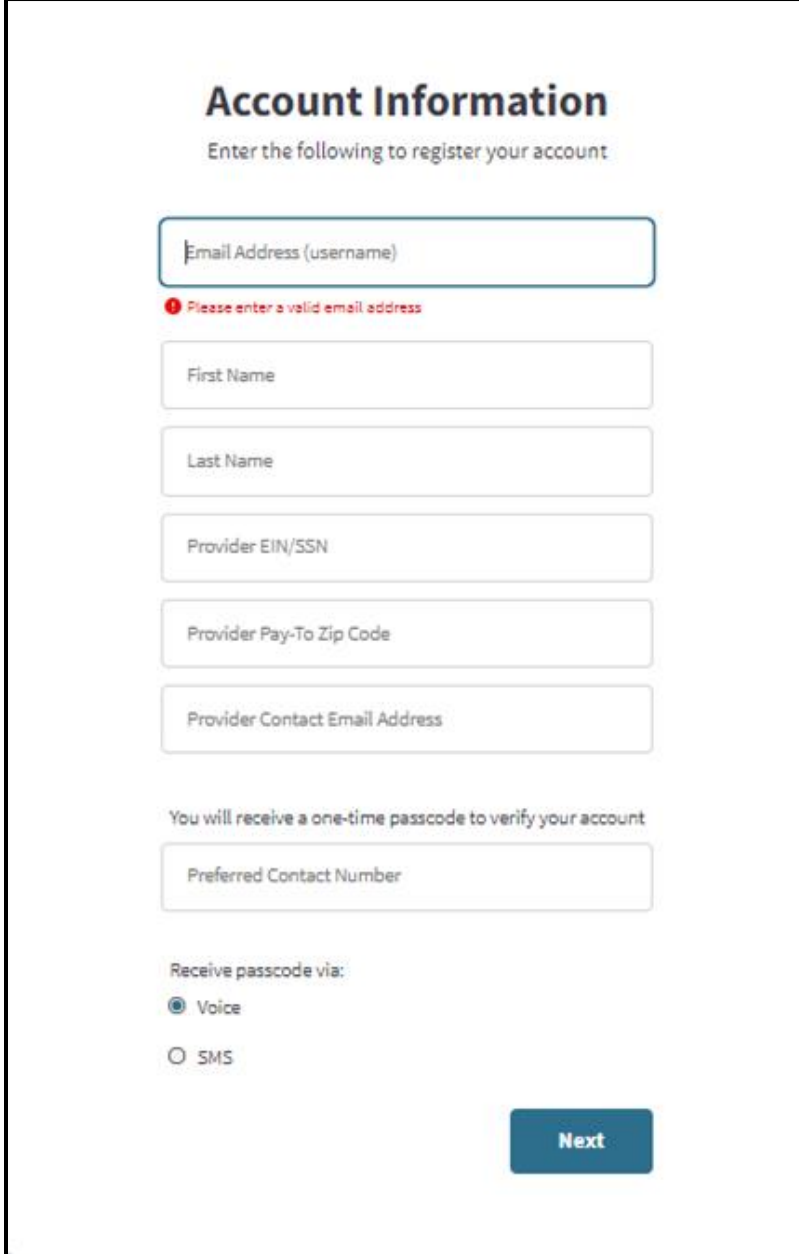
[Next](#)

**Figure 1.4:** Terms and Conditions for Medi-Cal Portal.

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5. Enter an **Email, First Name, Last Name, Provider Employer Identification Number/Social Security Number (EIN/SSN), Provider Pay-To ZIP** associated with the EIN/SSN, **Provider Contact Email Address** and **Preferred Contact Number** to register an account.



The screenshot shows a registration form titled "Account Information" with the instruction "Enter the following to register your account". The form contains several input fields: "Email Address (username)" (with a red error message "Please enter a valid email address"), "First Name", "Last Name", "Provider EIN/SSN", "Provider Pay-To Zip Code", "Provider Contact Email Address", and "Preferred Contact Number". Below the fields, there is a section for "Receive passcode via:" with radio buttons for "Voice" (selected) and "SMS". A blue "Next" button is located at the bottom right of the form.

**Figure 1.5:** Account Information.

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6. To verify the account, a **One-Time Passcode (OTP)** will be sent to the Administrator's phone. The Administrator will need to indicate how to receive this passcode, via SMS (text) or Voice (call). Select the method and click **Next**.

**One-Time Passcode**

A one-time passcode will be sent to your default phone number to verify that it's you.

Send to phone number ending in 1394 via:

SMS

Voice

Cancel Submit

Having trouble? [Use another phone number instead](#)

**Figure 1.6:** OTP.



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7. Enter the last six digits of the **OTP** and click **Next**.

**One-Time Passcode**

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

**Sent to phone number ending in 1394**

**2156 -**

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

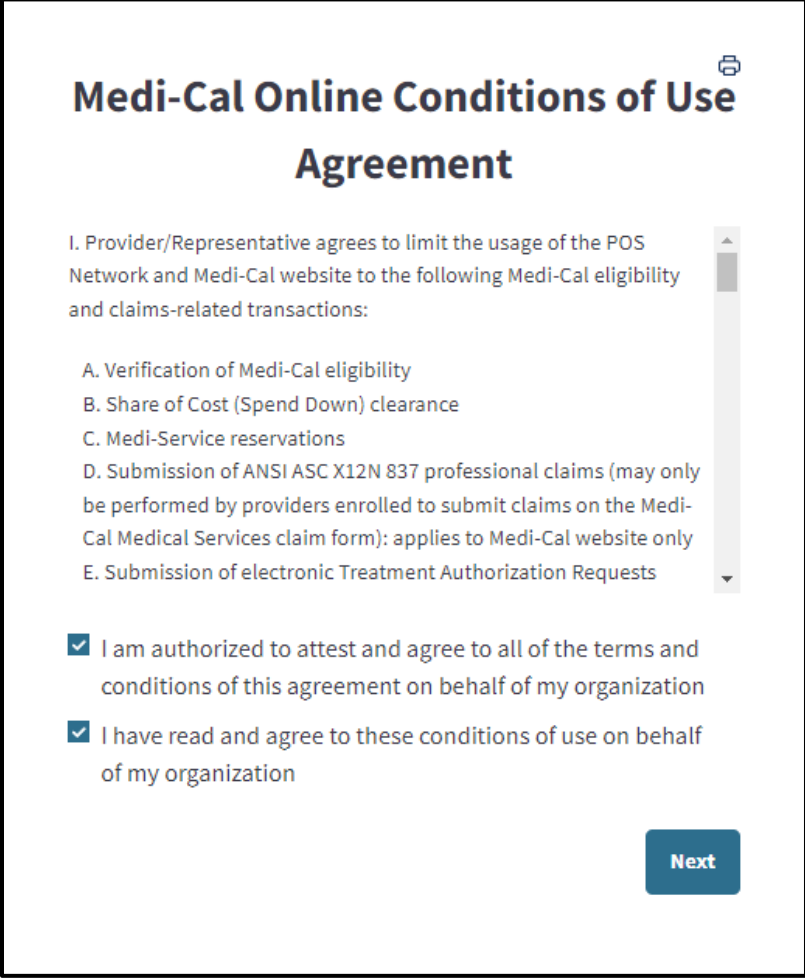
**Having trouble? [Use another phone number instead.](#)**  
Contact your organization administrator or the Telephone Services Center.

**Figure 1.8:** Enter OTP.

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8. Read and agree to the **Medi-Cal Online Conditions of Use Agreement**. Select the two checkboxes and click **Next**.



The screenshot shows a web form titled "Medi-Cal Online Conditions of Use Agreement". At the top right of the title is a printer icon. Below the title, there is a scrollable list of conditions. The first condition (I) is partially visible. Below it are five sub-conditions (A through E). At the bottom of the form, there are two checked checkboxes with their respective text, and a blue "Next" button.

**Medi-Cal Online Conditions of Use Agreement**

I. Provider/Representative agrees to limit the usage of the POS Network and Medi-Cal website to the following Medi-Cal eligibility and claims-related transactions:

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

I am authorized to attest and agree to all of the terms and conditions of this agreement on behalf of my organization

I have read and agree to these conditions of use on behalf of my organization

**Next**

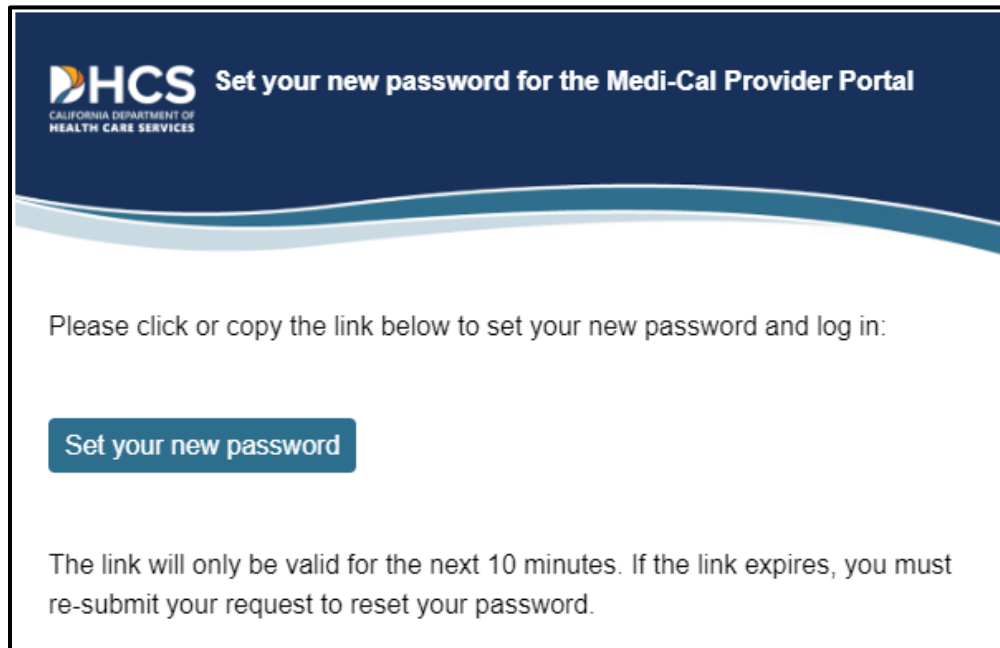
**Figure 1.9:** Medi-Cal Online Conditions of Use Agreement.

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9. Once registration is complete, a notification will be sent to the email used during sign-up to set up a password. Click **Set your new password** to continue the registration process.

**Note:** This must be done within 10 minutes, or the link will expire. If this process is not completed within 10 minutes, the Administrator must go to the Provider Portal Login page and click **Forgot Password?** in order to gain access to the Provider Portal.



**Figure 1.10:** Set new password email notification.

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

**Create New Medi-Cal Password**

New Password  
.....

✓ Minimum of 15 characters

✓ Must include at least one: uppercase character, lowercase character, number, and special character (e.g.!\$#%)

✓ Cannot reuse a recently used password

Re-Enter Password  
.....

[View Password Requirements](#)

**Submit**

**Figure 1.11:** Create New Medi-Cal Password.

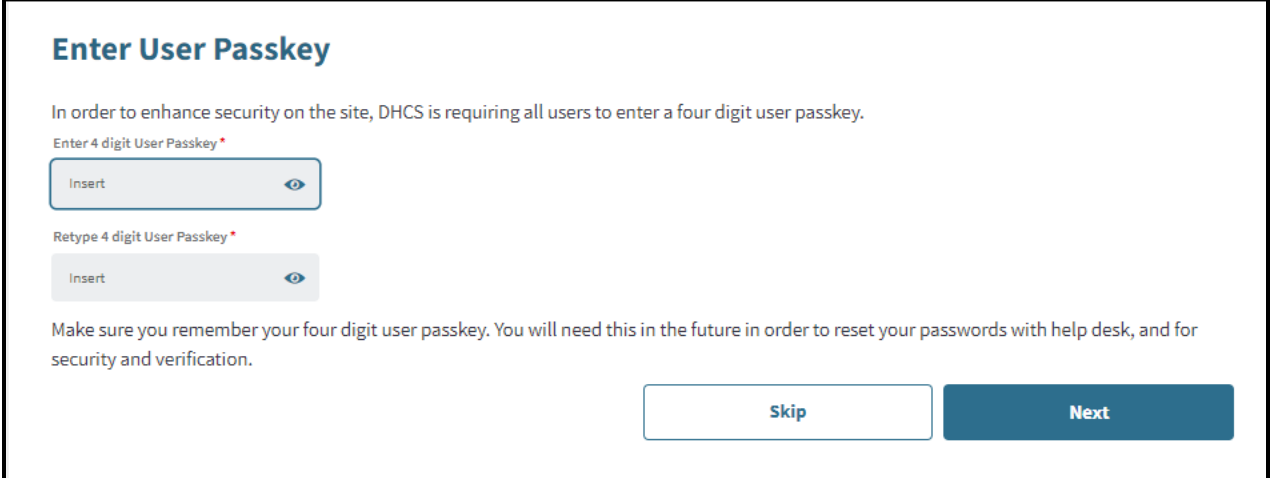
**Note:** The password must be a minimum of 15 characters and contain at least one uppercase letter, one lowercase letter, one numeral and one special character. A recently used password cannot be reused.

11. The Administrator has now successfully registered the organization and has administrative privileges to all NPIs in the organization.

## Set Passkey

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

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



The screenshot shows a web form titled "Enter User Passkey". The form contains the following elements:

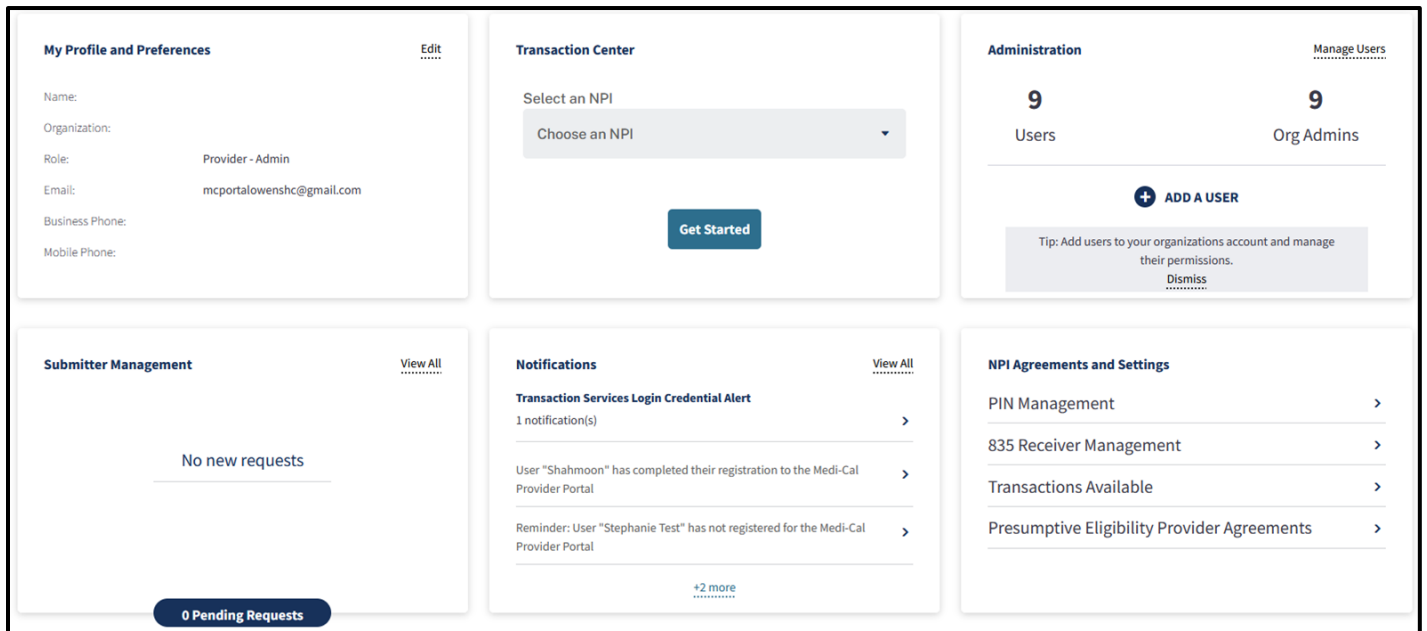
- Title:** "Enter User Passkey" in blue text.
- Instruction:** "In order to enhance security on the site, DHCS is requiring all users to enter a four digit user passkey."
- Label:** "Enter 4 digit User Passkey \*"
- Input Field 1:** A text input field with the placeholder "Insert" and a toggle icon (an eye with a slash) on the right.
- Label:** "Retype 4 digit User Passkey \*"
- Input Field 2:** A text input field with the placeholder "Insert" and a toggle icon (an eye with a slash) on the right.
- Instructions:** "Make sure you remember your four digit user passkey. You will need this in the future in order to reset your passwords with help desk, and for security and verification."
- Buttons:** Two buttons at the bottom right: a white "Skip" button and a dark blue "Next" button.

**Figure 1.31:** Enter User Passkey.

## Provider Dashboard

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

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



**Figure 1.32:** Provider Admin Dashboard.

The Provider Portal contains seven (7) areas on the **Dashboard**. Here is an overview:

- **My Profile and Preferences** contains user contact information and allows adjustment to email notification settings.
- The **Transactions Center** allows users to create and keep track of various transactions, and single sign on to Transaction Services.
- **Administration** displays information about users within an organization. This area permits Administrators to: update user permissions and information, to add and/or remove user profiles.

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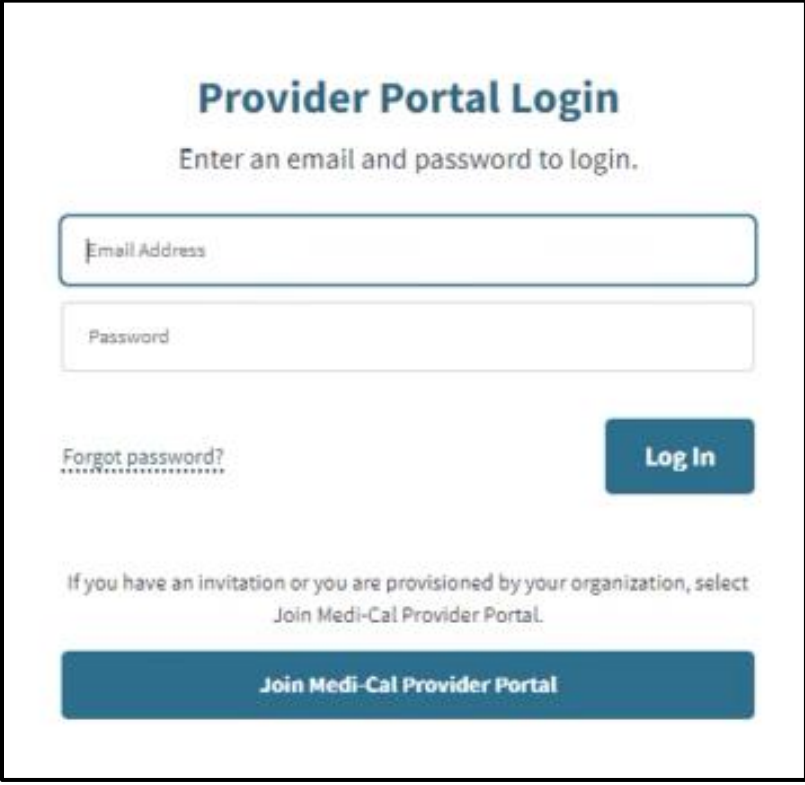
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- **Submitter Management** allows a user to view new affiliation and pending requests, manage submitters and view the submitter directory.
- **Notifications** allows a user to view unread and past notifications about an organization. Notifications can be searched for or filtered by date.
- **NPI Agreements and Settings** allows a user to search for NPIs within an organization, update NPI Provider Identification Numbers (PINs), manage 835 receivers, view Transactions Available for an NPI and Presumptive Eligibility Provider Agreements.
- **Correspondence Center** allows a user to electronically search, view and download correspondence related to the organization.

# Register a New Submitter Organization

Submitters must first select an administrator to represent their organization. This administrator will register the organization in the Medi-Cal Provider Portal and create an account for the organization. Once an appropriate person has been selected as the Provider Portal Administrator, the steps below should be followed:

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



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

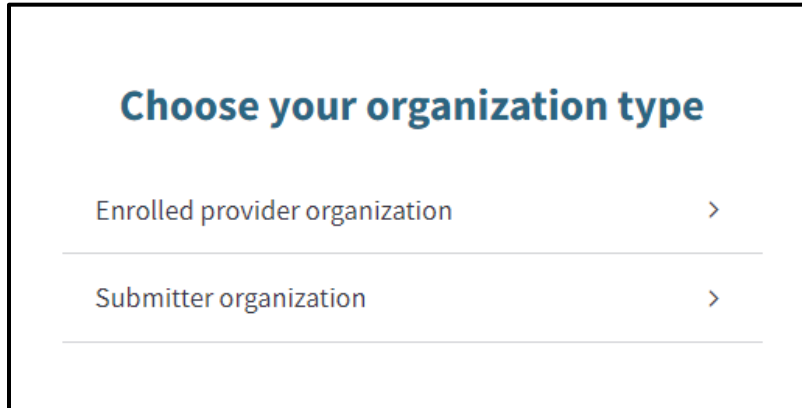
**Figure 2.1:** Join Medi-Cal Provider Portal Button.



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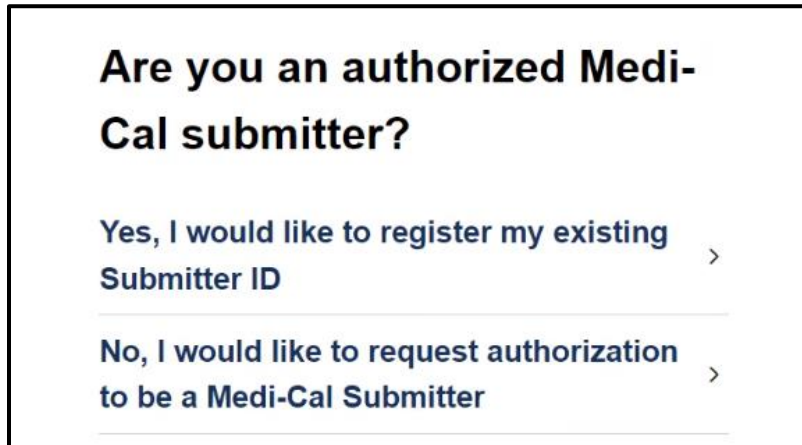
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2. Click **Submitter Organization** on the **Choose Your Organization Type** screen.



**Figure 2.2:** Choose your organization type.

3. Click **No, I would like to request authorization to be a Medi-Cal Submitter**.



**Figure 2.3:** New Medi-Cal Submitter.

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4. Read the **Terms and Conditions for the Medi-Cal Provider Portal**. Select the two checkboxes and click **Next**.

## Terms and Conditions for Medi-Cal Portal

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

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

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

I confirm that I have read and agree to the above

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

[Next](#)

**Figure 2.4:** Terms and Conditions for Medi-Cal Portal.

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5. On the **Organization Information** screen, enter the **Submitter Organization Information**, **Affiliated Provider Organization** and **Account Information**. Select SMS or Voice to receive passcode, then click **Next**.

### Organization Information

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

**STOP:** If you are already an approved Biller/Submitter you will want to register your existing account with Medi-Cal.

#### Submitter Organization Information

Submitter Legal Name

Doing Business As Name (DBA) - if applicable

Organization Phone Number

Address Line 1

Address Line 2 (optional)

City

State  
CA

Zip

#### Affiliated Provider Organization

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

Enter an affiliated provider organization to verify your registration.

Provider EIN/SSN

NPI

#### Account Information

Email Address

First Name

Last Name

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

Preferred Contact Number

Receive passcode via:

SMS

Voice

**Next**

Figure 2.5: Organization Information.

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

**Address Verification** ✕

Select the address to use or edit the address

**Organization Address**

Original Address  Suggested Address

West Sacramento, CA 95605 [Edit](#) \*\*\*\*\*

W SACRAMENTO, CA 95605

**Figure 2.6:** Address Verification.

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7. Enter the last six digits of the **OTP** and click **Next**.

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

**One-Time Passcode**

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

Sent to phone number ending in 1394

9567 -

[Resend one-time passcode](#)

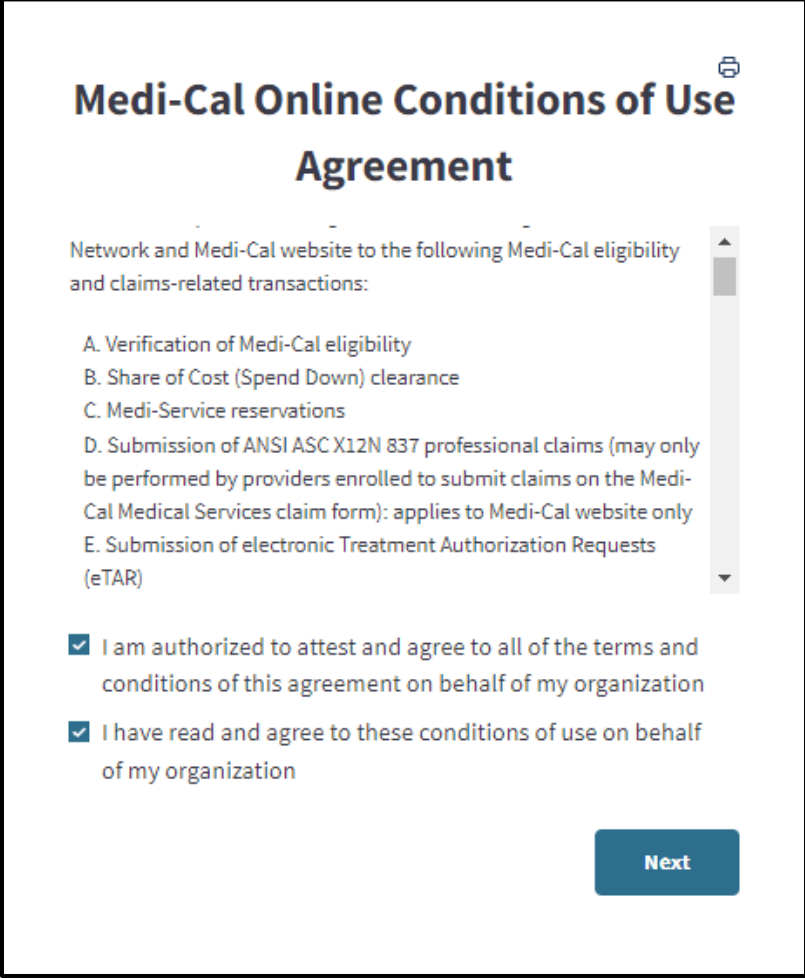
[Having trouble? Use another phone number instead.](#)  
Contact your organization administrator or the Telephone Services Center.

**Figure 2.7:** OTP.

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8. Read and agree to the **Medi-Cal Online Conditions of Use Agreement**. Select the two checkboxes and click **Next**.



The screenshot shows a web form titled "Medi-Cal Online Conditions of Use Agreement". At the top right of the title is a printer icon. Below the title, the text reads: "Network and Medi-Cal website to the following Medi-Cal eligibility and claims-related transactions:". This is followed by a list of five items, A through E, each with a small square bullet point. Below the list are two checkboxes, both of which are checked. At the bottom right of the form is a blue button labeled "Next".

**Medi-Cal Online Conditions of Use Agreement**

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

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

I am authorized to attest and agree to all of the terms and conditions of this agreement on behalf of my organization

I have read and agree to these conditions of use on behalf of my organization

**Next**

**Figure 2.8:** Medi-Cal Online Conditions of Use Agreement.

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9. A screen for the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHCS 6153) form will appear. Read and complete the agreement form and click **Submit Agreement**.

The screenshot shows a web form titled "Submitter + Provider Affiliation Agreement" with a status of "Mcportal025 Not signed". The form is from the State of California, Department of Health Care Services, and is titled "MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT (For electronic claim submission)".

**1.2 BACKGROUND INFORMATION**  
The Provider/Biller agrees to provide the Department with the above information requested in order to verify qualifications to act as a Medi-Cal electronic Biller.

**2.0 DEFINITIONS**  
The terms used in this agreement shall have their ordinary meaning, except those terms defined in regulations, Title 22, California Code of Regulations, Section 51502.1, shall have the meaning ascribed to them by that regulation as from time to time amended. The term "electronic" or "electronically," when used to describe a form of claims submission, shall mean any claim submitted through any electronic means such as: modem communications.

**3.0 CLAIMS ACCEPTANCE AND PROCESSING**  
The Department agrees to accept from the enrolled Provider/Biller, electronic claims submitted to the Medi-Cal fiscal intermediary in accordance with the Medi-Cal provider manuals. The Provider hereby acknowledges that he has received, read, and understands the provider manual and its contents, and agrees to read and comply with all provider manual updates and provider bulletins relating to electronic billing.

**3.1 CLAIMS CERTIFICATION**  
The Provider agrees and shall certify under penalty of perjury that all claims for services submitted electronically have been personally provided to the patient by the Provider or under his direction by another person eligible under the Medi-Cal Program to provide to such services, and such person(s) are designated on the claim. The services were, to the best of the Provider's knowledge, medically indicated and necessary to the health of the patient. The Provider shall also certify that all information submitted electronically is accurate and complete. The Provider understands that payment of these claims will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider/Biller agrees to keep for a minimum period of three years from the date of service an electronic archive of all records necessary to fully disclose the extent of services furnished to the patient. A printed representation of those records shall be produced upon request of the Department during that period of time. The Provider/Biller agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California to the California Department of HealthCare Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services; or their duly authorized representatives. The Provider also agrees that medical care services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability. The Provider/Biller agrees that using his Medi-Cal Submitter ID plus DHCS-issued password when submitting an electronic claim will identify the submitter and shall serve as acceptance to the terms and conditions of the Department's Telecommunications Provider and

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

First and Last Name:  Title:

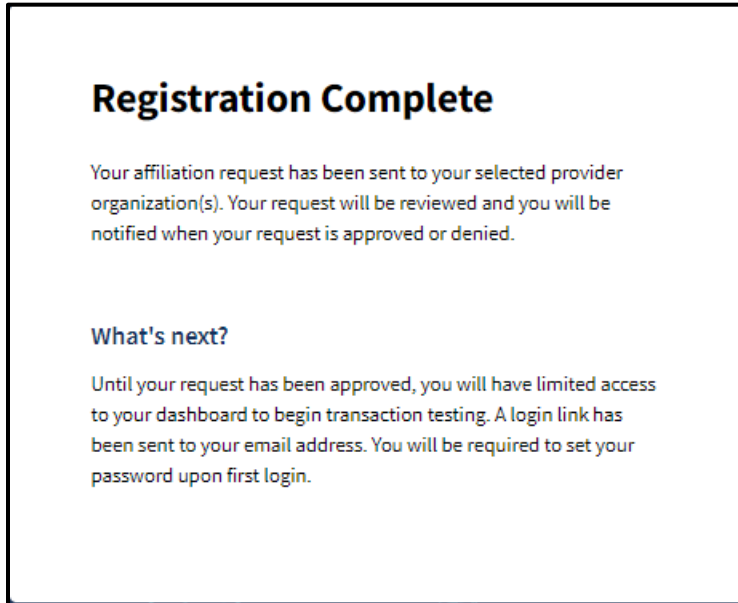
I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.

Electronic Signature: \_\_\_\_\_

**Submit Agreement**

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

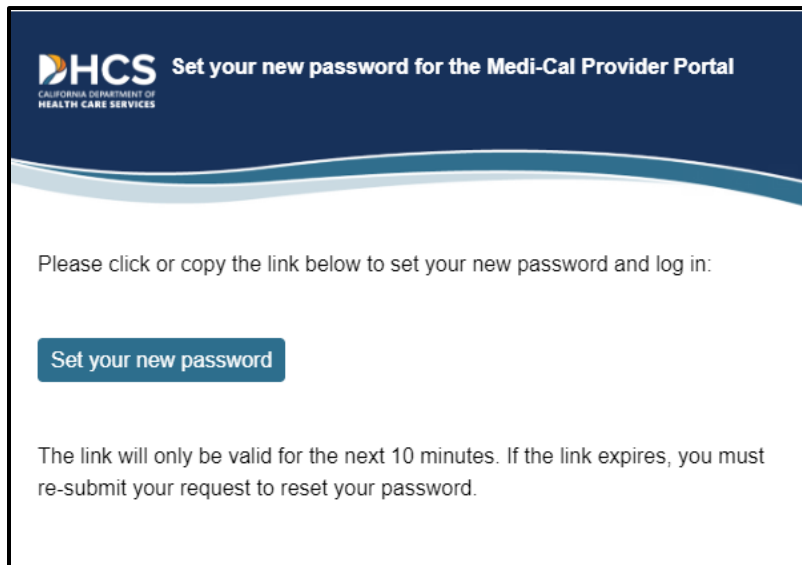
10. **Registration Complete** screen for affiliation request will appear.



**Figure 2.10:** Registration Complete.

11. Once registration is complete, a notification will be sent to the email used during sign-up to set up a password. Click **Set your new password** to continue the registration process.

**Note:** This must be done within 10 minutes, or the link will expire. If this process is not completed within 10 minutes, the Administrator must go to the Provider Portal Login page and click **Forgot Password?** in order to gain access to the Provider Portal.



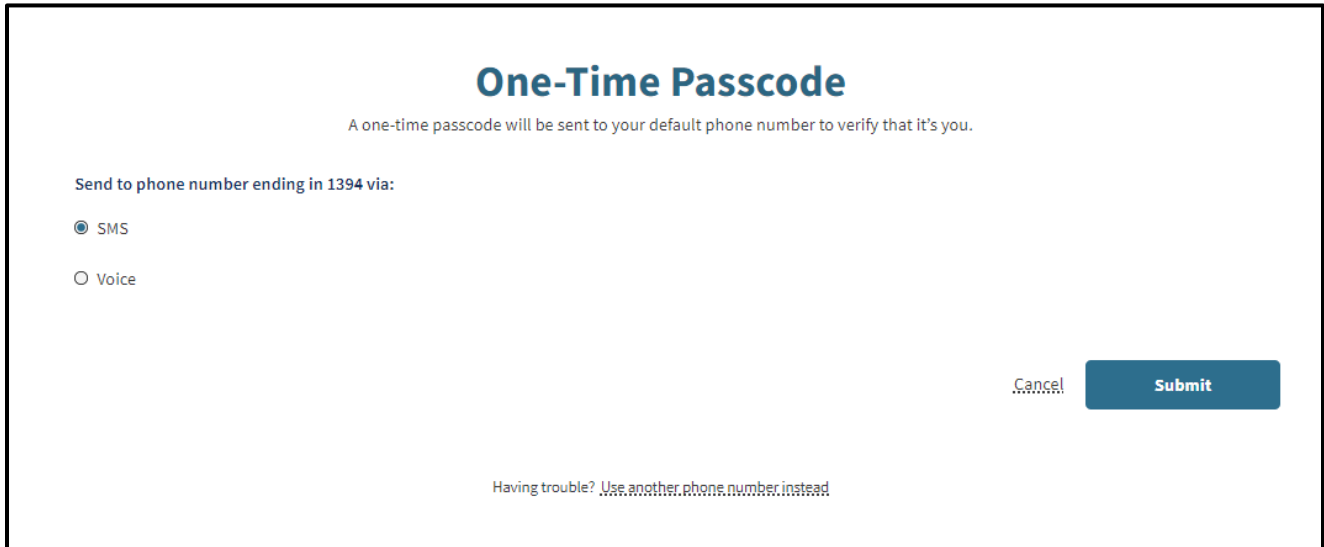
**Figure 2.11:** Set Your New Password Email Notification.



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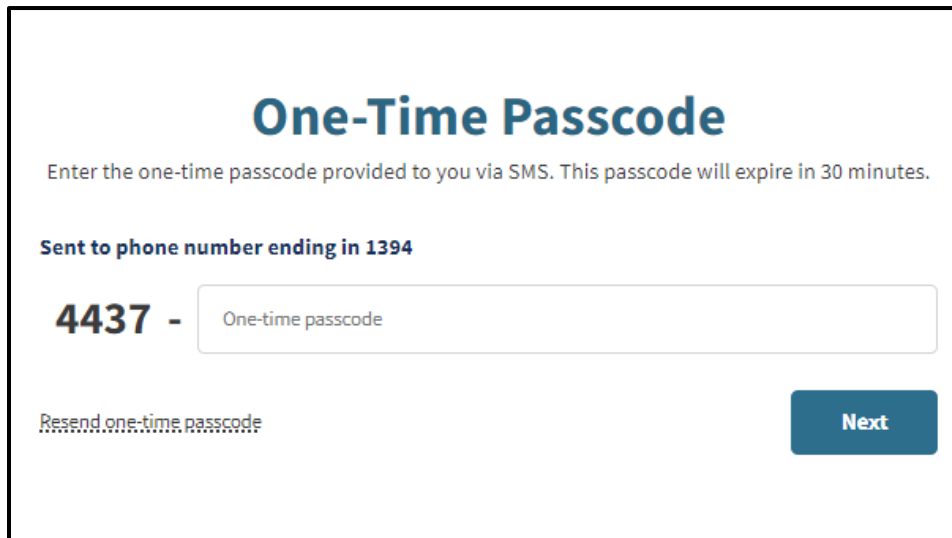
12. A screen to receive an OTP will appear. Select to receive the passcode via **SMS** or **Voice** and click **Submit**.



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

**Figure 2.12:** OTP.

13. Enter the last six digits of the OTP and click **Next**.



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

**Figure 2.13:** Enter OTP.


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

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

**Create New Medi-Cal Password**

New Password  

- ✓ Minimum of 15 characters
- ✓ Must include at least one: uppercase character, lowercase character, number, and special character (e.g. !\$#%)
- ✓ Cannot reuse a recently used password

Re-Enter Password

[View Password Requirements](#)

**Figure 2.14:** Create New Medi-Cal Password.

# Set Passkey


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

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


**Enter User Passkey**

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

Enter 4 digit User Passkey \*

Insert 

Retype 4 digit User Passkey \*

Insert 

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

**Next**

**Figure 2.15:** Enter User Passkey.

## Submitter Dashboard

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

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

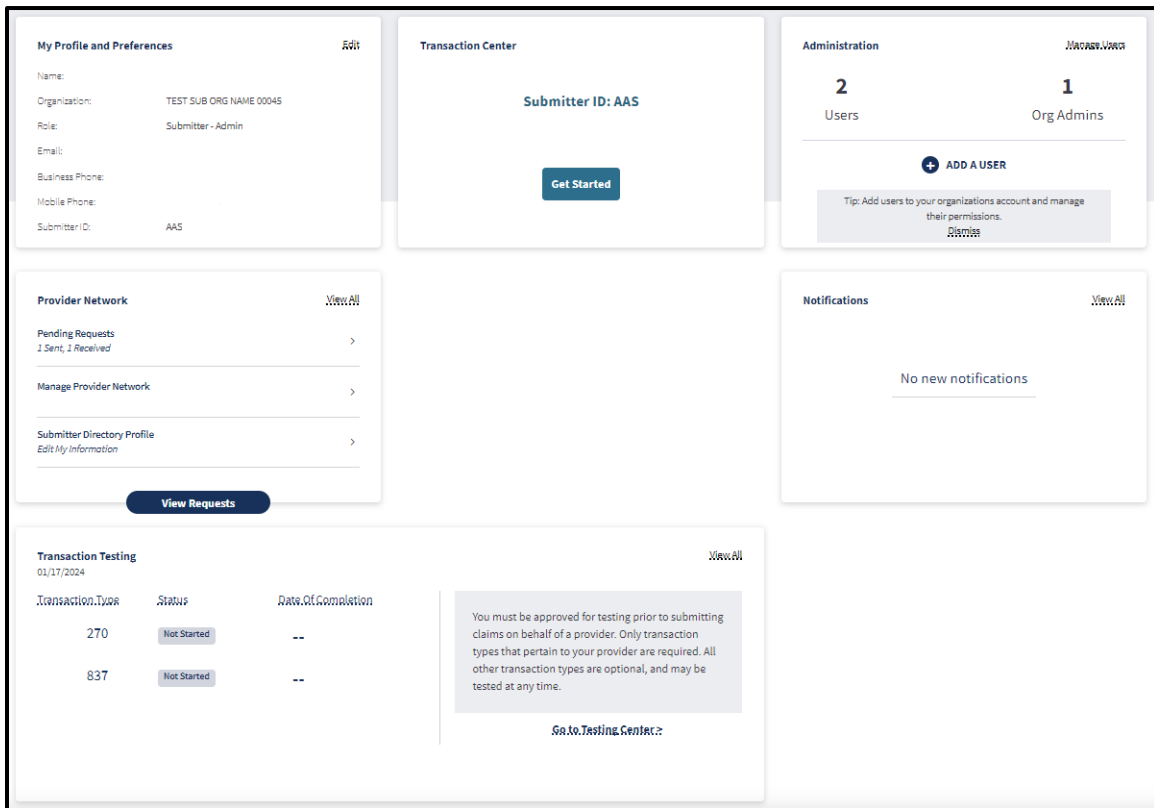


Figure 2.16: Provider Portal Submitter Admin Dashboard.

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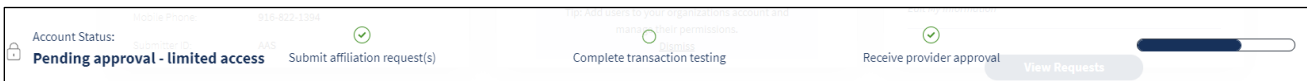
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The Portal contains six (6) areas on an Administrator's Dashboard. Here is an overview:

- **My Profile and Preferences** contains personal contact information and submitter ID. This allows adjustment to email notification settings.
- The **Transactions Center** allows users to create and keep track of various transactions, and single sign on to Transaction Services.
- **Administration** displays information about users within an organization. This area permits Administrators to update user permissions and information, and add and/or remove user profiles.
- **Provider Network** area allows a user to electronically search, view and download correspondence related to the organization. A user may search by NPI, document type or date.
- **Notifications** allows a user to view unread and past notifications about an organization. Notifications can be searched for or filtered by date.
- **Transaction Testing** allows a user to submit transaction testing for 837 and 270 claim transactions.

## Account Status Bar

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



**Figure 2.17:** Account Status Dashboard.

# Change Summary

Version Number	Date	Description	Notes/Comments
1.0	February 2025	Associated with Provider Portal	New Registration guide with only Provider and Submitter organization steps.