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.cammis.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.
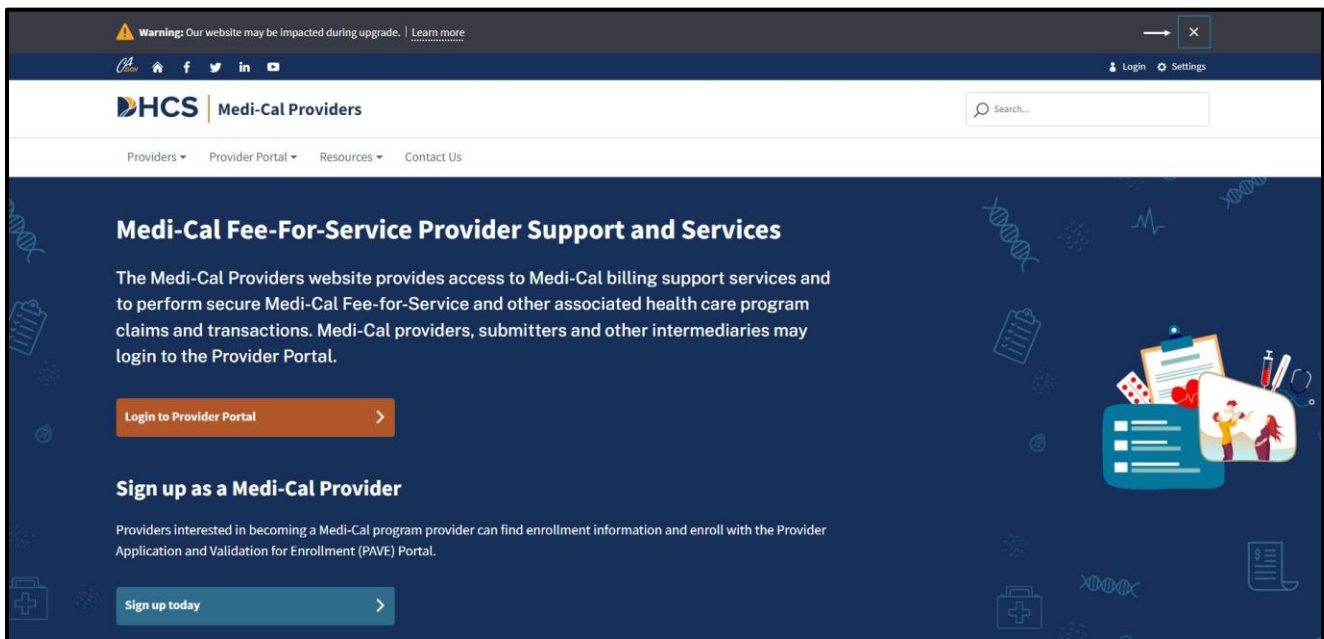

Figure 1.1: The System Status alert appears at the top of the Medi-Cal Providers website by default and may be removed by clicking on the **X**.

Page updated: September 2023

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.

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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.
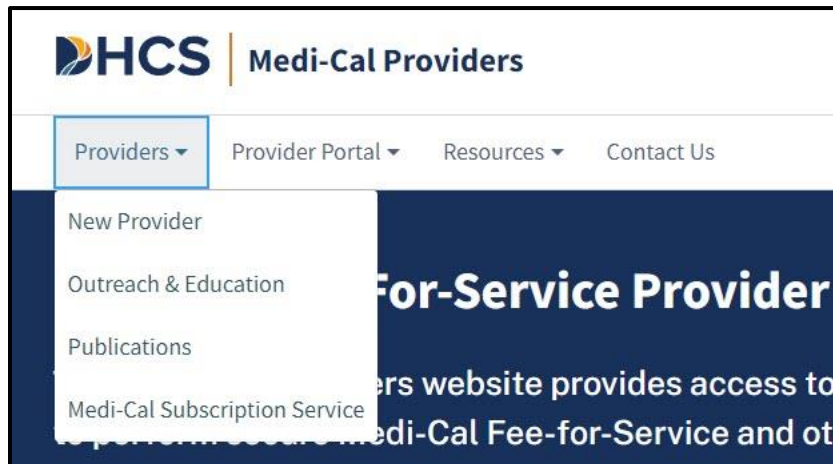
Figure 3.1: The Providers drop-down menu.

Provider Portal

The Provider Portal drop-down menu displays two options for users to login to the Provider Portal or legacy Transaction Services.
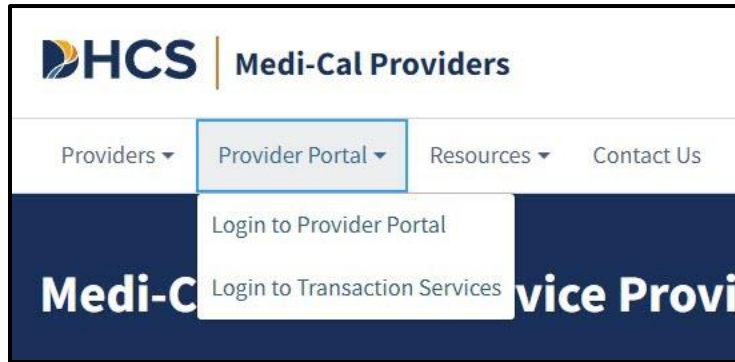
Figure 4.1: The Provider Portal drop-down menu.

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.
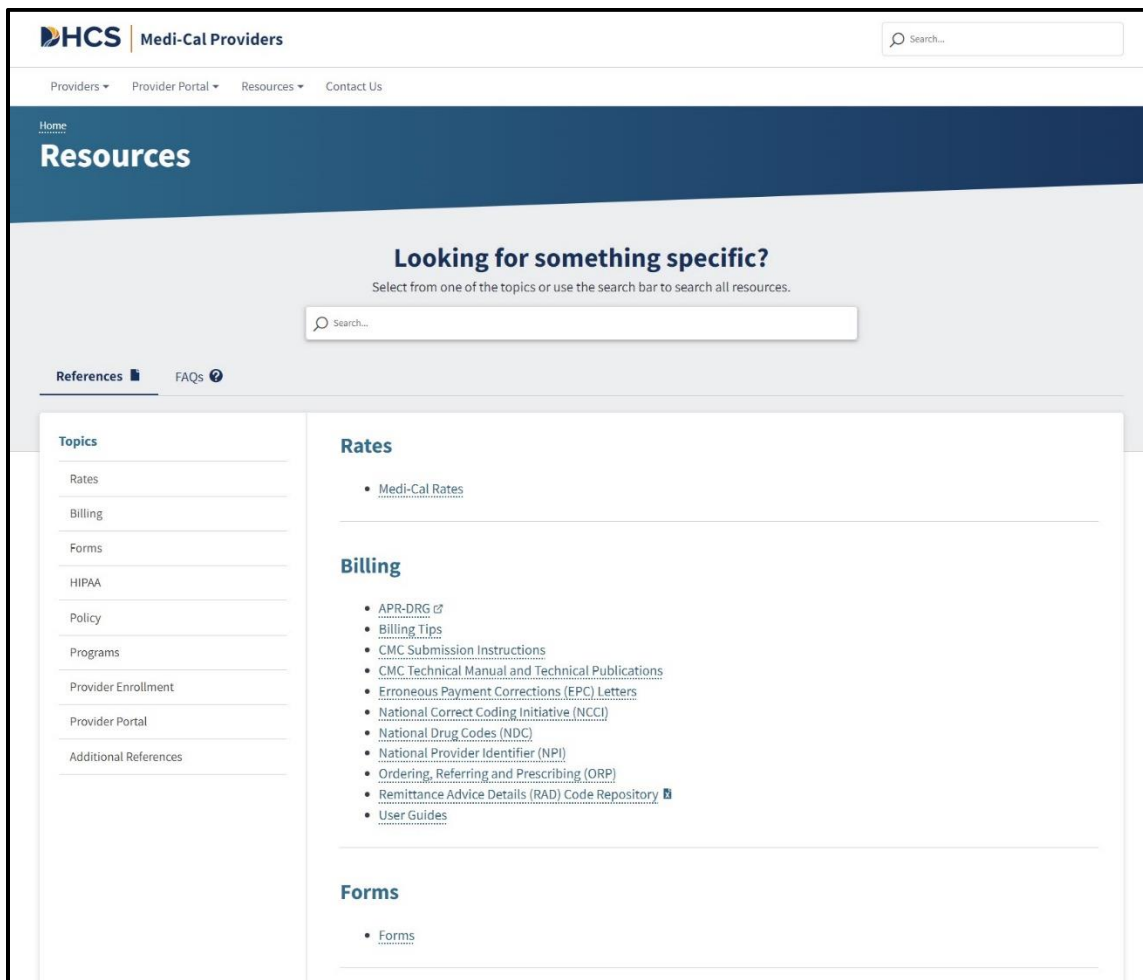
Figure 5.2: Links under Medi-Cal References.

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.
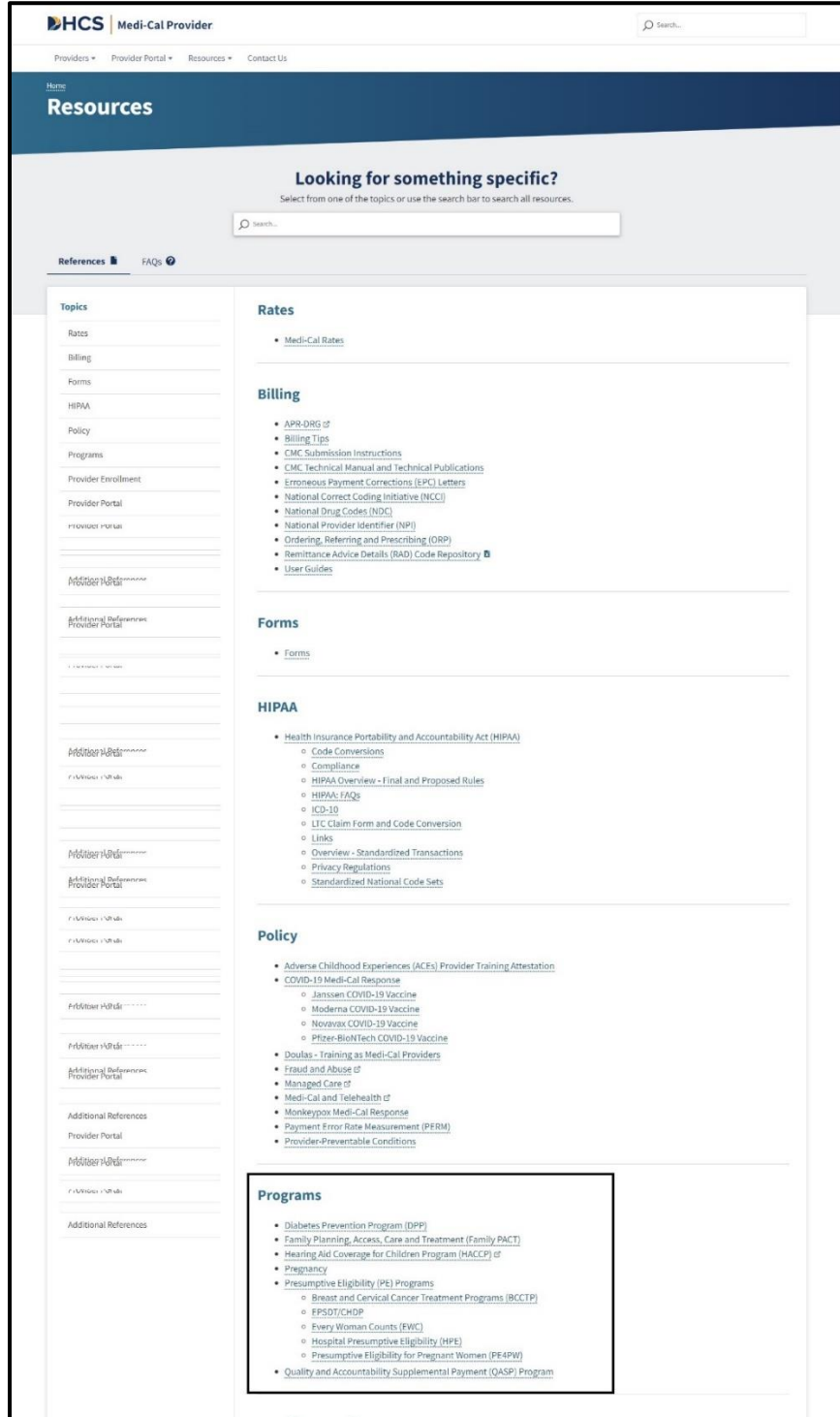
Figure 5.3: The Specialty Programs link contains several Medi-Cal programs.
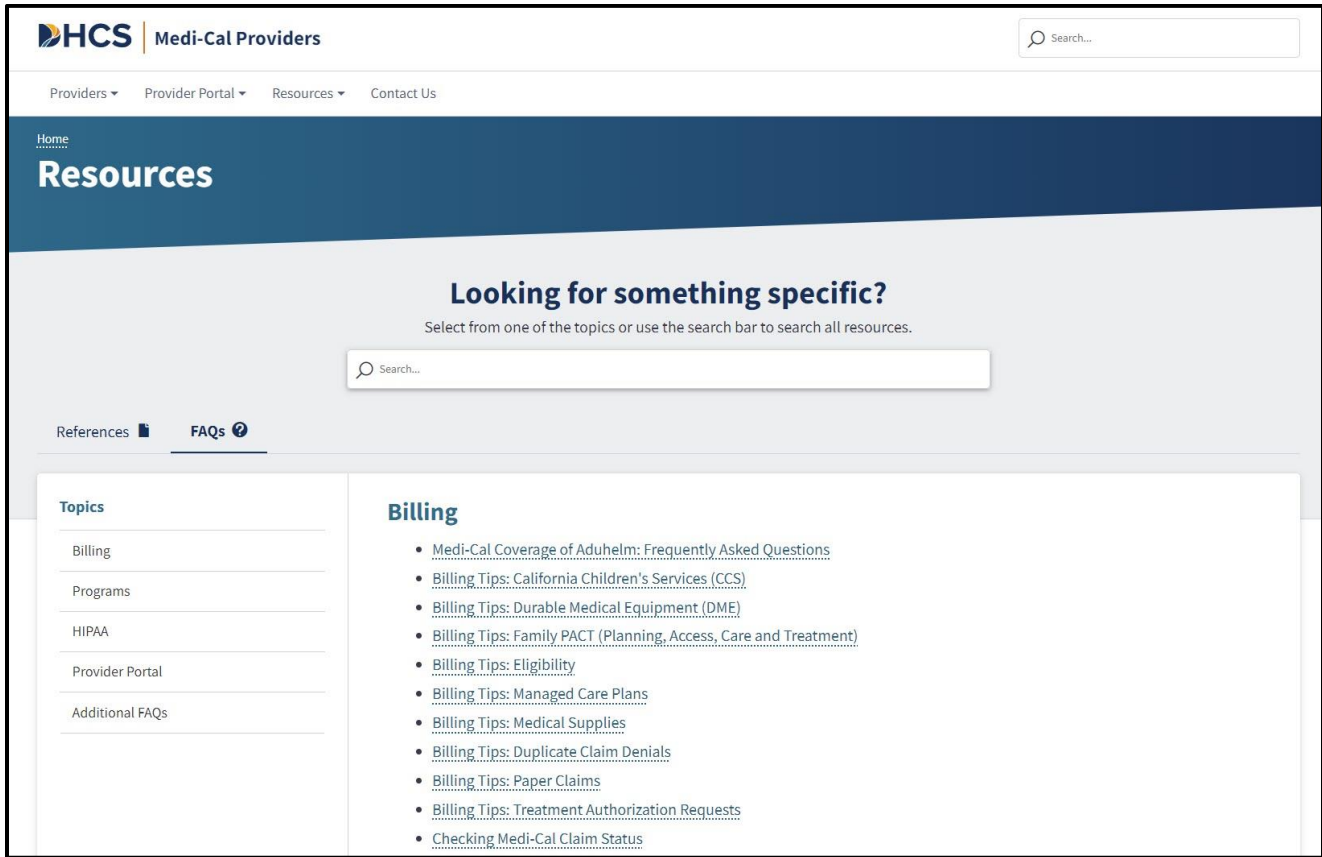
Figure 5.4: FAQs under Medi-Cal Resources.

Contact Us

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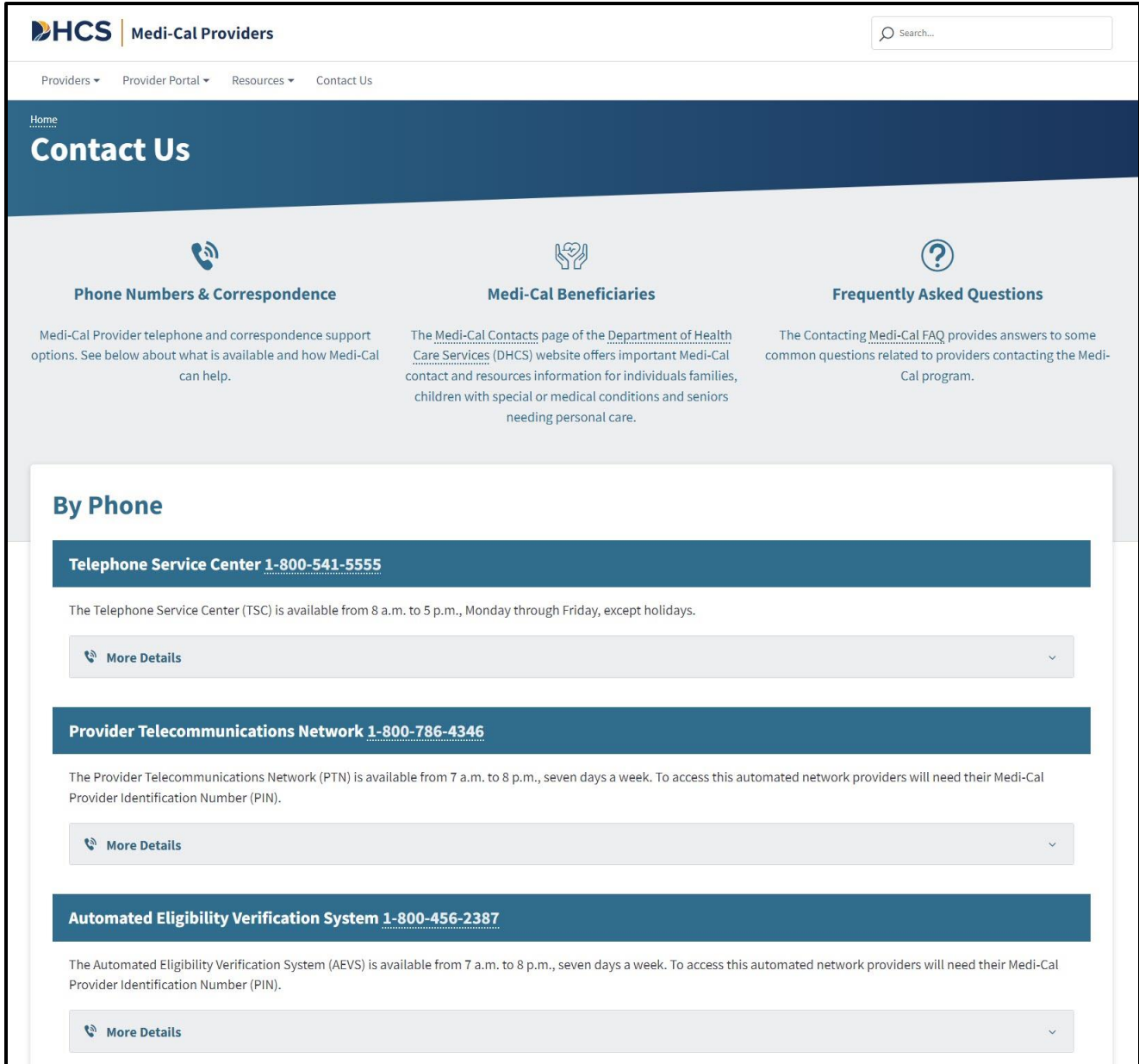
Figure 6.1: The Contact Us webpage provides contact numbers, information and addresses for communicating with Medi-Cal personnel.

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
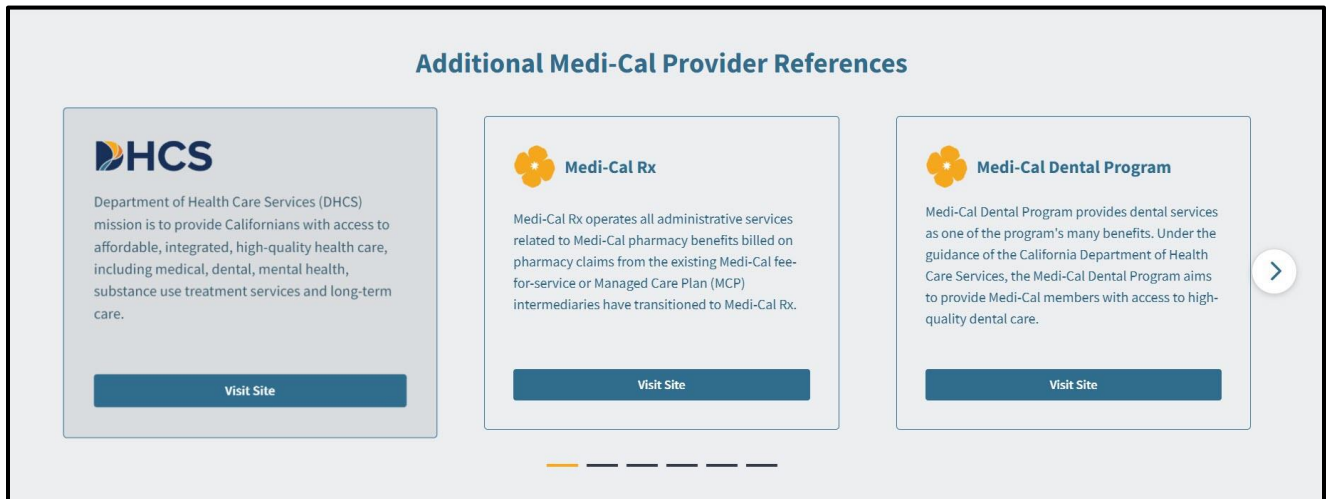
Figure 7.1: Additional Medi-Cal Provider references tiles.

Footer

The footer of the Medi-Cal Providers homepage contains helpful links to Categories such as: Transactions, Support and Statewide Campaigns.
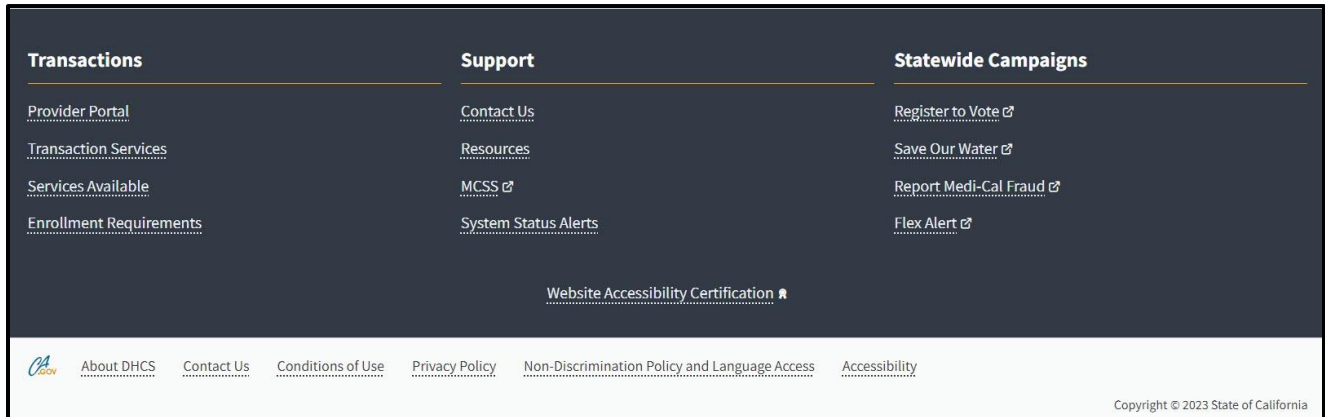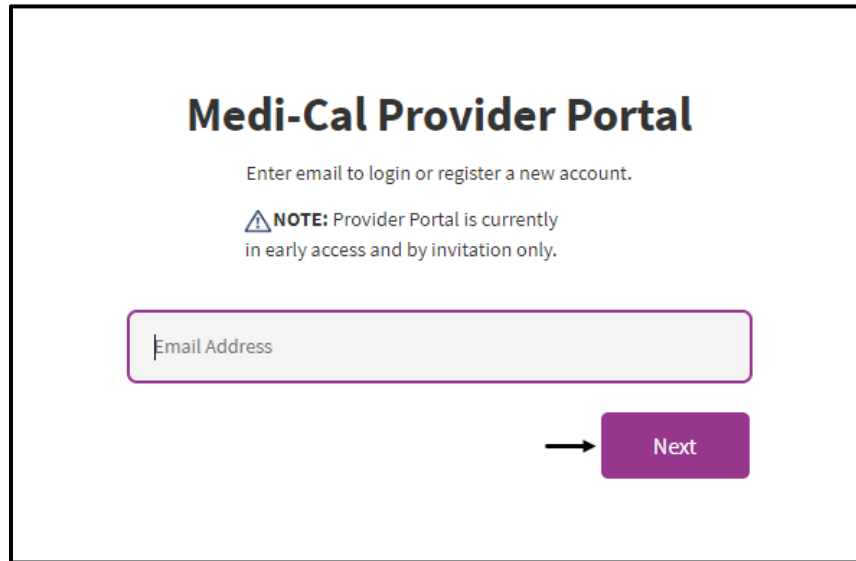
Figure 8.1 Additional Medi-Cal Provider references tiles.

Transactions Log In

1. Navigate to the <u>Medi-Cal Provider Portal.</u> Enter the email address and select **Next.**
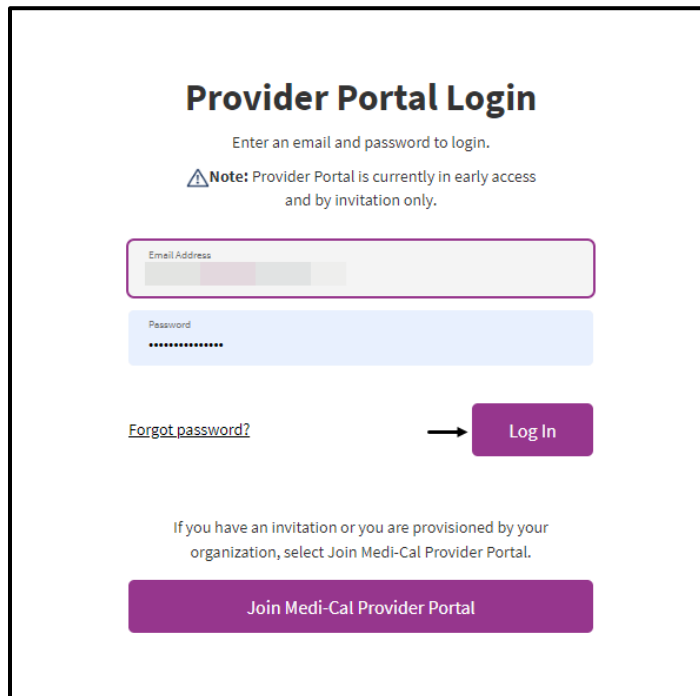
Figure 9.1: Enter Email address page to login to Medi-Cal Provider Portal.

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

Figure 9.2: Provider Portal Login screen.

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

Figure 9.3: System Use Notification screen.

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.
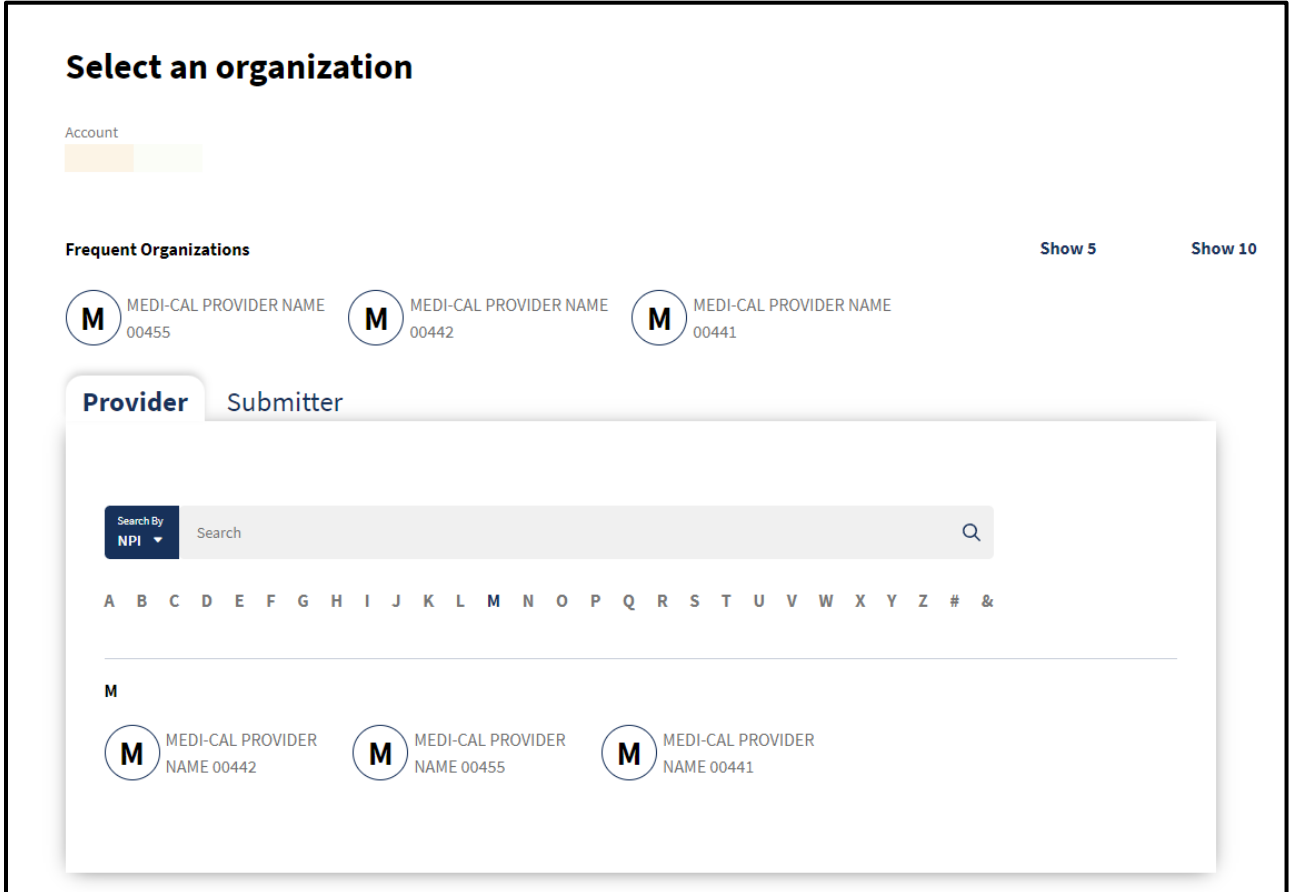
Figure 9.4: Select an organization screen.

5. Navigate to the **Transaction Center.**
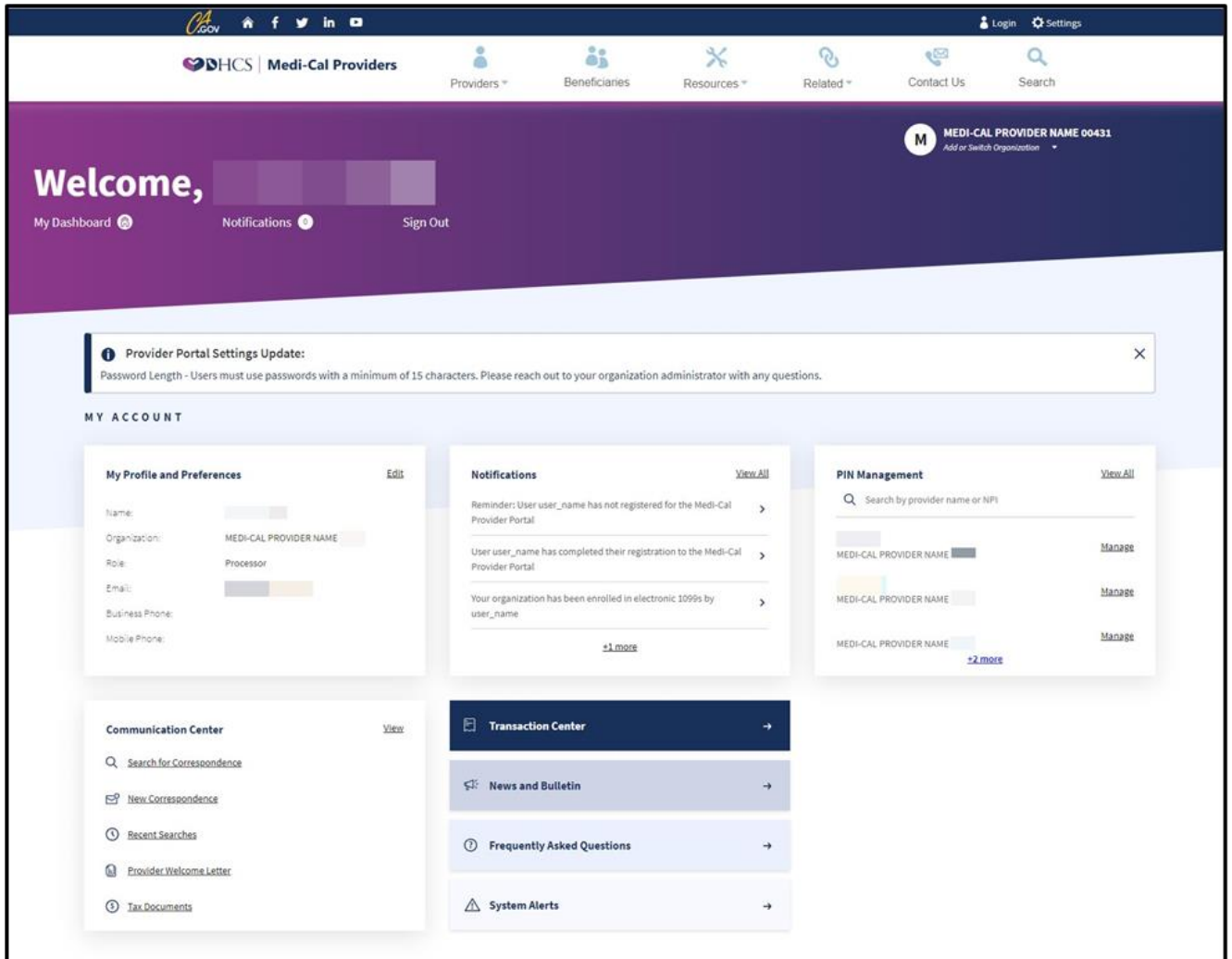
Figure 9.5: Provider Portal homepage.

6. From the drop-down menu, choose the desired NPI then select **Enter Transaction Services.**
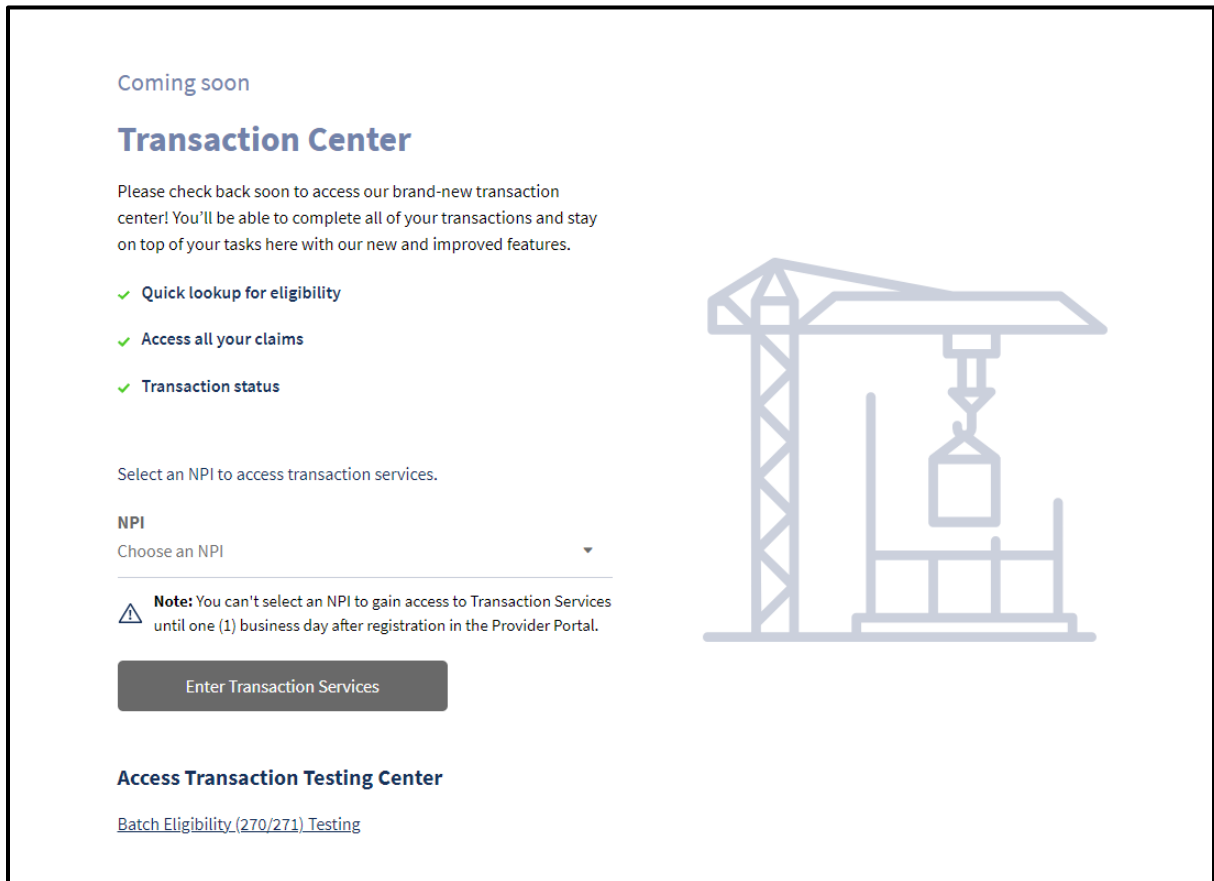
Figure 9.6: Transaction Center.

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.
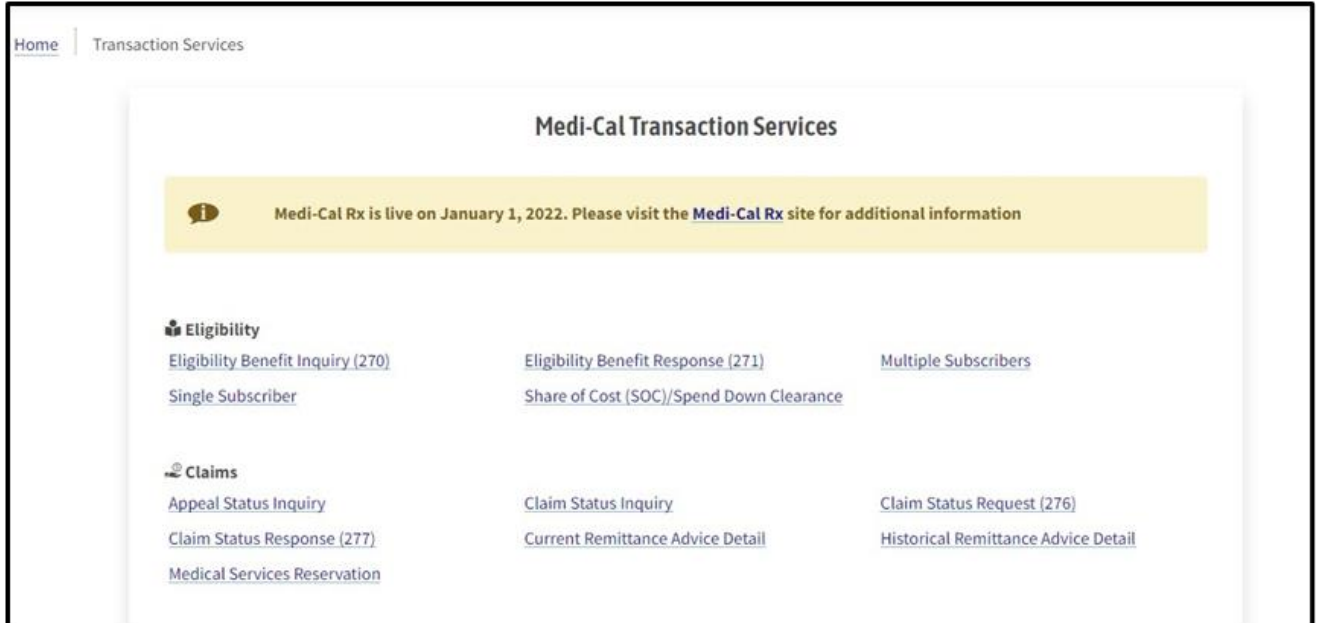
Figure 9.7: Transaction Services.

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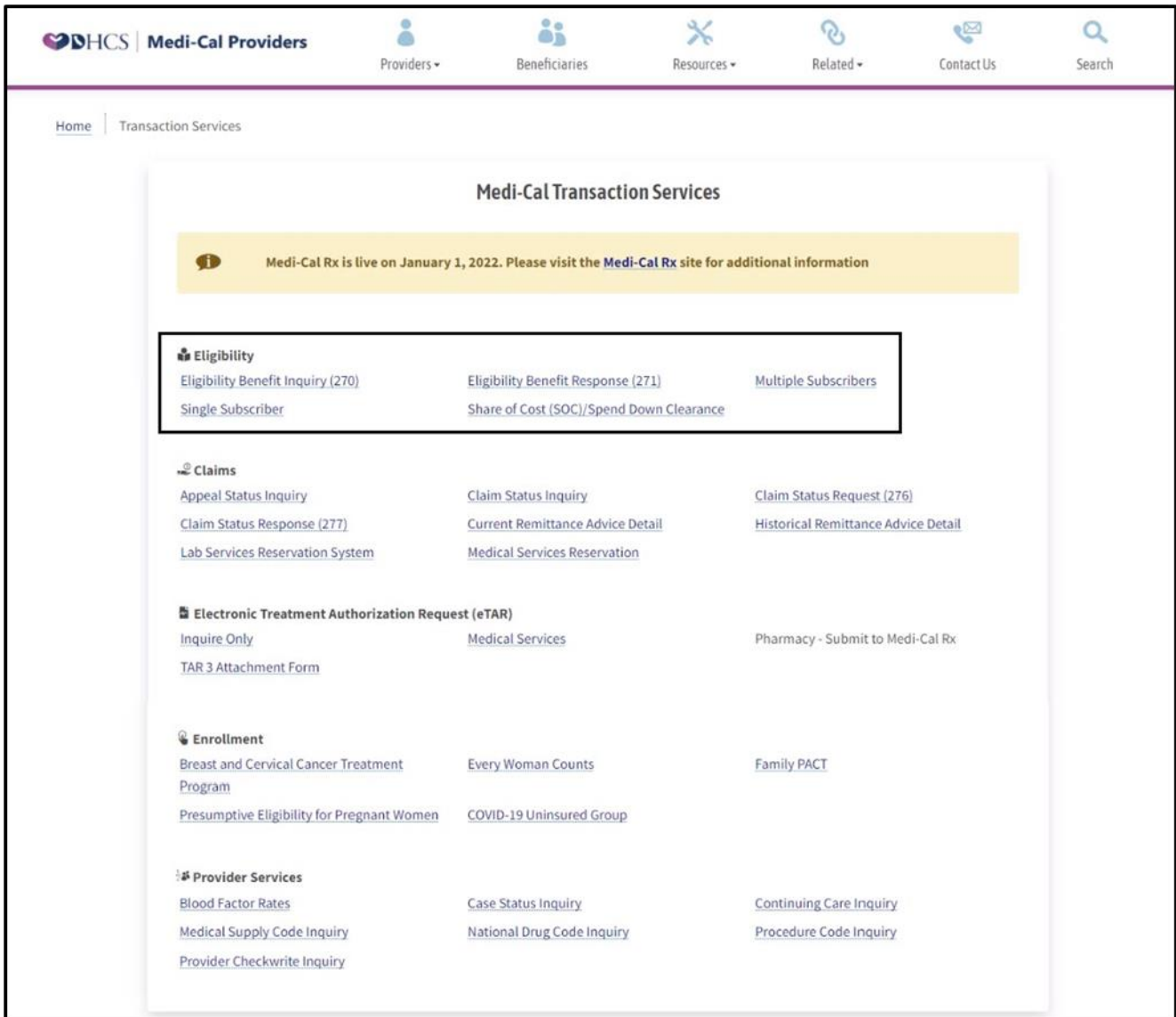
Figure 10: The Eligibility section is available from the Transaction Services webpage.

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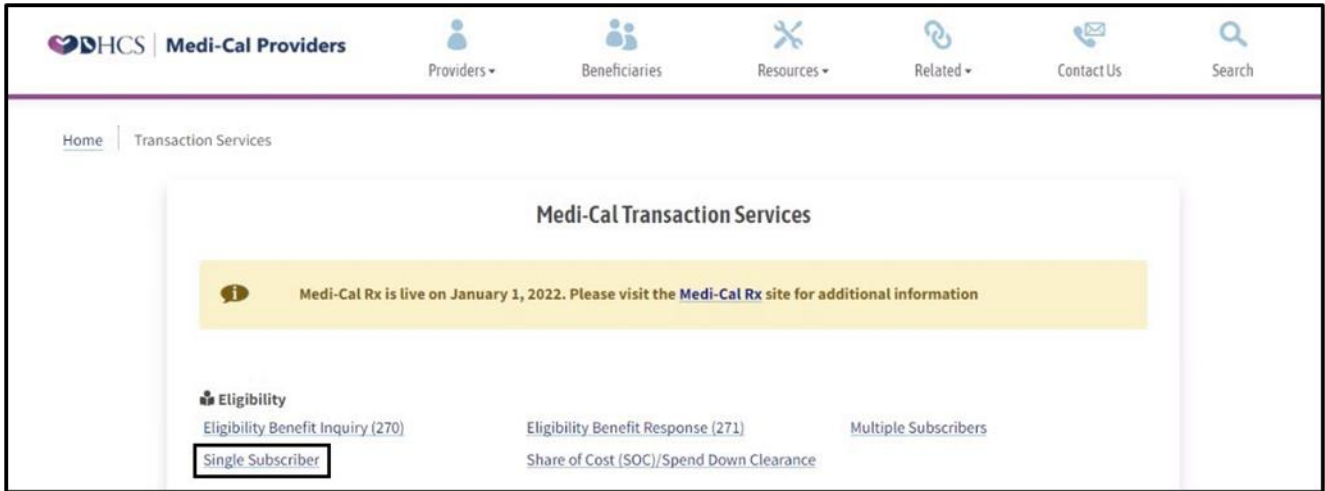
Figure 11.2: Single Subscriber link on the Transaction Services page.

2. All of the *asterisk fields are required to verify beneficiary eligibility. Fill out the form, and press Submit.
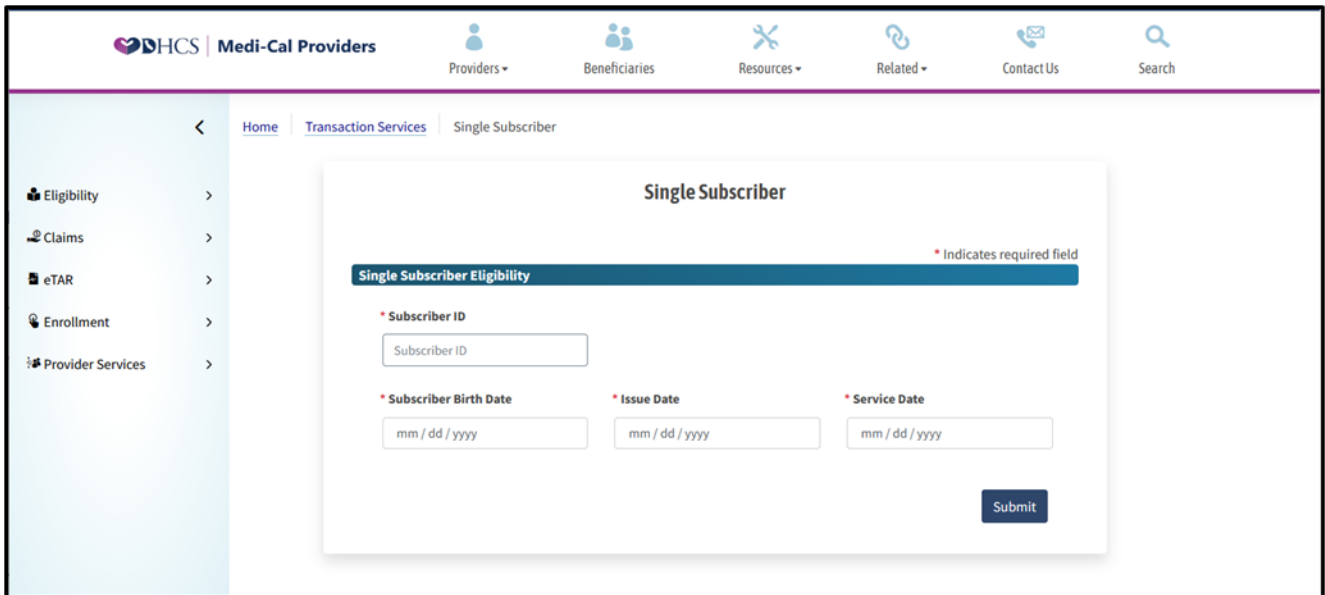
Figure 11.3: Single Subscriber Eligibility information.

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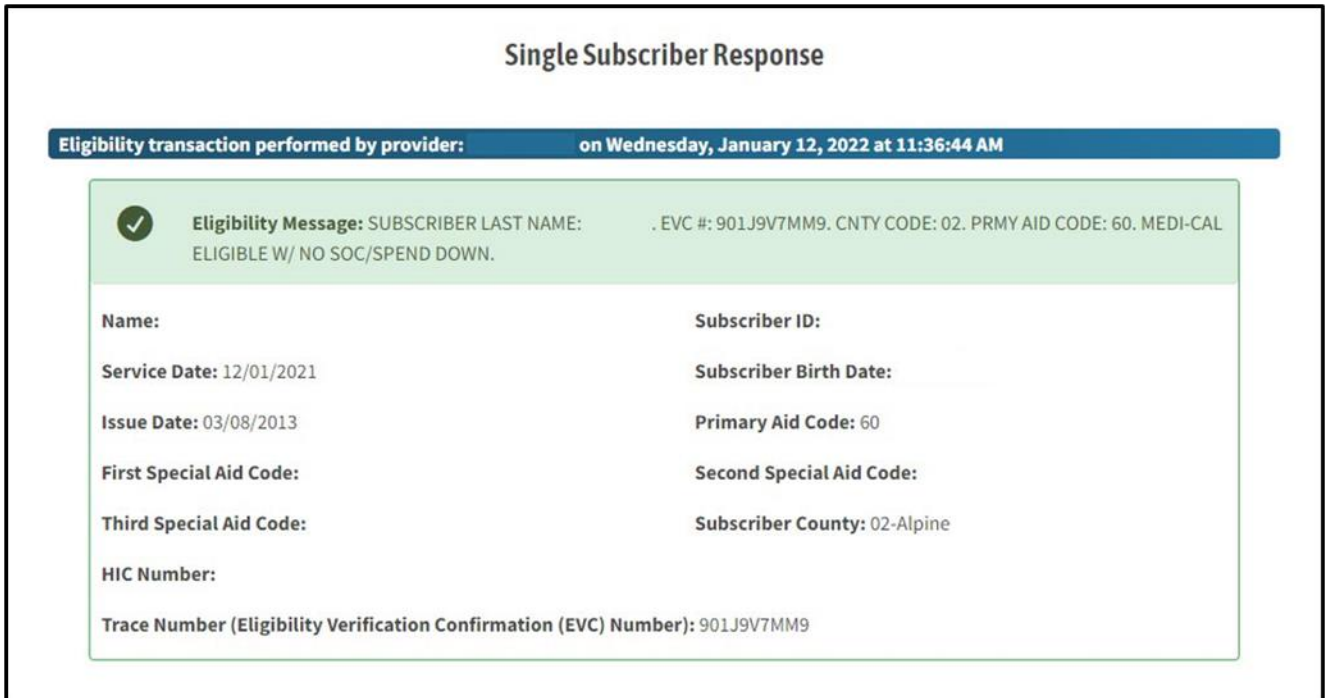
Figure 12.1: An eligibility message with a green banner will appear when a beneficiary has full-scope, fee-for-service eligibility with no Share of Cost indicated.

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.

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.

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.
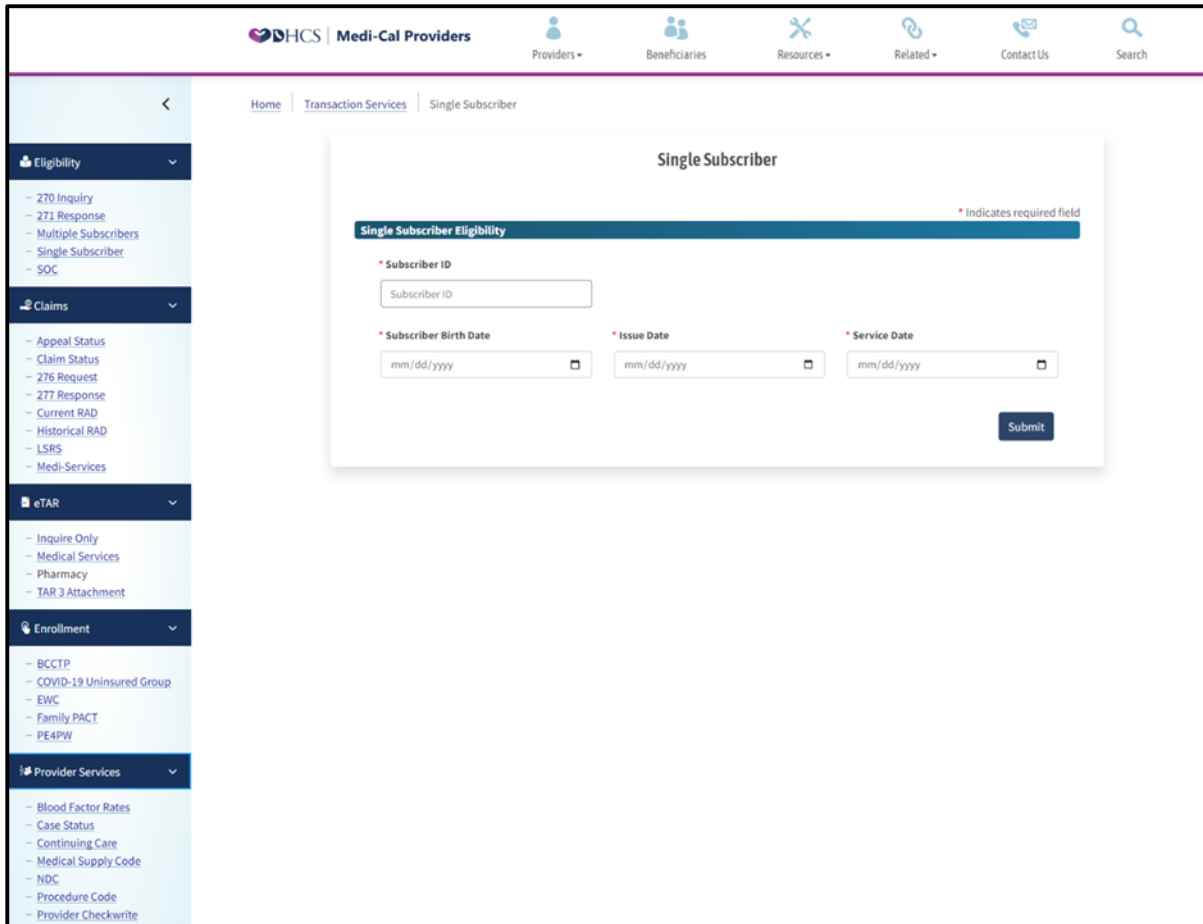
Figure 13.2: Expanded Side Bar Menu.

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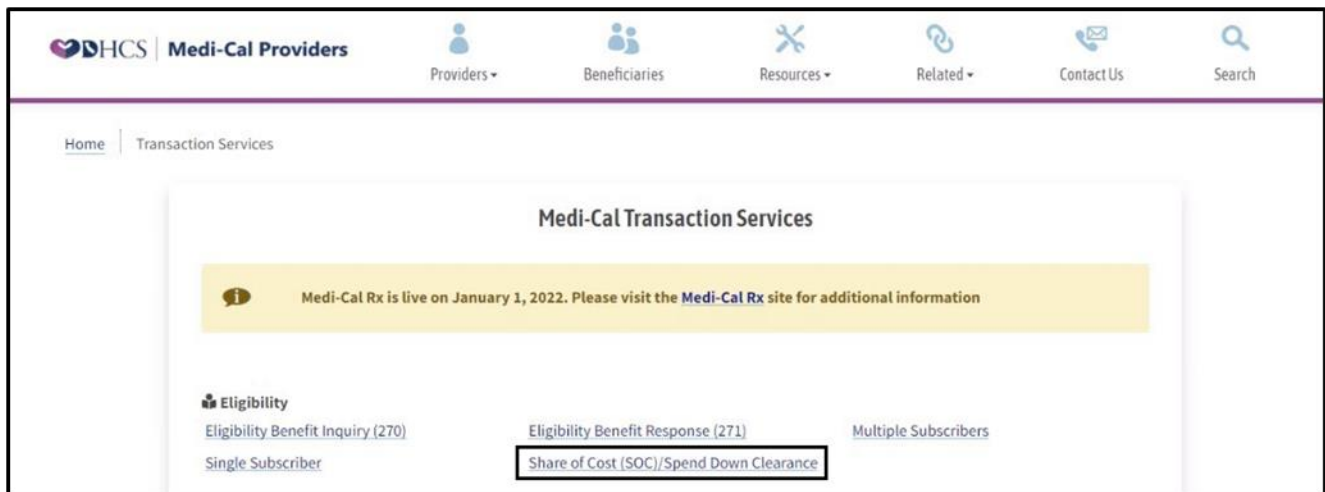
Figure 14.1: The SOC (Spend Down) Transactions link is located on the Transaction Services webpage under the Eligibility tab.

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

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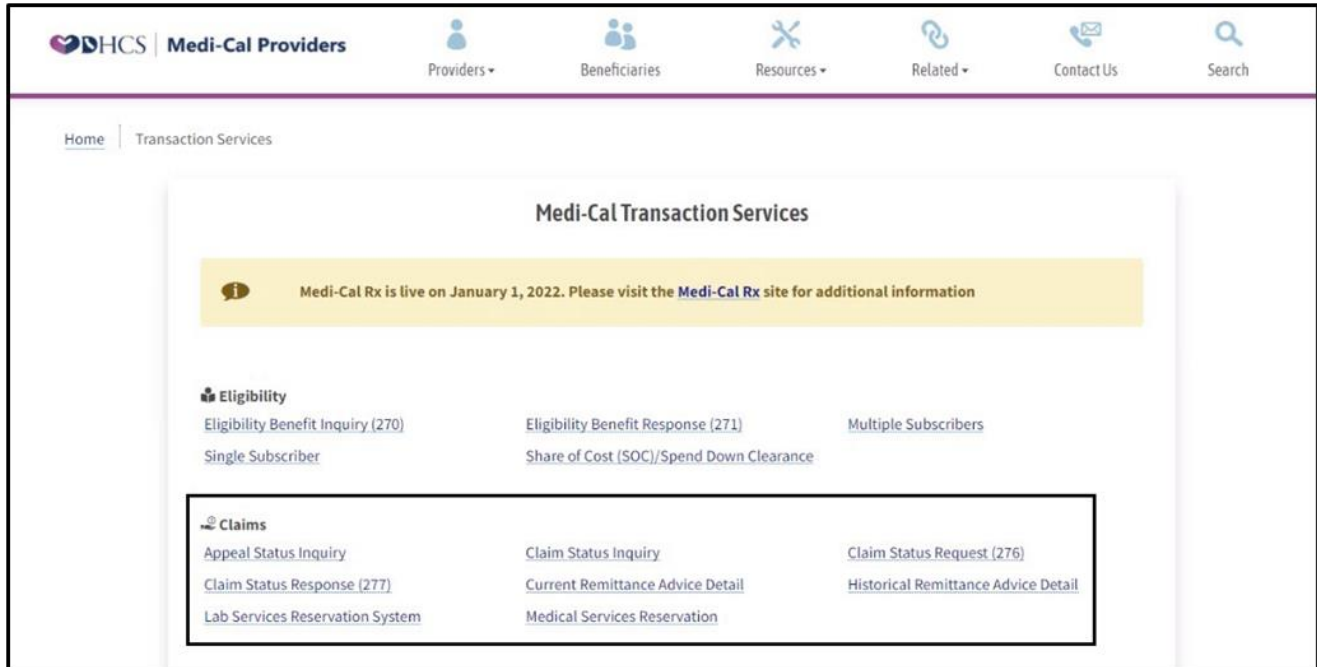
Figure 15.1: The Claims Section on the Transaction Services page.

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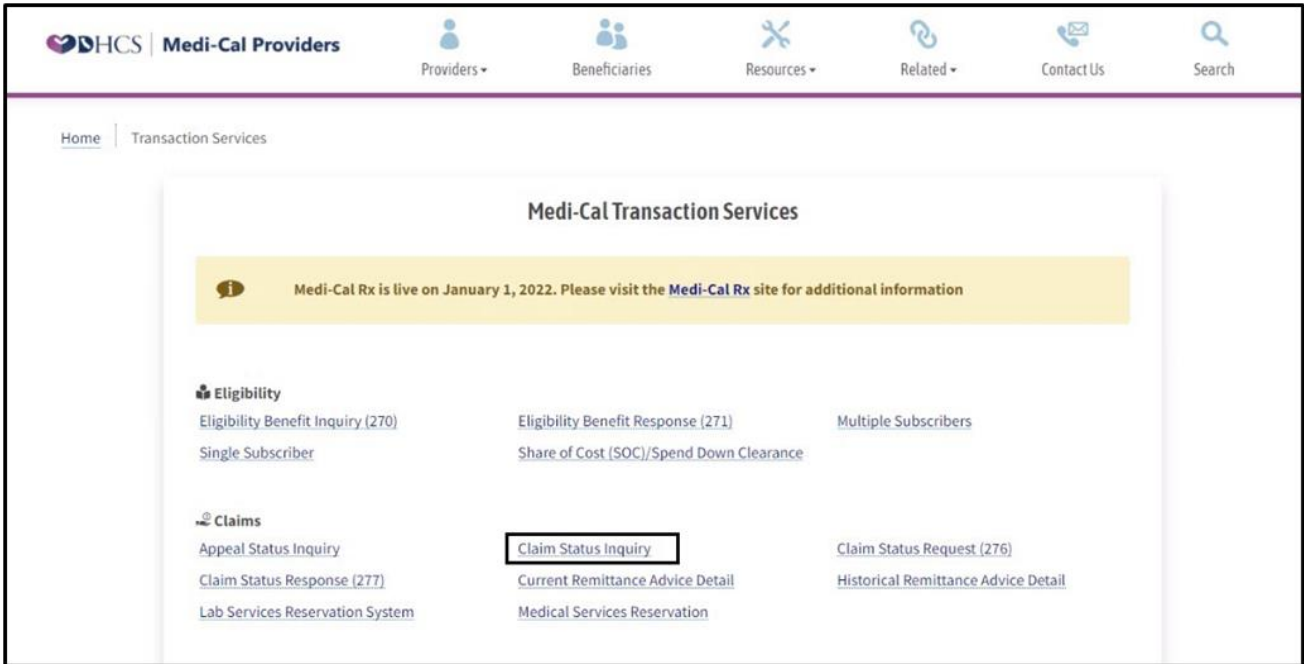
Figure 15.2: The Claims Status Inquiry Link on the Transaction Services page.

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

1. Enter Payer CCN.

2. Select **Submit** or press **Enter**.

        Or

1. Enter Subscriber Identifier.

    Example: 12345678A

2. Enter Claim Service Period From/To in **MM/DD/YYYY** format.

3. Enter Total Claim Charge Amount (Optional).

4. Select **Submit** or press **Enter**.

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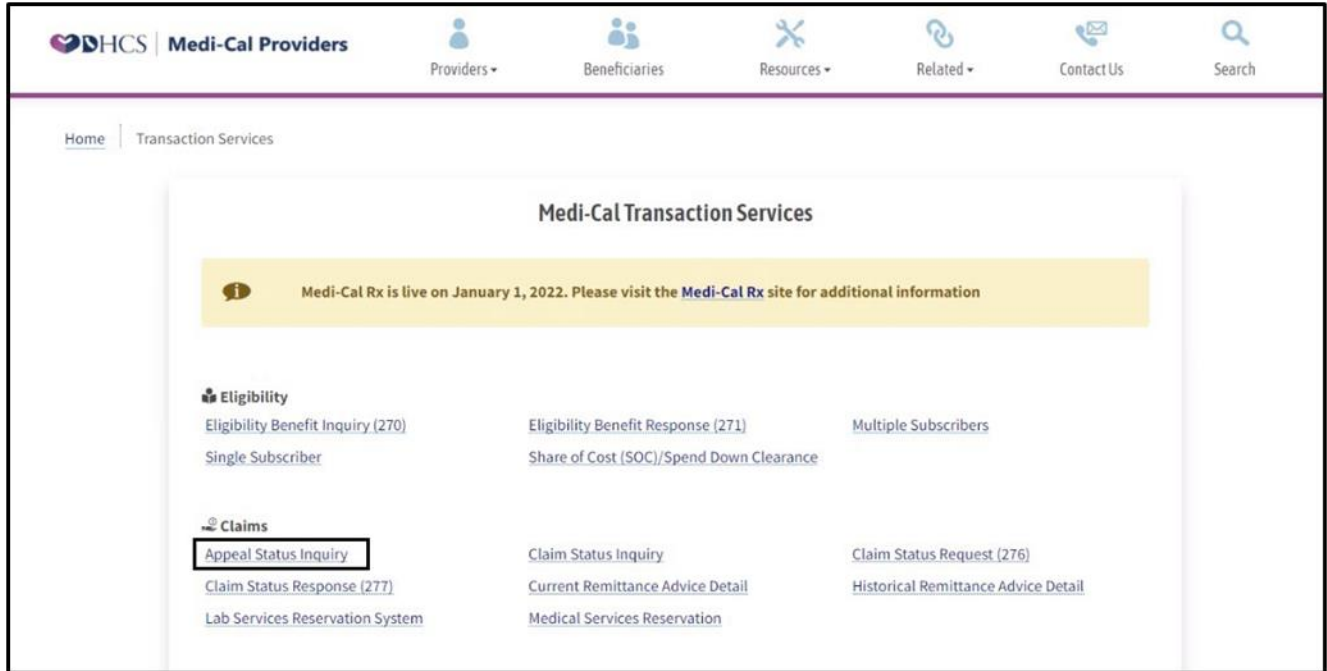
Figure 16.1: Appeal Status Inquiry link on the Transaction Services page.

Enter the appeal's Document Number and press **Submit**.
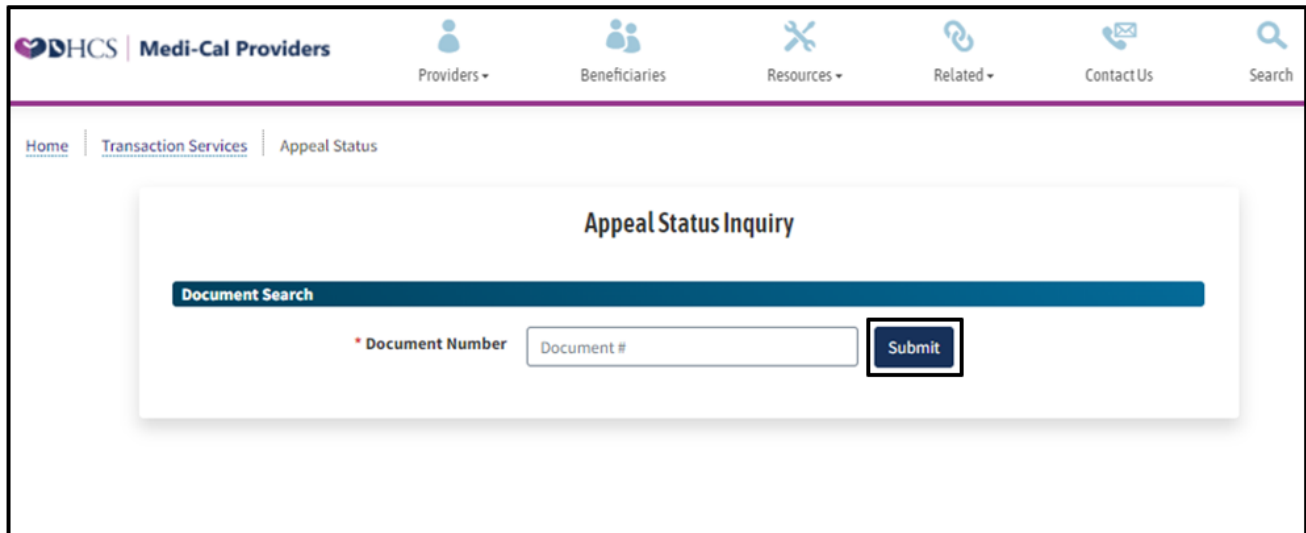
Figure 16.2: The Appeal Status Inquiry will inform on the status of an appeal.

Lab Services Reservation System

The Lab Services Reservation System (LSRS) is an online system used to schedule beneficiary lab services.
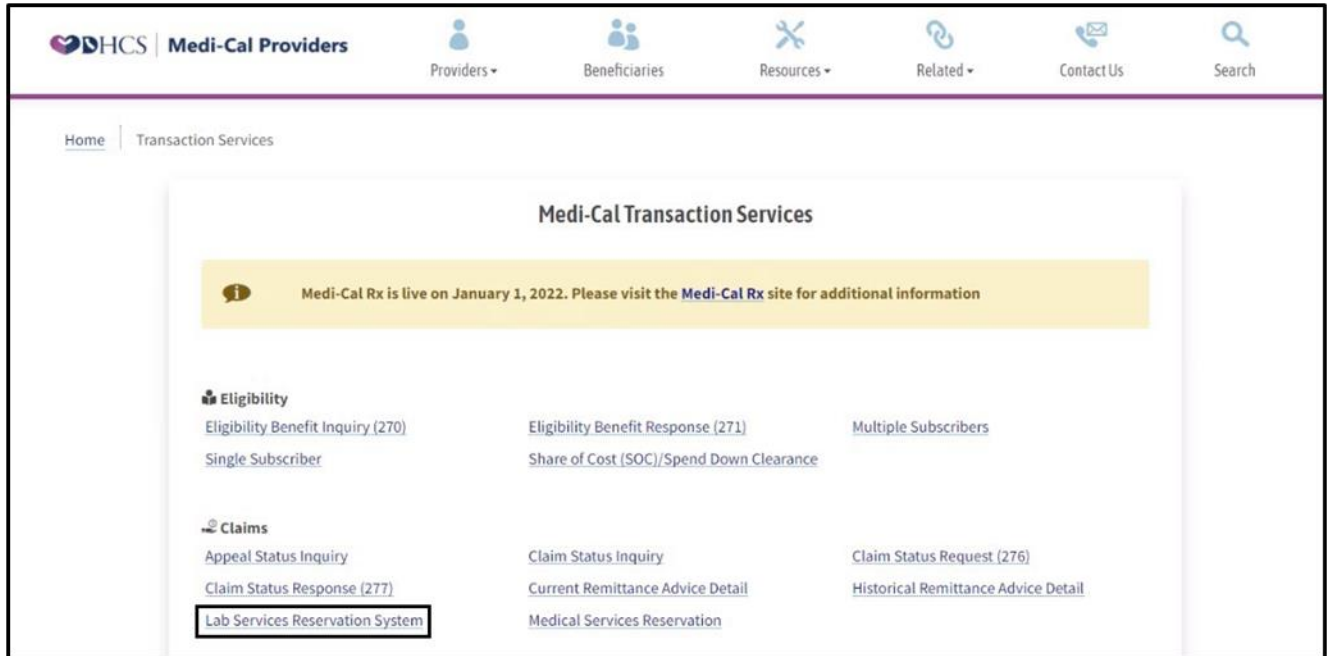
Figure 17.1: LSRS link on the Transaction Services page.

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**

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.

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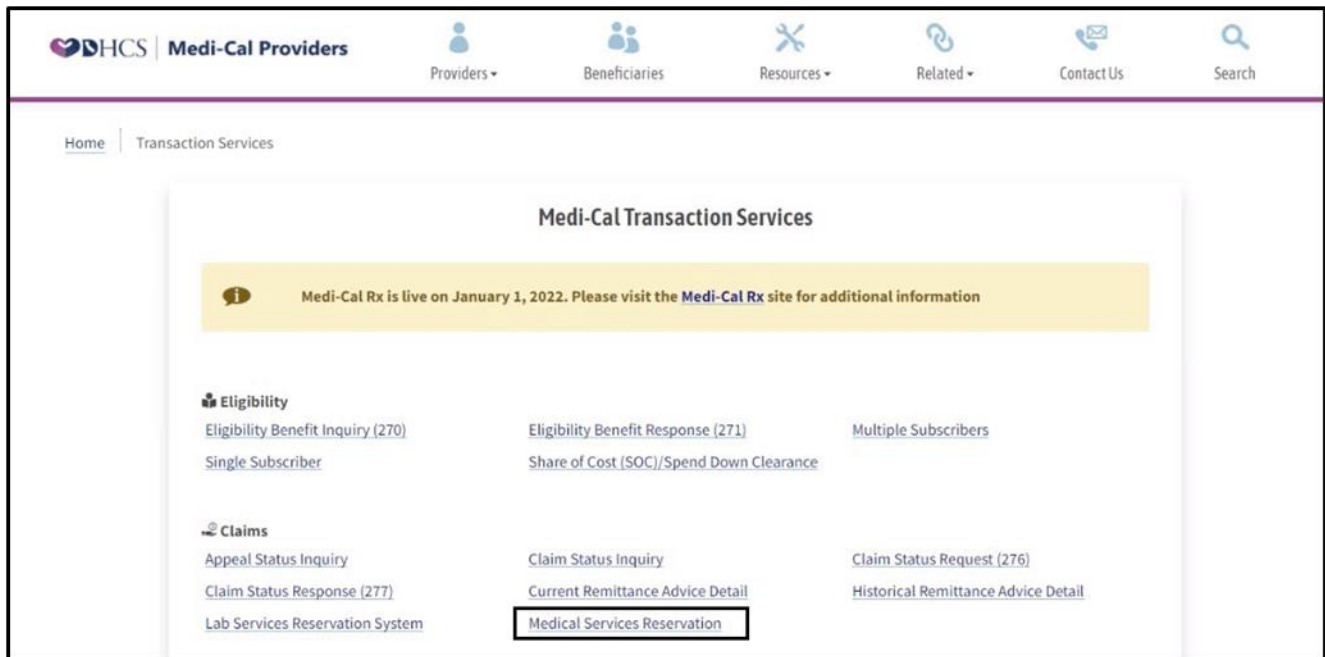
Figure 18.1: Login to Transaction Services and select **Medical Services Reservations** (Medi-Service) to make a reservation.

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.

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

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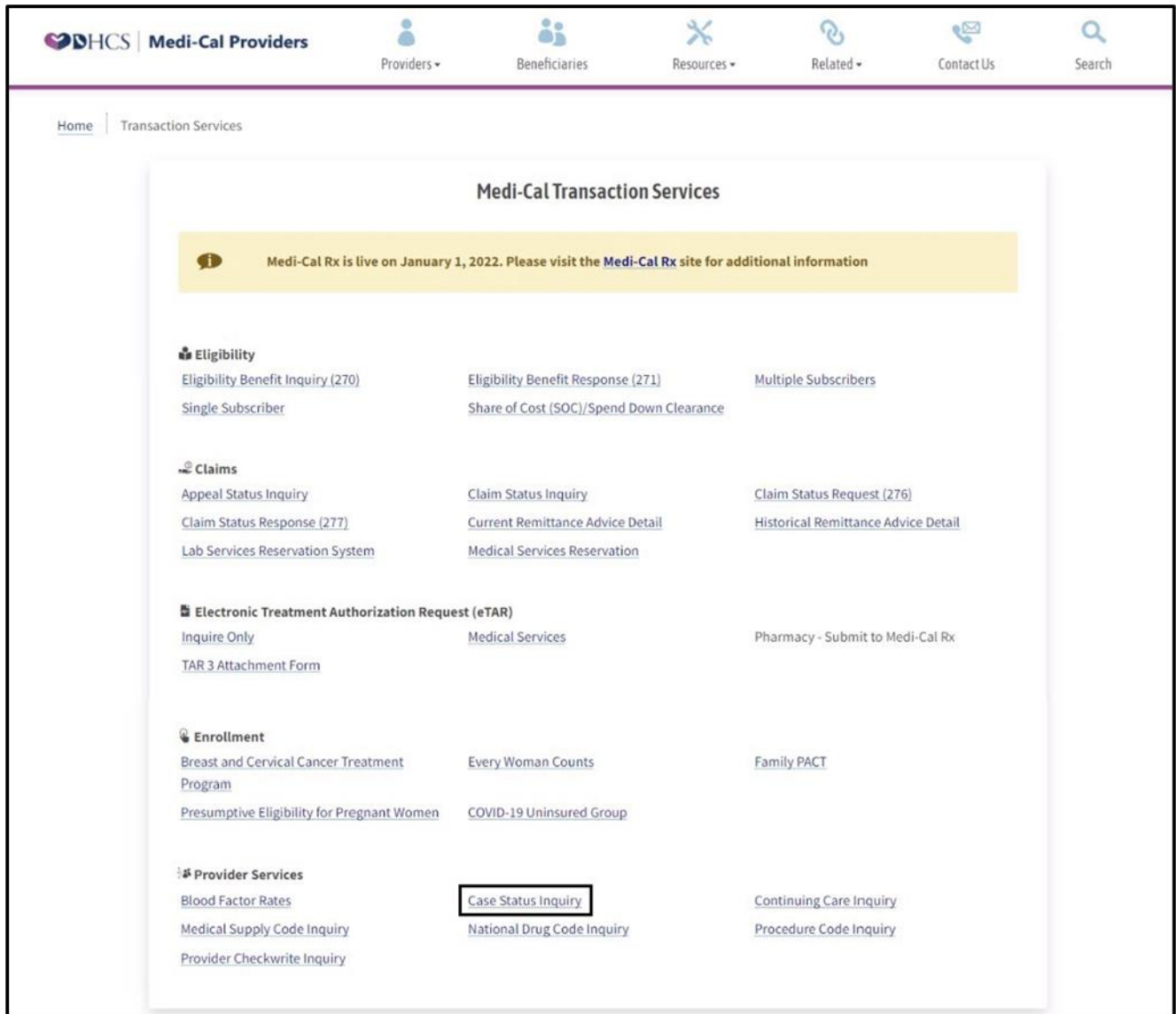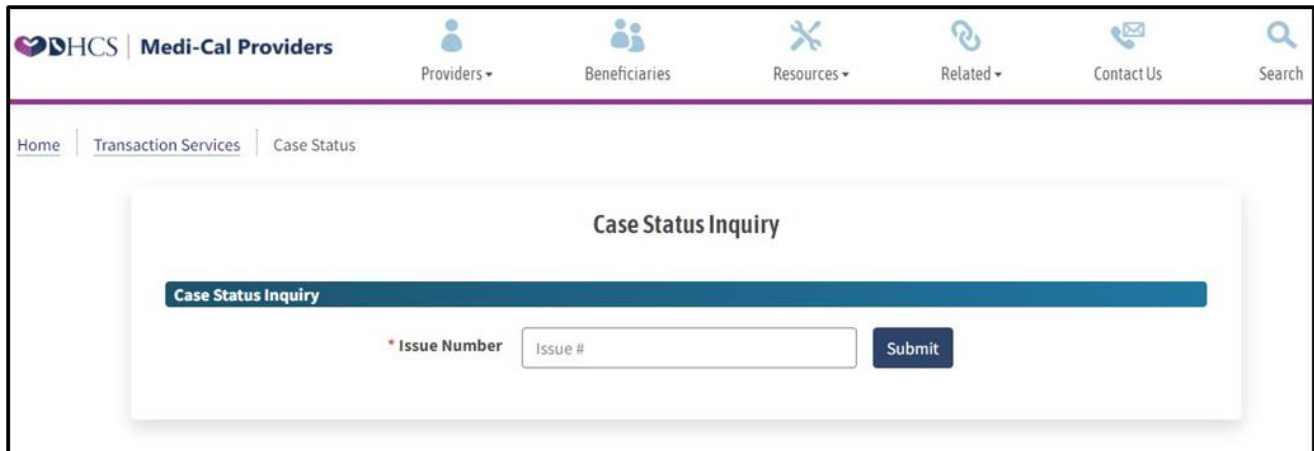
Figure 20.1: Case Status Inquiry link on the Transaction Services page.

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

2. Select **Submit** or press **Enter**.

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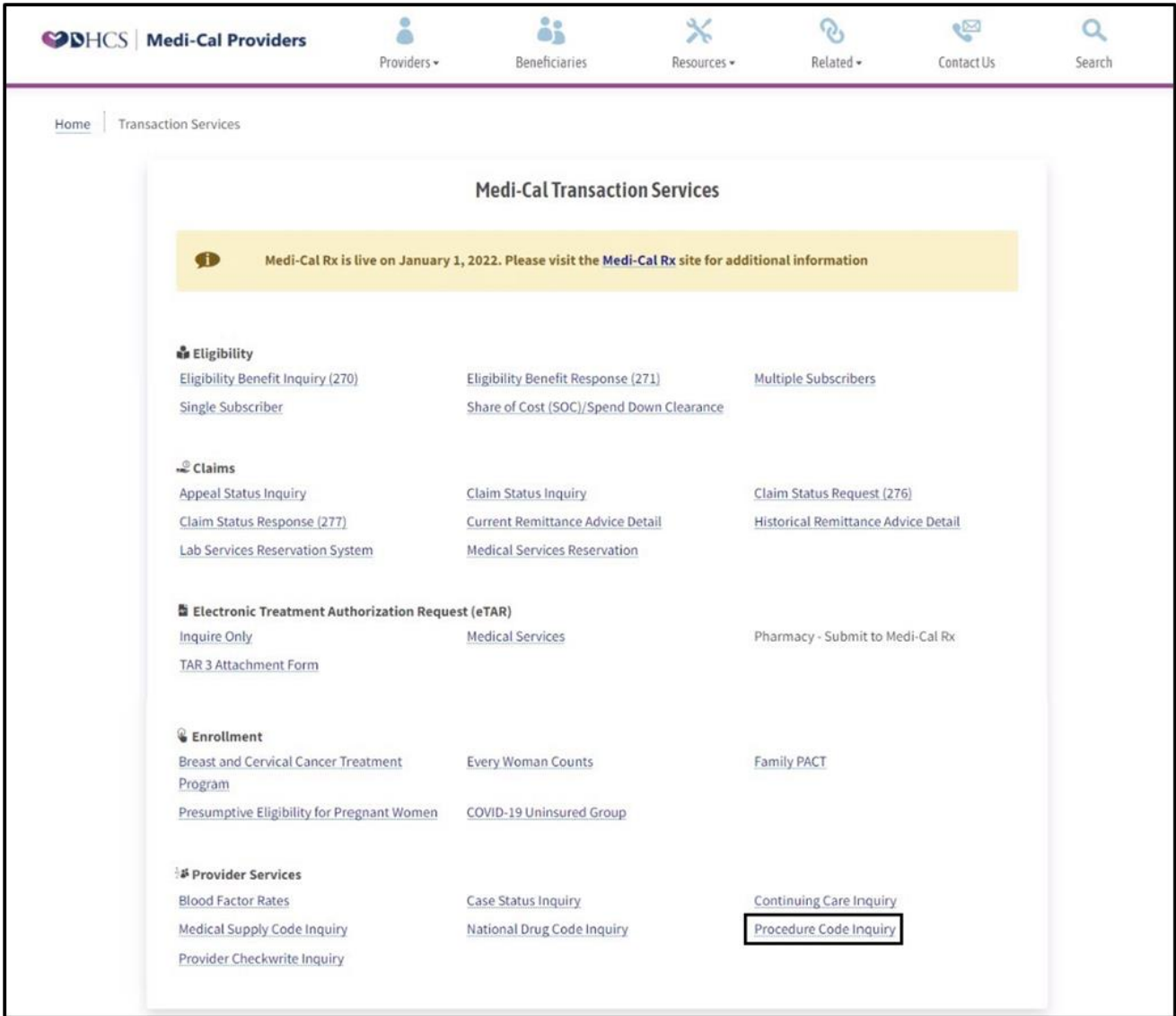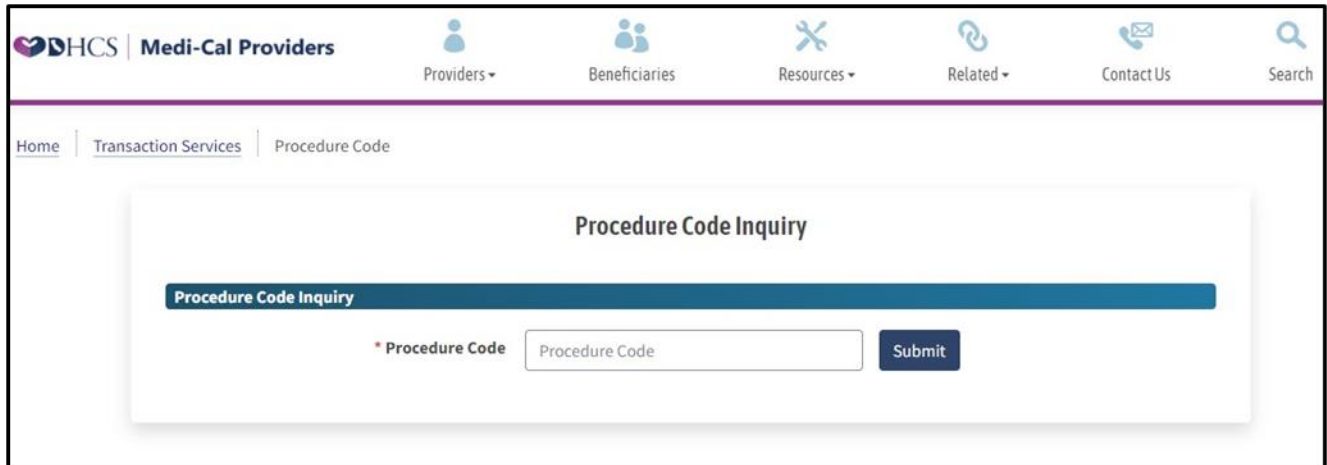
Figure 20.3: Procedure Code Inquiry link on the Transaction Services page.

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

1. Enter the procedure code in the **Procedure Code** box.

2. Select **Submit** or press **Enter**.

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

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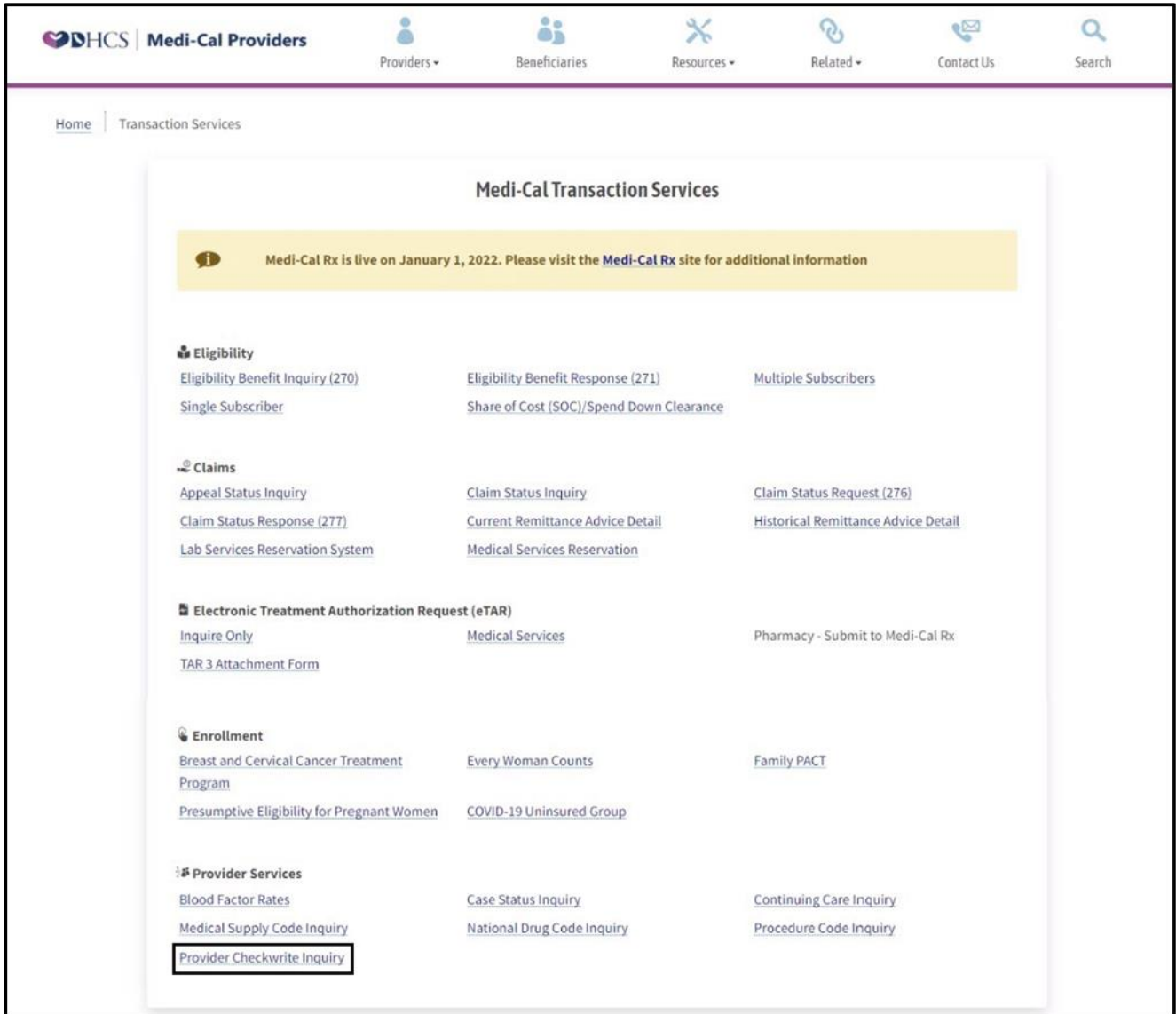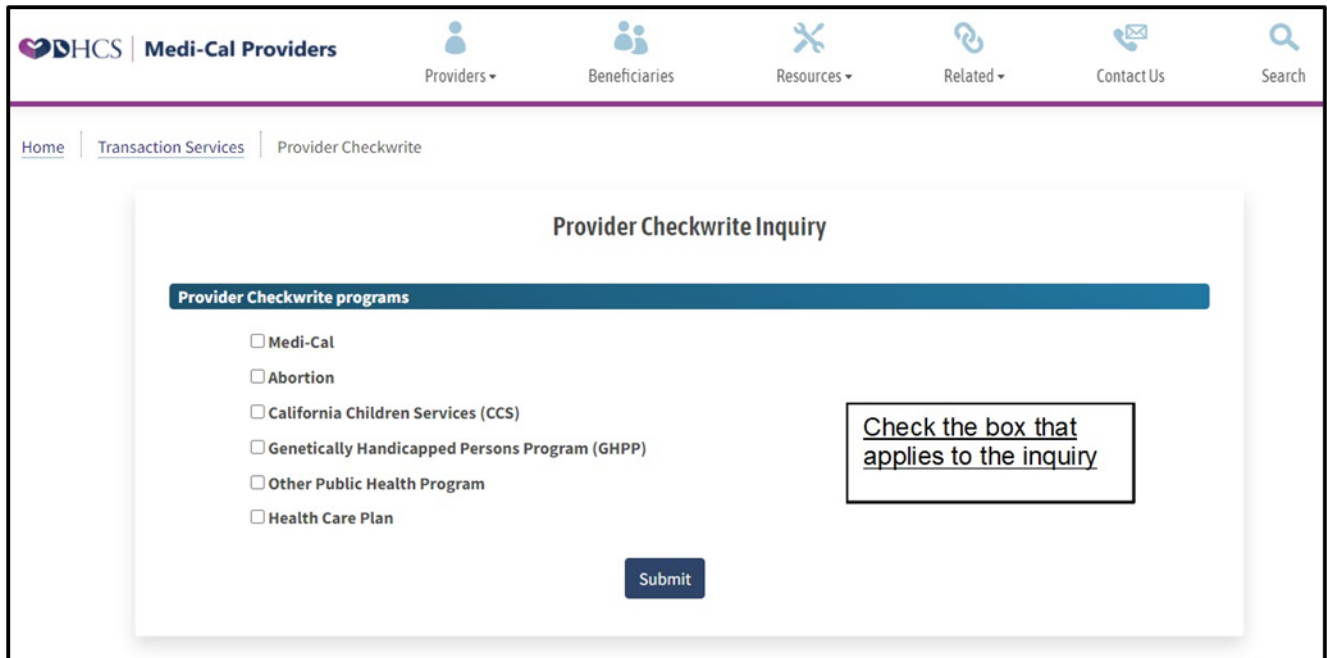
Figure 21.1: Provider Checkwrite Inquiry link on the Transaction Services page.

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

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.

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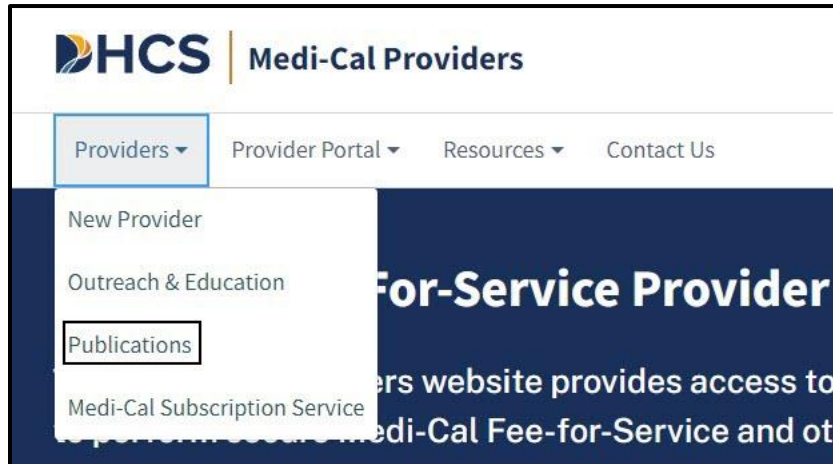
Figure 22.1: Access to Publications is accessible from the Providers drop-down on the Medi-Cal Providers homepage.

Medi-Cal Providers Publications

The Publications landing page contains links to all of the provider communities. Provider communities are services with published materials.
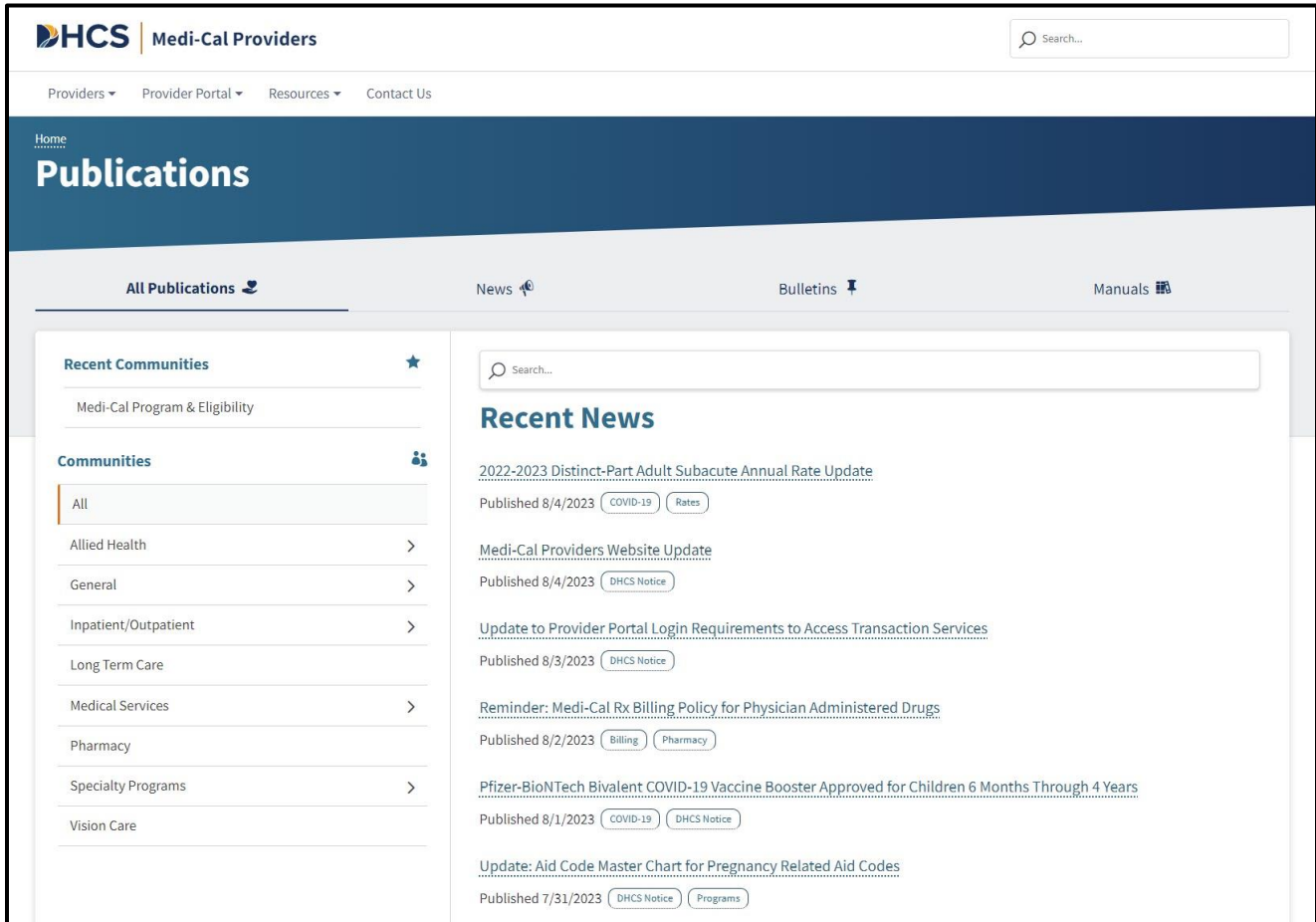
Figure 22.2: All provider communities may be accessed individually from the Medi-Cal Providers Publications homepage.

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**.
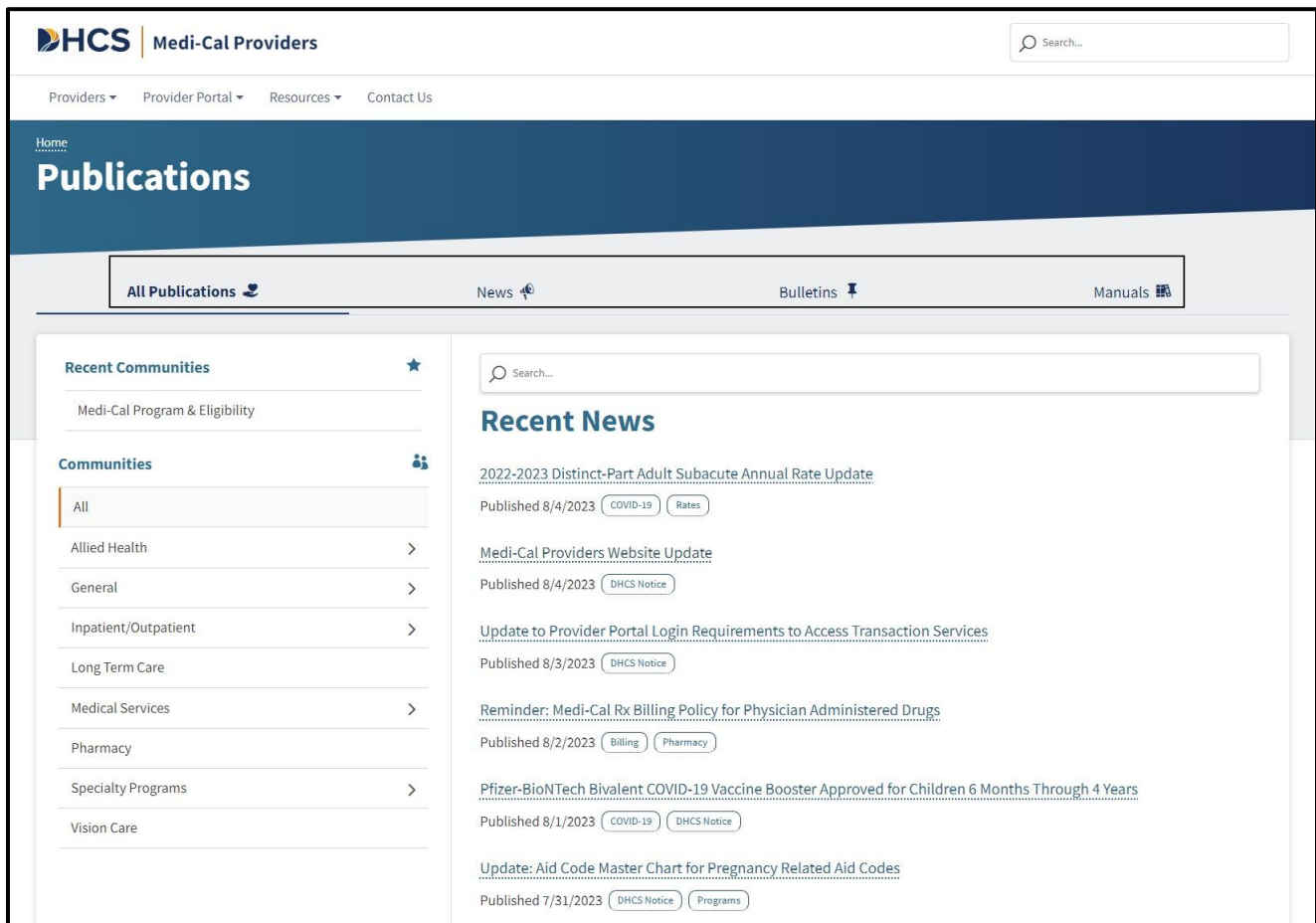
Figure 22.3: Publications Navigation Bar.

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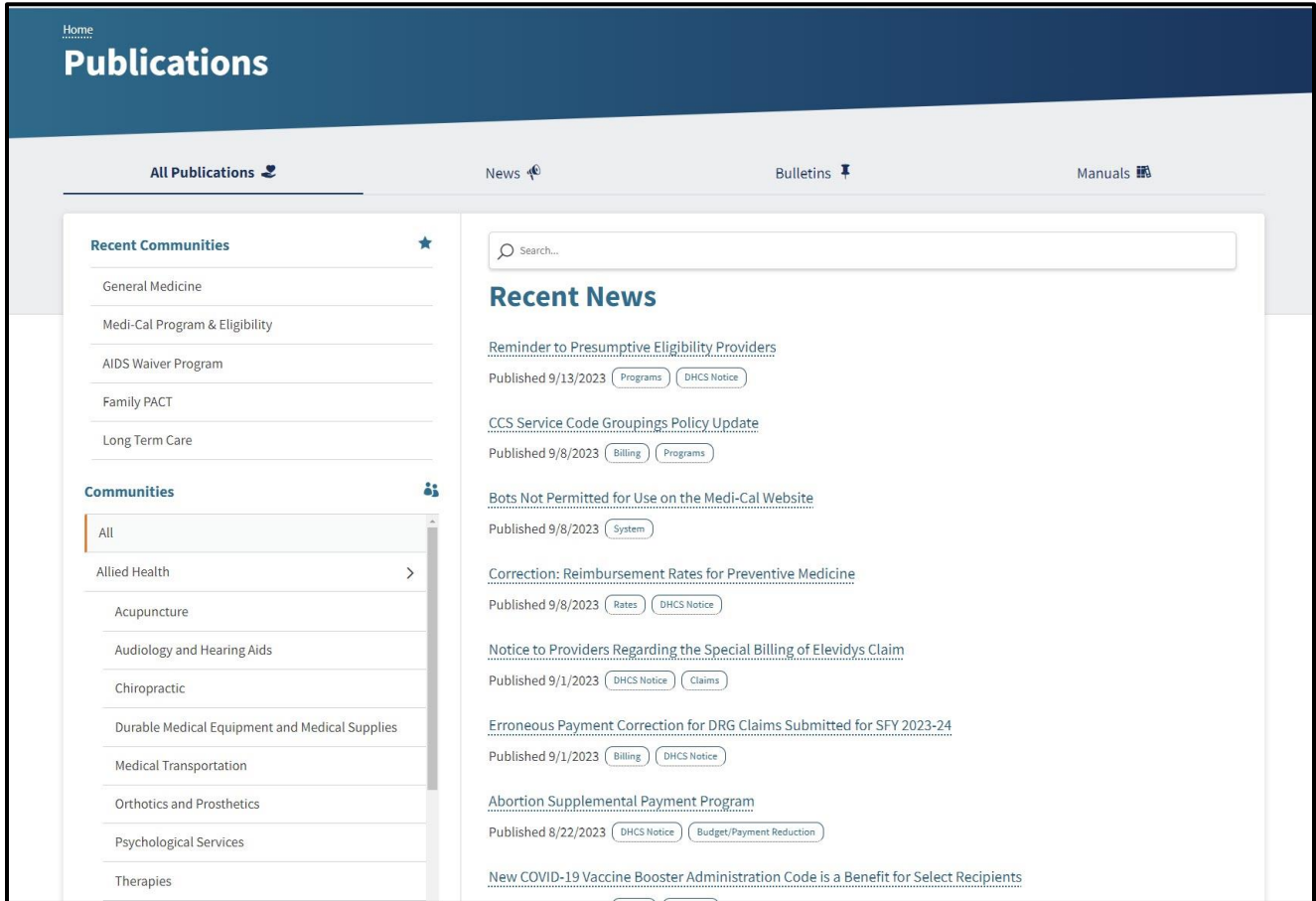
Figure 22.4: Individual provider communities are listed under each Medi-Cal service type.

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.
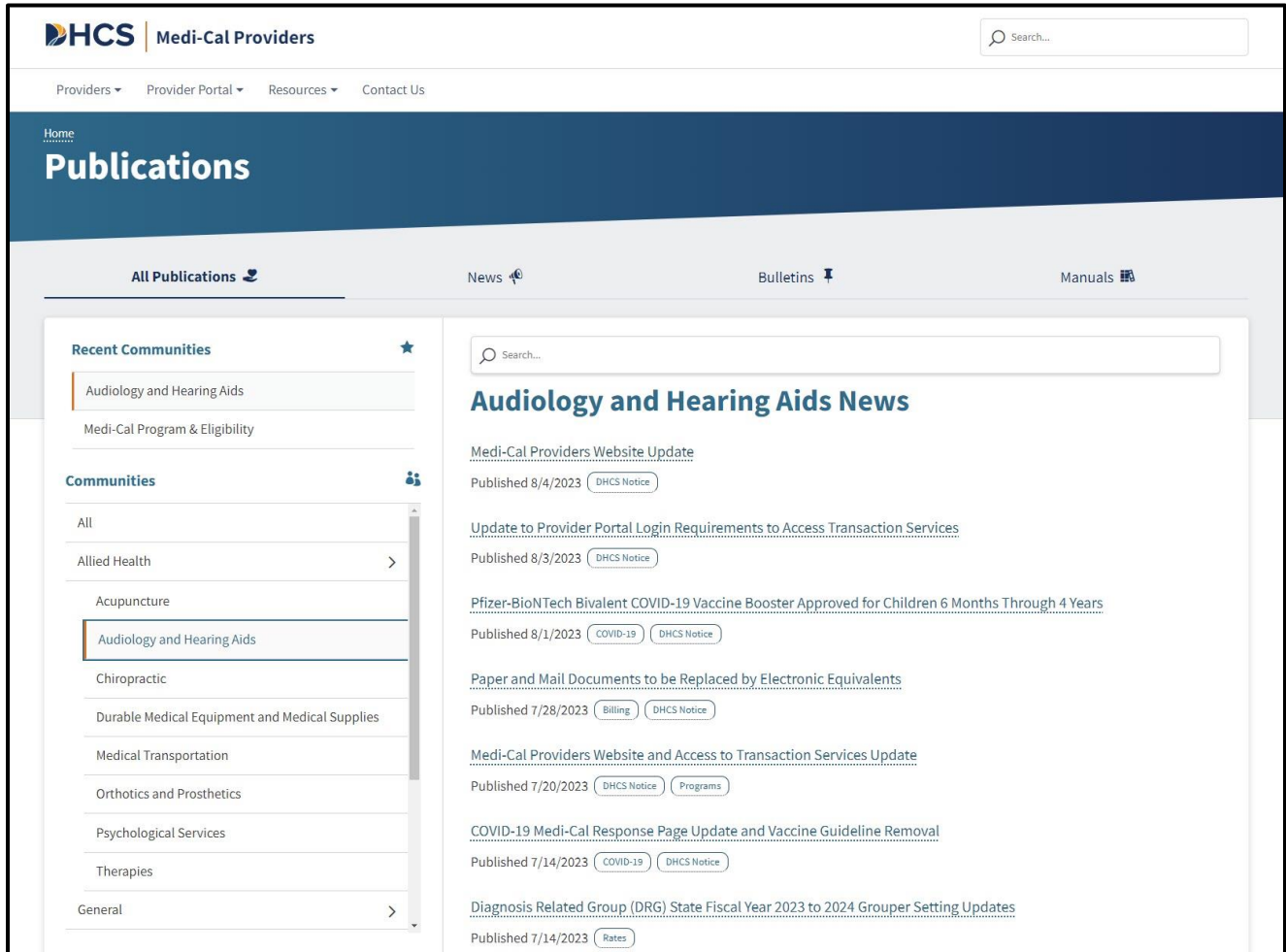
Figure 22.5: Audiology and Hear Aids community page.

Part 1 – Medi-Cal Program and Eligibility

The Part 1 Provider Manual contains both program and eligibility information for all providers.
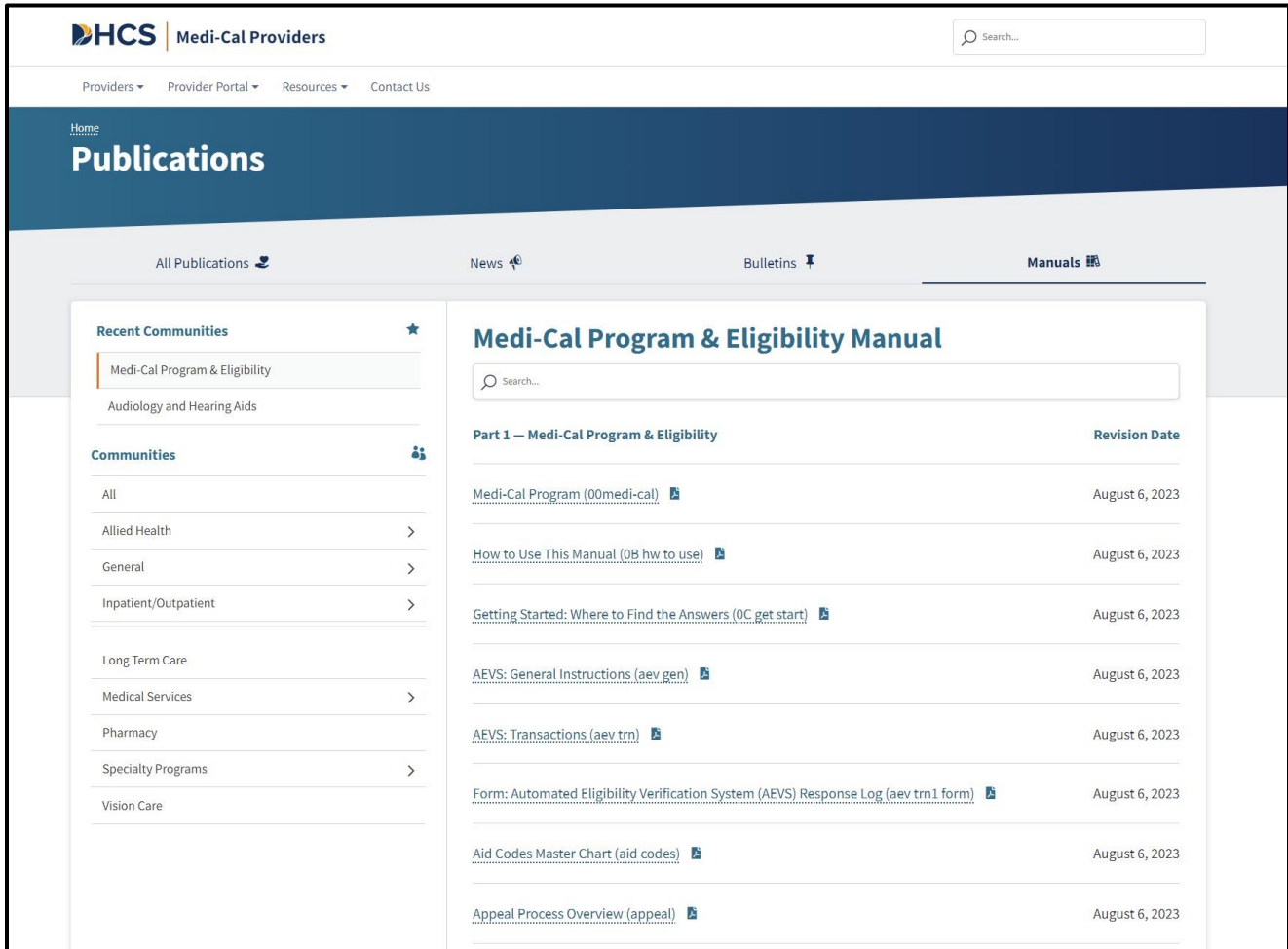
Figure 22.6: Part 1 provider manuals are located on each provider community's homepage under the Provider Manual tab.

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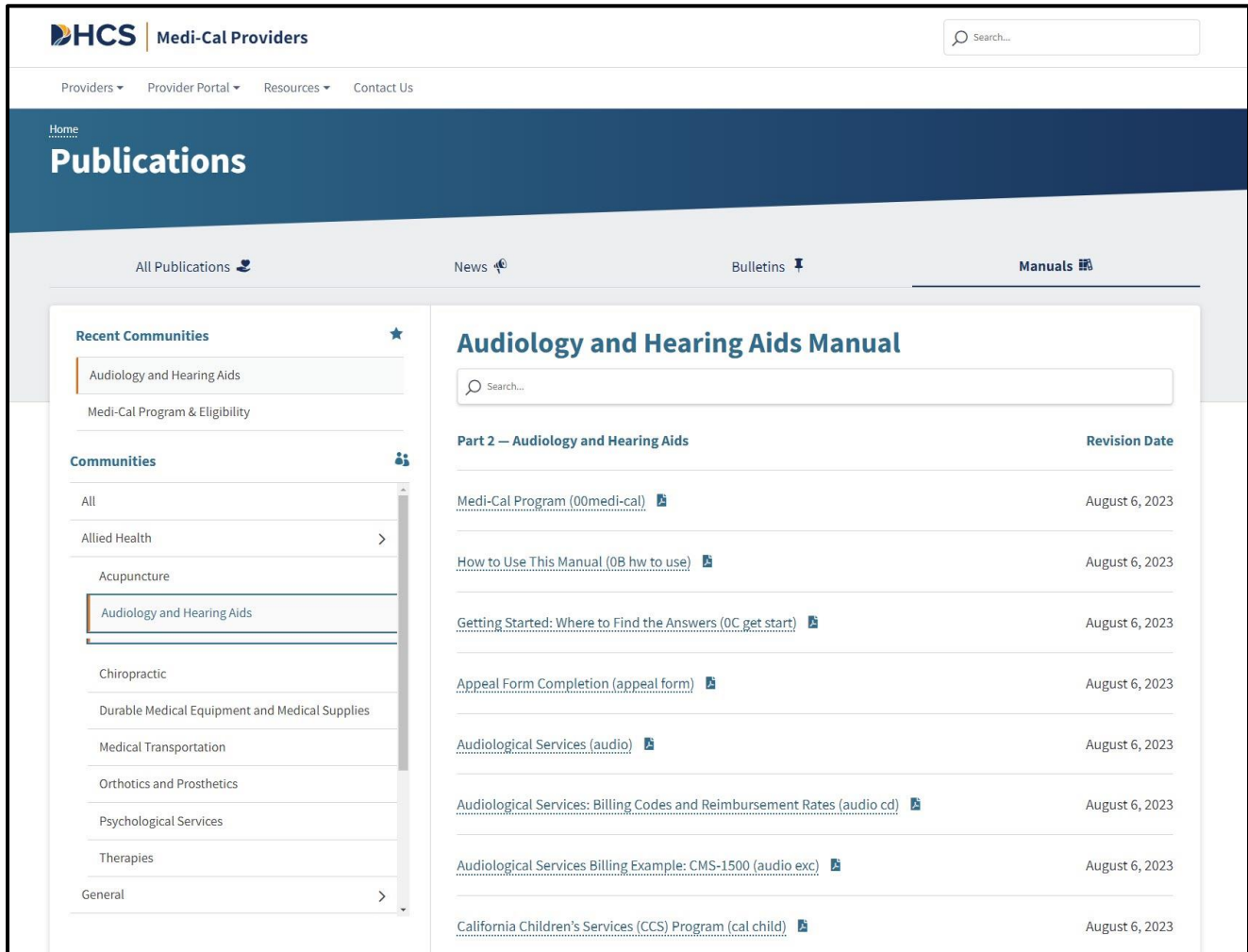
Figure 22.7: Part 2 provider manuals are located on each provider community's homepage under the Provider Manual tab.

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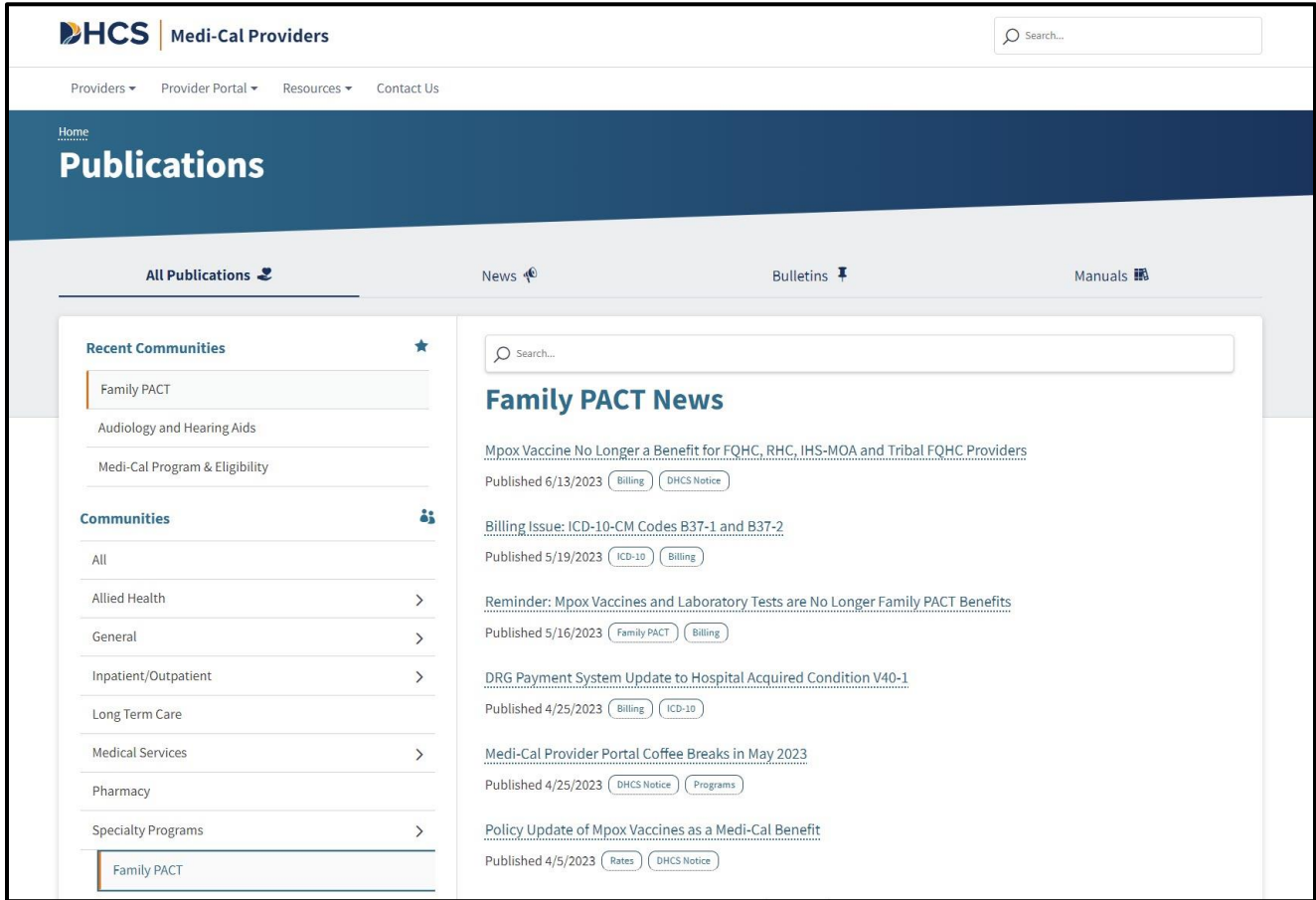
Figure 22.8: The Family PACT link is accessed from the Medi-Cal Providers Publications homepage.

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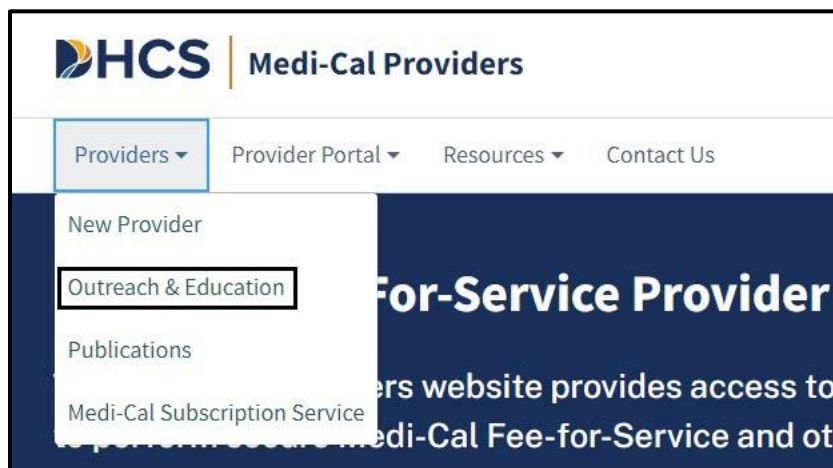
Figure 23.1: Outreach and Education can be accessed from the Provider drop-down of the Medi-Cal Providers homepage.

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.

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

To subscribe online:

1. Navigate to the Sign up for MCSS section of the Medi-Cal Providers website and select **MCSS Signup**.
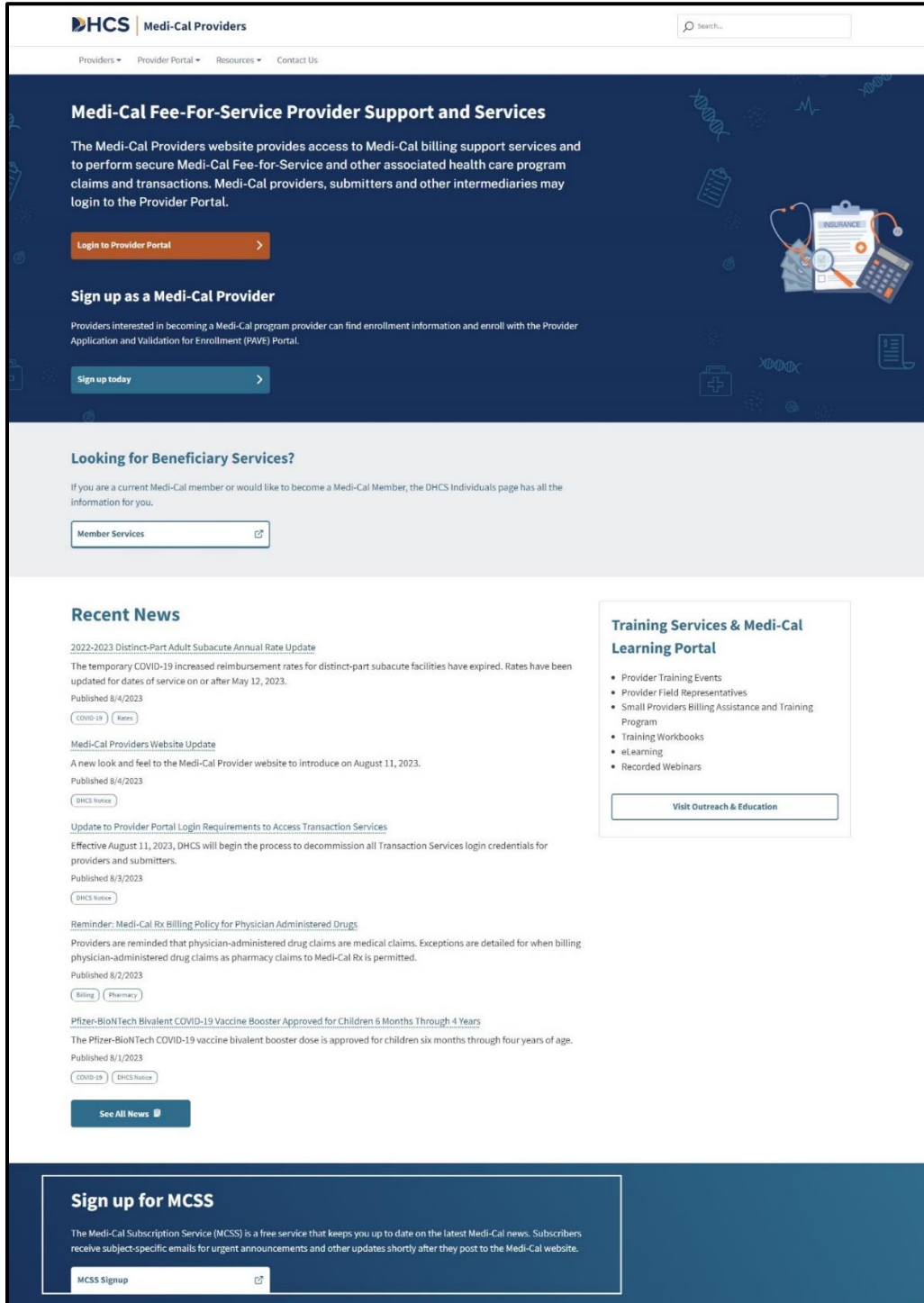
Figure 23.3: The MCSS can be subscribed to directly from the Medi-Cal Providers website homepage.

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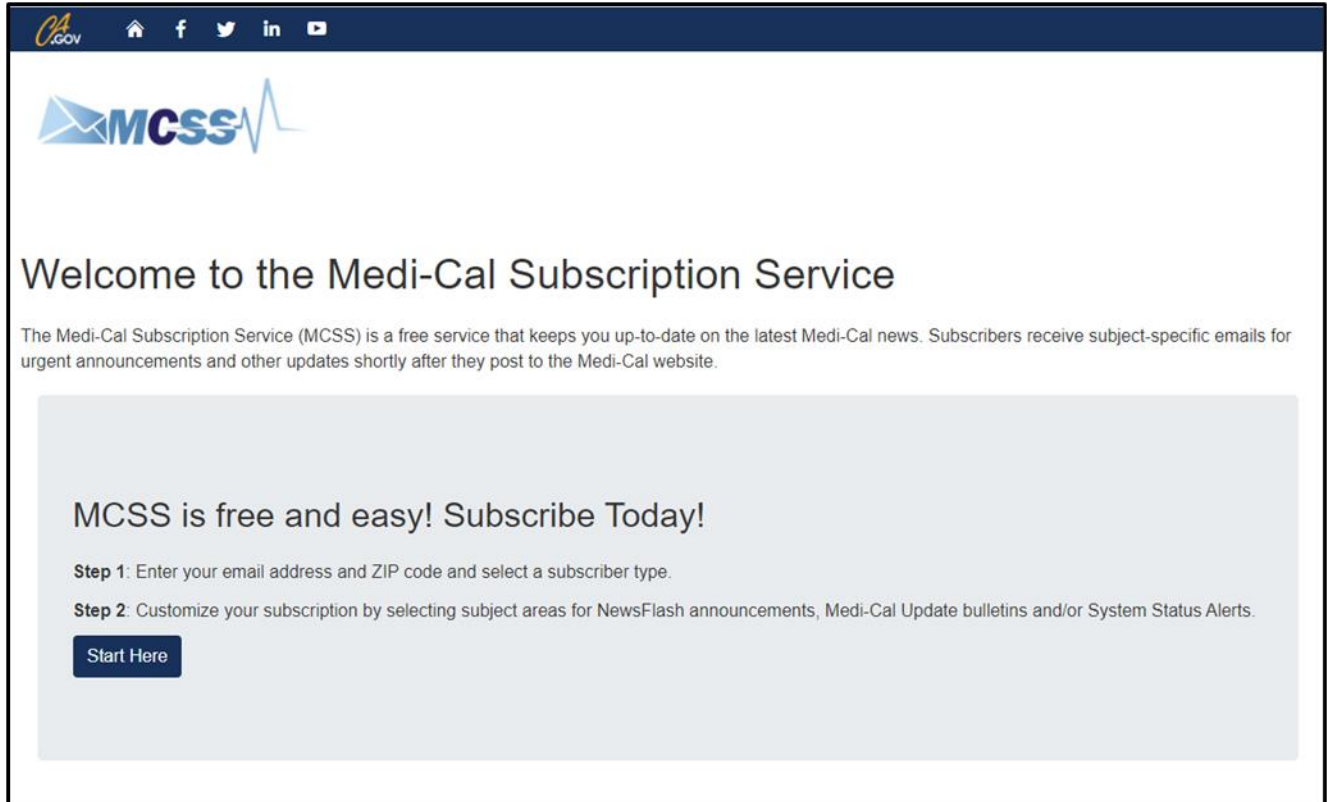
Figure 23.4: To complete the MCSS Subscriber Form enter your name, email address, ZIP code and subscriber type(s) in the appropriate fields.

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

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