eSolutions
Strengthen your revenue health
EDI Insight

Payer IDs: MCCA0/610442, MC051

California Medicaid
Medi-Cal
Institutional 837 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- Complete an enrollment for **each billing NPI provider number.**
- The provider service address must match the records on file at Medi-Cal.
- To verify, contact the Telephone Service Center at 800-541-5555 or 916-636-1200.
- Signatures must be that of the provider or a member of the group.
- **IMPORTANT:** One of these titles must be used by the person who signs the form from the Billing Provider's office to ensure the form is accepted: Owner, Administrator, Director, Pres., V. Pres., Assistant Administrator, CFO, CEO, CMO, Controller, Treasurer
- Billing providers that are laboratories can only be signed by the following titles: Director, Owner, President, Vice President, or Department Administrator
- This payer requires the enrollment to be completed online.
- When registering an organization, Medicaid will issue a one-time registration token directly to the designated individual. This token will be 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.**
- For assistance completing the online enrollment, please refer to the User Guide or contact the payer directly at 1-800-541-5555.
- PLEASE NOTE: Claims enrollment **must** be submitted prior to enrolling for ERAs.
- EDI enrollment processing timeframe is approximately 5 days.

837 Claims Transactions:

- Once the Provider Portal Administrator has been selected and has received the token, navigate to https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/login to begin the login process.
  - Navigate to the Login screen and click **'Join Medi-Cal Provider Portal.'**
  - A **'Choose Your Organization Type'** screen will appear. Select **'Enrolled provider Organization.'**
  - The **'Secure Token ID'** screen will appear. Enter the unique token and select **'Submit.'**
  - The **'Terms and Conditions'** screen will appear. Check the box to agree to the terms.
  - Complete the **'Account Information'** fields on the next screen, then complete the steps to receive a passcode.
  - A window will appear stating, **'Registration Complete.'** An email will be sent to the email indicated during sign-up, to set up a password. Select the link to continue the registration process. **This must be done within 30 minutes or the link will expire.**
  - Complete the steps to setup your password.

- Once you have logged into the portal, navigate to the **'Submitter Management'** screen. You must be an Organization Administrator to view this screen.
  - Enter Practice Insight's submitter ID **MQK** and Zip Code **40202**.
- Complete the **'Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHCS 6153).'** Please read the agreement form and then sign with First and Last name along with Title. Once complete, click **'Next.'**
- A request complete screen will appear.
  - **Please note:** A Pending Notification will be visible on the Medi-Cal portal to prompt the Submitter to Approve and Sign. The provider cannot proceed to the next steps until the Submitter has signed. Once the Submitter Organization has signed the Agreement, the Administrator will receive email confirmation. The provider should also see the Submitter Organization under **'Pending Requests.'**
- Under the **'Pending Requests'** tab, select submitter organization, **Practice Insight, LLC.** to approve.
- Complete **'Step 1: Assign NPI Permissions'** by assigning the submitter to an NPI within the organization and click '**Next.'**
- Complete **'Step 2: Transaction and Claim Type Permissions'** by selecting the claim types for the submitter to grant them access to submit claims on behalf of the organization. Once complete, click **'Next.'**
- Complete **'Step 3: Medi-Cal Telecommunications Provider and Biller Application/Agreement.'** Please read the agreement form and then sign with First and Last name along with Title. Once complete, click **'Next.'**
- Complete **'Step 4: Review and Submit'** by reviewing the previous steps. Click **'Submit and Approve.'**
- A notification stating, **'Request successfully approved'** will appear under the **'Pending Requests'** tab.

835 Electronic Remittance Advice:

- While logged into the Medi-Cal portal, navigate to the **'NPI Management'** screen and select **'835 Receiver Management.'**
- A Complete Receiver Acknowledgment pop-up screen will appear. Click **'Go to Receiver Acknowledgement.'**
- Complete the **'Electronic Health Care Claim Payment/Advice Receiver Agreement.'** Please read the agreement form and then sign with First and Last name along with Title. Once complete, click **'Submit.'**
- A request complete screen will appear.
- Navigate back to the **'NPI Management'** screen, then select **'835 Receiver Management.'**
- Under **'Add Receiver,'** enter Practice Insight's receiver ID **MQK** then click **'Confirm.'**
- A pop-up screen will appear asking for confirmation to assign the receiver to the NPI. Click **'Confirm.'**

Within EDIinsight- Enrollment Manager-
Take Action on the enrollment record and add note with details of submission.

LOGON to EDIinsight- Enrollment Manager

ADD or SELECT payer enrollment record for the payer.

CLICK [**ADD Action Taken**], Select **WEBENROLL** ***"Enrolled on Payer website"***