



MEDI-CAL DENTAL PROGRAM WEBSITE APPLICATION USER GUIDE

July 11, 2022

Revision History

Version #	Date of Release	Description of Change
1.0	04/03/2018	Initial Version
2.0	05/07/2018	Final Version
3.0	08/27/2018	With enhancements (Registration with Legacy ID: 3.2, Advanced Claim Search: 5.2)
4.0	10/09/2019	Section 7.0 Reporting a Missed Appointment Feature
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6.0	06/25/2020	Updated Registration Flow: Section 3.0, Section 3.4 Section 6.1 – Page 67 and 68 Section 5.1 – 'My Practice Tab' Link section updated
7.0	07/27/2020	Updated screenshots and manual with new logo and terminology.
8.0	03/02/2021	Added View Member History Feature Section 5.5: Page 61-63 Updated screenshots starting from Section 5 to 9 display the added 'Member History' tab.
9.0	04/15/2022	Updated registration flow for inactive users Added screenshots: Section 3.3.4 – Page 24 Section 5 - Page 42 Section 6.1.1.4 – Page 73
10.0	07/11/2022	New Template Changes: Updated screenshots throughout the document

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1 Introduction

1.1 Purpose

This is a user guide for the Medi-Cal Provider Website Application.

2 Medi-Cal's Provider Website Landing Home Page

Medi-Cal's landing home page for providers has a secure log in for providers to register online. Every provider will have a unique account that will allow them to access multiple practice locations. The features on the landing home page are listed below (see Fig: 2.a).

- Username and Password field for Secure Log In
- Register Link
- Reset Password Link
- Username Reminder

Provider Website Landing Home Page:

CA.GOV
State of California
HCS
Medi-Cal Dental Program

[My Practice](#) [Contact Us](#)

Log In

* Username

* Password

[Login](#)

[Register](#)

[Reset Password](#) | [Username Reminder](#)

[Conditions of Use](#) [Privacy Policy](#) [Nondiscrimination Policy](#) [Accessibility](#) [Accessibility Certificate](#) [Language Access](#)

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Fig: 2.a: Medi-Cal's Provider Website Landing Home Page

3 Registration on Provider Portal

Medi-Cal providers can register themselves by clicking the “Register” link available on the Medi-Cal Provider Website Landing page. The first provider who registers for a particular Business Entity (Provider ID) will be assigned as an Administrator, by default, and will have special Administrator rights. Additional providers who register using the same Business Entity (Provider ID) will be “regular users” of the provider website and will be granted limited access.

3.1 Steps for Registration: Positive Scenario

Step 1:

Click the “Register” link (see Fig: 3.1.a).

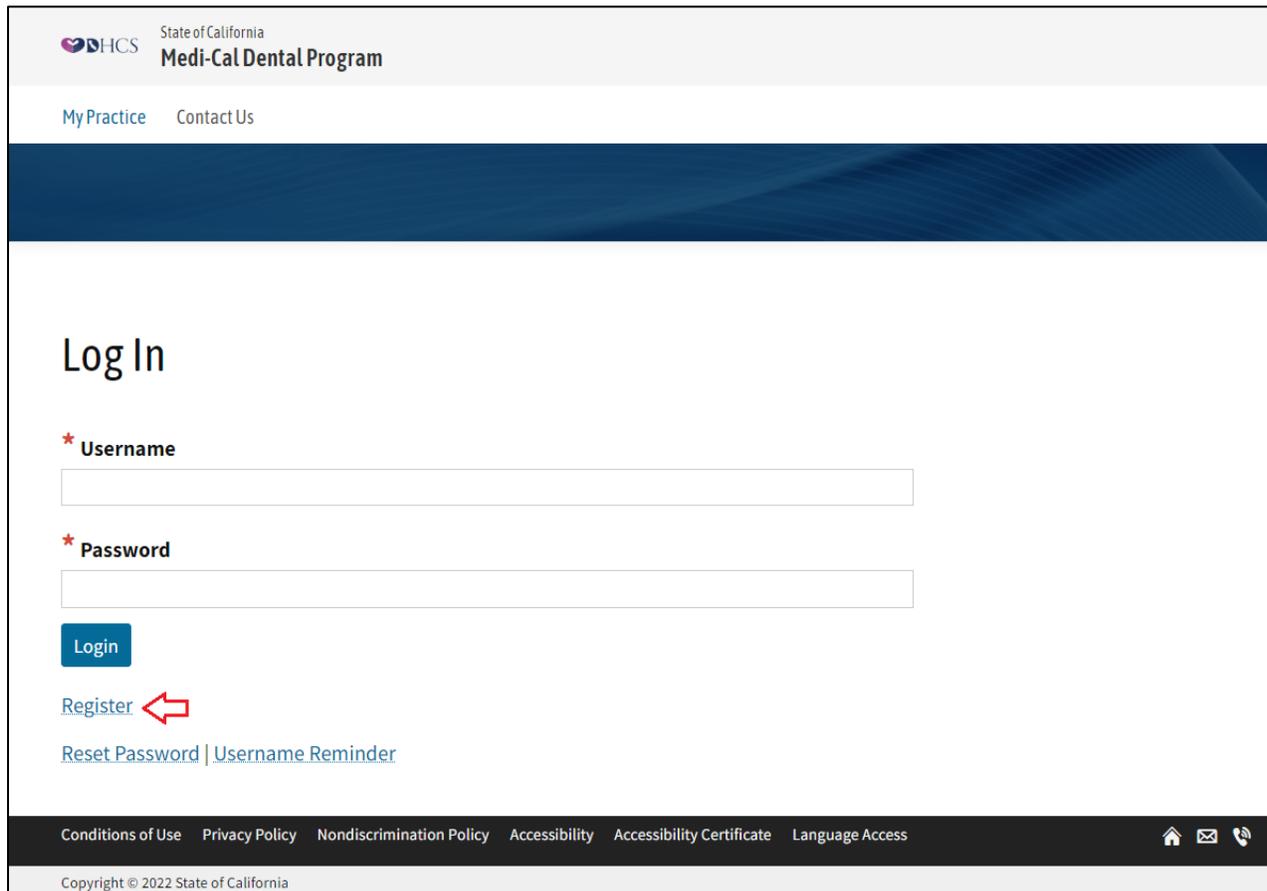


Fig: 3.1.a: Medi-Cal’s Provider Website Login Page – Registration Link

Step 2:

The “Verify User | Registration” page displays. A red asterisk (*) indicates a required field. Enter your information in the following required fields. Providers who do not have a Billing NPI Number can register using their Medi-Cal Provider ID by clicking on ‘Click here if no registered NPI’

- Billing NPI Number
- TIN

The following fields are optional:

- Provider First Name
- Provider Last Name

Click the “Continue” button to continue the registration process. Click the “Cancel” button to close the page and return to the “Login” page (see Fig: 3.1.b).

State of California
Medi-Cal Dental Program

My Practice Contact Us

Verify User | Registration

Billing Provider

* **Billing NPI Number** [Medi-Cal Provider ID option \(If no registered NPI\)](#)

Provider NPI

* **TIN/Social Security Number (SSN), or Payment ID**

TIN/Social Security Number (SSN), or Payment ID

Provider First Name (Optional)

Provider First Name

Provider Last Name (Optional)

Provider Last Name

Continue Cancel

Conditions of Use Privacy Policy Nondiscrimination Policy Accessibility Accessibility Certificate Language Access

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Fig: 3.1.b: Verify User Registration Page

Step 3:

After clicking the “Continue” button, the system goes to the next page in the registration process.

The system populates the Billing NPI Number and Provider TIN entered in Step 2. The optional fields (Provider First Name and Provider Last Name) only populate if you entered the information in Step 2.

All the fields listed below are mandatory and must be completed (see Fig: 3.1.c).

- Username
- Email Address, Confirm Email Address
- First Name, Last Name
- Password, Confirm Password
- 2 Security Questions and Answers

- Check Box for the Terms and Conditions
- Check Box for CAPTCHA

The First Name, Last Name and Email Address fields are used for verification of the Username Reminder.

CA.gov
State of California
Medi-Cal Dental Program

My Practice Contact Us

Create Account | Registration

Please fill out all fields.

Your Information

Billing NPI Number:

TIN/Social Security Number (SSN), or Payment ID: ****

Username

Email

Confirm Email

First Name

Last Name

Password

Password (case-sensitive)

Confirm Password

Password reminder
Select a security questions and enter your responses.If you forget your password, your security questions and answers will help us verify your identity.

Security Question 1
--Select a question--

Security Answer 1

Security Question 2
--Select a question--

Security Answer 2

I certify that I have read and agreed to all [Terms and Conditions](#).

I'm not a robot 

Conditions of Use Privacy Policy Nondiscrimination Policy Accessibility Accessibility Certificate Language Access

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Fig. 3.1.c: Create Account Registration Page

Click the “Create” button to go to the “Registration Confirmation” page and view the “Registration Completed Successfully” message (see Fig: 3.1.d).

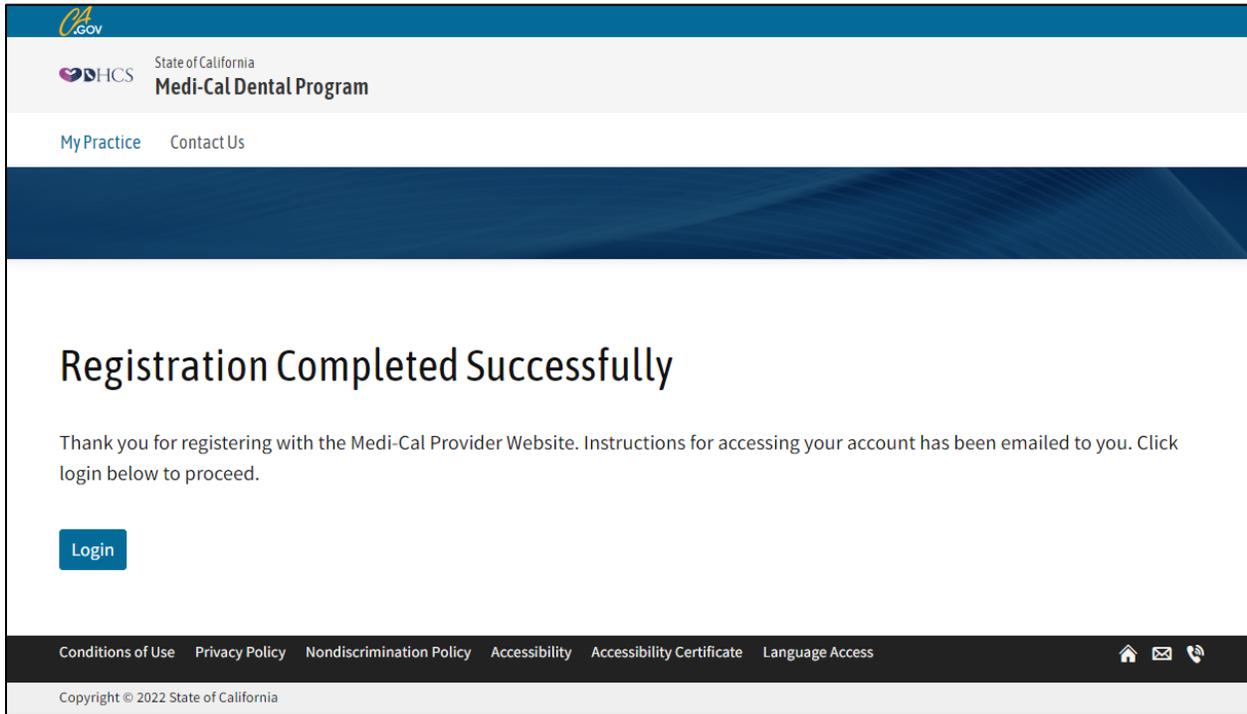


Fig: 3.1.d: Registration Completed Successfully Message Screen

Step 4:

An email confirmation is sent to the provider using the email address provided during registration (see Fig: 3.1.e).

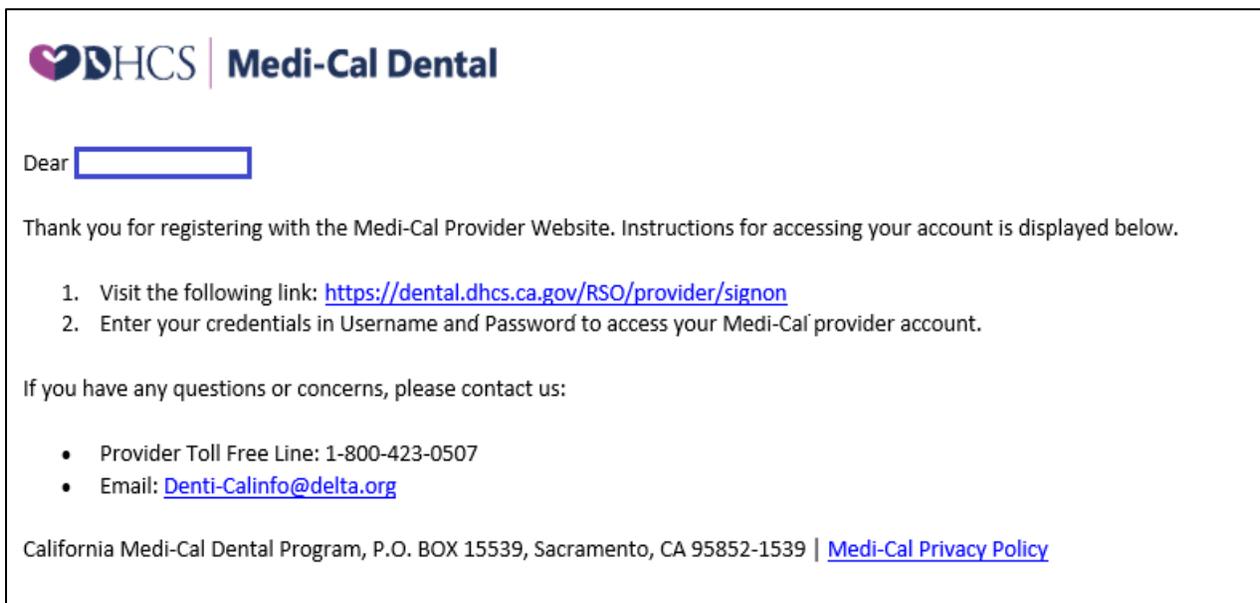


Fig: 3.1.e: Welcome Email with Privacy Policy Link after Successful Provider Registration

3.2 Steps for Registration: If provider does not have a Billing NPI Number

Step 1:

When you click on 'Register' link, "Verify User | Registration" page displays, where you enter required information. If you do not have a Billing NPI Number, then click on link 'Click here if no registered NPI'. (see Fig 3.2.f).

State of California
Medi-Cal Dental Program

MyPractice Contact Us

Verify User | Registration

Billing Provider

* Billing NPI Number [Medi-Cal Provider ID option \(If no registered NPI\)](#)

Provider NPI

* TIN/Social Security Number (SSN), or Payment ID

TIN/Social Security Number (SSN), or Payment ID

Provider First Name (Optional)

Provider First Name

Provider Last Name (Optional)

Provider Last Name

Continue Cancel

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Fig: 3.2.f: Verify User Registration Page- Link for registering if no Billing NPI Number

Step 2:

A red asterisk (*) indicates a required field. Enter your information in the following required fields. (see Fig: 3.2.g)

- Medi-Cal Provider ID
- TIN

The following fields are optional:

- Provider First Name
- Provider Last Name

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[My Practice](#) [Contact Us](#)

Verify User | Registration

Billing Provider

* **Medi-Cal Provider ID**

* **TIN/Social Security Number (SSN), or Payment ID**

Provider First Name (Optional)

Provider Last Name (Optional)

[Continue](#) [Cancel](#)

[Conditions of Use](#) [Privacy Policy](#) [Nondiscrimination Policy](#) [Accessibility](#) [Accessibility Certificate](#) [Language Access](#)

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Fig: 3.2.g: Verify User Registration Page- Provider to enter their Medi-Cal Provider ID

Step 3

After clicking the “Continue” button, the system goes to the next page in the registration process.

The system populates Medi-Cal Provider ID and Provider TIN entered in Step 2. The optional fields (Provider First Name and Provider Last Name) only populate if you entered the information in Step 2. (see Fig: 3.2.h)

Click the “Create” button to go to the “Registration Confirmation” page and view the “Registration Completed Successfully” message seen in Fig: 3.1.d and 3.1.e.

The screenshot shows the 'Create Account | Registration' page for the Medi-Cal Dental Program. The page header includes the CA.gov logo, the State of California HCS logo, and the program name. Navigation links for 'My Practice' and 'Contact Us' are present. The main heading is 'Create Account | Registration'. Below this, a note says 'Please fill out all fields.' The 'Your Information' section contains fields for 'Billing NPI Number', 'TIN/Social Security Number (SSN), or Payment ID', 'Username', 'Email', 'Confirm Email', 'First Name', and 'Last Name'. The 'Password' section includes 'Password (case-sensitive)', 'Confirm Password', and a 'Password reminder' section with instructions to select security questions and answers. There are two 'Security Question' dropdown menus and corresponding answer fields. A checkbox for 'I certify that I have read and agreed to all Terms and Conditions.' is present. At the bottom of the form is a reCAPTCHA widget and 'Create' and 'Cancel' buttons. The footer contains links for 'Conditions of Use', 'Privacy Policy', 'Nondiscrimination Policy', 'Accessibility', 'Accessibility Certificate', and 'Language Access', along with a copyright notice for 2022 State of California.

Fig: 3.2.h: Create Account Registration Page for providers registering with a Medi-Cal Provider ID

3.3 Steps to Register with Validations

3.3.1 Scenario 1: The Provider Enters Incorrect Details.

Step 1:

If you enter incorrect details, you will not be verified and cannot proceed to the next registration step. The “Unable to validate account details provided” error message displays (see Fig 3.3.1.i).

The screenshot shows the 'Verify User | Registration' page of the Medi-Cal Dental Program website. At the top, there is a header with the HCS logo and 'State of California Medi-Cal Dental Program'. Below the header are links for 'MyPractice' and 'Contact Us'. The main content area features a large heading 'Verify User | Registration'. A prominent red error message box states: 'Unable to validate account details provided'. Below this, the 'Billing Provider' section contains several input fields: 'Billing NPI Number' (with a link for 'Medi-Cal Provider ID option (If no registered NPI)'), 'TIN/Social Security Number (SSN), or Payment ID', 'Provider First Name (Optional)', and 'Provider Last Name (Optional)'. At the bottom of the form are 'Continue' and 'Cancel' buttons. The footer includes links for 'Conditions of Use', 'Privacy Policy', 'Nondiscrimination Policy', 'Accessibility', 'Accessibility Certificate', and 'Language Access', along with a copyright notice for 2022 State of California.

Fig: 3.3.1.i: User Details not validated during Registration

Step 2:

The following fields must be entered correctly when you create an account (see Fig: 3.1.c). An error message displays if the following required information is incorrect:

- If “Username” is entered incorrectly.
- If “Email” and “Confirm Email” are invalid and do not match.
- If “Password” is invalid.
- If “Confirm Password” does not match the password entered.
- If “Terms and Conditions” check box is not selected.
- If the same “Security Questions” for question 1 and question 2 are selected.
- If the user missed the CAPTCHA values selection.

Example: If “Username” is entered incorrectly.

The screenshot shows the 'Create Account | Registration' page for the State of California Medi-Cal Dental Program. The page includes a header with the HCS logo and navigation links for 'MyPractice' and 'Contact Us'. The main heading is 'Create Account | Registration'. Below the heading, there is a prompt: 'Please fill out all fields.' The 'Your Information' section contains fields for 'Billing NPI Number', 'TIN/Social Security Number (SSN), or Payment ID', 'Username', and 'Email'. The 'Username' field contains the text 'aa' and is highlighted with a blue border. A red arrow points to an error message box that reads: 'Your username must be at least 6 characters. You may use letters and/or numbers. You may not use special characters or blank spaces.'

Fig: 3.3.1.j: Error Message for Entering Invalid Username while Creating Account

Example: If “Email” and “Confirm Email” are invalid and do not match.

Create Account | Registration

Please fill out all fields.

Your Information

Billing NPI Number:

TIN/Social Security Number (SSN), or Payment ID: *****

Username

Email

Confirm Email

E-mail address needs to be in the following format: xx@xx.xxx

A red arrow points to the error message box.

Fig: 3.3.1.k: Error Message for Entering Invalid Email Address while Creating Account

Example: If “Password” is invalid.

Password (case-sensitive)

Confirm Password

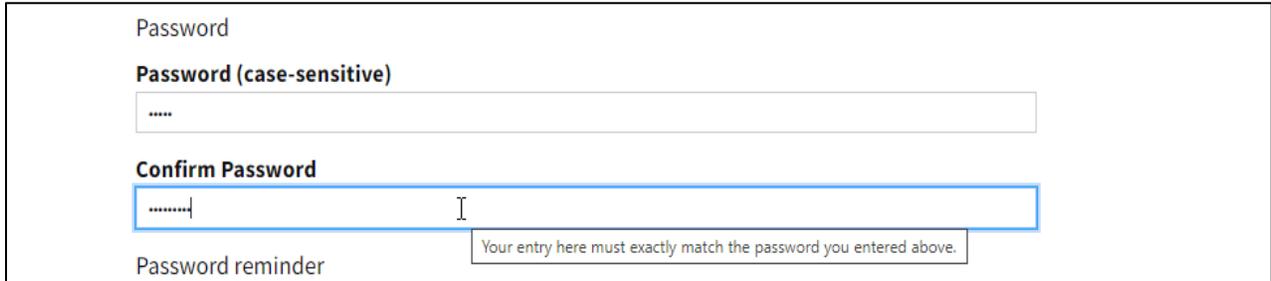
The password must contain characters from at least three of the following categories:

- a. Uppercase letters (A through Z)
- b. Lowercase letters (a through z)
- c. Base 10 digits (0 through 9)
- d. Non-alphanumeric characters (special characters) (for example, !, \$, #, %)

A red arrow points to the error message box.

Fig: 3.3.1.l: Error Message for Entering Invalid Password while Creating Account

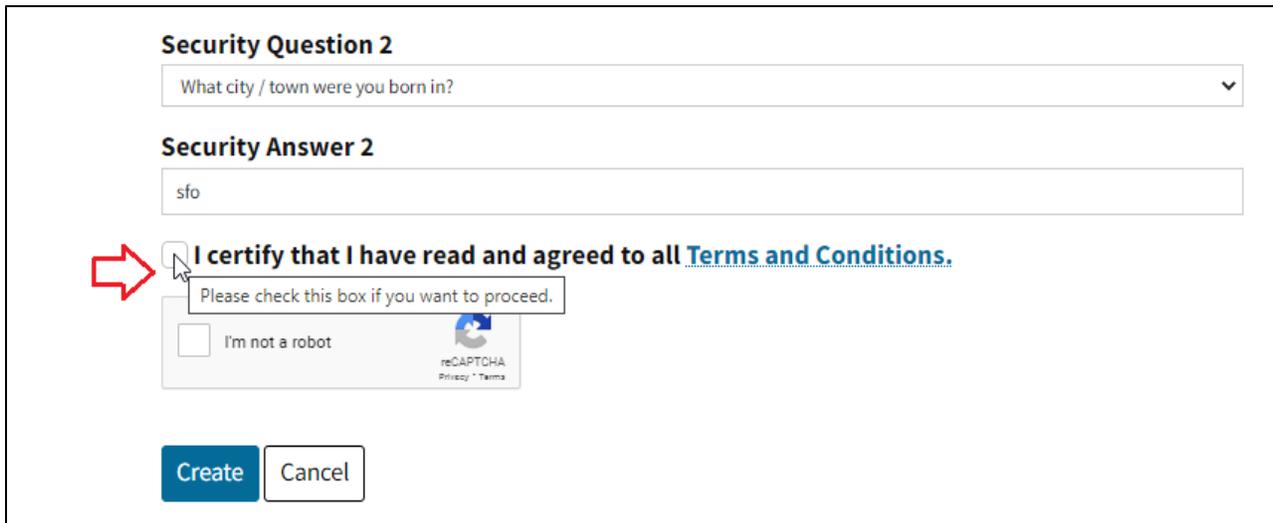
Example: If “Confirm Password” does not match the password entered.



The screenshot shows a form with two password fields. The first field is labeled "Password (case-sensitive)" and contains several dots. The second field is labeled "Confirm Password" and contains a different number of dots. A red border highlights the "Confirm Password" field, and a tooltip message below it reads: "Your entry here must exactly match the password you entered above." Below the fields is a "Password reminder" label.

Fig: 3.3.1.m: Error Message for Entering Incorrect Password in Confirm Password Field while Creating Account

Example: If “Terms and Conditions” check box is not selected.



The screenshot shows a registration form with the following elements: a "Security Question 2" dropdown menu with the text "What city / town were you born in?"; a "Security Answer 2" text field containing "sfo"; a checkbox labeled "I certify that I have read and agreed to all [Terms and Conditions.](#)" with a tooltip that says "Please check this box if you want to proceed."; a reCAPTCHA widget with the text "I'm not a robot"; and "Create" and "Cancel" buttons at the bottom. A red arrow points to the unchecked checkbox.

Fig: 3.3.1.n: Error Message for not selecting the Check Box to Agree to the Terms and Conditions

Example: Same “Security Questions” for Security Questions 1 and 2 cannot be selected.

First Name
XXXXXXX

Last Name
XXXXXXX

Password

Password (case-sensitive)
.....

Confirm Password
.....

Password reminder
Select a security questions and enter your responses.If you forget your password, your security questions and answers will help us verify your identity.

Security Question 1
What is your favorite team? ▾

Security Answer 1
XXXX

Security Question 2
What city / town were you born in? ▾
--Select a question--
What is the name of the main character in your favorite book?
What is the name of your favorite teacher?
What is the name of your favorite pet?
What was the name of your childhood best friend?
What was your favorite show as a child?
Who is your favorite author?
What is your favorite food?
What is your partners nickname?
What street did you grow up on?
What city / town were you born in?
What is your favorite vehicle?
If you could meet someone from history, who would it be?
What is your least favorite film of all time?
Who was your least favorite teacher?
What food do you dislike the most?

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Fig: 3.3.1.o: Same Security Question during Account Creation cannot be selected

Example: If the user did not select the CAPTCHA.

Create Account | Registration

- Please verify the Captcha.

Please fill out all fields.

Your Information

Billing NPI Number:

TIN/Social Security Number *****
(SSN), or Payment ID:

Username

Email

Confirm Email

First Name

Last Name

Password

Password (case-sensitive)

Confirm Password

Password reminder

Select a security questions and enter your responses. If you forget your password, your security questions and answers will help us verify your identity.

Security Question 1

Security Answer 1

Security Question 2

Security Answer 2

I certify that I have read and agreed to all [Terms and Conditions](#).



Fig. 3.3.1.p: Error Message for not selecting the CAPTCHA while Creating User Account when Registering

3.3.2 Scenario 2: If user enters combination of First Name, Last Name and Email Address same as that of an already registered user and tries to register.

The screenshot shows the Medi-Cal Dental Program website interface. At the top, there is a header with the HCS logo and the text "State of California Medi-Cal Dental Program". Below the header are navigation links for "MyPractice" and "Contact Us". The main heading is "Create Account | Registration". A red error message box contains the text: "Unable to register as one or more users have already been registered with this combination of First Name, Last Name and Email." Below the error message, there is a prompt: "Please fill out all fields." The registration form includes the following fields: "Your Information" section with "Billing NPI Number:" and "TIN/Social Security Number (SSN), or Payment ID:" (the latter has "*****" before the input box); "Username" field; "Email" field; and "Confirm Email" field. All input fields are currently empty.

Fig: 3.3.2.q: Error if same First Name, Last Name and Email used during Registration

3.3.3 Scenario 3: If user left any/all the required fields blank.

The screenshot shows the 'Verify User | Registration' page for the Medi-Cal Dental Program. The page header includes the HCS logo and 'State of California Medi-Cal Dental Program' with links for 'MyPractice' and 'Contact Us'. The main heading is 'Verify User | Registration'. Under the 'Billing Provider' section, there are four required fields: 'Billing NPI Number' (with a 'Medi-Cal Provider ID option (If no registered NPI)' link), 'TIN/Social Security Number (SSN)', 'Provider First Name (Optional)', and 'Provider Last Name (Optional)'. The 'Billing NPI Number' field is highlighted with a blue border and contains the text 'Provider NPI'. A tooltip with a yellow warning icon and the text 'Please fill out this field.' is positioned over the 'TIN/Social Security Number (SSN)' field, which is currently blank. Below the fields are 'Continue' and 'Cancel' buttons. The footer contains links for 'Conditions of Use', 'Privacy Policy', 'Nondiscrimination Policy', 'Accessibility', 'Accessibility Certificate', and 'Language Access', along with icons for home, email, and phone, and a copyright notice for 2022 State of California.

Fig: 3.3.3.r: Error Message when Fields Left Blank during Registration

3.3.4 Scenario 4: If an inactive user tries to register.

State of California
Medi-Cal Dental Program

[MyPractice](#) [Contact Us](#)

Verify User | Registration

- Unable to proceed registration due to inactive Medi-Cal Dental provider enrollment status.

Billing Provider

* **Billing NPI Number** [Medi-Cal Provider ID option \(If no registered NPI\)](#)

Provider NPI

* **TIN/Social Security Number (SSN), or Payment ID**

TIN/Social Security Number (SSN), or Payment ID

Provider First Name (Optional)

Provider First Name

Provider Last Name (Optional)

Provider Last Name

[Continue](#) [Cancel](#)

[Conditions of Use](#) [Privacy Policy](#) [Nondiscrimination Policy](#) [Accessibility](#) [Accessibility Certificate](#) [Language Access](#)

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Fig: 3.3.3.s: Error Message when an inactive user tries to register

A message 'Unable to proceed registration due to inactive Medi-Cal Dental provider enrollment status' will be displayed if a new inactive user tries to register. Whereas a previously registered inactive user can still access the website.

3.4 Username Reminder Steps

If you forget your username, click the “Username Reminder” link to request recovery (see Fig: 3.4.s).

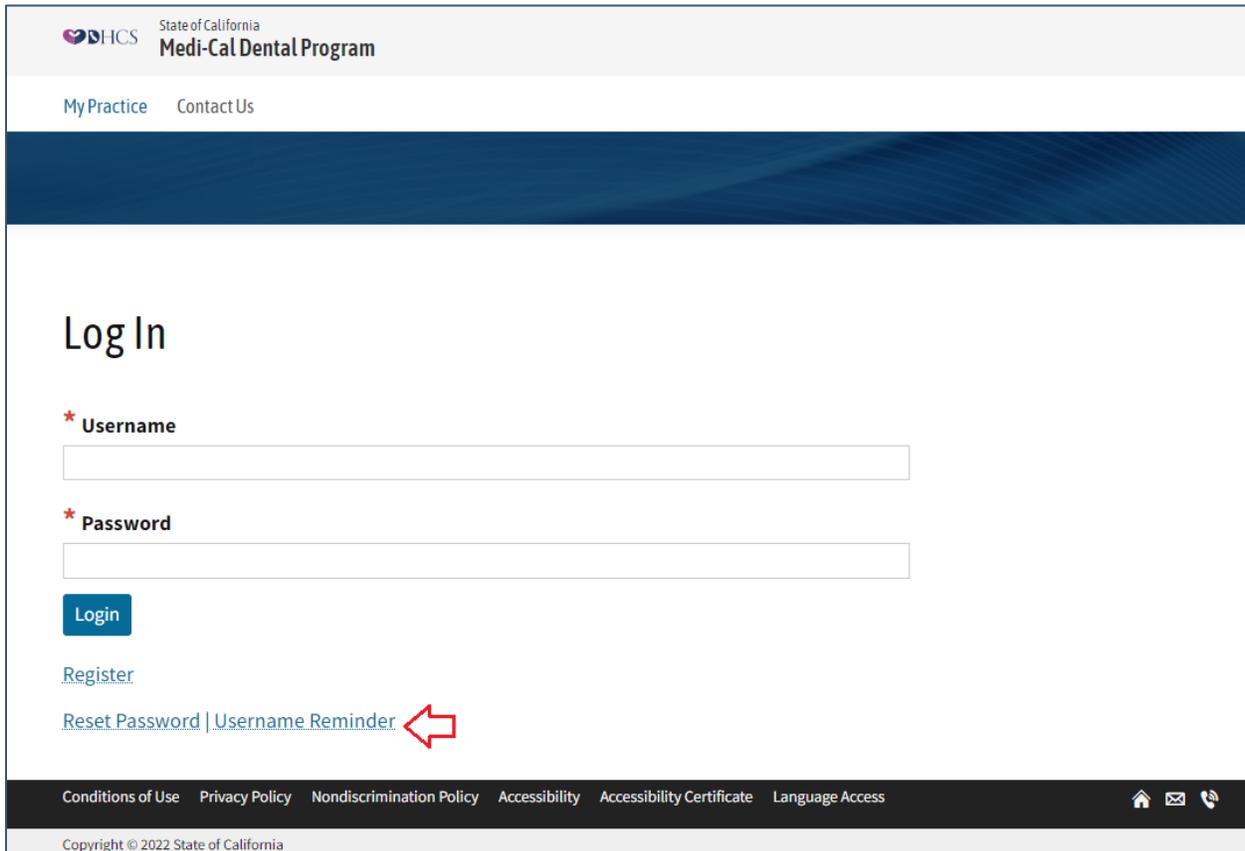


Fig: 3.4.t: Username Reminder Link

After you click the “Username Reminder” link, the system goes to the “Username Reminder” page where you enter your information (see Fig: 3.4.t) used during registration.

- Billing NPI Number
- Taxpayer Identification Number (TIN)
- First Name
- Last Name
- Email Address you used during registration

Users who have not registered through Billing NPI Number, click on ‘Click here if no registered NPI’ and provide your Medi-Cal Provider ID used during registration.



[My Practice](#) [Contact Us](#)

Username Reminder

Billing Provider

Billing NPI Number [Medi-Cal Provider ID option \(If no registered NPI\)](#)

TIN/Social Security Number (SSN), or Payment ID

First Name

Last Name

Email

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Fig: 3.4.u: Username Reminder Screen

Click the “Send me a reminder” button and the following message displays (see Fig: 3.4.u).

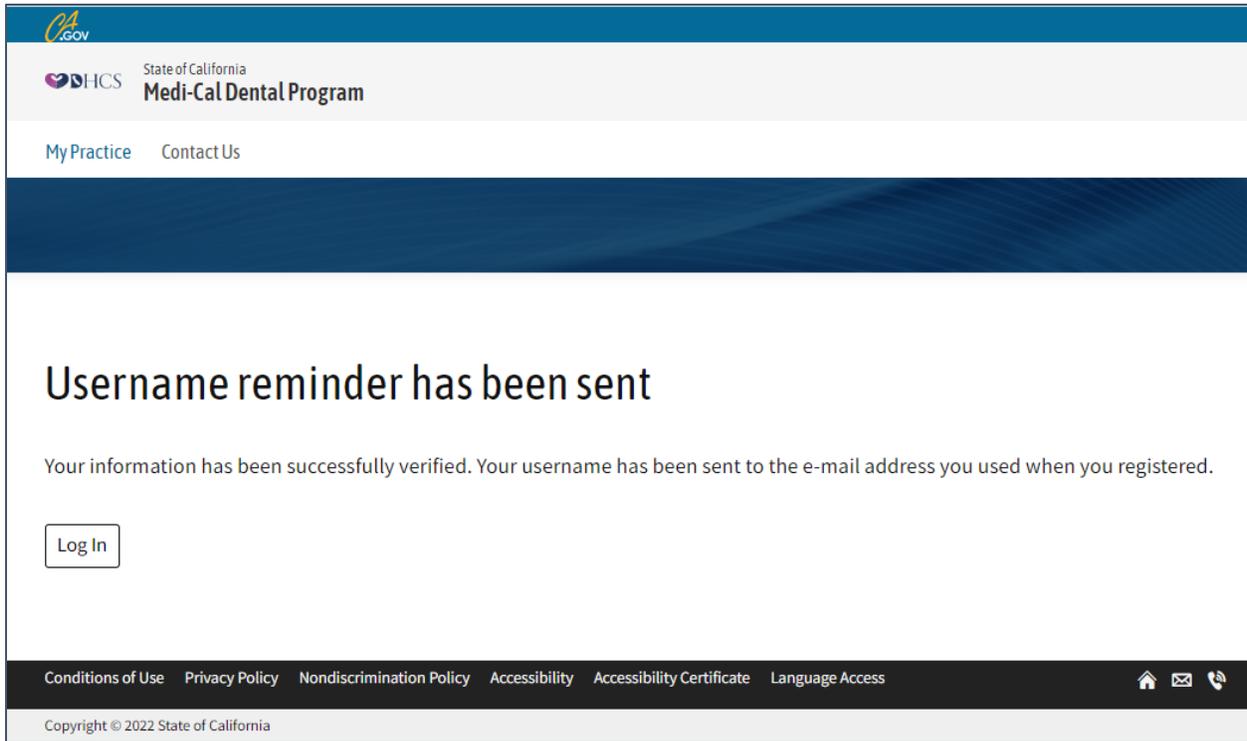


Fig: 3.4.v: Username Reminder Message

You receive an email that contains your username (see Fig: 3.4.v).

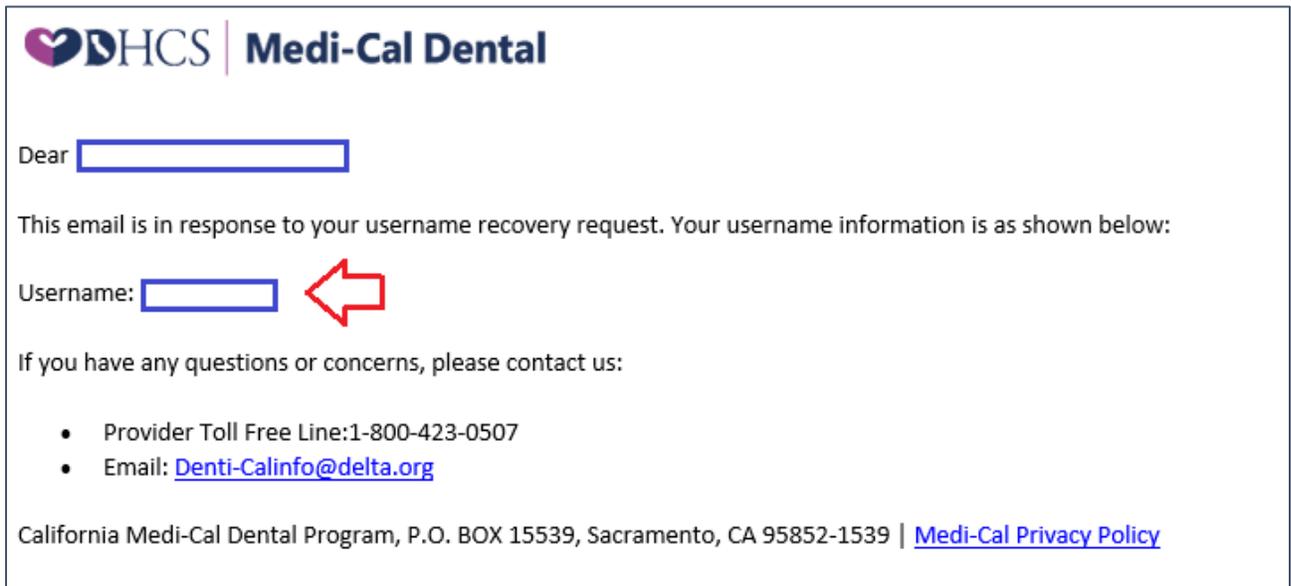


Fig: 3.4.w: Email Sent to the Provider for Username Reminder

4 Provider Secure Log In

The Provider Website has a Secure Log In, where you are asked to enter your Username and Password. This is the same screen you used to set up your online account. If the values match, you are granted access. If the values do not match, an “Invalid Credentials” error message displays (see Fig: 4.a).

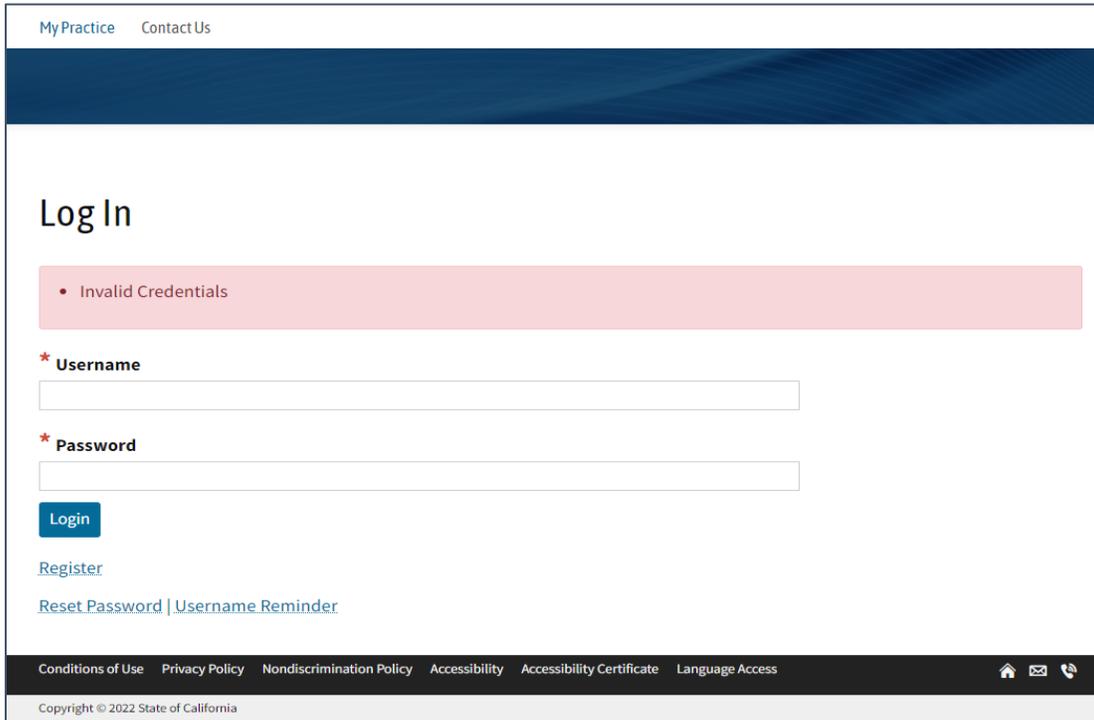


Fig: 4.a: Unable to Login Error – when Provider Tries to Log In with Invalid Credentials

You are allowed a maximum of 3 failed attempts to log in. More than 3 failed attempts to log in will automatically lock your account, and an error message displays. However, you are given an option to unlock your account (see Fig: 4.b).

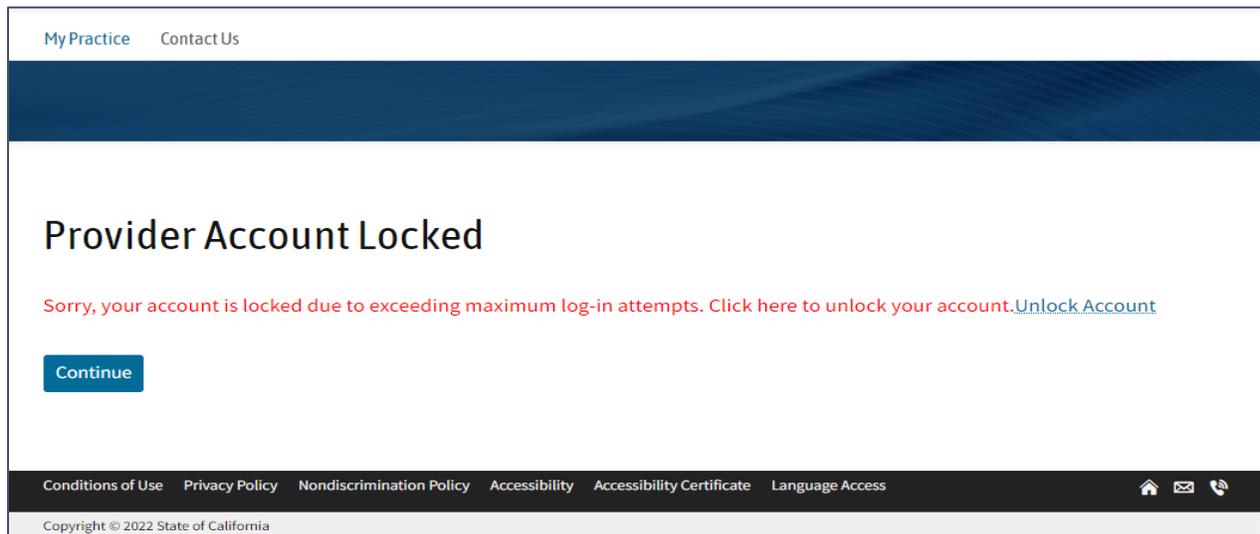


Fig: 4.b: Account Locked Message – when Provider Exceed the Maximum Login Attempts

4.1 Account Unlock Flow

4.1.1 Scenario 1: Provider is successful in unlocking account by answering only 1 security question.

Step 1:

You can unlock your account by clicking the “Unlock Account” link (see Fig: 4.b). The system goes to the “Unlock Account” page where you enter your Username to validate your credentials (see Fig: 4.1.1.c). Click the “Continue” button to validate your credentials and go to the next page.

MyPractice Contact Us

Unlock Account

To unlock your account, enter your User Name below to validate your credentials.

User Name

Continue Cancel

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Fig: 4.1.1.c: Unlock Account Screen to Validate Credentials – Provider to Enter Username

Step 2:

You must answer the security question you set during account creation (see Fig: 4.1.1.d). Click the “Continue” button. The system verifies your answer and goes to next page.

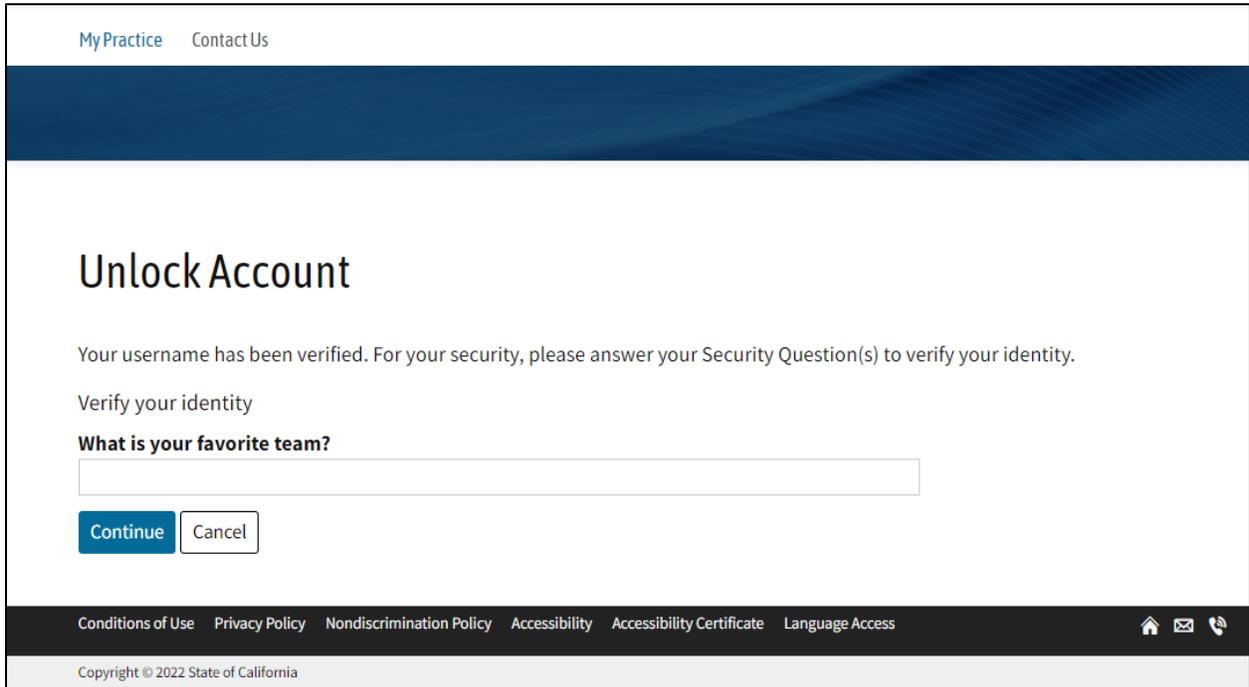


Fig: 4.1.1.d: Unlock Account Screen to Validate User – Security Question

Step 3:

After successfully verifying your security answer and identity, the system unlocks your account, and you can log in (see Fig: 4.1.1.e).

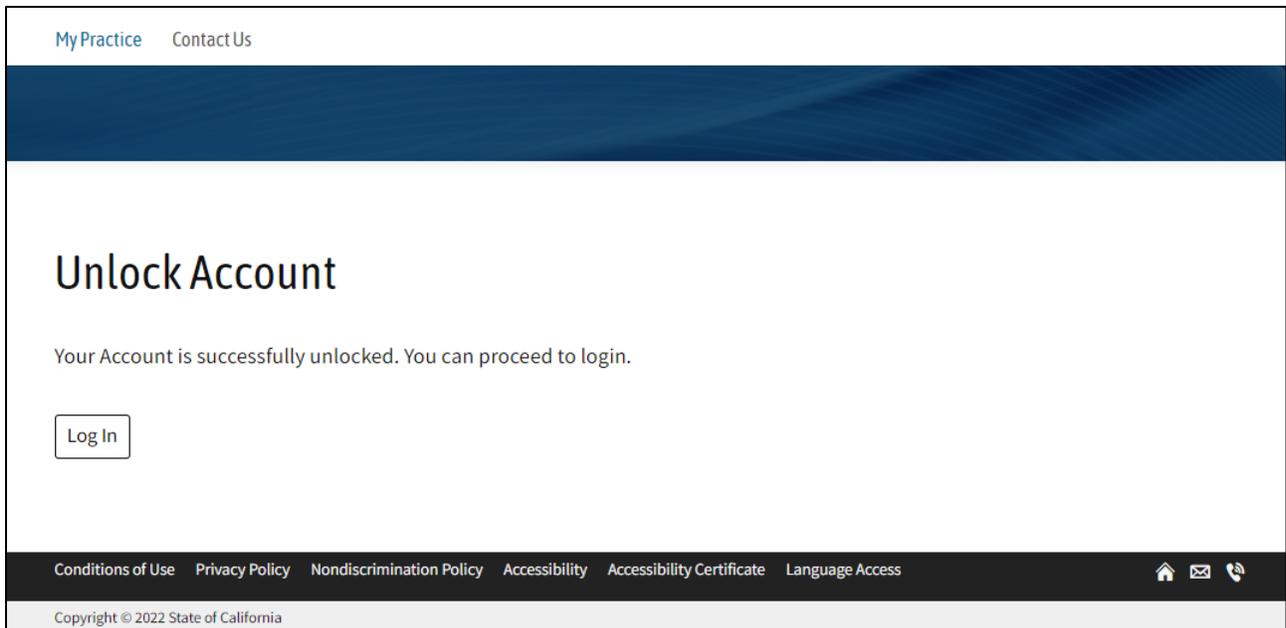


Fig: 4.1.1.e: Provider Account Unlocked Successfully

4.1.2 Scenario 2: If Provider answers the 1st Security Question incorrectly.

Step 1:

Enter your username, which will be validated (see Fig: 4.a). The system goes to Step 2. Enter the answer to your security question.

Step 2:

Enter the answer to the security question you set up during account creation. To verify your identity and go to the next step, click the “Continue” button (see Fig: 4.1.1.b).

Step 3:

If the answer is incorrect, the system goes to next screen, and you answer your second security question (see Fig: 4.1.2.f).

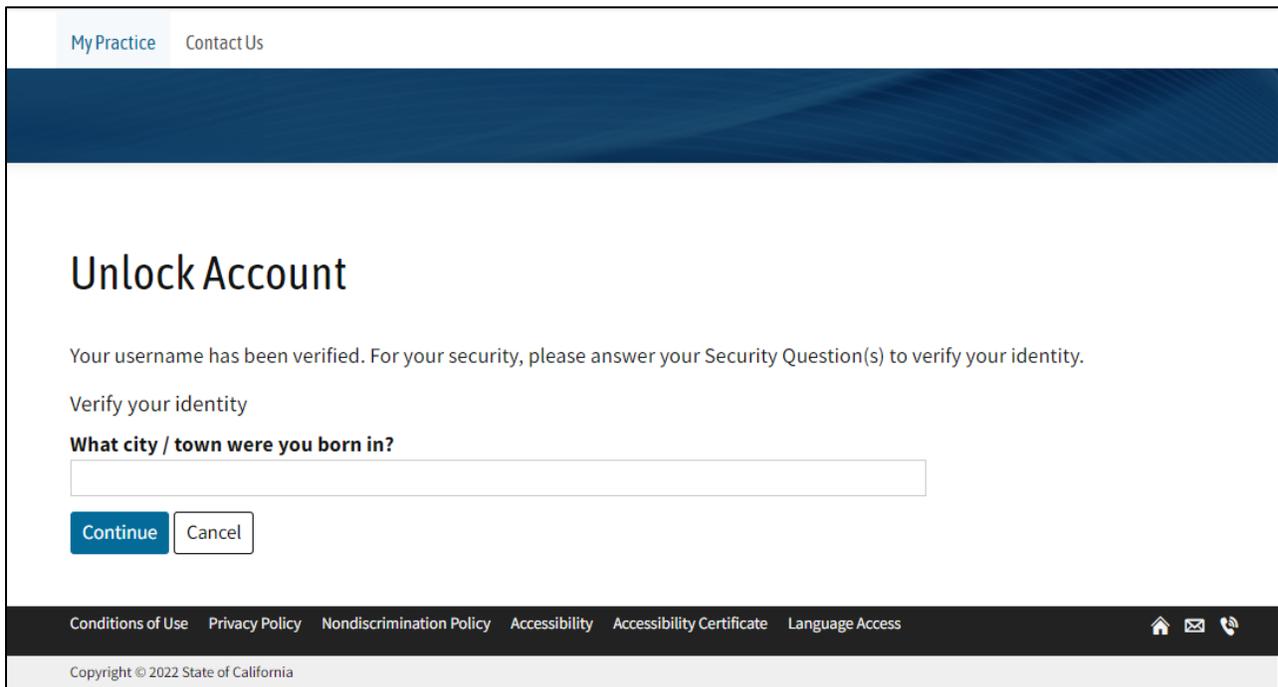


Fig: 4.1.2.f: Unlock Account Screen to Validate User – Second Security Question

Step 4:

After successfully verifying your security answer and identity, the system unlocks your account, and you can log in (see Fig: 4.1.2.f).

4.1.3 Scenario 3: If Provider’s Username is not verified.

If you enter an invalid username, you are not validated. A “User Not Found” error message displays (see Fig: 4.1.3.g).

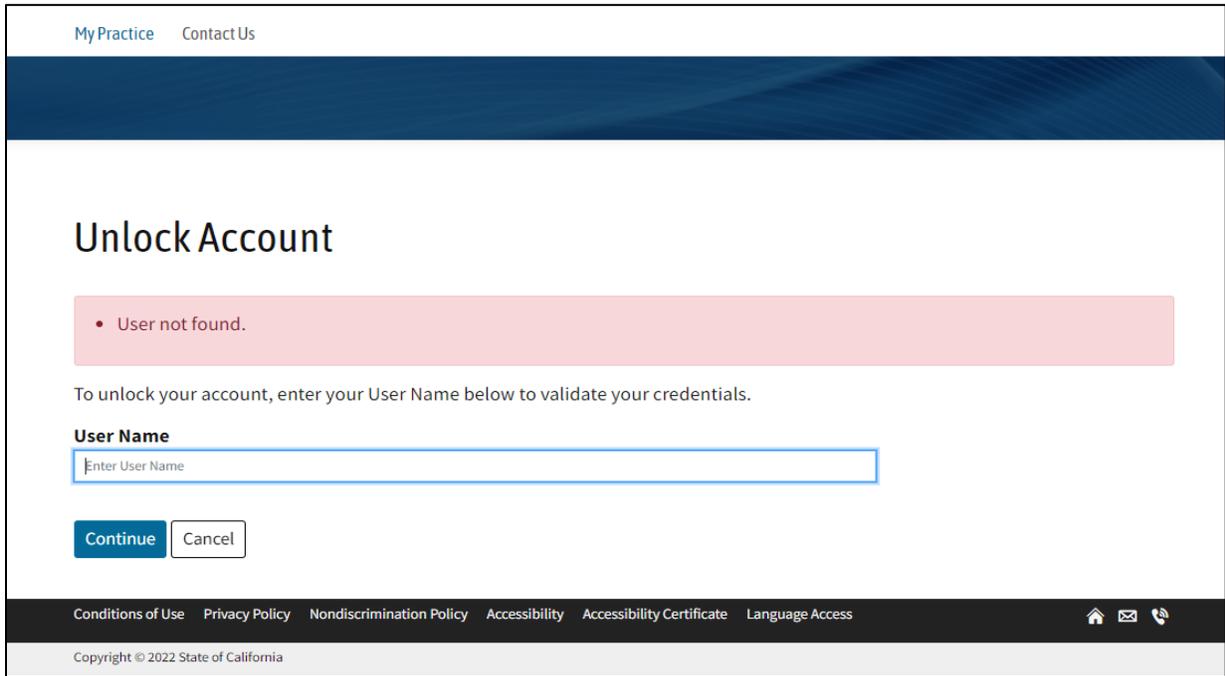


Fig: 4.1.3.g: Unlock Account Screen to Validate User – Incorrect Username Entered

4.1.4 Scenario 4: If a Provider is unable to unlock their account by entering invalid security answers for both questions.

If you do not answer your security questions correctly, the system goes to the “Unlock Account” page where you are instructed to send an email to DCALWebMaster@delta.org because your account was not validated (see Fig: 4.1.4.h).

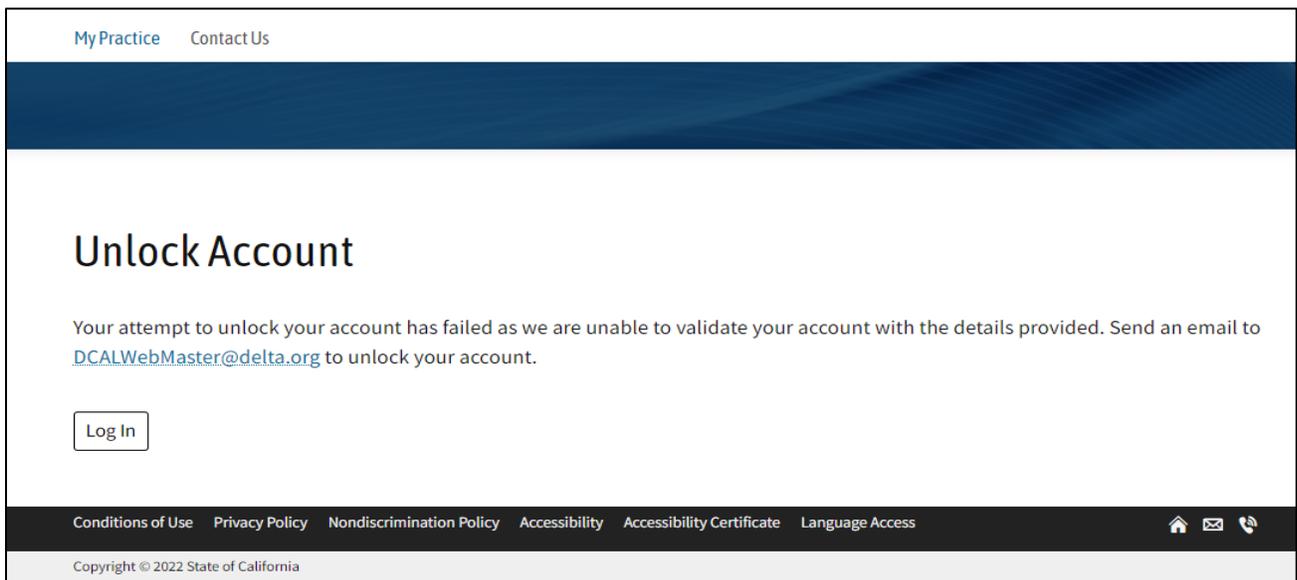


Fig: 4.1.4.h: Unlock Account Screen – Unable to Validate User, Send Email to Unlock Account

4.2 Password Reset Flow

If you want to reset your password, select the “Reset Password” link available on the “Provider Landing” page.

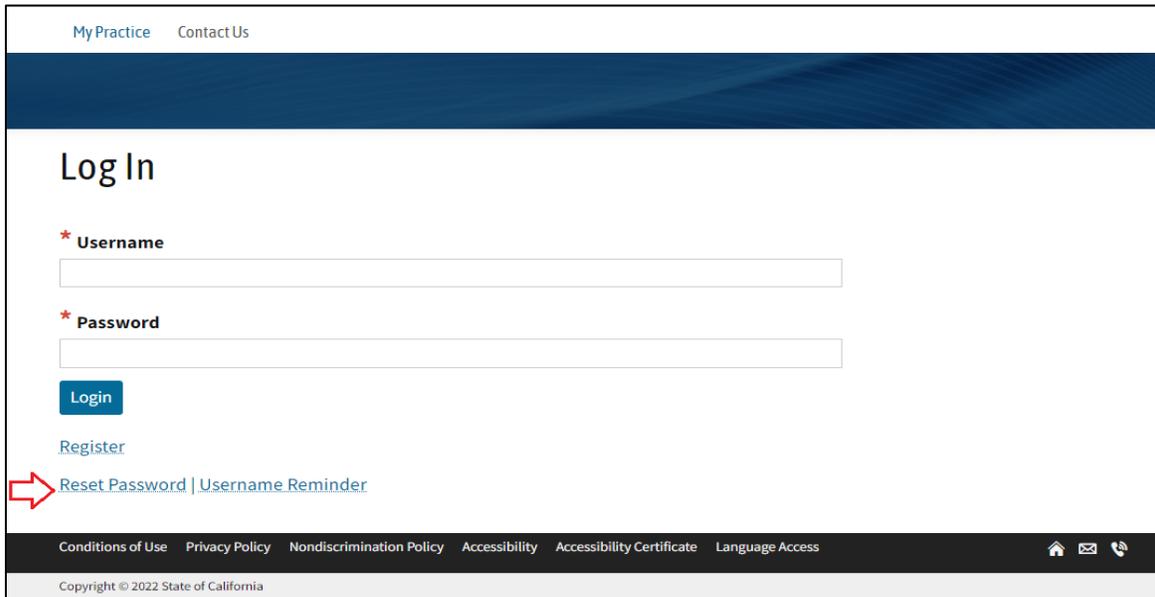


Fig: 4.2.i: Provider Website Landing Page – Reset Password Link

4.2.1 Scenario 1: A Provider successfully resets their password by answering only 1 security question.

Step 1:

If you click the “Reset Password” link, the system goes to the “Reset Password” screen, and you enter your User Name to verify your identity (see Fig: 4.2.1.j). Click the “Continue” button to verify your Username. If the Username is valid, the system goes to the next page.

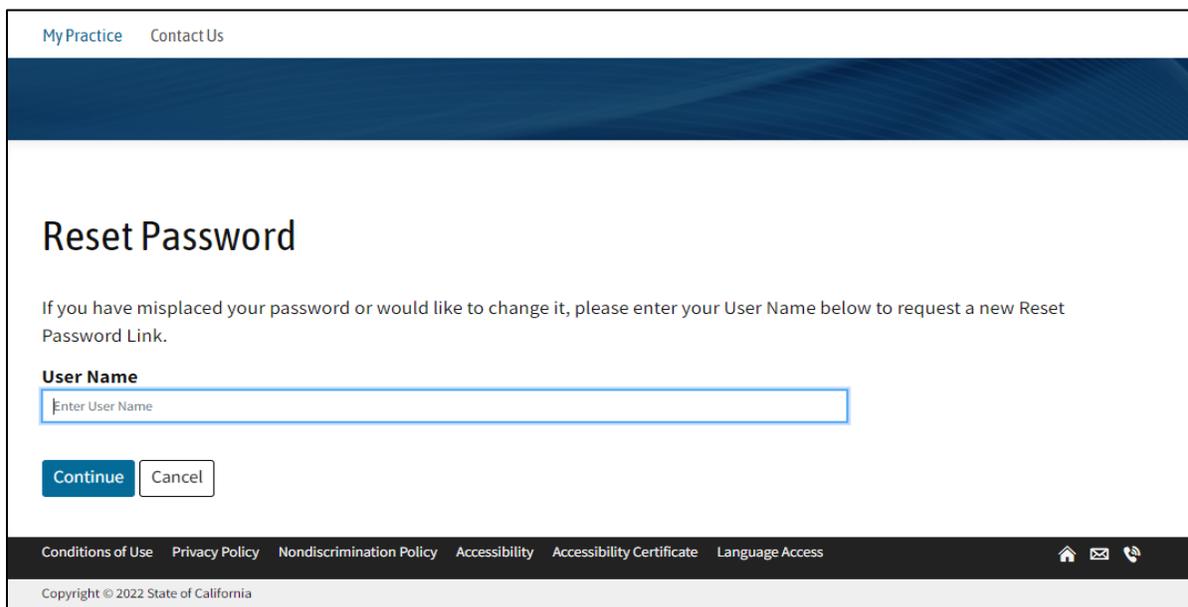


Fig: 4.2.1.j: Reset Password – Provider Identification by Entering Username

Step 2:

Answer the security questions you set up during account creation to verify your identity (see Fig: 4.2.1.k).

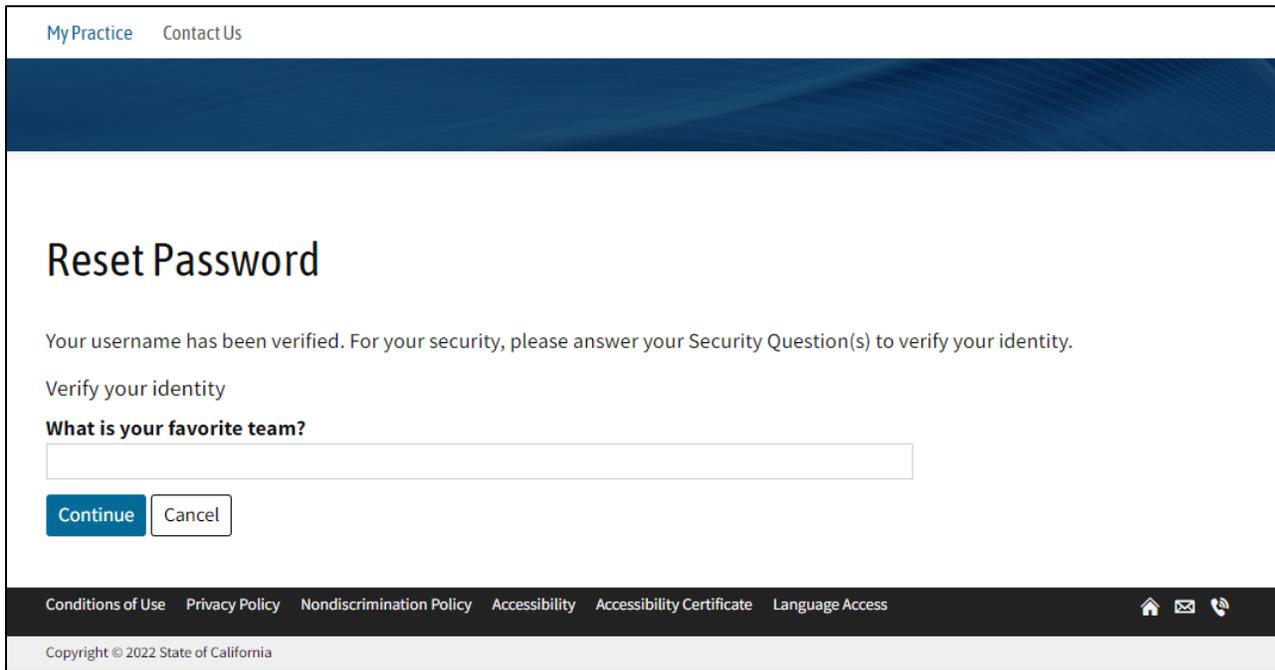


Fig: 4.2.1.k: Reset Password – Provider Verification by Entering Answer for Security Question

Step 3:

After you correctly answer the security question, the system goes to the “Reset Password” page. A message displays stating that an email along with a reset password link has been sent to the email address you provided during registration (see Fig: 4.2.1.l).

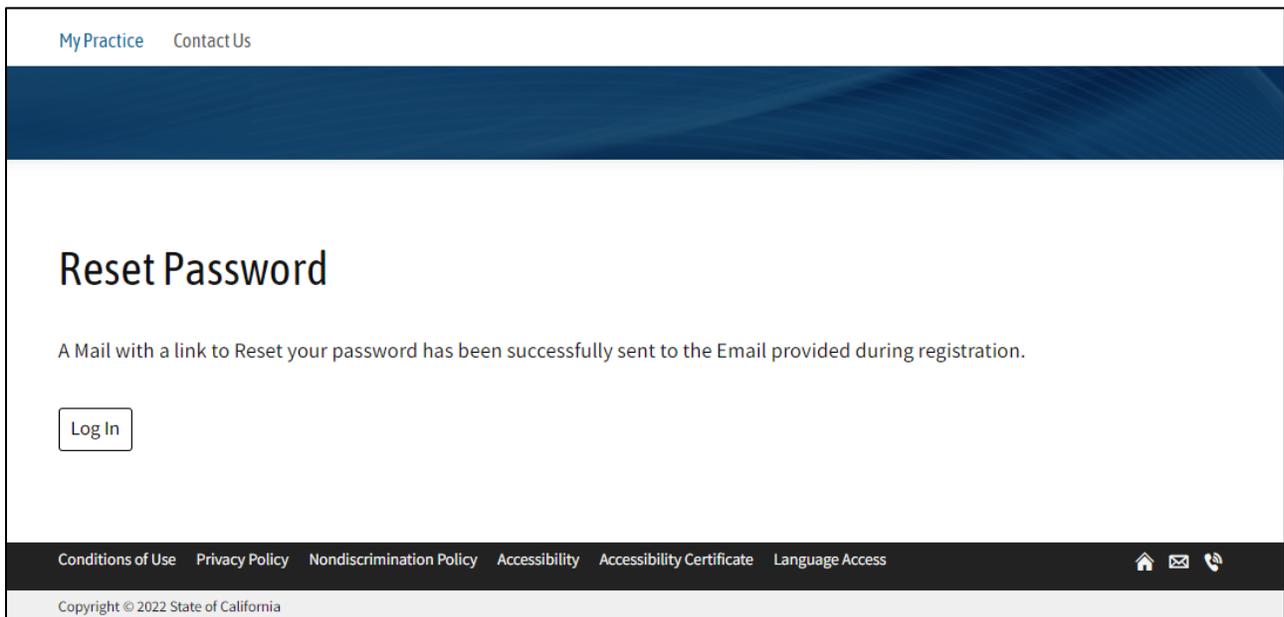


Fig: 4.2.1.l: Reset Password – Mail sent to User Message Screen

Step 4:

You receive an email with a “Reset Password” link (see Fig: 4.2.1.m).

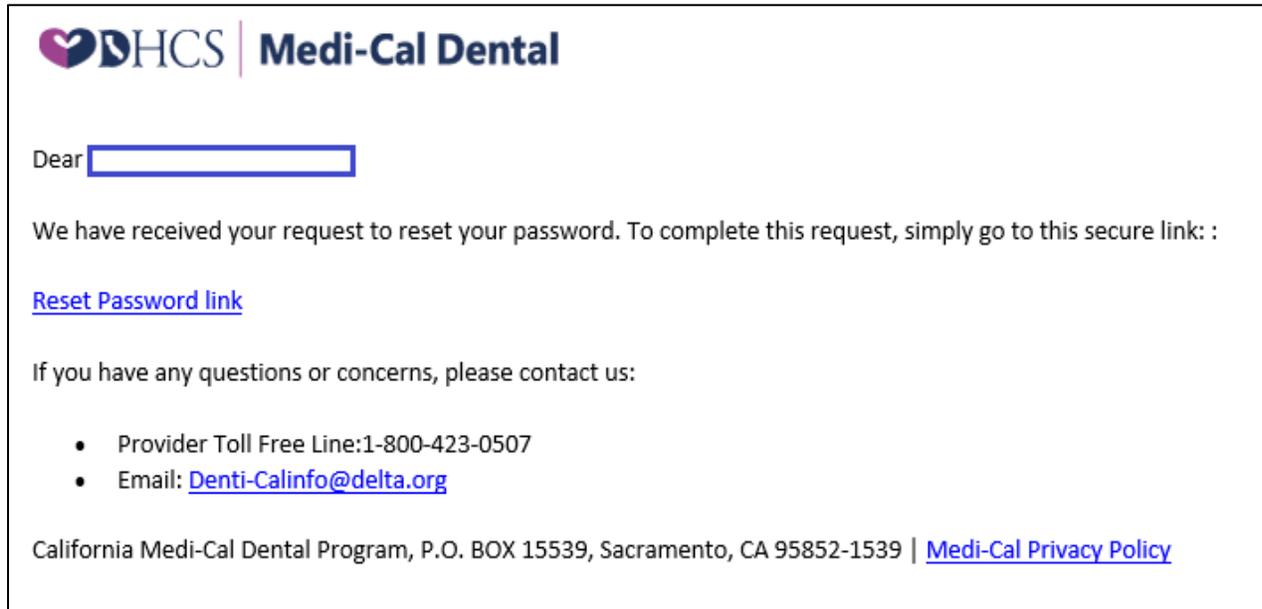


Fig: 4.2.1.m: Reset Password Link in an Email Sent to the Provider

Step 5:

Click the “Reset Password” link to go to the “Reset Password – Token Verification” page to reset your password. Enter your New Password that conforms to the password rules and confirm the New Password (see Fig: 4.2.1.n). Click the “Change Password” button.

My Practice Contact Us

Reset Password - Token Verification

Your Reset Password Token has been verified. Please enter your new password below to complete the process.

Reset Password

New Password (case-sensitive)

Confirm New Password

[Change Password](#)

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Fig: 4.2.1.n: Reset Password Page

The system goes to the “Password has been updated” page (see Fig: 4.2.1.o).

My Practice Contact Us

Password has been updated

Click button below to proceed to the login page.

[Log In](#)

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Fig: 4.2.1.o: Message – Password Updated Successfully after Provider Resets the Password

4.2.2 Scenario 2: When Providers successfully reset their password by answering the 2nd security question correctly.

Repeat steps 1 and 2 of Section 4.2.1 (Scenario 1).

If you enter an incorrect answer for the 1st security question, you are prompted to answer the 2nd security question for user identification (See Fig: 4.2.2.p).

My Practice Contact Us

Reset Password

Your username has been verified. For your security, please answer your Security Question(s) to verify your identity.

Verify your identity

What city / town were you born in?

[Continue](#) [Cancel](#)

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Fig: 4.2.2.p: Reset Password – Provider to Answer 2nd Security Answer

If you answer the 2nd security question correctly, the system goes to the “Reset Password” page and informs you to send an email to DCALWebMaster@delta.org to reset your password.

Repeat steps 4 and 5 of Section 4.2.1 (Scenario 1) by clicking the link in the email and updating your password.

4.2.3 Scenario 3: If Providers are unable to reset their password.

If you are unable to answer both your security questions correctly, the system goes to the “Reset Password” page and informs you to email DCALWebMaster@delta.org to reset your password.

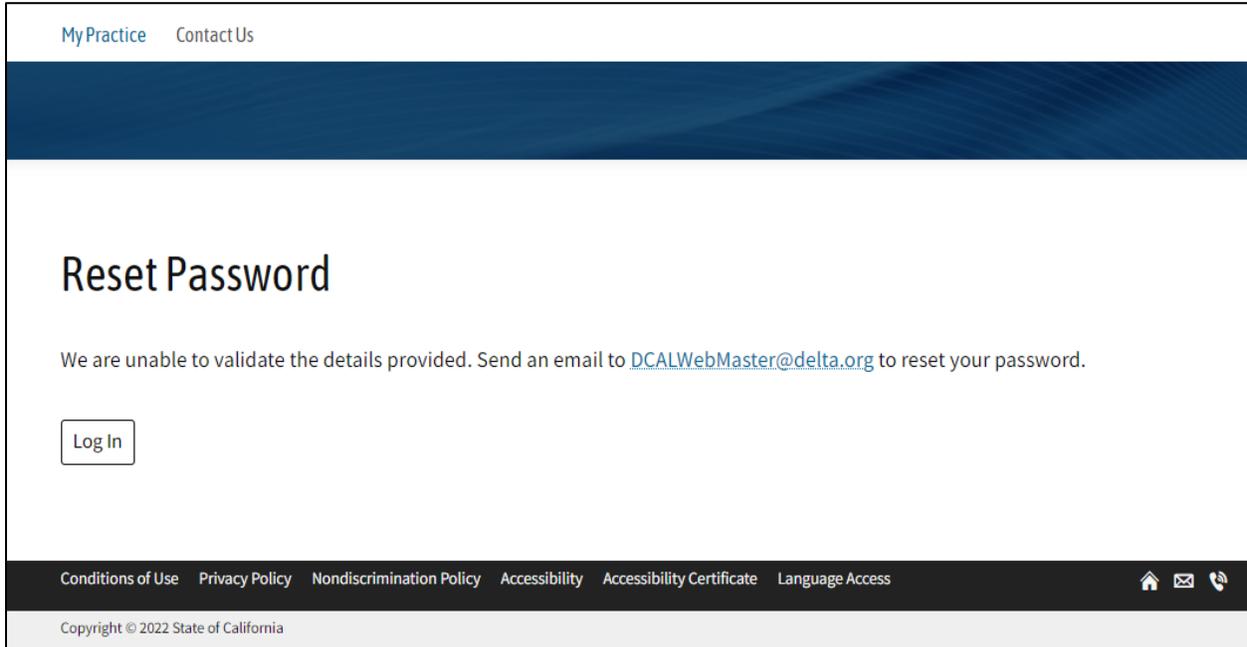


Fig: 4.2.3.q: Reset Password – User Unable to Reset Password Screen

4.2.4 Scenario 4: When a provider's password expires.

You are required to change your password every 60 days. You cannot reuse your current password or any of the previous 24 used passwords.

If you click on the Login Button after your password is expired, you will be navigated to the Change Password page.

MyPractice Contact Us

Change Password

Your password has been expired, please change your password to proceed

Current Password

New Password (case-sensitive)

Confirm New Password

[Change Password](#)

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Fig: 4.2.4.r: Change Password Screen

Enter your current password and new password, according to the password rules.

When you click on Change Password Button, you will see the message that your password has been successfully updated and you can click the Log In button to login.

MyPractice Contact Us

Successfully changed the password.

Proceed to login to access your account.

[Log In](#)

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Fig: 4.2.4.s: Password Successfully Updated

4.2.5 Scenario 5: If Provider enters an invalid password.

If you enter a Password that is invalid and does not conform to the password rules, an error message displays (see Fig: 4.2.4.r).

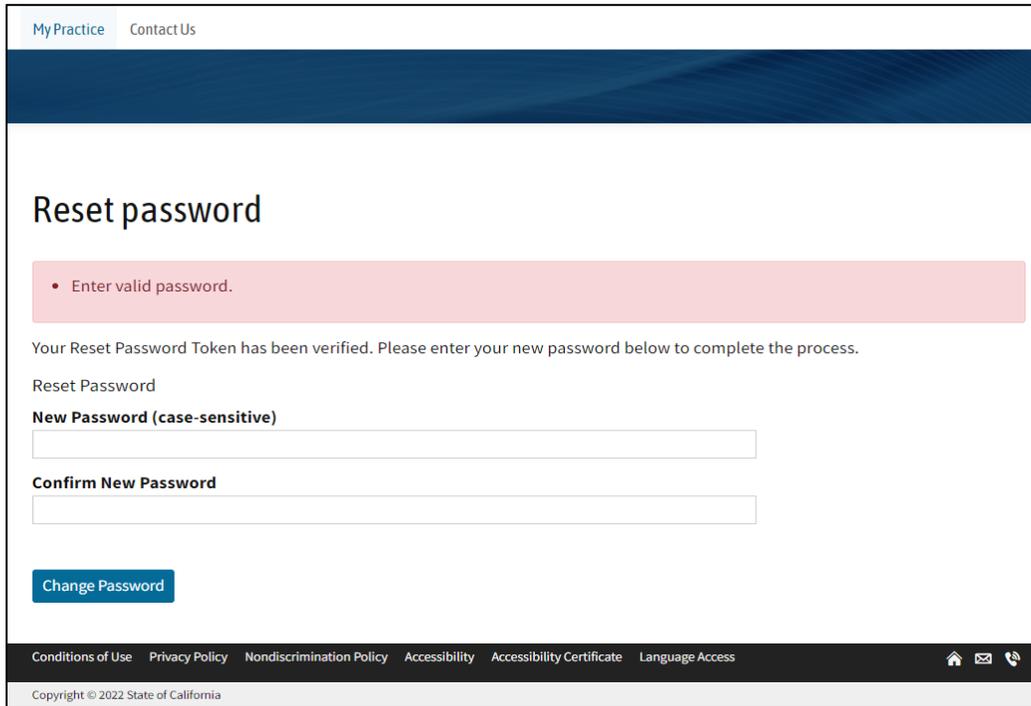


Fig: 4.2.5.t: Reset Password Error – Password Entered is Invalid

If the Password and Confirm New Password fields do not match, an error message displays (see Fig: 4.2.4.s).

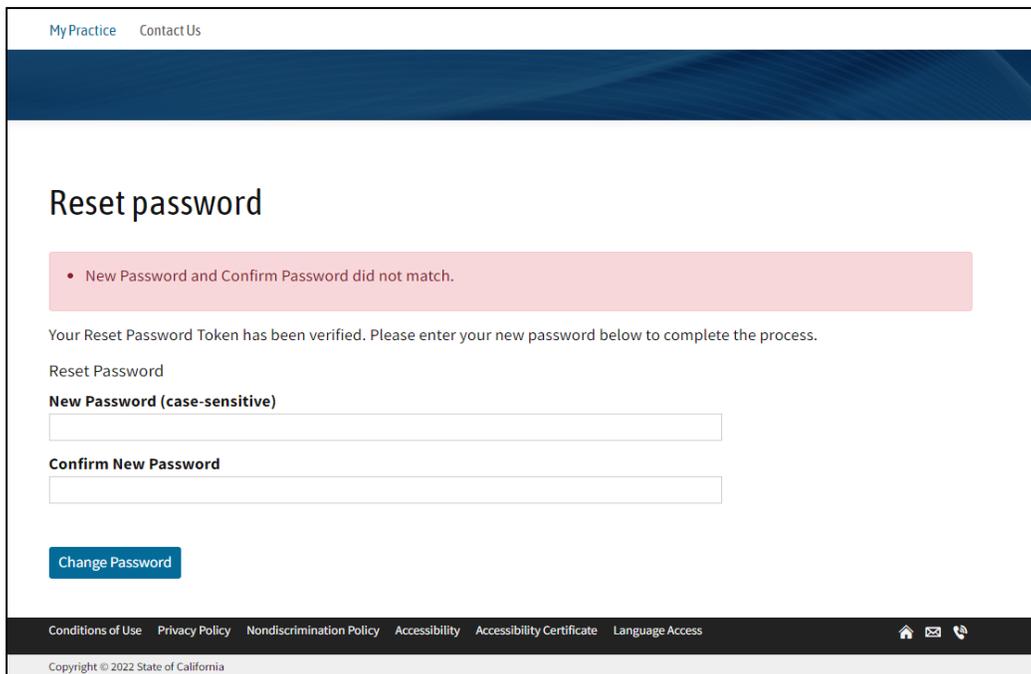


Fig: 4.2.5.u: Reset Password Error – Password and Confirm Password do not Match

If the Password is the same as the current or 24 previous passwords, an error message displays (see Fig: 4.2.4.t).

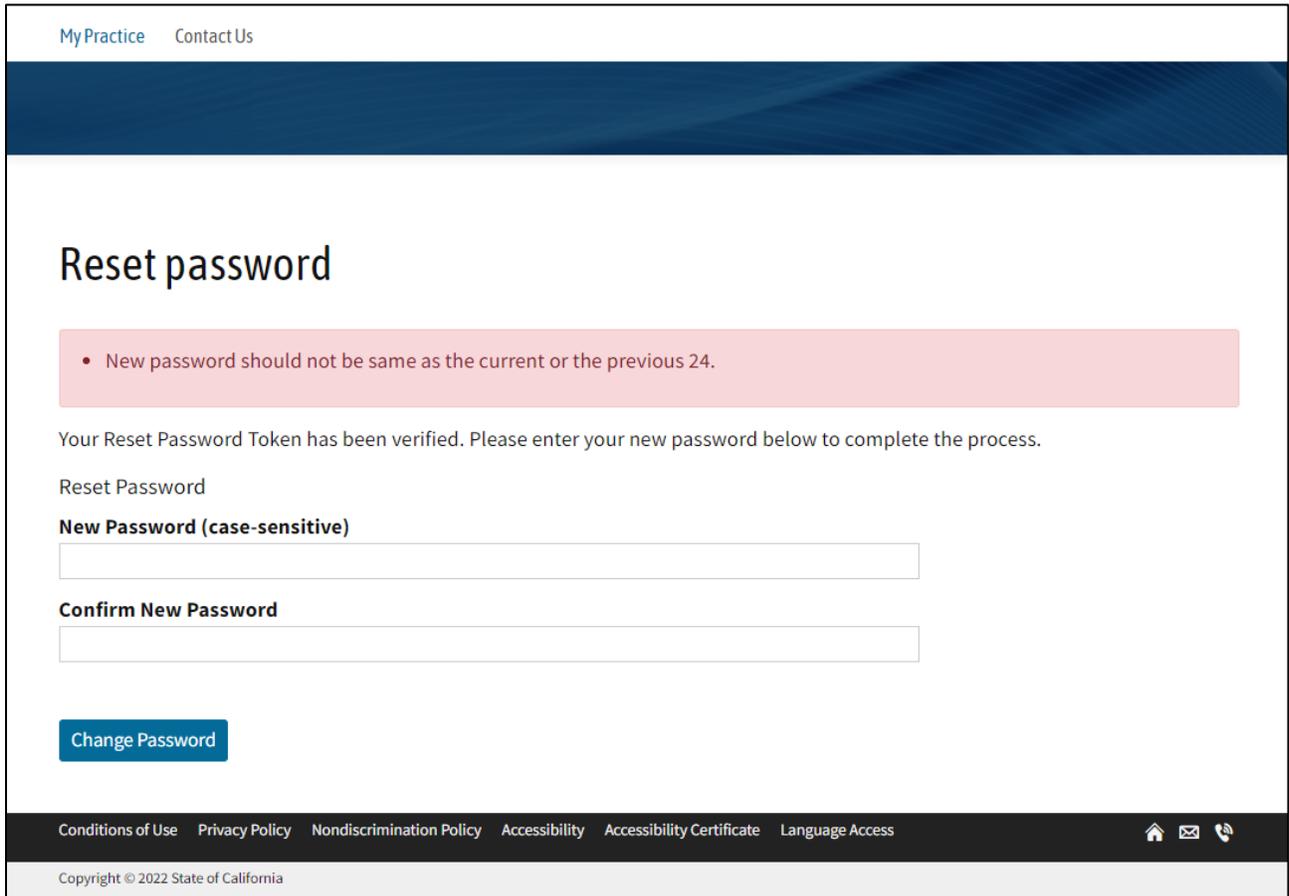


Fig: 4.2.5.v: Reset Password Error– Password Should not be the Same as Current or 24 Previous Passwords

5 Medi-Cal Provider Website Tabs

After completing a successful log in, you can access the “Initial Post Login” screen. The available tabs display at the top of the page (See Fig: 5.a).

The “My Practice” tab is the default home page of the provider website. Select the appropriate office location that applies to your inquiry, then click “Apply”.

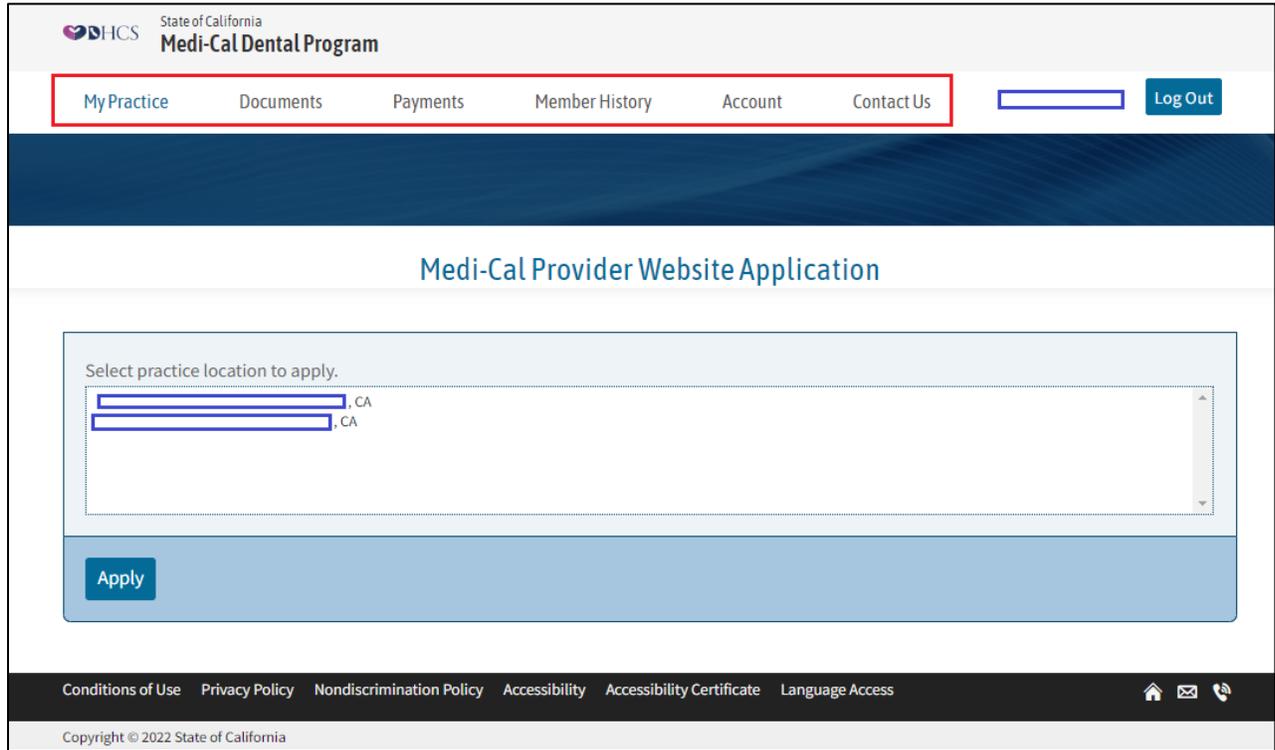


Fig: 5.a: Initial Post Login Screen

If the user has no practice locations associated to their NPI, they will not see any service offices on the “My Practice” page and a message ‘No practice location associated with this billing provider business entity’ will be displayed.

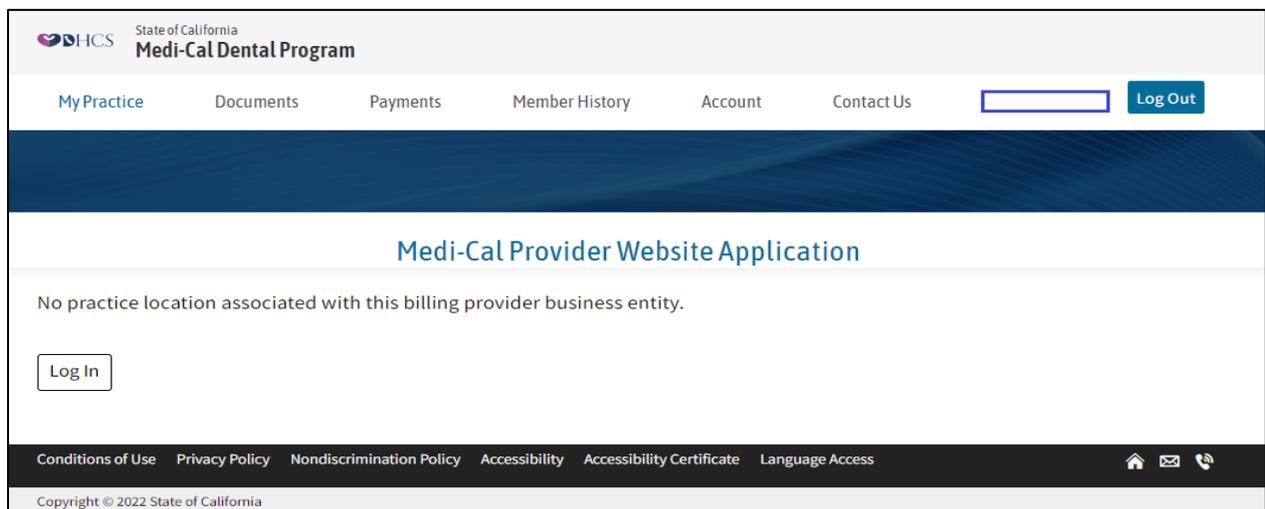


Fig: 5.a.1: Initial Post Login Screen (No Practice Locations)

5.1 My Practice Tab

The “My Practice” tab displays the most recent activity for that service office, including claims and TAR information associated to any patient for the last 30 days. To select a different provider practice location, click the “Change Location” link to expand the location list (see Fig: 5.1.a).

State of California
Medi-Cal Dental Program

My Practice Documents Payments Member History Account Contact Us Log Out

Medi-Cal Provider Website Application

, CA [Change Location](#)

Recent Activity

Documents

Submitted Date	Status	Document #	Check/EFT #	Patient	Date of Service	Date Paid	Claim Amount
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	IN PROCESS	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	IN PROCESS	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-
	PROCESSED TAR	T...	-		-	-	-

[All Claims](#)

Displaying up to 20 most recent claims

Provider Resources

- ▶ [Electronic Data Interchange \(EDI\)](#)
- ▶ [Forms Reorder](#)
- ▶ [Provider Application Forms](#)
- ▶ [Provider Bulletins](#)
- ▶ [Provider Email List Sign Up](#)
- ▶ [Provider Enrollment Tool Kit](#)
- ▶ [Provider Frequently Asked Questions \(FAQs\)](#)
- ▶ [Provider Handbook](#)
- ▶ [Provider Training Seminars/Webinars](#)

[Report a missed appointment](#)

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Fig: 5.1.a: Provider Website – My Practice Tab – Change Location

Select the appropriate location and click the “Apply” button to view claims specific to the selected location in the list. If you click the “Cancel” button, the location boxes close (see Fig: 5.1.b).

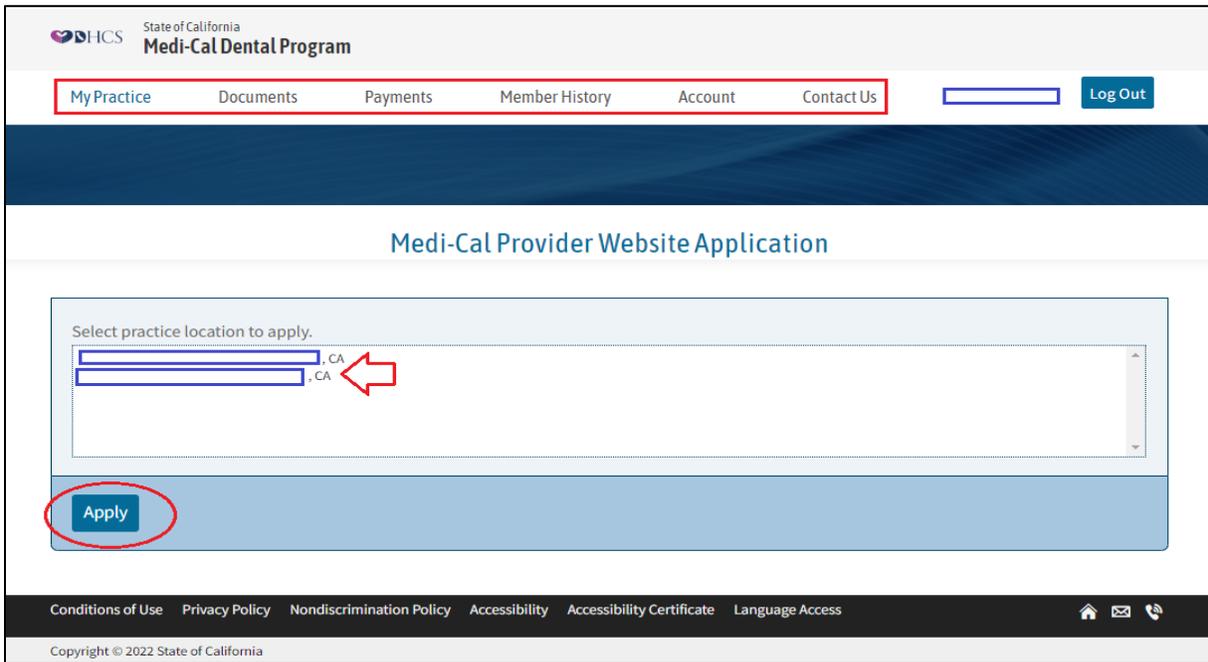


Fig: 5.1.b: Provider Website – My Practice Tab – Change and Select Location

Click the Document number to get detailed information for a Claim/TAR or Notice Of Authorization. After you click the Document Number, the system goes to a screen that displays specific document details (see Fig: 5.1.c and Fig: 5.1.d).

If any Processed TAR is selected and details are displayed, column named “Procedure Status” will be seen with values either ‘Allowed’ or ‘Denied’. (see Fig: 5.1.d)

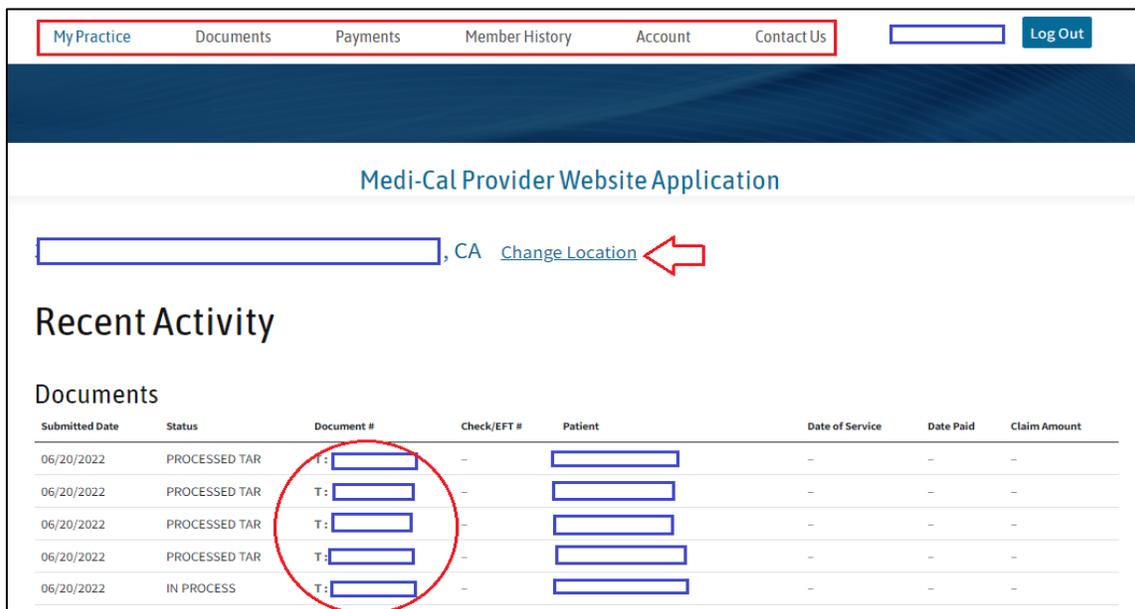


Fig: 5.1.c: Provider Website– My Practice Tab, Document Link

My Practice
Documents
Payments
Member History
Account
Contact UsLog Out

Medi-Cal Provider Website Application

[My Practice](#) | Claims

Claim/TAR #

Claim/TAR ID:

Status: **PROCESSED TAR**

Status Date: -

Date Paid: -

Date Submitted:

Date of Service: -

Patient Information

Member Name:

Member Identification Number:

Date of Birth:

Billing Provider

Billing Name:

Rendering Provider

Name: --

ID: -

NPI #: -

Procedures

Tooth	Surface	Procedure	Date of Service	Procedure Status
-	-	D8670 - PERIODIC ORTHO TRMT VISIT	-	Allowed

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Fig: 5.1.d: Provider Website – My Practice Tab – Individual Claim/TAR Details

If TAR is 'IN PROCESS', the 'Procedure Status' column will not have any values.

Another column on the "My Practice" tab under recent activity is "Check/EFT." This column links the payment record that is associated with a claim. Payment details fall under the category of "Provider Financials." Click the link for a particular check/EFT. The system displays a screen with a field to enter your Medi-Cal PIN to allow you to access the payment details (see Fig: 5.1.e).

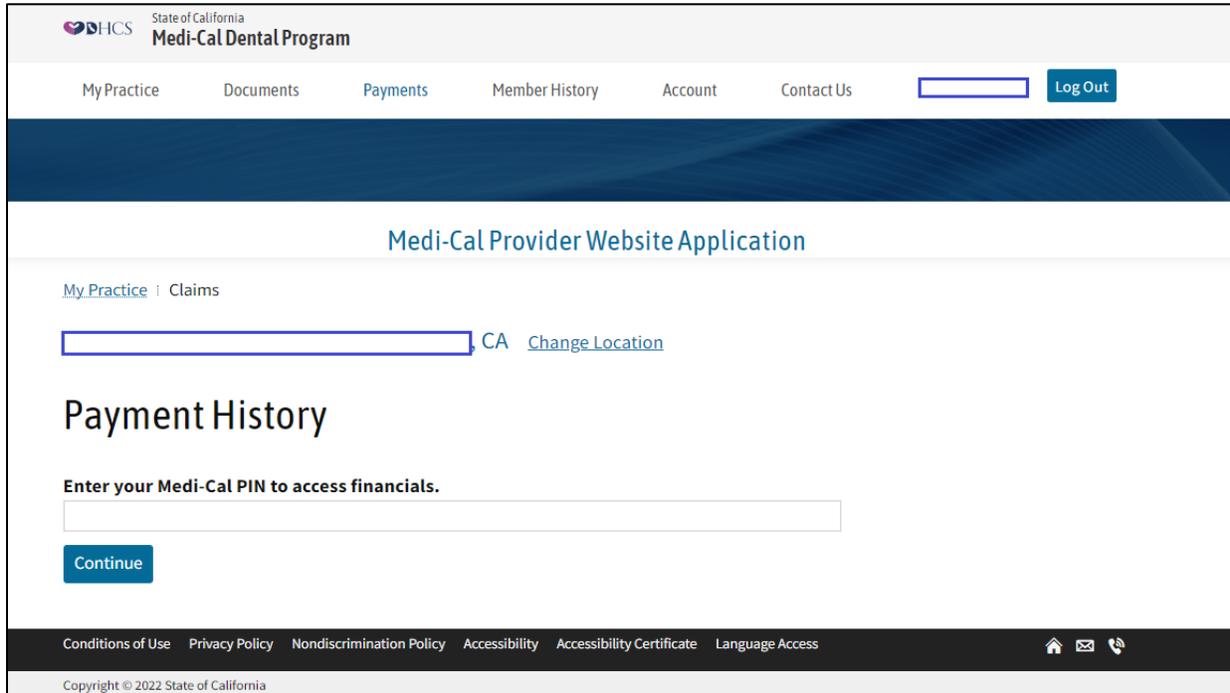


Fig: 5.1.e: Provider Website – My Practice Tab – Check/EFT – Enter PIN Screen

If you do not enter the correct Medi-Cal PIN and click the “Continue” button, the following error message displays (see Fig: 5.1.f).

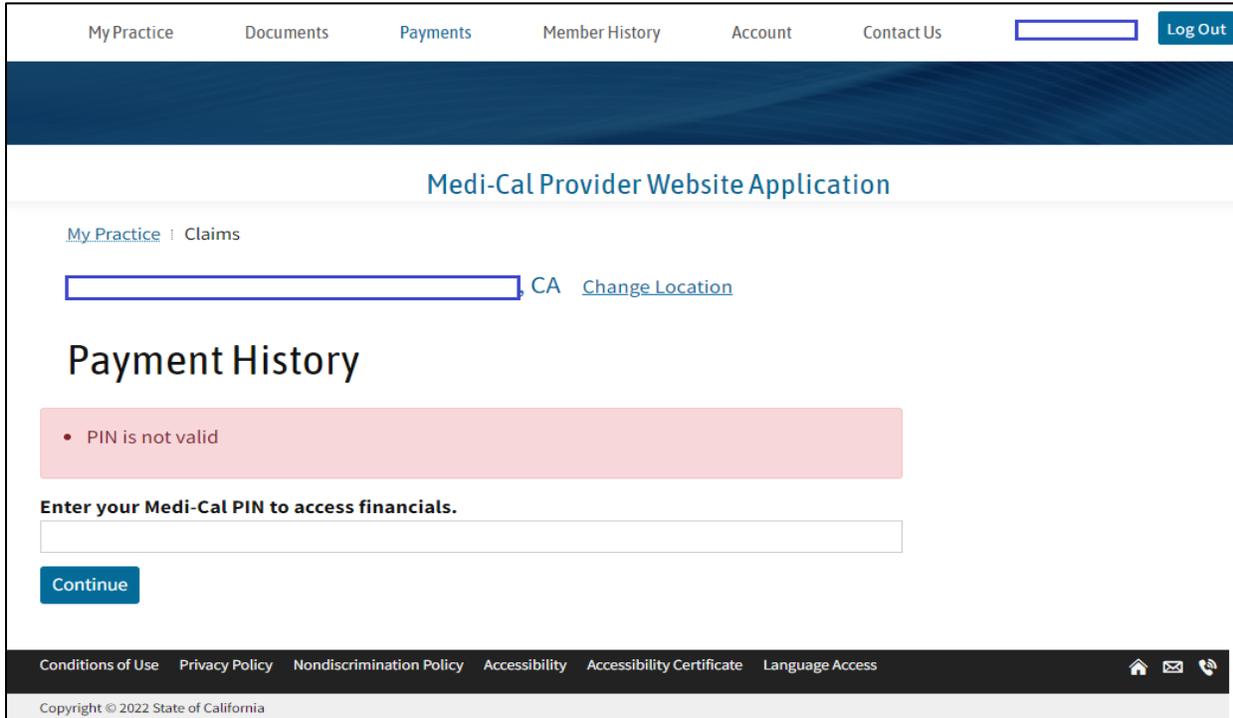


Fig: 5.1.f: Provider Website – My Practice Tab – Check/EFT – PIN not Valid Screen

Claim and Payment details can also be viewed from their respective tabs “Documents” and “Payments”. (See section 5.2 and 5.3)

5.2 Documents Tab

Click the “Documents” tab to view Your Claims, TARs and Notice Of Authorization for the past two years. You can change the service office location you want to inquire on by selecting “[Change Location](#)”.

You can search claims based on:

- Patient Name
- Document number
- Date of Service
- Claim Amount
- Duration

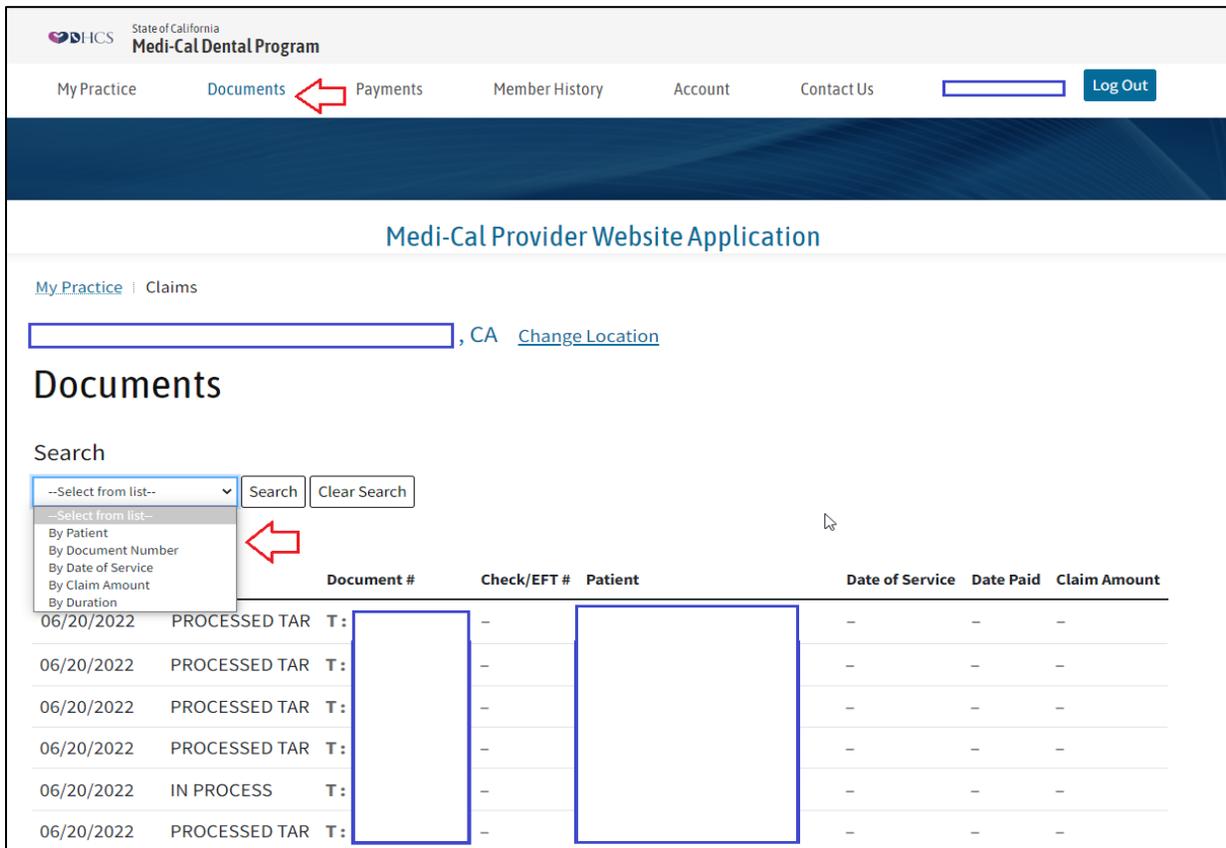


Fig: 5.2.g: Provider Website – Document Tab

Like the “My Practice” tab, you can click an individual Document # to display its corresponding details. After you click the Check/EFT # link, the system prompts you to enter your Medi-Cal PIN. This link is not accessible unless you enter the correct Medi-Cal PIN.

5.2.1 Steps to search Documents by Patient Name

Click on Documents tab. Select ‘By Patient’ from the drop-down list under Document tab. Enter any patient’s name whose claims you want to search in the box provided having text ‘Enter Patient Name’ and click on Search button. (see Fig: 5.2.h)

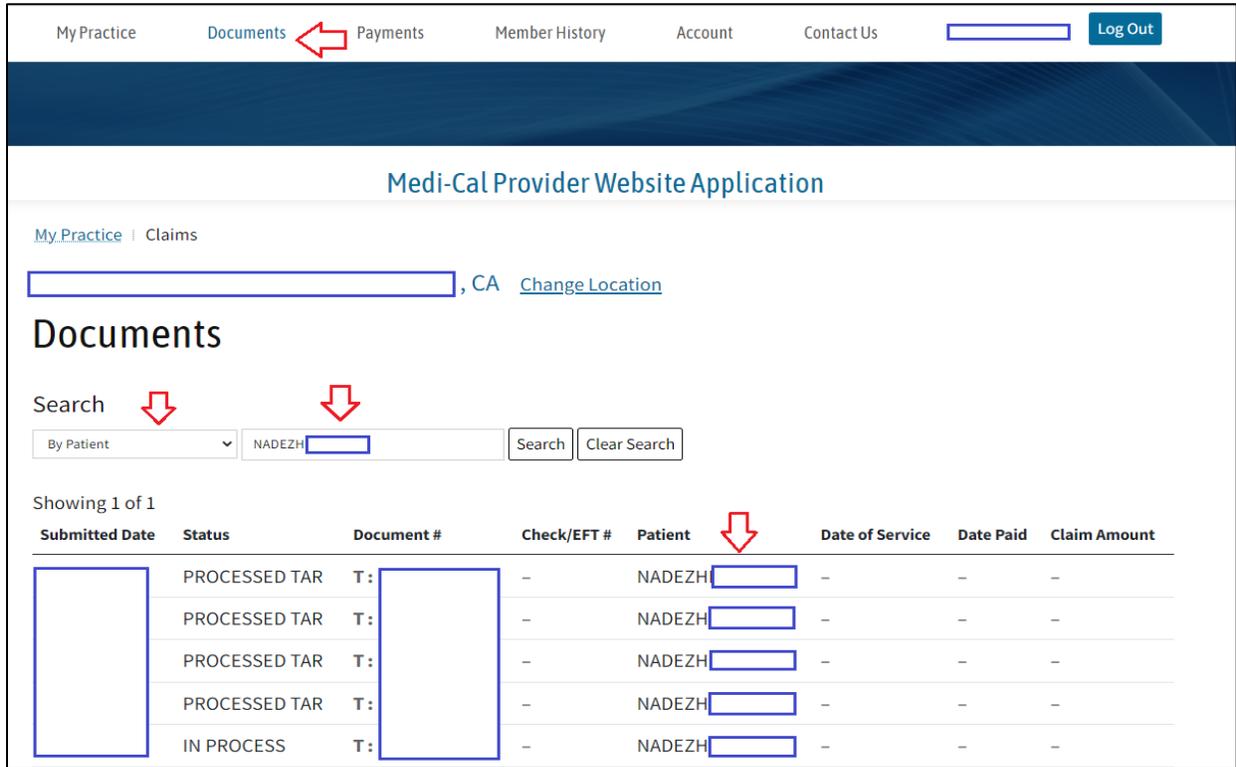


Fig: 5.2.h: Provider Website: Document Tab (Search by Patient Name)

5.2.1.1 If wrong patient name entered or a name entered which does not exist in the list

If you enter a wrong patient name:

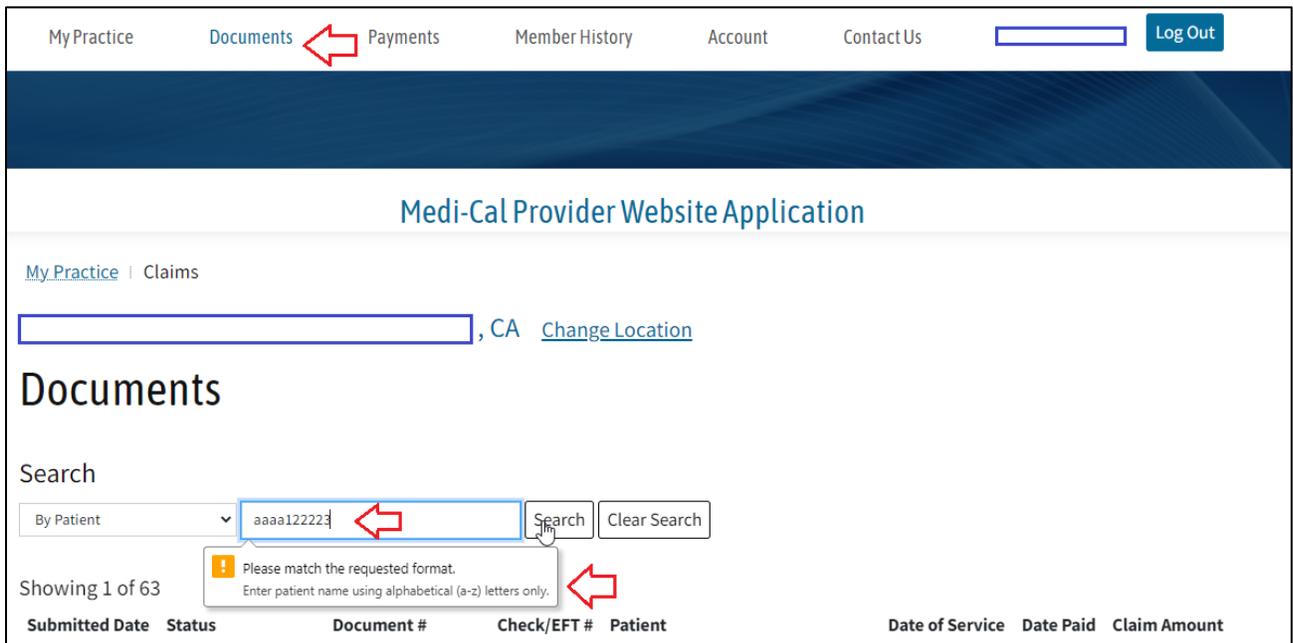


Fig: 5.2.1.1.a: Provider Website: Documents Tab: Wrong format of patient name

When you enter a name, which does not exist in the list:

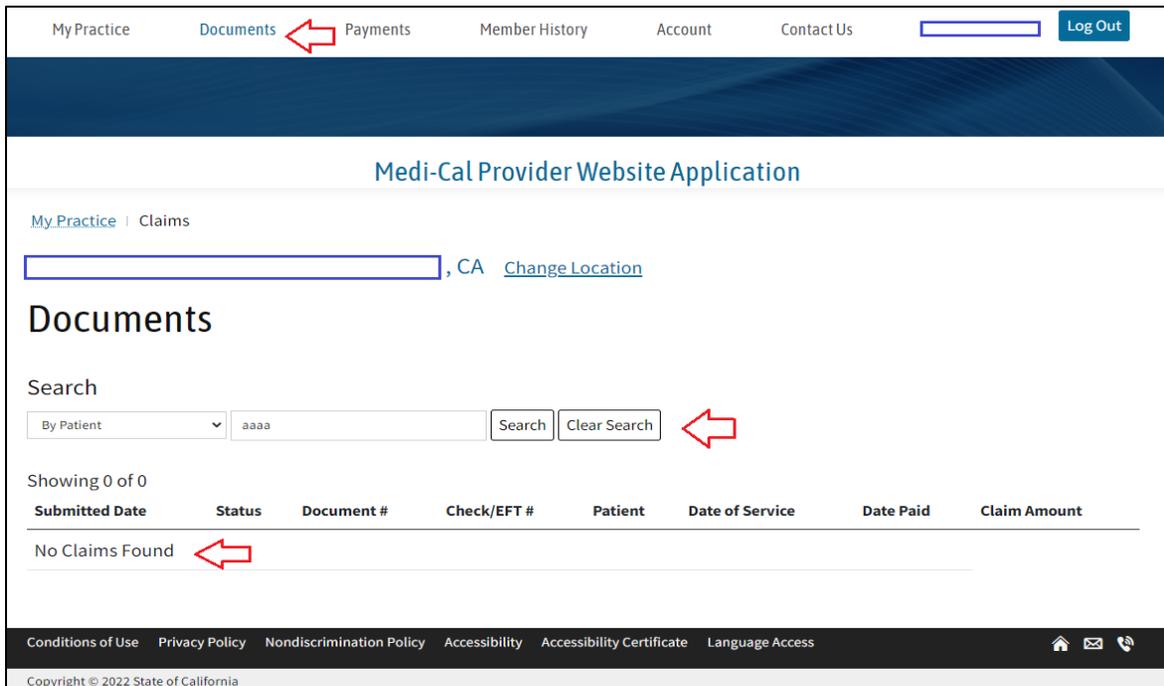


Fig: 5.2.1.1.b: Provider Website: Document Tab: Wrong patient name entered

5.2.2 Steps to search Claims, TARs and Notice Of Authorization by Document Number
 Click on Documents tab. Select 'By Document Number' from the drop-down list under Documents tab. Enter any Claim, TAR or NOA number you want to search in the box provided having text 'Enter Document Number' and click on Search button. (see Fig: 5.2.2.k)

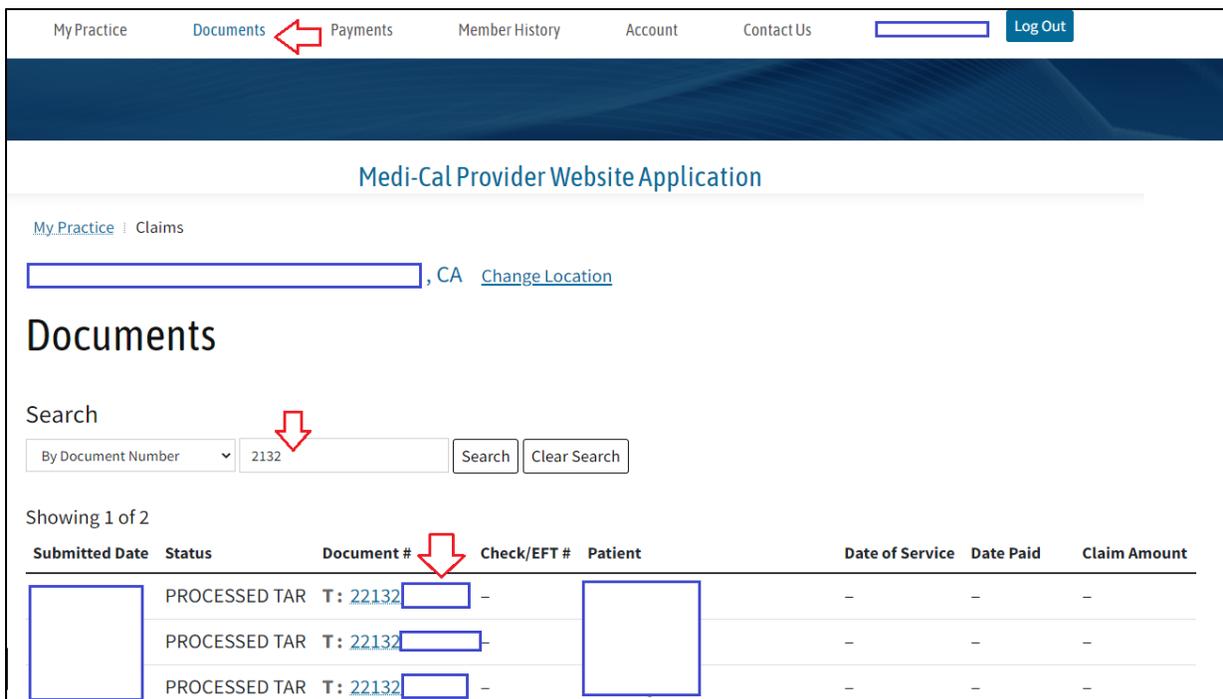


Fig: 5.2.2.i: Provider Website: Document Tab: Search by Claim/TAR Number

5.2.2.1 If you enter an invalid number or a number which does not exist.

If you enter an invalid number with alphabets:

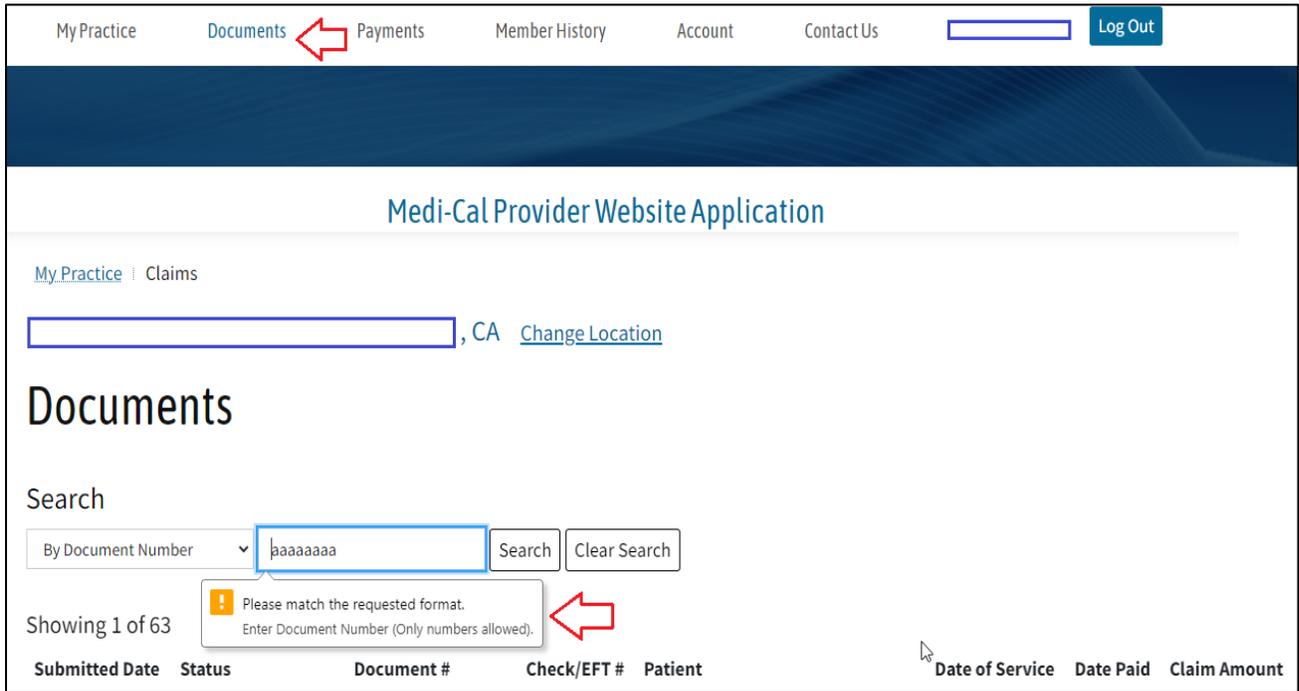


Fig: 5.2.2.1.a: Provider Website: Document Tab: Invalid Document number entered

If you enter a number which does not exist in the list:

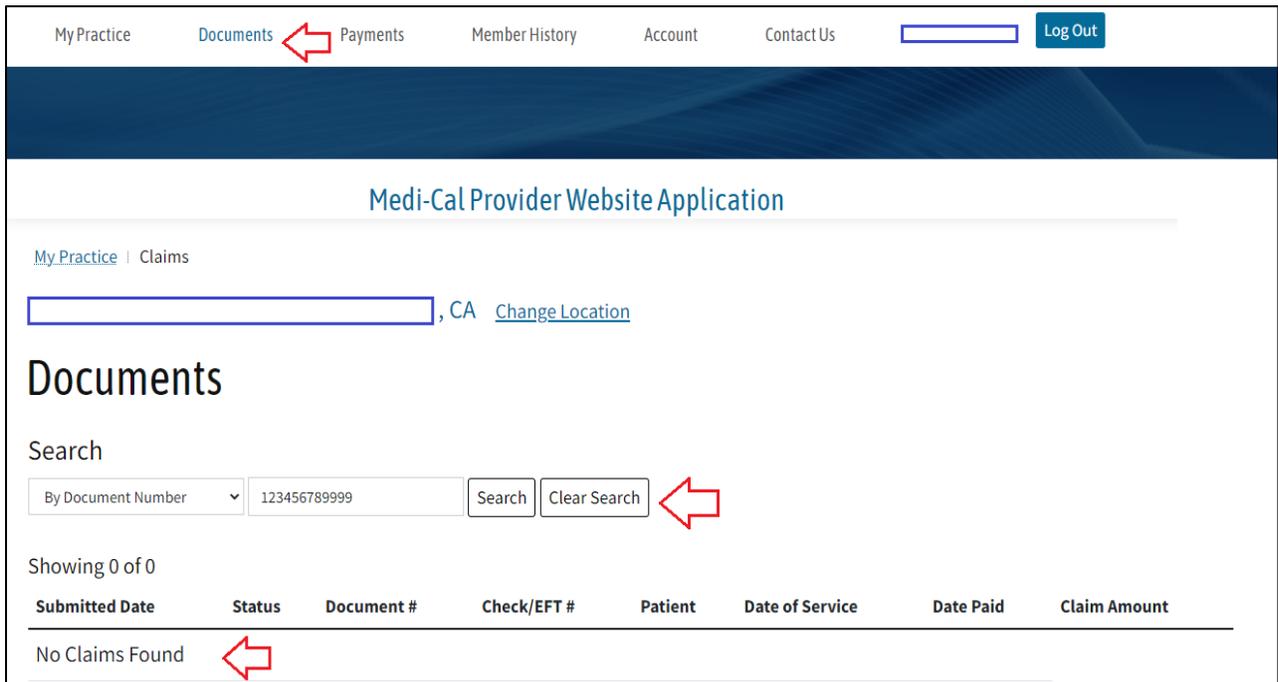


Fig: 5.2.2.1.b: Provider Website: Documents Tab: Wrong Document Number entered

5.2.3 Steps to search Documents by Date of Service.

Click on Documents tab. Select 'By Date of Service' from the drop-down list under Documents tab. Enter a date of service of the claim you want to search in the date picker in MM/DD/YYYY format or select from the calendar and click on Search button. (see Fig: 5.2.3.m)

The date selected for search will only display claims that match the earliest date of service listed on your claims. If the claims contain other date of service, you will be able to view them in claim details.

My Practice Documents Payments Member History Account Contact Us Log Out

Medi-Cal Provider Website Application

My Practice | Claims

[Redacted], CA [Change Location](#)

Documents

Search

By Date of Service 04/28/2022 Search Clear Search

NOTE:The date entered for your search will result in displaying claims that match the earliest date of service listed on your claim. If the claim contains other dates of service you will be able to view them in the claim detail. To view the claim detail, click on the DCN that is displayed in the search results list.

Showing 1 of 1

Submitted Date	Status	Document #	Check/EFT #	Patient	Date of Service	Date Paid	Claim Amount
03/16/2022	PAID CLAIM	N: [Redacted]	[Redacted]	[Redacted]	04/28/2022	[Redacted]	[Redacted]
12/21/2020	PAID CLAIM	N: [Redacted]	[Redacted]	[Redacted]	04/28/2022	[Redacted]	[Redacted]

Fig: 5.2.3.j: Provider Website: Documents Tab- Search by Date of Service

5.2.3.1 If you enter or select a date of service which does not exist for any claim:

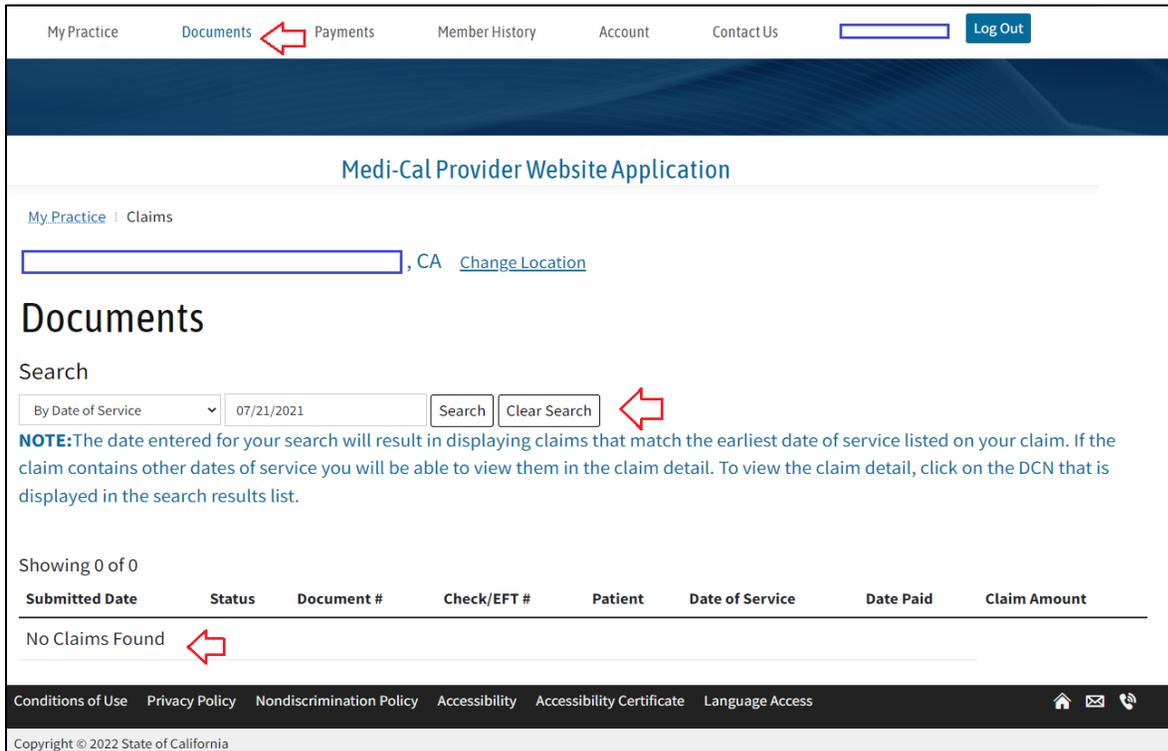


Fig: 5.2.3.1.a: Provider Website: Documents Tab- Search by Date of Service (wrong date selected)

5.2.4 Steps to search Documents by Claim Amount

Click on Documents tab. Select 'By Claim Amount' from the drop-down list under Documents tab. You will see a drop-down having values 'Equals to', 'Less than' and 'Greater Than', along with a text box where you will enter a value you want to search depending on the selection from the drop down and click on Search button. (see Fig: 5.2.4.k)

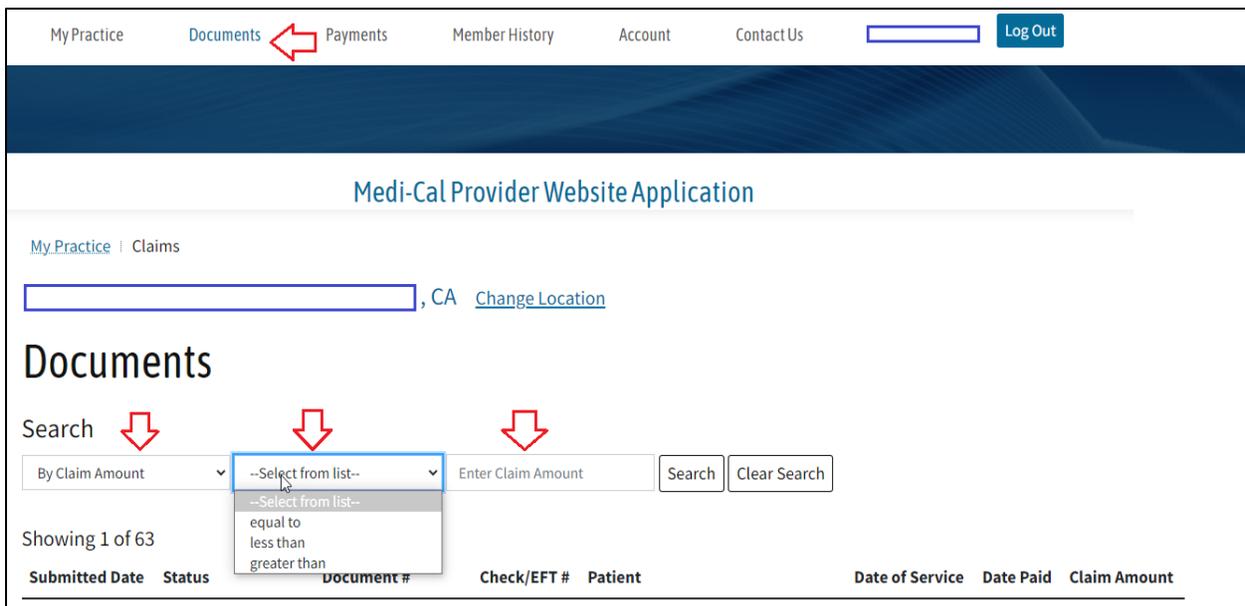


Fig: 5.2.4.k: Provider Website: Documents Tab- Search by Claim Amount

On selection of Equal to: You can enter a specific amount in the text box, you want to search and get claims of that specific amount.

My Practice Documents Payments Member History Account Contact Us Log Out

Medi-Cal Provider Website Application

My Practice | Claims

, CA [Change Location](#)

Documents

Search

By Claim Amount equal to 294 Search Clear Search

Showing 1 of 6

Submitted Date	Status	Document #	Check/EFT #	Patient	Date of Service	Date Paid	Claim Amount
03/08/2022	PAID CLAIM	N :					294.00
03/08/2022	PAID CLAIM	N :					294.00
02/22/2022	PAID CLAIM	N :					294.00
12/06/2021	PAID CLAIM	N :					294.00
12/06/2021	PAID CLAIM	N :					294.00

Fig: 5.2.4.l: Provider Website: Documents Tab- Search by Claim Amount (Equals to)

On selection of Less than: You can enter an amount in the text box and get all the claims less than the entered amount.

My Practice Documents Payments Member History Account Contact Us Log Out

Medi-Cal Provider Website Application

My Practice | Claims

, CA [Change Location](#)

Documents

Search

By Claim Amount less than 100 Search Clear Search

Showing 1 of 7

Submitted Date	Status	Document #	Check/EFT #	Patient	Date of Service	Date Paid	Claim Amount
03/02/2022	PAID CLAIM	N :			-		0.00
01/24/2022	PAID CLAIM	C :			01/17/2022		35.00
01/24/2022	PAID CLAIM	C :			01/17/2022		35.00
01/24/2022	PAID CLAIM	C :			01/17/2022		35.00

Fig: 5.2.4.m: Provider Website: Documents Tab- Search by Claim Amount (Less Than)

On selection of Greater than: You can enter an amount and get all the claims greater than the entered amount.

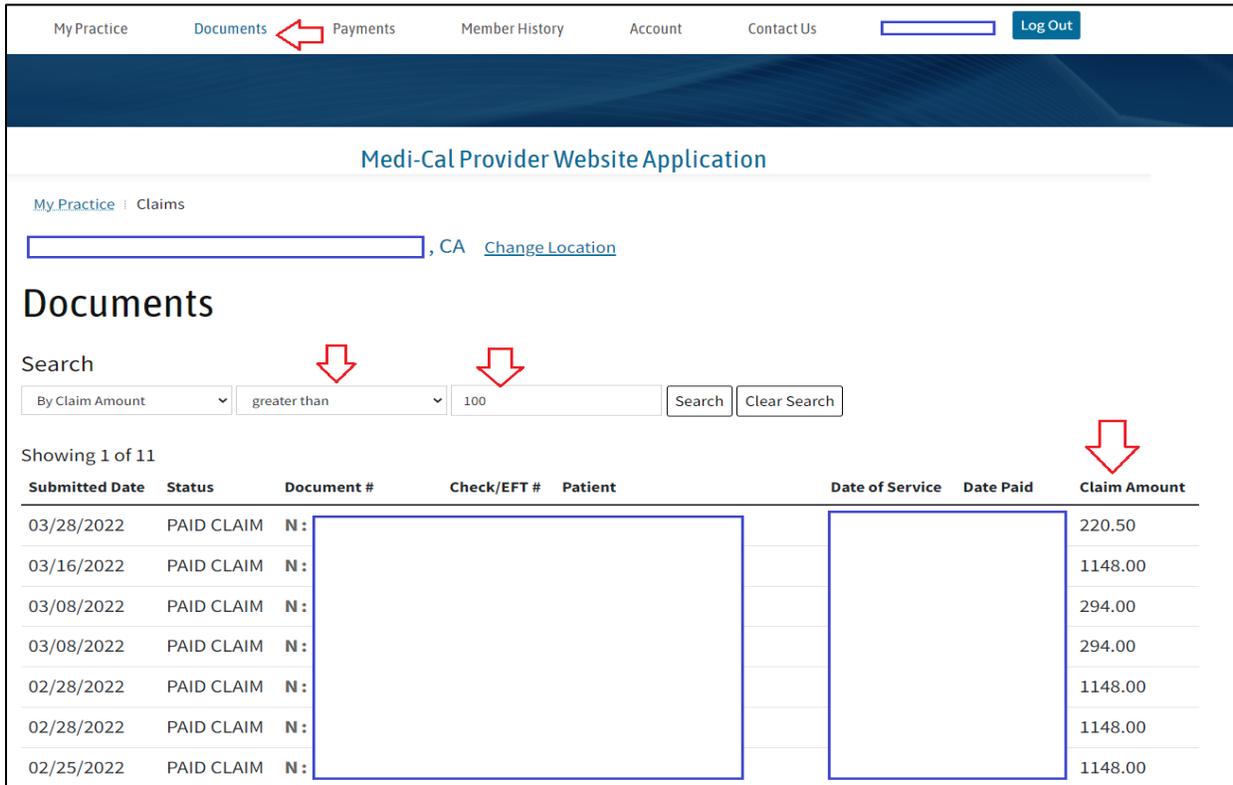


Fig: 5.2.4.n: Provider Website: Documents Tab- Search by Claim Amount (Greater Than)

5.2.4.1 If you enter an invalid amount:

This message will be displayed for any selection from the drop down if incorrect amount entered.

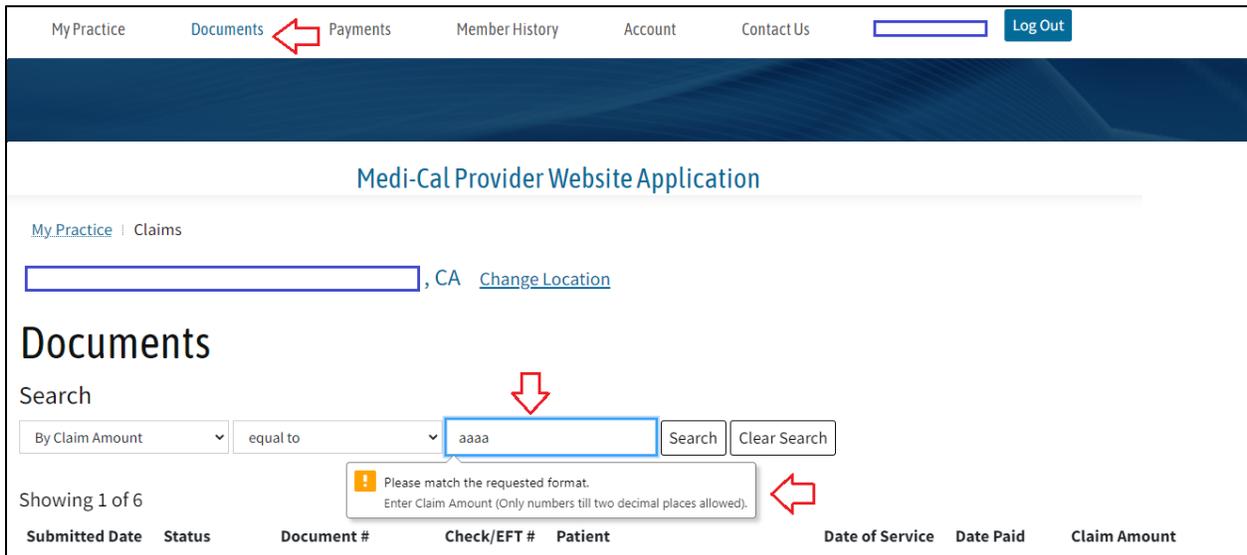


Fig: 5.2.4.1.a: Provider Website: Documents Tab- Search by Claim Amount (If invalid amount entered)

5.2.5 Steps to search Documents by Duration.

Click Documents tab. Select 'By Duration' from the drop-down list under Documents tab. You will see a drop-down having values 'Last 30 days', 'Last 60 days' and 'Last 90 days' and 'All'. You can select any value based on the duration and click 'Search'. (see Fig: 5.2.5.o)

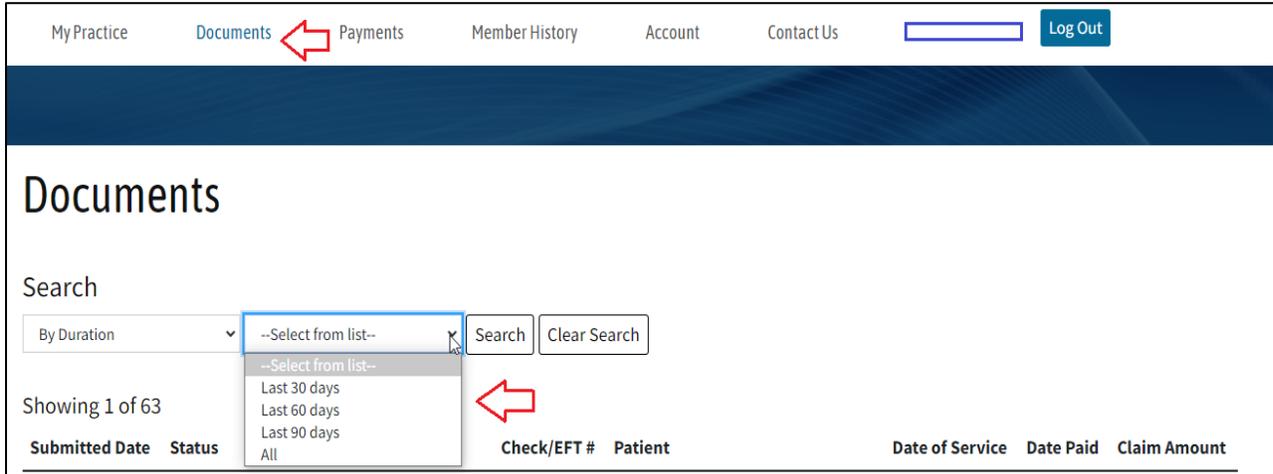


Fig: 5.2.5.o: Provider Website: Document Tab- Search by Duration

5.3 Payments Tab

To check your financial information, click the "Payments" tab and enter the Medi-Cal PIN that is specific to your office location (see Fig: 5.3.1.p).

5.3.1 Scenario 1: When provider enters correct PIN.

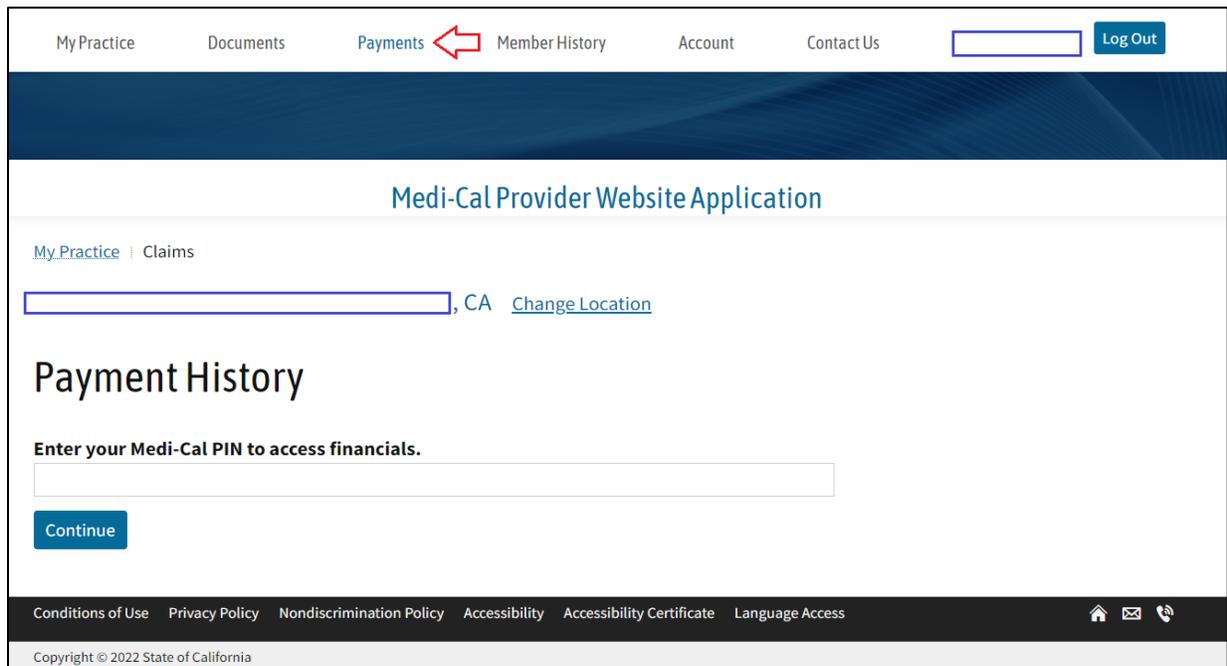


Fig: 5.3.1.p: Provider Website – Payments Tab – Enter PIN

After you enter the PIN correctly, the system goes to the "Payment History" screen, and you can view your payment history (see Fig: 5.3.1.q).

My Practice Documents **Payments** Member History Account Contact Us **Log Out**

Medi-Cal Provider Website Application

My Practice | Claims

, CA [Change Location](#)

Payment History

Week Ending	Check/EFT #	Status	Amount
06/30/2022	<input type="text"/>	Automatic	\$1950.00
06/24/2022	<input type="text"/>	Automatic	\$10178.00
06/02/2022	<input type="text"/>	Automatic	\$2499.00
05/26/2022	<input type="text"/>	Automatic	\$4189.50
05/19/2022	<input type="text"/>	Automatic	\$7560.00
05/12/2022	<input type="text"/>	Automatic	\$1736.00
04/14/2022	<input type="text"/>	Automatic	\$882.00
04/07/2022	<input type="text"/>	Automatic	\$4476.50
03/31/2022	<input type="text"/>	Automatic	\$11035.70
03/24/2022	<input type="text"/>	Automatic	\$1176.00

2022 Financials

Year to Date

Income/expense	YTD Amount
Earnings	<input type="text"/>
Amount Paid	<input type="text"/>

Monthly Claims

Month	Amount Paid	Claims Count
January	<input type="text"/>	14
February	<input type="text"/>	53
March	<input type="text"/>	53

Fig: 5.3.1.q: Provider Website – Payments Tab – Payment History

Like “My Practice” and “Documents” tabs, you can view your Check/EFT by clicking the applicable Check/EFT # link in the Check/EFT # column (see Fig: 5.3.2.r).

My Practice Documents **Payments** Member History Account Contact Us **Log Out**

Medi-Cal Provider Website Application

My Practice | Claims

, CA [Change Location](#)

Check # [\[Link\]](#)

Issue Date:

Amount:

Status: **I**

Status Date: -

Type: **Automatic**

Reason: **AP-CHECK**

Paid Under Check: -

Fig: 5.3.2.r: Provider Website – Payments Tab – Check/EFT#

5.3.2 Scenario 2: When provider enters an incorrect PIN.

If you enter an incorrect PIN, you cannot view your payment history and the “PIN is not valid” message displays (see Fig: 5.3.2.s).

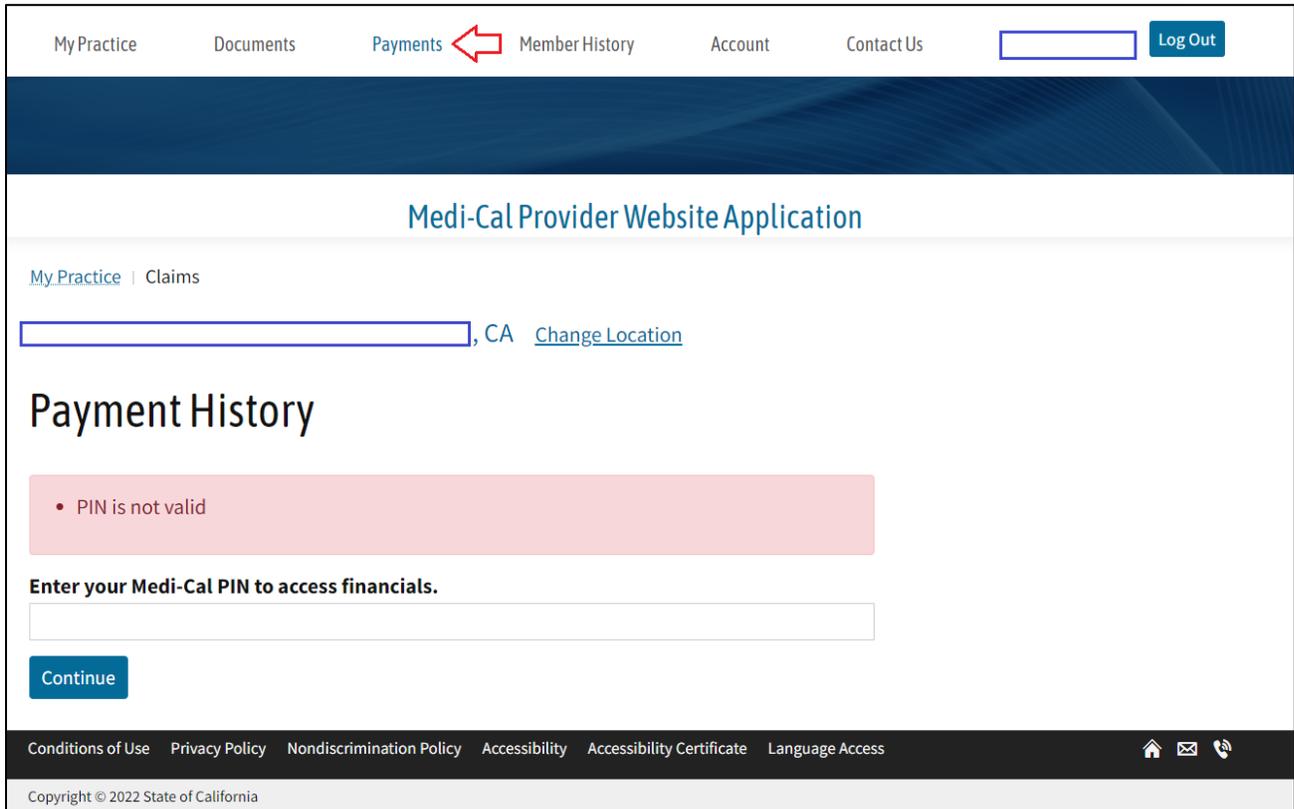


Fig: 5.3.2.s: Provider Website – Payments Tab – PIN not Valid

5.4 Account Tab

You can view and edit/update your personal information like Email Address, First Name, Last Name, Password and Security Questions.

5.4.1 Scenario 1: If a Provider is an Administrator (Admin).

The Medi-Cal Provider Website’s administrator has different rights than regular users. Admin providers can view and update the details of other users through the “Manage Users” tab (see Fig: 5.4.1.t).

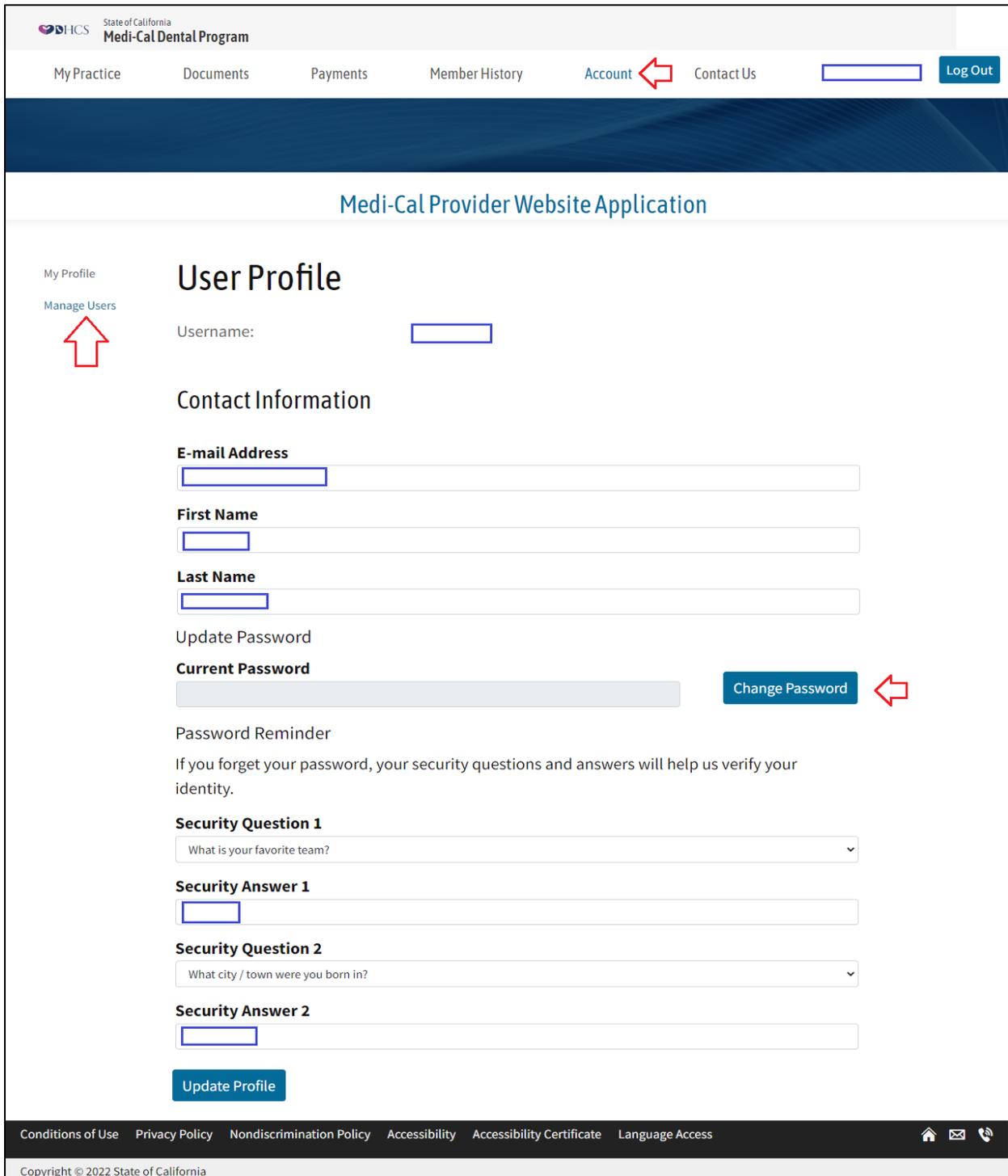


Fig: 5.4.1.t: Provider Website – Account Tab – Admin User

5.4.2 Scenario 2: When a provider is a Regular User.

Regular Users cannot view the “Manage Users” tab. They can only update/view their own details (see Fig: 5.4.2.u).

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Medi-Cal Dental Program

My Practice Documents Payments Member History **Account** Contact Us [Log Out](#)

Medi-Cal Provider Website Application

User Profile

Username:

Contact Information

E-mail Address

First Name

Last Name

Update Password

Current Password
 [Change Password](#)

Password Reminder
If you forget your password, your security questions and answers will help us verify your identity.

Security Question 1
What is your favorite team?

Security Answer 1

Security Question 2
What city / town were you born in?

Security Answer 2

[Update Profile](#)

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Fig: 5.4.2.u: Provider Website – Account Tab – Regular User

5.4.3 Scenario 3: Successfully changing Password from the Accounts Page.

To update your password, click the “Change Password” button on the “Accounts” tab. The section to update the password expands and you can successfully change your password (see Fig: 5.4.3.n and Fig: 5.4.3.v).

The screenshot displays the 'Medi-Cal Provider Website Application' interface. At the top, a navigation bar includes links for 'My Practice', 'Documents', 'Payments', 'Member History', 'Account', 'Contact Us', and a 'Log Out' button. The 'Account' link is highlighted with a red arrow pointing left. Below the navigation bar, the page title 'Medi-Cal Provider Website Application' is centered. On the left side, there is a sidebar with 'My Profile' and 'Manage Users' links; a red arrow points up to the 'Manage Users' link. The main content area is titled 'User Profile' and contains a 'Username' field. Below this is the 'Contact Information' section, which includes fields for 'E-mail Address', 'First Name', and 'Last Name'. At the bottom of the page, there is an 'Update Password' section with a 'Current Password' field and a 'Change Password' button. A red arrow points to the 'Change Password' button.

Fig: 5.4.3.v: Provider Website – Account Tab – Change Password Button

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My Practice Documents Payments Member History **Account** Contact Us Log Out

Medi-Cal Provider Website Application

My Profile
Manage Users

User Profile

Username:

Contact Information

E-mail Address

First Name

Last Name

Update Password
To update password, your new password and confirm password must match. Remember passwords are case-sensitive.

Current Password

New Password **Cancel**

Confirm Password

Password Reminder
If you forget your password, your security questions and answers will help us verify your identity.

Security Question 1
What is your favorite team?

Security Answer 1

Security Question 2
What city / town were you born in?

Security Answer 2

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Fig: 5.4.3.w: Provider Website- Account Tab- Change Password

5.4.4 Scenario 4: When a Provider successfully updates their password – Account tab. Click the “Change Password” button to expand the section and update your password. Update the “Current Password,” “New Password,” and “Confirm Password” fields based on the password rules.

After you click the “Update Profile” button, the “User Profile Updated Successfully” message displays, and the update password section closes.

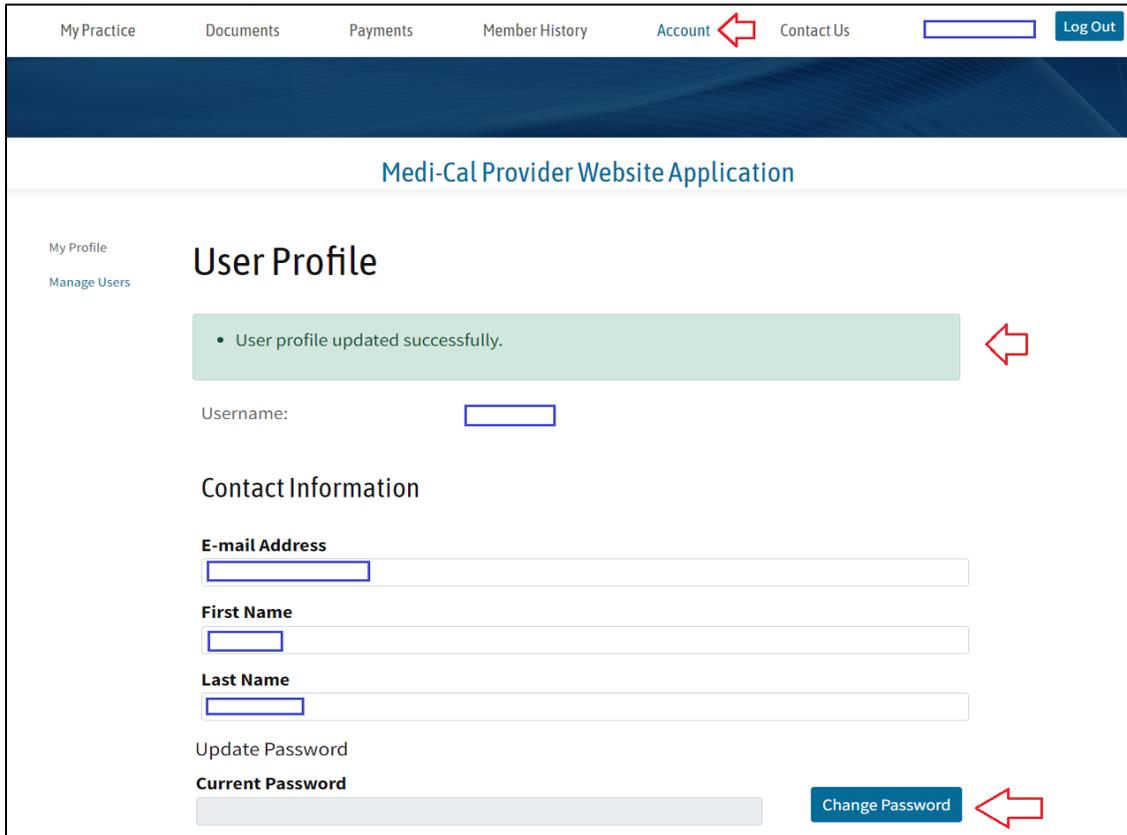


Fig: 5.4.4.x: Provider Website – Account Tab – Password updated successfully

5.4.5 Scenario 5: When a Provider is unable to update their password through the Account tab.

You can update your password from the “Account” tab. However, this process fails if it is not performed correctly.

If you enter a new password that is the same as the current password, an error message displays (see Fig: 5.4.4.y).

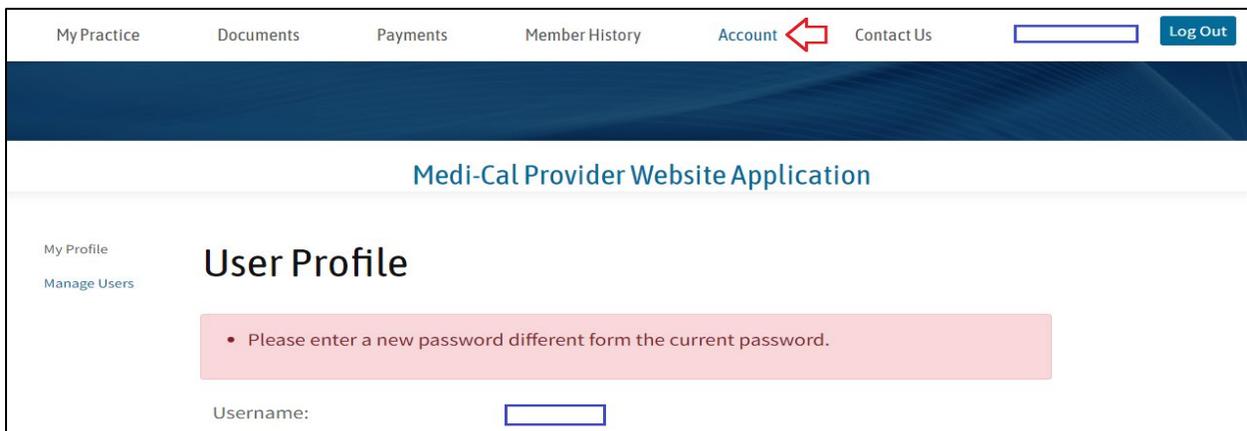


Fig: 5.4.5.y: Provider Website – Account Tab – If new password same as current password

If you enter any of the 24 previously used passwords, an error message displays (see Fig: 5.4.4.z).

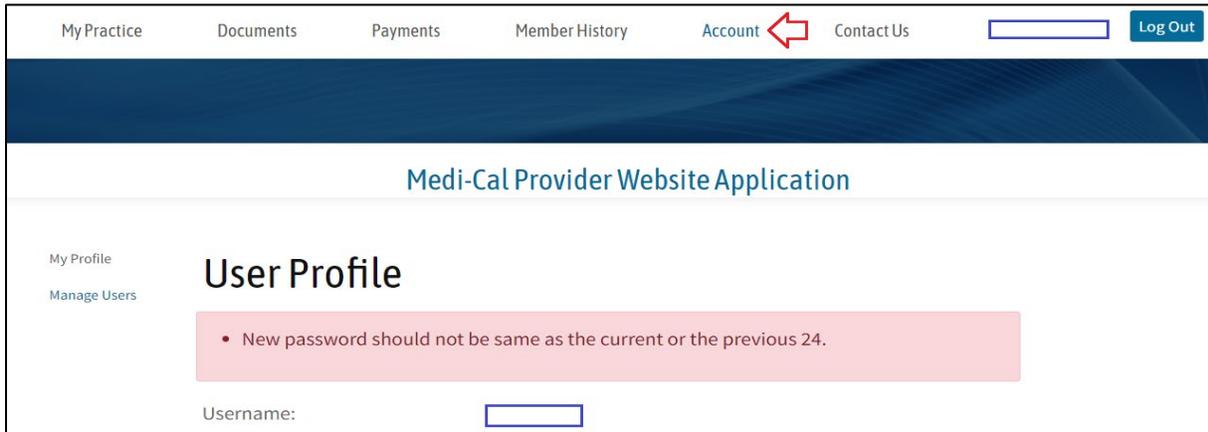


Fig: 5.4.5.z: Provider Website- Account Tab – If new password is the same as the 24 previously used passwords

If the New Password and Confirm Password do not match, an error message displays (see Fig: 5.4.4.A).

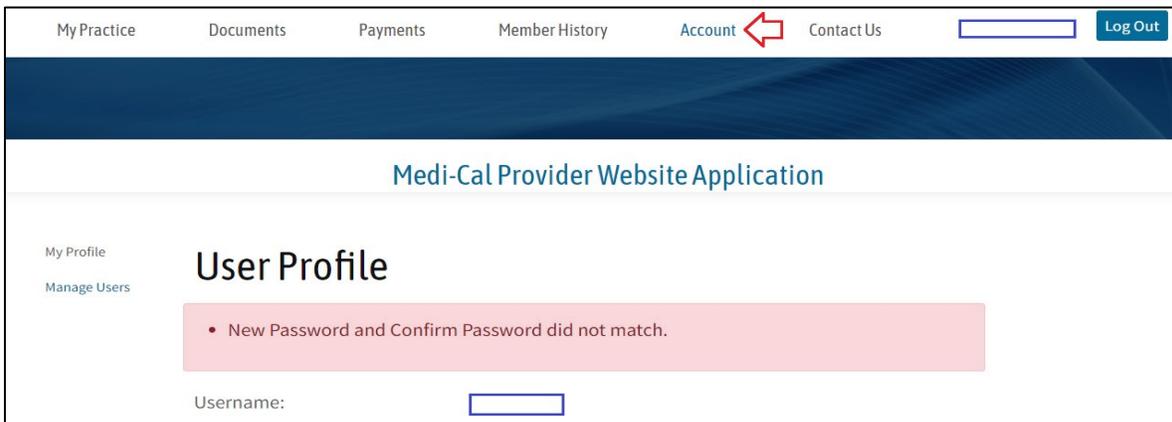


Fig: 5.4.5.A: Provider Website – Account Tab – If New Password and Confirm Password do not match

If the New Password does not conform to the password rules, the following message displays (see Fig: 5.4.4.B).

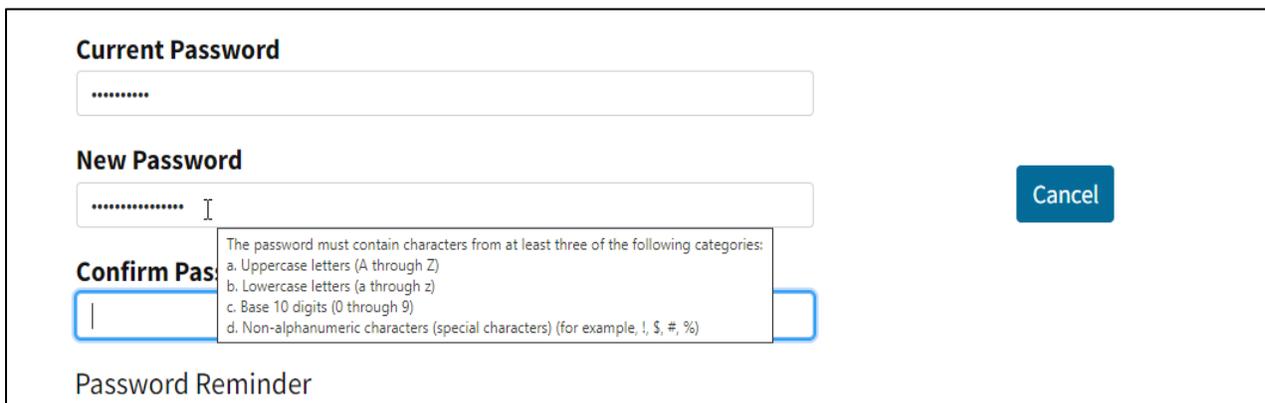


Fig: 5.4.5.B: Provider Website- Account Tab – If New Password does not conform to the Password Rules

5.5 Member History Tab

To view member history, click 'Member History' tab. Data or the member history displayed, is for the past two (2) years.

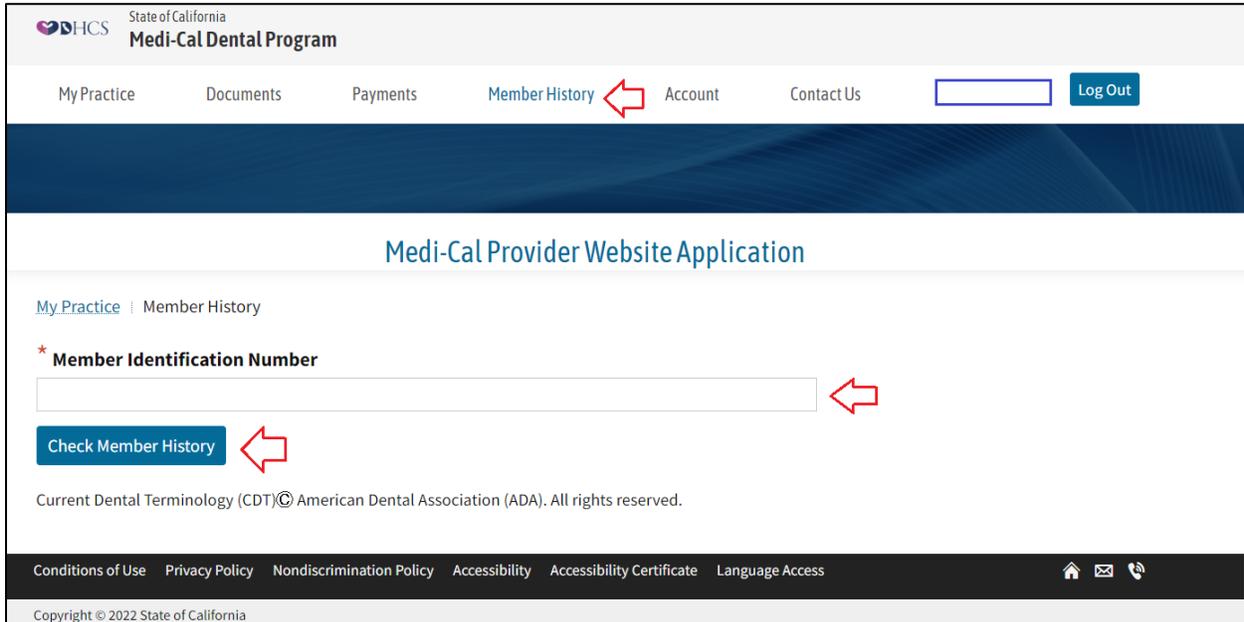


Fig: 5.5.C: Provider Website- Member History Tab – Enter Member Identification Number

Enter 'Member Identification Number' in the text box provided and click button 'Check Member History'. (see Fig: 5.5.C)

After clicking the button Member Name, Member Identification, and Date of Birth is displayed under Member Information section. Procedure information like Tooth/Arch/Quadrant, Surface, Procedure Name, Date of Service and Procedure Status is displayed under Procedures section. The Procedure Status will inform you if the procedure was 'Allowed' or 'Denied'.

Procedures performed for the last two years are displayed and a note stating this is also visible under the member information. The note will also display date of service parameters of those procedures. (see Fig: 5.5.D)

State of California
Medi-Cal Dental Program

My Practice
Documents
Payments
Member History
Account
Contact UsLog Out

Medi-Cal Provider Website Application

[My Practice](#) | Member History

*** Member Identification Number**

Check Member History

Member Information

Member Name:

Member Identification Number:

Date of Birth:

NOTE: Member History data is updated on a weekly basis and includes information for the past two years. Procedures for service dates between 07/02/2020 and 03/04/2022.

Procedures

Tooth Arch Quadrant	Surface	Procedure	Date of Service	Procedure Status
-	-	D0230 - INTRAORAL - EACH ADDL FILM		Allowed
-	-	D0230 - INTRAORAL - EACH ADDL FILM		Allowed
06	-	D7280 - SURG EXPOSURE-UNERUPTED		Allowed
-	-	D9222 - DEEP SED/GEN ANESTH-15 MIN		Allowed
06	-	D7283 - DEVICE FOR IMPACTED TOOTH		Allowed
31	-	D7283 - DEVICE FOR IMPACTED TOOTH		Allowed
17	-	D7240 - COMPLETE BONY IMPACTION		Allowed
32	-	D7240 - COMPLETE BONY IMPACTION		Allowed

Fig: 5.5.D: Provider Website- Member History Tab – Member History/ Procedure Details Page

5.5.1 Scenario 1: If you enter an invalid member identification number.

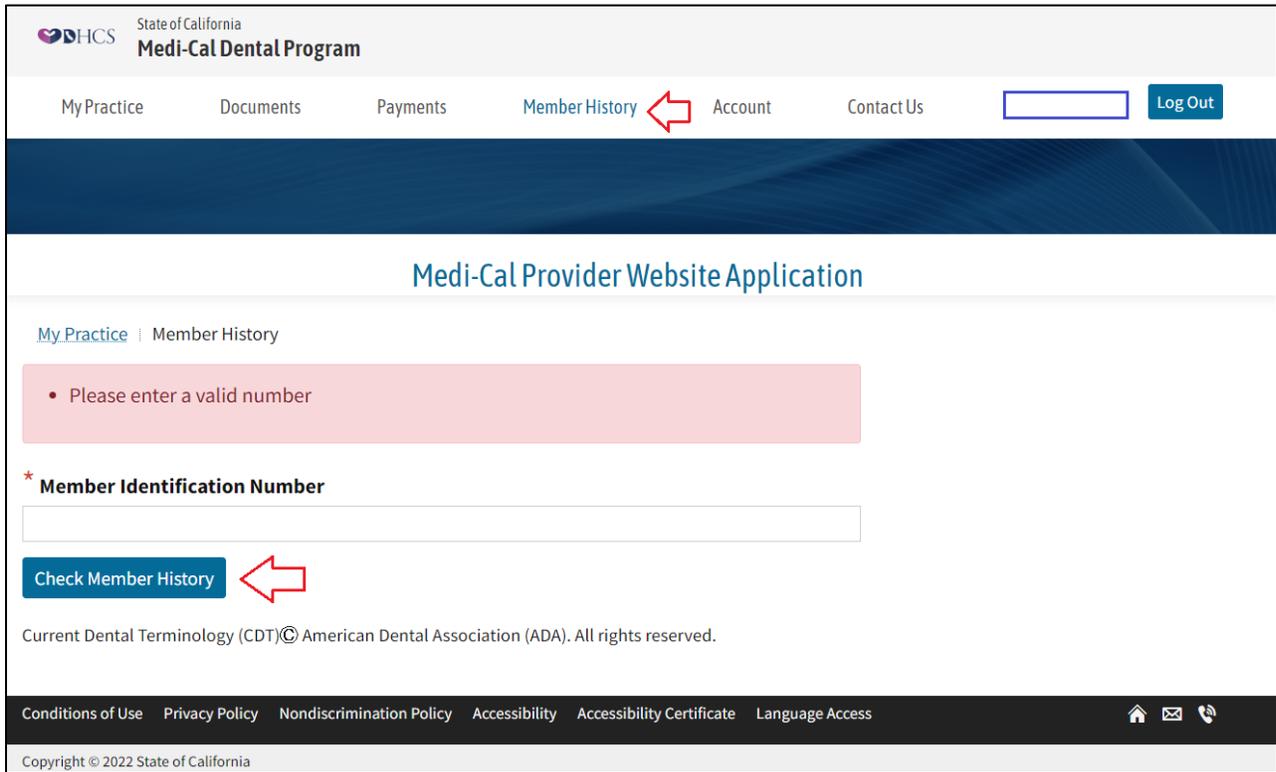


Fig. 5.5.E: Provider Website- Member History Tab – Invalid Member Identification Number Entered

5.5.2 Scenario 2: If you enter the member identification number in a wrong format.

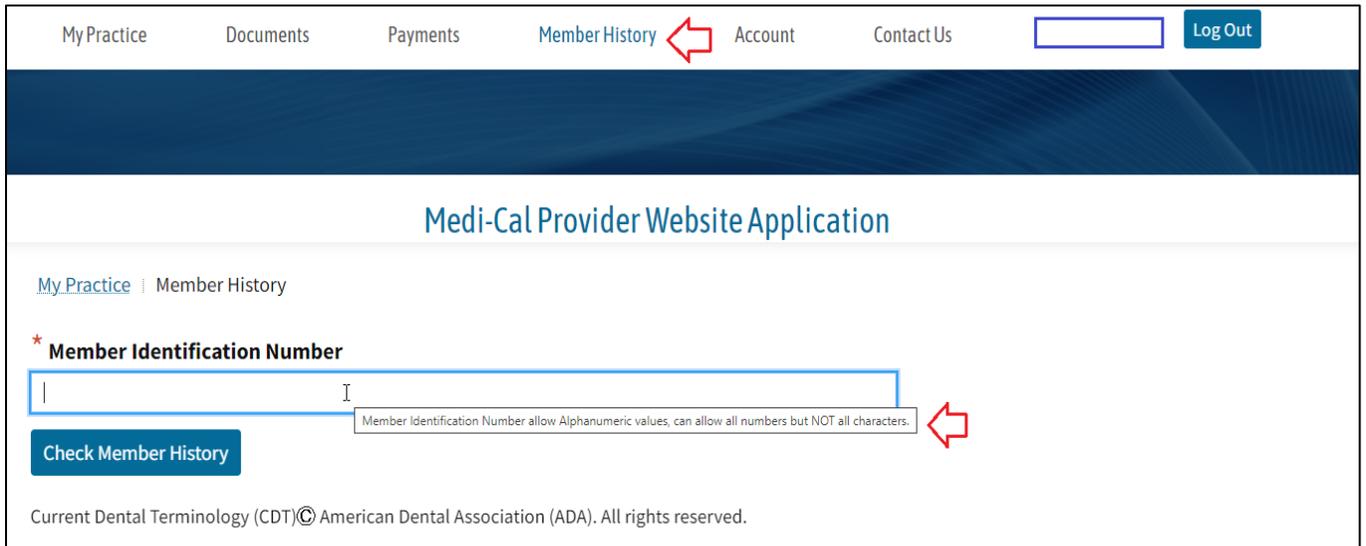


Fig. 5.5.F: Provider Website- Member History Tab – Wrong Member Identification Number Entered

5.5.3 Scenario 3: If member has no previous history.

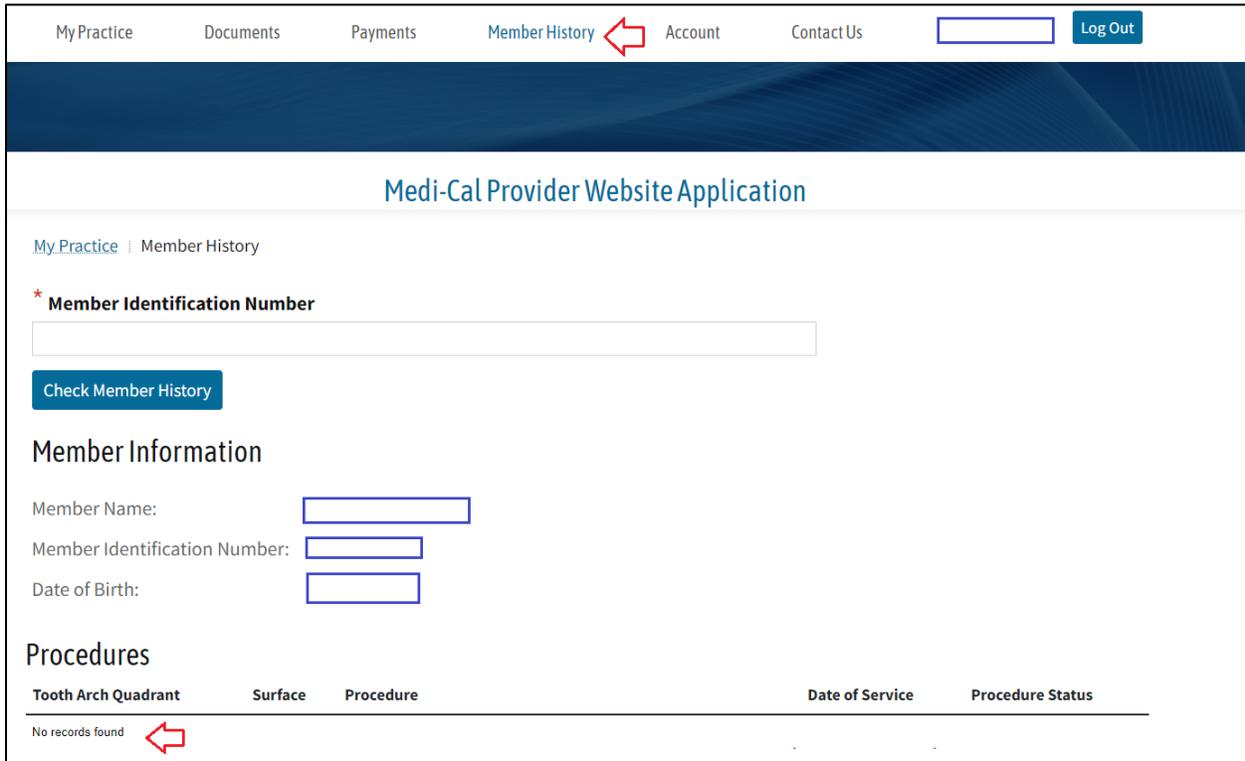


Fig: 5.5.G: Provider Website- Member History Tab – No Member History to Display

6 Administrator Functionality Features

6.1 Manage Users

Providers who are administrators (admin) of the Medi-Cal Provider Website Application can only view the “Manage Users” tab from the “Accounts” tab (see Fig: 6.1.a).

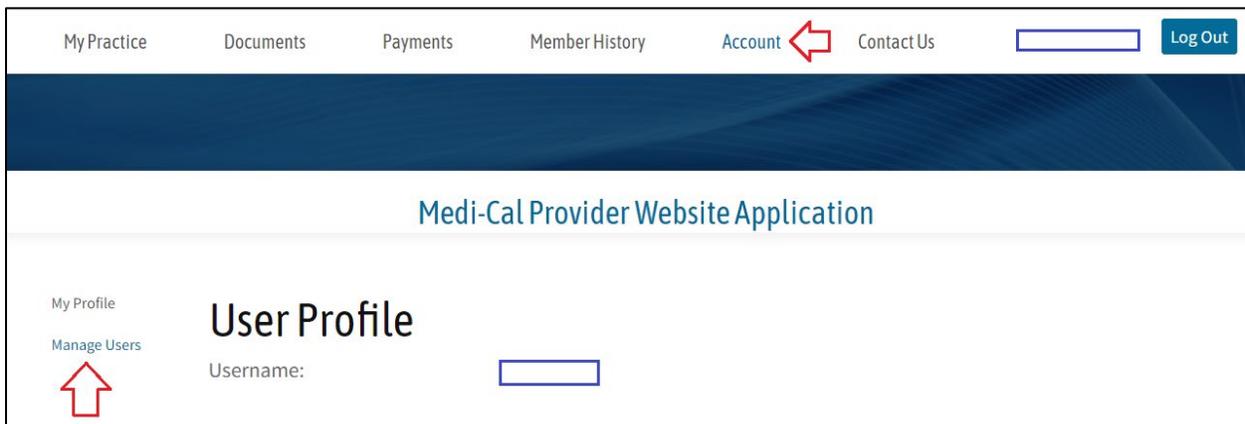


Fig: 6.1.a: Provider Website- Account Tab – Manage User Tab

An admin provider clicks the “Manage Users” link to display the “Add User” button and a list of users (providers) of the website along with their details like First Name, Last Name, Email, Username and Registered type. Admins can edit user information, delete their records or “Re-Send Invite” to unregistered providers (see Fig: 6.1.b).

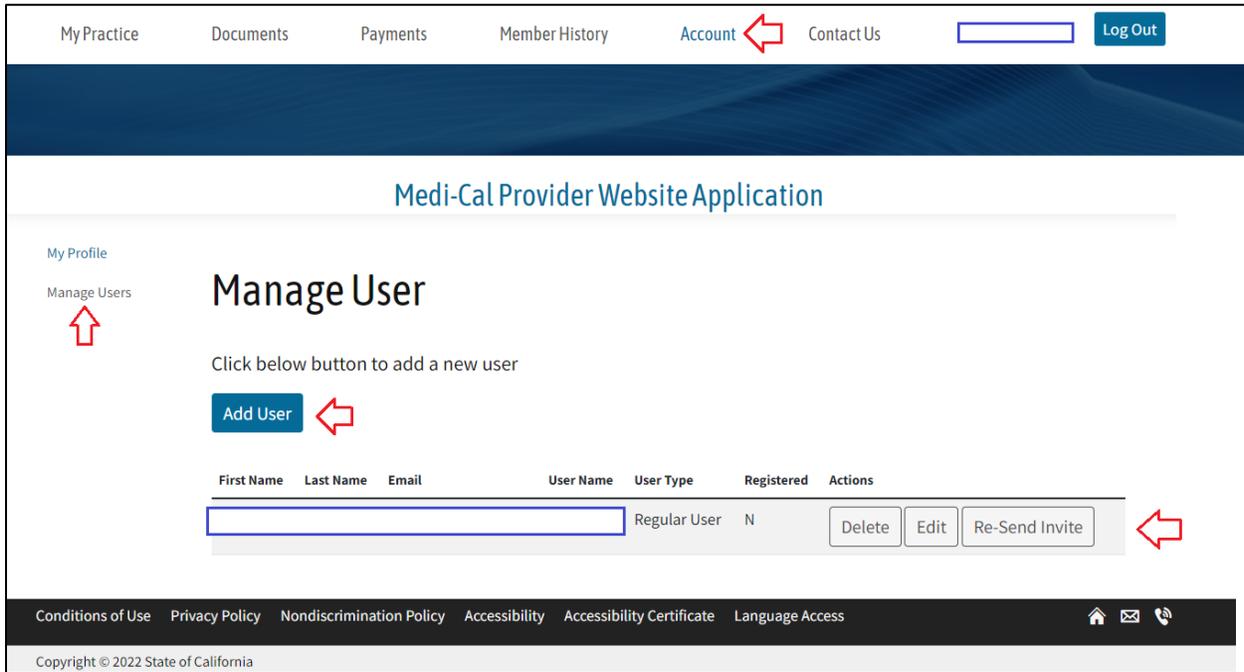


Fig: 6.1.b: Provider Website – Manage User Page

6.1.1 Add User

A Provider with admin rights clicks the “Add User” button to add users. After you click the “Add User” button, the system goes to the “Add User” page. Enter provider details like First Name, Last Name, Email Address and User Type (see Fig: 6.1.1.c).

After entering the correct details, click the “Invite” button to send an email with a registration link to the provider (see Fig: 6.1.1.d).

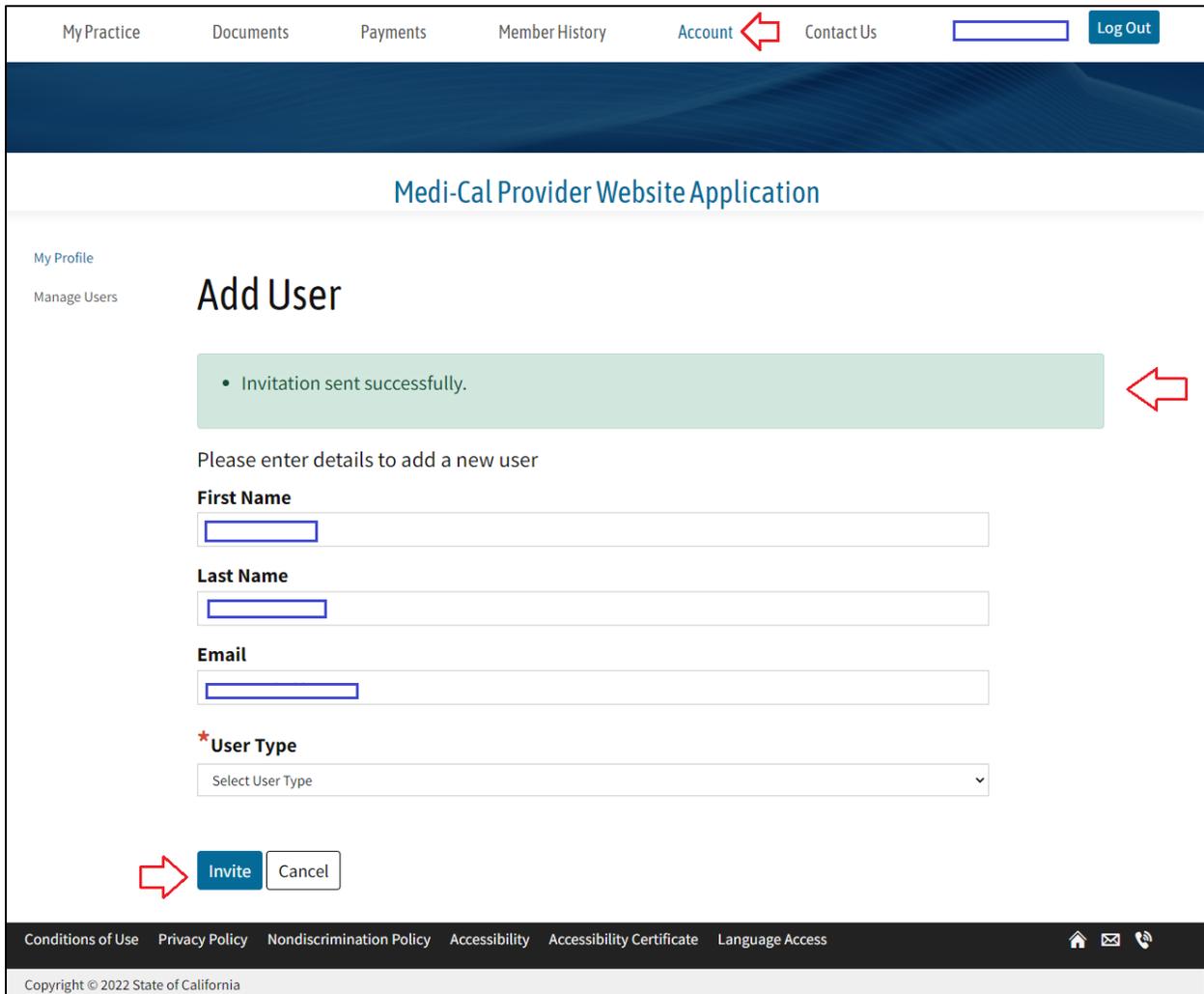


Fig: 6.1.1.c: Provider Website – Add User Page



Fig: 6.1.1.d: Provider Website – Email Sent to the added User with a Registration Link

When a newly added provider clicks the “Registration Link,” the system goes to Registration Page 1. Validate the details by correctly entering the Email, First Name and Last Name. To go to the next registration step, click the “Validate” button (see Fig: 6.1.1.e). After registering, the registered type from the user list updates from “N” to “Y.”

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[My Practice](#) [Contact Us](#)

Registration Page 1

Please enter authorized details for successful registration

Email

First Name

Last Name

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Fig: 6.1.1.e: Provider Website – Registration Page 1 for Added Users

Registration Page 2 is same as the registration process (see Fig: 3.1.c).

6.1.1.1 Scenario 1: If Provider enters details with same combination of First Name, Last Name and Email of an already added user.

If you enter the First Name, Last Name and Email address (using the same combination) of an already registered user, an error message “User already exists” displays. (See Fig: 6.1.1.1.f)

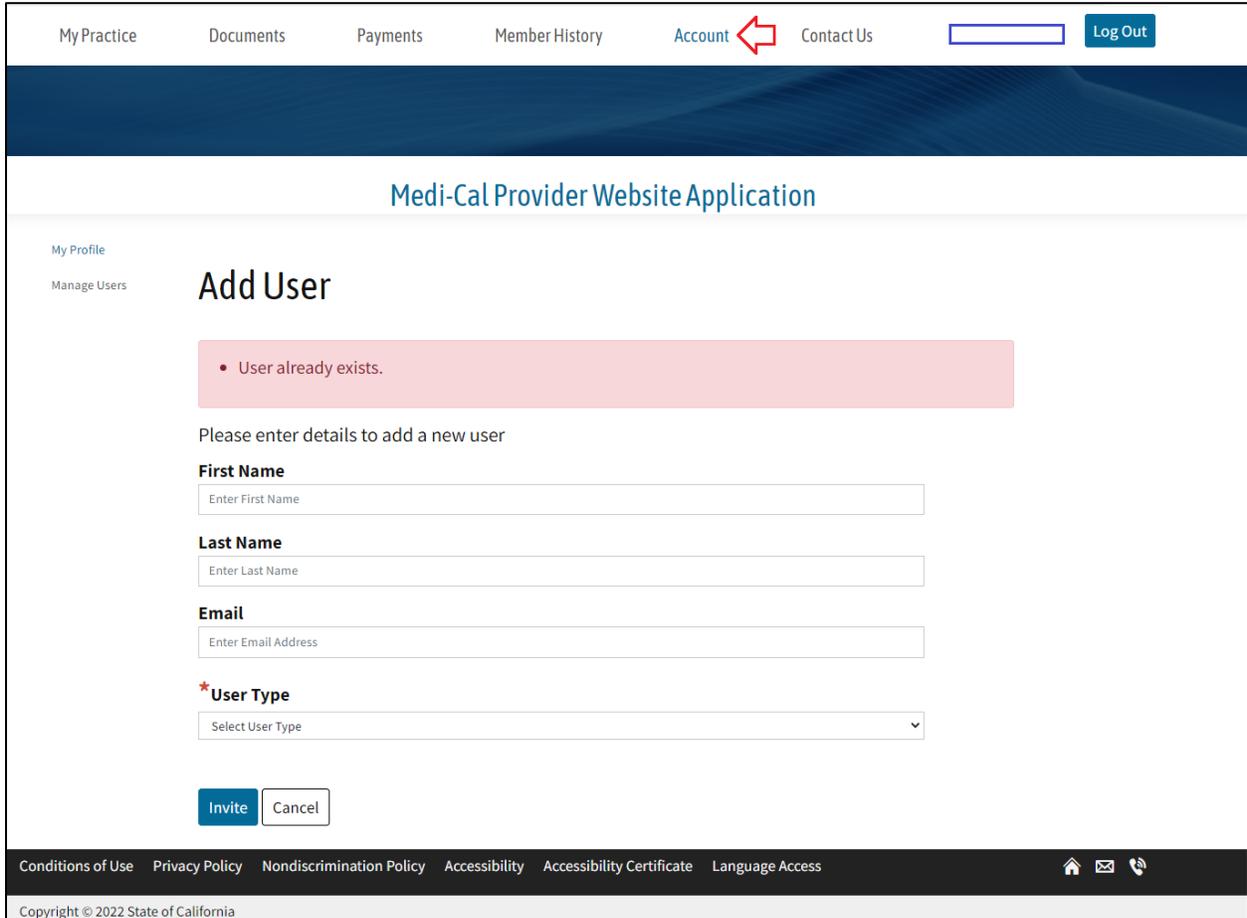


Fig: 6.1.1.1.f: Provider Website – User already exists while adding user

6.1.1.2 Scenario 2: If Provider enters invalid details.

If you enter an invalid Email address or do not select the correct User Type, an error message displays, and the invalid fields are highlighted (see Fig: 6.1.1.2.g).

The screenshot shows the 'Add User' form in the Medi-Cal Provider Website Application. The form is titled 'Add User' and includes a sub-header 'Please enter details to add a new user'. The form fields are: 'First Name' (text input with 'XXXXXX'), 'Last Name' (text input with 'XXXXXX'), 'Email' (text input with 'Enter Email address' and a red error message 'E-mail address needs to be in the following format: xx@xx.xxx'), and 'User Type' (dropdown menu with 'Select User Type'). The 'Email' and 'User Type' fields are highlighted in blue. A red arrow points to the error message. The form has 'Invite' and 'Cancel' buttons at the bottom.

Fig: 6.1.1.1.g: Provider Website – Invalid Details Entered while Adding User

If an added user tries to register with invalid details by using the “Registration Link” from the email, the user is not validated and will be unable to register. The “Invalid Details Entered” error message displays (see Fig: 6.1.1.2.h).

The screenshot shows the 'Registration Page 1' of the Medi-Cal Dental Program website. At the top, there is a header with the HCS logo and 'State of California Medi-Cal Dental Program'. Below the header are navigation links for 'My Practice' and 'Contact Us'. The main content area features a title 'Registration Page 1' and a red error message box stating 'Invalid details entered.'. Below the error message, there is a prompt: 'Please enter authorized details for successful registration'. The form includes three input fields: 'Email' (with placeholder 'Enter Email Address'), 'First Name' (with placeholder 'Enter First Name'), and 'Last Name' (with placeholder 'Enter Last Name'). At the bottom of the form are two buttons: 'Validate' and 'Cancel'. The footer contains links for 'Conditions of Use', 'Privacy Policy', 'Nondiscrimination Policy', 'Accessibility', 'Accessibility Certificate', and 'Language Access', along with a copyright notice for 2022 State of California.

Fig: 6.1.1.2.h: Provider Website – Invalid Details Entered by Added User while Registering on Page 1

6.1.1.3 When an added user tries to register.

After the provider is validated in the previous step, the system goes to Step 2 of the registration process. The First Name, Last Name and Email fields auto populate along with the NPI and TIN number (see Fig: 6.1.1.3.i).

The screenshot shows the 'Create Account | Registration' page. At the top, there are navigation links for 'My Practice' and 'Contact Us'. The main content area has a title 'Create Account | Registration' and a prompt: 'Please fill out all fields.'. Below this, there is a section titled 'Your Information' with several pre-filled fields: 'Billing NPI Number', 'TIN/Social Security Number (SSN), or Payment ID' (with a masked '*****' followed by a field), 'First Name', 'Last Name', and 'Email'. At the bottom, there is a 'Username' field.

Fig: 6.1.1.3.i: Registration Page 2 for an Added User

All other fields are the same as the normal registration. An error message displays if you try to register with a username that is already in use. (See Fig: 6.1.1.3.j)

The screenshot shows a web application interface for account registration. At the top, there are navigation links for 'MyPractice' and 'Contact Us'. The main heading is 'Create Account | Registration'. A red error message banner states: 'Username invalid or username already exists.' Below this, a prompt says 'Please fill out all fields.' The form is titled 'Your Information' and contains several input fields: 'Billing NPI Number', 'TIN/Social Security Number (SSN), or Payment ID' (with a masked input '*****'), 'First Name', 'Last Name', 'Email', and 'Username'. The 'Username' field is highlighted with a blue border, indicating it is the focus of the error.

Fig: 6.1.1.3.j: Registration Page 2- Username invalid or username already exists

6.1.1.4 When a registered inactive user tries to add another inactive user.

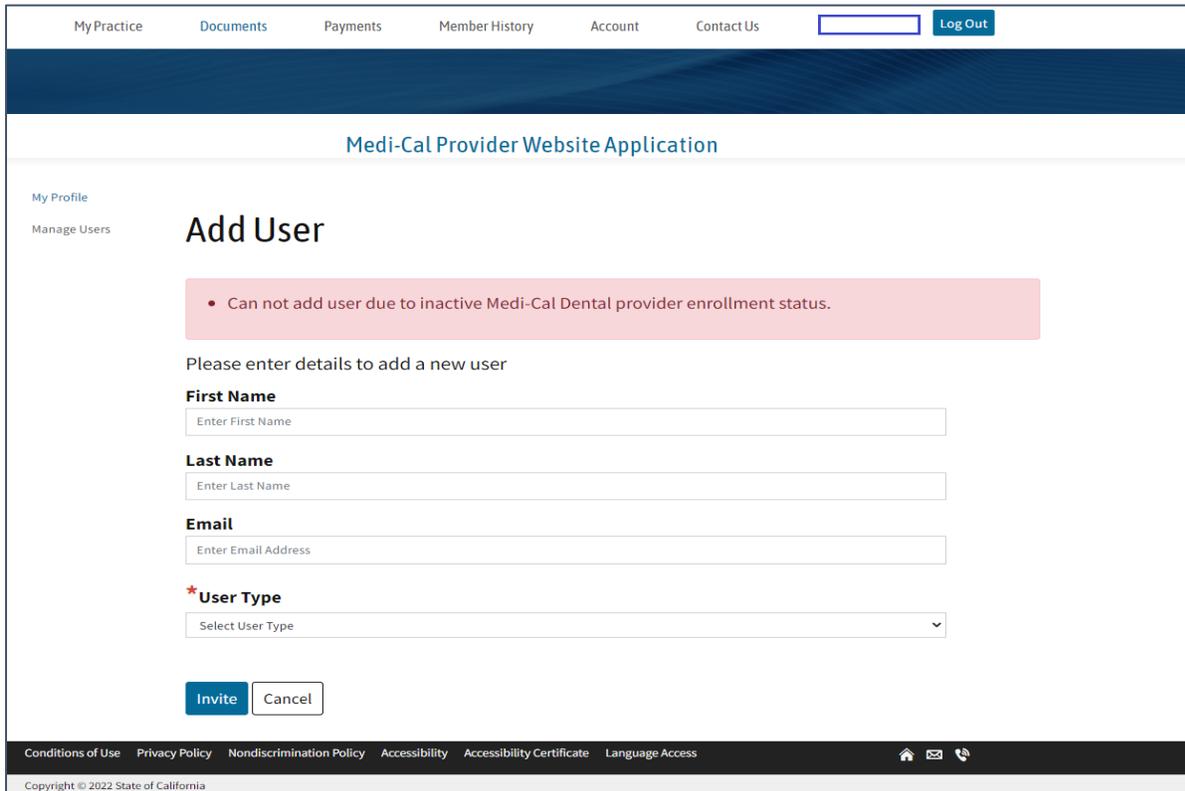


Fig: 6.1.1.4.k: Cannot add user due to inactive provider enrollment status

6.1.2 Edit Users

Administrators click the “Edit” button to edit details of any user from the user list (see Fig: 6.1.2.k).

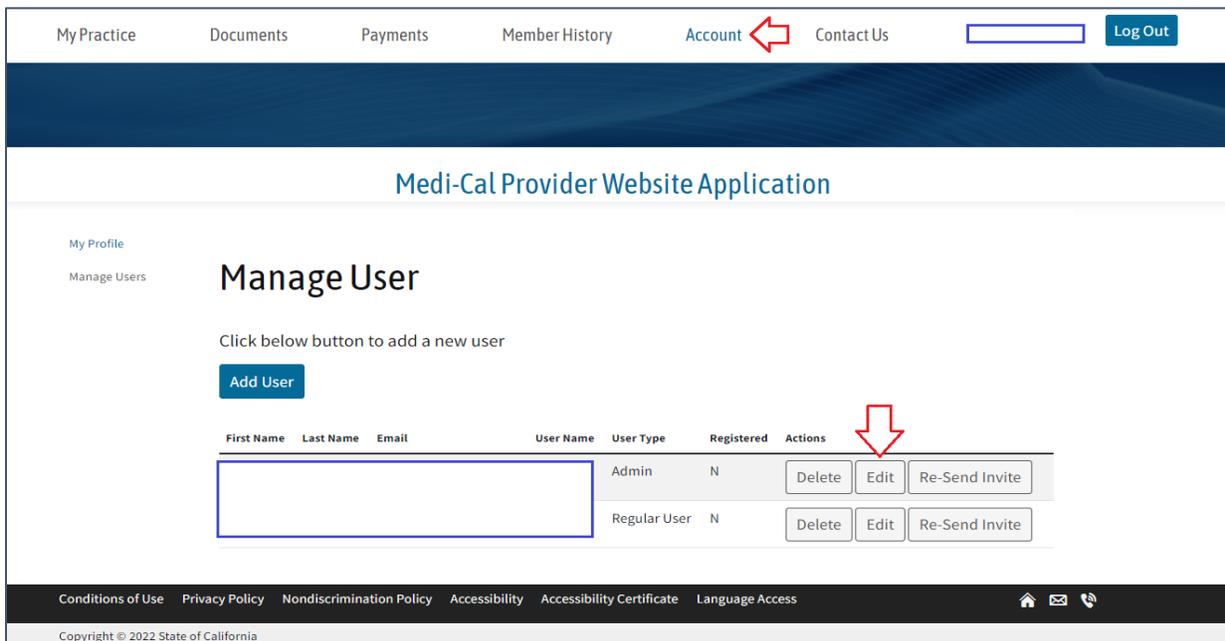


Fig: 6.1.2.l: Provider Website – Edit Button

Click the “Edit” button to go to the “Edit User” page where administrators can edit/update provider details like Email address and User Type (see Fig: 6.1.2.I).

The screenshot shows the 'Edit User' page. At the top, there is a navigation bar with links: My Practice, Documents, Payments, Member History, Account (with a red arrow pointing left), and Contact Us. There is also a search bar and a Log Out button. Below the navigation bar is a dark blue header with the text 'Medi-Cal Provider Website Application'. The main content area has a sidebar on the left with 'My Profile' and 'Manage Users'. The 'Edit User' form is centered and contains the following fields: 'First Name' (text input), 'Last Name' (text input), 'Email' (text input, highlighted with a red arrow), and 'User Type' (dropdown menu with 'Admin' selected, also highlighted with a red arrow). At the bottom of the form are 'Update' and 'Cancel' buttons, with a red arrow pointing to the 'Update' button. The footer contains links for Conditions of Use, Privacy Policy, Nondiscrimination Policy, Accessibility, Accessibility Certificate, and Language Access, along with a copyright notice for 2022 State of California.

Fig: 6.1.2.m: Provider Website – Edit User Page

6.1.2.1 Scenario 1: If provider enters invalid details.

If you enter an incorrect Email address, an error message displays. The field is highlighted, and you cannot update the details (see Fig: 6.1.2.1.m).

The screenshot shows the 'Edit User' page with an error message. The 'Email' field contains the text 'xxxx@' and is highlighted with a red border. Below the field, an error message box displays the text 'Please enter valid Email Address' with a red arrow pointing to the field. The 'Update' button is disabled (greyed out), and the 'Cancel' button is visible. The rest of the page layout is the same as in the previous figure.

Fig: 6.1.2.1.n: Provider Website – Edit User Page, Invalid Details Entered

6.1.3 Delete Users

Administrators click the “Delete” button to delete details of any user from the user list (see Fig: 6.1.3.n).

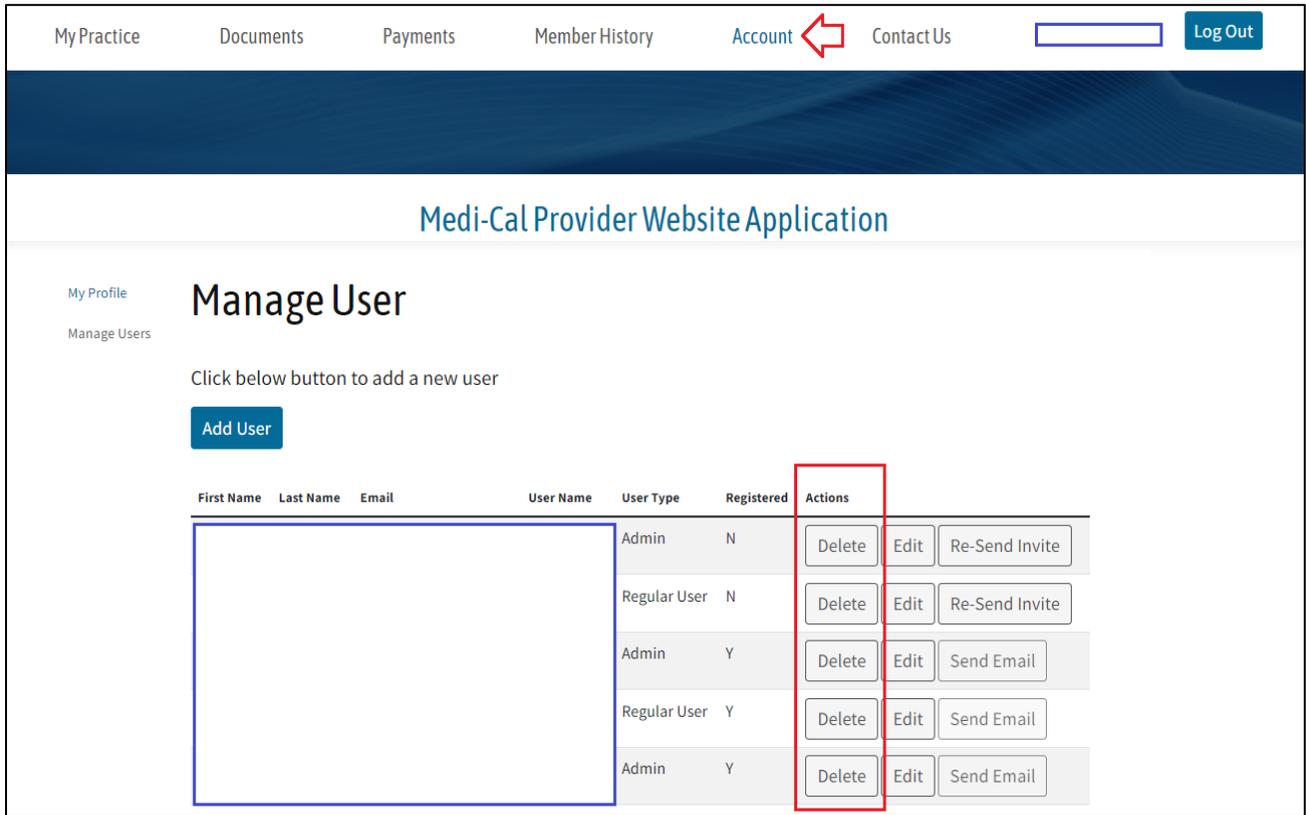


Fig: 6.1.3.o: Provider Website – Delete Button from User List

A “Confirmation” message displays. Click the “Confirm Delete” button to confirm the deletion (see Fig: 6.1.3.o).

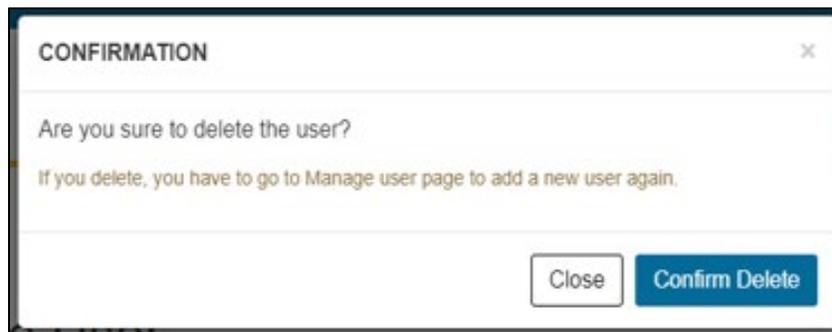


Fig: 6.1.3.p: Provider Website – Delete Button – Confirm Delete Pop Up

After you click the “Confirm Delete” button, the user is removed from the list and the list is updated (see Fig: 6.1.3.p).

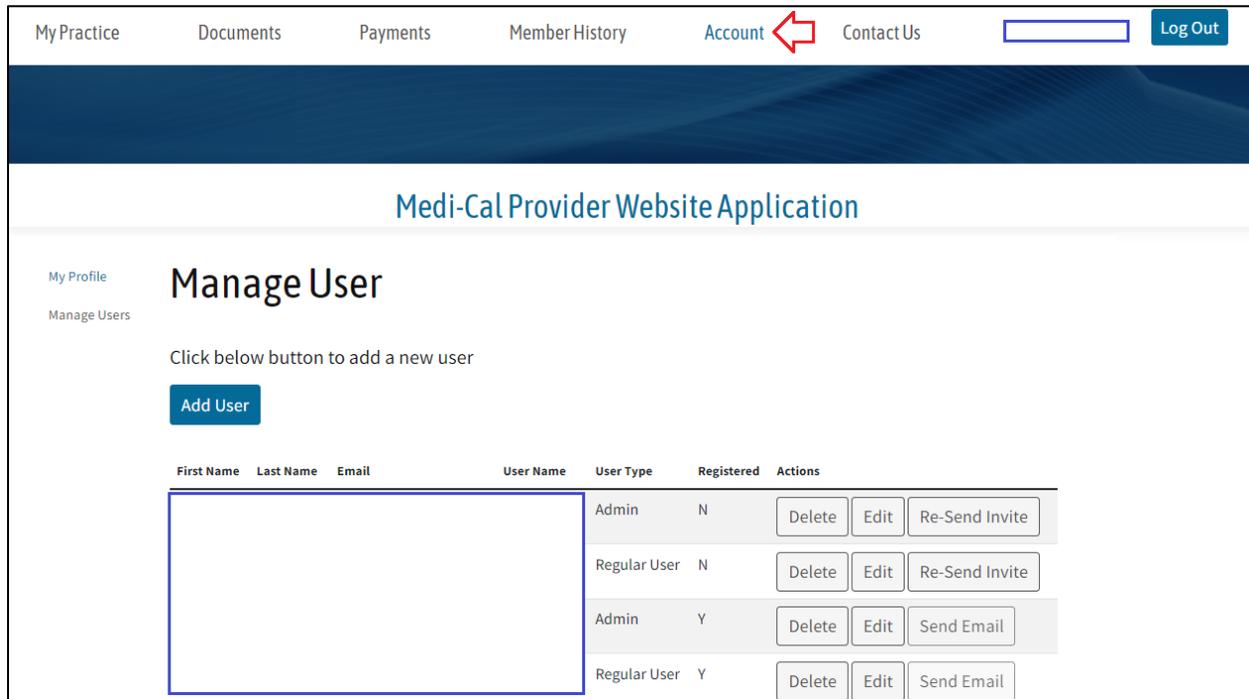


Fig: 6.1.3.q: Provider Website – Updated List after Deleting a User

7 Reporting a Missed Appointment Feature

You can report any missed member appointments to Medi-Cal Staff through a link available on your “My Practice” page (see Fig: 7.a).

Click the “Report a missed appointment” link to go the “Missed Appointment Notification” form page. Some provider details auto populate; however, auto populated information can be changed, if needed. Complete the Member Information correctly. Indicate if the member has missed any prior appointments and select the verification statement. Click the “Send” button to submit the form (see Fig: 7.b).

Auto populated fields will have values entered during registration. Billing NPI Number / Medi-Cal Provider ID field will be auto populated depending on the data used by provider during registration. If you register using your Billing NPI Number, your Billing NPI Number will be displayed. If you register using your Medi-Cal provider ID, your Medi-Cal Provider ID will be displayed. (see Fig: 7.b and 7.c)

Missed appointment form is seen in the below Figure 7.b and continued in Fig: 7.c.

My Practice Documents Payments Member History Account Contact Us Log Out

Medi-Cal Provider Website Application

Missed Appointment Notification

The Missed Appointment Form is made available to you, as a Medi-Cal Dental Program dentist, in order for you to report members that have missed a scheduled appointment with your office. If you would like Medi-Cal to assist a member with any barriers they may have in attending their appointments, please complete this form. After completion and submission of this form, Medi-Cal will follow-up with the member to assist in rescheduling their appointment with your office. Additional information related to missed appointments is located in the Provider Handbook. If you would like to report a missed appointment by phone, please contact the Medi-Cal Dental Program Telephone Service Center at 1-800-423-0507.

Dental Provider Information

* Billing NPI Number/Medi-Cal Provider ID

Service Office Number

* Contact Phone Number

* Contact Person

* Contact Email

Provider License Number (Optional)

Member Information

To add more than one Member, click on Add Member button below.

Member 1

* Last Name

* First Name

* Medi-Cal ID Number

* Date of Birth

* Patient Status

Member Representative Type

Member Representative Name

Fig: 7.b: Provider Website – Missed Appointment Form (A)

Language Spoken

Address

City

State
California

ZIP Code

*** Phone Number**

Alternate Phone Number

Missed Appointment Information

*** Appointment Date**
mm/dd/yyyy

*** Appointment Time**

Has the member missed any prior appointments?

Yes No

I verify that the information submitted here in is true and accurate to the best of my knowledge.

Conditions of Use Privacy Policy Nondiscrimination Policy Accessibility Accessibility Certificate Language Access

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Fig: 7.c: Provider Website – Missed Appointment Form (B)

Detailed fields of missed appointment form are described below.

(Fig: 7.d, 7.e, 7.f, 7.g).

Auto populated Provider Information:

Missed Appointment Notification

The Missed Appointment Form is made available to you, as a Medi-Cal Dental Program dentist, in order for you to report members that have missed a scheduled appointment with your office. If you would like Medi-Cal to assist a member with any barriers they may have in attending their appointments, please complete this form. After completion and submission of this form, Medi-Cal will follow-up with the member to assist in rescheduling their appointment with your office. Additional information related to missed appointments is located in the Provider Handbook. If you would like to report a missed appointment by phone, please contact the Medi-Cal Dental Program Telephone Service Center at 1-800-423-0507.

Dental Provider Information

***Billing NPI Number/Medi-Cal Provider ID**

Service Office Number

***Contact Phone Number**

***Contact Person**

***Contact Email**

Provider License Number (Optional)

Fig: 7.d: Provider Website – Missed Appointment Form: Auto Populated Fields – Provider Information

Provider can add members by clicking “Add Member” button. Providers can add up to 10 members in one form. These members can be removed by clicking “Remove Member” button. Details like First Name, Last Name, Medi-Cal ID Number, Date of Birth and Patient Status are mandatory fields. Patient Status field will have valued ‘Existing Patient’ and ‘New Patient’. (Fig: 7.e)

Member Representative Type and Member Representative Name and Language Spoken are optional fields. (Fig: 7.e)

If a provider wants to enter Member Representative Type, they must select any one option from the drop down provided. Values in the drop down are as follows: (Fig: 7.e)

- Self
- Father
- Mother
- Legal Guardian

All other member details like address are to be filled in. These fields are again optional, apart from member phone number (Fig: 7.f)

Details related to the missed appointment like missed appointment date, time , number of visits missed are to be entered too. (Fig: 7.f)

Click the “Send” button to trigger an email. (see Fig: 7.f).

Member Information

To add more than one Member, click on Add Member button below.

Member 1

* Last Name

* First Name

* Medi-Cal ID Number

* Date of Birth

* Patient Status

Member 2

* Last Name

* First Name

* Medi-Cal ID Number

* Date of Birth

* Patient Status

Member Representative Type

Member Representative Name

Fig: 7.e: Provider Website – Missed Appointment Form: Member Information – Add Member

Language Spoken

Address

City

State
California

ZIP Code

*** Phone Number**

Alternate Phone Number

Missed Appointment Information

*** Appointment Date**
mm/dd/yyyy

*** Appointment Time**

Has the member missed any prior appointments?
 Yes No

I verify that the information submitted here in is true and accurate to the best of my knowledge.

Conditions of Use Privacy Policy Nondiscrimination Policy Accessibility Accessibility Certificate Language Access   

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Fig: 7.f: Provider Website – Missed Appointment Form: Member Information and Missed Appointment details

An email is sent to the provider with details entered in the missed appointment form.

(See Fig: 7.g)

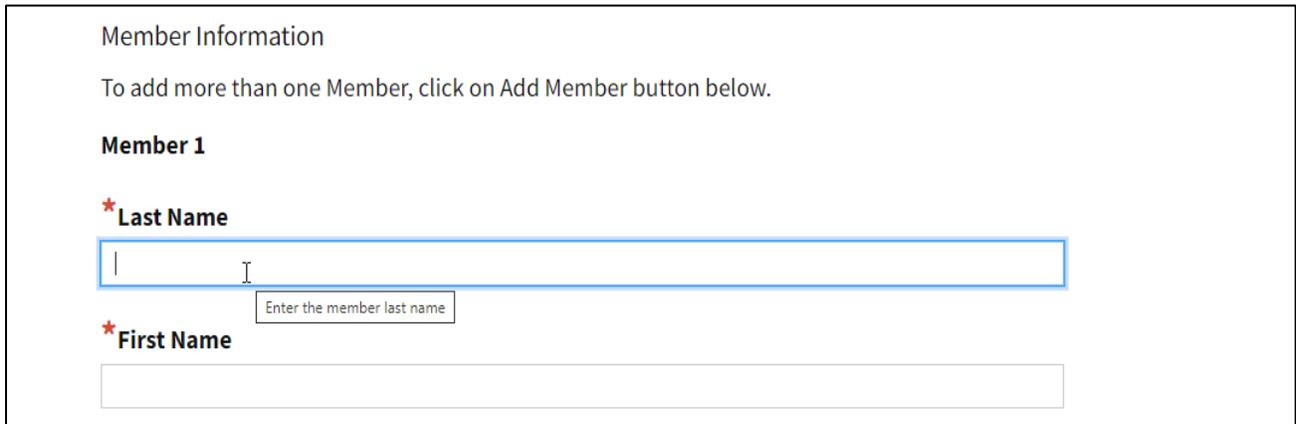
Missed Appointment submitted by

Field Name	Details	
Billing NPI Number/Medi-Cal Provider ID	<input type="text"/>	
Service Office Number	<input type="text"/>	
Contact Phone Number	<input type="text"/>	
Contact Person	<input type="text"/>	
Contact Email	<input type="text"/>	
Provider License Number		
Member Information		
Member 1	Member's Last Name	test
	Member's First Name	test
	Medi-Cal ID Number	111 <input type="text"/>
	Date of Birth	<input type="text"/>
	Patient Status	Existing Member
Member 2	Member's Last Name	<input type="text"/>
	Member's First Name	<input type="text"/>
	Medi-Cal ID Number	111 <input type="text"/>
	Date of Birth	<input type="text"/>
	Patient Status	New Member
Member's Representative Type	<input type="text"/>	
Member's Representative Name	<input type="text"/>	
Language Spoken		
Address		
City		
State	CA	
Zip code		
Phone Number	<input type="text"/>	
Alternative Phone Number		
Appointment Date	06/22/2020	
Appointment Time	06:00 AM	
Prior Appointments	No	
Missed Visits		
Notes		

Fig: 7.g: Provider Website – Missed Appointment Details sent in an email

7.1 Scenario 1: If Provider enters invalid details in the Missed Appointment Form.

The fields with a red asterisk (*) are mandatory fields. If you do not enter the details in these fields, an error message displays (see Fig: 7.1.h).



Member Information

To add more than one Member, click on Add Member button below.

Member 1

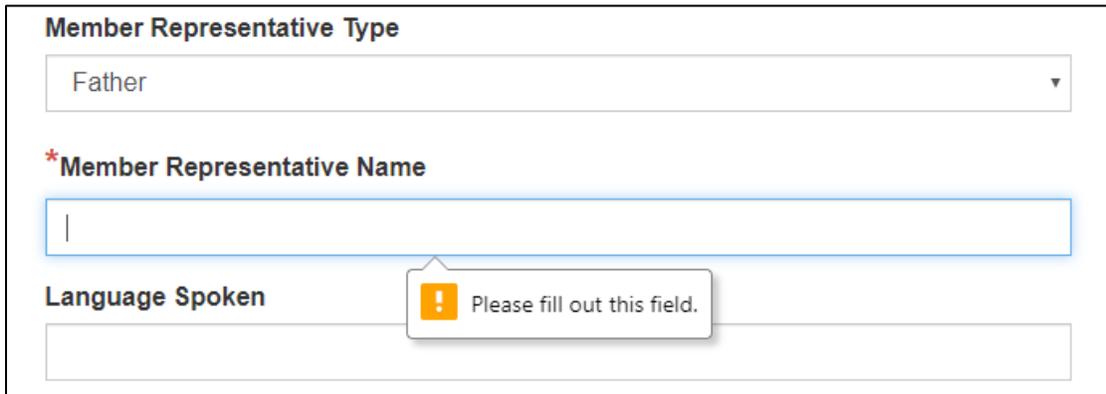
* **Last Name**

Enter the member last name

* **First Name**

Fig: 7.1.h: Provider Website – Missed Appointment Form – Details not Entered Error

Below fields are not mandatory fields. But if you select Member Representative type from the drop down, Member Representative Name turns in to a mandatory field. (See Fig: 7.1.i)



Member Representative Type

Father

* **Member Representative Name**

Language Spoken

Please fill out this field.

Fig: 7.1.i: Provider Website – Missed Appointment Form – When Member Representative Type Entered

And if member enters name in Member Representative Name field, Member Representative Type turns in to a mandatory field. (See Fig: 7.1.j)

The screenshot shows a form section titled "*Member Representative Type". Below the title is a dropdown menu currently displaying "--Select--". Below the dropdown is a text input field containing "XXX". An error message box is overlaid on the form, containing an exclamation mark icon and the text "Please select an item in the list." Below the "XXX" field is another text input field labeled "Language Spoken".

Fig: 7.1.j: Provider Website – Missed Appointment Form – When Member Representative Name Entered

If you enter details that do not match the field's format, an error message displays (see Fig: 7.1.k (1) and 7.1.k (2)).

Medi-Cal ID Number allows Alphanumeric values. This field allows all numbers but NOT all characters.

The screenshot shows a form section titled "*Medi-Cal ID Number". Below the title is a text input field containing "aaaaaaaaaaaaa". Below this field is an error message box with an exclamation mark icon and the text "Medi-Cal ID Number allow Alphanumeric values, can allow all numbers but NOT all characters". Below the error message is a date input field containing "09/10/2019". At the bottom of the form is a blue button labeled "Add Member".

Fig: 7.1.k (1): Provider Website – Missed Appointment Form – Invalid Details Entered (Medi-Cal ID Number)

The screenshot shows a form section titled "*Phone Number". Below the title is a text input field containing "abcdefghij". Below this field is an error message box with an exclamation mark icon and the text "Please match the requested format." Below the error message is another text input field labeled "Alternate Phone Number".

Fig: 7.1.k (2): Provider Website – Missed Appointment Form – Invalid Details Entered (Phone Number)

8 Provider Resources

You can access Medi-Cal site links from your secure area. This list of external links is available in the Provider Resources section of the “My Practice” tab (see Fig: 8.a).

The screenshot shows the Medi-Cal Provider Website Application interface. At the top, there is a navigation bar with the following tabs: My Practice, Documents, Payments, Member History, Account, and Contact Us. A search bar and a 'Log Out' button are also present. Below the navigation bar, the page title is 'Medi-Cal Provider Website Application'. A location dropdown menu shows a state selection and a 'Change Location' link. The main content area is titled 'Recent Activity' and contains a 'Documents' section. This section features a table with columns for Submitted Date, Status, Document #, Check/EFT #, Patient, Date of Service, Date Paid, and Claim Amount. The table lists several rows of claims, with most statuses being 'PROCESSED TAR' and one being 'IN PROCESS'. Below the table, there is a link for 'All Claims' and a note stating 'Displaying up to 20 most recent claims'. A red-bordered box highlights the 'Provider Resources' section, which contains a list of links: Electronic Data Interchange (EDI), Forms Reorder, Provider Application Forms, Provider Bulletins, Provider Email List Sign Up, Provider Enrollment Tool Kit, Provider Frequently Asked Questions (FAQs), Provider Handbook, and Provider Training Seminars/Webinars. At the bottom of the page, there is a footer with links for Conditions of Use, Privacy Policy, Nondiscrimination Policy, Accessibility, Accessibility Certificate, and Language Access, along with social media icons and a copyright notice for 2022 State of California.

Fig: 8.a: Provider Website – Provider Resources – Links on the My Practice Tab

9 Contact Us Page

Medi-Cal providers can view the 'Contact Us' page for getting Medi-Cal's toll-free number or any reference email addresses.

The screenshot shows the 'Contact Us' page of the Medi-Cal Provider Website Application. At the top, there is a navigation bar with links for 'My Practice', 'Documents', 'Payments', 'Member History', 'Account', 'Contact Us', and 'Log Out'. A red arrow points to the 'Contact Us' link. Below the navigation bar, the page title is 'Medi-Cal Provider Website Application' and the main heading is 'Provider Telephone Service Center'. The content includes a toll-free number (1-800-423-0507), a list of information to have ready when calling, and details about service hours and availability. There are also sections for 'Eligibility' and 'Other Services' with contact email addresses.

State of California
HCS
Medi-Cal Dental Program

My Practice Documents Payments Member History Account Contact Us Log Out

Medi-Cal Provider Website Application

Provider Telephone Service Center

Providers may call Medi-Cal toll-free at **1-800-423-0507**.

When calling for information or inquiries it is important that the dental office be prepared with the following proper information, where applicable.

- Patient Name
- Patient Medi-Cal Identification Number
- Billing Provider Name
- Medi-Cal Provider Number
- Type of Treatment
- Amount of Claim or TAR
- Date Billed
- Document Control Number
- Check Number

The Telephone Service Center Representatives are available to answer phone calls between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Patient history, claim/TAR status, or financial information can be accessed between 2:00 a.m. and 12:00 midnight, seven days per week, using the automated Interactive Voice Response system.

General program information is available 24 hours a day, seven days a week, using the automated system.

Provider Toll-Free Menu Options, and instructions for using the automated system are detailed in the Medi-Cal Provider Manual.

Eligibility

For automated messages providing member eligibility information, call the Automated Eligibility Verification System (AEVS) at 1-800-456-2387. When prompted, enter the information found on the Member Identification Card (BIC ID).

For assistance with the eligibility message, the Point of Service (POS) device, or the Medi-Cal web site, call the POS/Internet Help Desk at 1-800-541-5555.

Other Services

For questions, comments, or feedback about the program, contact us at DCALInfo@delta.org.

To report any website technical problems or issues, contact us at DCALWebMaster@delta.org.

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Fig: 9.a: Provider Website – Contact Us Page

Reference List:

- **Provider Toll Free Line:** 1-800-423-0507
- **For questions, comments or feedback** about the program contact:
DCALInfo@delta.org
- **To report any website technical problems or issues** contact:
DCALWebMaster@delta.org