

Medi-Cal Dental Provider Portal User Guide

Version 1.0

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1 Introduction

When a Provider registers for an online portal account on the Department of Health Care Services (DHCS) website, the Provider will have access to the portal on a 24/7 basis and will be able to do the following:

- Access the Provider portal using web browsers such as Safari, Chrome, and Edge as well as mobile devices such as iPhone and Android.
- Send secure message inquiries to the Customer Service Center for assistance.
- Live Chat with a Customer Service Center Representative between the business hours of 8:00 a.m. – 5:00 p.m. Monday – Friday, except for designated state holidays.
- Search and view a member's treatment history.
- Search and view their claims information.
- Search and view their payment history.
- Search and view their treatment authorizations.
- Search for a provider and get driving directions to a Provider's location using Google Maps.
- Add and maintain Delegates who can perform functions on behalf of a Provider.
- Upload and download files.
- Update their profile account information and change their Password.

NOTE: For technical assistance, questions, or directions, contact the Customer Service Center at 1-800-423-0507 (hours of operation 8:00 a.m. PST – 5:00 p.m. PST Monday – Friday except for designated state holidays).

1.1 Purpose

This is a user guide for the Medi-Cal Dental Provider Portal. The Provider Portal can be used for accessing the Member's information such as Treatment History, Payment History, Claims, and Authorizations. It can be accessed from the Medi-Cal Dental Website (<u>https://dental.dhcs.ca.gov/Providers/DentalProviders</u>).

Following are the links to be used for registration and login after the registration:

1. Providers can register for a portal account at <u>https://dental.dhcs.ca.gov/Providers/DentalProviders</u> 2. Providers can login to the portal account at <u>https://dental.dhcs.ca.gov/Providers/DentalProviders</u>

2 Provider Portal Account Registration

You can register for an online portal account by clicking the **Provider Portal Registration** link on the Medi-Cal Dental Website home page. You can register by submitting all the required fields on the Verify User | Registration page. When the information is successfully submitted, you will receive an email containing a link to complete the registration process.

2.1 Navigate to the Provider Portal **Registration Page**

1. From the Medi-Cal Dental Website Home Page, click on the Providers tab, and then click on the Provider Portal Registration link

(https://dental.dhcs.ca.gov/Providers/DentalProviders).



Figure 1. Medi-Cal Dental Website Home Page – Provider Portal Registration Link

2. The **Verify User** | **Registration** page will display. All the fields with red asterisks (*) indicate a required field.

CALIFORM CONFIRMENT OF	Search this website Q
Members Providers Related Contact Us	
Verify User Registration	
Billing Provider	
*Billing NPI Number	Medi-Cal Provider ID option (If no registered NPI)
Provider NPI	
*TIN/Social Socurity Number (SSN) or Payment ID	
Politic of Social	
5 Digits of Social Security Number (SSN)	
*Provider First Name	
First Name	
*Provider Last Name	
Last Name	
*Provider Email Address	
Provider Email Address	
•	
* Provider Date of Birth	
mm/dd/yyyy)	
Continue	

Figure 2. Provider Portal Registration Page

2.2 Verify Provider Information

- 1. If you have a Billing National Provider Identification (NPI), enter the following information:
 - Billing NPI Number
 - o TIN/Social Security Number or Payment ID

NOTE: TIN is your Tax Identification Number

- Provider First Name
- Provider Last Name
- Provider Email Address
- Provider Date of Birth
- 2. If you **do not** have a Billing National Provider Identification (NPI), click on "Medi-Cal Provider ID option" and enter the following information:

- Medi-Cal Provider ID
- o TIN/Social Security Number or Payment ID

NOTE: TIN is your Tax Identification Number

- o Provider First Name
- Provider Last Name
- Provider Email Address
- Provider Date of Birth
- 3. Click the **Cancel** button to clear and re-enter information.
- 4. Click the **Continue** button after entering the information.
- 5. After clicking the **Continue** button, the system will display the **Next Steps** page which informs you that the registration initiation process is complete and provides further instructions on how to fully complete the registration process.



 You will receive an email at the email address that was provided on the Verify User | Registration page.

Account	Security Notification
	o-Reply-Medi-Cal-DentalProgram@Gainwelltechnologies.com
Retention Pol	icy -3 Year Delete (Entire Mailbox) (3 years)
(i) This messa If there ar	age was sent with High importance. e problems with how this message is displayed, click here to view it in a web browser.
•	Medi-Cal Dental
Registra	ntion Invitation
Registra You are beii website. To link.	ntion Invitation Ig invited to complete the portal registration that was started on the Medi-Cal Dental complete your registration, use the invitation code below and follow the register now
Registra You are beii website. To link. Note that t	ntion Invitation ng invited to complete the portal registration that was started on the Medi-Cal Dental complete your registration, use the invitation code below and follow the register now his invitation will expire in 7 days if not acted upon within a timely manner.
Registra You are beii website. To link. Note that t Invitation	Ation Invitation Ing invited to complete the portal registration that was started on the Medi-Cal Dental complete your registration, use the invitation code below and follow the register now his invitation will expire in 7 days if not acted upon within a timely manner. Code: EW6QC0Z9
Registra You are beii website. To link. Note that t Invitation Register N	ntion Invitation ng invited to complete the portal registration that was started on the Medi-Cal Dental complete your registration, use the invitation code below and follow the register now his invitation will expire in 7 days if not acted upon within a timely manner. Code: EW6QC0Z9 low
Registra You are bein website. To link. Note that t Invitation Register N Customer S	Intion Invitation Ing invited to complete the portal registration that was started on the Medi-Cal Dental complete your registration, use the invitation code below and follow the register now his invitation will expire in 7 days if not acted upon within a timely manner. Code: EW6QC0Z9 Low ervice Center
Registra You are bein website. To link. Note that t Invitation <u>Register N</u> Customer S Phone: (800	ntion Invitation ng invited to complete the portal registration that was started on the Medi-Cal Dental complete your registration, use the invitation code below and follow the register now his invitation will expire in 7 days if not acted upon within a timely manner. Code: EW6QC0Z9 low ervice Center) 423-0507

Figure 4. Registration Invitation Email

7. Click the **Register Now** link in the email.

IMPORTANT: You will have seven days to complete registration before the **Register Now** link is no longer active.

2.3 Identity Verification

1. Click the **Register Now** link in the email and the "Step 1: Accept Invitation" page will display. Enter the **Invitation Code** received in the email.

General Medi-Cal Dental		CREATE USER ACCOUNT	CONTACT US LOGIN
Step 1: Accept Invitation			STEP 1 OF 4
Accept (2) Verify Identity (3) Create Account (4)	ccept User greement		
Cancel			Next
Invitation			Required Fields (*)
Enter the registration invitation code you received. Click Next to continue.			
* Invitation Code			
9	SCLAIMER WEBSITE REQUIREMENTS	PRIVACY POLICY	
Cor	Live Chat is available Mon-Fri 8:00 AM to 5:00 PM tions of Use Privacy Policy Nondiscrimination Policy .	I Pacific Time Accessibility Certificate	

Figure 5. Step 1 Accept Invitation

2. Click **Next** and the "Step 2: Verify Identity" page will display.

🛑 Medi-Cal Dental				CREATE USER ACCOUNT	CONTACT US LOGIN	=
Step 2: Verify Ide	entity				STEP	OF 4
1 Accept 1 Invitation 2 Veri	fy Identity 3 Create Account 4 Acc	ept User eement				
Cancel					Previous	lext
Identity					Required Fie	lds (\star)
To verify your identity, please prov are a Member, please enter your 3	ide the following information. If you are a Provid SSN or ITIN. Click Previous or use the buttons a	ler, please enter the last 4 digits of your P bove to navigate to a previous step. Click	ayment ID or TAX ID in the SSN field. If you Next to continue.			
* Last Name	* Birth Date	Ø ★ Last 4 of SSN	🛛 \star Email			0
		<u></u>				_
	DIS	CLAIMER WEBSITE REQUIR	EMENTS PRIVACY POLICY			
	Conditic	Live Chat is available Mon-Fri 8:00 ns of Use Privacy Policy Nondiscrin) AM to 5:00 PM Pacific Time nination Policy Accessibility Certificate			

Figure 6. Step 2: Verify Identity

- 3. You must enter information in the following required fields to verify the user identity.
 - o Last Name
 - o Birth Date
 - o Last 4 of the Payment ID or Tax ID
 - Email Address
- 4. Click Next.

NOTE: The information entered must match the same information you entered on the **Verify User** | **Registration** page during initial registration.

2.4 Create Account Profile

1. The "Step 3: Create Account Profile" page is displayed.

Step 3: Create Accou	nt Profile			STEP 3 OF 4
PROGRESS	TICFIONE			alersory
1 Accept Invitation 2 Venity Identity	Create Account Profile	Accept User Agreement		
Cancel				Previous Noxt
				Required Fields (*
ccount Profile				
Adjust your contact information as needed.				
* First Name		A Last Name	Middle Name	0
Ben		Doe		
Council & Addresses				
cmail Address		0		
main Address abc@gmail.com The phone number below was provided as to uring Login. If this phone number is not cap is Phone Number	he contact number for this us able of receiving text messag	er. This number may optionally be ges, please consider updating it no	used to receive text messages containing a verification code v	
abc@qmail.com The phone number below was provided as t dumg Login. This phone number is not cap * Phone Number 111-111-1111	he contact number for this us able of receiving text message	ter. This number may optionally be ges, please consider updating it no	used to receive text messages containing a verification code v	
Inter Academiss abc@qmail.com The phone number below was provided as 1 # Phone Number 111-111-1111 Create your unique Display Name, User Na Disp to Pariyate to a provide step. User N above to navgate to a provide step. User N Disp to Name The Charter (* * - < > % an ord) Dick Next to continue.	he contact number for this us atable of recoving text message the and Password. Click Chee ame must be 8 to 20 charact assword must be 14 to 20 ch assword must be 14 to 20 ch atower. The password can't e	er This number may optionally be ges, please consider updating it no ck Availability to see if the User Na fers in length and contain a minimu acticity is inegrit. contain a minimu contain any part of the user's neme	used to receive text messages containing a verification code v ne entered can be used. Click Previous or use the buttons m d 1 tetre with no spaces and none of the following and of 1 munic, dight, tuppercase letter and 1 lowercase or display name.	
abc@qmail.com abc@qmail.com the phone number below was provided as 1 wing Logn. ITMs phone number is not cap * Phone Number 111-111-1111 Create your unique Display Name. User Nam dove to havygate to a provideus step. User Namadore to havygate to a provideus step. User Namadore to havygate to a provideus step. User Namadore to havygate to a provideus step. User Create your unique Display Name. User Nam dove to havygate to a provideus step. User Create your unique Display Name. User Nam Create your unique Display Name.	he contact number for this us able of receiving text message the and Password. Click Check ame must be 8 to 20 charact assword must be 14 to 20 ch allowed. The password can't of	er This number may optionally be ges, please consider updating if no ck Availability to see if the User Na ters in length and contain a minimu acticity in length and contain a minimu contain any part of the user's name	used to receive text messages containing a verification code w ne entered can be used. Click Previous or use the buttons m d 1 itsert with no space and none of the following m of 1 munic (d), 1 uppercase letter and 1 lowercase or display name.	
abc@qmail.com The phone number below was provided as 1 The phone number below was provided as 1 * Phone Number 111-111-1111 Trades your unique Dapplay Name, User Name to narging to 1 previous step. User topical characters '\' < + + + + , ? @ [] P special characters '\' = + + + + ; ? @ [] P click Next to continue. * Display Name Ben Doe	he contact number for this us atable of recoving text message the and Password. Click Chee amer must be 8 to 20 charact assword must be 14 to 20 ch assword must be allowed. The password can't	er This number may optionally be ges, please consider updating if no ck Availability to see if the User Na fers in length and contain a minimu activity in ength and contain a minimu contain any part of the user's name	used to receive text messages containing a verification code w ne entered can be used. Click Previous or use the buttons m d 1 tetre with no spaces and none of the following m of 1 munic, dight, 1 uppercase letter and 1 lowercase or display name.	
abc@mail.com abc@mail.com The phone number below was provided as 1 me phone number is not cap * Phone Number 111-111-111 Create your unique Dapley Name. User N areve to narged to a prevous step. User parcial characters '\/' < - + - ; ? @ [] P click Next to continue * Display Name Ben Doe * User Name	he contact number for this us atable of recoving text message the and Password. Click Chek lame must be 3 to 20 charact assword must be assword can't allowed. The password can't	er This number may optionally be ges, please consider updating it no ck Availability to see if the User Na fers in length and contain a minimu aciders in length and contain a minimu contain any part of be user's name	used to receive text messages containing a verification code w ne entered can be used. Click Previous or use the buttons m d 1 tetre with no spaces and none of the following m of 1 munic, dight, 1 uppercase letter and 1 lowercase or display name.	
The phone number below was provided as 1 The phone number below was provided as 1 The phone number is not cap * Phone Number 111-111-111 Create your unique phone number is not cap phone to number is previous step. User Name below to navigate to a previous step. User Name there The characters ? \/ * ~ ~ ~ ~ ? @ [] P Click Next to continue * Display Name Ben Doe * User Name DrDoe 12345	he contact number for this us atable of recoving text message the and Password. Click Chele lame must be 3 to 20 charact asserd must be a to 20 charact asserd must be a to 20 charact asserd must be asserd to 20 ch allowed. The password can't Check A	er This number may optionally be gee, please consider updating it no ck Availability to see if the User Na fers in length and contain a minimu andrefs in length and contain a minimu contain any part of the user's name	used to receive text messages containing a verification code w ne entered can be used. Click Previous or use the buttons m d 1 tetre with no spaces and none of the following m of 1 munic, dight, 1 uppercase letter and 1 lowercase or display name.	
Emer Adjamaticom abc@qmail.com The phone number below was provided as 1 for phone number is not car # Phone Number 111-111-1111 Create your unique Display Name. User Namobov to navigate to a provious step. User Namobov to navigate to a provious step. User Namobov to navigate to a provious step. User Name Bin Doe & User Name DrDoe12345 # Password	he contact number for this us able of receiving text message me and Password. Click Chee answord must be 14 to 20 ch atlowed. The password carr (Check A Check A Check A	er. This number may optionally be ges, please consider updating it no exclusion of the User. Na exclusion of the User Name aracters in length, contain a minim contain any part of the user's name volicibility	esed to receive text messages containing a verification code receive text messages containing a verification code received can be used. Click Previous or use the buttons, n of 1 interventine spaces and none of the following of the following of the following of space set of the following of the followin	
abc@qmail.com abc@qm	he contact number for this us atable of recoving text message me and Password. Click Chee assword to 20 charact assword must be 14 to 20 ch atalowed. The password can't Check A Check A Check A	er This number may optionally be ges, please consider updating it no extenses in length, contain a momen contain any part of the user's name volicibility assword	used to receive text messages containing a verification code ne entered can be used. Click Previous or use the buttons, mo i Ti numeric (a), (1, upperclase letter and 1 lowercase or display name.	

Figure 7. Step 3: Create Account Profile Page

- 2. Enter information in the required fields creating the following:
 - o Account Display Name
 - User Name (you can check the availability of the User Name)
 - \circ Password
- 3. Click Next.

NOTE: Rules for creating a Password:

- Cannot contain the user's Account Name or parts of the user's Full Name that exceed two consecutive characters.
- Must be at least 14 to 20 characters in length.
- Must contain 3 of the following 4 categories:

- English uppercase characters (A through Z)
- English lowercase characters (a through z)
- Base 10 digits (0 through 9)
- o Special characters (such as !? @ # \$ & * = +` { } [] () / \ "; ', .)
- Cannot be changed more than once in the same day.
- Cannot be the same as the last 10 passwords used.

2.5 Accept User Agreement

1. The "Step 4: Accept User Agreement" displays.



Figure 8. Step 4: Accept User Agreement Page

2. Complete the required fields:

- a. Click the check box, acknowledging you have read and understood the User Agreement, and agree to the terms and conditions by checking the check box.
- b. Type your full name.
- c. Click Submit.
- 3. The following email confirmation will be sent to the email address provided during registration.



Figure 9. Registration Confirmation Email

4. You can now access the Medi-Cal Dental Provider Portal by clicking the **Access the Provider Portal** link in the email.

2.6 Registration Errors

1. If incorrect information is entered, you cannot be verified and cannot proceed to the next registration step. An error message will display, "The registration information you submitted was not found in the system."



Figure 10. Registration Error Message: The Registration Information you Submitted was not Found

2. If you enter the same combination of First Name, Last Name, and Email Address as that of an already registered provider account and try to register, the "An account has already been created using the combination of First Name, Last Name, and Email that you submitted" error message will display.



Figure 11. Registration Error Message: An Account has Already Been Created

3 Login to the Provider Portal

You can access the Medi-Cal Dental **Provider Portal Welcome** page by clicking the link on the Medi-Cal Dental Website home page (under the Provider tab).

1. Click the Provider Portal Login link.



Figure 12. DHCS Medi-Cal Dental Website Home Page

- 2. When you click the link, the **Provider Portal Welcome** page displays. There are two ways you can login:
 - a. You can click on **Login** located in the upper top right corner of this page.
 - b. You can click **Login** under the Providers header.

🐤 Medi-Cal Dental 🌐	EN CREATE USER ACCOUNT	CONTACT US LOGIN	
Welcome The Medi-Cal Dential helps Providers view their claims and find nearby Dental Providers. It has helpful links and FACs to guide you and allows you to chat with a Customer Service Representative and somt ensages and somt some scale soch eck as Menter's Treatment History. Payment History, and Authorizations.			
Providers			
Coordinate your member care and access helpful toors.			
DISCLAIMER WEBSITE REQUIREMENTS PRIVACY POLICY			
Live Chat is available Mon-Fri 8:00 AM to 5:00 PM Pacific Time Conditions of Use Privacy Policy Nondiscrimination Policy Accessibility Certificate			

Figure 13. Provider Portal Welcome Page

3. Enter the Provider's User Name and Password. Click **Submit**.

LOGIN	
	Required Fields (*)
★ User Name	0
	Forgot User Name?
* Password	0
	Forgot Password?
	Submit

Figure 14. Portal Provider LOGIN Page

4. The Multi-Factor Authentication (MFA) panel displays.

LOGIN	8
	Required Fields (*)
To verify your account, a one-time verification cod associated with your account. Please enter the co	e has been sent to the email address de below and click continue
* Verification Code	0
	Send a new code
If you are using a private computer, select to regis step in the future.	ter this device below to bypass this
If this is a public computer, it is recommended that	t you do not register the device.
Device Registration	0
O This is a private computer. Register it nov	K.
This is a public computer. Do not regis	iter it.
r	
l	Cancel

Figure 15. Multi-Factor Authentication Code Panel

5. You will receive an email at the email address associated with the account containing the **Verification Code**.



Figure 16. Multi-Factor Authentication Email – Containing the Verification Code

6. Enter the **Verification Code** from the email and Click **Submit** on the MFA panel.

7. Upon validation of the MFA, the **Provider Portal Home** page will display.

Provider Portal Home Page

Medi-Cal Dental	Provider Portal	EN MESSAGES CONTACT US	FAQ PORTAL HELP LOGOUT	<u> </u>
Message Center NEW READ O View Messages Now Send Secure Message	Search for a Cla Claim ID Full Search	im Search Tre Histo Member ID Full Search	eatment bry Pr St Pr St Pr M Pr R Pr Pr V V V V V V V V V V V V V V V	pful Links ovider Services Satisfaction ivey ovider Participation Survey issed Appointment Notification ntala Case Management adi-Cal Dental Providers ntala Case Management ogram PAA Update ovider Trainning Seminars and ebinars ovider Billing Tips edi-Cal Dental Manual of tietria and Schedule of
	DISCLAIMER W	EBSITE REQUIREMENTS PRIVACY	YPOLICY	
	Live Chat is availa Conditions of Use Privacy P	ble Mon-Fri 8:00 AM to 5:00 PM Pacific Tim blicy Nondiscrimination Policy Accessibility C	ne Certificate	Live Chat

Figure 17. Provider Home Page

4 Login Errors

If the credentials you entered are invalid, an **Invalid Credentials** error message displays.

"Resolve the following form field errors and try again. Your username or password doesn't match what we have on file. Try signing in again or choose Forgot User Name or Forgot Password for help."

LOGIN	8
Resolve the following form field errors Your username or password doesn't n signing in again or choose Forgot User Nar	and try again.
	Required Fields (*)
* User Name	0
	Forgot User Name?
* Password	0
~	Forgot Password?
	Submit

Figure 18. User Name and Password Not Valid Error Message

4.1 Unlock Portal Account

- 1. You are allowed a maximum of three failed attempts to log in. More than three failed attempts to log in will automatically lock the account.
- 2. A message will display informing you of the next steps to take to unlock the account.



Figure 19. Unable to Login Error – When Provider Tries to Log In with Invalid Credentials

3. An email will be sent with instructions on how to unlock the account.

Ac <mark>count</mark> S	ecurity Notification
No- To	Reply-Medi-Cal-DentalProgram@Gainwelltechnologies.com
Retention Policy	3 Year Delete (Entire Mailbox) (3 years)
This message If there are p	was sent with High importance. roblems with how this message is displayed, click here to view it in a web browser.
	Medi-Cal Dental
Account : For security re again.	Security Notification asons, your account has been locked. Please wait a few minutes and try your request
Account : For security re again. If you did no ensure your a	Security Notification asons, your account has been locked. Please wait a few minutes and try your request t perform this action, please contact customer service immediately so we can account has not been compromised.
Account : For security re again. If you did no ensure your a You should al	Security Notification asons, your account has been locked. Please wait a few minutes and try your request t perform this action, please contact customer service immediately so we can iccount has not been compromised. io consider changing your password.
Account : For security re again. If you did no ensure your a You should al If you have fo page to resto	Security Notification asons, your account has been locked. Please wait a few minutes and try your request t perform this action, please contact customer service immediately so we can account has not been compromised. to consider changing your password. rgotten your user name or password, please use the appropriate link on the Log In e access to your account.
Account : For security re again. If you did no ensure your : You should al If you have fo page to resto Customer Se	Security Notification asons, your account has been locked. Please wait a few minutes and try your request t perform this action, please contact customer service immediately so we can account has not been compromised. to consider changing your password. rgotten your user name or password, please use the appropriate link on the Log In e access to your account.
Account : For security re again. If you did no ensure your : You should al If you have fo page to resto Customer Se Phone: (800)	Security Notification asons, your account has been locked. Please wait a few minutes and try your request t perform this action, please contact customer service immediately so we can account has not been compromised. to consider changing your password. rgotten your user name or password, please use the appropriate link on the Log In e access to your account. rvice Center 423-0507

Figure 20. Account Locked Email – When Provider Exceeds the Maximum Login Attempts

4.2 Request User Name

You can request a User Name reminder on the LOGIN panel by clicking the **Forgot User Name?** link and following the listed steps.

1. Click the Forgot User Name? link on the LOGIN panel.

LOGIN	8
	Required Fields (*)
* User Name	Θ
	Forgot User Name?
* Password	0
	Forgot Password?
	Submit

Figure 21. Forgot User Name Link

2. The FORGOT USER NAME panel displays.

FORGOT USER NAM	3	8
		Required Fields (*)
Help us verify your identit	1.	
Please provide the following of your registration and click address associated with you	information that was entered Submit. Your user name will r account.	I and submitted as part be sent to the email
* Last Name		0
* Birth Date	0	
	曲	
* Last 4 of SSN	0	
* Email		0
	Cancel	Submit

Figure 22. Forgot User Name Panel

- 3. Enter the following account information:
 - o Last Name
 - Last 4 digits of Payment ID or Tax ID

- Date of Birth
- Email Address used during registration
- 4. Click Submit.
- 5. The following message displays:



Figure 23. User Name Successfully Retrieved Message

6. You will receive an email that contains the User Name.



Figure 24. Email Sent to Provider for User Name Reminder

7. If you entered incorrect information to retrieve your User Name, an error message displays.

Resolve the folio	wing form field errors	and try again
User account wa	as not found.	
		Required Fields (*)
Help us verify your identity	/.	
registration and click Submit. Y with your account.	our user name will be	e sent to the email address associated
* Last Name		6
* Birth Date	0	
* Birth Date	@ 曲	
* Birth Date * Last 4 of SSN	@ 曲 0	
* Birth Date * Last 4 of SSN	0 ====================================	
* Birth Date * Last 4 of \$\$N * Email	© #	Q
* Birth Date * Last 4 of SSN * Email	© #	0

Figure 25. Forgot User Name – Error Message

4.3 Reset User Password

You can request a password reset on the LOGIN panel.

1. Click the Forgot Password? link.

LOGIN	8
	Required Fields (*)
* User Name	G
	Forgot User Name
* Password	6
	Submit

Figure 26. Forgot Password Link

2. The FORGOT PASSWORD panel displays.

FORGOT PASSWORD 8
Required Fields (*) Help us verify your identity. Please enter your information below and click Next. A verification code will be sent to the email address associated with your account. You will need to enter the verification code and then create a new password.
* User Name 😡
1
Forgot User Name?
* Last Name Ø
* Birth Date

* Last 4 of SSN 🛛
Cancel Next

Figure 27. Forgot Password Panel

- 3. Enter the information used during registration.
 - o Username
 - o Last Name
 - o Last 4 digits of Payment ID or Tax ID
 - Date of Birth
- 4. Click Next.
- 5. If the information submitted is correct the Verification Code panel displays.

FORGOT PASSWORD	\odot
To verify your account, a one-time verif associated with your account. Please e	Required Fields (*) ication code has been sent to the email address enter the code below and click continue.
* Verification Code	0
1	Send a new code
	Cancel Next

Figure 28. Forgot Password Verification Code Panel

6. An email containing the **Verification Code** is sent to the email address associated with the account that was provided during registration.

Account S	ecurity Notification
N No	Reply-Medi-Cal-DentalProgram@Gainwelltechnologies.com
Retention Polic	3 Year Delete (Entire Mailhov) (3 years)
This messac	e was sent with High importance.
If there are	problems with how this message is displayed, click here to view it in a web browser.
	Madi Cal Dantal
2	Medi-Cal Dental
Account	Security Notification
Account	Security Notification
Account	Security Notification
Account The following order to help	Security Notification security verification code was generated and sent to your email address on record in us verify your identity.
Account The following order to help If you did no immediately	Security Notification security verification code was generated and sent to your email address on record in us verify your identity. It perform any action to initiate this request, please contact customer service so we can ensure your account has not been compromised.
Account The following order to help If you did no immediately Verificatior	Security Notification security verification code was generated and sent to your email address on record in us verify your identity. In perform any action to initiate this request, please contact customer service so we can ensure your account has not been compromised.
Account The following order to help If you did no immediately Verification Customer Se	Security Notification security verification code was generated and sent to your email address on record in us verify your identity. In perform any action to initiate this request, please contact customer service so we can ensure your account has not been compromised.
Account The following order to help If you did no immediately Verification Customer Se Phone: (800)	Security Notification security verification code was generated and sent to your email address on record in us verify your identity. It perform any action to initiate this request, please contact customer service so we can ensure your account has not been compromised.

Figure 29. Account Notification Email – Containing Verification Code

- 7. Enter the **Verification Code** from the email in the FORGOT PASSWORD panel.
- 8. Click Next.
- 9. After the **Verification Code** is entered and validated, enter and confirm the new password.

6
Required Fields (*) e and click Save. You will then be directed i

Figure 30. Create New Password Panel

NOTE: *Rules for creating a Password:*

- Cannot contain the user's Account Name or parts of the user's Full Name that exceed two consecutive characters.
- Must be at least 14 to 20 characters in length.
- Must contain 3 of the following 4 categories:
 - English uppercase characters (A through Z)
 - English lowercase characters (a through z)
 - Base 10 digits (0 through 9)
 - o Special characters (such as !? @ # \$ & * = +` { } [] () / \ "; ', .)
- Cannot be changed more than once in the same day.
- Cannot be the same as the last 10 passwords used.

10. Click Save.

11. A message displays stating that the password has successfully been updated.

LOGIN	۲
Your password has been succes sent to the email address on rec	stully changed. A notification has been O
	Required Fields (*)
* User Name	0
	Forgot User Name?
* Password	0
	Forgot Password?
	Submit

Figure 31. Password Has Successfully Been Changed Message

12. An email is sent to the email address provided during registration stating that the password has been updated.

Accou	nt Security Notification
N	No-Reply-Medi-Cal-DentalProgram@Gainwelltechnologies.com
Retention	Policy 3 Year Delete (Entire Mailbox) (3 years)
i) This n If the	lessage was sent with High importance. e are problems with how this message is displayed, click here to view it in a web browser.
*	Medi-Cal Dental
Acco	unt Security Notification
Acco Your ac	unt Security Notification
Acco Your ac If you o ensure	unt Security Notification count information was recently updated. Iid not perform this action, please contact customer service immediately so we can your account has not been compromised.
Acco Your ac If you o ensure The foll	unt Security Notification count information was recently updated. Iid not perform this action, please contact customer service immediately so we can your account has not been compromised. owing account information was changed:
Acco Your ac If you d ensure The foll	unt Security Notification count information was recently updated. lid not perform this action, please contact customer service immediately so we can your account has not been compromised. owing account information was changed: Password
Acco Your ac If you c ensure The foll - Custom	unt Security Notification count information was recently updated. lid not perform this action, please contact customer service immediately so we can your account has not been compromised. owing account information was changed: Password er Service Center
Acco Your ac If you c ensure The foll - Custom Phone:	unt Security Notification count information was recently updated. Iid not perform this action, please contact customer service immediately so we can your account has not been compromised. owing account information was changed: Password er Service Center (800) 423-0507

Figure 32. Account Notification Email – Password Has Been Changed.

NOTE: Providers are required to change their password every 60 days. If you click on the **Submit** button after entering the portal credentials and the password is expired, the **Password Expired** panel displays for you to change the password.

LOGIN	 N
Your current password has expired. Please on ame and click Submit	Required Fields ($m{\star}$) create a new password for your user
* New Password	Ø
* Confirm New Password	0
	Cancel Submit

Figure 33. Password Expired - Login Panel

13. Enter and confirm the new password, according to the following password rules.

NOTE: *Rules for creating a Password:*

- Cannot contain the user's account name or parts of the user's full name that exceed two consecutive characters.
- Must be at least 14 to 20 characters in length.
- Must contain 3 of the following 4 categories:
 - English uppercase characters (A through Z)
 - English lowercase characters (a through z)
 - Base 10 digits (0 through 9)
 - o Special characters (such as !? @ # \$ & = +` { } [] () / \ "; ', .)
- Cannot be changed more than once in the same day.
- Cannot be the same as the last 10 passwords used.

14. Click Submit.

15. A panel displays with the message, "Your password has been successfully changed. A notification has been sent to the email address on record for this account." displays.

LOGIN	8
Your password has been successfu sent to the email address on record	Ily changed. A notification has been of this account.
·	Required Fields (*)
* User Name	0
	Forgot User Name?
* Password	0
	Forgot Password?
	Submit

Figure 34. Password Has Successfully Been Changed Message



Figure 35. Account Notification Email – Password Has Been Changed

4.4 Change Your Password in Profile Maintenance

You can change the account password prior to the password expiring.

- 1. Navigate to the **Provider Portal Welcome** page.
- 2. Click Login and enter your login credentials.

LOGIN	×
	Required Fields (\star)
* User Name	0
[B
	Forgot User Name?
* Password	0
	Forgot Password?
	Submit

Figure 36. Provider Portal Login Panel

3. Click Submit.

4. The **Provider Portal Home** page displays.

Medi-Cal Dental	Provider Portal	EN MESSAGES	CONTACT US FAQ POI	
Message Center NEW View Messages Now Send Secure Message	Search for a Cl Claim ID Full Search	Co	Search Treatment History	Helpful Links • Provider Services Satisfaction Survey • Mrovider Participation Survey • Missed Appointment Notification • Dental Case Management Referral • Medi-Cal Dental Providers • Dental Case Management Program • HIPAA Update • Provider Training Seminars and Webinars • Provider Billing Tips • Criteria and Schedule of
	DISCLAIMER	WEBSITE REQUIREMENTS	PRIVACY POLICY	
	Live Chat is ava Conditions of Use Privacy	ilable Mon-Fri 8:00 AM to 5:0 Policy Nondiscrimination Polic	D PM Pacific Time y Accessibility Certificate	르니 Live Chat

Figure 37. Provider Portal Home Page

5. Click the Hamburger 🔳 icon on the home page and select or hover over the Maintenance menu option.

Medi-Cal Dental Provider Portal	_	⊕EN MESSAGES CONTACT US FAQ I	PORTAL HELP LOGOUT	X Welcome () Provider Portal
Message Center NEW READ View Messages Now Send Secure Message	Search for a Claim Claim ID Full Search Go	Search Treatment History Member ID Full Search Co	Heipful Link - Provider Servic Survey Portal Profile Maintenanice Manage Delegates - Dental Case M Referral - Medi-Cal Denti - Dental Case M Program - HIPAA Update - Provider Trainin Webinars - Provider Billing - Medi-Cal Denti Criteria an Sc	Claims Care Management Resources Maintenance
	DISCLAIMER WEBSITE R	EQUIREMENTS PRIVACY POLICY		
	Live Chat is available Mon-I Conditions of Use Privacy Policy Nor	Fri 8:00 AM to 5:00 PM Pacific Time discrimination Policy Accessibility Certificate		

Figure 38. Provider Portal Home Page

6. Select **Portal Profile Maintenance** from the main menu.

7. The My Account Profile page displays:

MY ACCOUNT PRO Contact Information User ID Peach	FILE							
Contact Information User ID Peach								
Contact Information User ID Peach								
User ID Peach								
Peach		0						
First Name		Ø Middle Name		0	Last Name		0	
Yogi					Bear			
Display Namo			0					
Yogi Bear								
The phone number and email	below will be used as primary cor	ntact information for your Use	r account only. By default, all corres	spondence wil	I be sent to the email			
address. The information you	give in this portal will not be chan	ged on your Medi-Cal file. You	u have to call your local county offic	e to make cha	anges to your Medi-Cal f	ile.		
Phone Number	Ourrent Email		0					
Birth Date	Q Last 4 of SSN	0						
01/01/1986	1000							
Roles								
Current Polor				0				
Provider				0				
Preferences								
Primary Language	0							
English								
Change Password								
Change Password								

Figure 39. My Account Profile Page

- 8. Click the Change Password link.
- 9. Enter existing **Password**, enter a **New Password**, and **Confirm New Password**.
- 10. Click Change Password.

CHANGE PASSWORD		8
 Change Password Assistance Password cannot contain the user's account name or parts of the user's full name that exceed two consecutive characters. Password must be at least 14 characters in length. Password must contain 3 of the following 4 categories: English uppercase characters (A through Z) English lowercase characters (a through z) Base 10 digits (0 through 9) 	Enter your Password, New Password Change Password * Password	Required Fields (*) , Confirm New Password and click @ @ @ @
 Password cannot be changed more than once in the same day. Password cannot be the same as the last 10 passwords used. 	* Confirm New Password	Ø
	Ca	Change Password

Figure 40. My Account Profile, Change Password Panel

11. When the password is successfully changed, an email is sent to the email address provided during registration.

Account Security Notification
No-Reply-Medi-Cal-DentalProgram@Gainwelltechnologies.com To Retention Policy 3 Year Delete (Entire Mailbox) (3 years) (1) This message was sent with High importance. If there are problems with how this message is displayed, click here to view it in a web browser.
Medi-Cal Dental
Account Security Notification
Your account information was recently updated.
If you did not perform this action, please contact customer service immediately so we can ensure your account has not been compromised.
The following account information was changed:
- Password
Customer Service Center
Phone: (800) 423-0507
Email: Medi-CalDentalWebAppTechSupport@gainwelltechnologies.com

Figure 41. Account Notification Email – Password Has Been Changed

5 About the Portal

5.1 At a Glance Bar

This bar allows you to change the Portal to your preferred language, quickly view any broadcast messages regarding the Medi-Cal Dental information or portal account, and view contact details for Customer Support.

HEN MESSAGES	CONTACT US FAQ PORTAL HELP LOGOUT
EN	Figure 42. Preferred Portal Language Selecting this allows you to indicate your preferred
	language, English or Spanish.
	LANGUAGE S
	Figure 43. Selecting Language
Messages	Broadcast messages automatically display when you log in. This can arise from system outages, system upgrades, new features added, essential information messages, and various other reasons.
	Any messages you must acknowledge, are displayed at the top of the message list. Acknowledged messages must be acknowledged before you can navigate to the Portal home page.
	MESSAGES Image: Contract Messages to view current broadcast messages, or click Acknowledged Messages to view previously acknowledged broadcast messages. Current Messages Acknowledged Messages Messages Acknowledged Messages



Contact Us

Enables you to contact Customer Service Center by phone, (including an automated response line) or mail.

Contact Us se this directory to contact us by phone or mail. Mailing Address di-Cai Dental Calorinia Medi-Cai Dental Program di-Cai Dental Calorinia Medi-Cai Dental Program di-Cai Dental Store Security discremento, CA 95952-0009 Cristomer Security and the security of th	FACT US	8 (
Contact US See this directory to contact us by phone or mail. Meiling Address C.Gol Dental California Medi-Cal Dental Program C. Box 15600 Costomer Service Hours (P3) 7: 800 p.m. Monday-Friday: Phone: (800) 735-2822 Automated Response Line (VR)		Open in separate window
se this directory to contact us by phone or mail. Mailing Address dclCal Dental California Medi-Cal Dental Program O. Box 19909 Customer Service Customer Service Customer Service Phone : (000) 423-0507 tearing Impaired : (800) 735-2922 Automation Response Line (UVR)	Contact Us	
Mailing Address adi-Cal Dental California Medi-Cal Dental Program 0: Box 1590/9 Creation Service Costomers (ReS) 1: 8:00 a.m. – 5:00 p.m. Monday-Friday. Phone: (800) 423-9507 Hearing Impaired: (800) 735-2922 Automated Response Line (V/R)	Use this directory to contact us by phone or mail.	
edi-Cai Dental California Medi-Cai Dental Program O. Box 15900 Clostomer Service Hours (PST) : 8:00 a.m. – 5:00 p.m. Monday-Friday Phone : (800) 423-0507 Hearing Impaired : (800) 735-2922 Automated Response Line (VR)	Mailing Address	
Customer Service Hours (PST) : 8.00 a.m. – 5.00 p.m. Monday-Friday Hearing Impaired : (800) 735-2922 Automated Response Line (VR)	Medi-Cal Dental California Medi-Cal Dental Program P.O. Box 15609 Sacramento, CA 95652-0609	
Fours (# 51): 8:00 a m - 5:00 p m. Monday-Friday Phone : (800) 423-0507 Fearing Impaired : (800) 735-2922 Automated Response Line (IVR)	Customer Service	
learing Impaired : (800) 735-2922 Automated Response Line (IVR)	Hours (PST): 8:00 a.m. – 5:00 p.m. Monday-Friday Phone : (800) 423.0507	
Automated Response Line (IVR)	Hearing Impaired : (800) 735-2922	
Automated Response Line (IVR)		
	Automated Response Line (IVR)	
Hours (PST): 2:00 a.m 12:00 a.m.	Hours (PST): 2:00 a.m 12:00 a.m.	
Phone : (800) 423-0507	Phone : (800) 423-0507	

Figure 45. Contact us

Display questions and answers related to common topics about or related to the information contained within the application. To view the information in a separate panel, you can click **Open in Separate Window**. Depending on the browser, the page detaches from the application and can be relocated on the screen or moved to another screen.

FAQ	
Click a Topic to view the related Frequently A	Open in separate window ₽ sked Questions, or use the Search tab to enter keywords to search for specific FAQs. FAQ Search
Provider Portal Claims Eligibility Resources	Claims 1. Can I request a copy of my EOB? Requests for copies of EOBs must be made in writing. Please include the provider NPI and the EOB issue date, and mail to Medi-Cal Dentia, Attention: Provider Services General Correspondence, P O Box 15609, Sacramento, California, 95862 - 0609. 2. How can I submit my claims? Claims, Treatment Authorization Requests, and Notice of Authorizations, may be submitted by mail to the address printed on the form. Only original Medi-Cal Dential forms may be used. Photocopies and universal forms are not accepted. Providers "errolled with Electronic Data Interchange (EDI) may also submit electronically. To learn more about EDI vitit the Medi-Cal Dential vebsite at dental.chec.agov.
4	3. How do I enroll In EDI and submit claims electronically? To submit claims and TARs electronically, providers must sign up for Electronic Data Interchange (EDI) using the enrollment packet found on the Medi-Cal Dental website. Providers already enrolled in EDI who wish to change or cancel their EDI enrollment ma

Figure 46. FAQ

Portal Help

Online source for the Provider Guide. The Provider Guide tab displays information about each menu option and page contained within the application.

FAQ



Figure 47. Portal Help

Enables Google searches; results are returned in a new browser tab.

HIPPA			X	Q
About 24,100 results (0.18 secon	ds)		Sort by:	Relevance
Assess administrative, physical, compliance. Assess, Develop, M Time. Proof of Compliance. Serv Dick Assessment Findings	ind technical safeguards. Mitigation plannin inage your Risk. We can help you! Certified ces: S2Score, vCISO, Vendor Risk Manage	g. Simplify HIPAA Assessments. Save Staff ment.		
Avoid a Security Audit	4 type of threads Build a Security Program			
rivers a coounty ribble	a server a servering in rogitaliti			



Google Search
5.2 Information Panels

Two Information Panels are displayed at the top of the **Provider Portal Home** page, just below the navigation menu to display information about the logged-in Provider. These panels indicate if the Provider is logged in as a Provider or a Delegate.

Provider Information Panel (PIP)

Displays information about Providers on all panels in the Portal.



Delegate Information Panel

Displays information about Delegates and the Provider on whose behalf they are working.

Figure 49. Provider Information Panel

Medi-Cal Dental	Provider Portal	EN MESSAGES	CONTACT US FAQ PORTAL HELF	P LOGOUT
Delegate For Provider	Location ID / NPI	/ Service Location		Go to Switch Provider
Message NEW View Messa Send Secure	Center READ 0 gee Now Message Full Secret	for a Claim Member ID Full S	ch Treatment History	Helpful Links • Provider Services Satisfaction Survey • Provider Participation Survey • Missed Appointment Notification • Dental Case Management Referal • Medi-Cal Dental Providers • Dental Case Management Program • HiPAA Update • Provider Training Seminars and Webinars • Provider Fining Fining Seminars and Webinars • Provider Billing Tips • Medi-Cal Dental Manual of Criteria and Schedule of
	DISCLAIMER	: WEBSITE REQUIREMENTS F	PRIVACY POLICY	

Figure 50. Delegate Information Panel

5.3 Quick Link Tiles

You can use the quick link tiles that appear on the home page to access frequently used portal functions, such as Searching for a Claim, Sending Secure Messages, and Searching Treatment History, without having to use the navigation menu.

Enter a Claim ID or Member ID and click **Go** to navigate to the page where the information will display. You can also click the **Full Search** button to navigate to the full function page.

Message Center	Search for a Claim	Search Treatment History
NEW O READ O View Messages Now	Full Search Go	Member ID Full Search

Figure 51. Quick Link Tiles

5.4 Navigate the System

The navigation menu provides easy access to all available areas of the Provider Portal. The navigation menu is accessible by clicking the **Hamburger** icon on the **Provider Portal Home** page. You can hover your mouse over the navigation menu topics to reveal sub-menus.

The following example illustrates the Claims sub-menus.



Figure 52. Example of the Claims Sub-Menus

5.5 Helpful Links

This panel provides hyperlinks for quick access to forms and Information to assist you with managing your Medi-Cal Dental accounts. Links to important documents and contact information on the Medi-Cal Dental Website are displayed. You will also find links to the Provider Guides, Provider Forms, and the Dental Case Management Referral Form and Missed Appointment Notification Form.



Figure 53. Helpful Links Panel

5.5.1 Submit a Webform

The webform links will navigate you directly to the Dental Case Management Referral or Missed Appointment Notification webforms. You will complete all required fields and include all additional information that would help assist with research and resolving the submissions.

Review all required fields and attachments before clicking **Submit**. Once you have verified the information is correct, you can submit the webform. You will receive a response from a Customer Service Center Representative within two business days at the email address associated with the Providers' NPI submitted on the form.

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

*Denotes required field. Enter "N/A" if no information available

*Billing NPI Number/Medi-Cal Provider ID	
Service Office Number	
*Contact Phone Number	
*Contact Person	
*Contact Email	

Figure 54. Example of Missed Appointment Form

5.6 Rules for Entering Information

- 1. All required fields are marked with a red asterisk (*) and must be populated to save the entry. Many fields within the application are Drop-downs that enable you to select a value; others require them to enter a value.
- 2. When displayed in a column, use the **Sort □** icon to sort information in ascending or descending order, and use the filter **□** icon to filter information.
- 3. Use the **Collapse** and **Expand** icons to customize page.
- 4. Click the help icon (^a) above each field to find context-specific help.

- 5. Click the yellow help icon (⁽²⁾) in the top right for quick access to the Portal Help Guide.
- 6. Click **Cancel** to return to the previous panel or page.
- 7. Click **Reset** to clear current fields and display previously saved values and any in-focus Provider and/or Service Location information.
- 8. When search results are returned in rows, double-click the **Row** to display detailed information.
- 9. Click **Back to Search Results** to return to the original search page.
- 10. Click Export to Excel or Export to PDF to export the search results.
- 11. Navigation arrows appear on most pages. You can specify the number of items to appear per page.

search Unterla											
lember ID			0	Patient Numb	ber		0				
laim ID			0	Claim Status		0	Destination		0		
ervice From Date	0	Service To Date	0	Paid From Da	ate 🕜	Paid To Date	Select a value.		•		
	苗		苗				曲	Most Recent Pai	d Claim	0	
ervice Location							0				
Reset									Ca	ncel	Search
Reset arch Results Claim ID I	/ember I	D • Patient Number	▼ Se	rvice Date	 Billed Amount 	▼ Paid Date	▼ Paid Amo	unt ▼ Claim Statu	Ca s • Destinati	ncel	Search I im Type
Reset	flember l	D ▼ Patient Number	▼ Se 03.	rvice Date	 Billed Amount \$300.00 	 Paid Date 04/11/2024 	✓ Paid Amo \$	unt 👻 Claim Statu 114.80 Paid	Car s • Destinati Fee For S	ion V Clai	Search im Type
Reset arch Results Claim ID 2 2	flember l	D • Patient Number	▼ Se 03. 03.	rvice Date	 Billed Amount \$300.00 \$0.00 	 Paid Date 04/11/2024 	✓ Paid Amo \$	unt V Claim Statu 114.80 Paid \$0.00 In Process	Car s • Destinati Fee For S	ion - Clai Service Den	Search im Type ntal
Reset arch Results Claim ID 2 2 2 2 2	/lember	D Patient Number	 Se 03, 03, 03, 	rvice Date 1/12/2024 /13/2024 /06/2024	 Billed Amount \$300.00 \$0.00 \$105.00 	 Paid Date 04/11/2024 04/11/2024 	▼ Paid Amo	unt 🝷 Claim Statu 114.80 Paid \$0.00 In Process \$0.00 Paid	s	ion V Clai Service Den Service Den Service Den	Search
Reset arch Results Claim ID 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	fember l	D Patient Number	 Se 03. 03. 03. 03. 03. 	rvice Date (12/2024 (13/2024 (13/2024 (12/2024	 Billed Amount \$300.00 \$0.00 \$105.00 \$205.00 	 Paid Date 04/11/2024 04/11/2024 04/11/2024 04/11/2024 	✓ Paid Amo \$	unt Claim Statu 114.80 Paid 50.00 In Process 50.00 Paid \$44.00 Paid	 Con Destination Fee For S Fee For S Fee For S Fee For S 	ion Clai Service Den Service Den Service Den Service Den	Search

Figure 55. Rules for Entering Information

5.7 Favorite Service Location

This feature allows you to select and set in focus a service location when the Provider has multiple service locations. When you initially log in, no service location is set in focus.

When you access any page within the Provider Portal where a Service Location Dropdown is available and you select a service location, a hollow **Star** \bigcirc icon appears giving you the option to set a service location in focus.

When the **Star** icon is clicked and changes color, that service location is set into focus and its details (Service Location # and Name) display on the PIP, and the service location selected is pre-selected on the Service Location Drop-down as you navigate to other pages that have a Service Location Drop-down for the logged in Provider account.

You have the option to set a different service location in focus at any time by selecting a new location from the Service Location Drop-down and clicking the **Star** icon.

A service location in focus can be taken out of focus by clicking the **Star** icon and making it hollow again.

Search Criteria Member ID			0	Patient Number			ø			
claim ID			0	Claim Status select a value		•	Destination select a value.	2	•	
ervice From Date	0	Service To Date	0	Paid From Date	0	Paid To Date	0	Most Recent Paid Claim	0	
ervice Location							0	*		

Figure 56. Example of Service Location in Focus

5.8 Live Chat

The **Live Chat** button gives you the ability to correspond with a Customer Service Center Representative via real-time chat. The **Live Chat** function is available during business hours (listed in the footer) during which you can chat with an Agent in your preferred language of English or Spanish.



Figure 58. Live Chat Message Panel

5.9 Portal Footer

The Portal Footer provides links to the following:

- Conditions of Use
- Privacy Policy

- Nondiscrimination Policy
- Accessibility Certificate

Conditions of Use Privacy Policy Nondiscrimination Policy Accessibility Certificate

Figure 59. Footer Bar

6 Message Center

You can access messages Sent To and Received From the Customer Service Center team by using the **Message Center** quick tile panel.

The **Message Center** quick tile also informs you of returned messages and messages that have previously been read by keeping a count that you can view upon login.



Figure 60. Message Center Quick Tile

6.1 View Messages

					Create New
Read	 Message Number 	 Subject 	 Response Date 	 Service Location 	▼▼ Status ▼▼
×	000001161	Re: Test Tar Message	11/07/2023		Open
a	000001160	Re: Test Tar Message	11/07/2023		Open
<u> </u>	000001159	Re: Test Tar Message	11/07/2023		Open



- 1. Click the link View Messages Now to view your Inbox and Sent box.
- 2. Click the **Sent** box to view messages initiated by you and sent to the Customer Service Center team.
- 3. Click the **Inbox** to view responses from our Customer Service Center team.

6.2 Send Messages

Click the **Send Secure Messages** link to send a new secure message, or click the **Create New** button to create a secure message.

All fields with an asterisk (*) must be populated to submit the entry.

You can send messages about questions such as Claim History, Initiating a Complaint, or other issues. Select the **Category** related to the inquiry, also include a **Reason Code** when sending secure messages to the Customer Service Center. The **Reason Code** field is available for you to opt for the selected category on the **Create Secure Message** page. You can also enter a Provider/Facility Name when sending secure messages.

Create Secu	re Mes	ssage								
Service Location								0	Required Fields (*)	
Contact Name			0	Contact Phone #	ø	Contact E-mail	0			
* Category select a value		0	* Subject		0					
Provider ID	0	Provider/Facilit	y Name		0					
Member ID	0	Member Name (i	Patient)		0					
f submitting corresponent f submitting corresponent f submitting corresponent f submitting f sub	indence abo	sut a claim, please	include Claim I	1 and dates of service.					Ø	
									Cancel	Subm

Figure 62. Create Secure Message Page

7 Treatment History

The **Treatment History** page enables you to view dental treatment history for a selected member.



Figure 63. Provider Portal Home Page

- 1. Click the **Hamburger** icon on the home page
- 2. Select or hover over the Eligibility menu option.
- 3. Select **Treatment History** to display the **Search Treatment History** page from the main menu.

										Required Fields (
Search Criteria										
MEMBER INFORMATIO	N									
Please enter either the Me Member ID	mber ID	or a combination of Last	Name, First Name	Name, and Birth Date.	0	First Name	0	Date Of Birth	0	
	_	ß							#	
	_									
SERVICE INFORMATIO	N									
Search By			0							
Dental										
* Service From Date	0	Service To Date	0							
	#		#	Lifetime	0					
Code Type	0	Procedure Code and [Description		0	Tooth Number	0			
coloct a value	-					select a value	•			
select a value										

Figure 64. Treatment History Page

- 4. Enter desired criteria and click **Search**. Values include:
 - Enter the Member ID or a combination of the Last Name, First Name, and Birth Date in the Member Information sub-panel.
 - Dental is selected by default in the Search By options.
 - Enter a value in the following fields:
 - Service from Date (Required)
 - Service to Date
 - Code Type
 - Procedure Code and Description
 - Tooth Number
- 5. Select the **Lifetime** check box to retrieve the lifetime history (five years) of the patient.

A successful search displays the following Dental results:

- Category
- Service Date
- Procedure Code and Description
- Tooth Number
- ARCH/QUAD Code
- Tooth Surface
- Performing Provider

Search Results	0	lember Name		Ø			
Category	 Service Date(s) 	 Procedure Code and Description 	Tooth Number	ARCH/QUAD Code	Tooth Surface List	Performing Provider	•
Adjunctive	08/01/2023	D0170 - RE-EVAL,EST PT,PROBLEM FOCUS	02 - 2nd Molar (1-yr molar)		 I - Incisal M - Mesial G F - Facial O - Occlusal 	ABC Clinic	Î
Adjunctive	02/03/2023	D0350 - ORAL/FACIAL	02 - 2nd Molar (1-yr		• M - Mesial	ABC Clinic	*
Export to Exe	cel Export to PDF	-					
H 4 4 P H	10 • Items per page					1 - 10 of 10 items	C

Figure 65. Treatment History – Search Results

NOTE: You can sort columns in ascending or descending order. The Export to Excel and Export to PDF will only export information displayed in the results. You can also select the number of items you want to be displayed per page i.e., 5, 10 or 20.

8 Search Claims

The **Search Claims** page enables you to search for previously submitted Fee-For-Service (FFS) claims for all associated members. At least one search criteria is required to initiate a search.



Figure 66. Provider Portal Home Page

- 1. Click the **Hamburger** icon on the home page.
- 2. Select or hover over the **Claims** menu option.
- 3. Select **Search Claims** from the main menu.

The Search Claims page displays.

- Single Service Location Provider
- Multiple Service Location Provider

Claim Search Page for a Provider With a Single Service Location

earch Claims	6								Required Fields (
Search Criteria									8
Member ID			•	Patient Number			0		
Claim ID			0	Claim Status		ø	Destination	ø	
		Andrea To Date		select a value		•	select a value		
Service From Date		Service to Date	a	Paid From Date		Paid to Date		Most Recent Paid Claim	Θ
Service Location							0		
								_	
Reset								L	Cancel Search

Figure 67. Claim Search Page for a Provider With a Single Service Location

Claim Search Page for a Provider With Multiple Service Locations

lember ID			0	Patient Number			6				
laim ID			0	Claim Status		0	Destination		ø		
				select a value		•	select a value	9	•		
ervice From Date	0	Service To Date	0	Paid From Date	0	Paid To Date	6				
	曲		曲		曲		曲	1	Most Recent Paid Claim	6	•
arvice Location							6				
								1	>		

Figure 68. Claim Search Page For a Provider With Multiple Service Locations

You must enter the desired criteria and click Search.

Values include:

- Member ID
- Patient Number
- Claim ID
- Claim Status
- Destination
- Service From Date

- Service To Date
- Paid From Date
- Paid To Date
- Most Recent Paid Claim
- Service Location
 - The Service Location field is read-only with a default value if the Provider only has a single service location. The Drop-down menu is used to select the Service Location if the Provider has multiple service locations.

A successful search displays the following results:

- Claim ID
- Member ID
- Patient Number (not currently in use)
- Service Date
- Billed Amount
- Paid Date
- Paid Amount
- Claim Status
- Destination
- Claim Type
- Claim Status Date (expanded row)

Search Resu	ults							۵
Claim ID	▼ Member ID ▼ Patient Number	 Service Date 	Billed Amount	Paid Date	Paid Amount	Claim Status	 Destination 	🕶 Claim Type 🛛 👻
) 2	123456789	03/07/2022	\$255.00	04/01/2023	\$85.00	Paid	Fee For Service	Î
) 2	123456789	03/07/2022	\$205.00	02/01/2023	\$75.00	Paid	Fee For Service	l
, 2	123456789	03/07/2022	\$255.00	04/02/2023	\$95.00	Paid	Fee For Service	
) 2	123456789	03/07/2022	\$290.00	05/01/2023	\$95.00	Paid	Fee For Service	
Expo	rt to Excel Export to PDF	Export All						
H 4 1 2	2 3 • • 10 • Items per p	age						1 - 10 of 146 items

Figure 69. Claim Search – Search Results Page

NOTE: You can sort all columns in ascending or descending order and can filter by the Claim Status except for the expanded view. The Export To Excel and Export To PDF will only export information displayed in the results grid; this includes the expanded view. The Export All will download all information based on the search criteria entered. You can also select the number of items you want to be displayed per page i.e., 5, 10, or 20.

8.1 View Claim Details

The **View Claim Details** page includes further details regarding the claim such as charge amounts, paid amounts, services provided, and explanation of benefit codes, etc.

- 1. To access the Claim Details page, double-click the returned line displayed in the search result grid.
- 2. The following pages are displayed, and each page is populated with information when the information exists and/or is appropriate for the claim service billed.

al Claim							
View Claim De	etails						
							Expand All Collapse All
Claim ID	0						
Ciaini iD							
2							
2 Claim Status Informati	on						8
2 Claim Status Informati Claim Status	on 🔮 Cl	aim Status Date	0	Paid Date	Ø		
2 Claim Status Informati Claim Status Paid	on Ci 1	aim Status Date 1/12/2021	Ø	Paid Date 10/12/2022	Ø		-
2 Claim Status Informati Claim Status Paid Allowed Amount	© Ch 1 • Patient Liability or S	aim Status Date 1/12/2021 Spenddown Amount	0	Paid Date 10/12/2022 Paid Amount	0		-

Figure 70. View Claim Detail Panels 1 of 10

Provider Information					8
Billing Provider ID	0	ID Type NPI	0	Name 😡	
Service Location					0
Referring Provider ID	0	ID Type No ID Type selected	0		
Assistant Surgeon Provid	Ø	ID Type No ID Type selected	0		
Supervising Provider ID	0	ID Type No ID Type selected	0		
Service Facility Provider ID	0	ID Type No ID Type selected	0		



Provider Information						8
Billing Provider ID	0	ID Type NPI	0	Name 😡		
Service Location					0	
Referring Provider ID	0	ID Type No ID Type selected	0			
Assistant Surgeon Provid	0	ID Type No ID Type selected	0			
Supervising Provider ID	0	ID Type No ID Type selected	0			
Service Facility Provider ID	0	ID Type No ID Type selected	0			-



Patient Information							8
Member ID			0				
First Name			0	Last Name	0	Middle Name	٥
	-						
Birth Date	Ø G	ender	0				
10/10/1935	N	Male					



Claim Information					
Place Of Service	ø				
001					
Patient Account Number	Au	uthorization Number	Referral Number	0	
Note			0		
Does the provider have a signature of	on file?	•			
No					
Does the provider have a signed stat	tement from the	patient releasing their medical ir	formatio 😡		
No					
Accident Related	0				



Missing Teeth		
Permanent Teeth	Primary Teeth	0
Extracted Teeth		
Permanent Teeth	Primary Teeth	0



Other	Insurance Information				
#	Carrier Name	Carrier ID	Policy ID	Paid Amount	Paid Date
		No Other Insurance	Information exists for this claim.		



Dia	gnosis Information		8
#	Diagnosis Type	Diagnosis Code	
1	ICD-10-CM		
			Ţ



Service I	nformation					8
#	From Date	Procedure Code	Modifiers	Tooth Number	Units	Charged Amount
▶ 1	10/10/2021	D9993 - CASE MGMT, INTERVIEWING			1	\$0.00



Atta	chment Information			8
#	Transmission Method	Control #	Attachment Type	
1				*
				-

Figure 79. View Claim Detail Panels 10 of 10

- 3. Click **Print** to create a PDF version of the claim details.
- 4. Click **Back** to return to the original search page.

9 Search Payment History

This feature enables you to search for claim payments and view the details for payments.

- 1. Click the **Hamburger** icon on the home page.
- 2. Select or hover over the Claims menu option.
- 3. Select **Search Payment History** from the main menu:



Figure 80. Provider Portal Home Page

earch Payment Histor	ry									
										Required Fields (*
Search Criteria										
Provider ID	0	ID Type NPI	0							
* Service Location						0				
select a value						•				
Payment Method	0	Payment Type		0	Check Number		0	Tax ID	Θ	
select a value	*	select a value		•						
* Payment Issue From 0 * Pa	yment Iss	ue To Date								
		曲								
Reset									Cancel	Search
									·	

Figure 81. Search Payment History Home Page

NOTE: The Provider ID, ID Type, and Service Location are automatically populated based on the Provider account that is logged into the Portal. Provider ID and ID Type are always read-only.

The Service Location field is read-only with a default value if the Provider only has a single service location. The Drop-down menu is used to select the Service Location if the Provider has multiple service locations.

Search By Values include:

- Payment Method
- Payment Type
- Check Number
- Payment Issue from Date
- Payment Issue to Date

Click **Search** to display the following:

- Payment Issue Date
- Payment Method
- Payment Type
- Check Number
- Check Amount

NOTE: You can sort the Payment Issue Date and Check Number columns in ascending or descending order. The Export to Excel and Export to PDF will only export information displayed in the results grid. You can also select the number of items you want to be displayed per page i.e., 5, 10, or 20.

9.1 View Payment Details

The **View Payment Details** page includes further details regarding claim payments, such as payment summary for a check and claim payment details.

- 1. To access the Payment Details page, double-clicking a returned line displayed in the search result grid.
- 2. The following panels are displayed, and each panel is populated with information when the information exists and/or is appropriate for the claim payment type:

Provider Information							
Provider ID	0	ID Type O NPI					
ervice Location				0			
				_			
ayment Summary for Che	eck Number 2	issued on 1/5/2022					
summary of payment and c	laim information for the l	Payment ID is shown below.					
aim Payments	Additions	Deductions	Check Amou	nt 🛛			
laim Payments \$134.40	Additions \$0.00	Deductions \$0.00	Check Amou \$134.40	nt ©			
laim Payments 5134.40 Kaim Payment Details ree claim payment details, sei laim ID	Additions \$0.00	Deductions <u>50.00</u> an be used to look for specific claim pe Service Dates	Check Amou S134.40 ayment details. Rendering Provider	nt 🕑	Allowed Amount	Member Share of Cost	Payment Amount
alm Payments 134.40 alm Payment Details se claim payment details, sel aim ID	Additions S0.00 ect a row. Filter options co Member Name A A	Deductions 50.00 an be used to look for specific claim pi Service Dates 12/07/2021-12/07/202	Check Amou S134.40 ayment details. Rendering Provider	Total Charges	Allowed Amount \$134.40	Member Share of Cost \$0.00	Payment Amount \$134
aim Payments 134.40 Islim Payment Details ee claim payment details, sel aim ID	Additions S0.00 Additions tect a row. Filter options cc Member Name	Deductions Solutions Solutions Solution Solution Service Dates 12/07/2021-12/07/202	Check Amou \$134.40	Total Charges	Allowed Amount \$134.40	Member Share of Cost \$0.00	Payment Amount \$134
IIM Payments 134.40 aim Payment Details ee claim payment details, sel aim ID	Additions S0.00 ect a row: Filter options co Member Name	Deductions <u>\$0.00</u> an be used to look for specific claim p Service Dates 12/07/2021-12/07/202	Check Amou Stat.40 ayment details. Rendering Provider 1	Total Charges	Allowed Amount \$134.40	Member Share of Cost \$0.00	Payment Amount \$134

Figure 82. View Payment Details Page

NOTE: The **Claim Payment Details** headers for each column may not render fully when viewing on some mobile devices. To fully view, click the **Expand** ^{**D**} icon on each column to view the details.

Android Mobile Device Example: You can tab (press for 4-5 seconds) on the specific column of the table to resize it.

Re	eset							Canc	el	s	Search	
Sear	ch Res	ults										
P •	S 🔻	N 🔻	P 📤	S 🔻	A 🔻	C 🔻	S 🔻	Z 🔻	P •	Н	A 🔻	A T
N	L Id		Т					C	N	P	Ρ	C
J	011	1	27 -	00 -	25	C	CA	9	9		No	No
J			D	G	W		- Da	0	5			
D				Pr	W		C		7			
.1	011	1	27 -	15 -	25	С	CA	9	9		Liv	e Cha
	011				20	0	0,1	-	-			

Figure 83. Before: Column collapsed

Medi-Cal Dental	Provide	r Portal					
Reset							
Search Results				0			
Provider Name	Service Location Id	NPI	*	P ▼ T	S ▼	A ▼	C '
JAMES, JOAN, DDS, MS PHD	013	0		27 - D	00 - G	7 S	CI H

Figure 84. After: Column expanded

10 Care Management - Search Authorizations

This feature enables you to search for Treatment Authorized Requests (TARs) and determine your status.

- 1. Click the **Hamburger** icon on the home page
- 2. Select or hover over the Care Management menu option.
- 3. Select Search Authorizations from the main menu.



Figure 85. Provider Portal Home Page

									Required Fields (
Search Criteria									•
Authorization Number	0	Authorization Type		0					
	•	select a value		•					
Code Type	0								
select a value	*								
Select a Day Range or enter Servic Day Range	e Dates	Service From Date	Ø	Service To Date	Θ				
select a value			曲		曲				
Member ID	0	Date Of Birth	0	Last Name		0	First Name		ø
									
Provider ID	ID Type		0	This Provider is the				Θ	
	O NPI () Other		Requesting Provi	der 🔿 Serv	vicing Prov	rider		

Figure 86. Search Authorizations Page

- 4. Enter at least one search criteria and click **Search**. Search criteria include:
 - Authorization Number
 - Authorization Type
 - Code Type and Procedure Code or Description
 - Day Range, Service from Date or Service to Date
 - o Member ID, Birth Date, Last Name, and First Name
 - Provider ID and ID Type and whether the Provider is the Requesting or Servicing Provider.

Search Results							8
Authorization Number	 Authorization Type 	 Status 	Service Date	 Member ID 	Member Name	 Requesting Provider 	 Servicing Provider
2	Dental	Total Payment	01/01/0001		NULL	DDS INC	Î
2	Dental	Total Payment	01/01/0001		NULL	DDS INC	
2	Dental	Total Payment	01/01/0001		NULL	DDS INC	-
Export to Ex	cel 🛛 🖥 Export to F	PDF					
H 4 1 P H	10 - Items per page						1 - 10 of 10 items

Figure 87. Search Authorization – Search Results

5. Double-click a TAR within the **Search Results** to view details.

NOTE: You can sort columns in ascending or descending order. The Export to Excel and Export to PDF will only export information displayed in the results grid. You can also select the number of items you want to be displayed per page i.e., 5, 10, or 20.

10.1 View Authorization Details

The **View Authorization Details** page includes further details regarding the TAR such as Procedure Codes and their status, etc.

- 1. To access the Authorization Details page, double-click a returned line displayed in the search result grid.
- 2. The following panels are displayed, and each panel is populated with information when the information exists and/or is appropriate for the TAR:

Expand All Collapse All
Expand All Collapse All
_
-
-
Θ



Member Information				8
Member ID	0			
First Name		Last Name	Middle Name	0
			D	
Date Of Birth	@ Gender	Θ		
01/01/1999	Female			



Services Information		
Service Type Code	 Authorization is for an emergency service 	
ADA	No	
Place of Service	Ø	
001		



Servicing Provider and Lo	ocation	Information						8
Servicing Provider ID	0	ID Type NPI	0	Name	6	-		
Service Location							0	

Figure 91. View Authorization Details Panels 4 of 8

Dia	gnosis Information		8
#	Diagnosis Type	Diagnosis Code	
		No Diagnosis Information exist for this authorization.	
			~

Figure 92. View Authorization Details Panels 5 of 8

Service I	Service Information								
#	From Date	To Date	Code Type	Procedure Code	Modifiers	Units	Amount	Status	Status Date
▶ 1	1/1/1900		ADA	D2751 - CROWN PORCELAIN FUSED BASE M		0		Total Payment	

Figure 93. View Authorization Details Panels 6 of 8

Atta	Attachment Information					
#	Transmission Method	Control #	Attachment Type			
	No Attachments exist for this claim.					
				*		

Figure 94. View Authorization Details Panels 7 of 8

Print	Back	J
		_

Figure 95. View Authorization Details Panels 8 of 8

- 3. Click **PRINT** to create a PDF version of the authorization details.
- 4. Click **Back** to return to the original search page.

11 Resources

11.1 Search Providers

This feature enables you to search the database for Providers enrolled in Medi-Cal Dental.



Figure 96. Provider Portal Home Page

- 1. Click the **Hamburger** icon on the home page
- 2. Select or hover over the **Resources** menu option.
- 3. Select **Search Providers** from the main menu. You can search by the following criteria:
- Primary Search:
 - Provider NPI
 - o Individual Name
 - o Business Name
- Additional Search:
 - o Provider Type
 - o Specialty
 - o Health Plan
 - Address

- o City
- o State
- o ZIP Code
- o Gender
- o Language
- o ADA Compliant
- Accepting Patients

Search Criteria								
Search By	* Business N	ame		0				
Business Name 👻					Phonetic S	Sounds Like 🔞		
select a value								
NPI								
Individual Name								-
Business Name								
Provider Type	0	Specialty			0	Health Plan		0
select a value	-	select a value			-	select a value		
Distance (In miles)								
Gender		0	Language		0			
O Unknown O Female O Male			select a value		•			
ADA Compliant	Accepting F	Patients		0				
Reset							Cancel	Search

Figure 97. Search Providers – Search Criteria Page

11.2 Conduct a Search

- 1. Click the Search By Drop-down and select one of the following:
 - o NPI
 - o Individual Name (if selected, Last Name is required)
 - o Business Name

NOTE: If selecting Individual Name or Business Name for the Search By option, you may use the phonetic or wildcard feature.

You can perform a phonetic search by selecting the **Phonetic Sounds Like** checkbox in the Provider's name fields. The display of the phonetic search checkbox is based on the configuration settings.

- If the **Individual Name** option is selected, a phonetic search can be done using the **Last Name** and **First Name** fields.
- If the **Business Name** option is selected, a phonetic search can be done using the **Business Name** field.
 - You can perform a wildcard search using an **asterisk** (**) in the Provider's name fields.
- 2. Click the **plus sign** (+) next to Additional Search Criteria to expand the Additional Search Criteria.
 - Zip Code or City and State is a required field when searching only by Additional Search Criteria.
- 3. Enter or select any Primary and/or Additional search criteria and click the **Search** button to display results.

Search Criteria										
Search By	0	* Business I	Name		0					
Business Name	•					Phonetic S	Sounds Like 🛛 🎯			
Additional Search Criteria										
Provider Type		0	Specialty			0	Health Plan			0
select a value			select a value			•	select a value			-
Please note that City and State or Zip C Address	ode are <mark>requir</mark> e	ed for a distance	search. City		Ø	State		0	Zip Code	Ø
Distance (In miles)						select a value.		•		
Gender			0	Language		Θ				
Unknown Female () <mark>M</mark> ale			select a value		•				
ADA Compliant	Ø		Patients		Q					
			1-00000000							
Reset									Cancel	Search

Figure 98. Search Providers – Search Criteria Page

The Search Providers – Search Results Page displays

Search Re	sults											
Provider Name	 Service Location Id 	▼ NPI ▼	Provider Type	Specialty •	Address	♥ City ♥	 State 	▼ Zip Code	Phone Number	 Health Plan 	Accepting Patients	 ADA Compliant
	001	0	27 - Dentist	00 - General Practitioner	25 WEST WAY	CARMICH	CA - California	95608-0000	916-555- 7777		No	No
	002		27 - Dentist	00 - General Practitioner	1070 PLEASANT GROVE BLVD	ROSEVILLE	CA - California	95678-0000	916-555- 7777		No	No
Expo	ort to Excel	Export to	PDF									
H 4 1	2 🕨 5	5 👻 Items per pa	ge								1 - 1	5 of 6 items <i>Ə</i>

Figure 99. Search Providers – Search Results Page

4. Double-click a Provider within Search Results to view Provider details.

NOTE: You can sort columns in ascending or descending order. The Export to Excel and Export to PDF will only export information displayed in the results grid. You can also select the number of items you want to be displayed per page i.e., 5, 10, or 20.

11.3 View Provider Details

The **View Provider Details** page includes further details regarding the Provider such as the Provider Address, etc.

1. Double-click the returned line displayed in the search grid to access the **Provider Details** page.

The following View Provider Details panels display and populate with information when that information exists for the Provider.

2. Click the Map icon to view the driving directions to the Provider's address.

/iew Provider	Details									
										Expand All Collapse /
Provider Information										8
NPI		Service 001	e Location ID			Gender			0	
Provider Type 27 - Dentist			0							
Address										8
Address				0	City SACRAME	NTO			0	
State California	Zip Code 95838-0	000	•		Fax		0	Accepting Patients	0	
ADA Compliant	0									

Figure 100. View Provider Details Panels 1 of 6

Health Plan Information	
Health Plan	
There are no records found.	



Hours Of Operation			8
Day	Hours Of Operation	Status	
	There are no records foun	d.	
			-
L			

Figure 102. View Provider Details Panels 3 of 6

Languages	8
Language	Status
English	Active
	*



Specialties						
Primary	Specialty	Taxonomy	Effective Date	End Date	Status	
x	91 - Hygienist-RDHEF	0			Active	
						•



Print	Back

Figure 105. View Provider Details Panels 6 of 6

- 3. Click **Print** to create a PDF version of the claim details.
- 4. Click **Back** to return to the original search page.

11.4 File Upload

This feature allows you to upload files. Do not use this File Upload to upload Electronic Data Interchange (EDI) files or files required as attachments as part of updates made within Manage My Information. Acceptable file extensions are the following:

• PDF

• PNG

Excel

TXT

• Word

Uploading Files

File Upload				
Please select a category and file(s) to upload. Files upload	ded here will be for anything other than EDI files.			Required Fields (*
* Category	ø			
Other Requests	•			
Service Location			Ð	
			=	
* Selected files to upload		ø		
Select File				
5				
Reset				Upload Files
Upload History				
File Name			Date Uploaded	*
imageupload			10/25/2023 03:43:52 PM	
Defects			11/06/2023 10:23:52 AM	
transcript (3)			10/26/2023 12:32:21 PM	
Member and Provider Get Calim Info			10/30/2023 10:50:51 AM	
	1			• •
H I 2 3 F H 10 - 1	tems per page			1 - 10 of 31 items



1. Select a **Category** and **Service Location** (if necessary) from the drop-down.

The Service Location field is read-only with a default value if the Provider only has a single service location. The drop-down menu is used to select the Service Location if the Provider has multiple service locations.

- 2. Click **Select File** to open the file manager.
- 3. Select a valid file to upload.
- 4. Click Upload Files.

NOTE: If you are uploading multiple files for the same **Category**, continue Steps 3 and 4 until all files have been selected.

11.5 File Download

You can download files from your Upload History, filter file selection criteria, and view available files to download. Files from Upload History can be searched and downloaded from this page. Files available to download are displayed in chronological order with the creation date and category.

Conducting a Search

- 1. Enter Search Criteria
- 2. Click the **Search** button to display results (File Name, Created Date, and Category).

Search Criteria							
* Download Type		ø					
Attachments		•					
Category	0	* From Date	0	* To Date	0		
Resources - File Upload	•	01/01/2023	曲	11/09/2023	#		
Reset						Cancel Sea	ırch

Figure 107. File Download – Search Criteria

Search Results

Search Results								
File Name	▼▼ Created Date	 Category 						
imageupload.PNG	10/25/2023 03:43:52 PM		Î					
Defects.txt	11/06/2023 10:23:52 AM							
transcript (3).txt	10/26/2023 12:32:21 PM							
Member and Provider Get Calim Info.txt	10/30/2023 10:50:51 AM							
H I 2 3 ► H 10 ▼ Item	s per page		▼ 1 - 10 of 31 items <i>₽</i>					

Figure 108. File Download – Search Results

3. Double-click the **File Name** to download and view a file.
12 Maintenance

12.1 Profile Maintenance

This page allows you to view and update the account's personal profile information, such as Contact Information, Language Preferences, and Change Password.

- 1. Click the **Hamburger** icon on the home page and select or hover over the **My Account** menu option.
- 2. Select **Profile Maintenance** from the main menu.



Figure 109. Provider Portal Home Page

12.2 Update Contact Information

- 1. To update the information, click the **Edit** button at the bottom right of the page. This enables all fields on the **Contact Information** page to become editable.
- 2. First Name
 - o Middle Name
 - o Last Name
 - o Display Name
 - Phone Number
 - Current Email Address
 - o Birth Date
 - Last 4 digits of Payment ID or SSN

• Primary Language

NOTE: The information on this page is only regarding your Provider Portal account. Updating contact information here will not update the Provider's Medi-Cal Dental file. Providers must contact their county office to make changes to their file.

							Remuired Fields (*)	
							Required Fields (+)	
Contact Information								
First Name			0 1	Middle Name		* Last Name	Θ	
				J				
Display Name					0			
ne phone number and en formation you give in this	ail below	will be used as primary co not be changed on your N	ntact informa fedi-Cal file.	tion for your User account only. You have to call your local count	By default, all correspondence will be s ity office to make changes to your Medi-	ent to the email address. The Cal file.		
Phone Number	0	* Current Email			Θ			
Birth Date	0	* Last 4 of SSN	0					
Birth Date 9/09/1990	0	* Last 4 of SSN	e					
Birth Date 09/09/1990	0	* Last 4 of SSN	0					
Birth Date	0	* Last 4 of SSN	0					
Birth Date 9/09/1990 Preferences Primary Language	0	* Last 4 of SSN	•					
Birth Date 9/09/1990 references Primary Language	0 ====================================	* Last 4 of SSN	0					
Birth Date 9/09/1990 references Primary Language inglish	0 1 0 - -	* Last 4 of SSN	0					
Birth Date 9/09/1990 references Primary Language nglish	©	* Last 4 of SSN	Θ					

Figure 110. My Account Profile Non-Edit Mode Page

3. Click the **Save** button at the bottom of the page to update the Portal profile information.

		-					Required Fields (*)	
Contact Information			Middle Name		• Last Name	,	0	
Display Name				0		_		
he phone number and en formation you give in the	mail below s portal will	will be used as primary cor not be changed on your M	ntact information for your Us fedi-Cal file. You have to cal	ser account only. By default, all co Il your local county office to make	rrespondence will be sent to the email ad changes to your Medi-Cal file.	Idress. The		
Phone Number	0	* Current Email			0			
Birth Date	0	* Last 4 of SSN	e					
Birth Date 19/09/1990	0	* Last 4 of SSN	0					
Birth Date 19/09/1990 Yoforences	0	* Last 4 of SSN	0					
Birth Date 9(19/1990 references Primary Language	0	* Last 4 of SSN	0					
Birth Date Birth Date Netforences Primary Language English	0	* Last 4 of SSN	0					

Figure 111. My Account Profile Edit Mode Page

13 Managing Delegates as a Provider/ Delegate Administrator

The Manage Delegates feature enables you to create a list of Delegates who may work on the Provider's behalf in the Provider Portal. The intention is to allow Providers to give Provider Portal access to their clerical or administrative staff. Delegates perform functions in the Provider Portal that are assigned by the Provider they represent.

The Manage Delegates feature can be made available to the Delegate Administrator (DA) by the Provider. A Delegate Administrator can create a Delegate to work on behalf of the Provider and service location on whose behalf the DA is working. However, a DA cannot create or update the rights for other Delegate Administrators.

Delegate Administrators can access all functions available to the Provider they represent. This includes creating other Delegates who work on behalf of the Provider they represent.



Figure 112. Provider Portal Home Page

- 1. Click the **Hamburger** icon on the home page and select or hover over the **Maintenance** menu option.
- 2. Select Managed Delegates from the main menu.
 - o Name
 - o Email Address
 - Relationship Code
 - Delegate Status (Active/Inactive)
 - Service Location Association Status (Active/Inactive)
 - Delegate Administrator (Yes/No)

- Delegate Information
 - Registered Delegates are displayed on the Registered tab.
 - Unregistered Delegates are displayed on the Pending tab.

Delegates							
Service Location Information	ation						
NPI	Base ID	Name				0	
Service Location select a value						•	
Delegate Infor	mation						
Use status column filters to in	nclude inactive delegates.				Add Unregistered D	elegate Add	Registered Delegate
Registered Pendir	ng						
Name	▲▼ Em	ail Address	* 7	Relationship Code	 ₹	Delegate Status	**
				6BA8GP9Z	3	Active	A
			<i></i>	5YVJD9ZV		Active	
				AO81MIT3		Active	
	-			60BMXEXE		Active	
Export to Excel	Export to PDF	Export All					
H 4 1 ▶ H 10	Items per page						1 - 4 of 4 items 2

Figure 113. Delegate Page

Select a service location, if applicable, to reduce the results list to the Delegates only assigned to that location. All columns in the search results are sortable and filterable.

13.1 Adding Registered Delegates

This feature enables you to add a Delegate who is not currently associated with the Provider. An active Delegate must be assigned one or more security functions for active locations.

- 1. Click **Add Registered Delegate** to add a Delegate that already has an established account with the system.
- 2. The Delegate needs to provide their last name and relationship code to the Provider for them to receive the rights to work on the primary Provider's behalf.

Delegates				
Service Location Information				
NPI Bas	e ID O Name		0	
Ser ADD REGISTERED DELEG	ATE			0 S
De * Last Name	* Relationship Code	D	F	tequired Fields (*)
Re			Cancel	Continue
Name	T Email Address	▼ Relationship Code	▼▼ Delegate Status	- T
		6BA8GP9Z	Active	*
		5YVJD9ZV	Active	
		AO81MIT3	Active	
		6OBMXEXE	Active	
Export to Excel	Export to PDF			
H 4 1 + H 10 - Items pe	er page			1 - 4 of 4 items 2

Figure 114. Add Registered Delegate Page

3. Enter the Delegate's last name and relationship code and click the **Continue** button.

When the last name and relationship code are validated, the **Add Registered Delegate** page displays the validated Delegate's information.

The Active check box indicates the Delegate's status related to the primary Provider.

Choose one of the following:

- 4. Select the **Active** check box if the Delegate works on the primary Provider's behalf. This updates the account to indicate the Delegate represents the organization. When Active Delegates log in, they can access the organization's information and represent that organization on the Provider Portal.
- 5. Deselect the **Active** check box if the Delegate will not work on the primary Provider's behalf. This updates the account to indicate the Delegate no longer represents that organization. When inactive Delegates log in, they cannot access the organization's information or represent that organization on the Provider Portal.

13.2 Selecting Service Locations and Security Functions

When selected, the Delegate receives only some of the Provider's security functions for specific service locations the Provider has selected. If the **DA** check box is selected, the Delegate receives all security functions for the specific service location selected.

The Active service location check box indicates the Delegate's status related to the specific service location.

The **DA** check box indicates that the Delegate should be a Delegate Administrator (DA) for the specific service location and is given all security functions for the specified service location as a DA. This includes the ability to add and maintain Delegates.

ign All Available S	Service Locations / Se	curity Functions	the Eventioner	
ect Service Loca	tions / Security Fund	ctions	ny runctions	
lect 'Active' for all se	ervice locations for which thi	this delegate should h	ave access. It is not required to make a delegati Delegate Administrator, Selecting DA for a service	e active for any service locations at this time, however, a delegate must be made active for at least one service location with at least one security function before they will be able to log in on behalf of a provide for location submatchalt view that delegate at the view function for the second at a view before a with an exist
Active	DA	Service Location	esigen remains der, perceng er in a son	Security Functions
				Claims - Payment History
	_			
Security Function	5			
Security Function lect the functions t least one function	s that the delegate is auti must be selected for a	horized to access. ctive service locations	k.	
Security Function lect the functions t least one function Available Func	s that the delegate is aut must be selected for an	horized to access. clive service location:	i. Selected Functions	
Security Function lect the functions t least one function Available Func Resources - F	s that the delegate is aut must be selected for a ctions ile Download	norized to access. crive service locations	Selected Functions	
Security Function least one functions t least one function Available Func Resources - F Resources - F	s that the delegate is auti must be selected for an ctions ile Download ile Upload	norized to access. crive service locations	Selected Functions	
Security Function least one function Available Func Resources - F File Exchange	s that the delegate is aut must be selected for a stions ile Download ile Upload - File Upload	norized to access. crive service locations	Selected Functions	
Security Function dect the functions to least one function Available Funct Resources - F File Exchange Care Managet Determination	s that the delegate is aut must be selected for an stions ile Download ile Upload - File Upload ment - Search Authori	rorized to access. crive service locations zation	Selected Functions Claims - Payment History	
Available Function Resources - F Resources - F File Exchange Care Manager Determination Claims - Sear	that the delegate is aud must be selected for an extrons file Download file Upload e - File Upload ment - Search Authori ch Claims	torized to access. cive service location zation	Selected Functions	
Socurity Function least one function Available Func Resources - F Resources - F File Exchange Gare Managet Determination Claims - Sear	s that the delegate is aud must be selected for an status selected for an titons lite Download lite Upload File Upload ment - Search Authori ch Claims	torized to access. tive service locations zation	Selected Functions	
Soutify Function least one function Available Func Resources - F File Exchange Care Manager Determination Claims - Sear	That the delegate is aut must be selected for an etions lie Download lie Upload her 1 - Fie Upload her 1 - Search Authori her Claims	norized to access. trive service locations zation	Selected Functions	

Figure 115. Assign Delegate - Select Service Location/Security Functions Page

Choose one of the following:

- 6. Select the **Active** check box if the Delegate works on behalf of this service location. When Delegates log in, they can access information for this location.
- 7. De-select the **Active** check box if the Delegate will not work on behalf of this service location. When Delegates log in, they cannot access information for this specific location on the Provider Portal.
- Select the DA check box if the Delegate is a Delegated Administrator for this service location. The Security Functions section will be hidden because a Delegated Administrator will be given all security functions.

- 9. Deselect the **DA** check box if the Delegate will not be a Delegated Administrator for this service location.
- 10. Click **Available Functions** and click **Add** (> or >>) to move the function to **Selected Functions**. This assigns security functions to this Delegate.
- 11. Click a **Selected Function** and click **Add** (< or <<) to move the function to **Available Functions**. This removes security functions for this Delegate.
- 12. At least one security function must be selected for an Active Delegate and Active service location.

NOTE: To learn more about which security rights are associated with a specific function, hover over the function name in the **Available Functions** or **Selected Functions** box.

13.3 Assigning All Service Locations and Assigning Selected Security Functions

When selected, the Delegate receives only some of the Provider's security functions for all their service locations.

irst Name	Last Name	User ID	0	Required Fields (*)
mail Add Options	Relationship Code 6BA8GP9Z	@ Active		
Assign All Available Service Locations / Security Functions Assign All Available Service Locations / Assign Select Select the functions that the design is subforced to access At least one function must be selected for active service loca Available Functions	ed Security Functions			
Resources - File Download Resources - File Upload File Exchange - File Upload Claims - Payment History Care Management - Search Authorization Determination				
) Select Service Locations / Security Functions				Cancel Save

Figure 116. Assign Delegate - All available Service Location/Assign Selected Security Functions Page

- 1. Click an item in **Available Functions**, then click **Add** (> or >>) to move the function to **Selected Functions**. This assigns security functions to this Delegate.
- 2. Click a **Selected Function**, then click **Add** (< or <<) to move the function to **Available Functions**. This removes security functions for this Delegate.

At least one security function must be selected for an Active Delegate.

13.4 Assigning All Service Locations and Security Functions

When selected, the Delegate receives all the Provider's security functions for all their service locations.

If the **Delegate Administrator** check box is selected, the Delegate is assigned as a DA for all the Provider's service locations. As a DA, the Delegate has access to all security functions, including the ability to add and maintain Delegates.

Add Options Assign All Available Service Locations / Sec	urity Functions		
Providers can specify that this is a Delegate Ad locations and has the ability to add and maintai	ministrator for all servic n delegates for all servi	ce locations. The Delegate Administrator will automatically be gice locations.	given all security functions for all service
Delegate Administrator	0		
Assign All Available Service Locations / Assign	Selected Security Fun	nctions	
Reset			Cancel Save

Figure 117. Assign Delegate - All Available Service Location/Security Functions Page

- 1. Select the **Delegate Administrator** check box if the Delegate will be a Delegated Administrator for all service locations.
- 2. De-select the **Delegate Administrator** check box if the Delegate will not be a Delegated Administrator for all service locations.

13.5 Adding Unregistered Delegates

This feature enables you to add a Delegate who is not currently associated with the Provider and does not currently have an account with the system. As with registered Delegates, a new Delegate must be assigned one or more security functions for active locations.

1. Click **Add Unregistered Delegate** to add a new Delegate who does not have an established account with the system.

ADD UNREGISTERED DELEGATE							8 S
Enter the required information below. A registration in will be required to enter the account information to co process.	vitation will be ser omplete the registra First Name	t to the email addre ation. The new dele	ess specifie gate accou	d, directing the new deleg nt will be in Pending statu Middle Name	ate to register s until they suc	with the Provider Portal. The delegate ccessfully complete the registration	Required Fields(*)
 * Email	0*	Birth Date	و #	* Last 4 of SSN	0		
Phone Number	Jage	•	Active				
Add Options Assign All Available Service Locations / Se Providers can specify that this is a Delegate <i>I</i> locations and has the ability to add and maint 	acurity Functions administrator for all ain delegates for a	service locations.	The Delega	te Administrator will autor	natically be giv	en all security functions for all service	
Delegate Administrator	Ø						
Assign All Available Service Locations / Assig	n Selected Secur	ty Functions					
						Cancel	Submit

Figure 118. Add Unregistered Delegate Page

- 2. Enter the following required fields:
 - o Last Name
 - o First Name
 - o Email
 - o Birth Date
 - Last 4 digits of SSN
 - o Phone Number
 - Primary Language

NOTE: The information in Last Name, Email Address, Birth Date, and Last 4 digits of SSN will be used by the Delegate to register with the system.

- 3. Complete the remainder of the page using the **Add Options** instructions as described in the sections above.
- 4. Click **Submit** to save the Delegate information and initiate an invitation to register that is sent to the email address entered above.
 - a. If a Delegate didn't get the invitation, click the Envelope icon to resend an invitation.

The **Unregistered Delegate** is listed on the **Pending** tab until they successfully register with the system. Upon successful registration, the Delegate moves to the **Registered** tab.

Service Location Information NPI Base ID Name 169 300 Hospital service Location • 300 • Main - • Delegate Information Use status column filters to include inactive delegates. ADD UNREGISTERED DELEGATE ADD UNREGISTERED DELEGATE ADD REGISTERED DELEGATE Name * T Email Address * T Relationship Code * T Delegate Status * T Service Location Status * T Status * T Delegate						Delegates
Service Location Service Location Main -			0	e r Hospital	e ID @	Service Location Information NPI B 169
Delegate Information Use status column fitters to include inactive delegates. ADD UNREGISTERED DELEGATE ADD REGISTERED DI Registered			•			Service Location 300 - Main -
ADD UNREGISTERED DELEGATE ADD REGISTERED D Registered Nome					1	Delegate Informatio
Registered Functing Name * T Email Address * T Relationship Code * T Delegate Status * T Service Location * T Delegate Status * T Status * T Status		ADD REGISTERED DEL	ADD UNREGISTERED DELEGATE AD		active delegates.	Ise status column filters to include
Name * * Email Address * * Relationship Code * * Delegate Status * * Service Location * * Delegate * * Code Code Association Administrator Status Status <td>D DELEGATE</td> <td></td> <td></td> <td></td> <td></td> <td>Registered Pending</td>	D DELEGATE					Registered Pending
	D DELEGATE					
delegate, provider SM Active Active Yes S	D DELEGATE	₩ ₩	ervice Location 👻 🏹 Delegate esociation Administrator tatus	ship 🔹 🖣 Delegate Status	zil Address ♥ ♥ Rela Cod	Name 💌 🕈 Em



Account Security Notification
No-Reply-Medi-Cal-DentalProgram@Gainwelltechnologies.com To Retention Policy 3 Year Delete (Entire Mailbox) (3 years) (1) This message was sent with High importance. If there are problems with how this message is displayed, click here to view it in a web browser.
Medi-Cal Dental
Registration Invitation
You are being invited to complete the portal registration that was started on the Medi-Cal Dental website. To complete your registration, use the invitation code below and follow the register now link.
Note that this invitation will expire in 7 days if not acted upon within a timely manner.
Invitation Code: EW6QC0Z9
Register Now
Customer Service Center
Phone: (800) 423-0507
Email: Medi-CalDentalWebAppTechSupport@gainwelltechnologies.com

Figure 120. Registered Invitation Email Page

NOTE: To complete the registration process, follow the instructions detailed in this guide, Section 2, Provider Portal Account Registration Process.

13.6 Manage Registered or Pending Delegates

This feature enables you to activate or inactivate a Delegate on behalf of the Provider and service location on whose behalf they are working. You can also add and remove functions the Delegate may perform on behalf of the Provider and service location.

1. Double-click a **Delegate** row on the **Manage Delegates** page to view details on the **Assign Delegate** page. The Delegate level **Active** check box indicates the Delegate's status related to the Provider whose behalf they are working.

Delegates								
Service Location Information	on							
NPI	Base ID	Name				0		
Service Location						0		
select a value						•		
Delegate Inform	nation Jude inactive delegates.							
					Add Unregistered [Delegate	Add Registered Delego	ite
Registered Pending								
Name	• v	Email Address	- T	Relationship Code	₩ ₩	Delegate Status	S	* *
				6BA8GP9Z		Active		
				3WYE5XOA		Active		
			-	5YVJD9ZV		Active		
								÷
+ c								• •
Export to Excel	Export to PD	F Export All						
H 4 1 > H 10 -	Items per page						1 - 3 of 3 items	æ

Figure 121. Delegates Page – Manage Delegates

- 2. Do one of the following.
 - Select the Active check box if the Delegate works on the Provider's behalf. When active Delegates log in, they may access the Provider's information and represent that Provider on the Provider Portal.
 - De-select the Active check box if the Delegate will not work on the Provider's behalf. When inactive Delegates log in, they cannot access the Provider's information or represent that Provider.

The service location **Active** check box indicates the Delegate's status related to the specific service location.

3. Choose one of the following:

- Select the Active check box if the Delegate works on behalf of this service location. When Delegates log in, they can access information for this specific location on the Provider Portal.
- De-select the Active check box if the Delegate will not work on behalf of this service location. When Delegates log in, they cannot access information for this specific location on the Provider Portal.
- Click an Available Function and click Add (> or >>) to move the function to the Selected Functions box. This assigns security functions to this Delegate,
- 5. Click a **Selected Function** and click **Add** (< or <<) to move the function to the **Available Functions** box. This removes security functions from this Delegate.
- 6. Click the **Submit** button to save the Delegate information.

NOTE: You must select at least one security function for Active Delegates and the service location.

13.7 Switch Providers

This feature allows Delegates to select the Provider and service location for which they will work on behalf of. When a Delegate has been assigned to more than one Provider and/or more than one service location, the **Switch Provider** page displays upon logging in. After the Delegate selects a Provider and service location, they are given access to Provider Portal functions the Provider or Delegate Administrator has selected. For Delegates with multiple Providers and/or multiple service locations, the Switch Provider feature allows the Delegate to switch between Providers or service locations without logging off the Portal.



Figure 122. Main Menu

- 1. Click the **Hamburger** icon on the home page.
- 2. Select or hover over the **Maintenance** menu option.
- 3. Select Switch Provider from the main menu.

The Switch Provider page will display upon logging in.

n click the Submit button for that provider. Fo	r providers who have multiple service locations, an overla	y will prompt you for selection
Provider Base Id	Profile Name	Profile Email
per page		1 - 2 of 2 items 🛛 🥔
		Cancel Submit
	Provider Base Id	Provider Base Id Profile Name

Figure 123. Switch Provider Work on Behalf

- 4. Select the desired Provider to work on behalf of and click **Submit**.
- 5. Select the desired **Service Location**. Only the active service locations the Provider is assigned to appear in Switch Provider Details.

SWITCH PROVIDER DETAILS			? 8
			Required Fields (*)
Provider Name	Provider Base Id	ø	
Profile Name	Profile Email	Θ	
Service Locations			
Select the service location to work on from the list below and cli	k 'Submit' button.		
Service Location ID Name		Address	
			*
Image: Weight of the state			1 - 1 of 1 items 2
			Cancel Submit

Figure 124. Switch Provider Details

NOTE: If the Delegate is assigned only one service location for the selected Provider, the **Provider Portal Home Page** will display. If the Delegate is assigned more than one service location for the selected Provider, the **Switch Provider Details** page will display.

6. Click the Submit button to navigate to the Provider Portal Home Page.



Figure 125. Provider Portal Home Page

You can log out of the Portal by clicking the **Logout** link located in the top right section of the page.

Medi-Cal Dental Provider Porta		EN MESSAGES CONTACT US FAQ PORT	
Memory Constraint ORELLANA, FATIMA, DOS NPI 4815454481 Message Center NEW READ O View Messages New Send Secure Message	Search for a Claim Claim ID Full Search Oo	Search Treatment History Member ID Full Search ©o	Helpful Links Provider Services Satisfaction Survey Provider Participation Survey Missed Appointment Notification Dental Case Management Referral Medi-Cal Dental Providers Dental Case Management Program HIPAA Update Provider Training Seminars and Webinars Provider Filing Tips Medi-Cal Dental Manual of
	DISCLAIMER WEBSITE RE	QUIREMENTS PRIVACY POLICY	Criteria and Schedule of

Figure 126. Logout of Provider Portal

14 Revision History

Version #	Date of Publication	Pages Affected	Description of Change	Reason for Change	DHCS Approver
1.0	xx/xx/xxxx	All	Document Creation	New Process	X. Xxxx

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