What do I need to do to prepare for January 1, 2027?

1. **Make sure you have a login to the Medi-Cal Provider Portal** – *you must login at least 1 x month or you will get locked out.*
    a. Set up a 'Provider account'
    b. <u>If you complete your own billing</u>, set up a 'Submitter account'

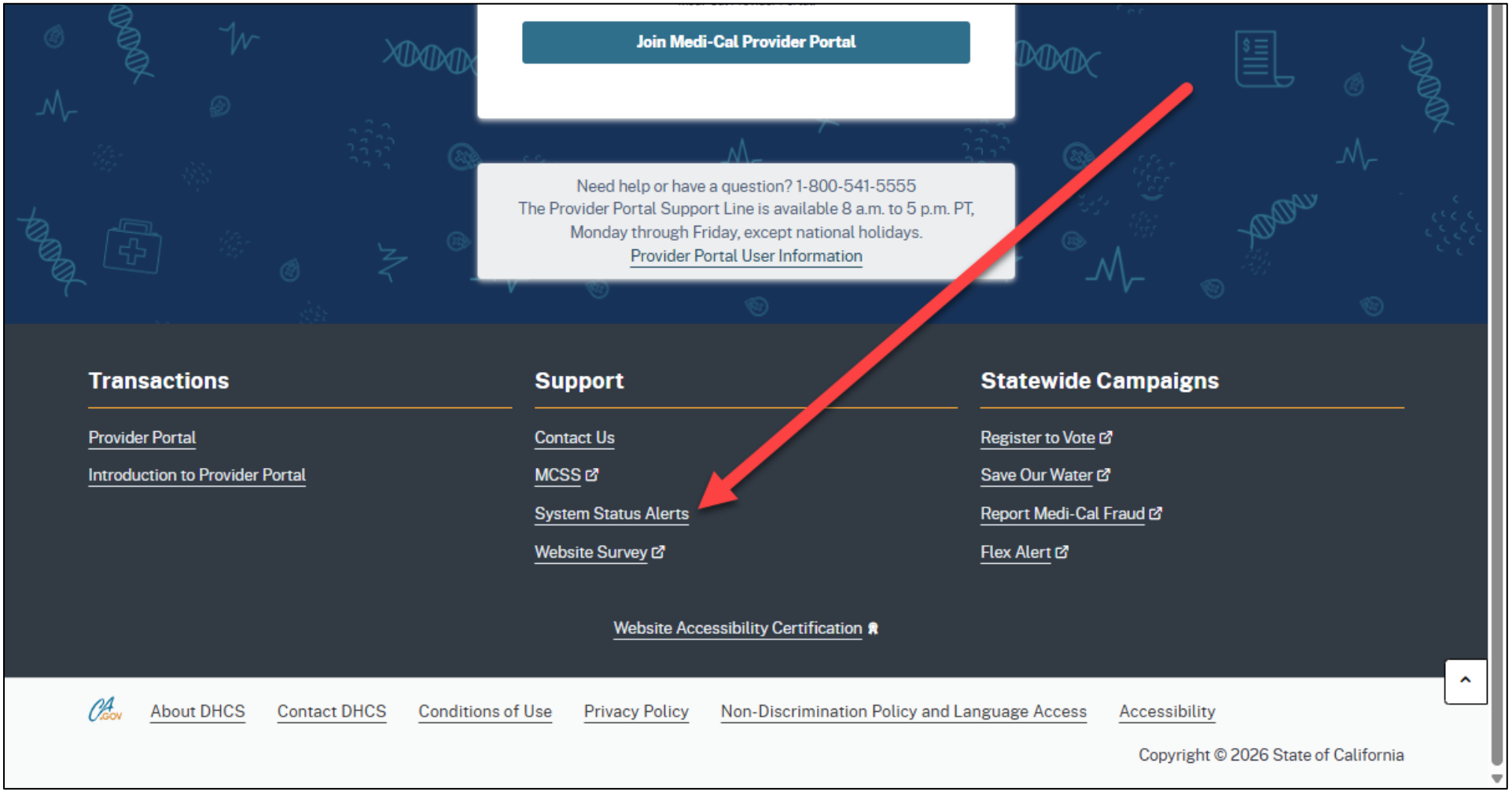
2. **Learn how to use your Medi-Cal Provider Portal account to submit eTAR's**
    a. You will do this on your 'Provider Account', using the transaction Services area

3. <u>If you complete your own billing</u>, learn how to upload Medi-Cal batches to either the Medi-Cal website OR Office Ally. Medi-Cal website upload is free and easy.

***MEDI-CAL FEE-FOR-SERVICE PROVIDER TOOLKIT** fee-for-service-provider-toolkit.pdf

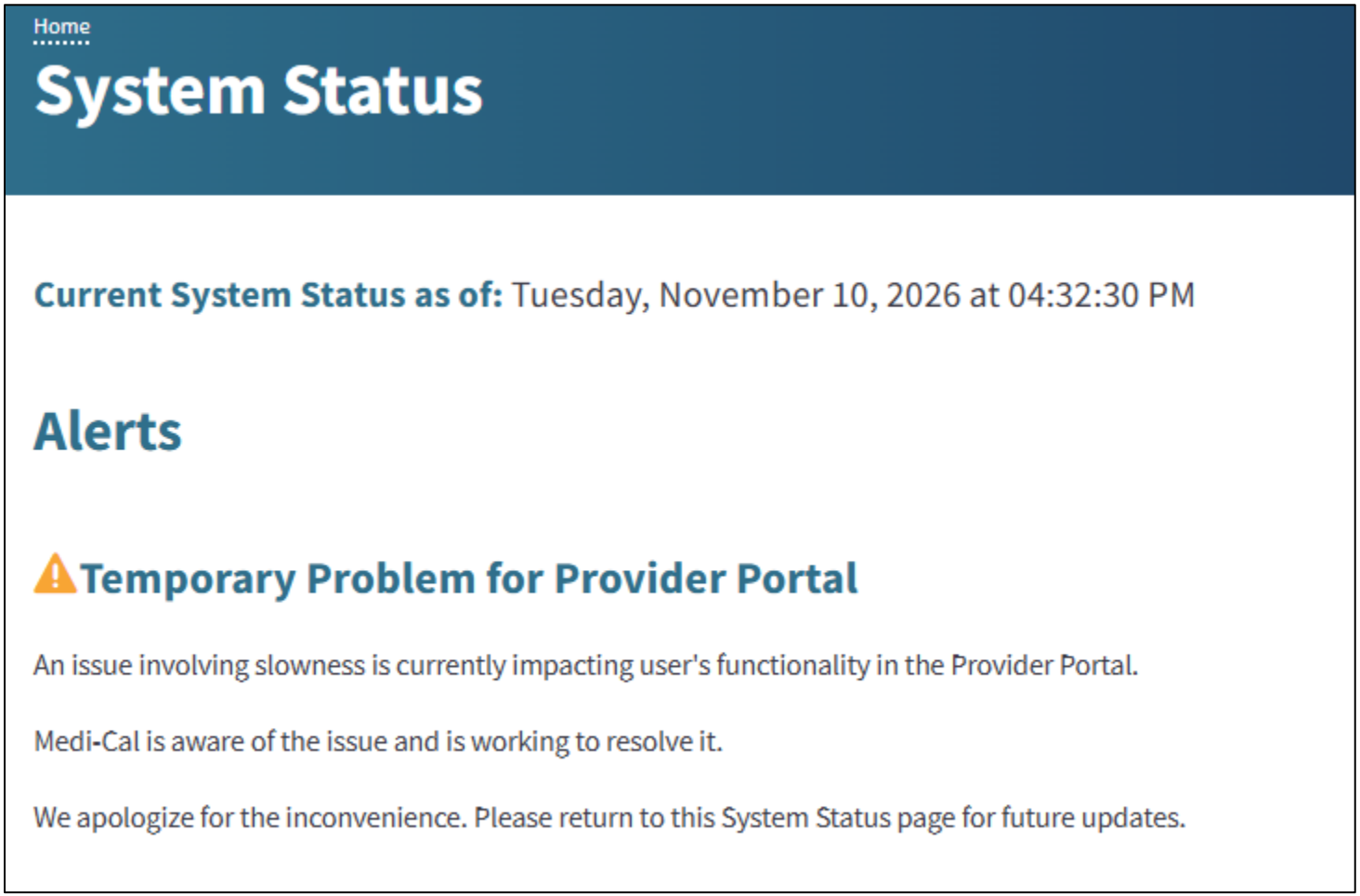
Slide 2

Sometimes the Medi-Cal Provider Portal has issues. To check the status, scroll to the very bottom of the page on the portal and select 'System Status Alerts'



Slide 3

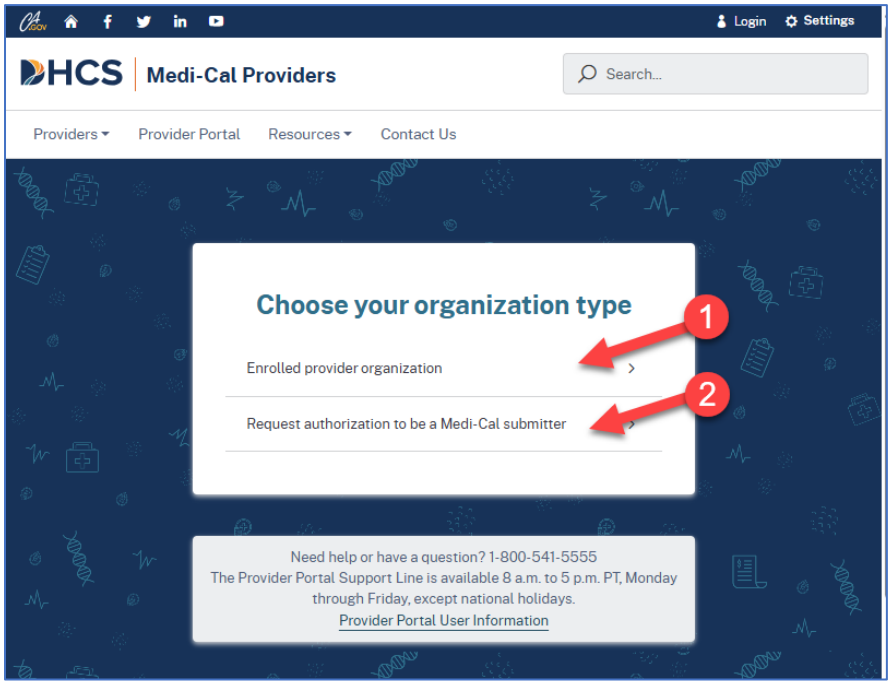
Sometimes you will see this status: (that means there are issues with the website that may prevent you from doing what you need to do)



Slide 4

How do I create an account on the Medi-Cal Provider portal?

https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/orgTypeChoice



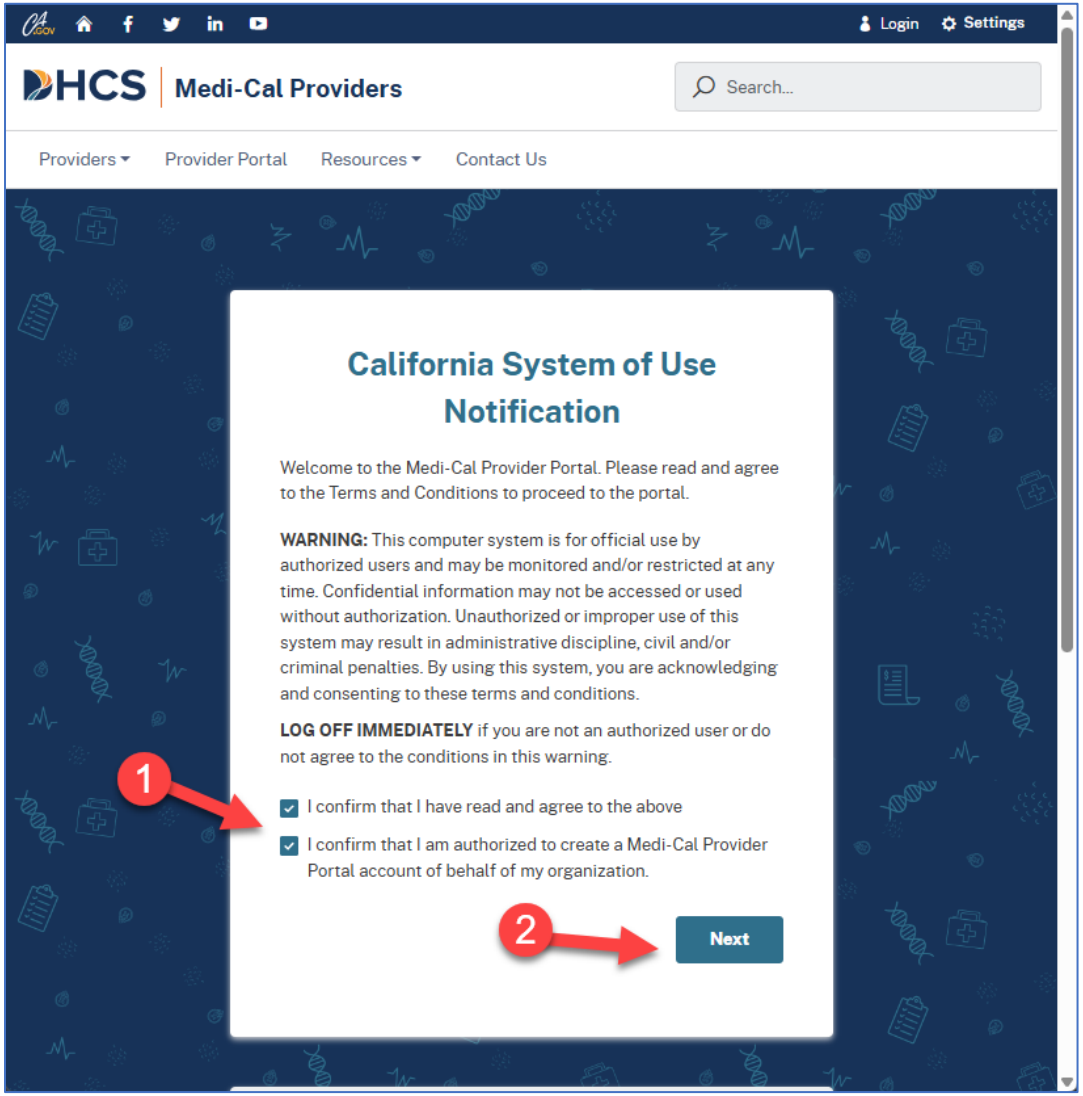
User Guide Provider Portal: Registration User Guide – Guide for creating a submitter and provider account

1. If you do not have a provider portal account, you will need to click on 'Enrolled Provider Organization', **they will ask you for a token, and chances are that you do not have one**. You will need to call the Provider Portal Support Line to get access.

   1-800-541-5555

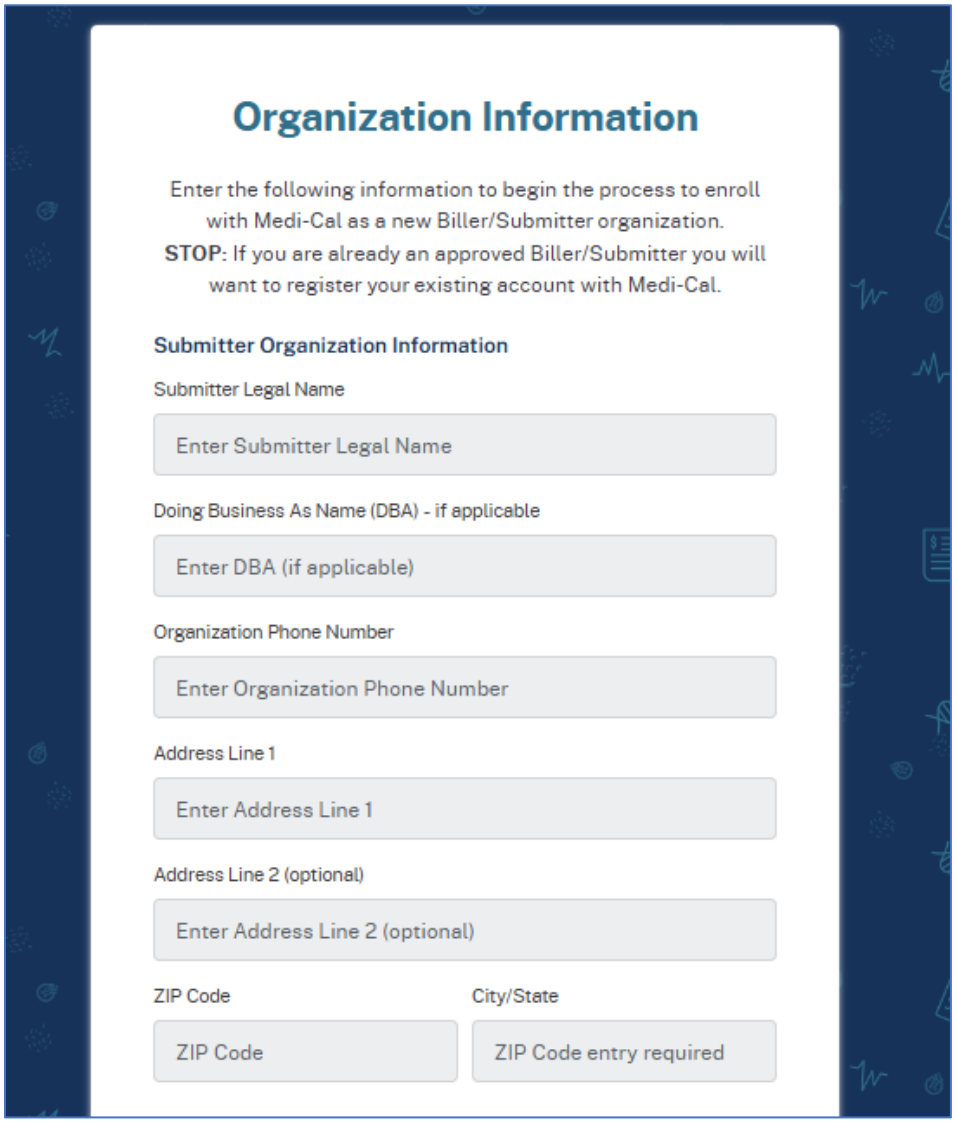
   The Provider Portal Support Line is available 8 a.m. to 5 p.m. PT, Monday through Friday, except national holidays.

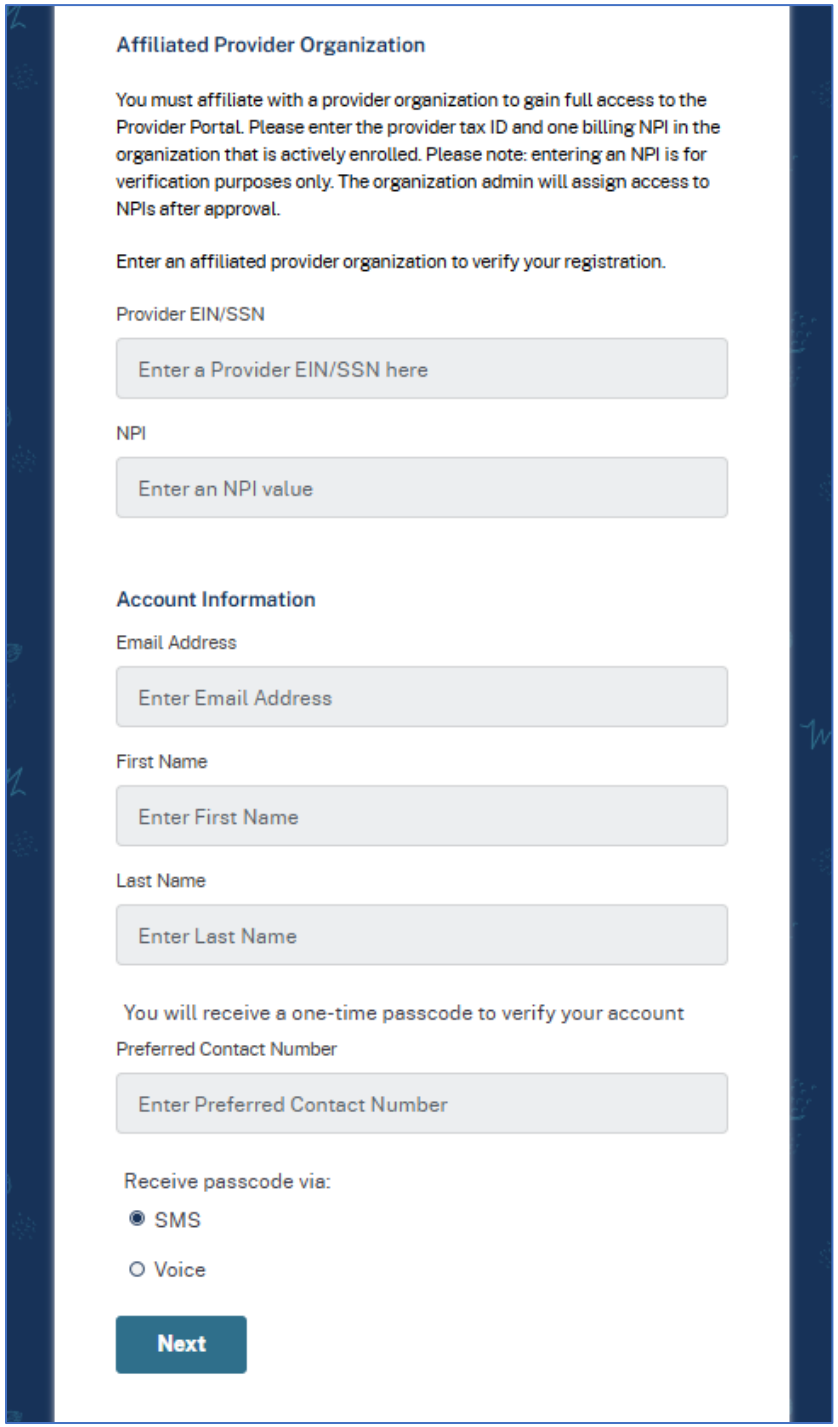
2. If you already have a provider portal account and just need to create a submitter account in order to submit billing files, click on the option ‘Request to be a Medi-Cal Submitter”.



Click ‘Next’

Enter all the information on the screen. You will need to enter your cell phone number to create an account and verify it. Your email will be your username.



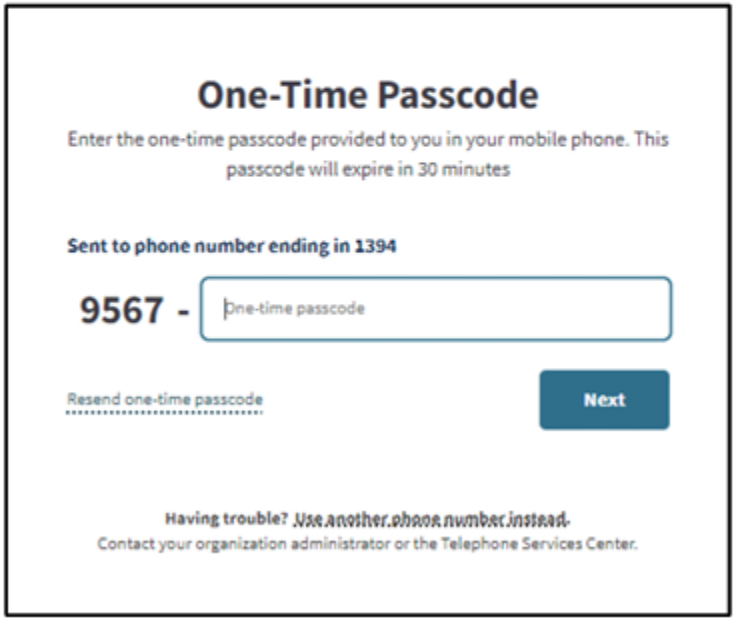

Affiliated Provider Organization
You must affiliate with a provider organization to gain full access to the Provider Portal. Please enter the provider tax ID and one billing NPI in the organization that is actively enrolled. Please note: entering an NPI is for verification purposes only. The organization admin will assign access to NPIs after approval.
Enter an affiliated provider organization to verify your registration.
Provider EIN/SSN
Enter a Provider EIN/SSN here
NPI
Enter an NPI value
Account Information
Email Address
Enter Email Address
First Name
Enter First Name
Last Name
Enter Last Name
You will receive a one-time passcode to verify your account
Preferred Contact Number
Enter Preferred Contact Number
Receive passcode via:
SMS
Voice
Next

Next, you will get a text message

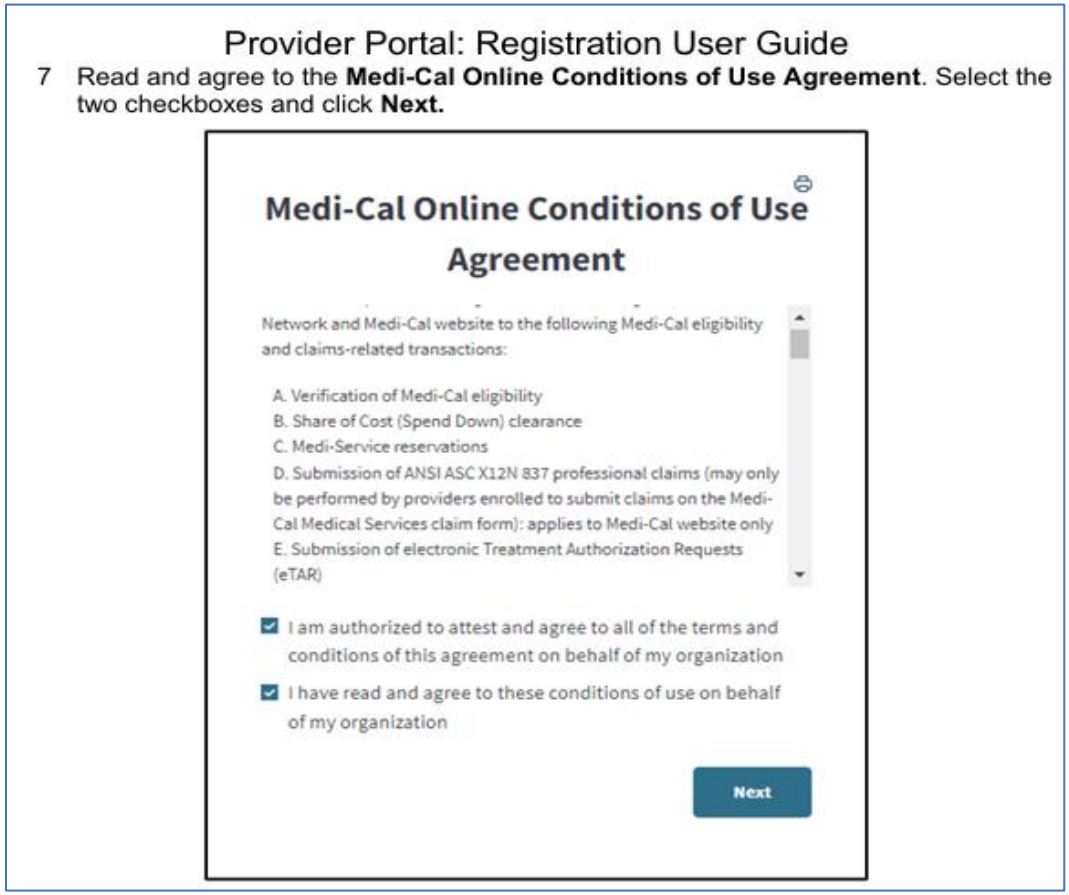
Provider Portal: Registration User Guide

6 Enter the last six digits of the **One-Time Password** (OTP) and click **Next**.

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



Then you will click to accept the agreement



Once you do this you will get the following screen, type your name and position at the bottom and submit.

Provider Portal: Registration User Guide

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



You will need to set up your password for the portal now

Provider Portal: Registration User Guide

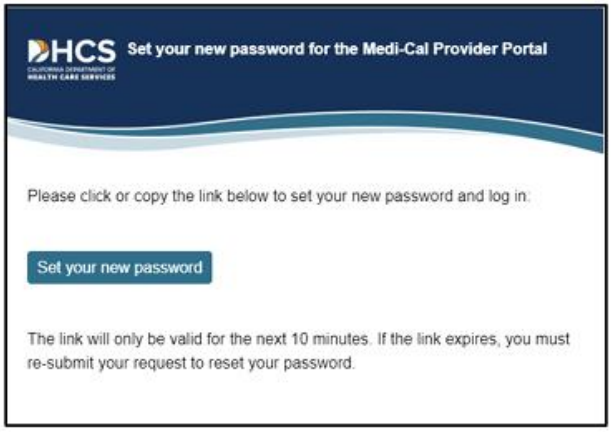
9 The **Registration Complete** screen for the affiliation request will appear.



Figure 2.10: Registration Complete.

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

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



You will need to set your password; Medi-Cal will send you a series of texts in order to do so

Provider Portal: Registration User Guide

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

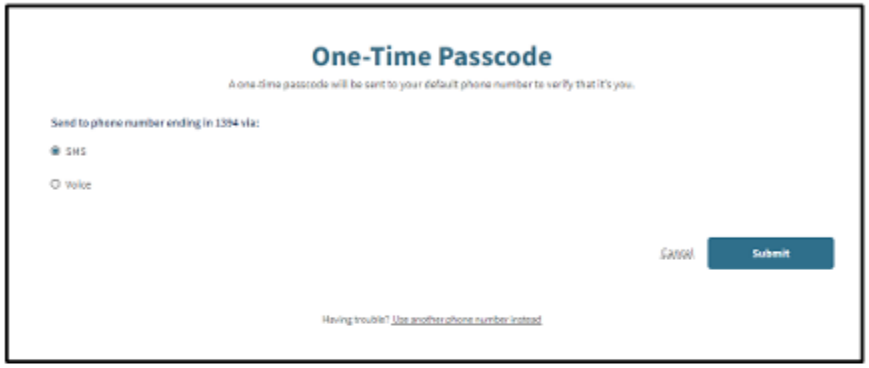
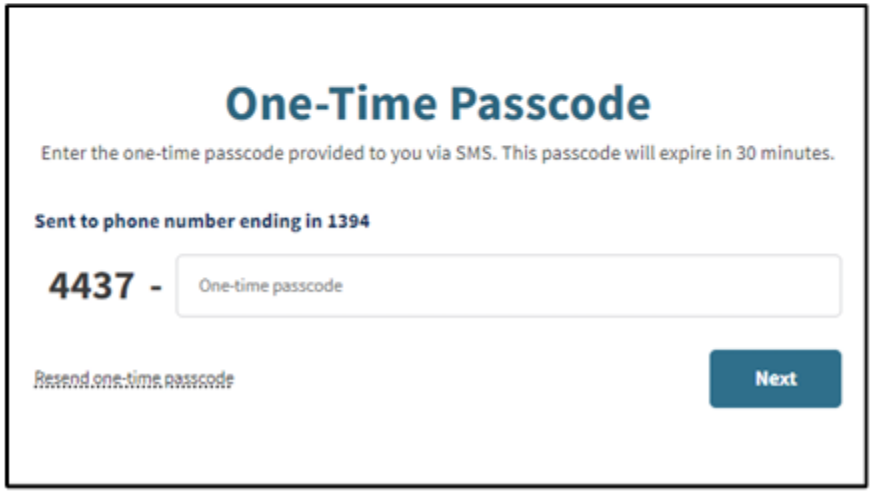
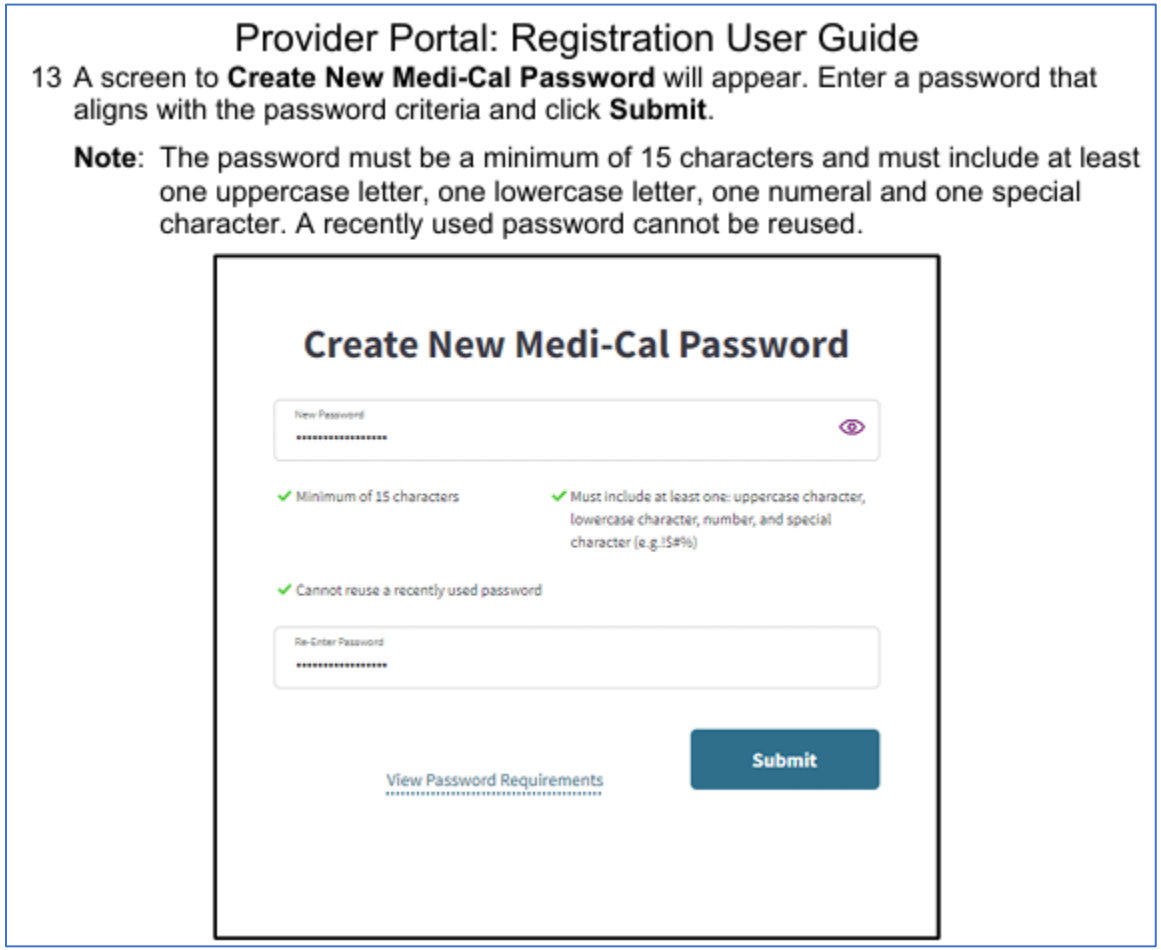


Figure 2.12: OTP.

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

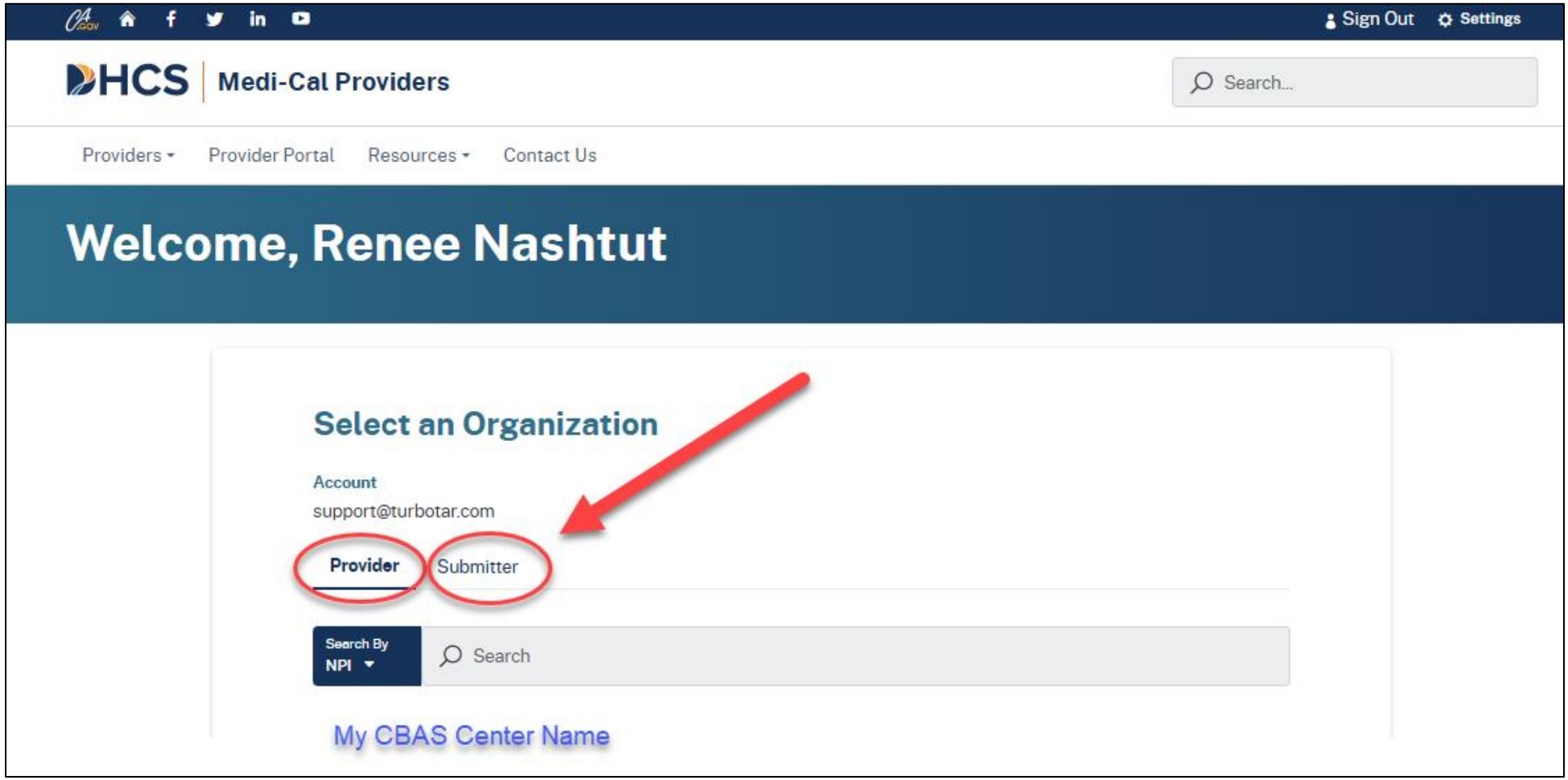


Then set your password



Once you have a password set go to the login screen and login

When you have successfully completed creating a “Provider Account” as well as a ‘Submitter Account” for your organization, you will see the following screen upon login.



Submitter Account – Only Used for uploading billing batches

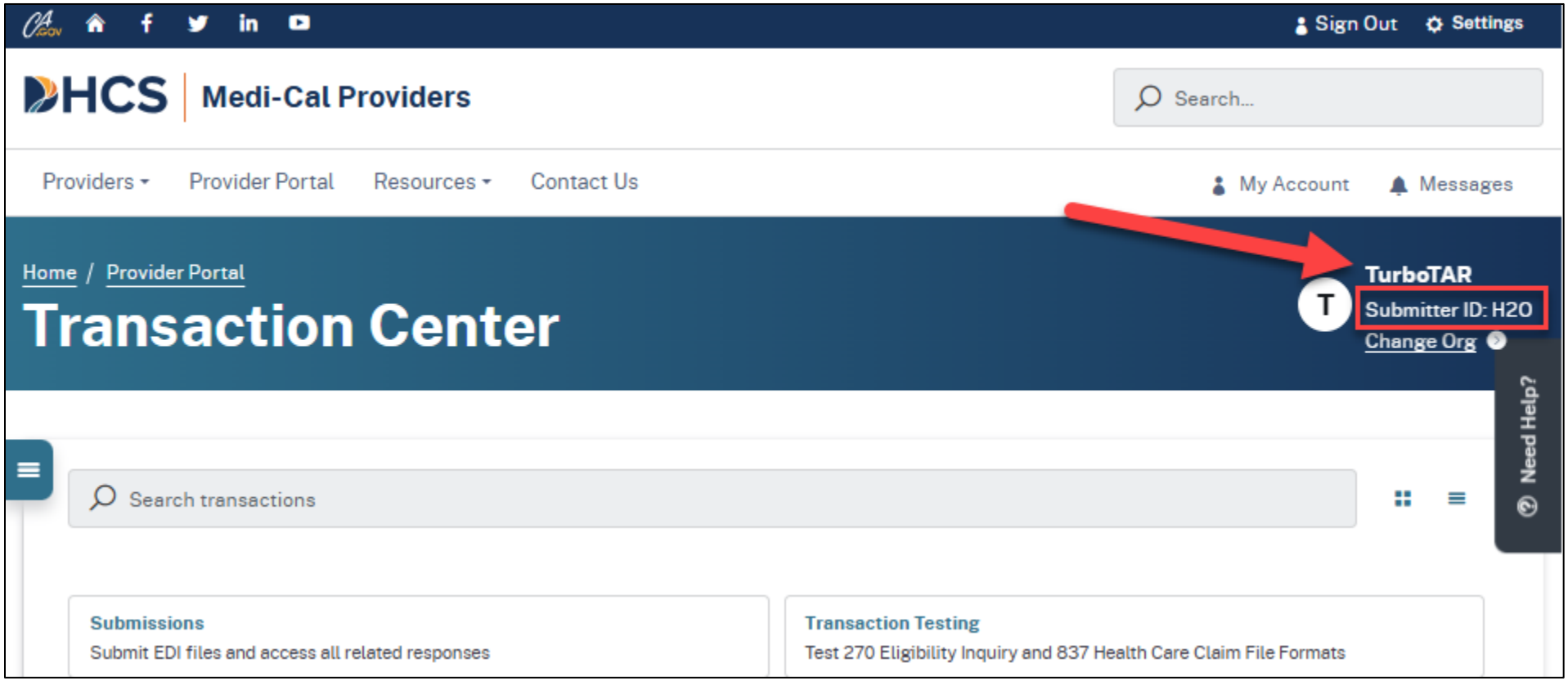
Provider Account- Used to submit eTAR, check on eTAR status, Upload Attachments

If you do not see both headings, then it means that there is one of these account's is not set up OR you do not have permission in your account to see both.

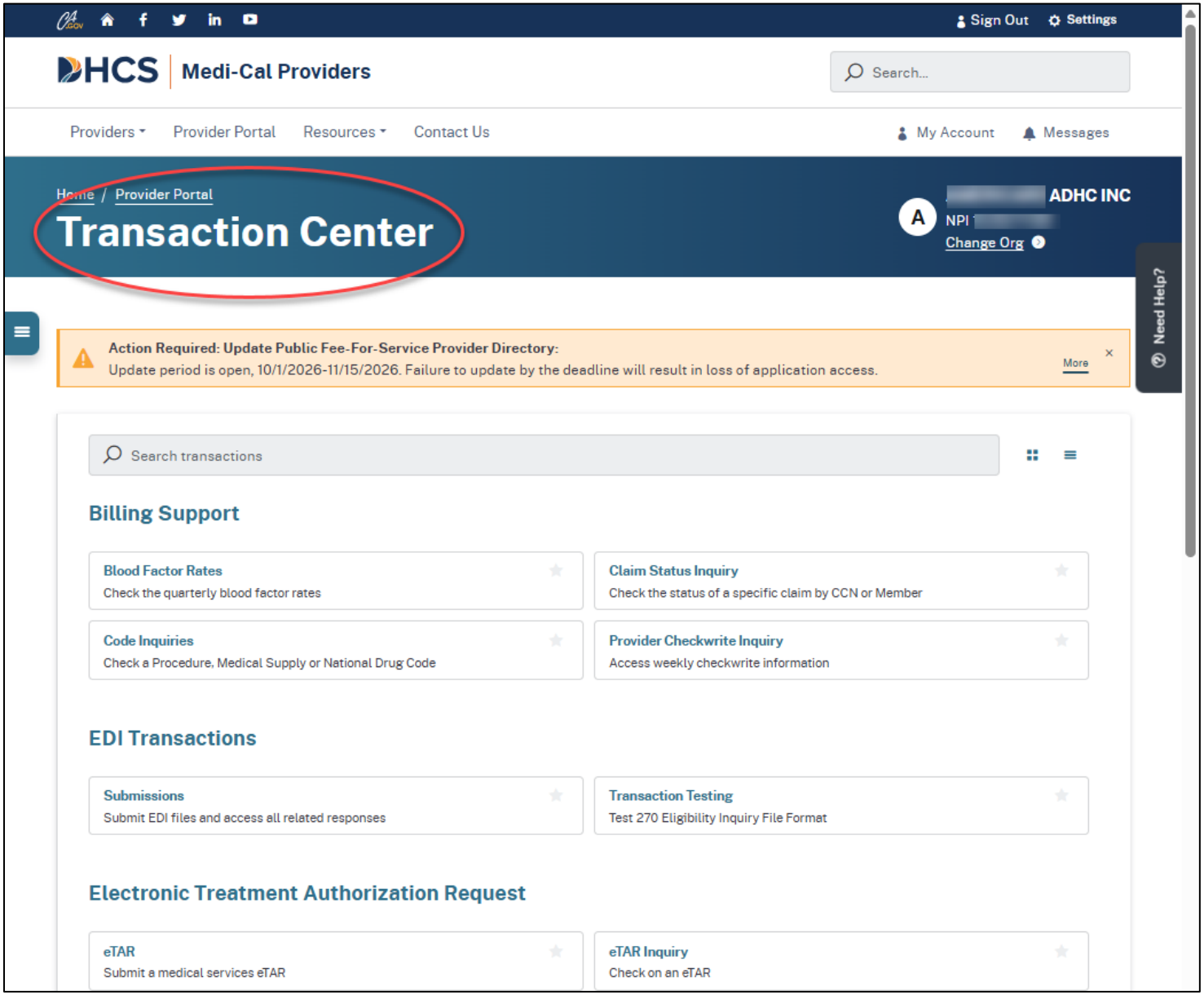
****It is okay not to have a Submitter account if your billing is completed by a 3rd party biller. ***

You **NEED** to have a submitter account **if you create and upload your own billing files**. Once you get a submitter account, you will see a **3-character Alpha-numeric ID** that you will need to put into your software. If you use TurboADHC, please email support@turbotar.com and we will input the submitter ID for you.

Example:



If you have only a provider account, you will see this when you login: this is okay!



TARs – eTARs – Authorizations!

They all mean the same thing. This is simply a pre-authorization to bill for services; it is accompanied by a number (just like your MCO's give you).

What is a UIS Transition TAR?

A UIS Transition TAR is a TAR submitted by a Medi-Cal fee-for-service provider for a service or item covered by an existing MCP authorization that was approved (in full or in part) by an MCP and extends beyond December 31, 2026, for the transitioning UIS population. The UIS Transition TAR will be reviewed and approved if the member has an existing approved MCP authorization on file.

On the Medi-Cal Website, when you submit an eTAR, you will get a number. **This is called a TAR number**. This is used for tracking, and ultimately to bill. There are multiple statuses for an eTAR. **Unlike** an authorization from a Managed Care Plan, you get a TAR number assigned even if the TAR has not been approved. eTARs have different statuses.

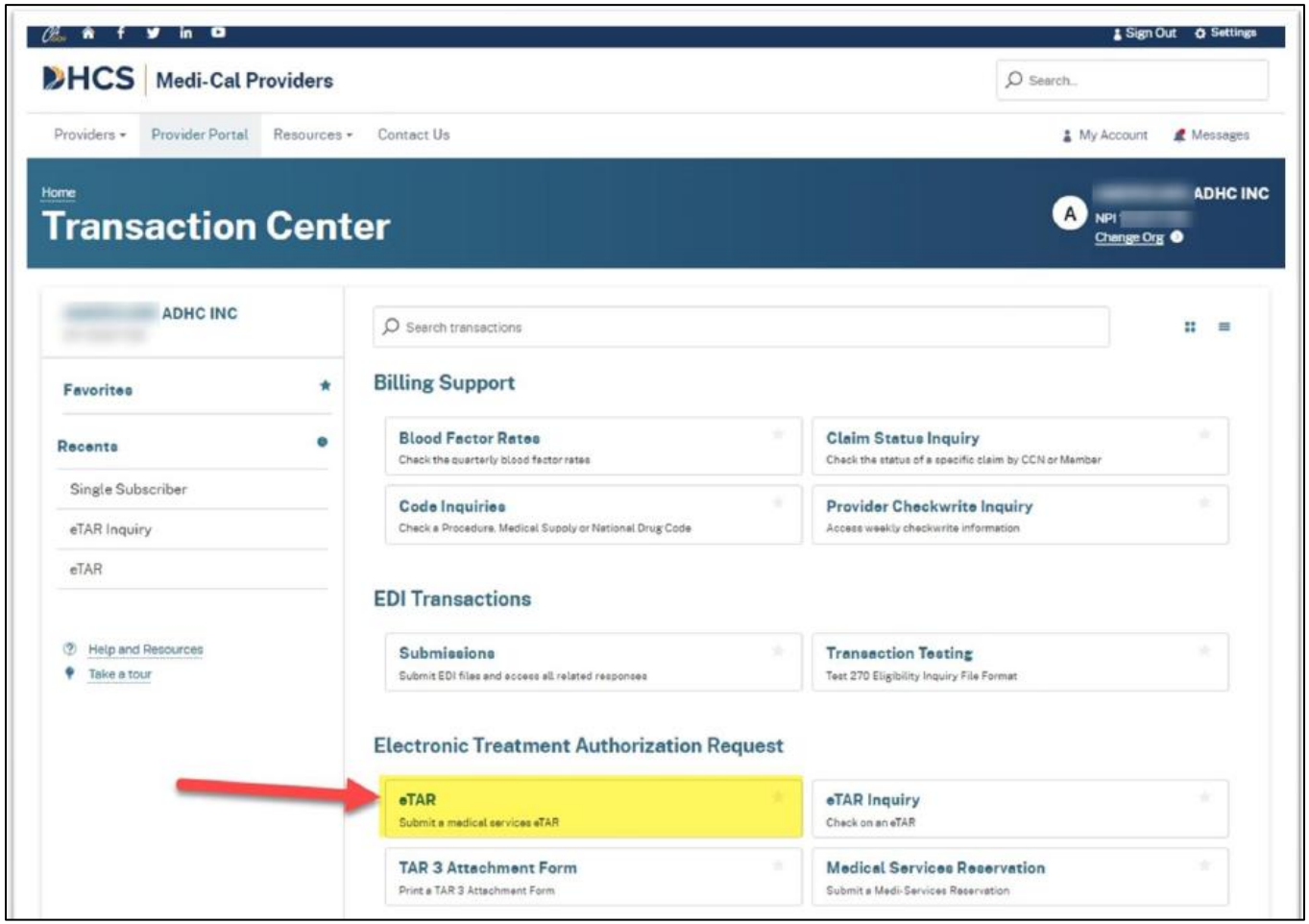
Here are the definitions for each status:

- **Approved:** The medical service has been reviewed by Medi-Cal and **confirmed as medically necessary**, allowing the provider to move forward with billing.
- **Deferred:** The request is **temporarily on hold** because the reviewer needs more information, additional medical documentation, or clinical clarification from the provider before making a final decision.
- **Denied:** The request has been **officially rejected**, meaning Medi-Cal will not cover the requested service or item, usually due to a lack of documented medical necessity or because the service is not a covered benefit.
- **In Review:** The request has been received by Medi-Cal and is **currently being evaluated** by a clinical consultant or processing system, but a final decision has not yet been reached.

When the status is 'Approved' that means you are ready to bill.

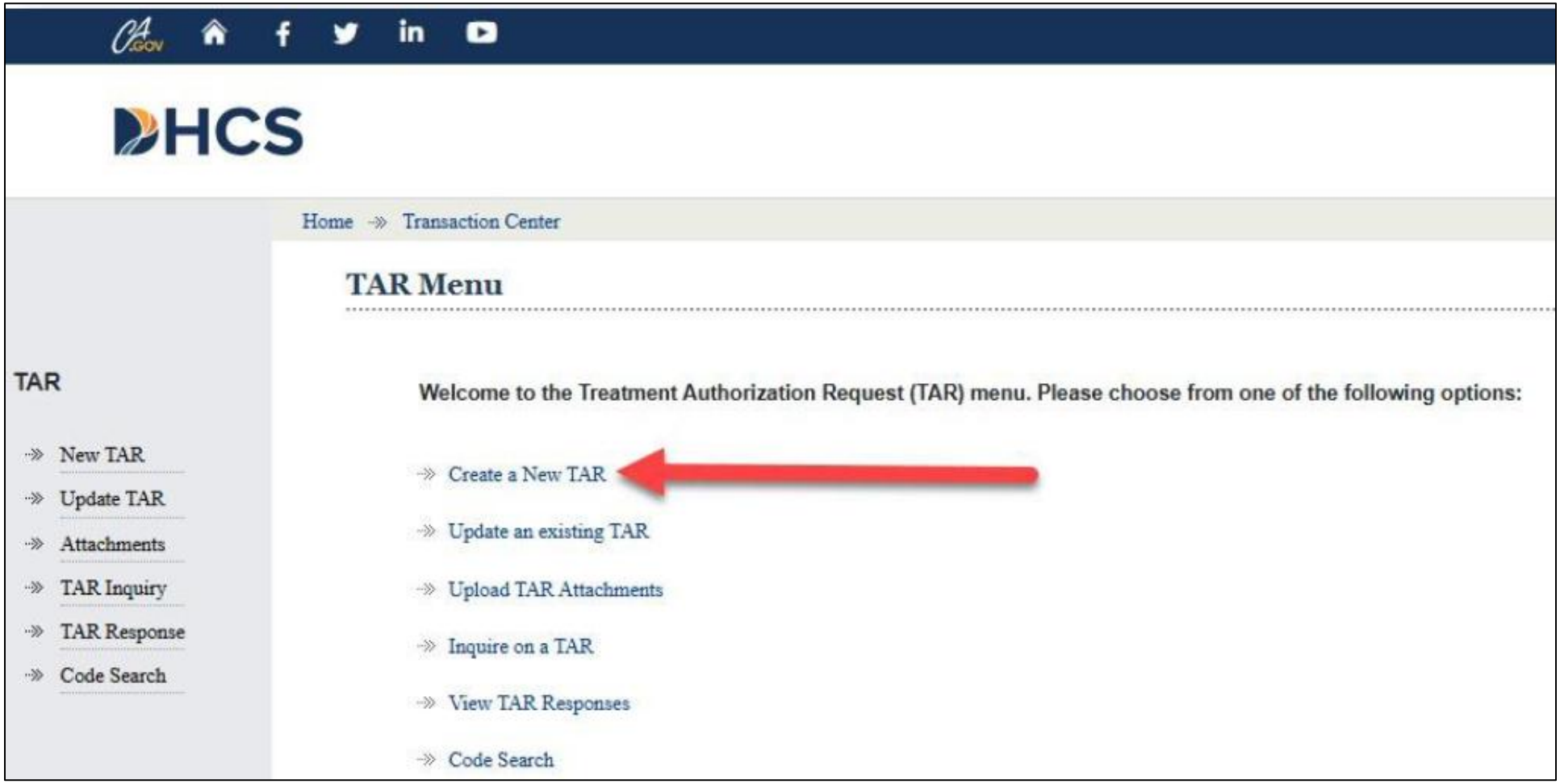
How do I submit an eTAR?

- Before starting the eTAR submission, collect all necessary supporting documents in a PDF file. I would recommend including the IPC and a copy of the prior authorization from the MCP.
- Go to the new Medi-Cal Provider Portal and Login. When you login to your **Provider Account** you should see the following menu: eTAR. *Click on this.*

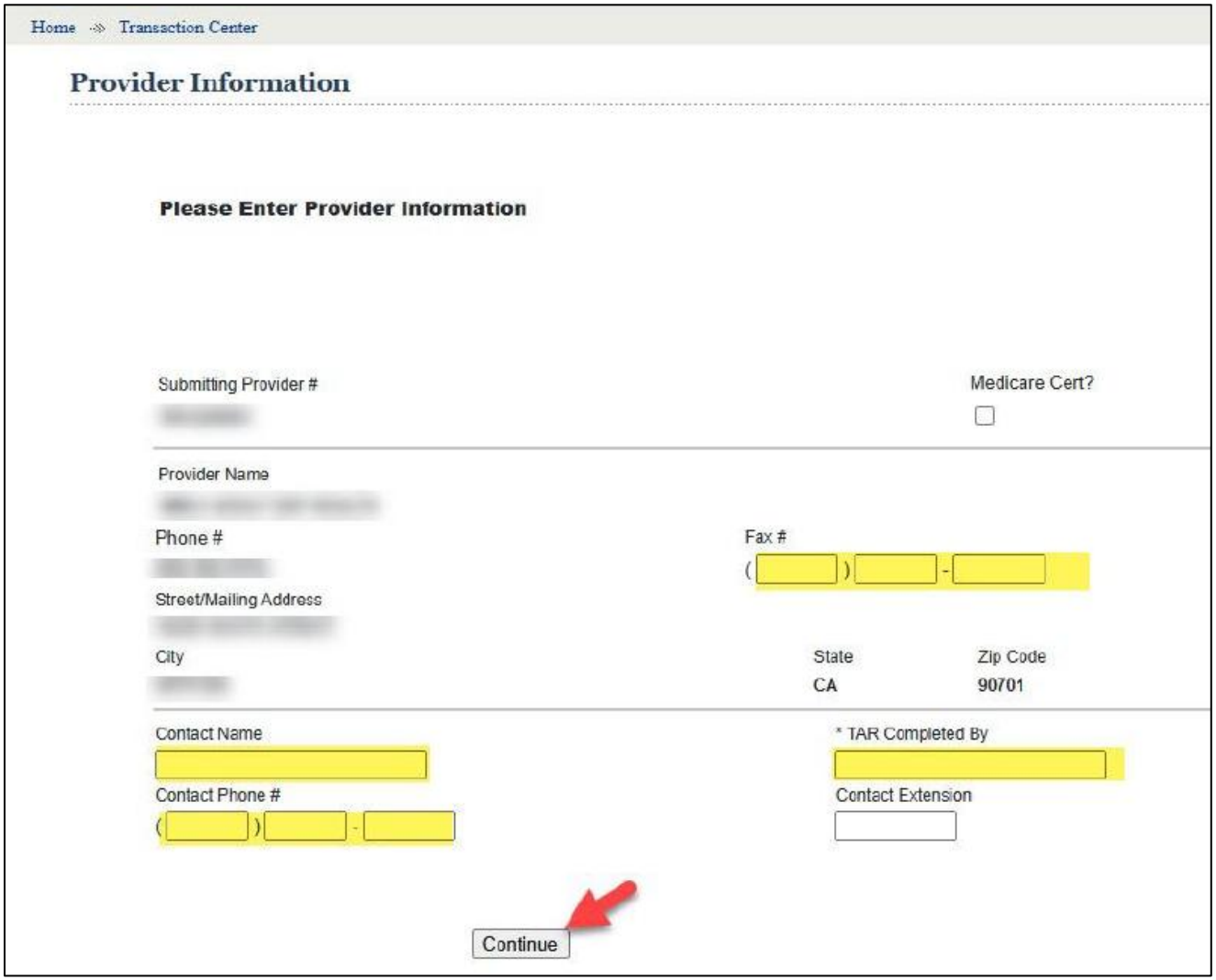


It will then take you to the following screen (TAR Menu'):

- Click on 'Create New TAR'

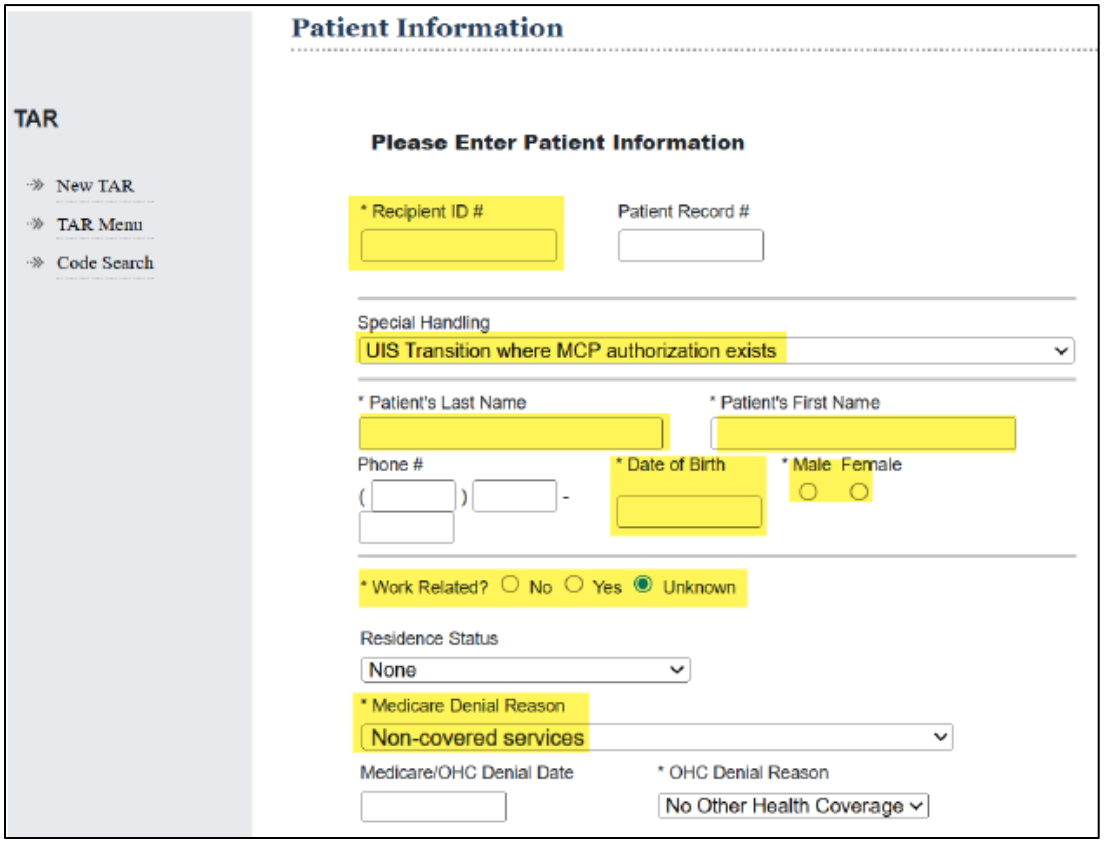


Enter the contact name, contact phone number, fax number, and TAR completed by. Once all information is entered, click ‘Continue’. Only, “completed by” is technically required.



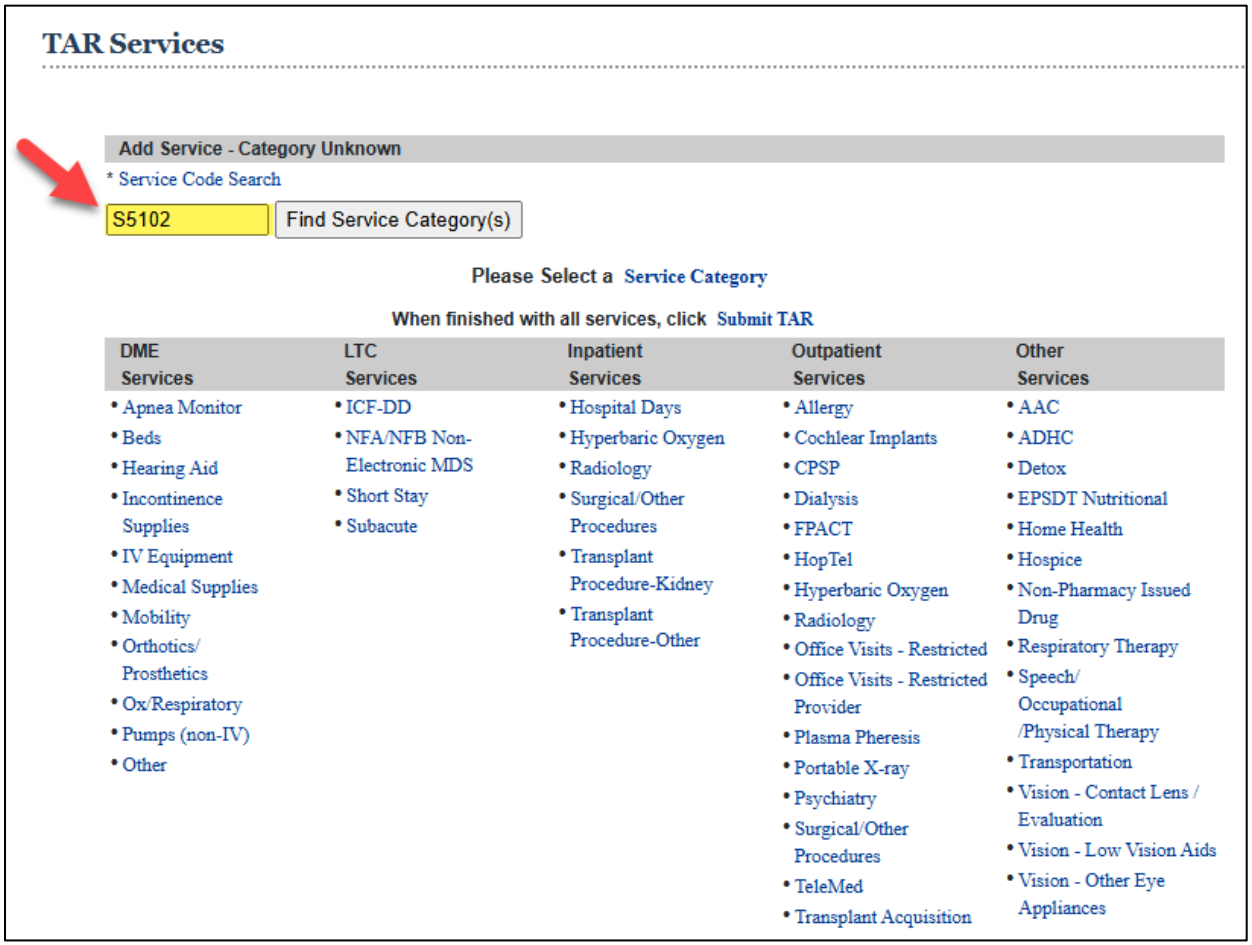
Enter all required fields highlighted in yellow, once completed, click 'continue':

- Recipient ID # (the participant's Medi-Cal #)
- Special Handling (select 'UIS Transition where MCP authorization exists*)*
- Patient First and Last Name
- Sex
- Date of Birth (DOB) *format: MMDDYYYY*
- Residence Status (not required)
- Medicare Denial Reason (Select Non-Covered Services)
- Work Related (Select No)



In the Service Code Search field, enter S5102

Click on ‘Find Service Category’

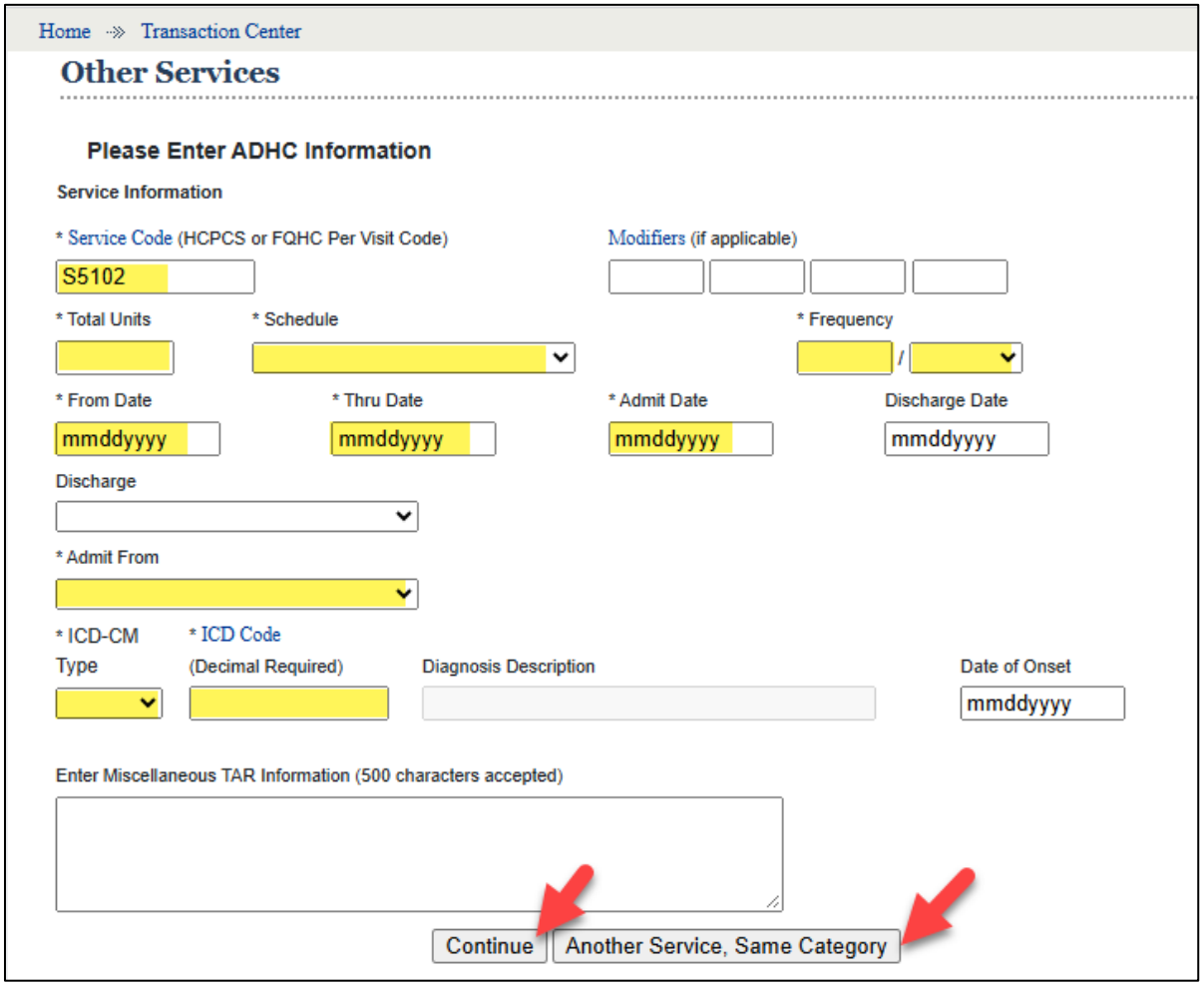


Enter all required fields highlighted in yellow, once completed click continue:

IMPORTANT! You will need to complete this form <u>for each month left in the TAR</u>. For example, say your TAR from the MCO expires on 3/31/2027. You will need to complete this form for January, February and March 2027 separately. When finished adding one month, click on 'Another Service, Same Category' to add an additional month. When you are finished adding all months, click 'Continue'.

Fields:

- Service Code (HCPCS or FQHC per visit) – **S5102**
- Total Units - For the **<u>month</u>**
- Schedule (ie: MWF)
- Frequency (ie: 3x week)
- From and Thru Date - Format MMDDYYYY
- Admin Date - Format MMDDYYYY
- Admin From- Format MMDDYYYY
- ICD-CM Type - Select ICD-10
- ICD Code (Decimal Required)

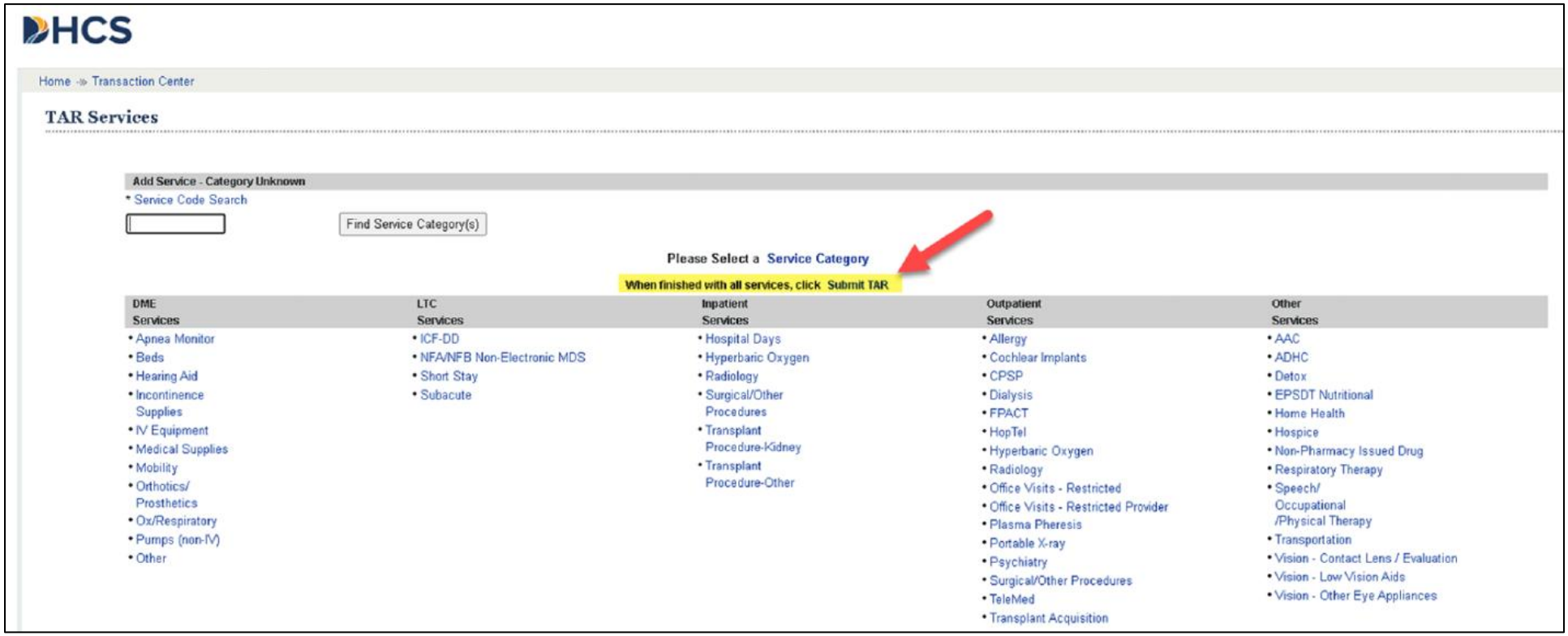


A note about the box ‘Miscellaneous TAR Information’

This is not a required box; HOWEVER, you can use it to state why you are submitting the TAR to Medi-Cal as well as input any additional medical justification here. Example:

‘We are requesting continuation of previously approved services under the patient's existing Medi-Cal Managed Care Plan authorization. This TAR is being submitted due to the patient's transition from Managed Care to Medi-Cal Fee-for-Service effective January 1, 2027. The requested service remains the same as previously authorized. Please process under the UIS Transition Special Handling provision. Existing MCP authorization is on file.’

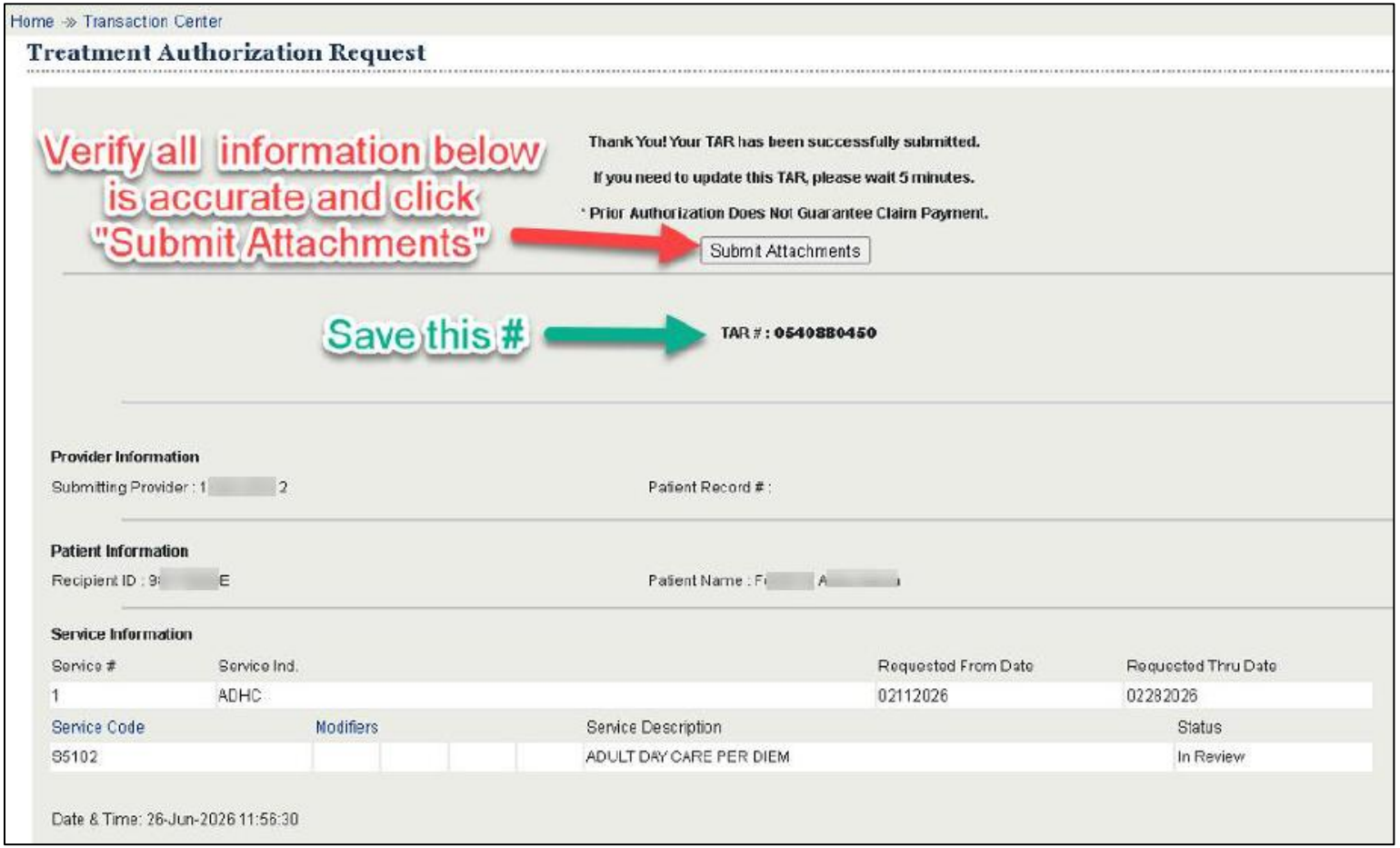
Once you are finished adding all the service months, click to continue…You will see this screen: **(Click Submit TAR)**



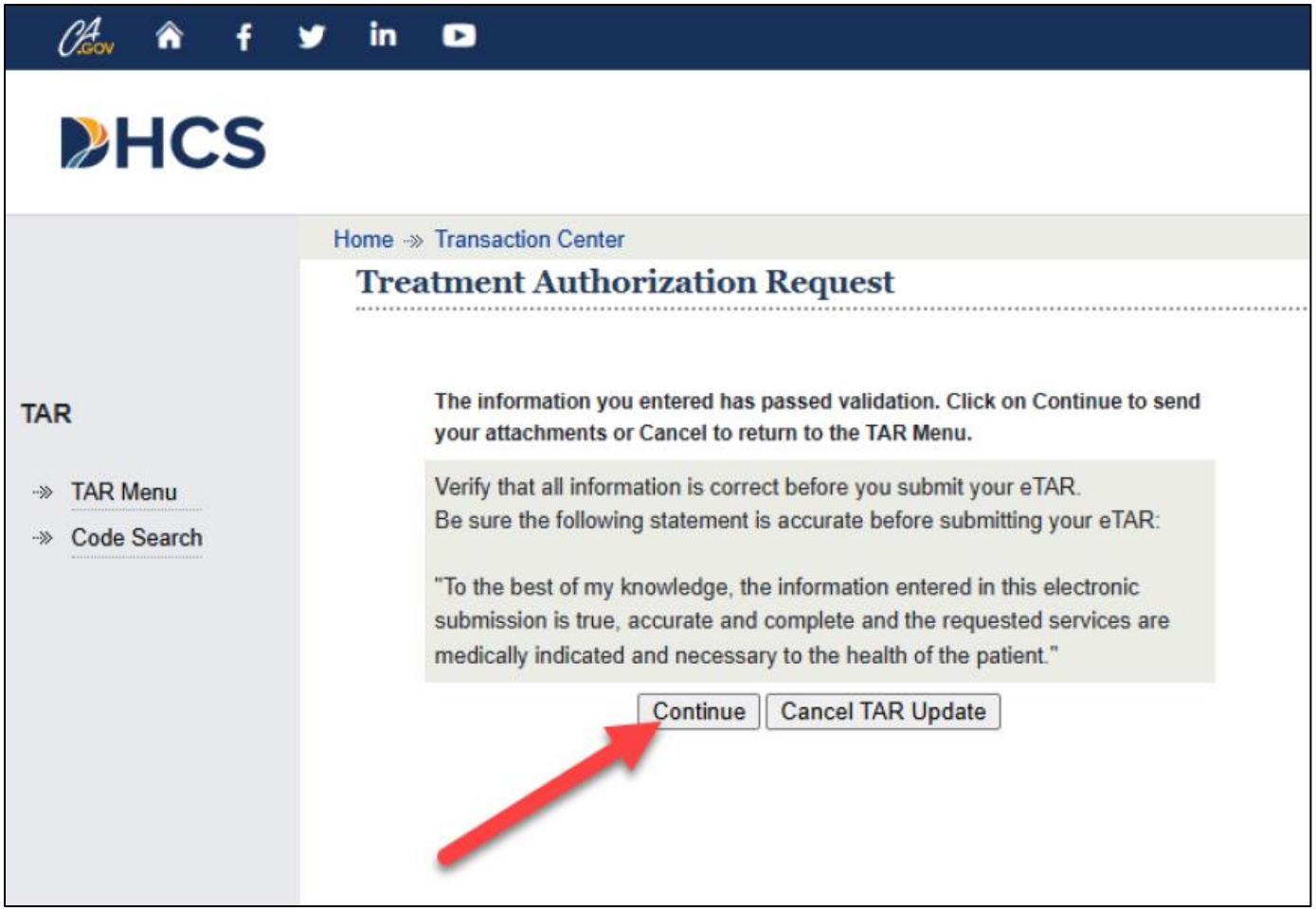
Once submitted, you will receive a confirmation message: **“Thank you! TAR has been successfully submitted.”**

Review the information on the screen to ensure it is accurate, then click **“Submit Attachments.”**

At this stage, you will also see the TAR number assigned. **Be sure to save this number, as you will need it to follow up and confirm approval status.**



You will now see the following screen: (click continue)

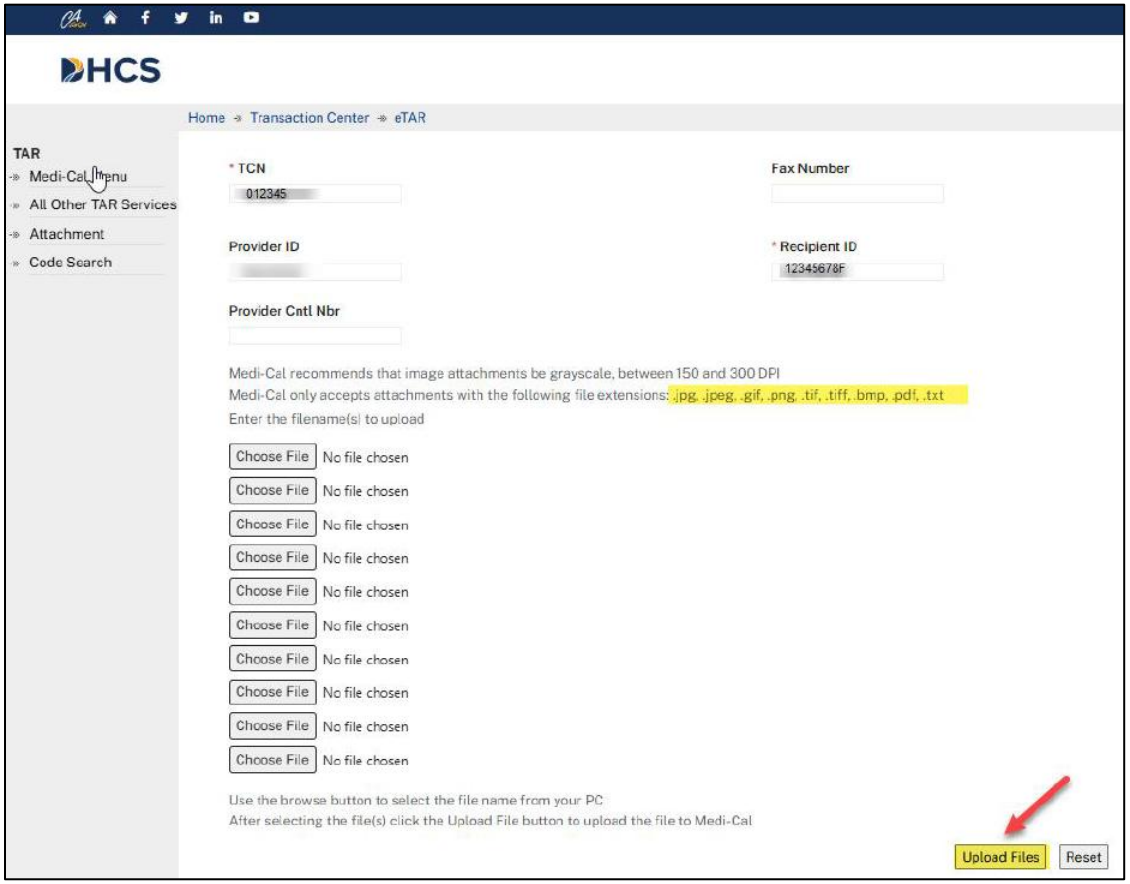


Gather all supporting documentation for submission. Be sure to include the following:

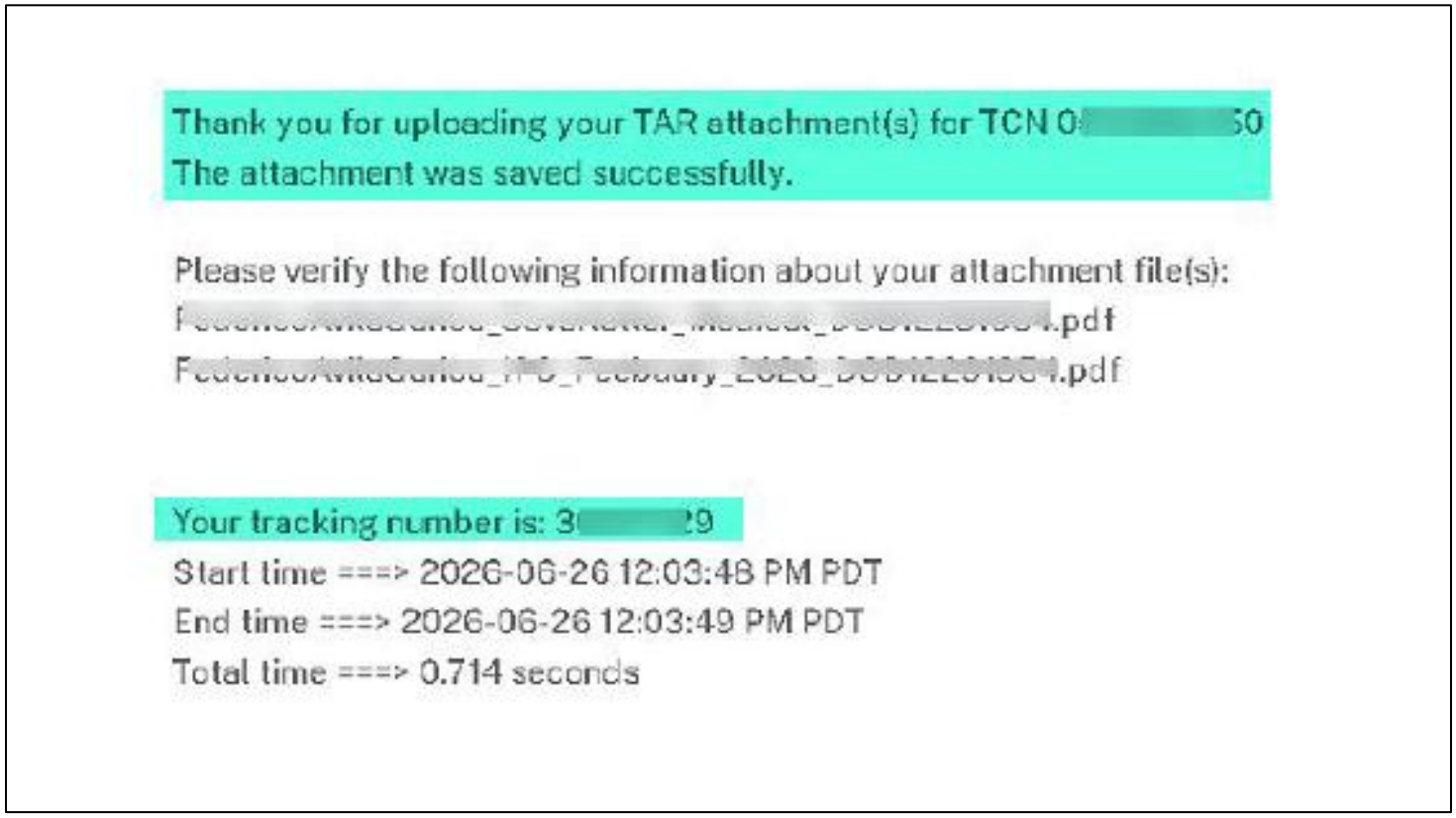
- Prior authorization from the previous HMO
- IPC (must include the specific dates of service)

Final Step: Click "**Choose File**" to select your documents. Once all required files have been selected, click "Upload Files" to complete the submission.

***Note: Only upload the accepted file types (jpg, .jpeg, .gif, .png, .tif, .tiff, .bmp, .pdf, .txt). Failure to do so will result in the eTAR not being accepted.*



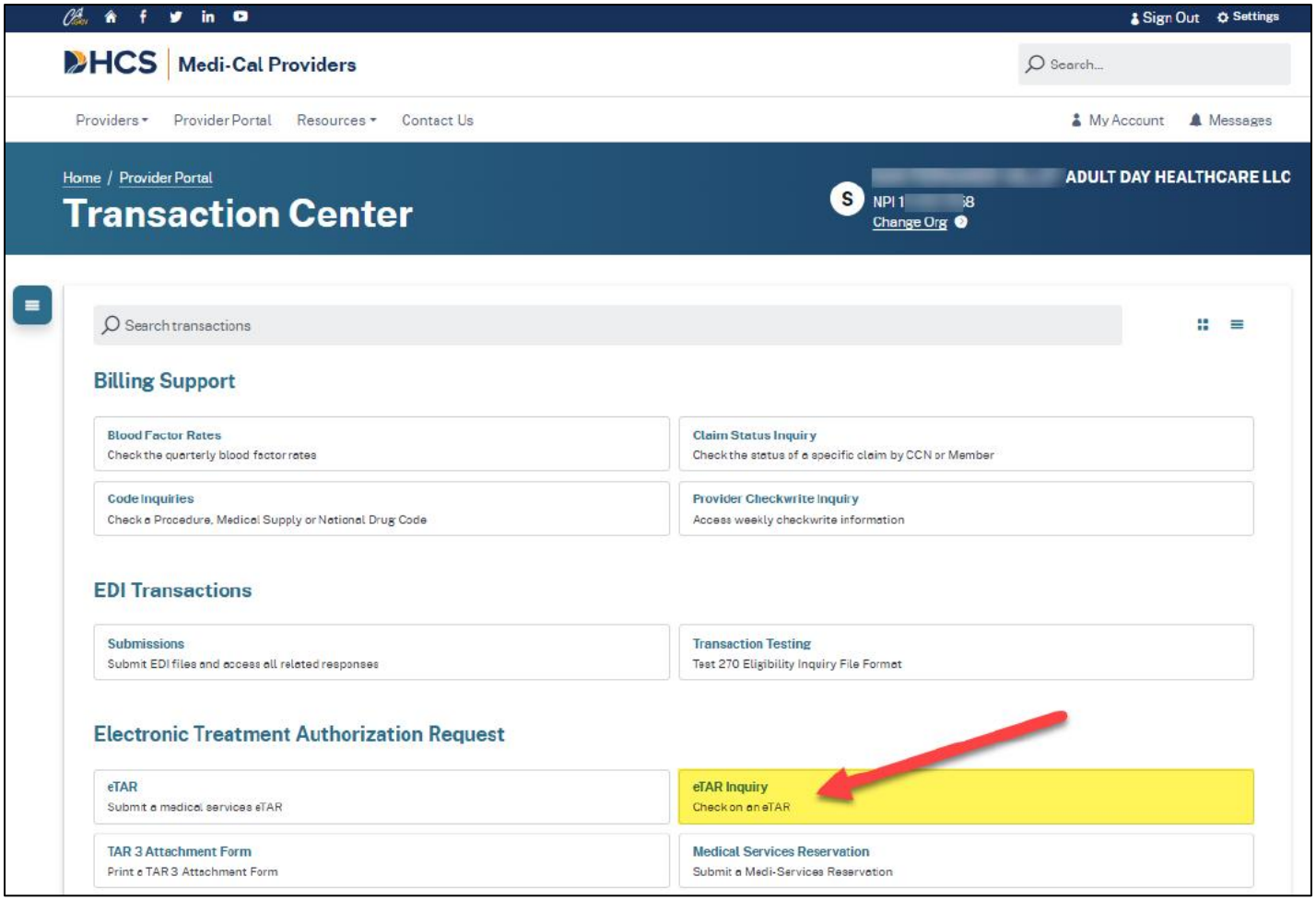
Once the documents have been successfully uploaded, you will receive a confirmation notification. **Be sure to save the information displayed below or take a screenshot for your records.**



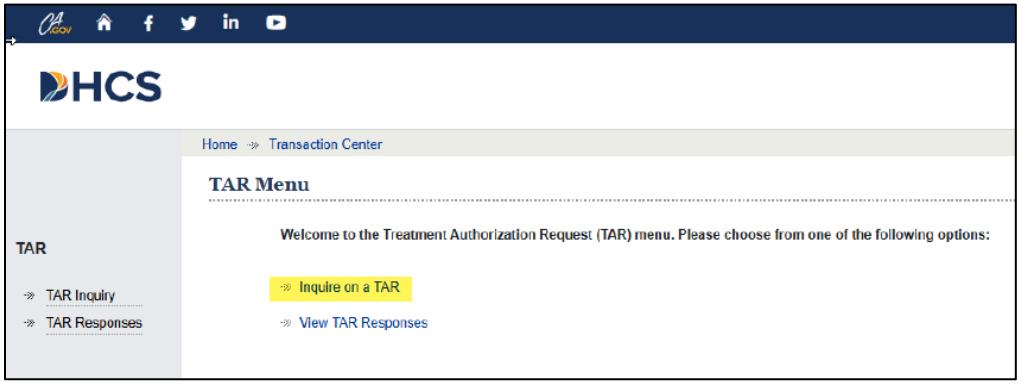
You did it! You have submitted an eTAR! Now we wait…

- **How do we know if the TAR has been approved, deferred, etc.?**

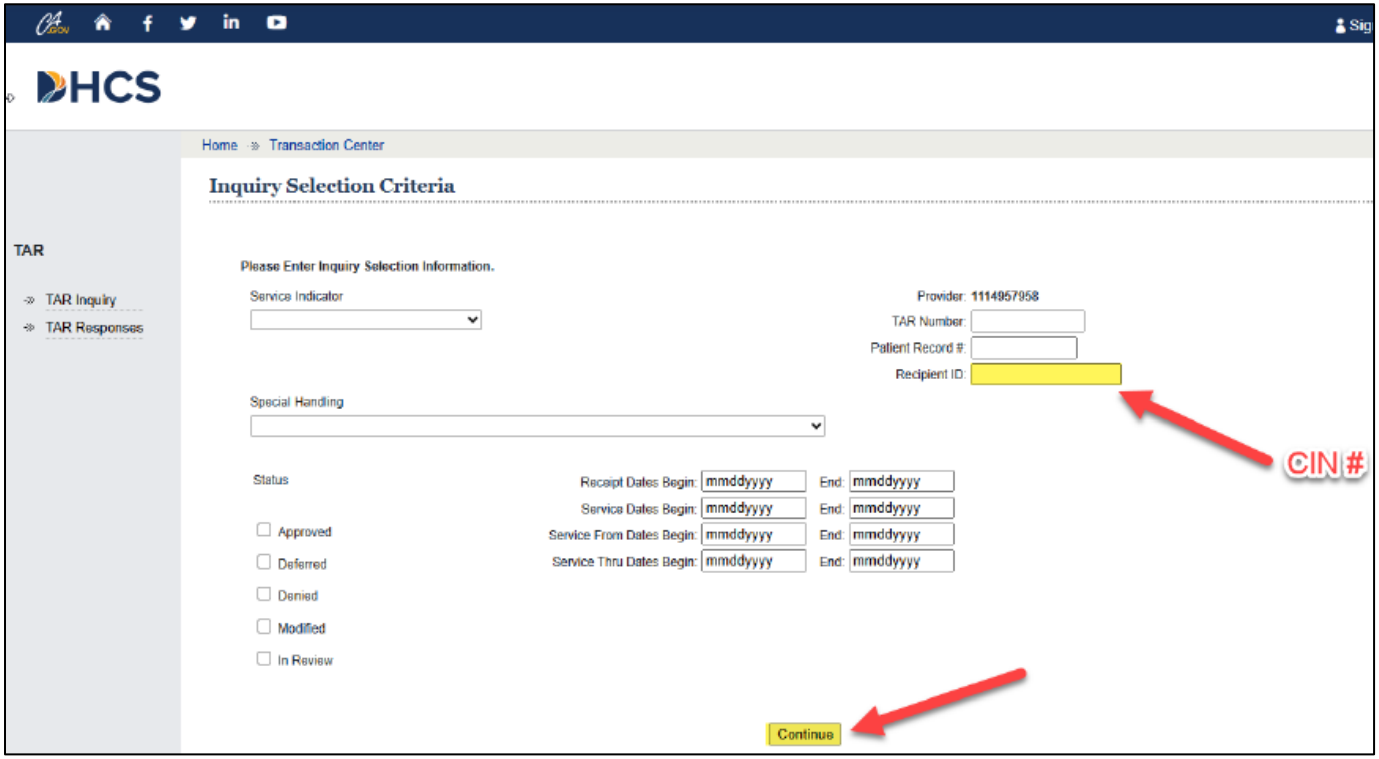
Navigate to Transaction Center and click on ‘eTAR Inquiry’



On this screen, select ‘Inquire on a TAR’

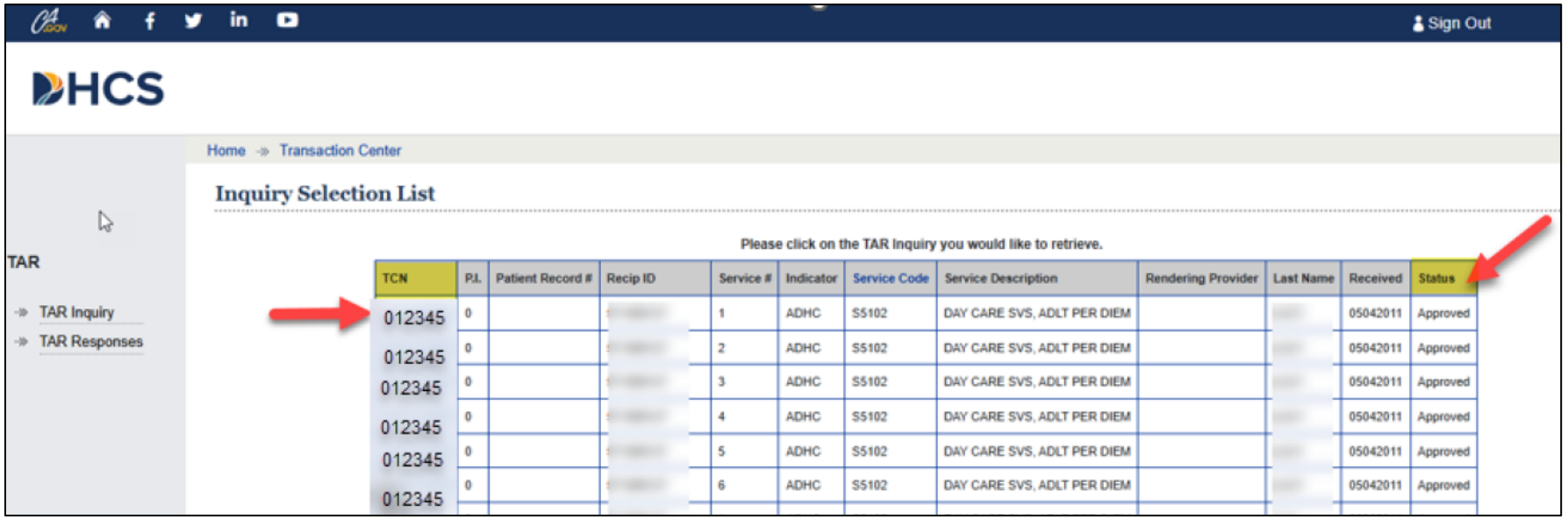


On the next screen, enter the Recipient ID (The Medi-Cal or CIN #) and click ‘Continue’



In the 'Inquiry Selection List' you will find all eTARs submitted for this participant.

- Under the 'TCN' section, you will find the eTAR number.
- Under the "Status" section, you can verify whether the TAR has been "Approved." **Once the TAR is approved, you may begin billing and no further steps are required.**

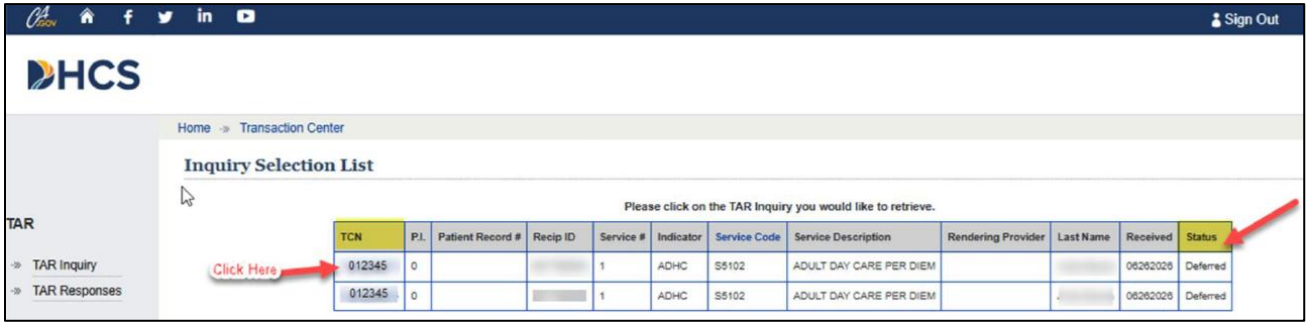


TCN	P.I.	Patient Record #	Recip ID	Service #	Indicator	Service Code	Service Description	Rendering Provider	Last Name	Received	Status
012345	0			1	ADHC	S5102	DAY CARE SVS, ADLT PER DIEM			05042011	Approved
012345	0			2	ADHC	S5102	DAY CARE SVS, ADLT PER DIEM			05042011	Approved
012345	0			3	ADHC	S5102	DAY CARE SVS, ADLT PER DIEM			05042011	Approved
012345	0			4	ADHC	S5102	DAY CARE SVS, ADLT PER DIEM			05042011	Approved
012345	0			5	ADHC	S5102	DAY CARE SVS, ADLT PER DIEM			05042011	Approved
012345	0			6	ADHC	S5102	DAY CARE SVS, ADLT PER DIEM			05042011	Approved

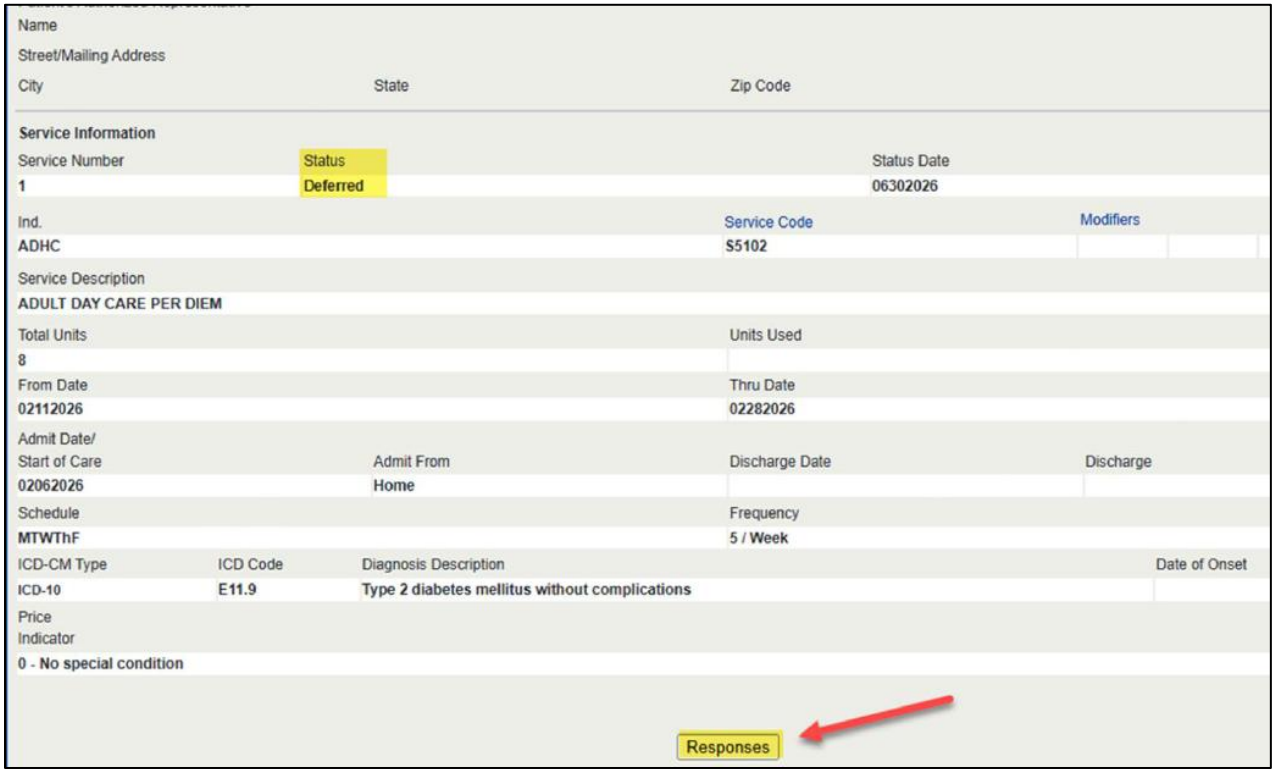
If you have a 'Deferred' or 'Denied' status…

To research why your submission has been ‘Deferred’ or ‘Denied’

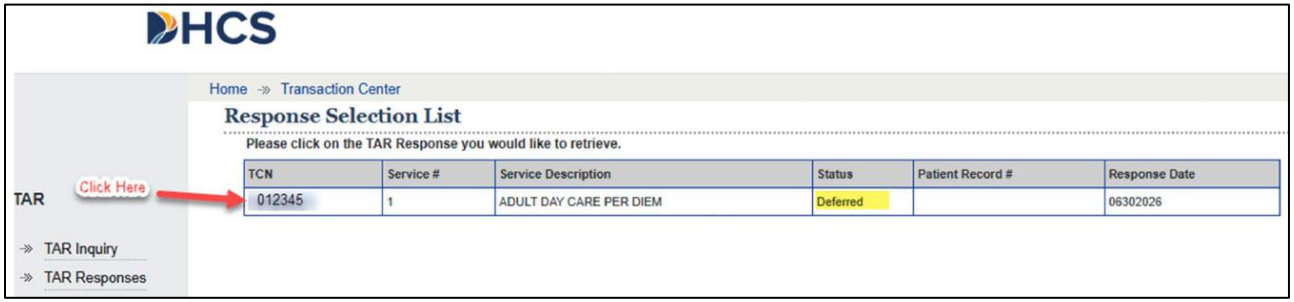
- Click on the TCN number you are inquiring about (i.e.: 012345)



You will see the page below: Click on ‘Responses’



Under Response Selection List click on TCN # once again.

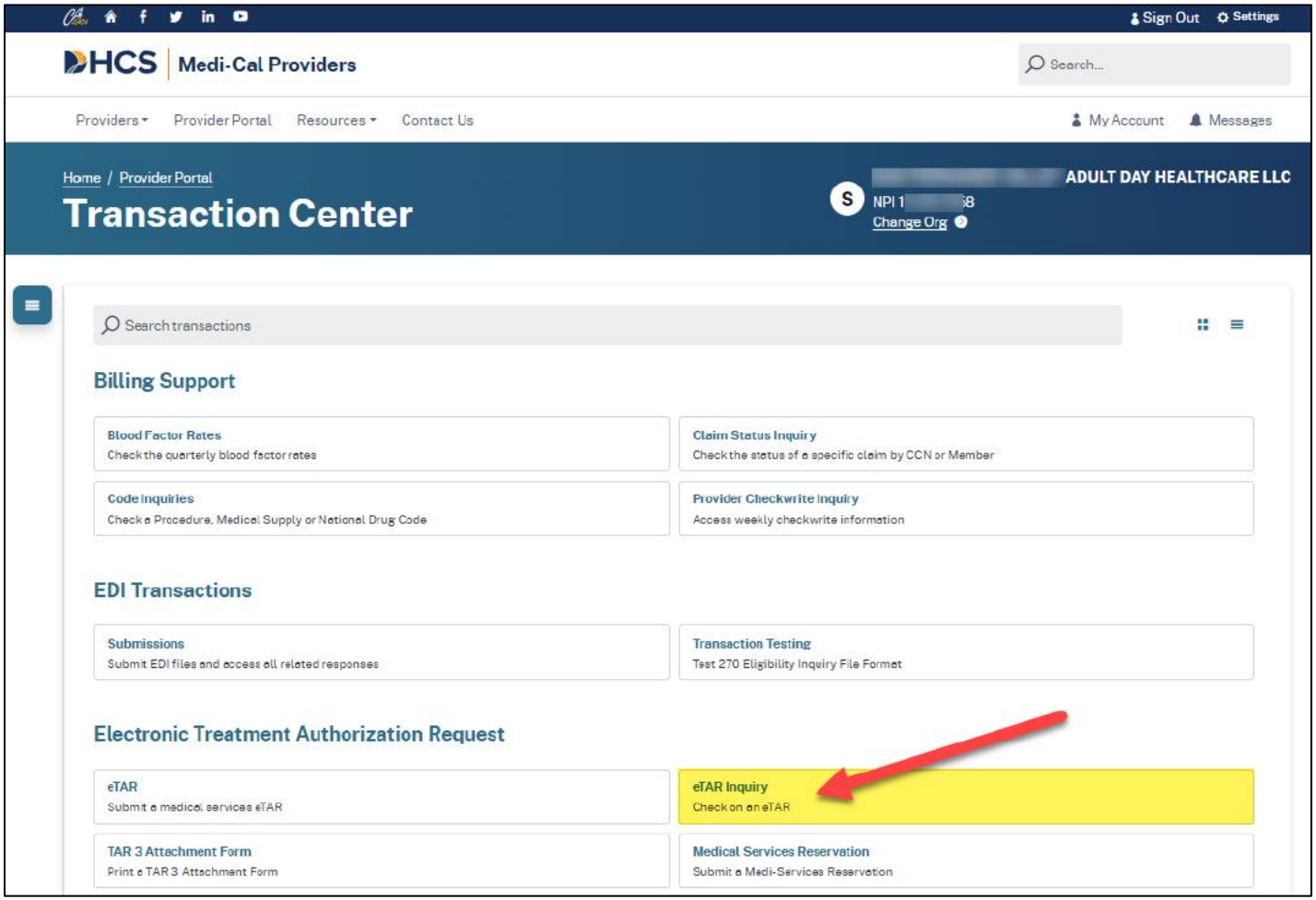


Review 'Action Reason List' and 'TAR Review Comments' on your next steps to complete the approval.

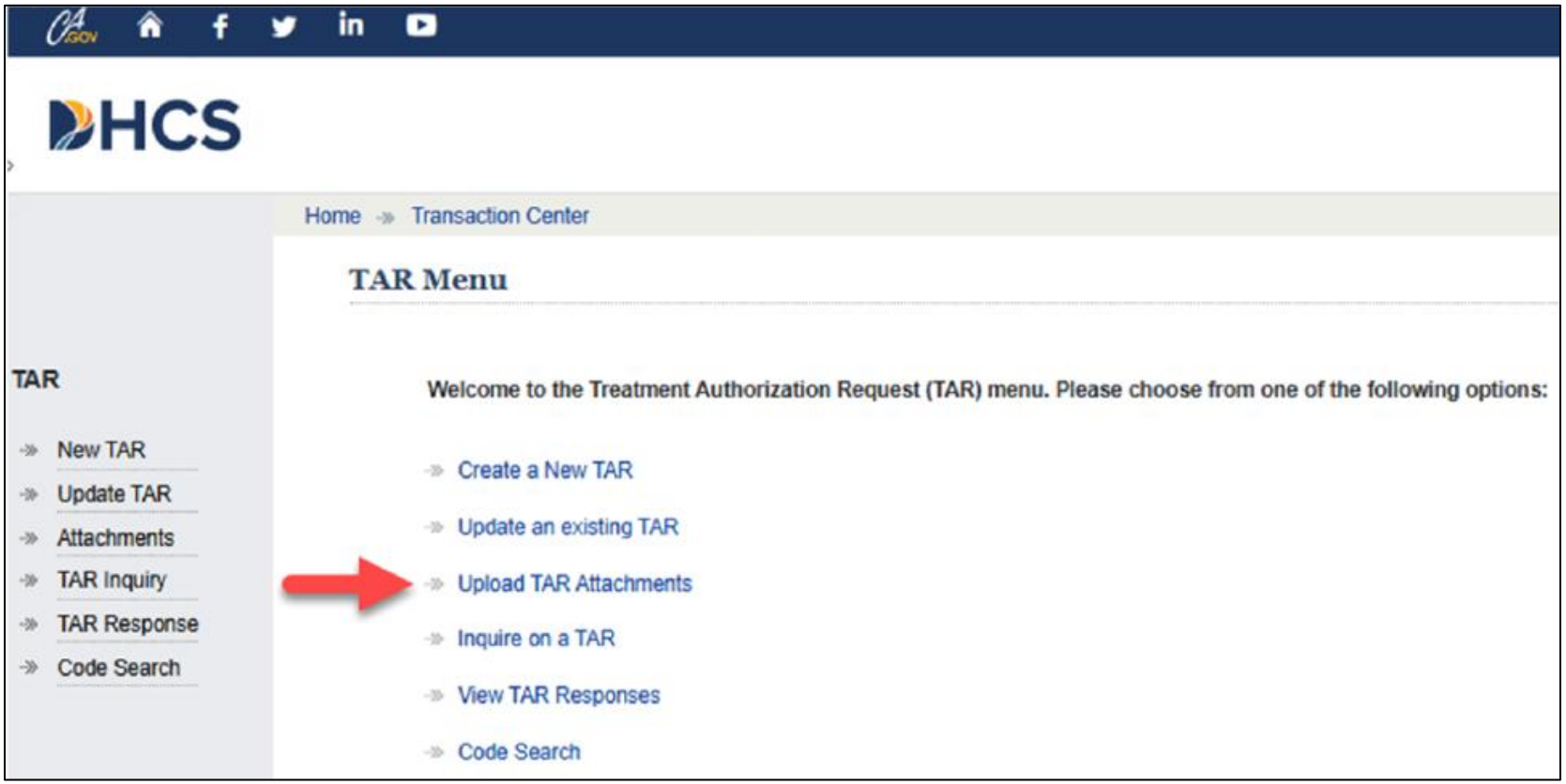
- Action Reason List: Indicates that Medi-Cal needs additional information before making a final decision. This is time-sensitive, so a response must be submitted within the required timeframe.
- TAR Review Comments: Provides details on what additional information or documentation is needed to complete the review and determine approval.



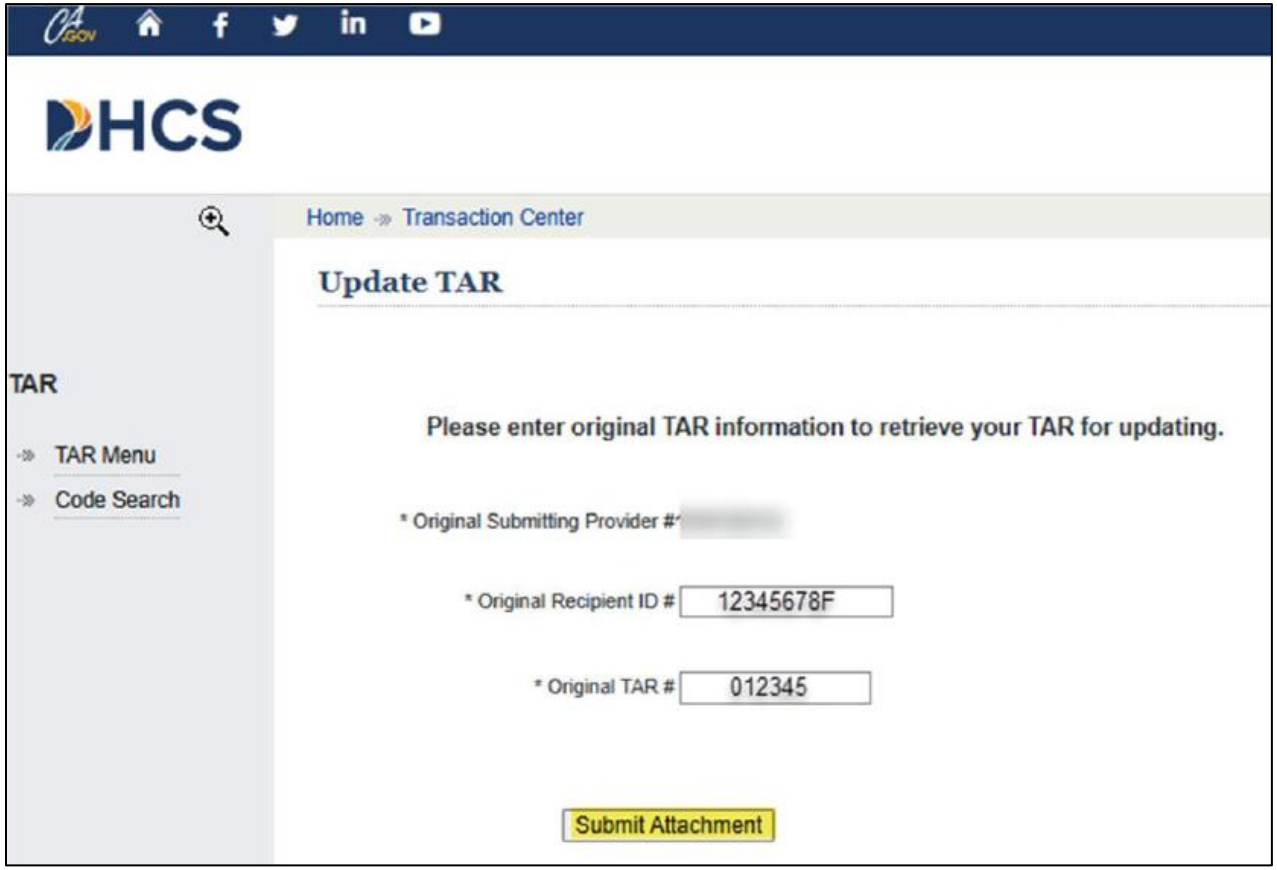
Do you need to respond to Medi-Cal by adding additional information to your eTAR?



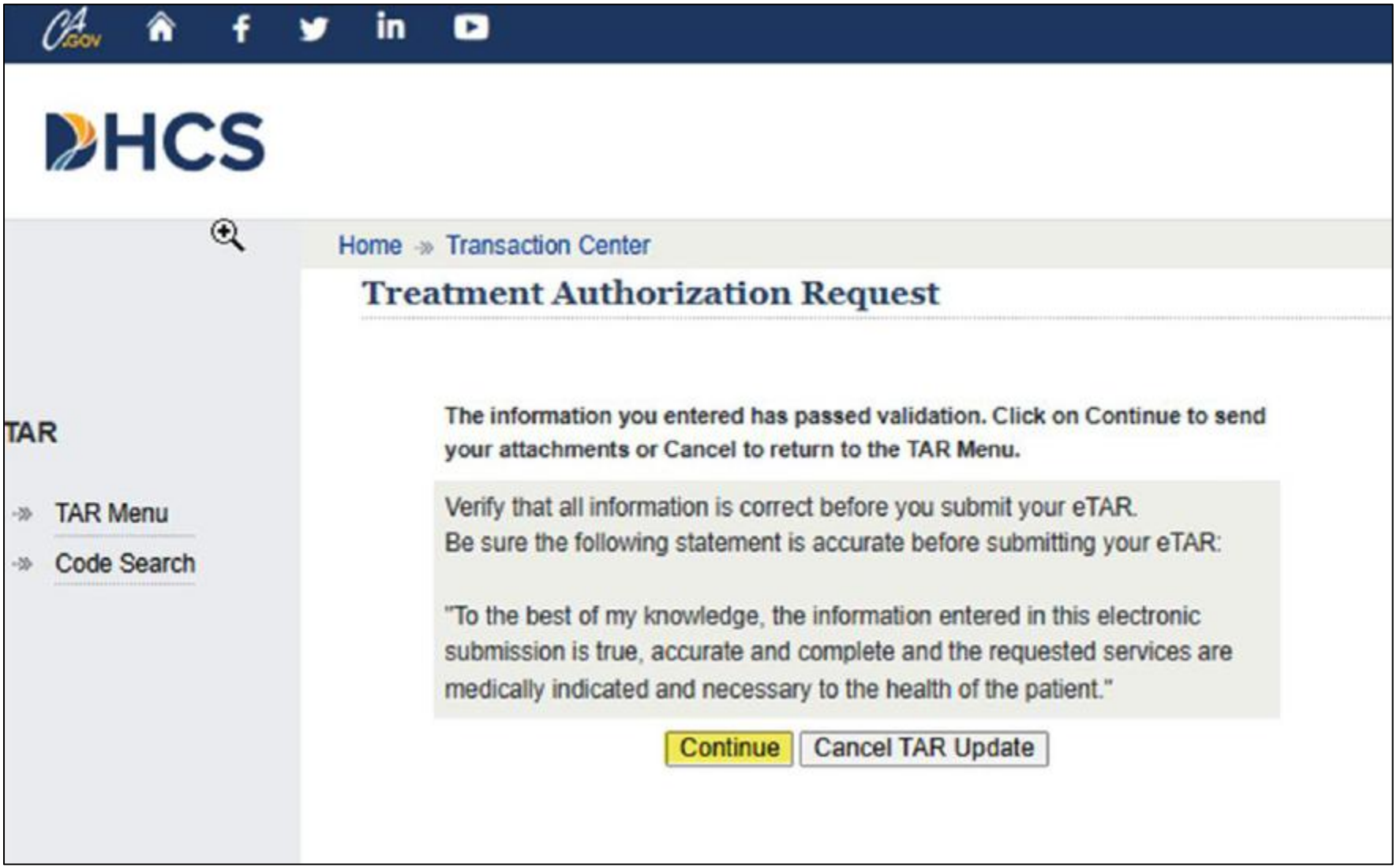
Go to ‘Upload TAR attachments’



- In the “Original Recipient ID#” field, enter the participant’s CIN#.
- In the “Original TAR#” field, enter the TAR number that was issued when the eTAR was submitted (e.g., 012345). Click ‘Submit Attachment’



Click ‘Continue’



Click “Choose File” to select your documents. Once all required files have been selected, click “Upload Files” to complete the submission.

***Note: Only upload the accepted file types (jpg, .jpeg, .gif, .png, .tif, .tiff, .bmp, .pdf, .txt). Failure to do so will result in the eTAR not being accepted.*

