

California Medicaid Medi-Cal 837 and 835

EDI Enrollment Instructions:

- Complete an enrollment for each billing NPI provider number.
- The provider service address must match the records on file at Medi-Cal. To verify, contact the Telephone Service Center at 800-541-5555 or 916-636-1200.
- Signatures must be that of the provider or a member of the group.
- Please Note: Some examples of acceptable signatures for group/facility enrollment are: Owner, Administrator, Director, Pres., V. Pres., Assistant Administrator, CFO, CEO, CMO, Controller, Treasurer, etc.
- This payer requires the enrollment to be completed online.
- When registering an organization, Medicaid will issue a one-time registration token directly to the designated individual. This token will be sent by hard-copy (paper) letter to the pay-to address on file with Medi-Cal. It must be used within 30 days of the date it is issued or it will expire.
- For assistance completing the online enrollment, please refer to the [User Guide](#) or contact the payer directly at 1-800-541-5555.
- PLEASE NOTE: The Claims enrollment **must** be submitted prior to enrolling for ERAs.
- EDI enrollment processing timeframe is approximately **5 business days**.

837 Claim Transactions:

- Once the Provider Portal Administrator has been selected and has received the token, navigate to <https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/login> to begin the login process.
 - Navigate to the Login screen and click **'Join Medi-Cal Provider Portal.'**
 - A **'Choose Your Organization Type'** screen will appear. Select **'Enrolled provider Organization.'**
 - The **'Secure Token ID'** screen will appear. Enter the unique token and select **'Submit.'**
 - The **'Terms and Conditions'** screen will appear. Check the box to agree to the terms.
 - Complete the **'Account Information'** fields on the next screen, then complete the steps to receive a passcode.
 - A window will appear stating, **'Registration Complete.'** An email will be sent to the email indicated during sign-up, to set up a password. Select the link to continue the registration process. **This must be done within 30 minutes or the link will expire.**
 - Complete the steps to setup your password.
- Once you have logged into the portal, navigate to the **'Submitter Management'** screen. You must be an Organization Administrator to view this screen.
 - Enter ClaimRemedi's submitter ID **KMY** and Zip Code **40202**.

- Complete the **‘Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHCS 6153).’** Please read the agreement form and then sign with First and Last name along with Title. Once complete, click **‘Next.’**
- A request complete screen will appear. Click **‘Back to Pending Requests.’**
- Under the **‘Pending Requests’** tab, select submitter organization, **ClaimRemedi, Inc.** to approve.
- Complete **‘Step 1: Assign NPI Permissions’** by assigning the submitter to an NPI within the organization and click **‘Next.’**
- Complete **‘Step 2: Transaction and Claim Type Permissions’** by selecting the claim types for the submitter to grant them access to submit claims on behalf of the organization. Once complete, click **‘Next.’**
- Complete **‘Step 3: Medi-Cal Telecommunications Provider and Biller Application/Agreement.’** Please read the agreement form and then sign with First and Last name along with Title. Once complete, click **‘Next.’**
- Complete **‘Step 4: Review and Submit’** by reviewing the previous steps. Click **‘Submit and Approve.’**
- A notification stating, **‘Request successfully approved’** will appear under the **‘Pending Requests’** tab.

835 Electronic Remittance Advice:

- While logged into the Medi-Cal portal, navigate to the **‘NPI Management’** screen.
- Select **‘835 Receiver Management’** then **‘Go to Receiver Management.’**
- Complete the **‘Electronic Health Care Claim Payment/Advice Receiver Agreement.’** Please read the agreement form and then sign with First and Last name along with Title. Once complete, click **‘Next.’**
- A request complete screen will appear.
- Navigate back to the **‘NPI Management’** screen, then select **‘835 Receiver Management.’**
- Under **‘Add Receiver,’** enter ClaimRemedi’s receiver ID **KMY** then click **‘Confirm.’**
- A confirmation window will appear, click **‘Confirm.’**

Date on-line enrollment completed: _____

Provider Name/NPI: _____

Submit Completed Document:

Submit any forms and this cover page to ESH@claimremedi.com
eSolutions Enrollment Team will complete the enrollment.