



**Department of Health Care Services
Children's Medical Services Network**



PEDI

Register Organization

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3 DEFINITIONS, ABBREVIATIONS, & ACRONYMS

The following terms, abbreviations, and acronyms may be used in this document:

Term	Definition
CCS	California Children’s Services
CIN	Client Identification Number
CMS	Children’s Medical Services
CMS Net	CMS Case Management System
CMS Net Web	CMS Case Management System – Web Application
DHCS	Department of Health Care Services
eSAR	Electronic Service Authorization Request
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
GHPP	Genetically Handicapped Persons Program
HCP or HP	Health Care Plan
MCP	Managed Care Plan
PEDI	Provider Electronic Data Interchange
PMF	Provider Master File (Medi-Cal Provider list)
NPI	National Provider Identifier
PSSN	Pseudo Social Security Number
SAR	Service Authorization Request
SCC	Special Care Center
SSN	Social Security Number
TP	Trading Partner

4 INTRODUCTION

Providers can now apply online for PEDI access.

Children's Medical Services Network (CMS Net) Provider Electronic Data Interchange (PEDI), hereafter known as CMS Net PEDI is an on-line interface for approved Providers, Hospitals and Managed Care Plans to search for California Children Services (CCS) and Genetically Handicapped Persons Program (GHPP) Service Authorization Requests (SARs). SARs for all counties in the State of California are included. The CMS Net PEDI is accessed via a secure Department of Health Care Services (DHCS) website, and encompasses security measures for access.

PEDI access allows Providers to electronically access the status of Requests for Services/Authorizations. In addition to viewing authorizations, each approved facility shall have the ability to print authorizations, denials and Notices of Action.

After the online PEDI form is submitted, the CMS Net Help Desk reviews and notify the Liaison (listed on the application) of approval or rejection via email. If approved, login credentials will be sent to the liaison's email address provided.

If the PEDI application is rejected, the CMS Net Help Desk sends an email to the requestor detailing the reason. The requestor can then resubmit a new form or contact the CMS Net Help Desk to edit the rejected form for reconsideration.

Objectives

After reviewing this manual, you will be able to submit the PEDI application for approval to the CMS Helpdesk for the following:

- A PEDI Organization account
- eSAR Trading Partner access
- SAR Access to specific NPI/SCC

5 RECORDED WEBINAR – REGISTER ORGANIZATION

You may watch the recorded webinar on how to apply for Provider Electronic Data Interchange (PEDI).

PEDI – Register Organization (How to Apply) recorded webinar link, using Windows Media Player or similar video player software.

<https://cmsprovider.cahwnet.gov/webinar/pedi/registerapplication.mp4>

6 PEDI ACCESS APPLICATION FORM

To access the form, click on the 'Register' button from the PEDI Login page.

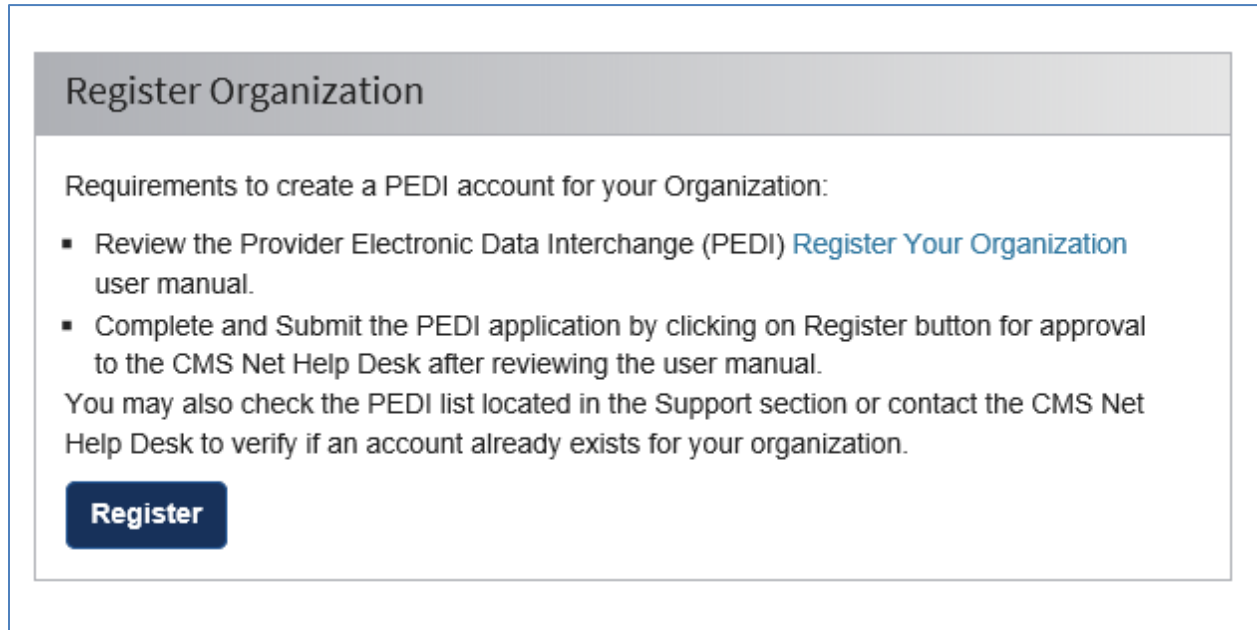


Figure 6-1, Register button

A 'Captcha' code appears for user validation.

Enter the text displayed as confirmation. Once the user clicks Submit, the application screen opens.

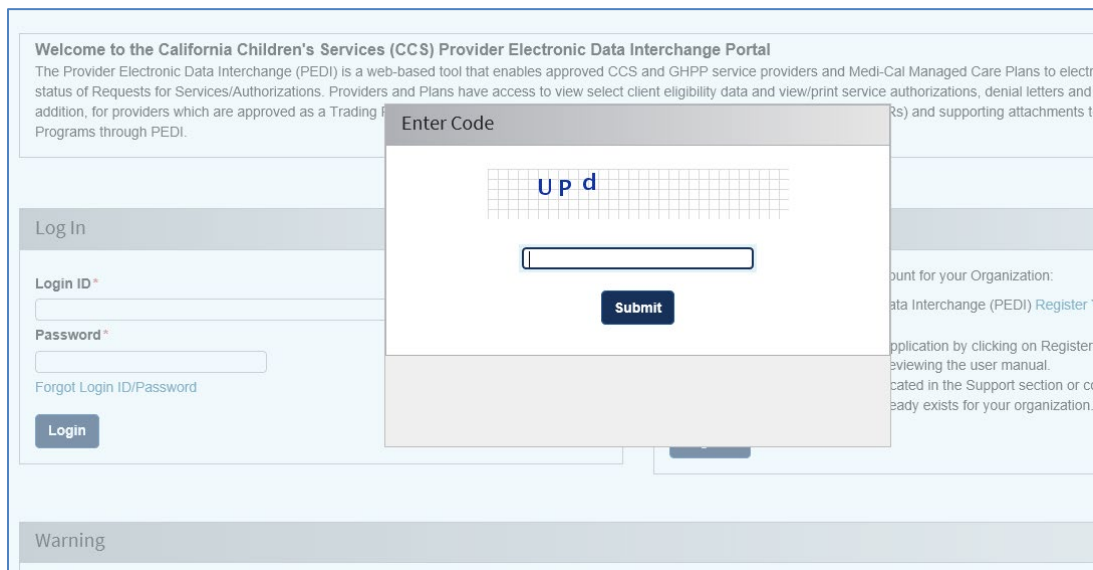


Figure 6-2, Captcha Verification window

The Provider Electronic Data Interchange (PEDI) Organization Liaison agreement will be displayed for the requestor to acknowledge before proceeding to the application page.

PROVIDER ELECTRONIC DATA INTERCHANGE (PEDI) ORGANIZATION LIAISON AGREEMENT

This Agreement is entered into by the California Department of Health Services (DHCS), Integrated Systems of Care Division, hereinafter referred to as ISCD, and the Organization PEDI Liaison (PEDI Liaison), hereinafter referred to as PEDI Liaison. The effective date of this Agreement is 10/23/2019. This Agreement is entered into notwithstanding that DHCS and the PEDI Liaison are Covered Entities as defined in 45 Code of Federal Regulations (CFR) Section 160.103. The purpose of this agreement is to provide the PEDI Liaison with Service Authorization Requests (SARs), Denial Letters and Notices of Action issued to the PEDI Liaison by the California Children's Services (CCS) Program or the Genetically Handicapped Persons Program (GHPP). These disclosures to the PEDI Liaison are being made for purposes of treatment, payment, and health care operations and are limited to the amount of information reasonably necessary to achieve these purposes in accordance with the provisions of 45 CFR Sections 164.506 and 164.514. Notwithstanding any other provision of this Agreement, DHCS terminate the Agreement without cause at any time by informing the PEDI Liaison of such termination in writing.

1. Recitals

- A. This Agreement has been determined to constitute a PEDI Liaison relationship under the Health Insurance Portability and Accountability Act ("HIPAA") and its implementing privacy and security regulations at 45 CFR Parts 160 and 164 ("the HIPAA regulations").
- B. DHCS wishes to disclose to PEDI Liaison certain information pursuant to the terms of this Agreement, some of which may constitute Protected Health Information ("PHI").
- C. "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium that relates to the past, present, or future physical or mental condition, diagnosis, prognosis, treatment, or payment of an individual, or the provision of health care to an individual, and that is created, owned, received, or transmitted by or for a covered entity, or that is created, owned, received, or transmitted by or for an individual who is a source of, creator, provider, or recipient of health care services, and that is identifiable to, or reasonably linkable to, an individual who is a source of, creator, provider, or recipient of health care services.

Figure 6-3, PEDI Liaison Agreement

A print option is also available if the requestor elects to print the agreement.

- E. Interpretation. The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.
- F. Regulatory References. A reference in the terms and conditions of this Agreement to a section in the HIPAA regulations means the section as in effect or as amended.
- G. Survival. The respective rights and obligations of PEDI Liaison under Section 6.C of this Agreement shall survive the termination or expiration of this Agreement.
- H. No Waiver of Obligations. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

Figure 6-4, PEDI Liaison Agreement option

The session times out after 30 minutes within the application. Submit request before session times out.

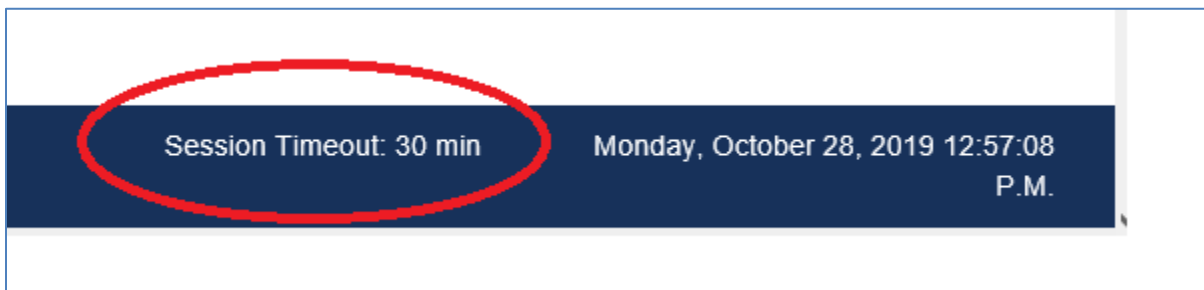


Figure 6-5, Application's 30 min Session Timeout

6.1 Organization Information

Enter Provider Information in this section.

Required fields are marked in *

Organization Management

Organization Type*

Organization Name*

Street Nr **Street Name*** **Street Type**

Unit **Number**

Other Line

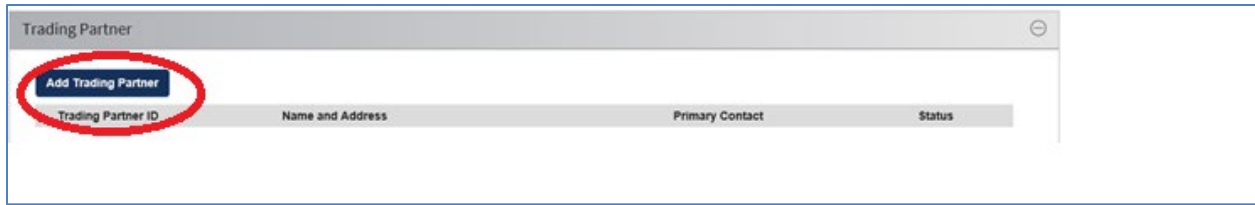
City **State** **County**

Zip*
 -

Organization Phone*
 Ext

Application Form Submitted By*

Figure 5-4, 'Provider' Organization type



Trading Partner ID	Name and Address	Primary Contact	Status
<input type="checkbox"/> Individual Name * <input type="text"/> Practice Type * Select <input type="text"/> Identification Code Qualifier * Identification Code * Select <input type="text"/> <input type="text"/> Street Nr Street Name * Street Type <input type="text"/> <input type="text"/> Select <input type="text"/> Unit Number Select <input type="text"/> <input type="text"/> + Other Line <input type="text"/> City State County Zip * <input type="text"/> - <input type="text"/>			

Figure 5-5, 'eSAR Trading Partner' selection opens Trading Partner section

1. **Organization Type:** (Required)
 - Provider
 - Health Plan
2. **Name:** Enter the name of your account. (Required)
3. **Address :** Enter office location (Required)
4. **City:** Displays only, appears after zip code search
5. **State:** Displays only, appears after zip code search
6. **Zip Code:** Enter the zip code and click "Find" button to activate search (Required)
7. **Organization Phone :** Enter the Phone Contact
8. **Application Form Submitted By:** Enter the name of the person submitting the PEDI application

6.2 Trading Partner Information (if applicable)

This section applies to only Provider Type Organization who wants to apply for Trading Partner (TP) to do the Electronic Service Authorization Request (eSAR).

6.2.1 Trading Partners

Trading Partners are those that decide to use electronic transactions to submit GHPP and CCS SAR requests via the PEDI application.

All Trading Partners who wish to exchange electronic Referral and SAR transactions with the Integrated Systems of Care Division (ISCD) / CMS Net must complete an application and have an active Trading Partner Agreement with ISCD. The Trading Partner Agreement is mutual consent to electronically exchange information between each party to the agreement, whether the entity is separate or a part of a larger group.

PEDI Organizations that may request to be eSAR Trading Partners are:

1. Providers
2. Hospitals

6.2.2 Applying for Trading Partners

The Trading Partner Information section becomes visible when “Provider” is selected as the **Organization type**.

Click on the “+” to extend the “Trading Partner” section. Click “Add Trading Partner” to view the form.

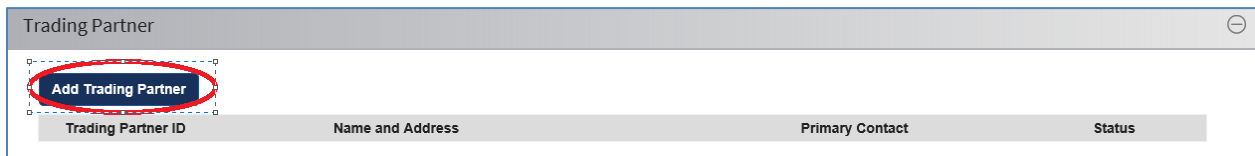


Figure 5-6, Add Trading Partner Button

Trading Partner ID	Name and Address	Primary Contact	Status
<input type="checkbox"/> Individual Name* <input type="text"/> Practice Type* <input type="text" value="Select"/> Identification Code Qualifier* Identification Code* <input type="text" value="Select"/> <input type="text"/> Street Nr Street Name* Street Type <input type="text"/> <input type="text"/> <input type="text" value="Select"/> Unit Number <input type="text" value="Select"/> <input type="text" value=""/> <input type="button" value="+"/> Other Line <input type="text"/> City State County Zip* <input type="text"/> - <input type="text"/>			

Primary Contact Information
Last Name* First Name* <input type="text"/> <input type="text"/> Electronic mail* <input type="text"/> Telephone* <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>
IT Contact Information
Last Name First Name <input type="text"/> <input type="text"/> Electronic mail <input type="text"/> Telephone <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>
<input type="button" value="Continue"/>

Figure 5-7, Trading Partner Popup form

6.2.3 Requestor /Trading Partner Information

Enter Trading Partner Information:

The screenshot shows a web form for entering trading partner information. At the top left, there is a checkbox labeled "Individual". Below it is a "Name*" field with a text input box. The "Practice Type*" field is a dropdown menu with "Select" as the current option. The "Identification Code Qualifier*" field is also a dropdown menu with "Select" as the current option, and the "Identification Code*" field is a text input box. The address section includes "Street Nr", "Street Name*", and "Street Type" (a dropdown menu with "Select" as the current option). Below that is the "Unit" field (a dropdown menu with "Select" as the current option) and the "Number" field (a text input box with a "+" button). The "Other Line" field is a text input box. The location section includes "City", "State", and "County" fields. At the bottom, the "Zip*" field is split into two text input boxes separated by a hyphen.

Figure 5-8, Trading Partner Popup – Trading Partner Information

- **Name: Required**
Enter the name of the entity. If the Trading Partner is an individual, please check the Individual box in the upper right hand corner and the Name fields will display.
- **Last Name: (Required)**
If Trading Partner is an individual, enter the Last Name of the Trading Partner
- **First name: Required (Conditional)**
If Trading Partner is an individual, enter the First Name of the Trading Partner
- **Middle Name: (Optional)**
- **Address : (Required)**
- **City: (Display Only)**
- **State: (Display Only)**
- **Zip Code: (Required)**
Enter first five digits of zip code and click on Find Button. City and State will auto populate.

- **Practice Type: Required Field**

Select from the following drop down values:

- Facility
- Mutually Defined
- Provider

- **Identification Code Qualifier: (Required)**

Select from the following drop down values:

- Employer's Identification Number
- Mutually Defined
- National Provider Number
- Social Security Number

- **Identification Code: Required**

Enter applicable number associated to Identification Code Qualifier.
Identification Code must be registered with Medi-Cal.

6.2.4 Primary Contact Information

Enter Primary Contact Information for Trading Partner:

The screenshot shows a form titled "Primary Contact Information" with a light blue background. At the top, there is a grey header bar with the title. Below the header, the form contains the following fields:

- Last Name ***: A text input field.
- First Name ***: A text input field.
- Electronic mail ***: A text input field.
- Telephone ***: A section containing three small text input boxes, followed by the label "Ext", and another small text input box.

Figure 5-9, Trading Partner Popup – Primary Contact Information

- **Last Name - (Required)**
Enter Last Name of Primary Contact Person
- **First Name - (Required)**
Enter First Name of Primary Contact Person
- **Middle Name – (Optional)**
Enter Middle Name of Primary Contact Person (if applicable)
- **Phone - (Required)**
Enter Telephone number of Primary Contact Person
- **Extension – (Optional)**
Enter Telephone extension number (if applicable)
- **eSAR – Trading Partner**
- **Submitter Guide**
Submitting an application
- **Fax - (Optional)**
Enter Fax number of primary contact person
- **Email – (Optional)**
Enter email address for primary contact person

6.2.5 IT Contact Information

- **Name – (Optional)**
Enter first and last name of IT Contact
- **Phone - (Optional)**
Enter the telephone number of IT Contact
- **Extension - (Optional)**
Enter the telephone extension number of IT Contact (if applicable)
- **Email- (Required)**
Enter email address for primary contact person

6.3 User Account Information

Providers and health plans will be able to add users once the initial PEDI application is approved. How to add/update users will be mentioned in the PEDI Liaison Guide.

6.4 Provider/Plan Information

This form is used to add National Provider Identifiers (NPI) or Special Care Centers (SCC) to the PEDI Organization. Adding NPIs/SCCs to your organization allows users in your organization access to authorizations, denials, referrals, letters, reports, and client information for that NPI/SCC.

Provider / Plan				
Search Provider / Plan Number				
<input type="text"/>	Display: 25 (Range 1-1000) records per page	Filter the records: <input type="text"/>		
▲ NPI / Plan Number	◆ Name	◆ Type	◆ Paneled / Approved Status	◆ PEDI Status
No records found				
Export to:				

Figure 5-10, Enter or Search by Provider Name or Provider Number

Enter Provider Information:

- **Enter Provider Name or Plan Name**

If multiple results match the criteria, a List of Provider Names will pop up. Select the desired Provider/Plan by clicking on the Name.

6.5 Submit button

6.5.1 Submitting the application

Once all required information is entered on the form, clicking the 'Submit' button sends the application to the CMS Net Help Desk for approval.



Figure 5-11, Application 'Submit' button

6.5.2 Submit Message

Once the application is submitted, user will receive successful message as below.

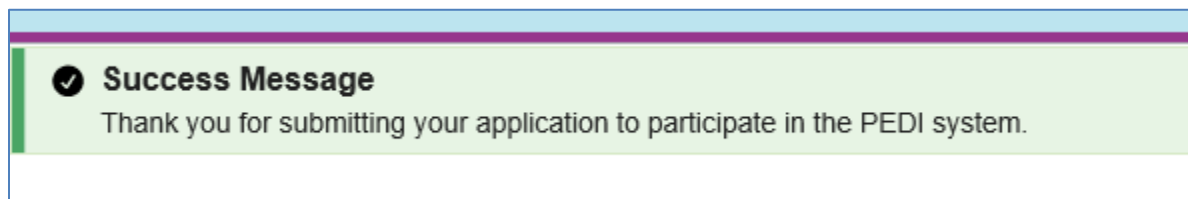


Figure 5-128, Application 'Submit' message