



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



PEDI

Register Organization

1 TABLE OF CONTENTS

1	Table of Contents.....	2
2	TABLE OF FIGURES.....	3
3	Definitions, Abbreviations, & Acronyms	4
4	Introduction	5
5	Recorded Webinar – New Application.....	6
6	PEDI Access Application Form	7
6.1	Organization Information.....	9
6.2	Trading Partner Information (if applicable)	11
6.2.1	Trading Partners.....	11
6.2.2	Applying for Trading Partners	11
6.2.3	Requestor /Trading Partner Information	13
6.2.4	Primary Contact Information.....	15
6.2.5	IT Contact Information	15
6.3	User Account Information.....	16
6.4	Provider/Plan Information.....	16
6.5	Submit button.....	17
6.5.1	Submitting the application.....	17
6.5.2	Submit Message.....	17

2 TABLE OF FIGURES

Figure 6-1, Register button	7
Figure 6-2, Captcha Verification window.....	7
Figure 6-3, PEDI Liaison Agreement	8
Figure 5-4, 'Provider' Organization type.....	9
Figure 5-5, 'eSAR Trading Partner' selection opens Trading Partner section	10
Figure 5-6, Add Trading Partner Button.....	11
Figure 5-7, Trading Partner Popup form	12
Figure 5-11, Trading Partner Popup – Trading Partner Information	13
Figure 5-12, Trading Partner Popup – Primary Contact Information	15
Figure 5-16, Enter or Search by Provider Name or Provider Number	16
Figure 5-17, Application 'Submit' button.....	17
Figure 5-18, Application 'Submit' message.....	17

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.

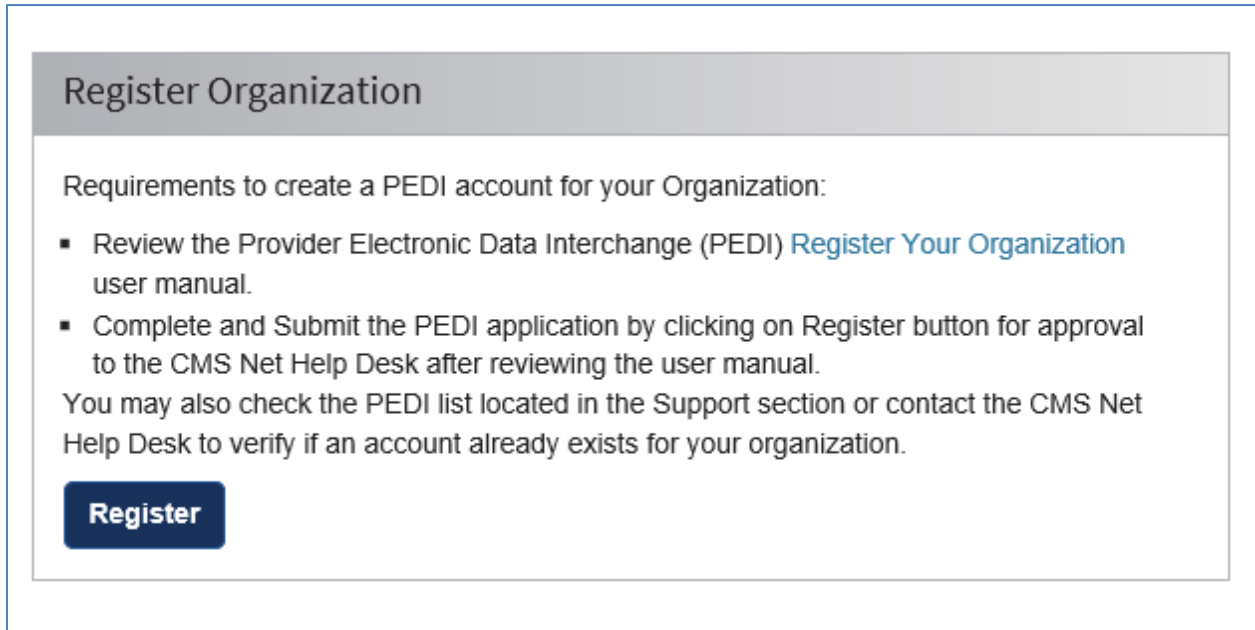


Figure 6-1, Register button

A 'Captcha' code appears for user validation.

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

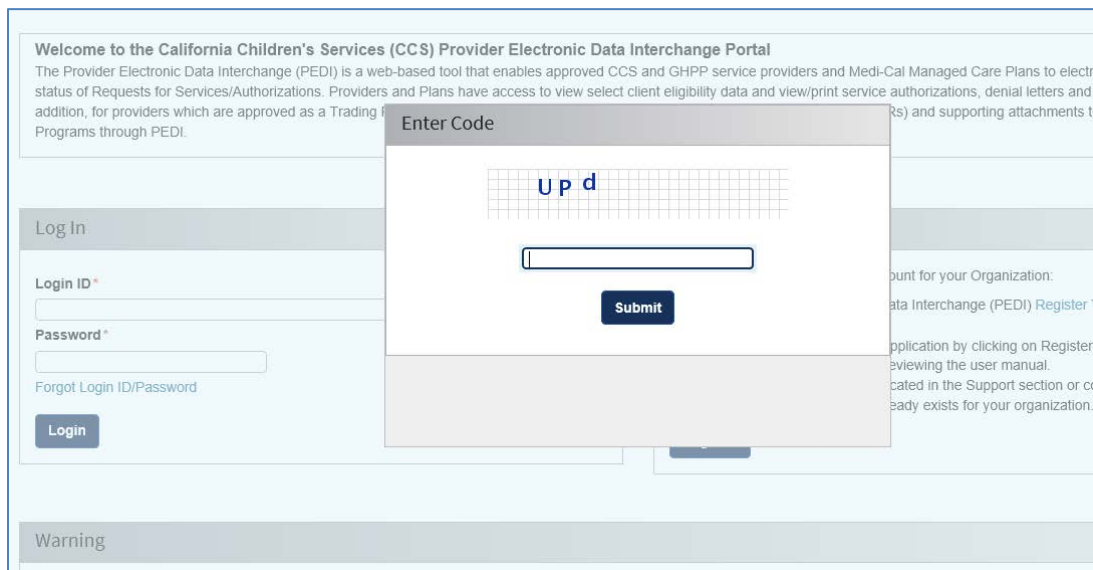


Figure 6-2, Captcha Verification window

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

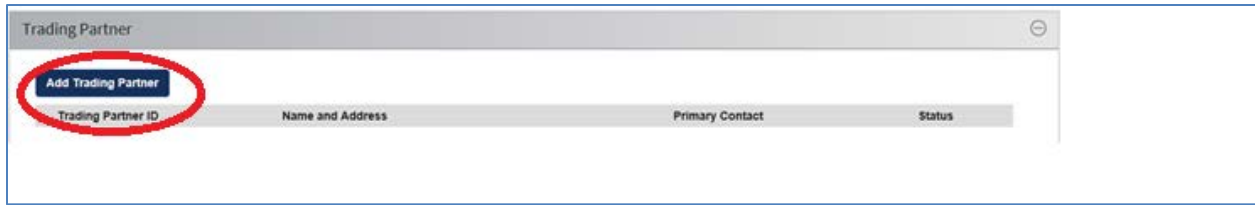
City **State** **County**

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.

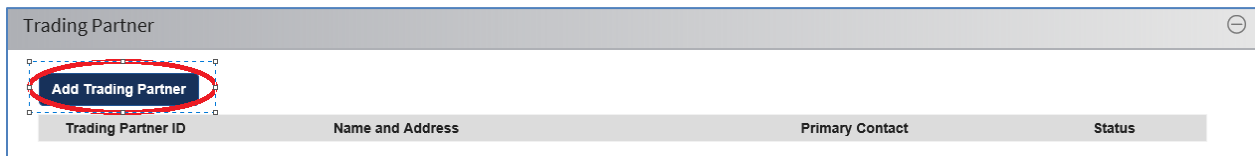


Figure 5-6, Add Trading Partner Button

Trading Partner ID	Name and Address	Primary Contact	Status
<input type="checkbox"/> Individual Name* <input type="text"/> Practice Type* 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"/>			

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:

Individual

Name *

Practice Type *

Identification Code Qualifier *

Identification Code *

Street Nr Street Name * Street Type

Unit Number

Other Line

City State County

Zip *

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:

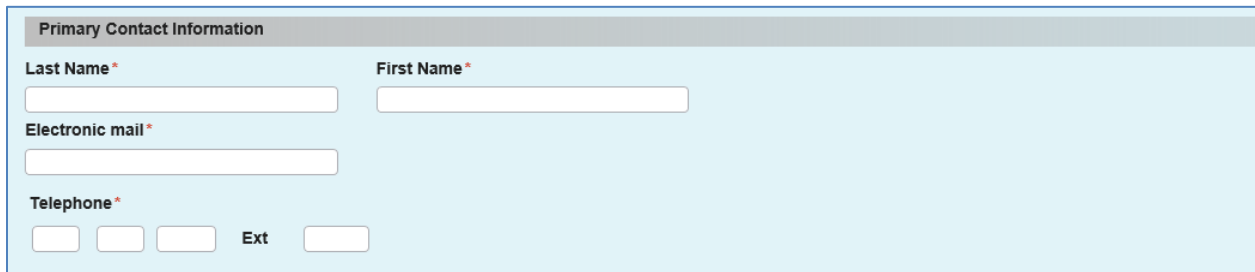


Figure 5-9, Trading Partner Popup – Primary Contact Information

- **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.

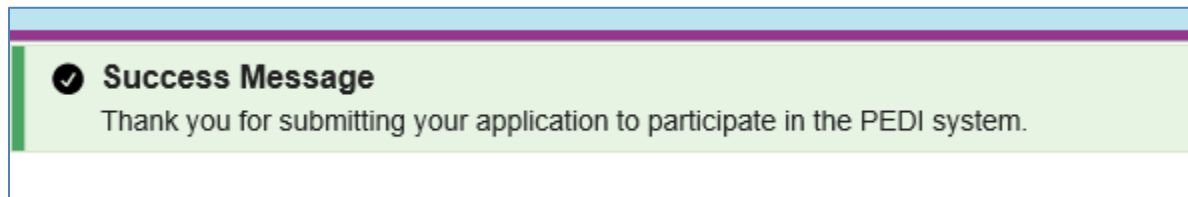


Figure 5-128, Application 'Submit' message