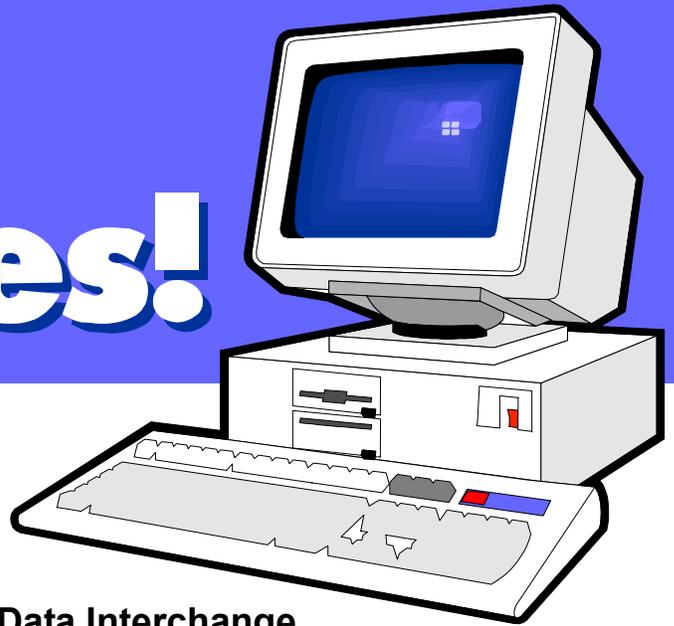


This Computes!



Department of Health Care Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #269

Provider Electronic Data Interchange (Name Change for PIP)

Background

The Children's Medical Services (CMS) Branch maintains secure website access for approved California Children Services (CCS) providers, Medi-Cal Managed Care Plans and Healthy Family Plans to electronically access the status of Requests for Services/Authorizations. The website, formally known as PIP, has been renamed to the Children's Medical Services Network (CMS Net) Provider Electronic Data Interchange (EDI). This interface allows each approved provider/plan to view service authorizations and print service authorizations and Notices of Action.

The CMS Net Provider EDI is not a stand alone system, rather, an EDI to CMS Net for our high volume providers and HIPAA covered entity health plan trading partners. This EDI was a natural evolution of CMS Net functionality necessary to accommodate changing business requirements driven by the dynamic health care delivery environment in which CCS must operate. It was a necessary to support access to care for CCS children served through the CCS regionalized system of specialty and subspecialty health care.

Currently, Medi-Cal Managed Care Plans, Healthy Family Plans, and large volume CCS providers may be approved for access to the CMS Net Provider EDI. CMS Net Provider EDI users include, but are not limited to, Children's Hospitals, University Hospitals, Tertiary Hospitals, large physicians groups, and CCS providers with a high volume of requests for services.

What you should know

CCS providers/plans wishing to participate in the CMS Net Provider EDI shall be aware of the following facts and requirements upon applying for access:

1. The information obtained through the CMS Net Provider EDI is not real time. The information obtained shall be current as of the previous day.
2. The site that shall be used to access the secure CMS Net Provider EDI is best supported with Internet Explorer 5.5 or higher. If an alternate Internet Browser is used the CMS Branch cannot guarantee results.
3. Each provider/plan shall have a designated CCS liaison(s) that shall be responsible for all communication with the CCS Regional Office and Information Technology Unit, coordination of users within the organization and dissemination of id's and passwords. The CCS liaison(s) shall also be responsible for notifying the CCS Regional Office of staffing changes (provider separation, user modification, etc.) including status of their position.
4. Each provider/plan must have internal agreements at their site between services including, but not limited to: Inpatient Services, Outpatient Clinics, Emergency Services, CCS Special Care Centers, and Billing regarding the internal distribution of CCS service authorizations.
5. Each provider/plan must assure that they have written permission from the providers within their domain to access the provider's individual authorizations. (This requirement is not applicable to health plans.)
6. Each provider/plan must be willing to eventually forgo having CCS send a hard copy of all service authorizations and Notices of Action.
7. Each provider/plan must be willing to enter into reciprocal agreements with State and local CCS programs permitting electronic access to medical information regarding CCS beneficiaries.

To request an application packet for the CMS Net Provider EDI, please contact the CMS Net Help Desk at CMSHelp@dhcs.ca.gov.