



Meridian
—
Health Plan

Provider Portal Functions

User Guide

Table of Contents

Welcome to the Provider Portal	4
Home	5
Eligibility Inquiry	5
Coordination of Care Message(s)	14
Notification(s)	16
Admin	18
Eligibility Inquiry	24
Authorizations	25
Request.....	25
Inquiry	31
Member	39
Demographics.....	39
Authorizations	44
HEDIS	48
Immunizations.....	53
COB	54
Claim Status.....	54
Provider	56
Enrollment.....	56
HEDIS	62
Claim Status.....	64
HEDIS Self Reporting.....	67
HEDIS Postcards	69
Professional Claims	71
Institutional Claims.....	75
Vendor	78
Feedback.....	81
Contact	82
FAQ	83
Fix Browser Error.....	84

Schedule Training.....	85
Logout.....	87
Conclusion.....	87

Welcome to the Provider Portal

Welcome to the Meridian Health Plan online Provider Portal! As a contracted provider, you can access the secure online Provider Portal and instantly:

- Verify Medicaid eligibility for Meridian members
- Check claims status
- Submit authorizations
- Review detailed member information, including needed HEDIS® measures

You should have received the Provider Portal Overview User Guide when you set up your account. The Provider Portal Overview User Guide explains how to set up your computer for optimal use and different administrative functions.

The Provider Portal Functions User Guide goes into more detail about specific functions that can be performed in the portal. It outlines each of the functions in the menu options. Our goal is to help you. We hope that you find the Provider Portal simple and easy to use.

There are question marks (?) in the upper right corner on various screens in the Provider Portal. Clicking these question marks brings up a help box for the screen you are viewing. If you still need assistance after reading the help box, please contact the Meridian Help Desk at 866-968-1935. Aside from the Help Desk, there are many other ways to reach us for help with the Provider Portal. These methods include the following:

- Live Chat
 - Use the Live Chat function on the Meridian website to instantly connect with a live person in the Provider Services department
- Contact your local Provider Network Development Representative
- Call the Provider Services department at 888-773-2647

Thank you for using the Meridian online Provider Portal.

Home

When you login to the Provider Portal, you land on the **Home** screen. On the left hand side you will see a menu of options. This User Guide will go through each of these options. You can minimize this menu by clicking the arrows facing the left at the top right. You can bring the menu back by clicking on the arrows on the top facing the right.



There are three features on the **Home** screen: **Eligibility Inquiry**, **Coordination of Care Message(s)** and **Notification(s)**. Each of these functions is described below.

The screenshot shows the Meridian Health Plan Provider Portal Home screen. On the left, a vertical menu lists various options like Admin, Eligibility Inquiry, Authorization, Member, Provider, etc. The main area has three main sections: 'Eligibility Inquiry' (circled in red), 'Coordination of Care Message(s)(0)' (circled in red), and 'Notification(s) (0)' (circled in red). Each section contains sub-fields and search/filter buttons.

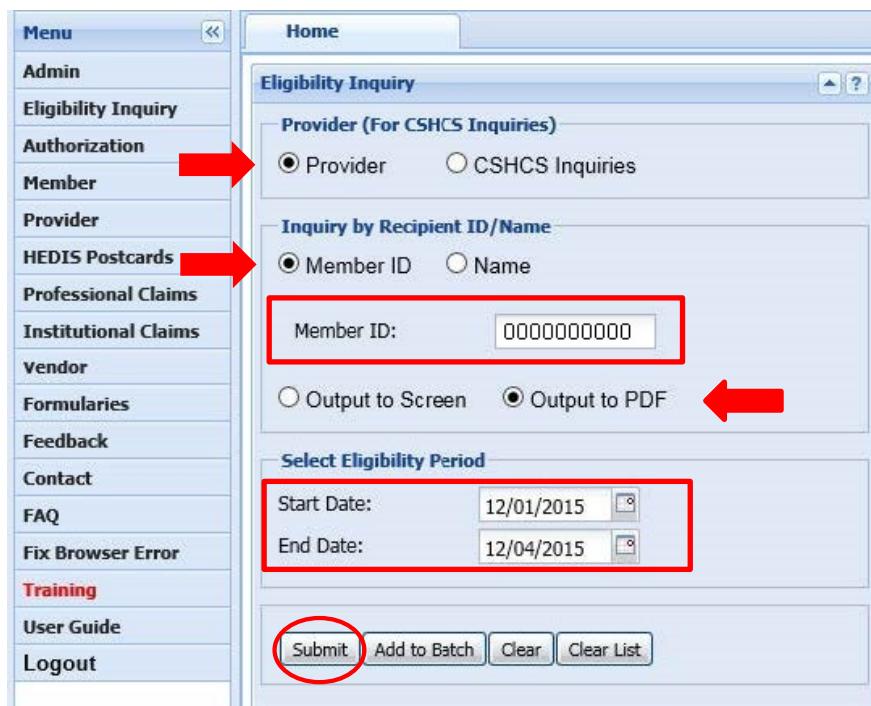
Eligibility Inquiry

You can verify eligibility for any Michigan Medicaid insurance by entering either the Member ID number or the member's name, date of birth or Social Security number. If “Output to PDF” is selected, a new screen will appear with a PDF of the member’s eligibility. “Output to Screen” will show the eligibility report in a new window. You can also select different time frames to check the eligibility of the member. You are only able to check eligibility for the previous three months.

Searching by Member ID

1. Login to the Provider Portal

2. On the “Home” screen, make sure “Provider” is selected at the top. In the middle box, check “Member ID” and enter the ID number
3. Be sure to select the desired “Output” option
4. Fill out the “Select Eligibility Period” date
5. Hit “Submit”



Menu

- Admin
- Eligibility Inquiry
- Authorization**
- Member**
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
- Contact
- FAQ
- Fix Browser Error
- Training**
- User Guide
- Logout

Home

Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

Inquiry by Recipient ID/Name

Member ID Name

Member ID:

Output to Screen Output to PDF

Select Eligibility Period

Start Date:

End Date:

6. The eligibility report based on the search prints a PDF in a new window. The PDF looks like this:

Run As Of: 06/25/2012 10:02:49

MICH DEPT OF COMMUNITY HEALTH

Member Id:

Name:

Birthdate:

Gender:

County:

Case Number:

Worker Load:

Medicaid

*This search shows that this member
was inactive during the month of June.*

Start Date	End Date	Coverage	Status	Provider/HMO
06/01/2012	06/25/2012		Inactive	

HEDIS

Measure	Sub Description	Last Seen

Searching by Name, DOB or SSN

1. Login to the Provider Portal
2. On the “Home” screen, make sure “Provider” is selected at the top. In the middle box, select “Name”
3. For “Inquiry by Name,” last name and date of birth or Social Security number are required. If you do not have this information, a warning message in red letters will appear

For Inquiry by Name, Last Name and Birth Date or Social Security number are required

4. Be sure to select the desired “Output” option
5. Fill out the “Select Eligibility Period” date
6. Hit “Submit”

Menu

- Admin
- Eligibility Inquiry**
- Authorization
- Member
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
- Contact
- FAQ
- Fix Browser Error
- Training**
- User Guide
- Logout

Home

Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

Inquiry by Recipient ID/Name

Member ID Name

Last Name: Dawson

First Name: Jack

Birth Date: 01/01/2001

Social Security: 000000000

Output to Screen Output to PDF

Select Eligibility Period

Start Date: 12/01/2015

End Date: 12/04/2015

Buttons: Submit (circled in red), Add to Batch, Clear, Clear List

7. The eligibility report will appear as a PDF in a new window

Run As Of: 06/25/2012 10:38:34

MICH DEPT OF COMMUNITY HEALTH

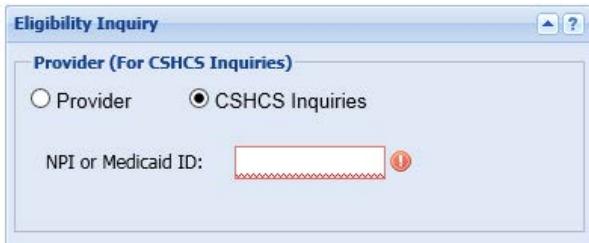
Member Id: 0000000000	County: Macomb
Name: Jack Dawson	Case Number: 0000000
Birthdate: 01/01/2000	Worker Load: 0000000
Gender: Male	

Medicaid

Start Date	End Date	Coverage	Status	Provider/HMO
06/01/2012	06/25/2012	PIHP Prepaid Inpatient Health Plan	Active	Northwest Cmh Affiliation 105 Hall St Unit A Traverse City MI 49684 Tel: (800) 492-5742
REFER TO MEDICAID PROVIDER MANUAL/MDCP WEBSITE FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS.				
06/01/2012	06/25/2012	MA Eligible for Medicaid	Active	(Red arrow points here)
REFER TO MEDICAID PROVIDER MANUAL/MDCP WEBSITE FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS. SOME SERVICES MAY NOT BE COVERED IF AGE 21 AND OLDER.				
06/01/2012	06/25/2012	FFS COPAY INFORMATION ONLY. Co-Payment: \$1.00	Co-payment	
REFER TO THE PROVIDER MANUAL FOR ALL CO-PAY REQUIREMENTS & EXCLUSIONS. OUTPATIENT HOSP CO-PAY IS FOR CLINIC VISIT. IF ENROLLED IN MHP, CONTACT PLAN FOR COPAY INFORMATION.				

CSHCS Inquires

You can review eligibility of members if he or she is enrolled with CSHCS through the “**Eligibility Inquiry**” function. On the top portion of the screen, select “**CSHCS Inquiries**” and enter the NPI or Medicaid ID number.



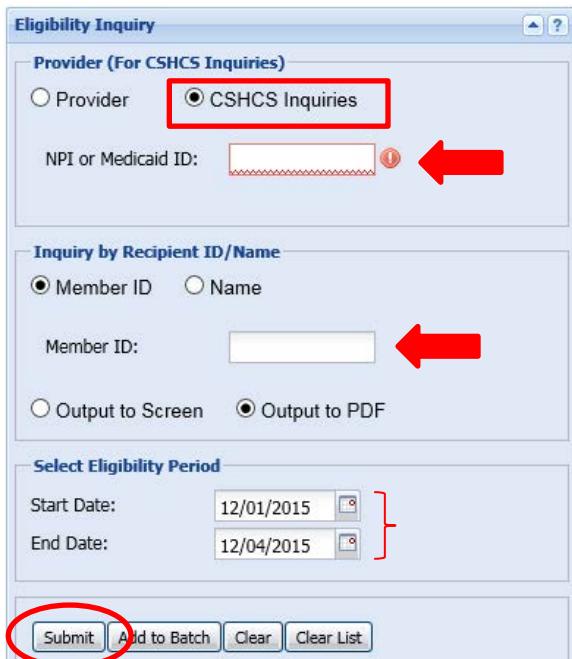
Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

NPI or Medicaid ID:

Enter the “**Member ID**” number or find the member by name and enter the required information. Fill out the “**Select Eligibility Period**” date. Hit “**Submit**.”



Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

NPI or Medicaid ID:

Inquiry by Recipient ID/Name

Member ID Name

Member ID:

Output to Screen Output to PDF

Select Eligibility Period

Start Date:

End Date:

Submit Add to Batch Clear Clear List

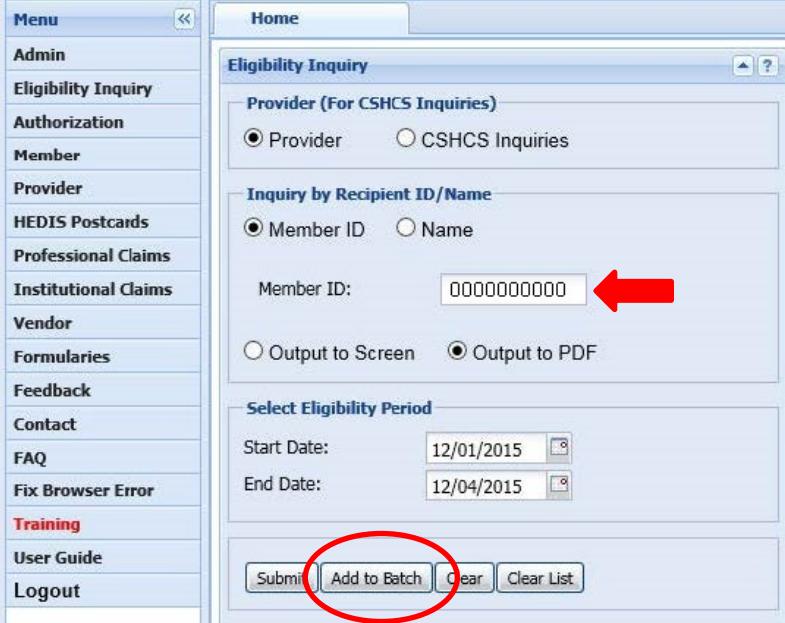
The eligibility report will appear in a new window as a PDF if the “**Output to PDF**” is selected or it will appear in a new screen if “**Output to Screen**” is selected.

Searching Members by Batch

Eligibility can be checked for multiple members at one time. This is done using the **Batch** button on the **Eligibility Inquiry** dialog box. When you verify eligibility for multiple members, your report appears in the **Notification(s)** pane to the right of the Eligibility window. Eligibility can be verified for the past 12 months, but you must perform your verification in 90 day increments.

1. Login to the Provider Portal

2. On the “Home” screen, make sure “Provider” is selected at the top. In the middle box, check “Member ID” and enter the ID number. You can also find member’s name
3. Be sure to select the desired “Output” option
4. Fill out the “Select Eligibility Period” date
5. Click “Add to Batch”



Menu

- Admin
- Eligibility Inquiry
- Authorization
- Member
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
- Contact
- FAQ
- Fix Browser Error
- Training**
- User Guide
- Logout

Home

Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

Inquiry by Recipient ID/Name

Member ID Name

Member ID:

Output to Screen Output to PDF

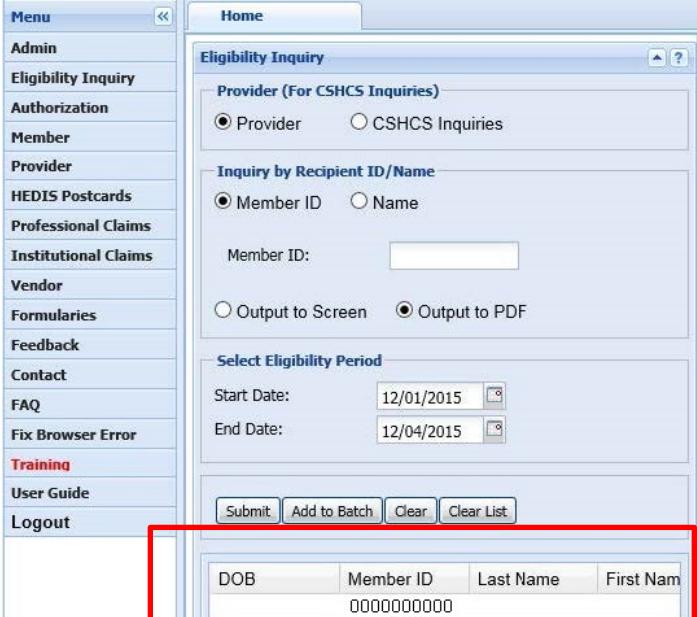
Select Eligibility Period

Start Date:

End Date:

Submit **Add to Batch** **Clear** **Clear List**

6. Once “Add to Batch” is selected, the Member ID is listed in a box below



Home

Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

Inquiry by Recipient ID/Name

Member ID Name

Member ID:

Output to Screen Output to PDF

Select Eligibility Period

Start Date:

End Date:

Submit **Add to Batch** **Clear** **Clear List**

DOB	Member ID	Last Name	First Name
	0000000000		

7. Repeat steps 2-5 to add other Member ID numbers

Menu

- Admin
- Eligibility Inquiry
- Authorization
- Member
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
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- FAQ
- Fix Browser Error
- Training**
- User Guide
- Logout

Home

Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

Inquiry by Recipient ID/Name

Member ID Name

Member ID: [Red arrow pointing to this field]

Output to Screen Output to PDF

Select Eligibility Period

Start Date: [Small red square]

End Date: [Small red square]

Buttons: Submit, Add to Batch, Clear, Clear List

DOB	Member ID	Last Name	First Name
	0000000000		

8. When all of the Member ID numbers you want to review are in the box, click “Submit”

Menu

- Admin
- Eligibility Inquiry
- Authorization
- Member
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
- Contact
- FAQ
- Fix Browser Error
- Training**
- User Guide
- Logout

Home

Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

Inquiry by Recipient ID/Name

Member ID Name

Member ID:

Output to Screen Output to PDF

Select Eligibility Period

Start Date: [Small red square]

End Date: [Small red square]

Buttons: Submit, Add to Batch, Clear, Clear List

DOB	Member ID	Last Name	First Name
	0000000001		
	0000000000		

} Searching these 2 ID numbers

9. A dialog box message will appear after hitting “Submit.” You will receive your report for the requested ID numbers in the “Notification(s)” section of the “Home” screen

Reviewing the Eligibility Reports

If you selected “Output to Screen” for any search, the eligibility report will appear like this:

Eligibility Inquiry - MDCH - Run As Of:12/04/15 10:12:28

Member Information				
Member Id: 0000000000	Name: Dawson, Jack	County: Macomb	Case Number: 0000000	
Birthdate: 01/01/2001	Gender: Male	Worker Load: 0000000	Redetermination: 01/01/2016	
Coordination Program:	Program Code:			

Medicaid				
Start Date	End Date	Coverage	Status	Provider/HMO
		MA-MC Medicaid Managed Care Health Benefit Plan Coverage Co-P Medical Care Co-Payment: \$0.00 C Chiropractic Co-Payment: \$0.00 Co Hospital Co-Payment: \$0.00 Coinsu Emergency Services Co-Payment: \$ Pharmacy Co-Payment: \$0.00 Coin:	Active	Meridian Health Plan Of Michigan Auto 1 Campus Martius Ste 700 Detroit MI 48226 Tel: (888) 437-0606

HEDIS		
Measure	Sub Description	Last Seen

Service Counts				
Visit Type	Benefit	Count	Available	Next Benefit Date
Behavioral H...	20	1PerDay	20	
Chiropractic	18	1PerDay	18	
Hearing Aid...	1	1PerDay	1	

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Michigan Health Plan Website

You are able to see if the member is active with Medicaid and if they have a Medicaid health plan by looking in the **main box** on the screen.

The bottom left corner shows what **HEDIS measures** the member is due for. The bottom right will show the **Medicaid service counts** the member is eligible for.

If you click “Print” on this screen, the PDF version appears in a new window. This is the PDF report that you would get if the “Output to PDF” was selected in the original “Eligibility Inquiry” search.

Illinois Eligibility

Illinois providers have the ability to only look up eligibility when entering in a member ID.

There is also the option to utilize the Illinois HFS MEDI system from the website that is linked to the Eligibility Inquiry screen.

The Primary Care Physician can also click on the Provider menu (see page 56) and select the **Enrollment** tab to view the enrollment list of the selected provider.

The screenshot shows a software interface for managing patient eligibility. On the left, under 'Eligibility Inquiry', there are instructions for PCPs and specialists, a link to the Illinois HFS MEDI system, and a 'Member ID' input field with 'Submit', 'Add To Batch', and 'Clear List' buttons. Below this is a table for entering Member ID and LOB information. On the right, there are two message lists: 'Coordination of Care Message(s)(3)' containing three messages about Interdisciplinary Care Team Meetings, and 'Notification(s) (1)' containing one message about a Provider Hedis Report.

Eligibility Inquiry

PCP - Please click 'Provider' menu on the left and select 'Enrollment' tab to view the enrollment list of the selected provider.

Specialist - Please click 'Member' menu on the left and enter the member's ID number to view the member status.

You may also utilize the Illinois HFS MEDI system at the following website:
<https://secure.myhfs.illinois.gov/login/AuthenticateUserRoaming>

Providers may also contact Meridian Health Plan at 1-866-606-3700 to verify a Member's eligibility or for further support.

Member ID :

Member ID	LOB

Coordination of Care Message(s)(3)

Mark Read/Unread Refresh Reply

enter search text All Providers within the Group

Subject	Date
Interdisciplinary Care Team Meeting For: Edna S...	09/30/2015
Interdisciplinary Care Team Meeting For: Edna S...	09/30/2015
Interdisciplinary Care Team Meeting For: Edna S...	10/08/2014

Notification(s) (1)

Mark Read/Unread Delete Refresh Print

enter search text Received

Subject	Date
Provider Hedis Report	02/25/2016

Medicaid

Start Date	End Date	Coverage	Status	Provider/HMO
06/01/2012	06/25/2012	PIHP Prepaid Inpatient Health Plan	Active	
06/01/2012	06/25/2012	MA Eligible for Medicaid	Active	
06/01/2012	06/25/2012	MA FFS DENTAL	Active	
06/01/2012	06/25/2012	MA-MC Medicaid Managed Care	Active	Meridian Health Plan Of Michigan 777 Woodward Ave Ste 600 Detroit MI 48226 Tel: (888) 437-0606 PCP Tel:

HEDIS 

Measure	Sub Description	Last Seen
Cholesterol Management After Acute Cardiovascular Events	Cholesterol Management After Acute Cardiovascular Events	
Controlling High Blood Pressure	Controlling High Blood Pressure	

Medicaid Service Counts

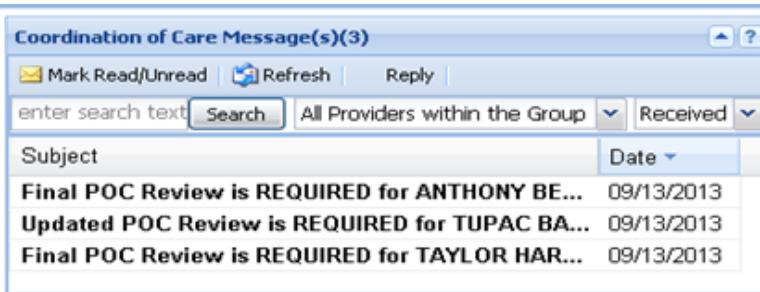
Visit Type	Benefit	Count	Available	Next Benefit Date
Behavioral Health	20	0	20	
Vision - Exam	1	0	1	
Vision - Frames	1	0	1	
Vision - Lenses	1	0	1	

The PDF eligibility report (above) shows if the member is eligible for Medicaid, what Medicaid health plan the member has, and the member's Primary Care Provider (PCP) and the phone number for the PCP. You can also review needed HEDIS measures. The "**Medicaid Service Counts**" shows how many benefits the member has left. If the member is not eligible for a benefit, the date of the next benefit would appear in the "**Next Benefit Date**" column at the far right.

Coordination of Care Message(s)

On the right hand side of the **Home** screen is the **Coordination of Care Message(s)** inbox. This inbox is where Meridian communicates with providers. Providers can view and reply to messages sent by a member's Care Coordinator.

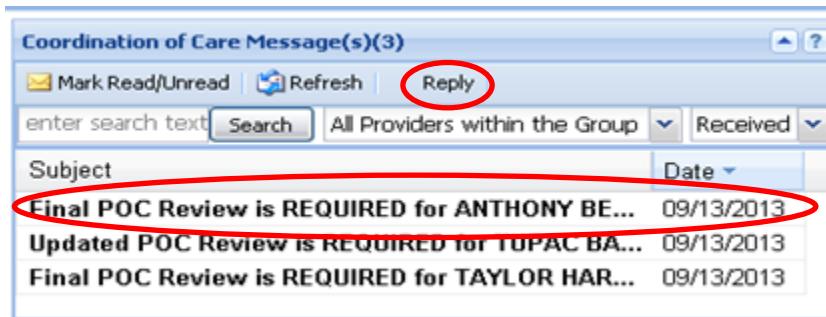
1. Login to the Provider Portal
2. Look on the right side of the screen. New or unread messages will be in **bold**



A screenshot of a computer screen showing a list of coordination of care messages. The window title is "Coordination of Care Message(s)(3)". At the top, there are buttons for "Mark Read/Unread", "Refresh", and "Reply". Below that is a search bar with "enter search text" and a "Search" button, followed by dropdown menus for "All Providers within the Group" and "Received". A red arrow points to the "Reply" button. The message list shows three items:

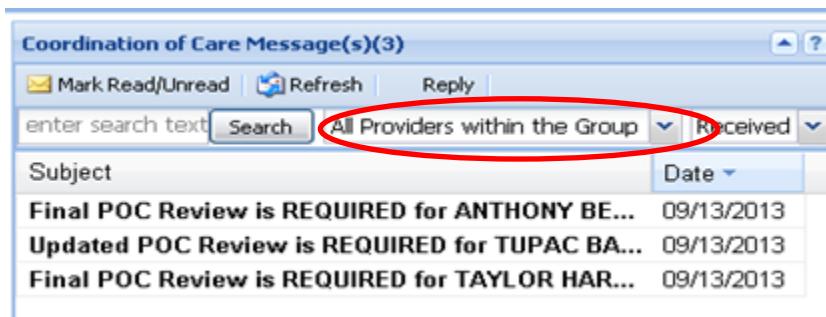
- Final POC Review is REQUIRED for ANTHONY BE... 09/13/2013
- Updated POC Review is REQUIRED for TUPAC BA... 09/13/2013
- Final POC Review is REQUIRED for TAYLOR HAR... 09/13/2013

- To reply back to a message, double click the selected message you would like to respond to, or highlight the message and click **Reply**



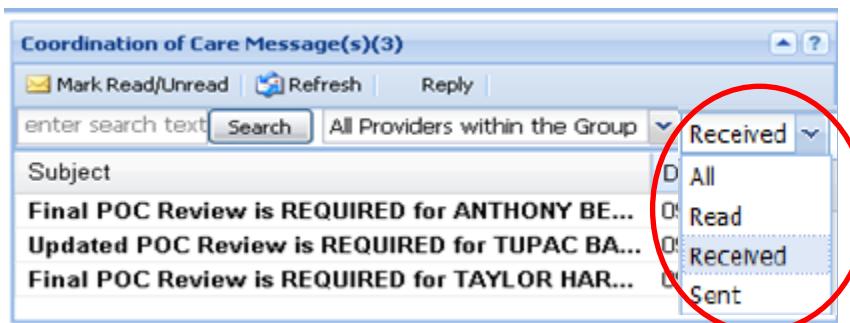
A screenshot of the same window as above, but with the "Reply" button highlighted by a red circle. The first message in the list, "Final POC Review is REQUIRED for ANTHONY BE...", is also circled in red.

- The "Provider" drop down populates all the provider names within the group



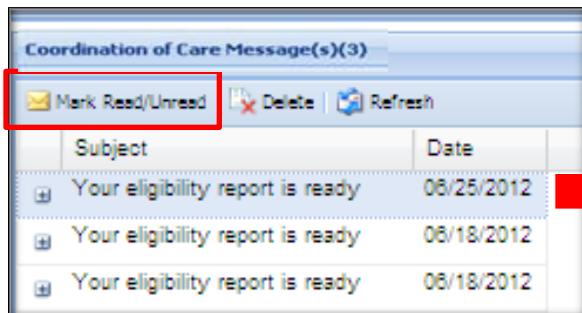
A screenshot of the window showing the "All Providers within the Group" dropdown menu highlighted by a red circle. The menu lists provider names: All, Read, Received, and Sent.

- E-mails can be filtered by "All," "Read," "Received" or "Sent"



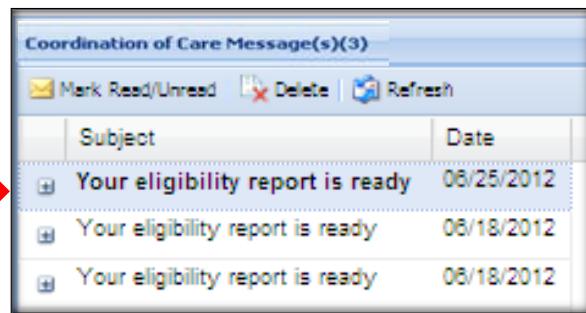
A screenshot of the window showing the "Received" option selected in the dropdown menu, which is highlighted by a red circle. The dropdown menu also includes "All", "Read", and "Sent".

Mark a message as read or unread by selecting/highlighting the message you want to change and clicking the **Mark Read/Unread** icon at the top. The font will change to **bold** to show a message is unread.



Subject	Date
Your eligibility report is ready	06/25/2012
Your eligibility report is ready	06/18/2012
Your eligibility report is ready	06/18/2012

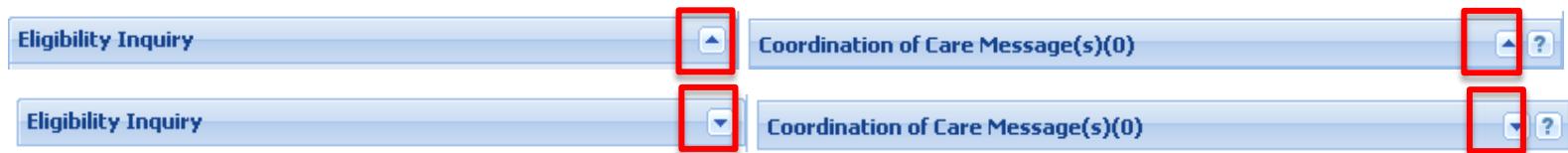
The top message is selected to be changed.
Click the **Mark Read/Unread** button at the top.



Subject	Date
Your eligibility report is ready	06/25/2012
Your eligibility report is ready	06/18/2012
Your eligibility report is ready	06/18/2012

After selecting **Mark Read/Unread**, the top message is bold to show it has not been read

Minimize the **Eligibility Inquiry** window, **Care Coordination Message(s)** inbox or **Notification(s)** inbox on the **Home** screen by clicking the  on the top right of each of the screens. To bring back the screen, click the  button.



Notification(s)

The **Notification(s)** section of the **Home** screen allows Meridian to send bulletins, messages, reports and notifications of receipt for authorizations submitted online. If you do a batch eligibility request, those eligibility reports also show up here.

1. Login to the Provider Portal
2. Look on the right side of the screen. New or unread messages will be in **bold**.



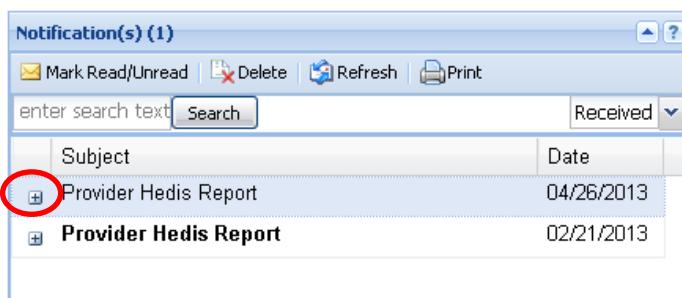
Notification(s) (2)

Mark Read/Unread | Delete | Refresh | Print

enter search text Received

Subject	Date
Provider Hedis Report	04/26/2013
Provider Hedis Report	02/21/2013

3. To read a message, click the + next to the message



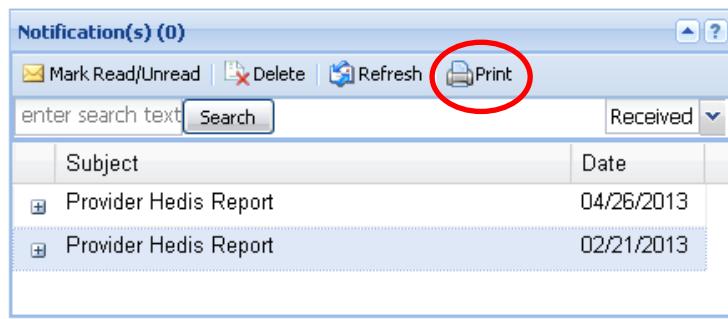
Notification(s) (1)

Mark Read/Unread | Delete | Refresh | Print

enter search text Received

Subject	Date
Provider Hedis Report	04/26/2013
Provider Hedis Report	02/21/2013

4. Click **Print** to view the message



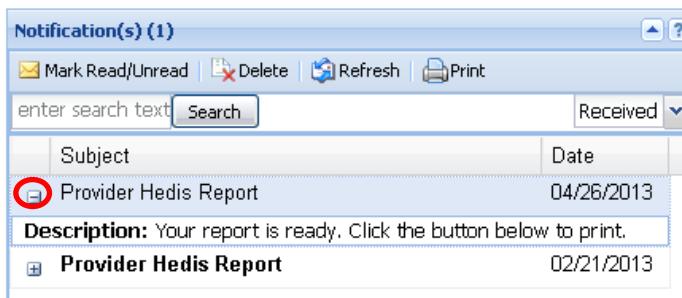
Notification(s) (0)

Mark Read/Unread | Delete | Refresh |

enter search text Received

Subject	Date
Provider Hedis Report	04/26/2013
Provider Hedis Report	02/21/2013

5. To close the message, click the – sign



Notification(s) (1)

Mark Read/Unread | Delete | Refresh | Print

enter search text Received

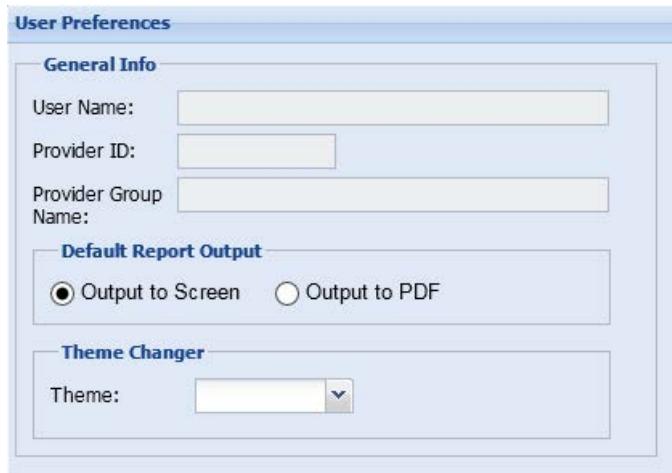
Subject	Date
Provider Hedis Report	04/26/2013
Description: Your report is ready. Click the button below to print.	
Provider Hedis Report	02/21/2013

Admin

Selecting **Admin** on the left side will display a list of functions the administrator is able to perform. The administrator is the user with 001 at the end of the User ID.



User Preferences



The User Preferences screen is divided into three main sections:

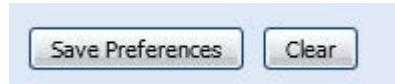
- General Info:** Contains fields for User Name, Provider ID, and Provider Group Name.
- Default Report Output:** A radio button group where Output to Screen is selected, and Output to PDF is available.
- Theme Changer:** A dropdown menu labeled "Theme:".

1) General information can be inserted onto this screen. Some of the information that can be inserted into this tab include:

- **Username**
- **Provider ID number:** again if the user ID ends in 001 they are the primary administrator for their account
- **Provider Name Group:** What is the name of the office/institution that is utilizing the Provider Portal
- **Default Report Output:** When this is selected, either a PDF or a screen will pop up with information pertaining to the provider group
 - *Note: The user preferences options work the same way as the Eligibility Inquiry screen

User Information

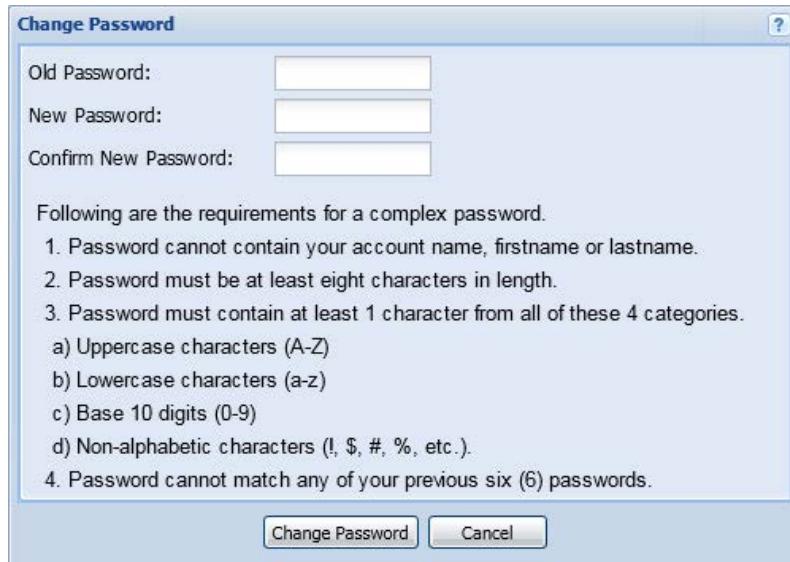
- 1) All user information will be saved here
- 2) Anything with a required field will have a ! to indicate that the correct information will be passed along to Meridian



*The Save Preferences option, located under the User Preferences section, will save anything that has been updated to the account

Change Password

When the change password option is selected, a new window will appear with an instruction of requirements to have a secure password



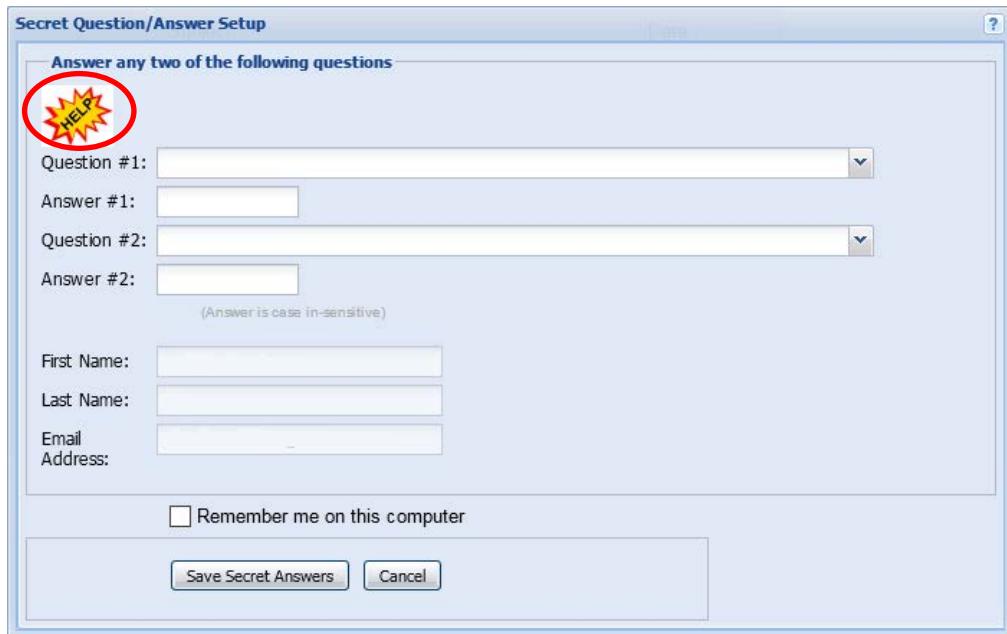
The dialog box is titled "Change Password". It contains three input fields: "Old Password", "New Password", and "Confirm New Password". Below these fields is a list of requirements for a complex password:

- Following are the requirements for a complex password.
- 1. Password cannot contain your account name, firstname or lastname.
- 2. Password must be at least eight characters in length.
- 3. Password must contain at least 1 character from all of these 4 categories.
 - a) Uppercase characters (A-Z)
 - b) Lowercase characters (a-z)
 - c) Base 10 digits (0-9)
 - d) Non-alphabetic characters (!, \$, #, %, etc.).
- 4. Password cannot match any of your previous six (6) passwords.

At the bottom of the dialog are two buttons: "Change Password" and "Cancel".

Change Questions

- 1) When providers sign into the Provider Portal, they will be asked questions before they have access to the home screen
- 2) They can change the questions located in the Change Questions tab. A new window will open and then will give the opportunity to change their security questions



Secret Question/Answer Setup

Answer any two of the following questions

Question #1:

Answer #1:

Question #2:

Answer #2:
(Answer is case in-sensitive)

First Name:

Last Name:

Email Address:

Remember me on this computer

- 3) When the Help button is selected, a new window will appear to show how to properly and safely choose different types of questions and answers for your security matters

Manage Accounts

- 1) The Manage Accounts tab is where providers will be able to **create user accounts** throughout their organization



New User Request

Number of user(s):

- 2) **Existing user account** explains the amount of users that are on the account



Existing User Account

Currently there are 23 user(s) in this group. The user(s) range from (zzz 001- zzz023).

- 3) There are fields that will be required in order to **create, update, or terminate** a user that is under the same account

Never Used/Active/Terminated User(s)

User Information		Contact Information	
Username:	<input type="text"/>	<input type="checkbox"/> Terminate	<input type="text"/>
First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="button" value="▼"/>	Zip:	<input type="text"/>
		<input type="text"/>	
		Extension:	<input type="text"/>
		Home:	<input type="text"/>
		Cell:	<input type="text"/>
		Direct:	<input type="text"/>
		Fax:	<input type="text"/>
		Email:	<input type="text"/>

- 4) The buttons below how different functions also when updating or referring to a different user on the account

Export Users Info	Bulk Password Reset	Reset Password, Secret Q/A	Update User	IDs Never Used	Active Users	Terminated Users	Clear
-----------------------------------	-------------------------------------	--	-----------------------------	--------------------------------	------------------------------	----------------------------------	-----------------------

- a) **Export Users Info**- a Microsoft Excel spreadsheet will appear with all active/inactive users information including user ID, last name, first name, email address, and their status (whether they are active or inactive)
- b) **Bulk Password Reset**- a window will appear asking how many of the users need their passwords reset



- c) **Reset Password, Secret Q/A**- The primary user can change passwords and secret questions for other users on the account

- d) **Update User-** User information will need to be inputted in order for the update user button to be accessible. Otherwise, a notification will appear if no user is selected saying: "Please enter the username"
- e) **IDs Never Used-** A list appears showing any user IDs that have not been in use under the account

Never Used/Active/Terminated User(s)

zzz010- zzz015, zzz020- zzz015|7|200

- f) **Active Users-** A list appears showing any user IDs that are in use under the account

Never Used/Active/Terminated User(s)

Active user(s) : zzz001-zzz011, zzz 013, zzz 015-zzz016, zzz 021 zzz022

- g) **Terminated Users-** A list appears showing any user IDs that have been deselected from the account

Never Used/Active/Terminated User(s)

Terminated user(s) : zzz012, zzz014, zzz 017-zzz020, zzz023

- h) **Clear-** any information entered in any of the options above can be erased by selecting this button

Manage Providers

- 1) Provider Management will give the primary administrator authority to remove any providers from the same user account

Provider Management

Remove Existing Providers

Provider:

Selected P

Truman, Will	ist
Adler, Grace	...
McFarland, Jack	
Walker, Karen	

Remove Existing Providers

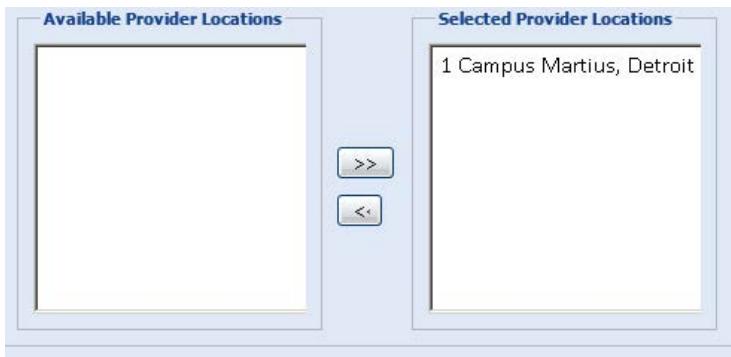
Provider:

- 2) Providers can be deleted from the User account list by selecting Add to List and then selecting Delete from List

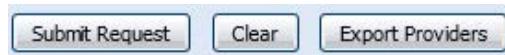
3) The Administrator can also add Providers to the user account by entering in the providers NPI number and selecting add to group



4) When information pertaining to the address of the users ID, if it was filled out during the User Preferences, or if this is the address that was supplied to Meridian, it will automatically show up under provider locations



5) Any of the requests made can be submitted to Meridian for final change. Export providers will make an excel spreadsheet and includes address information for each provider under the group

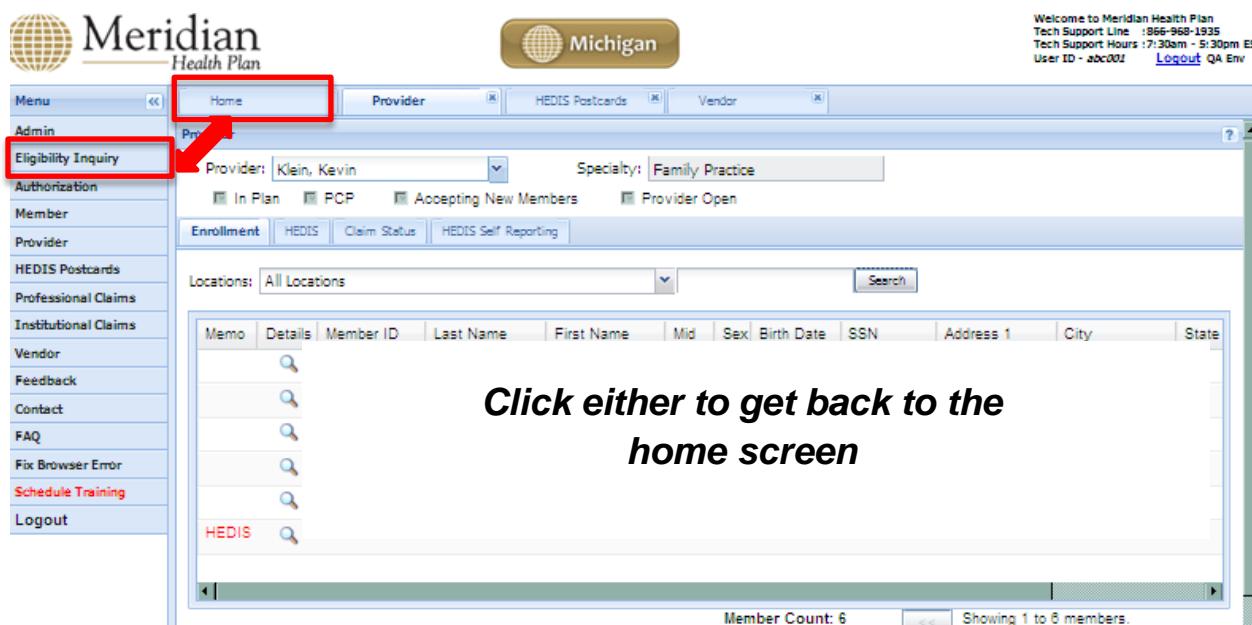


Eligibility Inquiry

You can verify eligibility for any Michigan Medicaid insurance by entering either the Member ID number or the member's name, date of birth or Social Security number. If "Output to PDF" is selected, a new screen will appear with a PDF of the member's eligibility. "Output to Screen" will show the eligibility report in a new window. You can also select different time frames to check the eligibility of the member. You are only able to check eligibility for the previous 3 months.

The **Home** screen section (pages 5-13) details the **Eligibility Inquiry** functions and explains how to review the eligibility reports. Please refer to that section for specific information. The **Eligibility Inquiry** and **Home** screen are the same.

If you are in another tab and you want to get back to checking eligibility, click **Eligibility Inquiry** on the left-hand menu or the **Home** tab on the top.



Authorizations

Under the **Authorizations** menu, you can submit an authorization or inquire about an authorization electronically rather than by fax or phone. There will be two types of options to view an inquiry: any submitted **before** November 15, 2015 or **after** November 15, 2015.

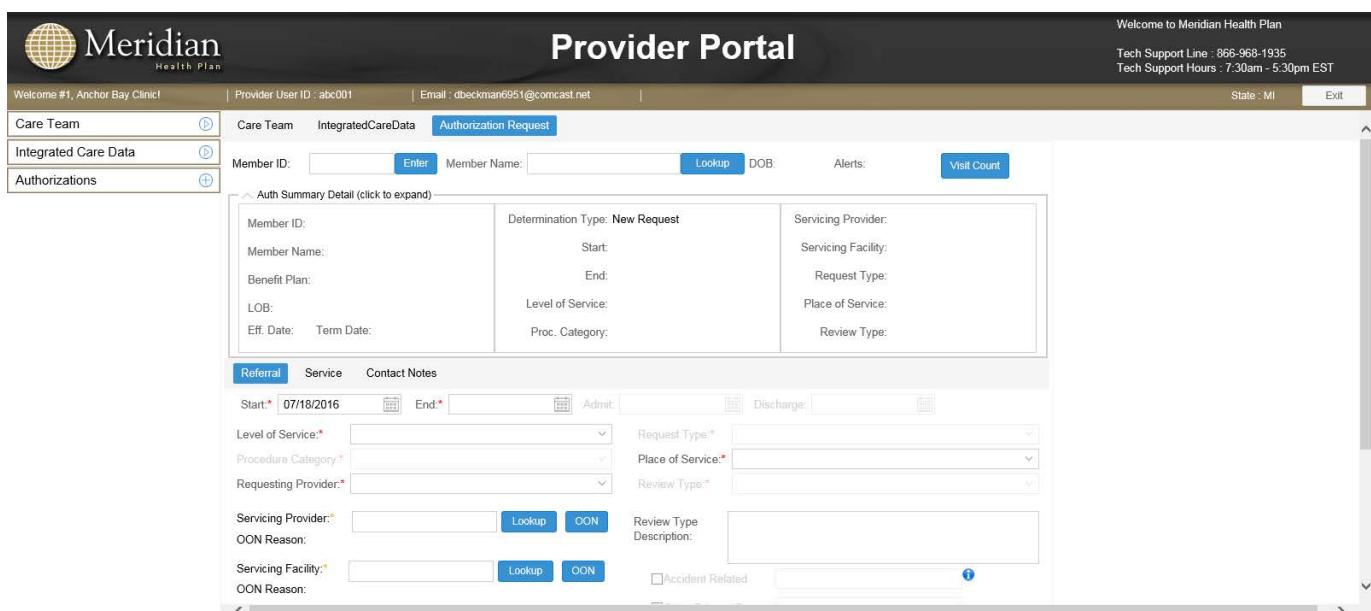
Click the **Authorizations** tab on the left side of the Provider Portal and choose either **Request** or **Inquiry**. A new window will be opened for each along the top.



Request

Submitting authorizations is simple on the Provider Portal.

1. Log in to the Provider Portal
2. Click **Authorizations** from the menu on the left
3. Select **New Request**. A new window appears
4. A **New Request** will automatically be generated. An image of the screen appears below



The screenshot shows the Provider Portal interface for Meridian Health Plan. At the top, there's a navigation bar with links for Care Team, Integrated Care Data, and Authorizations. The main content area is titled "Provider Portal". It displays a form for an "Authorization Request". The form includes fields for Member ID, Member Name, Start Date, End Date, Determination Type (set to "New Request"), and Servicing Provider. Below this, there are several dropdown menus and input fields for service details: Level of Service, Procedure Category, Request Type, Place of Service, and Review Type. At the bottom of the form, there are additional fields for Servicing Provider, OON Reason, and Review Type Description, along with a checkbox for "Accident Related". The right side of the screen shows a "Welcome to Meridian Health Plan" message and contact information for Tech Support.

Welcome #1, Anchor Bay Clinic | Provider User ID : abc001 | Email : dbeckman6951@comcast.net | State : MI | Exit

Provider Portal

Care Team IntegratedCareData Authorization Request

Member ID: 0094825004 Enter Member Name: John Meridian Lookup DOB 08/20/50 Alerts: BCDENS% Visit Count

Auth Summary Detail (click to expand)

Member ID: 0094825004	Determination Type: New Request	Servicing Provider:
Member Name: John Meridian	Start:	Servicing Facility:
Benefit Plan: MMEA ABAD F No Waiver	End:	Request Type: Service
LOB: Medicaid	Level of Service:	Place of Service:
Eff. Date: 08/01/2015 Term Date:	Proc. Category:	Review Type: PSNU

Referral Service Contact Notes

Start*: 07/18/2016	End*: [date]	Admit*: [date]	Discharge*: [date]
Level of Service*: [dropdown]	Request Type*: Service		
Procedure Category*: [dropdown]	Place of Service*: [dropdown]		
Requesting Provider*: [dropdown]	Review Type*: PSNU		
Servicing Provider: [dropdown]	Review Description: A non-urgent request for coverage of medical care or services that the organization must approve in advance, in whole or in part. A decision will be rendered within 14 days of the receipt of the request.		
OON Reason: [dropdown]	<input type="checkbox"/> Accident Related		
Servicing Facility: [dropdown]	[dropdown]		
OON Reason: [dropdown]	[dropdown]		

5. Enter the desired member ID towards the top of the screen. All information once entered will auto-populate on the left hand side of **Auth Summary Detail**.
6. Anything that has a * is a required field that needs to be filled out in order for the correct authorization to go through
7. Select the level of service - **Inpatient** or **Outpatient**

Level of Service*: [dropdown]

Procedure Category*: [dropdown]

Requesting Provider*: [dropdown]

- Inpatient
- Outpatient

8. Depending on your level of service, options for procedure category will change. Both Inpatient and Outpatient options for procedure categories are not the same
9. Select the desired **Requesting Provider** with a drop-down menu option

Requesting Provider*: [dropdown]

Servicing Provider: Doug Funnie

OON Reason: Patti Mayonnaise

Servicing Facility: Skeeter Valentine

OON Reason: BeBe Bluff

Servicing Facility: Roger Klotz

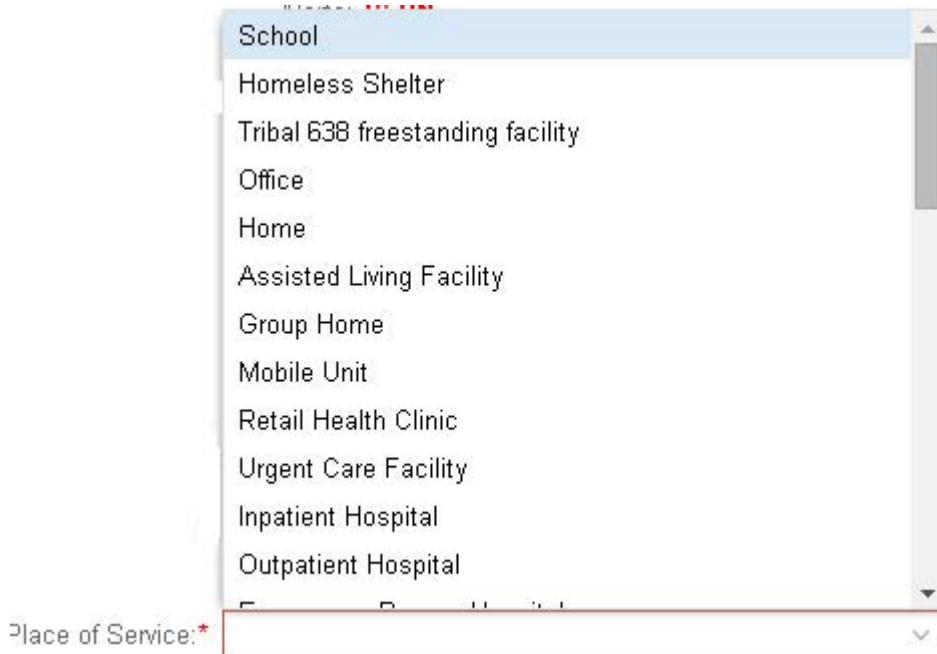
OON Reason: [dropdown]

10. The **Request Type** option here is **Service**. This will automatically be chosen



Request Type:

11. Choose the **Place of Service** from the drop-down menu



School

Homeless Shelter

Tribal 638 freestanding facility

Office

Home

Assisted Living Facility

Group Home

Mobile Unit

Retail Health Clinic

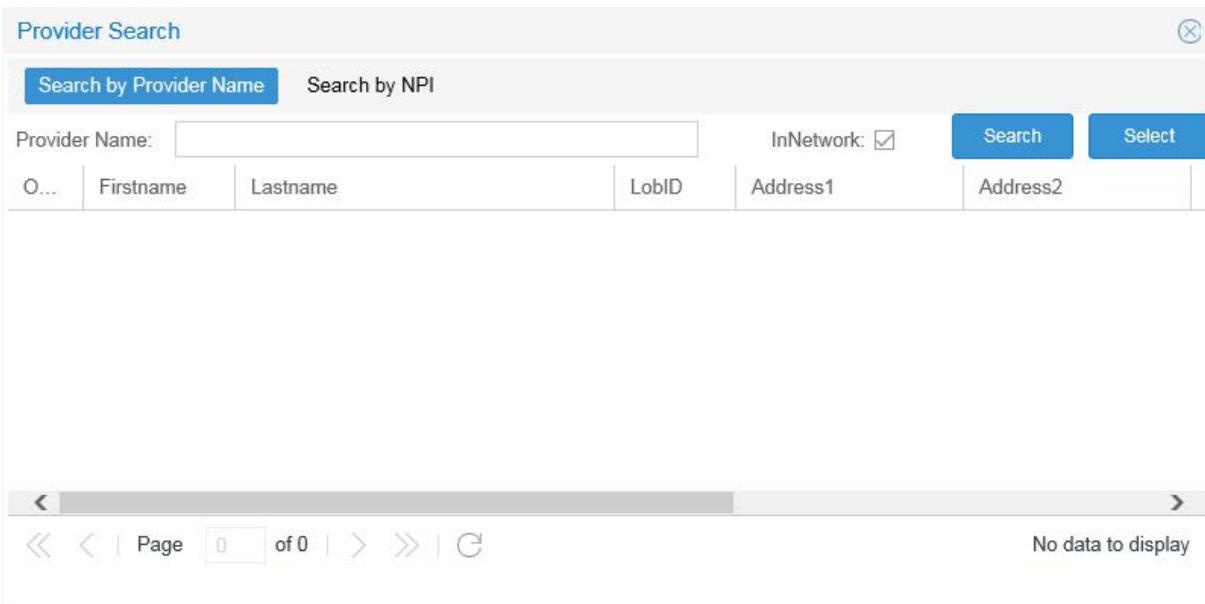
Urgent Care Facility

Inpatient Hospital

Outpatient Hospital

Place of Service: *

12. If the servicing provider is OON (Out of Network), click **OON** to put in the servicing provider information



Provider Search (X)

Search by Provider Name **Search by NPI**

Provider Name: InNetwork:

O...	Firstname	Lastname	LobID	Address1	Address2
------	-----------	----------	-------	----------	----------

Search Select

< < | Page 0 of 0 | > >> | C

No data to display

There will be an option to either search by Provider Name or Search by NPI number.

Provider Search X

[Search by Provider Name](#) [Search by NPI](#)

NPI :	<input type="text"/>	InNetwork: <input checked="" type="checkbox"/>	Search	Select	
O...	Firstname	Lastname	LobID	Address1	Address2

13. Fill in the **Start Date**, **End Date**, **Admit Date**, and **Discharge Date**

Start.* End.*

If an authorization is inpatient, the **Admit** and **Discharge** dates will be active. If the authorization is an outpatient, then the Admit and Discharge dates will not be active.

Admit: Discharge:

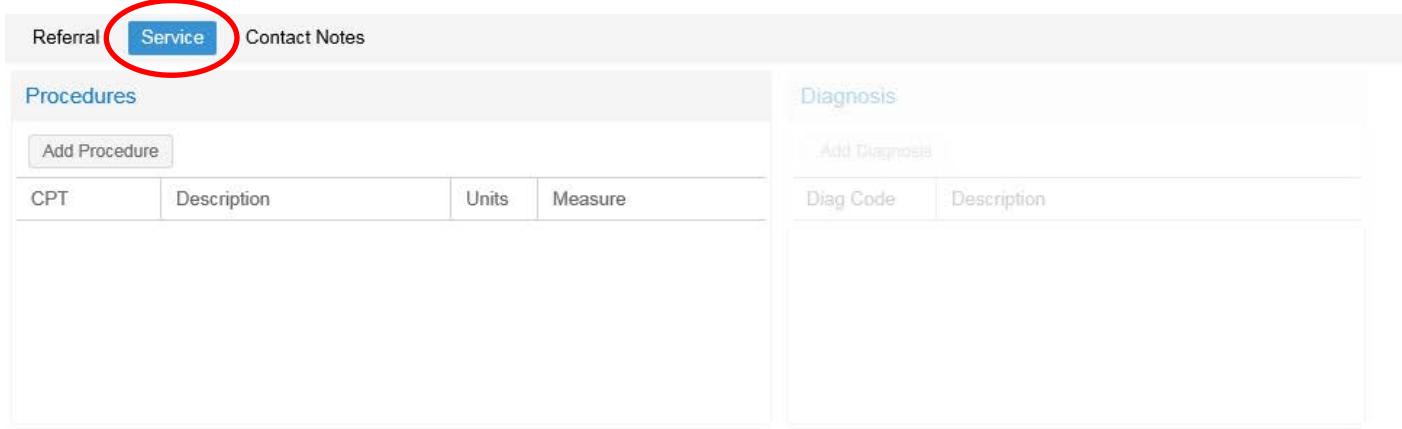
14. If the authorization has any accidents related or if there is another Primary Payor responsible for the authorization, those options will be available and the proper information will need to be entered

Accident Related i
 Other Primary Payor

- * Once all of the required fields have been entered into the referral, the **Next** button towards the bottom will be active and the Service screen will be active to input information.

Next [Submit](#) [Cancel](#) [Authorization Procedure Overview](#)

15. When a referral is entered through the portal, click **NEXT** and a **SERVICE** tab will be available (anything with a * is a required field)



Referral **Service** Contact Notes

Procedures

Add Procedure

CPT	Description	Units	Measure

Diagnosis

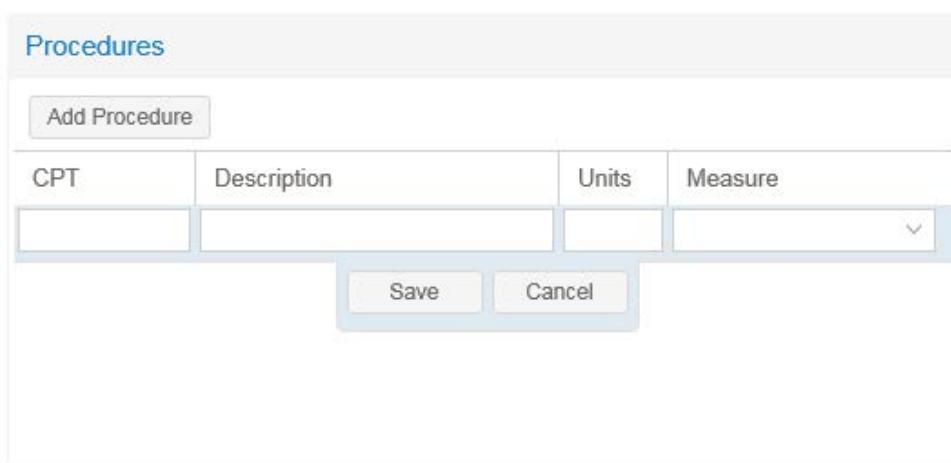
Add Diagnosis

Diag Code	Description

You may attach clinical documentation on the next screen after clicking submit.

Previous Next Submit Cancel [Authorization Procedure Overview](#)

16. Enter the desired **Procedure Codes**. There is no limit to the number of Procedure Codes that can be used



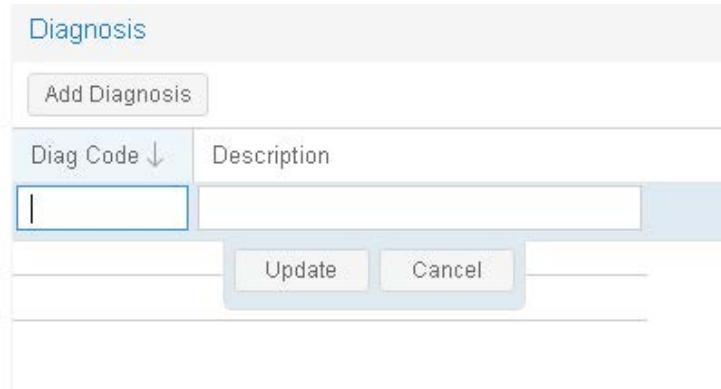
Procedures

Add Procedure

CPT	Description	Units	Measure

Save Cancel

17. **Diagnosis Codes** can also be entered through the Service tab. There is no limit to the number of Diagnosis Codes that can be used



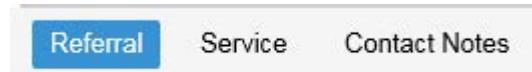
Diagnosis

Add Diagnosis

Diag Code ↓	Description

Update Cancel

18. Once the Procedure Codes and the Diagnosis Codes have been entered, click the **Contact Notes** button.



19. Fill out the **Contact**, **Name**, **Phone Number** and **Notes** sections. The **Subject** will always be Submission



Subject*: Submission

Contact*: [dropdown]

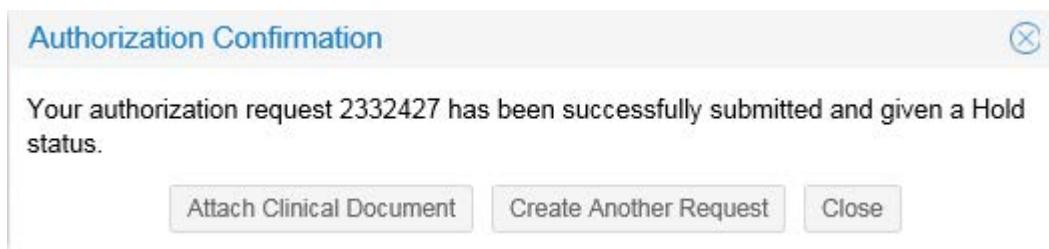
Name*: [text input]

Phone*: [text input] Extension: [text input]

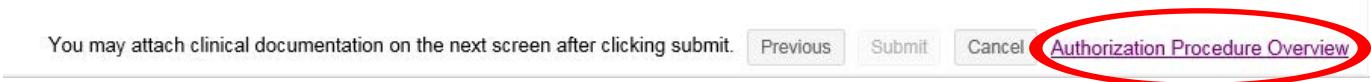
Notes*: You can enter a min of 2 and max of 500 number of characters

20. Once all of the information has been filled in, click **Submit**.
21. The Request ID will appear in the new window once submitted. There will also be the option to **attach clinical documentation** once the authorization has been submitted. This ID can be used to inquire about that specific claim (see Inquiries after 11/15/2015.)

- * Even though it is a confirmation, the authorization doesn't necessarily mean that it is automatically approved. The authorization will be placed on a Hold Status once it has been submitted.



To view the Authorization Review Guide for Meridian, the **Authorization Procedure Overview Link** under the request screen will open up a window and explain the authorizations overview.



You may attach clinical documentation on the next screen after clicking submit. [Previous](#) [Submit](#) [Cancel](#) [Authorization Procedure Overview](#)

While completing the necessary fields, a message will appear at the bottom, confirming the option to attach clinical documentation after submitting the authorization on through.

The following messages may appear once the Submit button has been selected:

- a) "**Member Not Found**"- if the member does not exist or cannot find the member data
- b) "**The authorization End date cannot be after the member's termination date**"- if the user inputs the authorization as occurring after the member is no longer active
- c) "**The Admit date cannot be before the authorization Start date**"- if the user inputs the authorization as occurring before the member is active
- d) "**The Admit date cannot be after the authorization End date**"- if the user chooses Inpatient and inputs the Admit date after the authorization End date
- e) "**The Discharge date cannot be before Admit date**"- if the user chooses Inpatient and inputs the End date before the admission date
- f) "**Discharge date cannot be past authorization End date**"- if the user chooses Inpatient and inputs the Discharge date after the authorization End date
- g) "**Servicing Provider or Facility Provider is required**"- if the user does not input information in the Servicing Provider or Facility fields

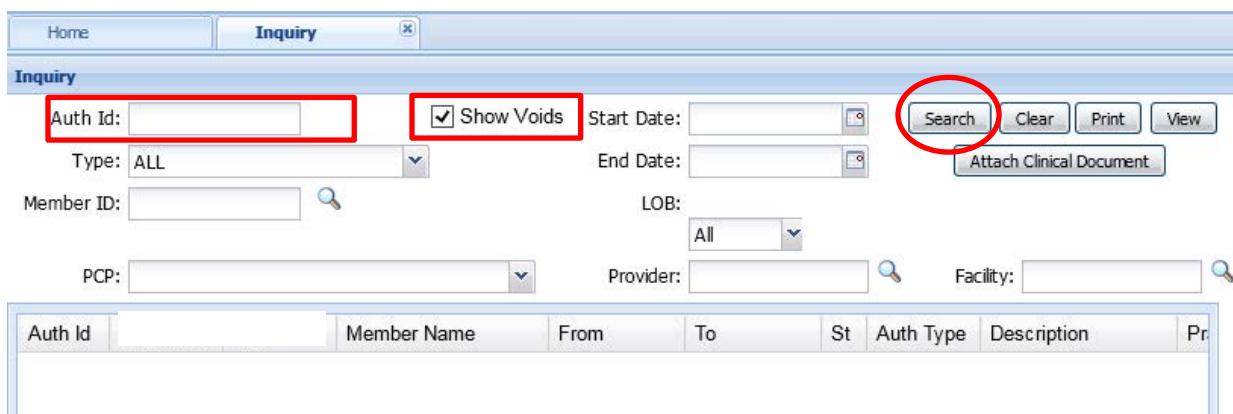
* **It is necessary to fill out all of the fields before submitting the authorization.** If any of the information is missing, one of the above error messages will appear explaining what is missing. This will go to the field missing any information automatically for input.

Inquiry

Authorization Inquiries can be found in two places:

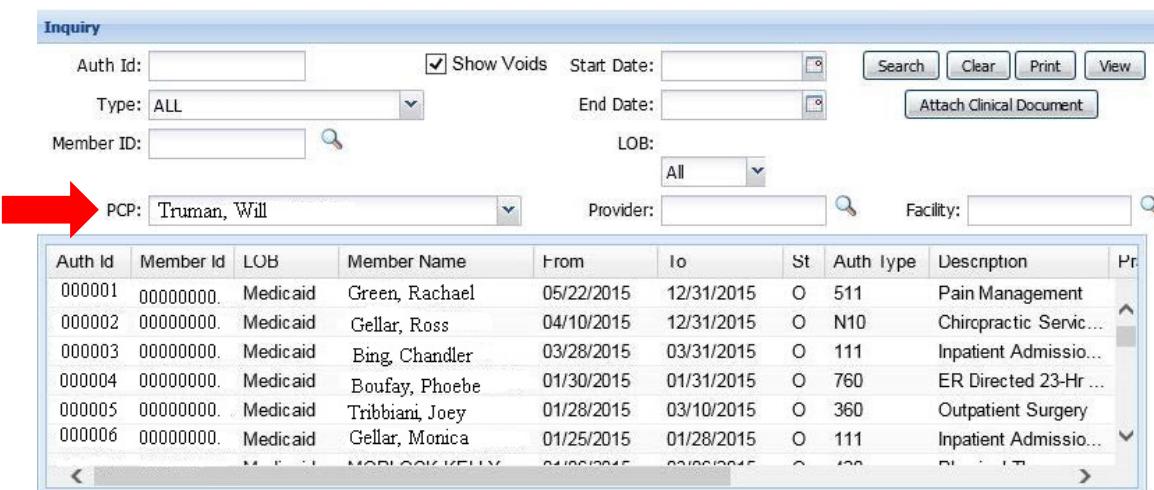
- 1) Authorization Menu
- 2) Member Menu

1. Log in to the Provider Portal
2. Select **Authorization** from the menu at the left
3. Click **Inquiry before 11/15** or **Inquiry after 11/15**
4. If the specific authorization number is known, enter that number in the **Auth Id** section and click **Search**. If viewing voided authorizations is not desired, make sure the **Show Voids** box is unchecked. This option is available for the **Inquiry before 11/15**



The screenshot shows the 'Inquiry' search interface. At the top, there are fields for 'Auth Id' (with a red box around it), 'Show Voids' (with a checked checkbox and a red box around it), 'Start Date', 'End Date', and several buttons ('Search' circled in red, 'Clear', 'Print', 'View', 'Attach Clinical Document'). Below these are dropdowns for 'Type' (set to 'ALL'), 'Member ID', 'LOB' (set to 'All'), 'PCP' (with a red arrow pointing to it), 'Provider', and 'Facility'. At the bottom, a grid displays columns for 'Auth Id', 'Member Name', 'From', 'To', 'St', 'Auth Type', 'Description', and 'Pr'. The 'PCP' field contains 'Truman, Will'.

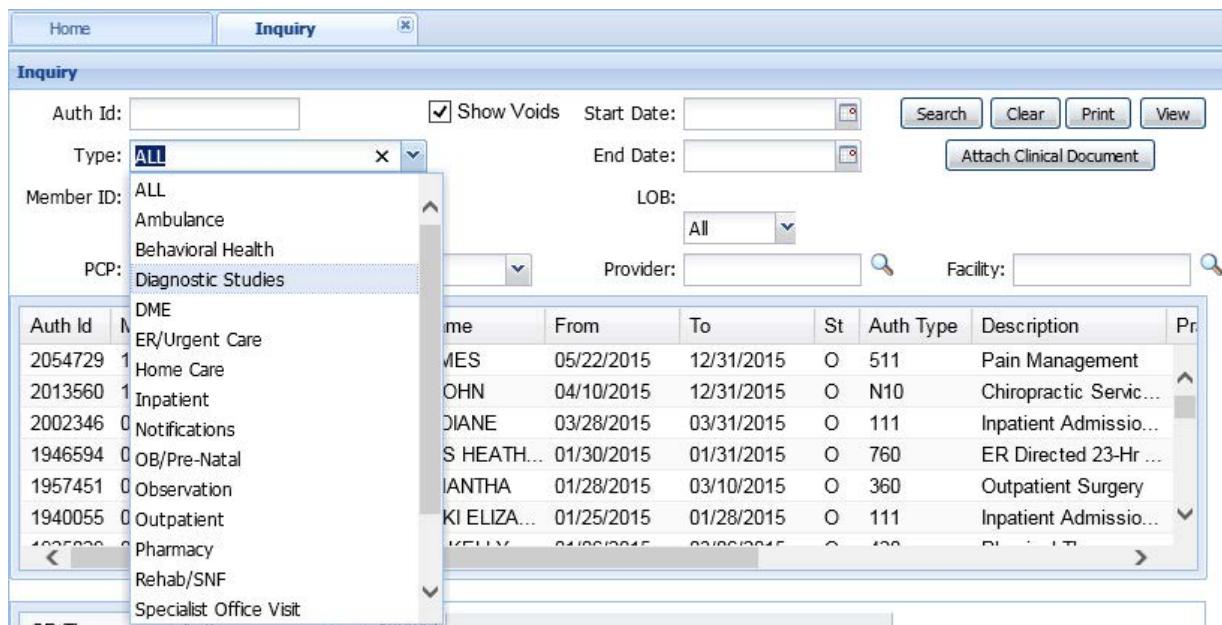
5. All authorizations submitted by a specific PCP can also be searched here. Select the **PCP** from the drop-down menu and click **Search**



The screenshot shows the same 'Inquiry' search interface as above, but with a red arrow pointing to the 'PCP' dropdown which now contains 'Truman, Will'. The search results grid below shows multiple rows of authorization data, each with columns for 'Auth Id', 'Member Name', 'From', 'To', 'St', 'Auth Type', 'Description', and 'Pr'. One row is highlighted in yellow.

Auth Id	Member Name	From	To	St	Auth Type	Description	Pr
000001	Green, Rachael	05/22/2015	12/31/2015	O	511	Pain Management	
000002	Gellar, Ross	04/10/2015	12/31/2015	O	N10	Chiropractic Servic...	
000003	Bing, Chandler	03/28/2015	03/31/2015	O	111	Inpatient Admissio...	
000004	Boufay, Phoebe	01/30/2015	01/31/2015	O	760	ER Directed 23-Hr ...	
000005	Tribbiani, Joey	01/28/2015	03/10/2015	O	360	Outpatient Surgery	
000006	Gellar, Monica	01/25/2015	01/28/2015	O	111	Inpatient Admissio...	
	MURKIN, KELLY	01/22/2015	02/06/2015	O	420	ER Visit	

- Also, search by the **Type** of authorization, **Start Date**, **End Date**, **Provider** referred to or **Facility** referred to. Again, if the name or ID of the **Facility** or **Provider** are not known, select the **Magnifying Glass** icon to search



The screenshot shows the 'Inquiry' screen with various search parameters and a results grid.

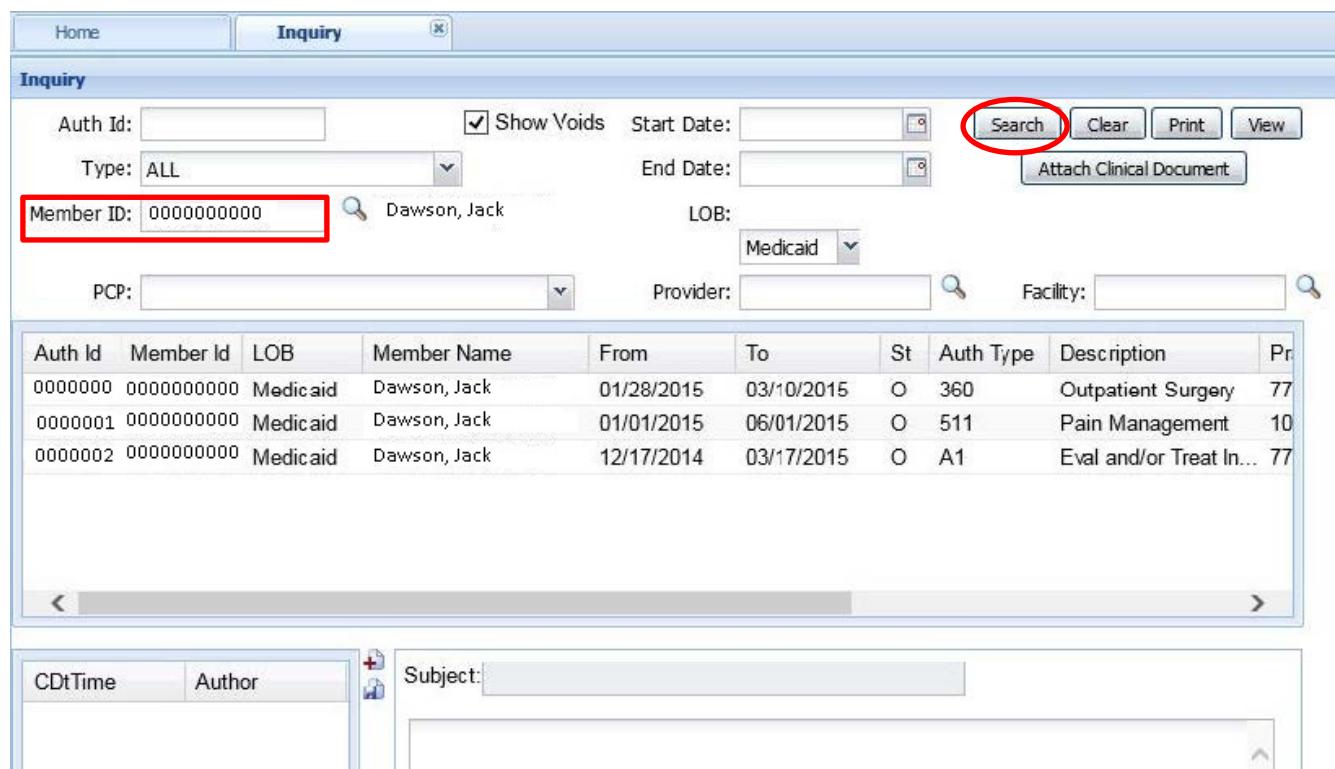
Search Filters:

- Auth Id: []
- Type: ALL (selected)
- Member ID: ALL (Ambulance, Behavioral Health, Diagnostic Studies, etc.)
- PCP: DME, ER/Urgent Care, Home Care, Inpatient, Notifications, OB/Pre-Natal, Observation, Outpatient, Pharmacy, Rehab/SNF, Specialist Office Visit
- LOB: All
- Provider: []
- Facility: []

Results Grid:

Auth Id	Name	From	To	St	Auth Type	Description	Pr
2054729	JAMES	05/22/2015	12/31/2015	O	511	Pain Management	10
2013560	JOHN	04/10/2015	12/31/2015	O	N10	Chiropractic Servic...	10
2002346	DIANE	03/28/2015	03/31/2015	O	111	Inpatient Admissio...	77
1946594	S HEATH...	01/30/2015	01/31/2015	O	760	ER Directed 23-Hr ...	77
1957451	JANTHA	01/28/2015	03/10/2015	O	360	Outpatient Surgery	77
1940055	KI ELIZA...	01/25/2015	01/28/2015	O	111	Inpatient Admissio...	77
1025622	KELLY	01/20/2015	02/06/2015	O	100	Eval and/or Treat In...	77

- The simplest way to search is by the **Member ID**. Enter the Member ID and click **Search**. All authorizations requested for that member will appear here.



The screenshot shows the 'Inquiry' screen with the Member ID field highlighted and the 'Search' button circled.

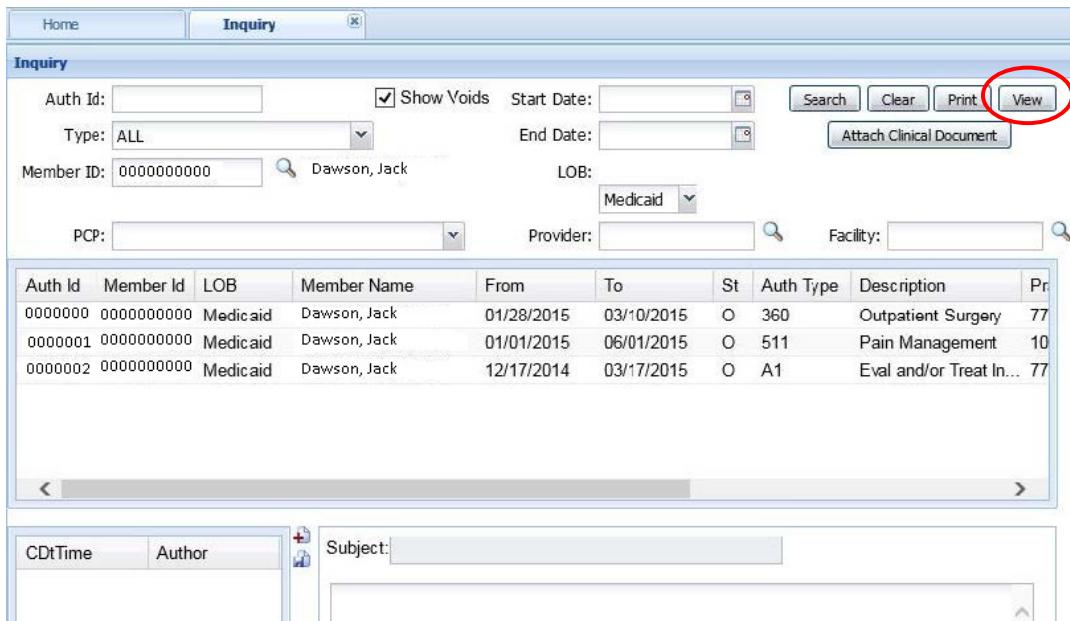
Search Filters:

- Auth Id: []
- Type: ALL
- Member ID: 0000000000 (highlighted with a red box)
- PCP: []
- LOB: Medicaid
- Provider: []
- Facility: []

Results Grid:

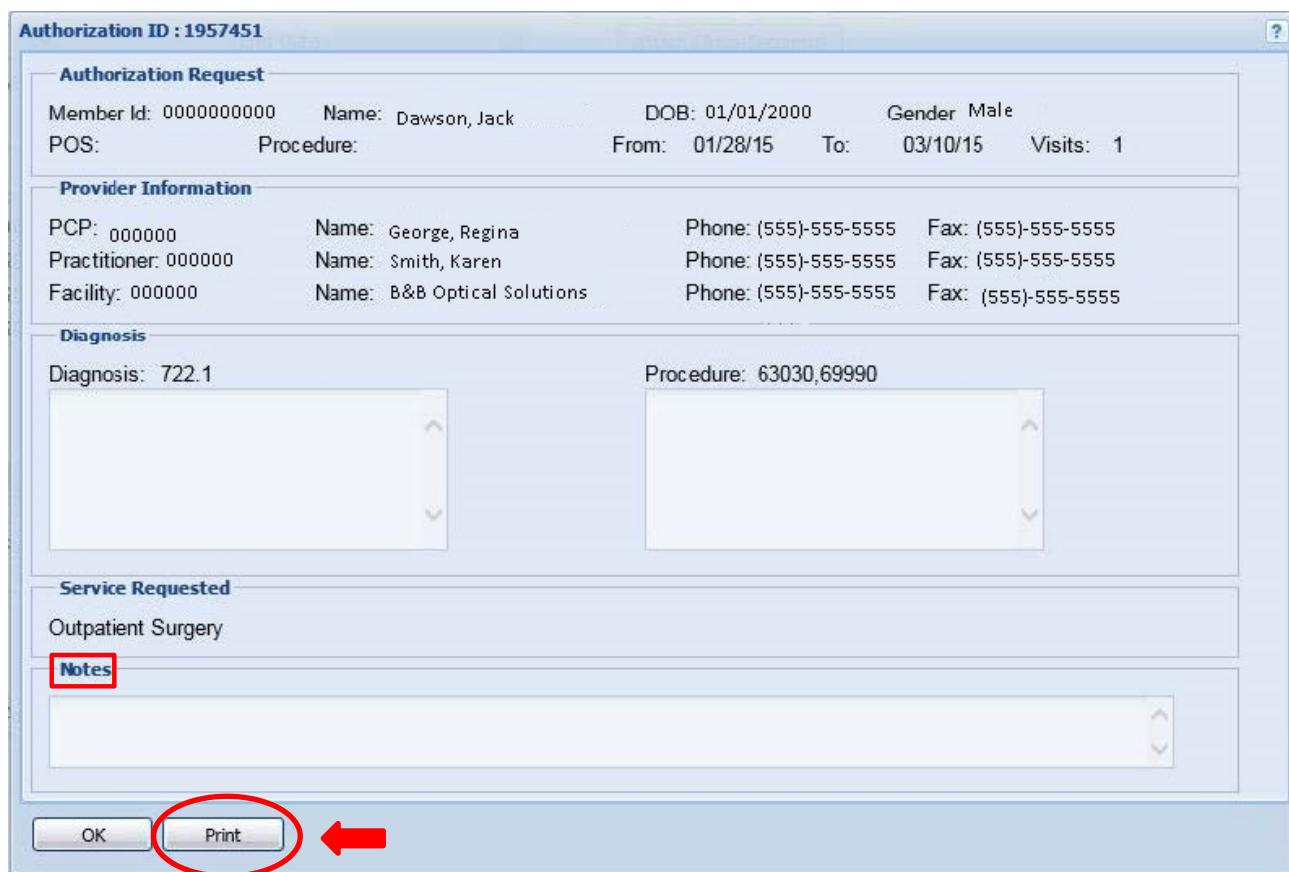
Auth Id	Member Id	LOB	Member Name	From	To	St	Auth Type	Description	Pr
0000000	0000000000	Medicaid	Dawson, Jack	01/28/2015	03/10/2015	O	360	Outpatient Surgery	77
0000001	0000000000	Medicaid	Dawson, Jack	01/01/2015	06/01/2015	O	511	Pain Management	10
0000002	0000000000	Medicaid	Dawson, Jack	12/17/2014	03/17/2015	O	A1	Eval and/or Treat In...	77

6. Selecting **View** will allow the user to review the desired authorization. Adding **Notes** to the authorization is available; all notes will be saved to the authorization and submitted to Meridian. When finished, click **OK**



The screenshot shows the Meridian Health Plan Inquiry interface. At the top, there are search fields for Auth Id, Type (set to ALL), Member ID (0000000000), PCP, and various date filters. Below the search bar is a table displaying three authorization records for Dawson, Jack, each with details like From/To dates, Auth Type, and Description. At the bottom of the table is a toolbar with buttons for CDTime, Author, and Subject.

Auth Id	Member Id	LOB	Member Name	From	To	St	Auth Type	Description	Pr
00000000	0000000000	Medicaid	Dawson, Jack	01/28/2015	03/10/2015	O	360	Outpatient Surgery	77
00000001	0000000000	Medicaid	Dawson, Jack	01/01/2015	06/01/2015	O	511	Pain Management	10
00000002	0000000000	Medicaid	Dawson, Jack	12/17/2014	03/17/2015	O	A1	Eval and/or Treat In...	77



The screenshot shows the Authorization Request window for Authorization ID 1957451. It contains sections for Authorization Request, Provider Information, Diagnosis, Service Requested, and Notes. The 'Print' button at the bottom is highlighted with a red circle and an arrow pointing to it.

Authorization Request

Member Id: 0000000000	Name: Dawson, Jack	DOB: 01/01/2000	Gender: Male
POS:	Procedure:	From: 01/28/15	To: 03/10/15

Provider Information

PCP: 000000	Name: George, Regina	Phone: (555)-555-5555	Fax: (555)-555-5555
Practitioner: 000000	Name: Smith, Karen	Phone: (555)-555-5555	Fax: (555)-555-5555
Facility: 000000	Name: B&B Optical Solutions	Phone: (555)-555-5555	Fax: (555)-555-5555

Diagnosis

Diagnosis: 722.1	Procedure: 63030,69990
------------------	------------------------

Service Requested

Outpatient Surgery

Notes

OK Print ←

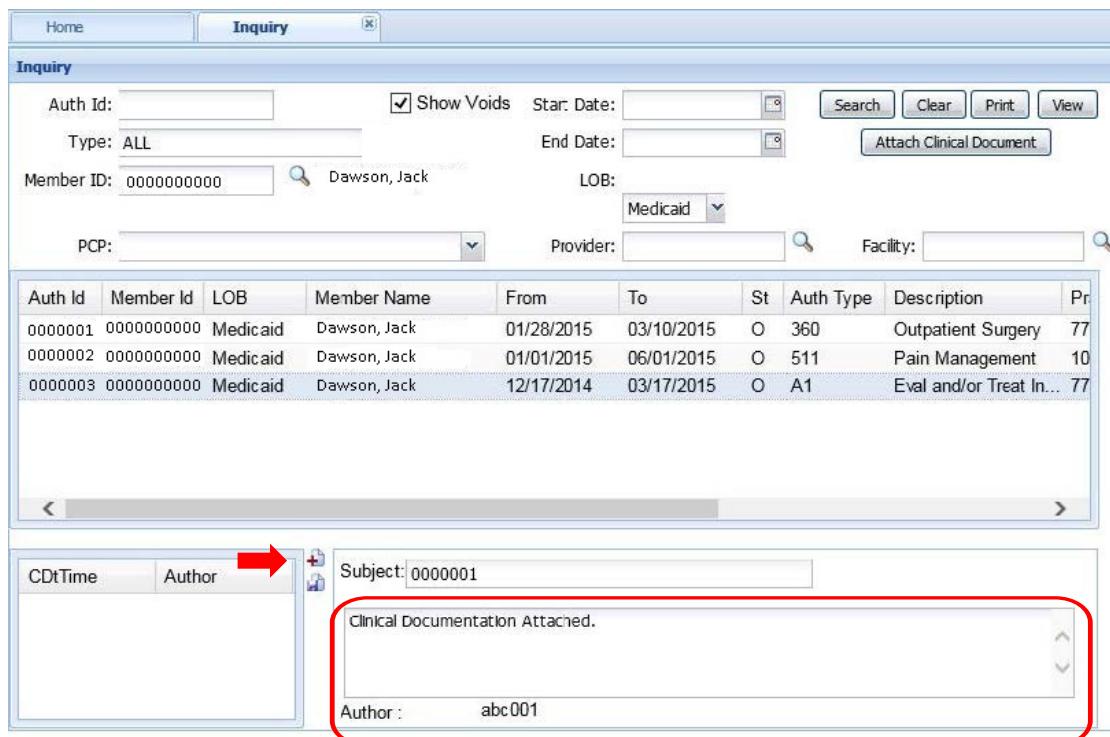
7. Selecting **Print** on the **Authorization ID** screen or (on the main **Inquiry** page) will bring up a PDF showing details of the authorization

Meridian Health Plan
Corporate Authorization On Hold
(This Is Not An Authorization)

Authorization: 01378173 - A16: PT/OT	From: 07/01/2012 - 09/29/2012	Requested: 20	Approved: 0
Member: 0000000000 Dawson, Jack	Date of Birth:	In CM?: No	In DM?: No
PCP: 00001 Regina George	NPI: 1231231231	Phone:	Fax:
Practitioner:	NPI:	Phone:	Fax:
Facility:	NPI:	Phone:	Fax:
Service Requested: PT/OT: On Hold - AWCLI - AWAITING CLINICAL - SUBMISSION INCOMPLETE			
Procedures: 4018F : THERAPY EXERCISE JOINT RX			
Diagnosis: 840.4 - ROTATOR CUFF (CAPSULE) SPRAIN		DRG:	
		Place of Service: Office	

8. Adding notes regarding the authorization on the main **Inquiry** page is also available.

Type in a **Subject** and the information. Click the **Save Icon**

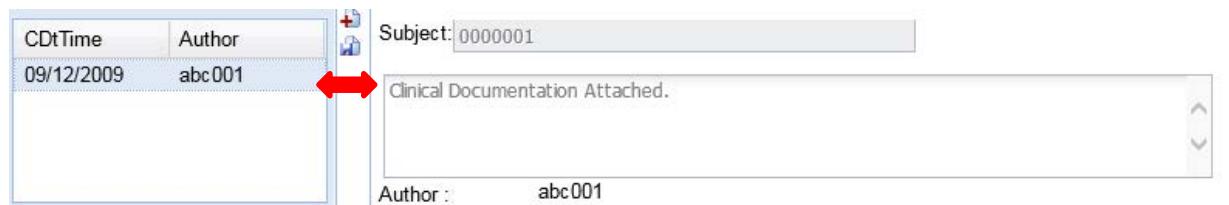


The screenshot shows the Meridian Inquiry screen. At the top, there are search fields for Auth Id, Type (set to ALL), Member ID (0000000000), PCP, and various filters like Show Voids, Star Date, End Date, LOB (Medicaid), Provider, and Facility. Below the search area is a table listing three authorizations:

Auth Id	Member Id	LOB	Member Name	From	To	St	Auth Type	Description	Pr
0000001	0000000000	Medicaid	Dawson, Jack	01/28/2015	03/10/2015	O	360	Outpatient Surgery	77
0000002	0000000000	Medicaid	Dawson, Jack	01/01/2015	06/01/2015	O	511	Pain Management	10
0000003	0000000000	Medicaid	Dawson, Jack	12/17/2014	03/17/2015	O	A1	Eval and/or Treat In...	77

At the bottom, there is a panel for "Clinical Documentation Attached." It contains a subject field (0000001) and an author field (abc001). A red arrow points to the "Author" button in the header of this panel, and a red box highlights the entire "Clinical Documentation Attached." section.

9. A history of attached information appears in the box at the left. Select the desired information from the list and the details will appear at the right



This screenshot shows the same Meridian Inquiry interface. On the left, a list of previous attachments is shown in a table with columns for CDtTime and Author. The first entry is 09/12/2009 and abc001. A red arrow points to the "Author" column. On the right, a detailed view of the selected attachment (09/12/2009, abc001) is displayed in a panel with a "Clinical Documentation Attached." section and an "Author" field showing abc001. A red box highlights the "Clinical Documentation Attached." section.

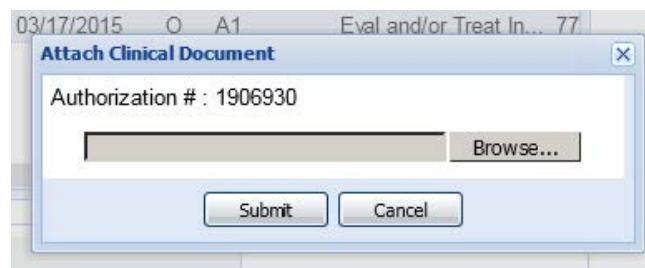
10. The ability to attach clinical documentation is available on the **Inquiry** screen.

Click **Attach Clinical Document**. Find the file on your computer and submit it to Meridian

Home Inquiry X

Inquiry

Auth Id:	<input type="text"/>	<input checked="" type="checkbox"/> Show Voids	<input type="text"/> Start Date:	<input type="text"/>	<input type="button" value="Search"/>	<input type="button" value="Clear"/>	<input type="button" value="Print"/>	<input type="button" value="View"/>	
Type:	ALL		End Date:	<input type="text"/>	<input type="button" value="Search"/>	<input type="button" value="Clear"/>	<input type="button" value="Print"/>	<input type="button" value="View"/>	
Member ID:	<input type="text" value="0000000000"/>	<input type="button" value="Search"/>	Dawson, Jack	LOB:	<input type="button" value="Attach Clinical Document"/>				
PCP:	<input type="button" value="Search"/>		Provider:	<input type="button" value="Search"/>	Facility:	<input type="button" value="Search"/>			
Auth Id	Member Id	LOB	Member Name	From	To	St	Auth Type	Description	Pr
0000001	0000000000	Medicaid	Dawson, Jack	01/28/2015	03/10/2015	O	360	Outpatient Surgery	77
0000002	0000000000	Medicaid	Dawson, Jack	01/01/2015	06/01/2015	O	511	Pain Management	10
0000003	0000000000	Medicaid	Dawson, Jack	12/17/2014	03/17/2015	O	A1	Eval and/or Treat In...	77



The status of an authorization can be viewed under the **St (status)** column on the main **Inquiry** page. Each letter has a different meaning.

St	Auth Type
H	A16
H	A6
O	987
H	111
O	A1
O	360

N = New

V = Void

H = On-Hold

O = Approved

D = Denied

Inquiries after 11/15

When an inquiry after 11/15 is selected in the authorizations tab, enter in a **Member ID** or **Member Name** to find information on a particular member.

Care Team IntegratedCareData **Authorization Inquiry**

Authorization Inquiry

Request ID:	Level Of Service:	Referring Provider:
Start Date:	Procedure Category:	Servicing Provider:
End Date:	Status:	Servicing Facility:

Member ID: Enter Member Name: **Lookup** PCP: **Search** **Clear** **New**

RequestID	MemberID	Member Name	Start Date	End Date	Place Of Service	Proc Category	Status	Level Of Service

The following fields can also filled in to locate the correct inquiry.

Request ID	Status
Start Date	Referring Provider
End Date	Servicing Provider
Level of Service	Servicing Facility
Procedure Category	

When any of the above fields are filled in, all of the inquiries pertaining to the member will show.

Care Team IntegratedCareData **Authorization Inquiry**

Authorization Inquiry

Request ID:	Level Of Service:	Referring Provider:
Start Date:	Procedure Category:	Servicing Provider:
End Date:	Status:	Servicing Facility:

Member ID: 0000000000 **Enter** Member Name: John MERIDIAN **Lookup** PCP: Boonchoo Chang **Search** **Clear** **New**

RequestID	MemberID	Member Name	Start Date	End Date	Place Of Service	Proc Category	Status	Level Of Service
000001	0000000000	John MERIDIAN	2015-12...	2015-12...	Ambulance - Land	Boarder Baby	Hold	Inpatient

When the + button is selected, the status on that inquiry will appear.

	2057610	0094825004	John MERIDIAN	2015-12-04	2015-12-04	Ambulance - Land	Boarder Baby	Hold	Inpatient	
#:	Proc C...	Description		Start Date	End Date	Requested	Approved	Measure	Status	Review Type
1	250	PHARMACY		2015-12-04	2015-12-04	1	0.00	Injections per...	Hold	PSNU  

It includes when the authorization was **sent in**, the **status** of said authorization, the **procedure code and description**, and whether it was an **inpatient or outpatient** authorization.

Attachments and Notes can also be included when viewing an inquiry.



To print **approved** authorizations, the  button will appear next to the authorization.

Member

In order to search a member in the Provider Portal, the provider must be currently treating the member. Meridian is able to track this from previously submitted claims.

Providers can execute this function by entering the Member ID number, or searching by name or Social Security number. Clicking the **Magnifying Glass** icon next to the **Member ID** will allow providers to search by name. There are six tabs on the member screen. Functions of each tab are described below.



Demographics

You can view a member's personal information in the **Demographics** tab:

1. Login to the Provider Portal
2. Click **Member** from the menu on the left
3. Search for a member by the **Member ID** number or look up the member by clicking the **Magnifying Glass** icon. Click **Enter** on the keyboard or select **OK**
4. The member's demographic information should appear in the fields. If there is a date in the **Term Date** box, then the member is not active with Meridian



Menu

- Admin
- Eligibility Inquiry
- Authorization
- Member**
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
- Contact
- FAQ
- Fix Browser Error
- Training**
- User Guide
- Logout

Home Member

Member

Member ID: 000000000 Name: Dawson, Jack DOB: 01/01/2001 SSN: 000-00-0000 Gender: M MCIR ID#: 0

LOB: Medicaid Case Num: 1000000000 Eff Date: 08/01/2015 Term Date:

Language: English Alerts: **CDNQ** Benefit Plan: Medicaid

PCP: Regina George RN Phone: (555)555-5555 Family:

Demographics Authorizations HEDIS Immunizations COB Claim Status Messages Documents

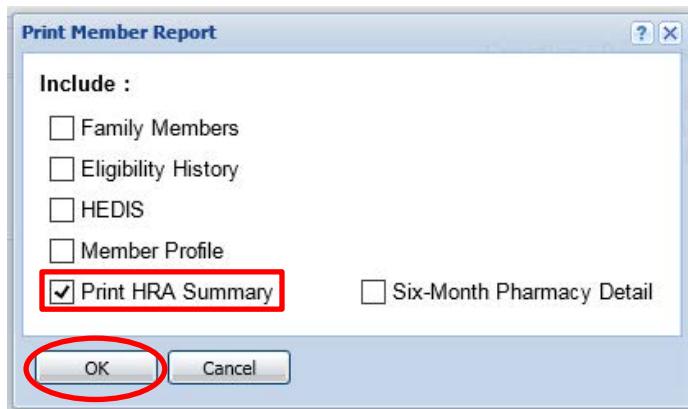
Member Information : 1738 Cambridge Bluffington, MI 55555-5555 (H) 555-867-5309	Guardian / Responsible Party Information : ROSE DEWITT BUKATER 1738 Cambridge Bluffington, MI (H) 555-867-5309
---	---

[Print Member Report](#) [Notify Health Plan](#)

5. If the member has any needed HEDIS measures, there will be a red **H** under the **Alerts** on the top right (boxed above). Other **Alerts** include:

- **W**-Welcome Call
- **B**-Pregnant
- **C**-Coordination of Benefits
- **N**-Welcome Notes

6. The bottom of the **Demographics** screen has two buttons. **Print Member Report** allows you to print different reports regarding the member. Select the report you want and click **OK**. A PDF will appear in a new window with the requested report



Meridian Health Plan
 LOB: Medicaid
Health Risk Assessment
PCP Summary
 (06/25/11-06/25/12)

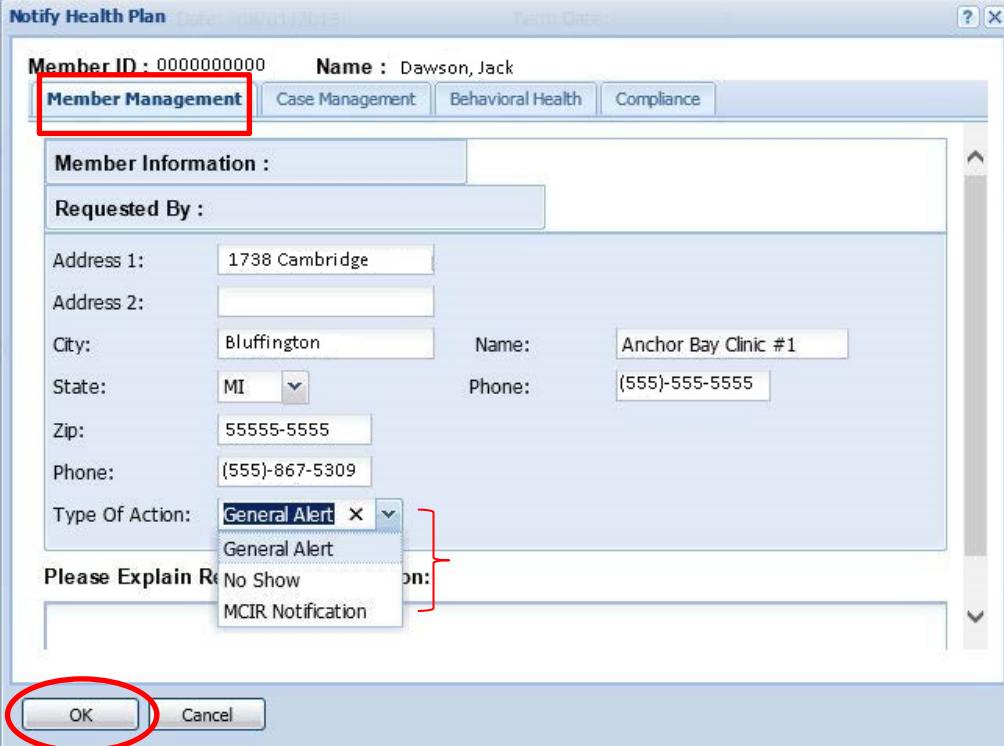
Member Name:	Member ID:
Dawson, Jack	0000000000
Member Phone:	HRA Complete:
(555)-867-5309	N/A
PCP Name:	PCP ID:
Euphegenia Doubtfire	0000001

----- (MSD) Member Stated Data (Subjective) -----

(MSD) Diseases/Conditions	(MSD) Family History	(MSD) Social History
		Exercise: Smoker:

7. The **Notify Health Plan** button allows you to make referrals to Meridian for many reasons. These referrals are routed to the appropriate department at Meridian. Staff follows up on the referrals by managing data in our system or by investigating, contacting and enrolling members into Meridian programs to help manage their healthcare needs

- a. **Member Management-** You can submit a **General Alert**-- (like an address or phone number change)-- or report a **No Show** if the member did now show up to an appointment



Notify Health Plan

Member ID : 0000000000 Name : Dawson, Jack

Member Management Case Management Behavioral Health Compliance

Member Information :

Address 1: 1738 Cambridge
 Address 2:
 City: Bluffington Name: Anchor Bay Clinic #1
 State: MI Phone: (555)-555-5555
 Zip: 55555-5555
 Phone: (555)-867-5309

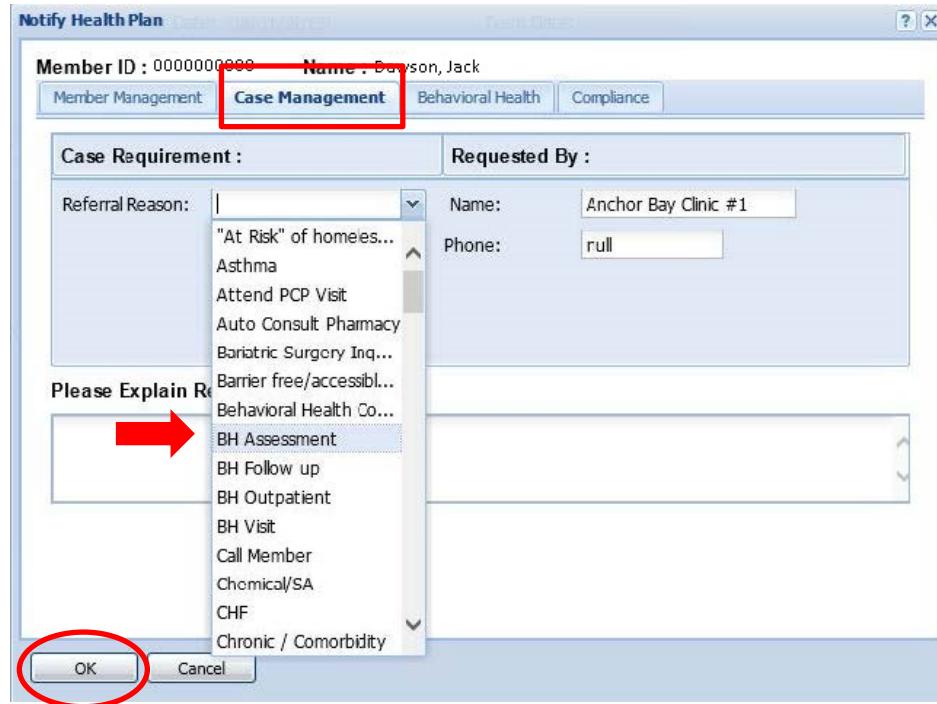
Type Of Action: General Alert

Please Explain Reason:

General Alert
 No Show
 MCIR Notification

OK Cancel

- b. **Case Management-** You can refer members to case management services for many reasons. Select the most appropriate reason from the drop-down menu, then click **OK**



- c. **Behavioral Health-** You can submit a **General Alert** or **No Show**

Notify Health Plan

Member ID : 0000000000 Name : Dawson, Jack

Member Management Case Management **Behavioral Health** Compliance

Behavioral Health Requirement :	Requested By :
Type Of Action:	<input style="width: 150px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="General Alert"/> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 5px; display: inline-block; width: 150px; height: 100px; vertical-align: top;"> <ul style="list-style-type: none"> No Show General Alert </div>
	Name: <input style="width: 150px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="Anchor Bay Clinic #1"/> Phone: <input style="width: 150px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px;" type="text" value="null"/>

Please Explain Reason for Referral:

- d. **Compliance**- Let Meridian know about members who are non-compliant with treatment/care for any reason

Notify Health Plan

Member ID : 0000000000 Name : Dawson, Jack

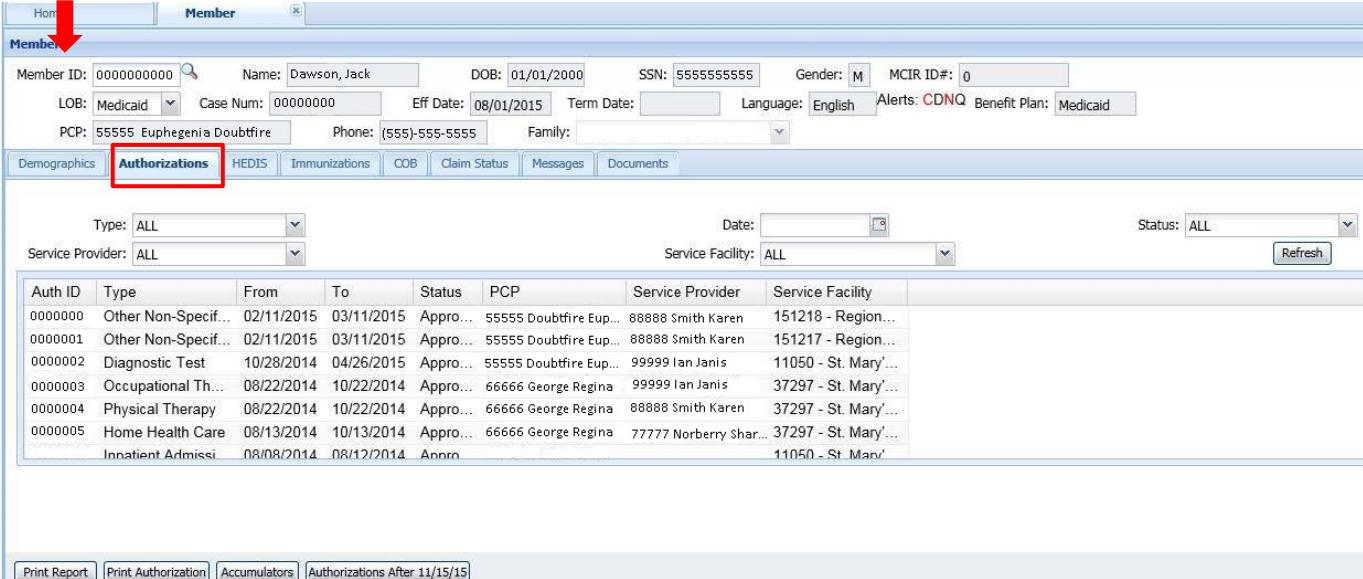
Member Management Case Management Behavioral Health **Compliance**

Compliance Requirement:	Requested By :
Type Of Action:	<input style="width: 150px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="Non Compliance"/> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 5px; display: inline-block; width: 150px; height: 100px; vertical-align: top;"> </div>
	Name: <input style="width: 150px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="Anchor Bay Clinic #1"/> Phone: <input style="width: 150px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px;" type="text" value="null"/>

Please Explain Reason for Referral:

Authorizations

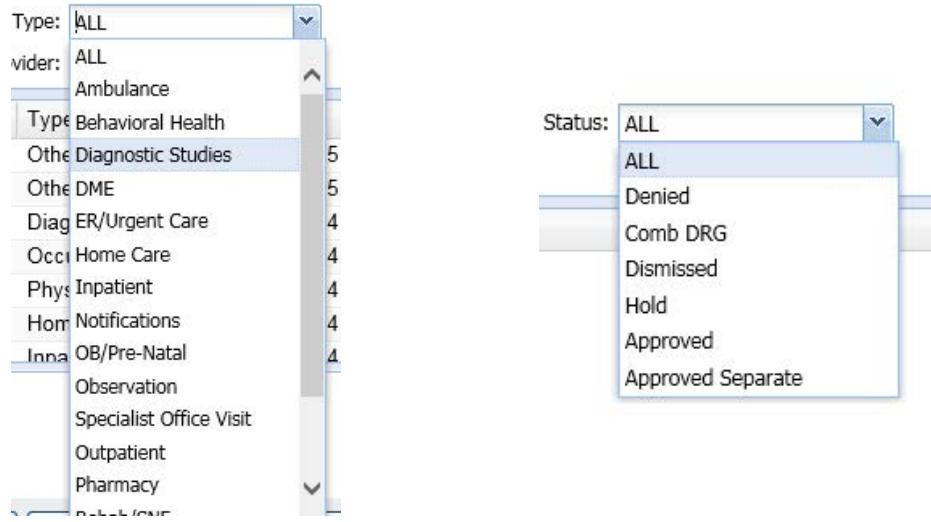
You can view authorization requests for a specific member under the **Authorizations** tab of the **Member** menu.



The screenshot shows the Provider Portal interface. At the top, there's a navigation bar with tabs for Home, Member, and a search icon. Below this is a member profile section with fields for Member ID, Name, DOB, SSN, Gender, MCIR ID#, LOB, Case Num, Eff Date, Term Date, Language, Alerts, Benefit Plan, PCP, and Phone. Underneath the profile is a menu bar with Demographics, **Authorizations** (which is highlighted with a red box and has a red arrow pointing to it), HEDIS, Immunizations, COB, Claim Status, Messages, and Documents. The main area contains a table of authorization requests with columns for Auth ID, Type, From, To, Status, PCP, Service Provider, and Service Facility. At the bottom of the page are buttons for Print Report, Print Authorization, Accumulators, and Authorizations After 11/15/15.

Auth ID	Type	From	To	Status	PCP	Service Provider	Service Facility
0000000	Other Non-Specif...	02/11/2015	03/11/2015	Appro...	55555 Doubtfire Eup...	88888 Smith Karen	151218 - Region...
0000001	Other Non-Specif...	02/11/2015	03/11/2015	Appro...	55555 Doubtfire Eup...	88888 Smith Karen	151217 - Region...
0000002	Diagnostic Test	10/28/2014	04/26/2015	Appro...	55555 Doubtfire Eup...	99999 Ian Janis	11050 - St. Mary'
0000003	Occupational Th...	08/22/2014	10/22/2014	Appro...	66666 George Regina	99999 Ian Janis	37297 - St. Mary'
0000004	Physical Therapy	08/22/2014	10/22/2014	Appro...	66666 George Regina	88888 Smith Karen	37297 - St. Mary'
0000005	Home Health Care	08/13/2014	10/13/2014	Appro...	66666 George Regina	77777 Norberry Shar...	37297 - St. Mary'
	Inpatient Admissi	08/08/2014	08/12/2014	Anno...			11050 - St. Mary'

1. Login to the Provider Portal
2. Select **Member** from the left side menu
3. Enter in the **Member ID** number or look up the member by name by clicking the **Magnifying Glass** icon. Press **Enter** on the keyboard or select **OK**
4. Click the **Authorizations** tab. A list of submitted authorizations for the member appears
5. You can refine the authorization search for the member by selecting the choices from the drop-down menus under **Type** and **Status**



- Select the **Print Report** button at the bottom of the page to get a summary of the authorization you want to review. This will open an Excel spreadsheet with the authorization details

Print Report

Meridian Health Plan Authorization Detail Report								
Auth Id	Status	Co	From Date	To Date	Requested	Approved	Member Id	Member Name
000000	Hold	A16	07/01/12	09/29/12	20	0	0000000000	Dawson, Jack
000001	Hold	A6	06/25/12	12/22/12	6	0	0000000000	Dawson, Jack

- Under the **Authorization** tab of the **Member** screen, select the authorization you want to review for the member. Click **Print Authorization** to get a PDF copy of the authorization details

Home | Member

Member

Member ID: 0000000000 Name: Dawson, Jack DOB: 01/01/2000 SSN: 5555555555 Gender: M MCIR ID#: 0
 LOB: Medicaid Case Num: 00000000 Eff Date: 08/01/2015 Term Date: Language: English Alerts: CDNQ Benefit Plan: Medicaid
 PCP: 55555 Euphegenia Doubtfire Phone: (555)-555-5555 Family:

Demographic **Authorizations** EDIS Immunizations COB Claim Status Messages Documents

Type: ALL Date: Status: ALL
 Service Provider: ALL Service Facility: ALL Refresh

Auth ID	Type	From	To	Status	PCP	Service Provider	Service Facility
00000000	Other Non-Specific	02/11/2015	03/11/2015	Approved	55555 Doubtfire Eup...	88888 Smith Karen	151218 - Region...
00000001	Other Non-Specific	02/11/2015	03/11/2015	Approved	55555 Doubtfire Eup...	88888 Smith Karen	151217 - Region...
00000002	Diagnostic Test	10/28/2014	04/26/2015	Approved	55555 Doubtfire Eup...	99999 Ian Janis	11050 - St. Mary'...
00000003	Occupational Ther...	08/22/2014	10/22/2014	Approved	66666 George Regina	99999 Ian Janis	37297 - St. Mary'...
00000004	Physical Therapy	08/22/2014	10/22/2014	Approved	66666 George Regina	88888 Smith Karen	37297 - St. Mary'...
00000005	Home Health Care	08/13/2014	10/13/2014	Approved	66666 George Regina	77777 Norberry Shar...	37297 - St. Mary'...
Inpatient Admissi		08/08/2014	08/12/2014	Approved			11050 - St. Mary'

Print Report | Print Authorization | **Accumulators** | Authorizations After 11/15/15

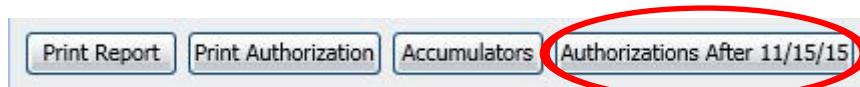
Meridian Health Plan
Corporate Authorization On Hold
(This Is Not An Authorization)

Authorization: 0000000000 - A16: PT/OT	From: 07/01/2012 - 09/29/2012	Requested: 20	Approved: 0
Member: 0000000000 Dawson Jack	Date of Birth: 01/01/2000	In CM?: No	In DM?: No
PCP: 55555 Euphegenia Doubtfire	NPI: 9999999999	Phone: (555)-867-5309	Fax: (555)-555-5555
Practitioner:	NPI:	Phone:	Fax:
Facility:	NPI:	Phone:	Fax:
Service Requested: PT/OT: On Hold - AWCLI - AWAITING CLINICAL - SUBMISSION INCOMPLETE			
Procedures: 4018F : THERAPY EXERCISE JOINT RX			
Diagnosis: 840.4 - ROTATOR CUFF (CAPSULE) SPRAIN		DRG:	
		Place of Service:	Office

8. Selecting **Accumulators** on the bottom produces benefit counts and dates when members can get services next. Providers can look at the Member Service Counts by year by selecting the year in the drop-down menu at the top. This example shows a member who has full behavioral health and chiropractic benefits available

Service Counts				
Visit Type	Count	Benefit	Available	Next Benefit
Behavioral Health	0	20	20	
Chiropractic	0	18	18	
Hearing Aid Eval 21 and Over	0	1	1	
Medicaid SNF Days	0	45	45	
Physical/Occupational Therapy	0	24	24	
Podiatry	0	4	4	
Vision - Frames	0	1	1	
Vision - Lenses	0	1	1	

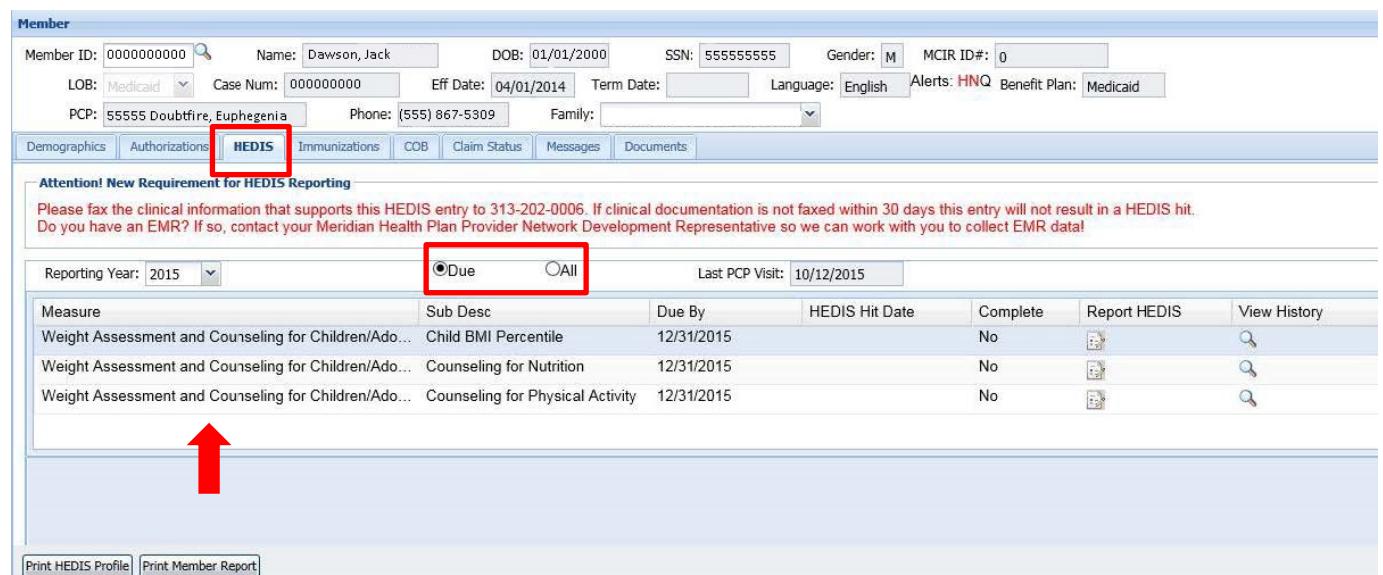
9. To view any authorization that was submitted after 11/15/15, select the Authorizations After 11/15/15 button and repeat the steps that begin on page 32



HEDIS

You can see if a member is due for any HEDIS measures by selecting the **HEDIS** tab on the **Member** screen. You can also report completed HEDIS measures under this tab.

1. Login to the Provider Portal
2. Select **Member** on the menu at the left
3. Enter the **Member ID** number or search the member by name by selecting the **Magnifying Glass** icon. Press **Enter** on the keyboard or select **OK**
4. Click the **HEDIS** tab. A list of needed HEDIS services automatically appears. The search function is defaulted to look at services **Due**



The screenshot shows the Meridian Health Plan Member screen. At the top, there are various demographic fields: Member ID (000000000), Name (Dawson, Jack), DOB (01/01/2000), SSN (555555555), Gender (M), MCIR ID# (0), LOB (Medicaid), Case Num (000000000), Eff Date (04/01/2014), Term Date (blank), Language (English), Alerts (HNQ), Benefit Plan (Medicaid), PCP (55555 Doubtfire, Euphegenia), Phone ((555) 867-5309), and Family (dropdown). Below these fields are tabs: Demographics, Authorizations, **HEDIS**, Immunizations, COB, Claim Status, Messages, and Documents. The **HEDIS** tab is highlighted with a red box and has a red arrow pointing to it from the bottom left. A message box titled "Attention! New Requirement for HEDIS Reporting" contains the text: "Please fax the clinical information that supports this HEDIS entry to 313-202-0006. If clinical documentation is not faxed within 30 days this entry will not result in a HEDIS hit. Do you have an EMR? If so, contact your Meridian Health Plan Provider Network Development Representative so we can work with you to collect EMR data!" Below the message are buttons for "Reporting Year" (2015 dropdown), "Due" (radio button selected), "All" (radio button), and "Last PCP Visit" (10/12/2015). The main table lists HEDIS measures: Weight Assessment and Counseling for Children/Ado... (Sub Desc: Child BMI Percentile, Due By: 12/31/2015, HEDIS Hit Date: No, Complete: No, Report HEDIS: button, View History: button); Weight Assessment and Counseling for Children/Ado... (Sub Desc: Counseling for Nutrition, Due By: 12/31/2015, HEDIS Hit Date: No, Complete: No, Report HEDIS: button, View History: button); and Weight Assessment and Counseling for Children/Ado... (Sub Desc: Counseling for Physical Activity, Due By: 12/31/2015, HEDIS Hit Date: No, Complete: No, Report HEDIS: button, View History: button). At the bottom are "Print HEDIS Profile" and "Print Member Report" buttons.

5. If a member received a needed HEDIS measure, please report it to Meridian. Highlight the completed measure and double click in the highlighted area under **Report H...**
(Report HEDIS) A new screen will appear to enter the information

Member

Member ID: 000000000	Name: Dawson, Jack	DOB: 01/01/2000	SSN: 555555555	Gender: M	MCIR ID#: 0
LOB: Medicaid	Case Num: 000000000	Eff Date: 04/01/2014	Term Date:	Language: English	Alerts: HNQ Benefit Plan: Medicaid
PCP: 55555 Doubtfire, Euphegenia	Phone: (555) 867-5309	Family: <input type="button" value="▼"/>			
<input type="button" value="Demographics"/> <input type="button" value="Authorizations"/> <input checked="" type="button" value="HEDIS"/> <input type="button" value="Immunizations"/> <input type="button" value="COB"/> <input type="button" value="Claim Status"/> <input type="button" value="Messages"/> <input type="button" value="Documents"/>					

Attention! New Requirement for HEDIS Reporting

Please fax the clinical information that supports this HEDIS entry to 313-202-0006. If clinical documentation is not faxed within 30 days this entry will not result in a HEDIS hit.
Do you have an EMR? If so, contact your Meridian Health Plan Provider Network Development Representative so we can work with you to collect EMR data!

Reporting Year:	2015	<input checked="" type="radio"/> Due	<input type="radio"/> All	Last PCP Visit:	10/12/2015
Measure	Sub Desc	Due By	HEDIS Hit Date	Complete	<input type="button" value="Report HEDIS"/> <input type="button" value="View History"/>
Weight Assessment and Counseling for Children/Ado...	Child BMI Percentile	12/31/2015		No	<input type="button" value="Edit"/> <input type="button" value="Search"/>
Weight Assessment and Counseling for Children/Ado...	Counseling for Nutrition	12/31/2015		No	<input type="button" value="Edit"/> <input type="button" value="Search"/>
Weight Assessment and Counseling for Children/Ado...	Counseling for Physical Activity	12/31/2015		No	<input type="button" value="Edit"/> <input type="button" value="Search"/>

HEDIS Update

Child BMI Information
BMI Percentile Date: <input type="text"/> <input type="button" value="▼"/> BMI Percentile: <input type="text"/> <input type="button" value="▼"/> OR BMI percentile plotted on age-growth chart: <input type="text"/> Weight (lb): <input type="text"/> Height ("'): <input type="text"/> Height in ft and inches (sample 5.9): <input type="text"/> <input type="button" value="to inches"/> Nutritional Counseling Provided: <input type="text"/> Physical Activity Counseling Provided: <input type="text"/>
Weight Assessment and Counseling for Children/Adolescents - Child BMI Percentile
<input type="button" value="Update HEDIS"/> <input type="button" value="Clear"/>

Attention! New Requirement for HEDIS Reporting

Please fax the clinical information that supports this HEDIS entry to 313-202-0006. If clinical documentation is not faxed within 30 days this entry will not result in a HEDIS hit.
Do you have an EMR? If so, contact your Meridian Health Plan Provider Network Development Representative so we can work with you to collect EMR data!

6. Enter the needed information and Click **Update HEDIS**. Meridian always asks for the BMI. Please enter the member's BMI if known. If you do not know the height in inches, enter the **Height in ft and inches** and click the **to inches** button. The form will automatically fill in the **Height ("')** and **BMI**. Click **Update HEDIS** and a notification will be sent to Meridian. Once a needed HEDIS measure is reported, the status will change from **No** to **Pending**

7. Please fax clinical information that supports the HEDIS entry to **313-202-0006**. If clinical information is not faxed within 30 days the entry will not result in a HEDIS hit.

HEDIS Update

Child BMI Information

BMI Percentile Date: BMI Percentile:
 BMI percentile plotted on age-growth chart:

Weight (lb): Height ("'): Height in ft and inches (sample 5.9):

Nutritional Counseling Provided: Physical Activity Counseling Provided:

Weight Assessment and Counseling for Children/Adolescents Child BMI Percentile

Attention! New Requirement for HEDIS Reporting

Please fax the clinical information that supports this HEDIS entry to 313-202-0006. If clinical documentation is not faxed within 30 days this entry will not result in a HEDIS hit.
 Do you have an EMR? If so, contact your Meridian Health Plan Provider Network Development Representative so we can work with you to collect EMR data!

8. To see all the HEDIS measures for a member, select **All**. Completed measures will appear on the list. You can tell if a measure is done under the **HEDIS Hit** column and **Com...(Completed)** column

Home **Member**

Member

Member ID: Name: DOB: SSN: Gender: M MCIR ID#:

LOB: Case Num: Eff Date: Term Date:

Language: Alerts: Benefit Plan:

PCP: Phone: Family:

Demographics **Authorizations** **HEDIS** **Immunizations** **COB** **Claim Status** **Messages** **Documents**

Attention! New Requirement for HEDIS Reporting

Please fax the clinical information that supports this HEDIS entry to 313-202-0006. If clinical documentation is not faxed within 30 days this entry will not result in a HEDIS hit.
 Do you have an EMR? If so, contact your Meridian Health Plan Provider Network Development Representative so we can work with you to collect EMR data!

Reporting Year:	<input type="button" value="2015"/>	<input type="radio"/> Due <input checked="" type="radio"/> All	Last PCP Visit:	<input type="text" value="03/14/2014"/>	
Measure	Sub Desc	Due By	HEDIS Hit Date	Complete	Report HEDIS
Adult's Access to Preventative/Amb. Health Serv. (AAP)		12/31/2015	08/31/2015	Yes	<input type="button" value="View History"/>
Adult BMI (ABA)	Adult BMI	12/31/2015		No	<input type="button" value="View History"/>

9. If a measure is completed, you can view the member's history for completing the measures by clicking the **Magnifying Glass** icon under the **View History** column within the **HEDIS** tab

NA



HEDIS Historical Entries

Member ID:	0000000000	Measure:	Weight Assessment and Counseling for Child		
Service Due By:	12/31/2015	Sub Measure:	Child BMI Percentile		
Entry Date	Entry By				
<table border="1"> <tr> <td colspan="2"></td> </tr> </table>					

10. Double click on the **Measure** and a description of the service will appear in blue

Reporting Year: 2012 Due All Last PCP Visit: 11/18/2011

Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Repor...	Status...
Cervical Cancer Screening		12/31/20...	08/06/2011	Yes			2012	
Adult's Access to Preventativ...		12/31/20...		No	NA		2012	

Must be completed in the measurement year. A hysterectomy can only be documented as an exclusion if there is no residual cervix.

11. There are two buttons on the bottom of the **HEDIS** tab

- a. **Print HEDIS Profile**-This will generate a PDF of the member's HEDIS profile sheet for the year and the respective bonus amount available for the provider once the measure is completed


Meridian
 Health Plan

HEDIS Profile Sheet 2015

ID : 0000000000 Name : Jack Dawson Guardian : Rose DeWitt Bukater	PCP : Euphegenia Doubtfire Steiner Street Pediatrics
DOB : 01/01/2000 Age : 12 Sex : M Phone : (555) 867-5309	

Meridian Health Plan (MHP) will continue the HEDIS Bonus Plan for all contracted Primary Care Providers. The yearly bonus period will cover all HEDIS services provided between the dates of service January 1, 2015 and December 31, 2015. These services must be reported to MHP on claim form or via fax by February 28, 2016 in order to be eligible for a bonus payment. To qualify for a bonus payment, the service must be delivered in strict accordance with HEDIS guidelines. Timeframes and enrollment criteria for each measure must also be met.

Bonuses will be paid in four installments. The first payment will be made at the end of April 2015, followed by a payment at the end of July 2015, the end of October 2015 with the final payment during March 2016.

HEDIS Measures Needed:
Please fax medical record documentation to 313-202-0006.

Childhood Immunizations	Needed By	Bonus Available
4 DTP or DtaP	07/13/16	\$ 20.00
3 IPV/OPV	07/13/16	\$ 20.00
1 MMR	07/13/16	\$ 20.00
3 HiB	07/13/16	\$ 20.00
3 Hepatitis B	07/13/16	\$ 20.00
1 VZV	07/13/16	\$ 20.00
4 Pneumococcal Conjugate	07/13/16	\$ 20.00
Combo 3 - All above immunizations complete	07/13/16	\$100.00
2 Hepatitis A	07/13/16	\$ 20.00
3 Rotavirus	07/13/16	\$ 20.00
2 Influenza	07/13/16	\$ 20.00
<hr/>		
	Total:	\$300.00

- b. **Print Member Report**-You can print various reports for the member. Click the **Print Member Report** box and select the report you want to run, then click **OK**. A new window will appear with the PDF version of the report



**Meridian Health Plan
Member Information**

Member ID : 000000000	Status : Active		
First Name : Jack	LOB : Medicaid		
Middle Name : Michael	Enroll Date : 07/01/2014		
Last Name : Dawson	Term Date :		
Suffix :	County : Osage		
Case Number : 000000000	Program : L - MICH-CARE AND MEDICAID		
Birth Date : 01/01/2000	Age: 15		
SSN : 555555555			
Gender : Male	PCP : Euphegenia Doubtfire		
Language : English	Effective : 08/01/2014		
E-mail :	Term Date :		
Member		Responsible Party/Guardian	
Address 1 : 1738 Cambridge	First Name : Rose		
Address 2 :	Middle Name : Dewitt		
City : Bluffington	Last Name : Bukater		
State : Michigan	Address 1 : 1738 Cambridge		
Zip Code : 90210	Address 2 :		
Home Phone : (555)867-5309	City : Bluffington		
Work Phone :	State : Michigan		
	Zip Code : 90210		
	Home Phone : (555) 867-5309		
	Work Phone :		

HEDIS

Measure	Sub Description	Last Seen
Childhood Immunization Status	DTP #3	
Childhood Immunization Status	DTP #4	
Childhood Immunization Status	HepA #1	
Childhood Immunization Status	HEPB #3	
Childhood Immunization Status	HIB #3	
Childhood Immunization Status	Influenza #1	
Childhood Immunization Status	Influenza #2	
Childhood Immunization Status	IPV #3	
Childhood Immunization Status	MMR #1	

Immunizations

This screen lists all immunization records for a member that have been recorded by the State. The **Blood Lead Tests** box contains all the blood lead tests for the member that the State has recorded and sent to the health plan. This is updated each month with a file exchange between Meridian and the State. If there are no records, a message will appear in red at the bottom of the screen. Always enter the **Member ID** number or search for the member by name by clicking the **Magnifying Glass** icon at the top of the **Member** screen.

Demographics	Authorizations	HEDIS	Immunizations	COB	Claim Status	Messages	Documents
--------------	----------------	-------	----------------------	-----	--------------	----------	-----------

Member Documents

Service Date	Procedure	Description
12/12/2009	90744	Hep B (pediatric or adolescent)
02/23/2010	90744	Hep B (pediatric or adolescent)
02/23/2010	90669	Pneumococcal Conjugate, 7 valent (PCV7)
02/23/2010	90680	Rotavirus Pentavalent (3-dose Rotavirus RV5)

Blood Lead Tests :

Service Date	Create Date	Create Time	Result
10/26/2010	03/08/2011	11:48 AM	2
08/30/2013	11/04/2013	2:51 PM	1

Blood Lead Tests :

Service Date	Create Date	Create Time	Result
<i>No records for this member</i>			

No Record(s) Found for Immunizations / Blood Lead Tests

COB

COB (Coordination of Benefits) indicates to providers if a member has other insurance coverage. A red **C** located under **Alerts** on the right side of the **Demographics** screen indicates the member has other coverage. If there is no COB, a message in red will appear at the bottom of the screen.

Member																																			
Member ID:	0000000000	Name:	Dawson, Jack	DOB:	01/01/2000																														
SSN:	5555555555	Gender:																																	
LOB:	Medicaid	Case Num:	00000000	Eff Date:	08/01/2015																														
Language:	English	Alerts:	CDENQ	Benefit Plan:	Medicaid																														
PCP:	55555- Euphegenia Doubtfire		Phone:	(555) 867-5309	Family:																														
Demographics Authorizations HEDIS Immunizations COB Claim Status Messages Documents																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Group #</th> <th>Policy #</th> <th>Effective Date</th> <th>Term Date</th> </tr> </thead> <tbody> <tr> <td>MEDICARE-ELIGIBLE FOR,NOT ENROLLED</td> <td></td> <td></td> <td>08/01/2015</td> <td>07/31/2015</td> </tr> <tr> <td>MEDICARE-ENROLLED IN MEDICARE PART D</td> <td></td> <td></td> <td>08/01/2015</td> <td>09/30/2015</td> </tr> <tr> <td>MEDICARE-ENROLLED IN PART B</td> <td></td> <td></td> <td>08/01/2015</td> <td>12/31/2099</td> </tr> <tr> <td>MEDICARE-ENROLLED IN PART A</td> <td></td> <td></td> <td>08/01/2015</td> <td>12/31/2099</td> </tr> <tr> <td>MEDICARE-ENROLLED IN MEDICARE PART D</td> <td></td> <td></td> <td>10/01/2015</td> <td>12/31/2015</td> </tr> </tbody> </table>						Name	Group #	Policy #	Effective Date	Term Date	MEDICARE-ELIGIBLE FOR,NOT ENROLLED			08/01/2015	07/31/2015	MEDICARE-ENROLLED IN MEDICARE PART D			08/01/2015	09/30/2015	MEDICARE-ENROLLED IN PART B			08/01/2015	12/31/2099	MEDICARE-ENROLLED IN PART A			08/01/2015	12/31/2099	MEDICARE-ENROLLED IN MEDICARE PART D			10/01/2015	12/31/2015
Name	Group #	Policy #	Effective Date	Term Date																															
MEDICARE-ELIGIBLE FOR,NOT ENROLLED			08/01/2015	07/31/2015																															
MEDICARE-ENROLLED IN MEDICARE PART D			08/01/2015	09/30/2015																															
MEDICARE-ENROLLED IN PART B			08/01/2015	12/31/2099																															
MEDICARE-ENROLLED IN PART A			08/01/2015	12/31/2099																															
MEDICARE-ENROLLED IN MEDICARE PART D			10/01/2015	12/31/2015																															

OR

No Record(s) Found for COB

Claim Status

Providers can check the status of claims submitted for members electronically through the Provider Portal. Click on the **Claim Status** tab and press Enter on the keyboard. The **Provider** menu tab will open at the top with a listing of all claims for that member. For further instructions on checking claims, see pages 57-59.

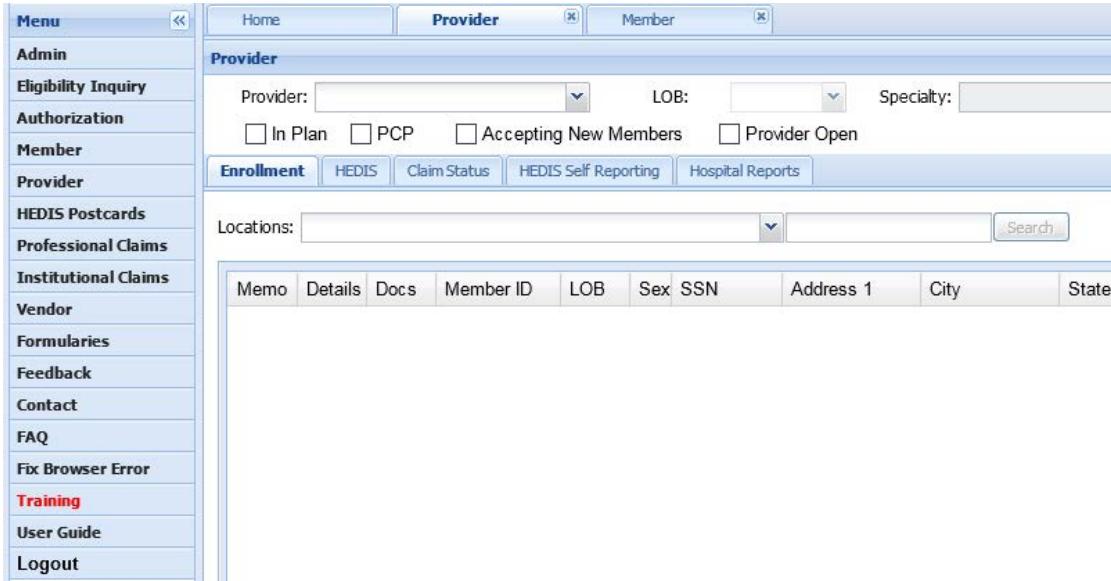
Home	Member	Provider
Member		
Member ID: 0000000000	Name: Dawson, Jack	DOB: 01/01/2000
SSN: 5555555555	Gender: M	MCIR ID#:
LOB: Medicaid	Case Num: 000000001	Eff Date: 01/01/2013
Language: English	Alerts: IQ	Benefit Plan: Medicaid
PCP: 55555 Euphegenia Doubtfire	Phone: (555) 867-5309	Family: [dropdown]
Demographics Authorizations HEDIS Immunizations COB Claim Status Messages Documents		

Enter a Recipient ID and press tab or enter key to view the Claim Status.

Home	Provider	Member												
Provider														
Provider: [dropdown]	LOB: [dropdown]	Specialty: [dropdown]												
<input type="checkbox"/> In Plan	<input type="checkbox"/> PCP	<input type="checkbox"/> Accepting New Members												
<input type="checkbox"/> Provider Open														
Enrollment HEDIS Claim Status HEDIS Self Reporting Hospital Reports														
Type: ALL	From: 10/25/15	To: 12/09/15												
Status: ALL	Member ID: [dropdown]	Patient Acc#: [dropdown]												
<table border="1"> <thead> <tr> <th>Claim #</th> <th>Edit/Resubmit</th> <th>Member ID</th> <th>LOB</th> <th>Member Name</th> <th>Serv Date</th> <th>Bill Type</th> <th>POS</th> <th>Diag 1</th> <th>Diag 2</th> <th>Diag 3</th> <th>Billed</th> </tr> </thead> </table>			Claim #	Edit/Resubmit	Member ID	LOB	Member Name	Serv Date	Bill Type	POS	Diag 1	Diag 2	Diag 3	Billed
Claim #	Edit/Resubmit	Member ID	LOB	Member Name	Serv Date	Bill Type	POS	Diag 1	Diag 2	Diag 3	Billed			

Provider

As a contracted Meridian provider, this menu is important to you. You will use the features in this menu often. Each tab function is described in detail below.



The screenshot shows the Meridian Provider interface. On the left is a vertical navigation menu with the following items:

- Menu
- Admin
- Eligibility Inquiry
- Authorization
- Member
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Formularies
- Feedback
- Contact
- FAQ
- Fix Browser Error
- Training** (highlighted in red)
- User Guide
- Logout

The main content area has tabs at the top: Home, Provider (selected), and Member. Under the Provider tab, there are search fields for Provider, LOB, and Specialty, and checkboxes for In Plan, PCP, Accepting New Members, and Provider Open. Below these are buttons for Enrollment, HEDIS, Claim Status, HEDIS Self Reporting, and Hospital Reports. A Locations dropdown and a Search button are also present. At the bottom is a grid header with columns: Memo, Details, Docs, Member ID, LOB, Sex, SSN, Address 1, City, and State.

Enrollment

This tab is relevant to PCPs only. Here PCPs are able to view their monthly enrollment list. They are also able to print their enrollment list and HEDIS information for current members. If a provider works at more than one location, the enrollment search can be narrowed to each location; otherwise, a list of all members assigned to the PCP appears.

Home Provider Member

Provider

Provider: LOB: Specialty: Family Practice

In Plan Accepting New Members Provider Open

Enrollment

Truman, Will	Adler, Grace	McFarland, Jack	Walker, Karen
--------------	--------------	-----------------	---------------

Reporting Hospital Reports

Locations:

Memo Details Docs Member ID LOB Sex SSN Address 1 City State

HEDIS			Medi... F				MI
			Medi... F				MI
HEDIS			Medi... M				MI
			Medi... F				MI
HEDIS			Medi... M				MI
			Medi... M				MI

Once a PCP is selected from the drop down menu, the user is able to discern if a provider is **In Plan**, a **PCP, Accepting New Members** and/or **Open**. These sections will be checked and grayed out.

Provider: LOB: Specialty: Family Practice

In Plan PCP Accepting New Members Provider Open

Next to the list of members assigned to the selected PCP are notifications. The red **HEDIS** is a common alert. Clicking on **HEDIS** opens the **Member HEDIS** tab. To report a completed HEDIS measure, double click in the **Report HEDIS** column and enter the required information and date. Click **Update HEDIS** to submit to Meridian. Once HEDIS is entered, the status will change from **No** to **Pending**.

Memo Details Docs Member ID LOB Sex SSN Address 1 City State Zip Phone Last Name Mid First Name Birth Date

HEDIS			0000000000	Medi... M	0000000000	1738 Cambridge	Bluffington	MI	90210	(555) 555-5555	Dawson		Jack	01/01/2000
HEDIS			0000000001	Medi... F	1111111111	123 Elm St.	Detroit	MI	90210	(555) 111-1111	Green		Rachel	12/4/1987
HEDIS			0000000002	Medi... M	2222222222	456 Oak Ave.	Pleasantvill	MI	90210	(555) 222-2222	Bing		Chandler	07/09/2015

Member

Member ID: 0040930367	Name: BERNAT, JACKSON	DOB: 09/19/06	SSN: 375337437	Gender: M	MCIR ID#: 0
LOB: Medicaid	Case Num: 118279804	Eff Date: 04/01/2014	Term Date:	Language: English	Alerts: HNQ Benefit Plan: Medicaid
PCP: 25877 - Haddad, Fawaz	Phone: (810) 695-6565	Family: 0040930367 BERNAT, JACKSON			

Demographics | Authorizations | **HEDIS** | Immunizations | COB | Claim Status | Messages | Documents

Attention! New Requirement for HEDIS Reporting

Please fax the clinical information that supports this HEDIS entry to 313-202-0006. If clinical documentation is not faxed within 30 days this entry will not result in a HEDIS hit. Do you have an EMR? If so, contact your Meridian Health Plan Provider Network Development Representative so we can work with you to collect EMR data!

Reporting Year: 2015 Due All Last PCP Visit: 10/12/2015

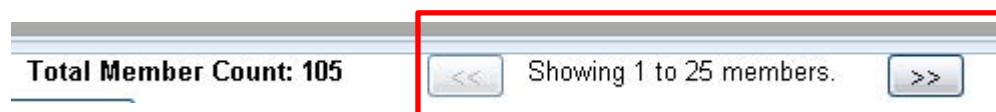
Measure	Sub Desc	Due By	HEDIS Hit Date	Complete	Report HEDIS	View History
Weight Assessment and Counseling for Children/Ado...	Child BMI Percentile	12/31/2015		No		
Weight Assessment and Counseling for Children/Ado...	Counseling for Nutrition	12/31/2015		No		
Weight Assessment and Counseling for Children/Ado...	Counseling for Physical Activity	12/31/2015		No		

[Print HEDIS Profile](#) [Print Member Report](#)

Clicking the **Magnifying Glass** icon next to a member's name on the main **Enrollment** tab will open the **Member Demographics** tab.

Memo	Details	Docs	Member ID	LOB	Sex	SSN	Address 1	City	State	Zip	Phone	Last Name	Mid	First Name	Birth Date
HEDIS			0000000000	Medi...	M	0000000000	1738 Cambridge	Bluffington	MI	90210	(555) 555-5555	Dawson		Jack	01/01/2000
HEDIS			0000000001	Medi...	F	1111111111	123 Elm St.	Detroit	MI	90210	(555) 111-1111	Green		Rachel	12/4/1987
HEDIS			0000000002	Medi...	M	2222222222	456 Oak Ave.	Pleasantville	MI	90210	(555) 222-2222	Bing		Chandler	07/09/2015

If a PCP has more than 25 members assigned to him or her, a **Member Count** appears at the bottom. You can use the arrows to navigate to the next page of members assigned to the PCP.



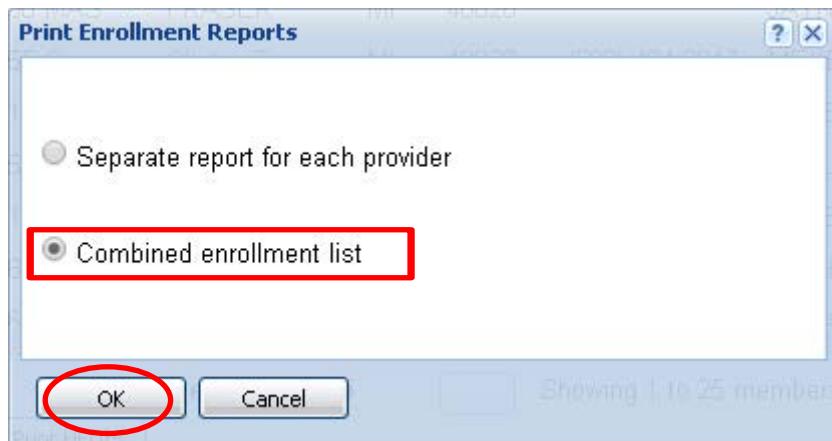
There are six buttons on the bottom of the **Enrollment** tab:

1. **Print**-Selecting this will generate a PDF of the complete list of the members assigned to the provider. You must select a PCP from the **Provider** drop-down menu



Meridian Health Plan - Monthly Enrollment List												
Provider : 55555 Euphegenia Doubtfire			Number of Members: 105					Date: 12/01/2015				
Monthly Enrollment List - All												
Member ID	Patient's Name Eff Date	Term Date	Address	Phone	Age	DOB	S	Coordination Program	Needed Quality Measures	Program	Hot List	Line of Business
									AWV	TANF	*	Medicaid
									AWV,BMI%,NUTR,ACTY IMA	ABAD	*	Medicaid
								CHF	HMS	HMP		Medicaid
									CS	TANF	*	Medicaid

2. **Print All Providers**-You have the option to print the enrollment list for all providers assigned to the office at once. Select **Print All Providers** and a new window opens. You can choose to print a **Combined Enrollment List** for the practice or a **Separate Report for Each Provider**. Select what you want to print and click **OK**. A new PDF appears with the option you selected. No PCP needs to be selected from the **Provider** drop-down menu

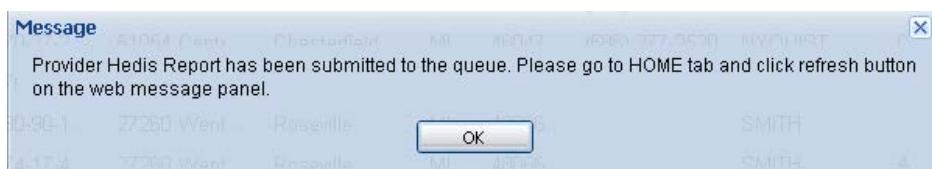


Meridian Health Plan - Monthly Enrollment List												
Provider: B & B Optical Solutions			Number of Members: 105					Date: 12/01/2015				
Monthly Enrollment List - All												
Member ID	Patient's Name Eff Date Term Date	Address	Phone	Age	DOB	S	Coordination Program	Needed Quality Measures	Program	Hot List	Line of Business	
								AWV	TANF		Medicaid	
								AWV,BMI%,NUTR,ACTY IMA	TANF	*	Medicaid	
								HMS	HMP		Medicaid	
							CHF		TANF		Medicaid	
								CS	TANF	*	Medicaid	

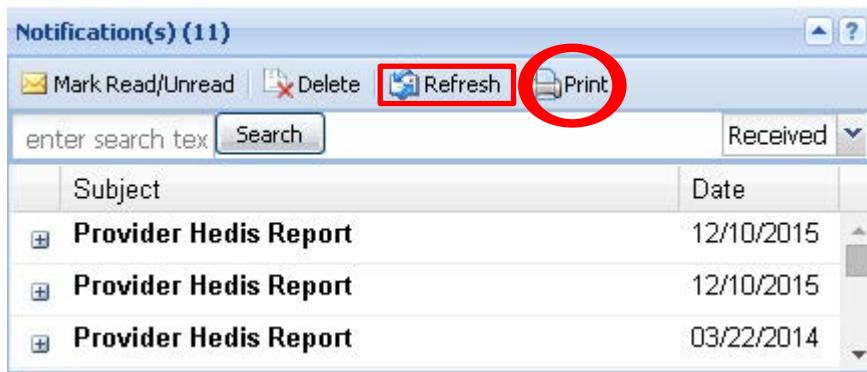
3. **Export All Providers**-Selecting this will open an Excel spreadsheet of the assigned members for all providers. This list is a roster of the patients assigned to the PCP or Group



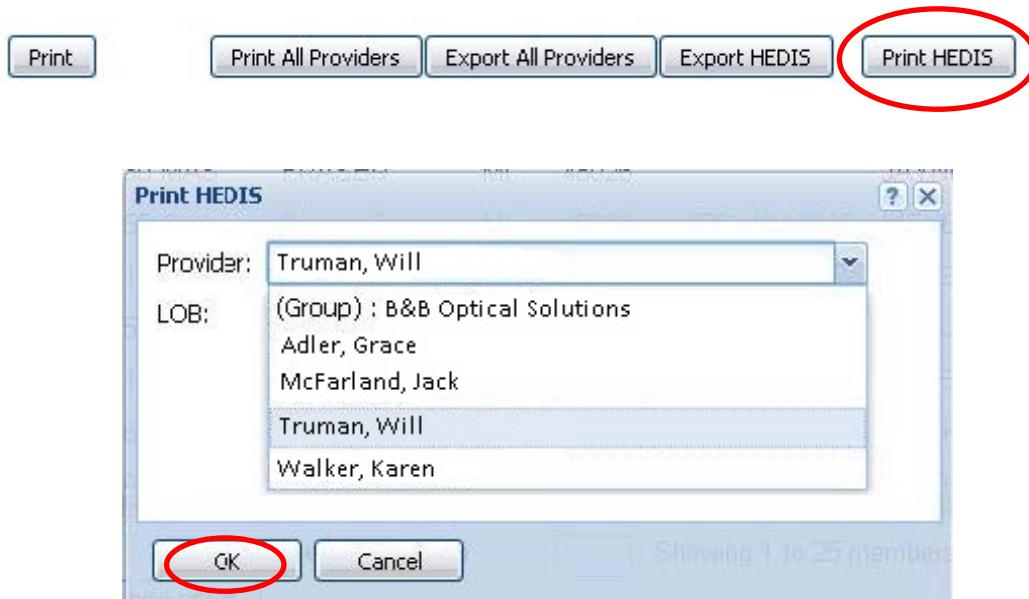
4. **Export HEDIS**- Export the members who have outstanding HEDIS measures to an Excel spreadsheet by clicking **Export HEDIS**. A dialog box instructs you to click the **Home** tab and click **Refresh** in the **Message(s)** screen



The **Message(s)** will read **Provider HEDIS Report**. Click the **Printer Icon** and the report pops up in Excel.



5. **Print HEDIS**-View a PDF version of a provider or provider group's HEDIS bonus payments and outstanding HEDIS services by selecting this button. Once **Print HEDIS** is selected, a new box appears with a drop-down menu. Select the group or provider you want the report for and click **OK**. A new window with the PDF of the HEDIS report will appear



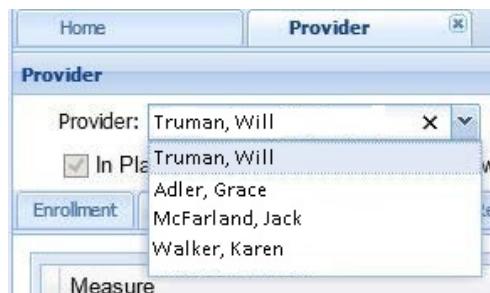
Provider Quality Incentive Bonus Summary

06/26/2012 2:03pm EST

Measure		Prior Year Members	YTD Hits	Total Due	Bonus Percent	Bonus Paid YTD	Possible Bonus	HOT LIST**
Childhood Immunization Status	DTP/DTaP	1		1	0%	\$0.00	\$25.00	
	IPV/OPV	1		1	0%	\$0.00	\$25.00	
	MMR	1	1		100%	\$25.00	\$25.00	
	HiB	1	1		100%	\$25.00	\$25.00	
	Hep B	1		1	0%	\$0.00	\$25.00	
	VZV	1	1		100%	\$25.00	\$25.00	
	PCV	1	1		100%	\$25.00	\$25.00	
	Hep A	1		1	0%	\$0.00	\$25.00	
	Rotavirus	1		1	0%	\$0.00	\$25.00	
	Influenza	1	1		100%	\$0.00	\$0.00	
	Combo 3	1		1	0%	\$0.00	\$200.00	
Lead Screening		2		2	0%	\$0.00	\$100.00	
Well-Child Visits First 15 Months	1 - 5 Visits	1		1	100%	\$50.00	\$250.00	
	6th Visit	1		1	0%	\$0.00	\$150.00	
Well-Child Visits 3 thru 6 Years Old		7		2	5	29%	\$50.00	\$350.00

HEDIS

This tab allows providers to see the amount paid out in HEDIS bonuses. Providers can also view the total number of members that are due for a specific HEDIS measure. Select the **Provider** from the drop-down menu at the top.



A screen will appear with the provider's list of **HEDIS Bonus Paid** and **Possible Bonus**.

Provider

Provider:	Truman, Will	LOB:	All	Specialty:	Family Practice
<input checked="" type="checkbox"/> In Plan <input checked="" type="checkbox"/> PCP <input type="checkbox"/> Accepting New Members <input type="checkbox"/> Provider Open					
Enrollment HEDIS Claim Status HEDIS Self Reporting Hospital Reports					
Measure	Members	Bonus Paid YTD	Possible Bonus		
1-Childhood Immunization Status		\$40.00			
2-Adolescent Immunization Status					
3-Breast Cancer Screening	1		\$50.00		
4-Cervical Cancer Screening	22	\$175.00	\$650.00		
5-Prenatal and Postpartum Care					
10-Comprehensive Diabetes Care	4	\$200.00	\$1850.00		
15-Well-Child Visits First 15 Months	1	\$25.00			
16-Well-Child Visits 3 thru 6 Years Old					

Click the + sign next to the HEDIS measure to view details of a specific measure. Click the – sign to close the details.

Measure	Members	Bonus Paid YTD	Possible Bonus		
5-Prenatal and Postpartum Care					
10-Comprehensive Diabetes Care	4	\$200.00	\$1850.00		
Measure	Members	Prior Year Hits	YTD Hits	Percent	Bonus Paid YTD
HbA1C Testing	4	1	1	50 %	\$25.00
Eye Exam	4	2	1	75 %	\$25.00
LDL-C Testing	4	2	2	100 %	\$25.00
Diabetic Nephropathy	4	1	1	50 %	\$25.00
All 4 Diabetic Services Complete	4		2	50 %	\$100.00
HbA1C < 7%	4			0 %	\$0.00
LDL-C < 100mg/dl	4			0 %	\$0.00
15-Well-Child Visits First 15 Months					

Clicking the **Printer Icon** will open a new window with a PDF report of the **Provider Quality Incentive Bonus Summary** for all measures.

Provider

Provider: Truman, Will LOB: All Specialty: Family Practice

In Plan PCP Accepting New Members Provider Open

Enrollment **HEDIS** Claim Status HEDIS Self Reporting Hospital Reports

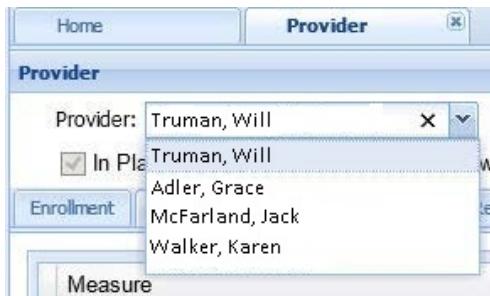
Measure	Members	Bonus Paid YTD	Possible Bonus
1-Childhood Immunization Status		\$40.00	
2-Adolescent Immunization Status			
3-Breast Cancer Screening	1	\$50.00	
4-Cervical Cancer Screening	22	\$175.00	\$650.00
5-Prenatal and Postpartum Care			
10-Comprehensive Diabetes Care	4	\$200.00	\$1850.00
15-Well-Child Visits First 15 Months			
16-Well-Child Visits 3 thru 6 Years Old	1	\$25.00	

Provider Quality Incentive Bonus Summary 06/26/2012 2:16pm EST

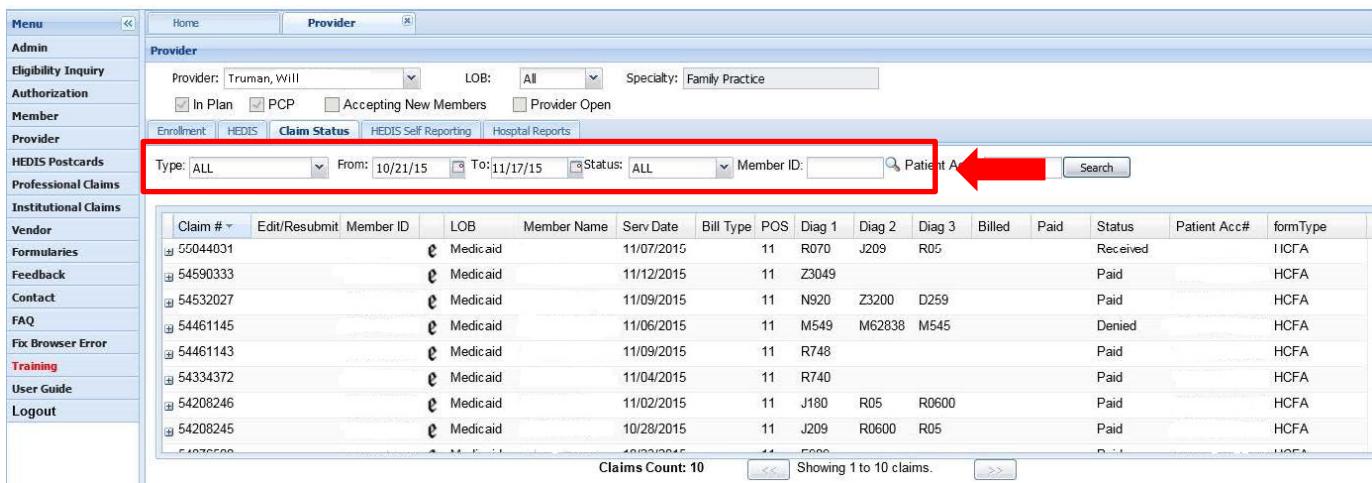
Measure	Members	Prior Year Hits	YTD Hits	Total Due	Bonus Percent	Paid YTD	Possible Bonus	HOT LIST**
Childhood Immunization Status								
DTP/DTaP	1			1	0%	\$0.00	\$25.00	
IPV/OPV	1			1	0%	\$0.00	\$25.00	
MMR	1		1		100%	\$25.00	\$25.00	
HiB	1		1		100%	\$25.00	\$25.00	
Hep B	1			1	0%	\$0.00	\$25.00	
VZV	1		1		100%	\$25.00	\$25.00	
PCV	1		1		100%	\$25.00	\$25.00	
Hep A	1			1	0%	\$0.00	\$25.00	
Rotavirus	1			1	0%	\$0.00	\$25.00	
Influenza	1	1			100%	\$0.00	\$.00	
Combo 3	1			1	0%	\$0.00	\$200.00	
Lead Screening	2			2	0%	\$0.00	\$100.00	
Well-Child Visits First 15 Months	1 - 5 Visits	1	1		100%	\$50.00	\$250.00	

Claim Status

To check the status of a claim, click the **Claim Status** tab under the **Provider** screen. Filter through dates and Member ID numbers to find a specific claim. View claims up to a year back from the day you are searching. Start by selecting the provider from the drop-down menu at the top.



A list of all the claims submitted for that provider will appear in the box below. You can refine the search by **Type** (Institutional or Professional), date range, **Status**, **Member ID** (or look up the member by clicking the **Magnifying Glass** icon) or **Patient Account Number**. Click the **Search** button on the far right after you have narrowed your fields. The date range of the search appears in red above the box.



A screenshot of a software application window titled "Provider". On the left is a vertical "Menu" sidebar with links like Admin, Eligibility Inquiry, Authorization, Member, Provider, HEDIS Postcards, Professional Claims, Institutional Claims, Vendor, Formularies, Feedback, Contact, FAQ, Fix Browser Error, Training, User Guide, and Logout. The main area has tabs: "Provider", "Enrollment", "HEDIS", "Claim Status" (which is selected), "HEDIS Self Reporting", and "Hospital Reports". Below these tabs is a search bar with fields: "Type: ALL", "From: 10/21/15", "To: 11/17/15", "Status: ALL", "Member ID: [text input field]", and a "Patient A" magnifying glass icon. A red box highlights this search bar, and a red arrow points to the "Search" button on the right. Below the search bar is a table of claim data with columns: Claim #, Edit/Resubmit, Member ID, LOB, Member Name, Serv Date, Bill Type, POS, Diag 1, Diag 2, Diag 3, Billed, Paid, Status, Patient Acc#, and formType. The table lists 10 claims, with the last one partially visible. At the bottom are buttons for "Claims Count: 10", "Showing 1 to 10 claims.", and navigation arrows.

To view details of the desired claim, click the + sign next to the claim number. To close the details, click the – sign.

Claim #	Edit/Resubmit	Member ID	LOB	Member Name	Serv Date	Bill Type	POS	Diag 1	Diag 2	Diag 3	Billed	Paid	Status	Patient Acc#	formType
55044831			Medicaid		11/07/2015		11	R070	J209	R05			Received		HCFA
54590333			Medicaid		11/12/2015		11	Z3049					Paid		HCFA
<hr/>															
Status	Line #	Service Date	Rev Code	Proc Code	Description	NDC	Units	Billed	Denied	Paid	Check/EFT Number	Check/EFT Date			
Paid	1	11/12/2015		96372	Ther/proph/diag inj sc/im		1	\$30.00							
	1			A2	Contractual adjustment:				\$15.93						
	1				Payment					\$14.07		1866997	11/23/2015		
<hr/>															
54532027			Medicaid		11/09/2015		11	N920	Z3200	D259			Paid		HCFA

Any claims that were rejected have a **Notepad Icon** in the **Edit/Resubmit** column. Providers can select the **Notepad Icon** to edit a claim and resubmit. When the **Notepad Icon** is clicked, it will open the **Professional Claims** tab at the top. Fill in the needed corrections and click the **Submit/Resubmit** button.

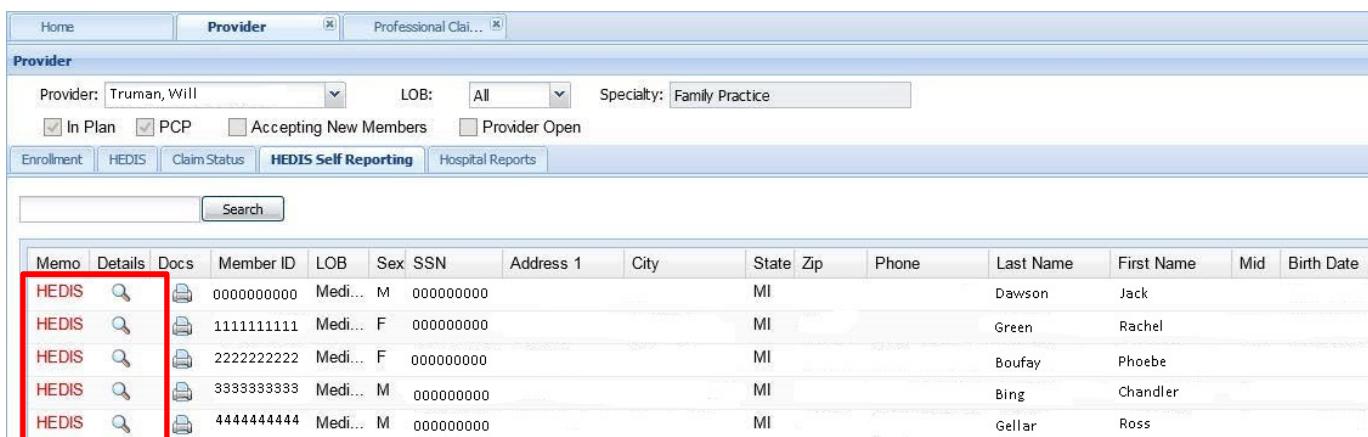
Professional Claim																															
Member ID :	<input type="text"/>	<input type="text"/>																													
Prior Auth# :	<input type="text"/>	Patient Account# :	<input type="text"/>																												
Billing NPI :	<input type="text"/>	Serv Prov NPI :	<input type="text"/>	<input type="checkbox"/> Same as billing <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"></div>																											
Billing TIN :	<input type="text"/>	Serv Prov Taxonomy :	<input type="text"/>																												
Claim Freq Code :	<input type="text"/> Original Claim	Orig. Claim Ref :	<input type="text"/>																												
Place of service :	<input type="text"/>	Facility NPI :	<input type="text"/>																												
Admit Date :	<input type="text"/>	Discharge Date :	<input type="text"/>																												
Diag. Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Carrier :	<input type="text"/>	Insured :	<input type="text"/>	Paid Amount :	<input type="text"/>	Deny Reason :	<input type="text"/>																								
LMP Date :	<input type="text"/>	<input type="text"/>	Notes :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
+ Service Line <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>#</th> <th>Serv.From</th> <th>To</th> <th>Proc Code</th> <th>Description</th> <th>NDC</th> <th>Units</th> <th>Billed</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>Diag Cd</th> <th>Other Ins Paid</th> <th>Edit</th> <th>Del</th> </tr> </table>																#	Serv.From	To	Proc Code	Description	NDC	Units	Billed	1	2	3	4	Diag Cd	Other Ins Paid	Edit	Del
#	Serv.From	To	Proc Code	Description	NDC	Units	Billed	1	2	3	4	Diag Cd	Other Ins Paid	Edit	Del																

HEDIS Self Reporting

Here a provider is able to report completed HEDIS measures electronically. Select the provider from the drop-down menu at the top.

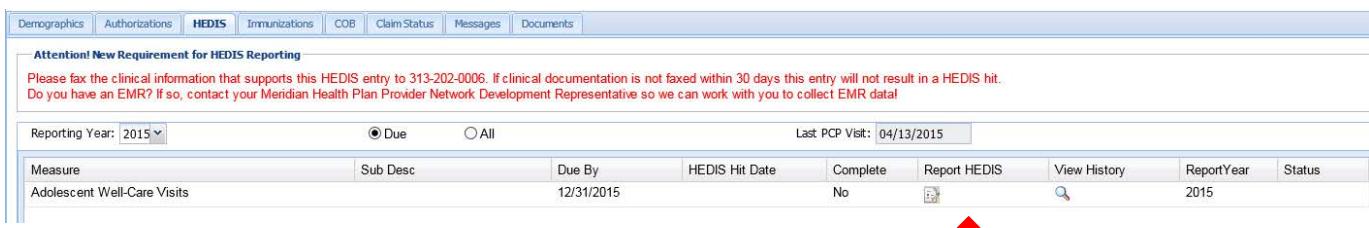


A list of the members assigned to that provider with needed HEDIS measures appears. This is noted by the red **HEDIS** alert on the left side of the member's name. Click on the red **HEDIS** or the **Magnifying Glass** icon.



Memo	Details	Docs	Member ID	LOB	Sex	SSN	Address 1	City	State	Zip	Phone	Last Name	First Name	Mid	Birth Date
HEDIS			0000000000	Medi...	M	0000000000			MI			Dawson	Jack		
HEDIS			1111111111	Medi...	F	0000000000			MI			Green	Rachel		
HEDIS			2222222222	Medi...	F	0000000000			MI			Boufay	Phoebe		
HEDIS			3333333333	Medi...	M	0000000000			MI			Bing	Chandler		
HEDIS			4444444444	Medi...	M	0000000000			MI			Gellar	Ross		

Doing so opens the **HEDIS** tab. Double click in the **Report HEDIS** column. Fill in the required information and click **Update HEDIS**. The **No** will switch to **Pending**. See pages 41-46 for more information about reporting HEDIS.



Demographics	Authorizations	HEDIS	Immunizations	COB	Claim Status	Messages	Documents		
Attention! New Requirement for HEDIS Reporting									
Please fax the clinical information that supports this HEDIS entry to 313-202-0006. If clinical documentation is not faxed within 30 days this entry will not result in a HEDIS hit. Do you have an EMR? If so, contact your Meridian Health Plan Provider Network Development Representative so we can work with you to collect EMR data!									
Reporting Year: 2015	<input checked="" type="radio"/> Due	<input type="radio"/> All		Last PCP Visit: 04/13/2015					
Measure	Sub Desc	Due By	HEDIS Hit Date	Complete	Report HEDIS	View History	Report Year	Status	
Adolescent Well-Care Visits		12/31/2015		No			2015		



You can also search members by name in the **HEDIS Self Reporting** tab in the **Provider** screen. Enter the member's first or last name in the search box and click the **Search** button. A listing of all members that match the search term will appear. Follow the steps on pages 41-46 to report completed HEDIS measures.



The screenshot shows a software interface with a navigation bar at the top containing tabs: Enrollment, HEDIS, Claim Status, HEDIS Self Reporting (which is highlighted in blue), and Hospital Reports. Below the navigation bar is a search bar with the text "smith" and a "Search" button. A red box highlights the search bar and button. The main area displays a table of search results. The columns are: Memo, Details, Docs, Member ID, LOB, Sex, SSN, Address 1, City, State, Zip, Phone, Last Name, First Name, Mid, and Birth Date. There are two rows of results, both labeled "HEDIS". The first row has Member ID "Medi...", Sex "F", City "MI", and Last Name "SMITH". The second row has Member ID "Medi...", Sex "M", City "MI", and Last Name "SMITH". Each row includes icons for a magnifying glass and a document.

Memo	Details	Docs	Member ID	LOB	Sex	SSN	Address 1	City	State	Zip	Phone	Last Name	First Name	Mid	Birth Date
HEDIS			Medi...	F				MI				SMITH			
HEDIS			Medi...	M				MI				SMITH			

HEDIS Postcards

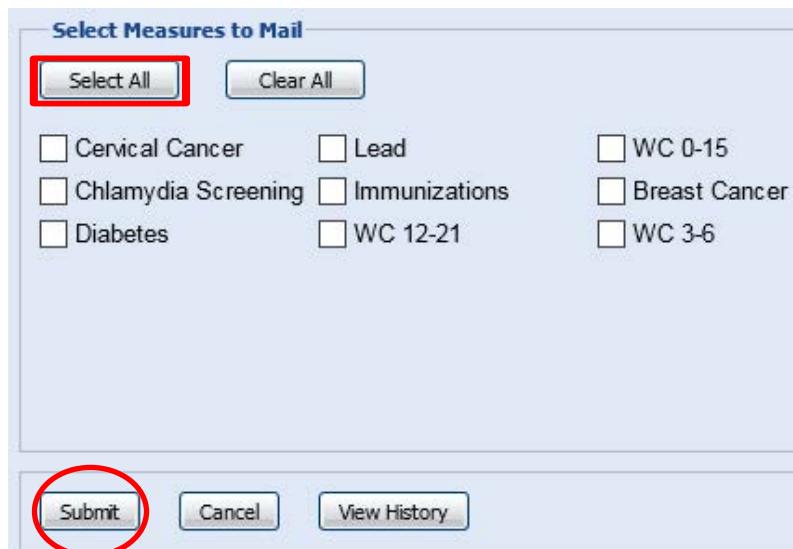
As a contracted Meridian provider, you can receive bonuses for completing services that meet HEDIS guidelines. Meridian helps you achieve these bonuses by allowing you to send postcards from your office. These postcards are designed and paid for by Meridian. They remind members about needed services and list the provider's name and phone number to call for an appointment.

1. Click **HEDIS Postcards** on the menu on the left-hand side of the Provider Portal
2. Select the provider that would like to send postcards



3. Click **Add**. If another provider wants to send postcards, highlight his or her name and click **Add** again. This allows the user to select any provider in a group from whom postcards should be sent

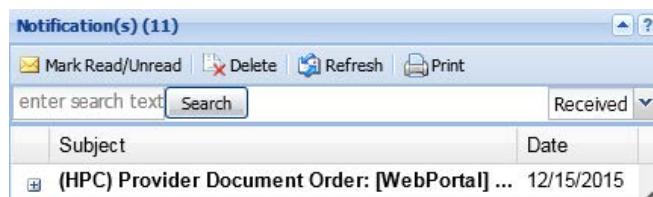
4. **Select Measures to Mail.** You can select all or select specific measures for which you wish to send postcards. If you do not select a measure, a warning message will appear at the bottom of the window



5. Click **Submit**. A dialog box appears with an Order Number confirming the documents were ordered



6. You will also get a notice in your **Message(s)** inbox after ordering the postcards



7. Once a provider has been added to the **Selected Provider** box on the main **HEDIS Postcard** screen, click **View History** to see the **Provider Order Document History Report**



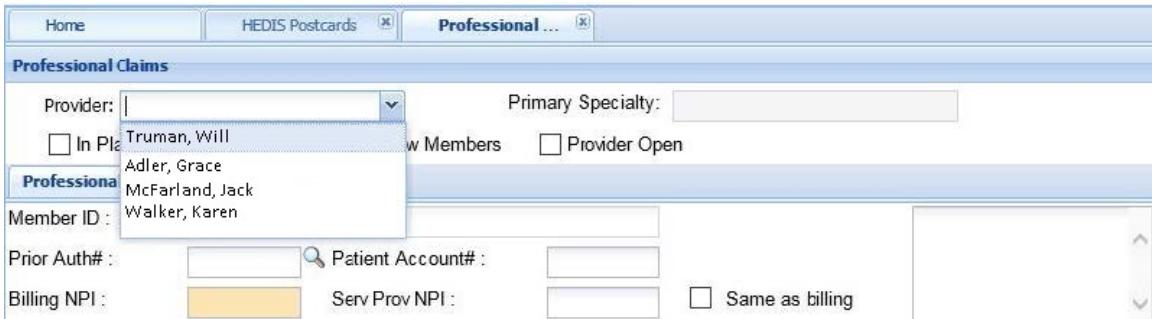
Provider Order Document History Report (As of 12/15/2015 11:35a)

ProviderID	ProviderName	DiRequest	MeasureNum	MeasureName	PQBatchNum	PrintStatus	DiCompleted	MeasCount
55555	Truman, Will			Lead Screening		In Progress		1

Professional Claims

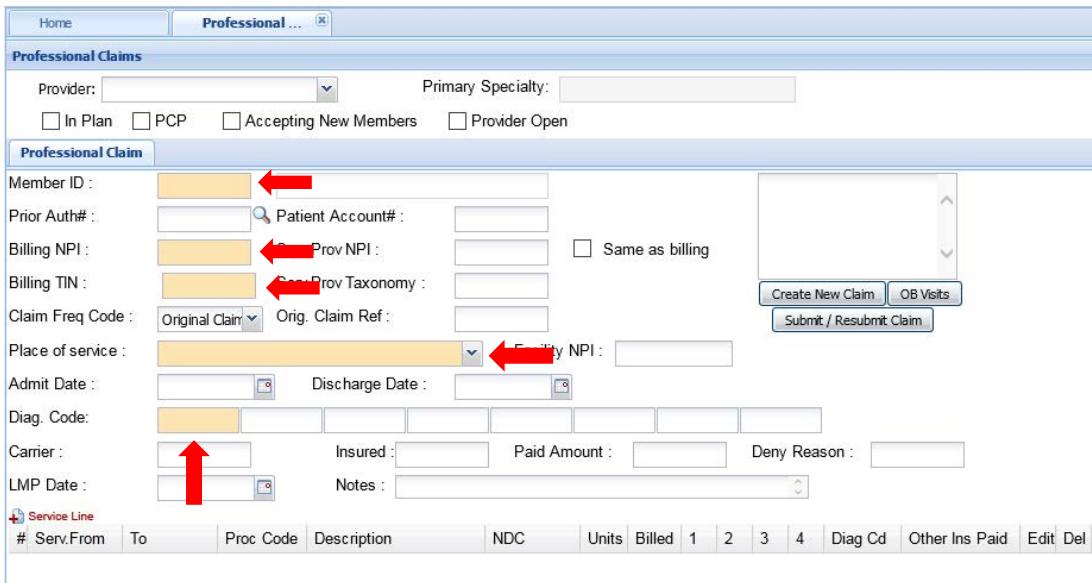
Providers are able to electronically submit claims through this menu option. You will need to fill out the required information that is highlighted. You will also need to add a **Services Line** (described below). You are able to add as many lines of service as you need. After you have completed your claim entry, select the **Submit/Resubmit Claim** button.

Open the **Professional Claims** screen by selecting it from the menu on the left. Select the provider from the **Provider** drop-down menu at the top.



The screenshot shows the 'Professional Claims' screen. At the top, there are three tabs: 'Home', 'HEDIS Postcards', and 'Professional ...'. Below these tabs, the title 'Professional Claims' is displayed. A dropdown menu labeled 'Provider:' is open, showing a list of names: Truman, Will; Adler, Grace; McFarland, Jack; Walker, Karen. To the right of the dropdown, there are two checkboxes: 'Primary Specialty:' and 'Provider Open'. Below the dropdown, there are fields for 'Member ID:', 'Prior Auth#:', 'Patient Account#:', 'Billing NPI:', 'Serv Prov NPI:', and a checkbox for 'Same as billing'. The 'Billing NPI' field is highlighted with a yellow background.

When a provider is selected, the provider's **Billing NPI** and **Billing TIN** automatically appear in the form below. **All areas in orange/yellow must be filled in.**

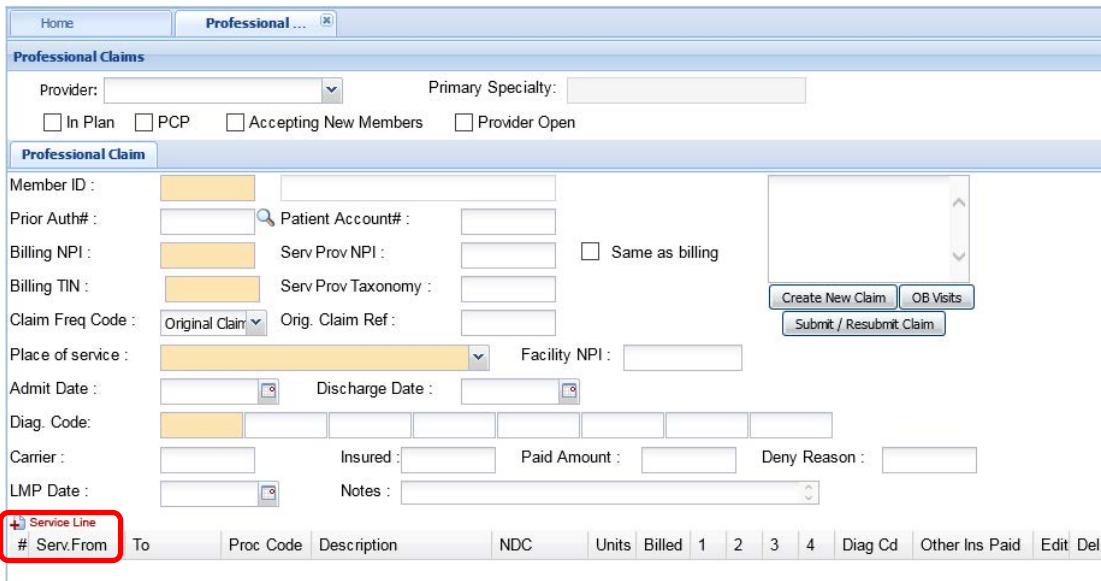


The screenshot shows the 'Professional Claims' section of a software interface. Several fields are highlighted with red arrows:

- Member ID: A yellow box with a red arrow pointing to it.
- Prior Auth#: A yellow box with a red arrow pointing to it.
- Billing NPI: A yellow box with a red arrow pointing to it.
- Billing TIN: A yellow box with a red arrow pointing to it.
- Claim Freq Code: A yellow box with a red arrow pointing to it.
- Place of service: A yellow box with a red arrow pointing to it.
- Admit Date: A yellow box with a red arrow pointing to it.
- Diag. Code: A yellow box with a red arrow pointing to it.
- Carrier: A yellow box with a red arrow pointing to it.
- LMP Date: A yellow box with a red arrow pointing to it.
- Facility NPI: A red box with a red arrow pointing to it.
- Service Line button: A red box with a red arrow pointing to it.

Buttons at the bottom right include 'Create New Claim', 'OB Visits', 'Submit / Resubmit Claim', 'Edit', and 'Del'.

Fill out the form completely. Before hitting **Submit/Resubmit Claim** you must enter a line of service. Click the **+ Service Line** icon on the lower left-hand side of the screen.



The screenshot shows the same 'Professional Claims' section as above, but the 'Service Line' button at the bottom left is highlighted with a red box.

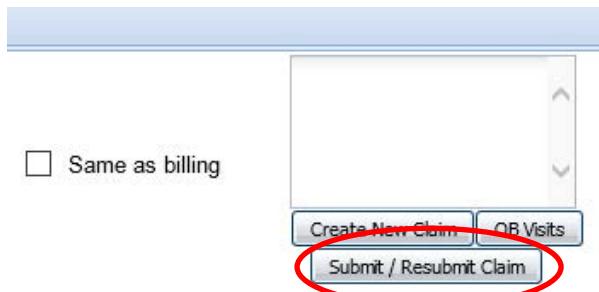
This opens service lines in a box below. The new box has areas that are required to be filled out. These required areas are highlighted in orange/yellow and include **Serv. From** (service from date), **Proc Code** (procedure code), **NDC**, **Units**, **Billed** and **Diagnosis Code**. Enter in the required information.

The section for diagnosis must relate to the diagnosis code in the **Professional Claims** section above. For example, the first diagnosis code would be 1, the second would be 2 and so on. Put

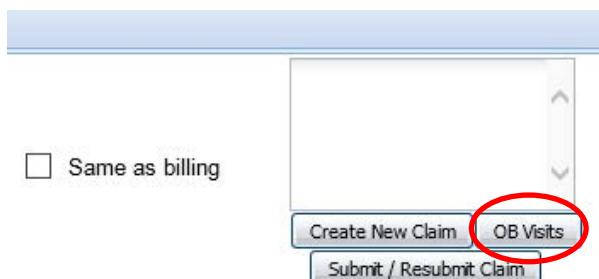
the associated number in the correct field. When you finish entering information for a service line, click **OK**. Repeat the above steps for each claim of the line that you want to add.



When you are done entering the information, click the **Submit/Resubmit** claim button.



For OB/GYN providers, OB visit dates must be entered before Meridian will pay the claim. Above the **Submit/Resubmit Claim** button is an **OB Visits** button.



Select the **OB Visits** button and enter in the date of each visit. Not entering the dates slows down the payment process. Entering these dates online ensures timely claims processing. Click **Update OB Visits** after adding the date(s).

OB Visit Dates

1:	12/04/15	<input type="button" value="Delete"/>	6:	<input type="text"/>	<input type="checkbox"/>	11:	<input type="text"/>	<input type="checkbox"/>	16:	<input type="text"/>	<input type="checkbox"/>
2:	12/15/15	<input type="button" value="Delete"/>	7:	<input type="text"/>	<input type="checkbox"/>	12:	<input type="text"/>	<input type="checkbox"/>	17:	<input type="text"/>	<input type="checkbox"/>
3:	<input type="text"/>	<input type="checkbox"/>	8:	<input type="text"/>	<input type="checkbox"/>	13:	<input type="text"/>	<input type="checkbox"/>	18:	<input type="text"/>	<input type="checkbox"/>
4:	<input type="text"/>	<input type="checkbox"/>	9:	<input type="text"/>	<input type="checkbox"/>	14:	<input type="text"/>	<input type="checkbox"/>	19:	<input type="text"/>	<input type="checkbox"/>
5:	<input type="text"/>	<input type="checkbox"/>	10:	<input type="text"/>	<input type="checkbox"/>	15:	<input type="text"/>	<input type="checkbox"/>	20:	<input type="text"/>	<input type="checkbox"/>

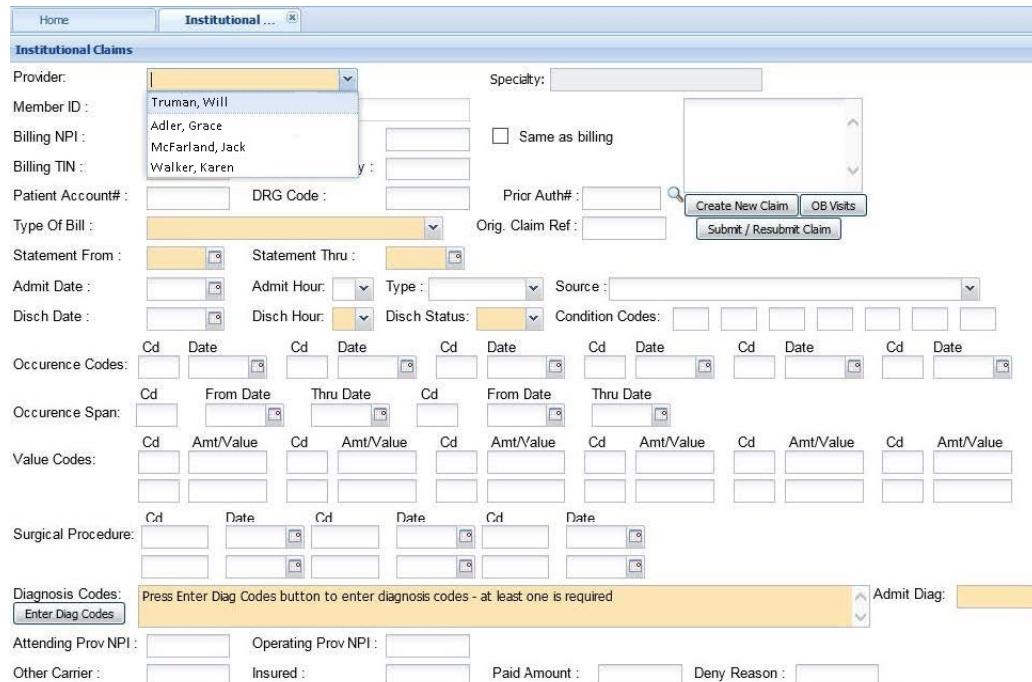
Then click **Submit/Resubmit Claim**.

Same as billing

Institutional Claims

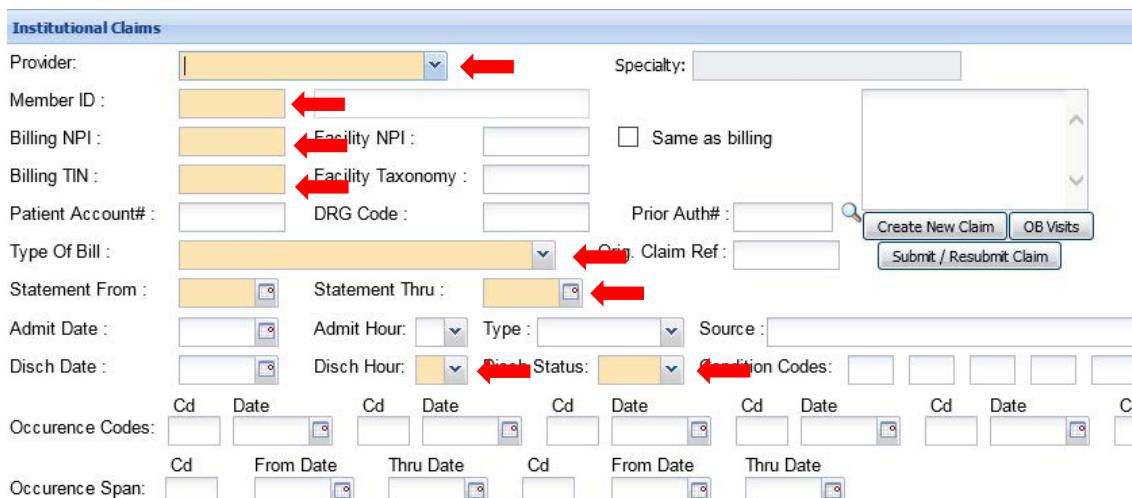
Hospitals submit claims through the Institutional Claims option. The screen works similar to the **Professional Claims** screen.

Open the **Institutional Claims** screen by selecting it from the menu on the left. Select the provider from the **Provider** drop-down menu at the top.



The screenshot shows the 'Institutional Claims' form. At the top, there's a 'Provider' dropdown menu with 'Truman, Will' selected. Below it are fields for 'Member ID', 'Billing NPI', 'Billing TIN', 'Patient Account#', 'DRG Code', 'Type Of Bill', 'Statement From', 'Admit Date', 'Disch Date', 'Occurrence Codes', 'Occurrence Span', 'Value Codes', 'Surgical Procedure', 'Diagnosis Codes' (with a button 'Enter Diag Codes'), 'Attending Prov NPI', 'Operating Prov NPI', 'Other Carrier', 'Insured', 'Paid Amount', and 'Deny Reason'. On the right side, there are buttons for 'Create New Claim', 'OB Visits', and 'Submit / Resubmit Claim'. A checkbox 'Same as billing' is also present.

When a provider is selected, the provider's **Billing NPI** and **Billing TIN** automatically appear in the form below. Remember to scroll down to see the complete form. **All areas in orange/yellow must be filled in.**



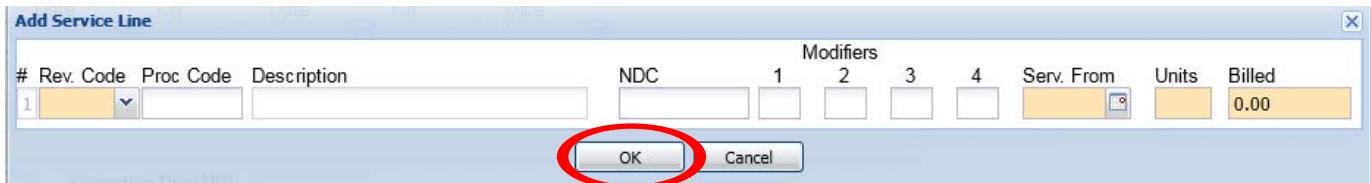
This screenshot is identical to the one above, but it includes red arrows pointing to specific fields to highlight them. Red arrows point to the 'Provider' dropdown, the 'Member ID' field, the 'Billing NPI' field, the 'Billing TIN' field, the 'Type Of Bill' dropdown, the 'Statement From' field, the 'Admit Date' field, the 'Disch Date' field, the 'Occurrence Codes' section, the 'Occurrence Span' section, and the 'Value Codes' section. These highlighted fields correspond to the 'orange/yellow' areas mentioned in the text above.

Fill out the form completely. Before hitting **Submit/Resubmit Claim** you must enter a line of service. Click the **+ Service Line** icon on the lower left hand side of the screen.

Diagnosis Codes:	Press Enter Diag Codes button to enter diagnosis codes - at least one is required		Admit Diag:	
<input type="button" value="Enter Diag Codes"/>				
Attending Prov NPI :	<input type="text"/>	Operating Prov NPI :	<input type="text"/>	
Other Carrier :	<input type="text"/>	Insured :	<input type="text"/>	Paid Amount : <input type="text"/> Deny Reason : <input type="text"/>
Notes :	<input type="text"/>			
<input type="button" value="+ Service Line"/> <input type="button" value="# Rev. Code"/> <input type="button" value="Proc Code"/> <input type="button" value="Description"/> <input type="button" value="NDC"/> <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="3"/> <input type="button" value="4"/> <input type="button" value="Serv.From"/> <input type="button" value="Units"/> <input type="button" value="Billed"/> <input type="button" value="Edit"/> <input type="button" value="Del"/>				

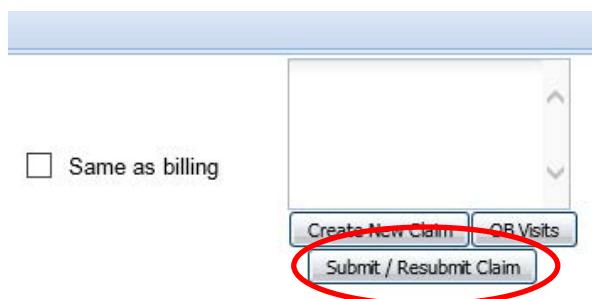
This opens service lines in a box below. The new box has areas that are required to be filled out. These required areas are highlighted in orange/yellow and include **Serv. From** (service from date), **Proc Code** (procedure code), **NDC**, **Units**, **Billed** and **Diagnosis Code**. Enter in the required information.

The section for diagnosis must relate to the diagnosis code in the **Institutional Claims** section above. For example, the first diagnosis code would be 1, the second would be 2 and so on. Put the associated number in the correct field. When you finish entering information for a service line, click **OK**. Repeat the above steps for each claim of the line that you want to add.



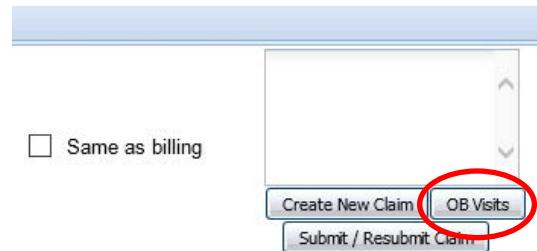
# Rev. Code	Proc Code	Description	NDC	Modifiers 1	2	3	4	Serv. From	Units	Billed
1	<input type="text"/>	0.00								

When you are done entering the information, click the **Submit/Resubmit** claim button.

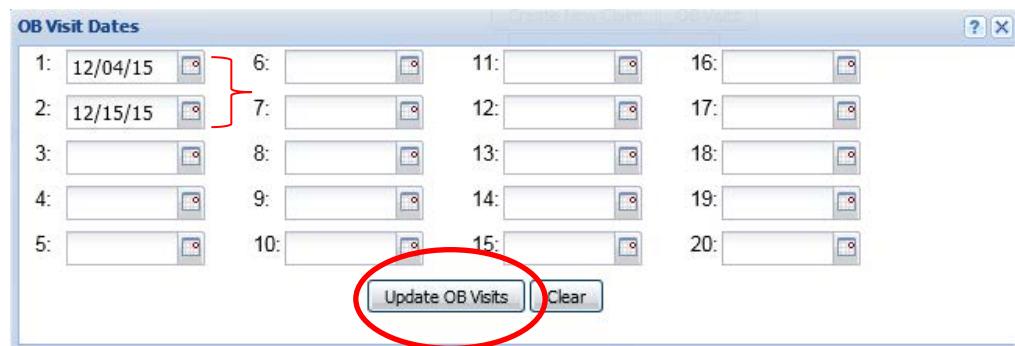


Same as billing

If an OB visit occurred at the hospital, be sure to add the visit date to the **OB Visits** screen. Above the **Submit/Resubmit Claim** button is the **OB Visits** button.



Select the **OB Visits** button and enter in the date of each visit. Not entering the dates slows down the payment process. Entering these dates online ensures timely claims processing. Click **Update OB Visits**.



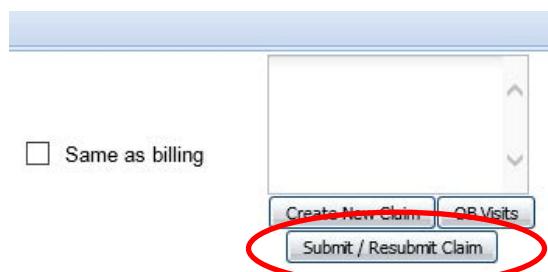
1:	2:	6:	7:	11:	12:	16:	17:
12/04/15	12/15/15						

OB Visit Dates

1: 12/04/15 2: 12/15/15 6: 7: 11: 12: 16: 17:
3: 8: 13: 18:
4: 9: 14: 19:
5: 10: 15: 20:

Update OB Visits Clear

Then Click **Submit/Resubmit Claim**.



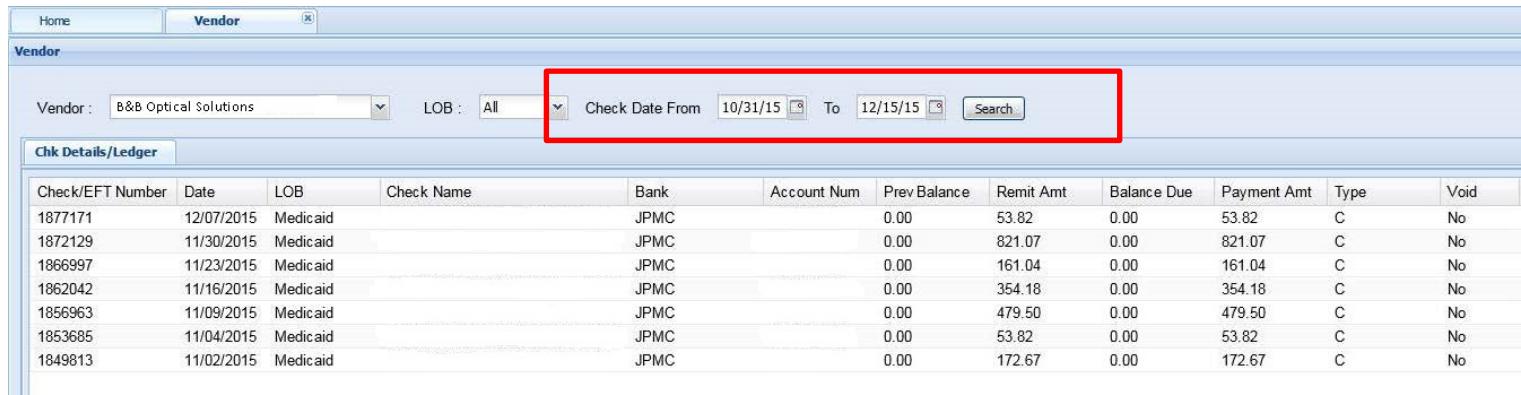
Vendor

To view Explanation of Benefits (EOBs) from paid claims and look at check details (similar to a Remittance Advice), select this option from the menu at the left. Providers can filter the search by dates. The EOBs are listed for the entire group, not by individual provider.

Select the name of the facility from the **Vendor** drop-down menu. If you are in practice alone, your name will appear in the drop-down menu. If you do not see your organization name in the drop down on the vendor screen, contact your Administrator, who will contact the Provider Network Development Representative to assist.



A list of checks appears in the screen below. You can refine your search to a specific date range by entering the desired dates in the **Check Date From** and **To** fields. Then click **Search**.



Check/EFT Number	Date	LOB	Check Name	Bank	Account Num	Prev Balance	Remit Amt	Balance Due	Payment Amt	Type	Void
1877171	12/07/2015	Medicaid		JPMC		0.00	53.82	0.00	53.82	C	No
1872129	11/30/2015	Medicaid		JPMC		0.00	821.07	0.00	821.07	C	No
1866997	11/23/2015	Medicaid		JPMC		0.00	161.04	0.00	161.04	C	No
1862042	11/16/2015	Medicaid		JPMC		0.00	354.18	0.00	354.18	C	No
1856963	11/09/2015	Medicaid		JPMC		0.00	479.50	0.00	479.50	C	No
1853685	11/04/2015	Medicaid		JPMC		0.00	53.82	0.00	53.82	C	No
1849813	11/02/2015	Medicaid		JPMC		0.00	172.67	0.00	172.67	C	No

Click the check you want to view. Then select **Print** at the bottom. A PDF with a detailed check appears in a new window.

Home Vendor

Vendor : B&B Optical Solutions LOB : All Check Date From 10/31/15 To 12/15/15 Search

Check/EFT Number	Date	LOB	Check Name	Bank	Account Num	Prev Balance	Remit Amt
1877171	12/07/2015	Medicaid		JPMC		0.00	53.82
1872129	11/30/2015	Medicaid		JPMC		0.00	821.07
1866997	11/23/2015	Medicaid		JPMC		0.00	161.04
1862042	11/16/2015	Medicaid		JPMC		0.00	354.18
1856963	11/09/2015	Medicaid		JPMC		0.00	479.50
1853685	11/04/2015	Medicaid		JPMC		0.00	53.82
1849813	11/02/2015	Medicaid		JPMC		0.00	172.67

Print **Create 835**

2:39 pm
12/15/2015

Meridian
Remittance Detail Report
B&B Optical Solutions
Check number: 1877171

Page: 1

Claim No:	Member Id: 0000000000	Name: Dawson, Jack	LOB: Medicaid								
Account:	Provider: 55555	Name: Doubtfire, Euphegenia									
Ln Num	Date of Service	Rev Proc Code	Proc Code	Description	M1 M2	Qty	Billed Amount	Not Covered Reason	Remark	Bonus Amt	Net Payable
1	11/10/2015	99213		OFFICE/OUTPAT		1.00	93.00	39.18 A2		0.00	53.82
							93.00	39.18			53.82

Previous Balance:	\$.00
Remittance Amount:	\$ 53.82
Interest Amount:	\$.00
Check Amount:	\$ 53.82

Reason Code Description

A2 Contractual adjustment.

Automatically create an 835 file by selecting the claim and hitting the **Create 835** button on the bottom. A new window with the PDF of the form appears.

Home **Vendor** X

Vendor

Vendor : **B&B Optical Solutions** LOB : **All** Check Date From **10/31/15** To **12/15/15** **Search**

Chk Details/Ledger								
Check/EFT Number	Date	LOB	Check Name	Bank	Account Num	Prev Balance	Remit Amt	
1877171	12/07/2015	Medicaid		JPMC		0.00	53.82	
1872129	11/30/2015	Medicaid		JPMC		0.00	821.07	
1866997	11/23/2015	Medicaid		JPMC		0.00	161.04	
1862042	11/16/2015	Medicaid		JPMC		0.00	354.18	
1856963	11/09/2015	Medicaid		JPMC		0.00	479.50	
1853685	11/04/2015	Medicaid		JPMC		0.00	53.82	
1849813	11/02/2015	Medicaid		JPMC		0.00	172.67	

↑

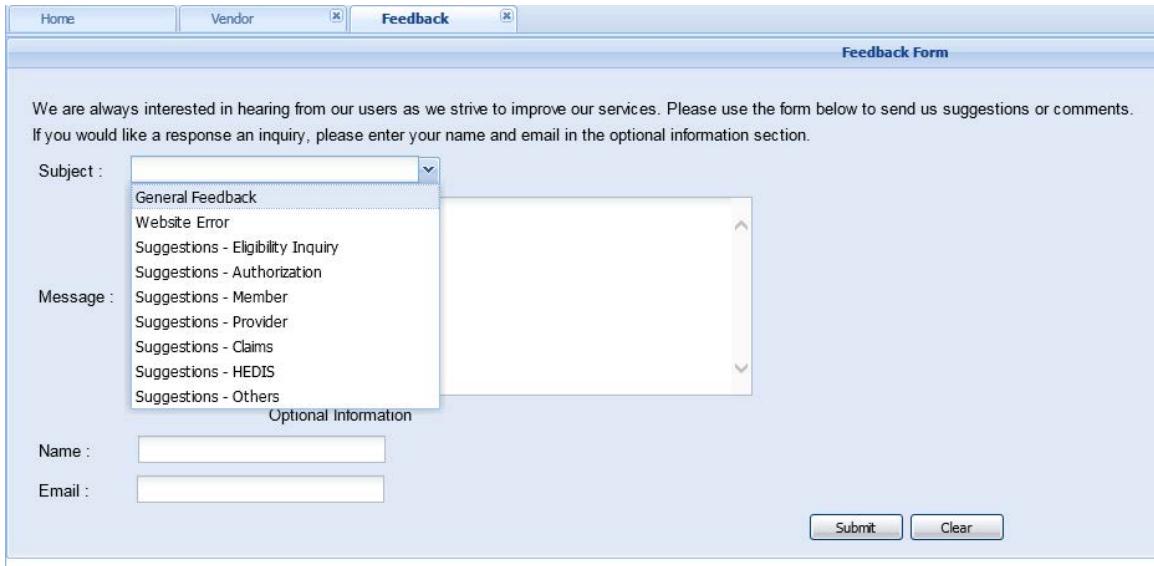
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Print

Feedback

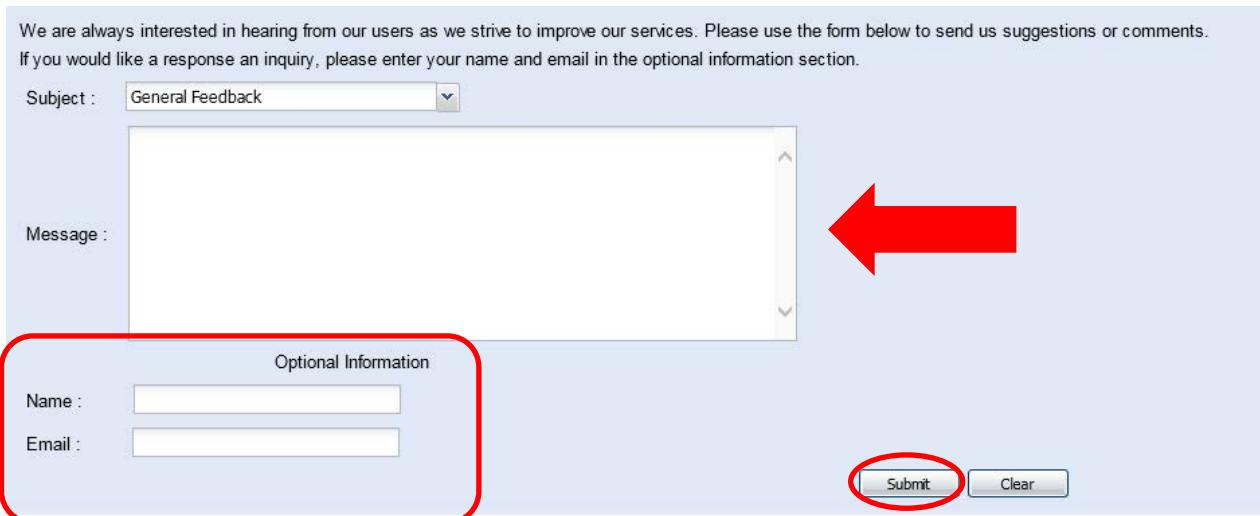
Meridian is always interested in hearing from our users to better improve our services. Use this form in the Provider Portal to submit feedback directly to Meridian. If you want a response to an inquiry, please enter your **Name** and **Email** in the **Optional Information** section on the form.

Select the **Subject** from the drop-down menu.



The screenshot shows a web-based feedback form titled "Feedback Form". At the top, there are tabs for "Home", "Vendor", and "Feedback". The "Feedback" tab is selected. Below the tabs, a message encourages users to provide suggestions or comments. A dropdown menu labeled "Subject:" is open, showing options like "General Feedback", "Website Error", and "Suggestions - Eligibility Inquiry". To the right of the dropdown is a large text area for the message. Below the message area, there is an "Optional Information" section with fields for "Name:" and "Email:". At the bottom right are "Submit" and "Clear" buttons.

Enter the **Message** in the box. If you want a response to an inquiry, please enter your **Name** and **Email** in the **Optional Information** section. When you are done, click **Submit**.



The screenshot shows the same feedback form as above. A red arrow points to the large text area labeled "Message:". Below it, a red box highlights the "Optional Information" section, which contains fields for "Name:" and "Email:". The "Submit" button at the bottom right is also circled in red.

Contact

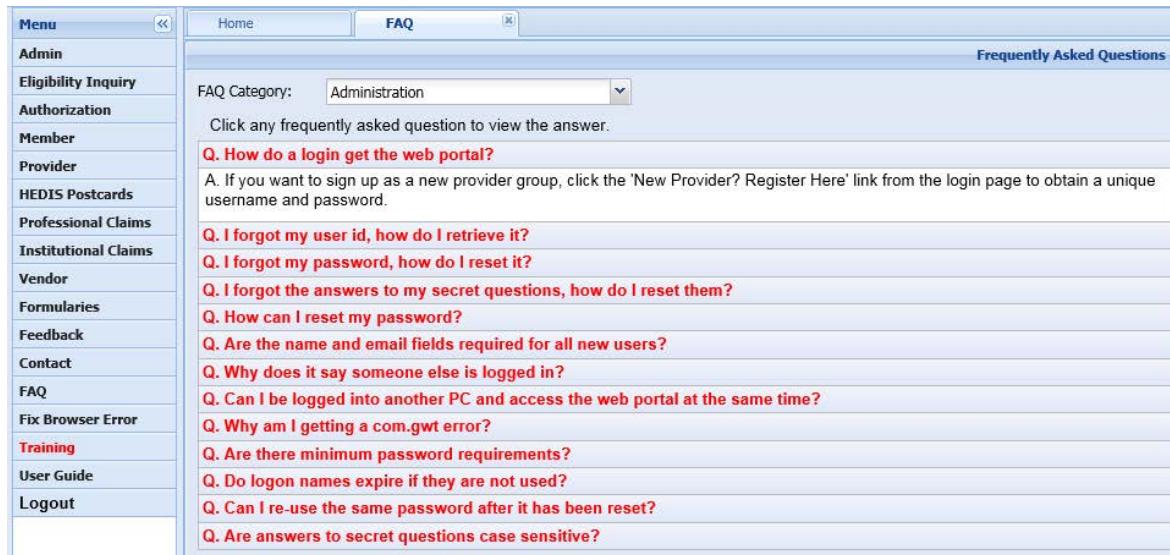
If you are unable to perform a needed function within the Provider Portal, Meridian has a list of frequently used phone numbers under this menu option. Contact information is available for general **Meridian Health Plan**; for **Members, Physicians**, and **Behavioral Health Providers** and for **Pharmacy Prior Authorization Requests**.

Contact Information	
Contact Information for Meridian Health Plan	
We are located at : 1 Campus Martius, Suite 700, Detroit, MI 48226	
Phone : 313-324-3700	
Fax : 313-202-0006	
For Members :	
Call Member Services at 888-437-0606	
Non-Emergency Transportation Service: 800-821-9369	
Behavioral Health Services: 888-222-8041	
For Physicians:	
To contact the Care Management department, please locate your county from the list below.	
Care Management Region 1 - 1-888-322-8843 (Allegan, Barry, Berrien, Calhoun, Cass, Kalamazoo, Ottawa, St. Joseph, Van Buren and Washtenaw)	
Care Management Region 2 - 1-800-845-8659 (Branch, Clinton, Crawford, Eaton, Hillsdale, Jackson, Lake, Lenawee, Mason, Mecosta, Monroe, Osceola, Otsego, Shiawassee and Wayne)	
Care Management Region 3 - 1-888-322-8844 (Genesee, Huron, Kent, Livingston, Macomb, Manistee, Muskegon, Montcalm, Newaygo, Oakland, Oceana, Ogemaw, Oscoda, Roscommon, Saginaw, Sanilac, St. Clair and Tuscola)	
For Behavioral Health Providers:	
Contact the Behavioral Health Care Management Department at 888-222-8041	
Pharmacy Prior Authorization Requests:	
Submit your request by fax to MeridianRx at 1-877-355-8070.	
You may call MeridianRx at 1-866-984-6462 with any questions or concerns 24 hours a day.	

FAQ

If you have questions while in the Provider Portal, select the **FAQ** menu option on the left.

The default page will be for questions regarding **Administration**. To see the answer to the question, click on the **red** question.



The screenshot shows the Provider Portal's FAQ section. On the left is a vertical menu bar with various options like Admin, Eligibility Inquiry, Authorization, Member, etc. The 'FAQ' option is also listed in the menu. The main area has a title 'Frequently Asked Questions'. A dropdown menu labeled 'FAQ Category:' is set to 'Administration'. Below it, a message says 'Click any frequently asked question to view the answer.' A list of questions is shown, all of which are currently in red text, indicating they are unanswerable or have not been answered yet. The questions include: Q. How do a login get the web portal?, Q. I forgot my user id, how do I retrieve it?, Q. I forgot my password, how do I reset it?, Q. I forgot the answers to my secret questions, how do I reset them?, Q. How can I reset my password?, Q. Are the name and email fields required for all new users?, Q. Why does it say someone else is logged in?, Q. Can I be logged into another PC and access the web portal at the same time?, Q. Why am I getting a com.gwt error?, Q. Are there minimum password requirements?, Q. Do logon names expire if they are not used?, Q. Can I re-use the same password after it has been reset?, and Q. Are answers to secret questions case sensitive?

To find a question in a different category, select it from the **FAQ Category** drop-down menu.



This screenshot shows the same FAQ interface as above, but with a focus on the dropdown menu. The 'FAQ Category:' dropdown is open, and 'Administration' is selected. The dropdown list shows other categories: Administration, Eligibility Inquiry, Authorization, Member, Provider, Vendor, Feedback, and Error. To the right of the dropdown, the first few questions from the list are visible, all in red: 'Q. How do a login get the web portal?', 'Q. I forgot my user id, how do I retrieve it?', 'Q. I forgot my password, how do I reset it?', 'Q. I forgot the answers to my secret questions, how do I reset them?', 'Q. How can I reset my password?', and 'Q. Are the name and email fields required for all new users?'. The rest of the list is cut off.

If you still have questions, please call Provider Services at 888-773-2647.

Fix Browser Error

If you receive a **stop running this script** error, you can resolve it with one click!

Click **No** for the **stop running this script** prompt and click the **Fix Browser Error** from the menu on the left side of the Provider Portal. This will reset and resolve the error message on your browser.



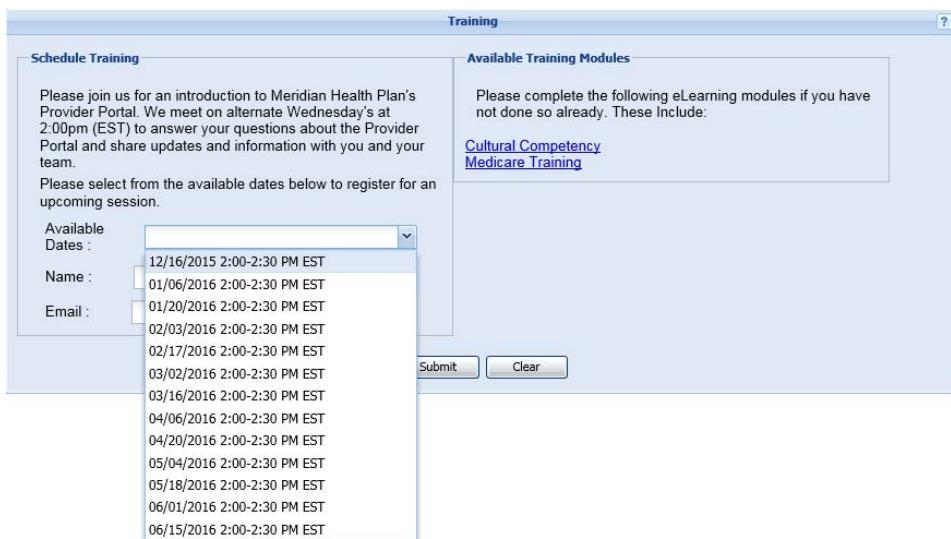
Schedule Training

A Provider Network Development Representative will come to your office to further assist you on using the Provider Portal. Meridian also offers online trainings for the Provider Portal that are held on Wednesdays from 2 p.m. until 2:30 p.m. EST.

To request online Provider Portal training, click on the red **Schedule Training** tab on the left hand menu.



Select the date that works for you from the **Available Dates** drop-down menu.



The screenshot shows the "Schedule Training" page. On the left, there is a message about the training sessions and a section for entering Name and Email. On the right, there is a "Available Training Modules" section with links to "Cultural Competency" and "Medicare Training". Below these sections is a "Available Dates" dropdown menu. The dropdown menu is open, showing a list of dates from 12/16/2015 to 06/15/2016, with each date followed by the time "2:00-2:30 PM EST". At the bottom of the dropdown menu are "Submit" and "Clear" buttons.

Date	Time
12/16/2015	2:00-2:30 PM EST
01/06/2016	2:00-2:30 PM EST
01/20/2016	2:00-2:30 PM EST
02/03/2016	2:00-2:30 PM EST
02/17/2016	2:00-2:30 PM EST
03/02/2016	2:00-2:30 PM EST
03/16/2016	2:00-2:30 PM EST
04/06/2016	2:00-2:30 PM EST
04/20/2016	2:00-2:30 PM EST
05/04/2016	2:00-2:30 PM EST
05/18/2016	2:00-2:30 PM EST
06/01/2016	2:00-2:30 PM EST
06/15/2016	2:00-2:30 PM EST

Fill in your **Name** and **Email** address and click **Submit**.

Training

Schedule Training

Please join us for an introduction to Meridian Health Plan's Provider Portal. We meet on alternate Wednesday's at 2:00pm (EST) to answer your questions about the Provider Portal and share updates and information with you and your team.

Please select from the available dates below to register for an upcoming session.

Available Dates :

Name :

Email : X

Submit Clear

Available Training Modules

Please complete the following eLearning modules if you have not done so already. These include:

[Cultural Competency](#)
[Medicare Training](#)

You will receive a notification confirming your request for training. Click **OK**.



To the right, there are mandatory modules that must be completed as well. Click on **Cultural Competency** or **Medicare Training** links to access the trainings.

Available Training Modules

Please complete the following eLearning modules if you have not done so already. These include:

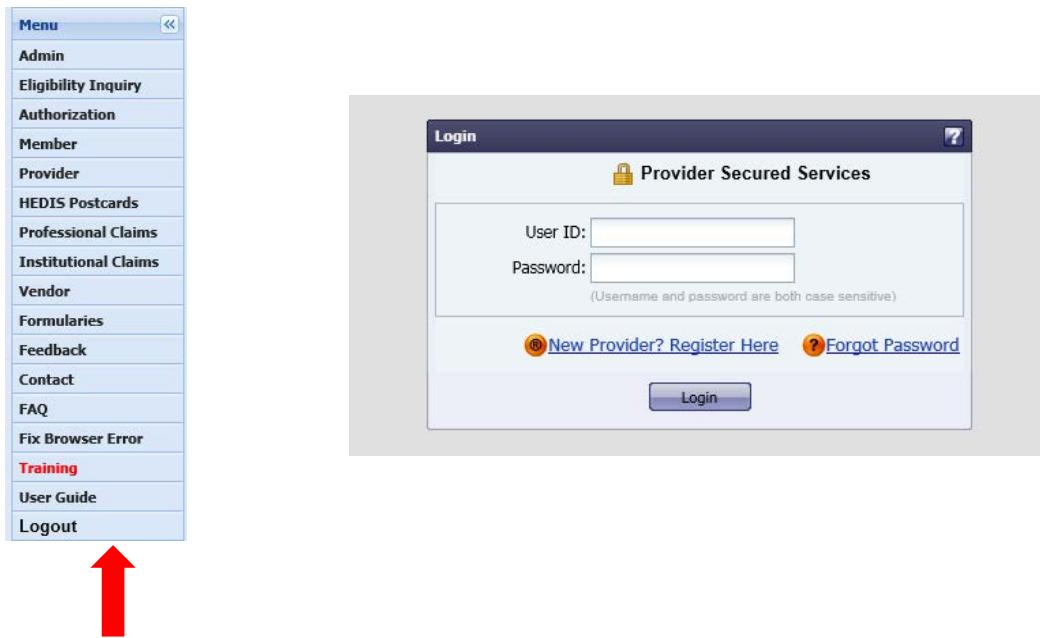
[Cultural Competency](#)
[Medicare Training](#)

Logout

You must logout of the Provider Portal. Do not click the  on the browser. This will cause trouble for other users who try to log in to the Provider Portal from the same computer.

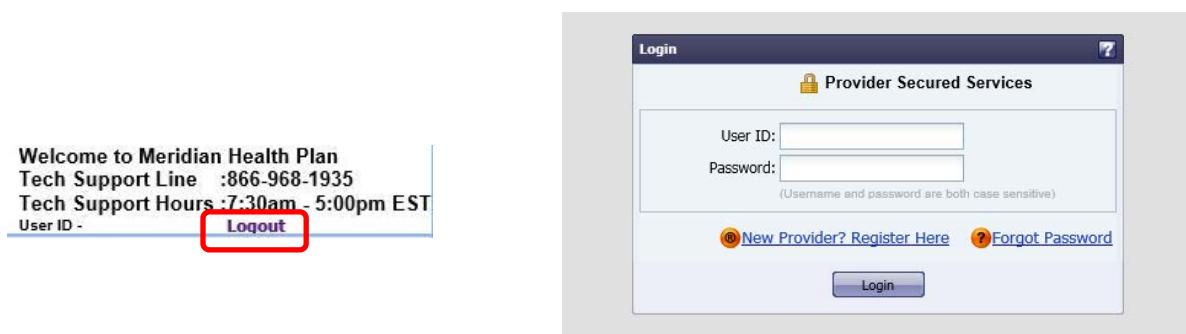
There are two ways to logout:

1. Click **Logout** on the bottom of the menu on the left side of the screen. After you click **Logout**, the Provider Portal login page will appear



The screenshot shows the left sidebar menu of the Provider Portal. The 'Logout' option is highlighted with a blue background. A red arrow points upwards from the 'Logout' link towards the main content area, which displays the 'Login' page for 'Provider Secured Services'. The login page includes fields for 'User ID' and 'Password', and links for 'New Provider? Register Here' and 'Forgot Password'.

2. Click the **Logout** link at the top right of the portal. After you click **Logout** the Provider Portal login page will appear



The screenshot shows the main content area of the Provider Portal. At the top right, there is a 'Logout' link enclosed in a red rectangular box. Below the header, there is a 'Welcome to Meridian Health Plan' message and contact information. The 'Logout' link is also highlighted with a red box in this view.

Conclusion

Thank you for using the Meridian online Provider Portal. We hope this User Guide has been helpful. For information on how to set up your computer for optimal use and for a description of



administrative functions, please see the **Provider Portal Overview User Guide**. Keep your **User ID, Password** and **Secret Questions and Answers** in a confidential place, as the Provider Portal allows access to PHI. We hope that the Meridian Provider Portal is a useful resource and tool to you. Thank you for your continued support.

Notes