



Meridian

Health Plan

Provider Portal Functions

User Guide

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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.

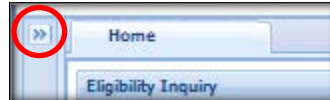
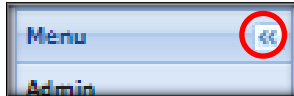
There are question marks (?) in the upper right corner on various screens in the Provider Portal. Clicking these question marks brings up a help box for the screen you are viewing. If you still need assistance after reading the help box, please contact the Meridian Help Desk at 866-968-1935. Aside from 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 877-480-8250

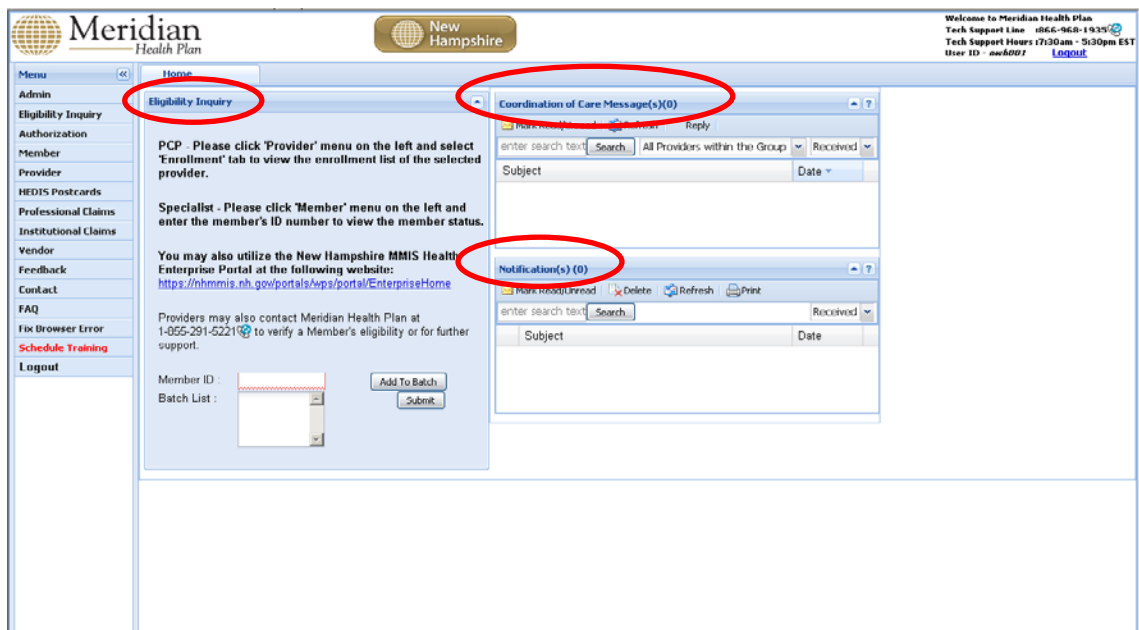
Thank you for using the Meridian online Provider Portal.

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 **Notifications**. Each of these functions is described below.



Eligibility Inquiry

The **Eligibility Inquiry** section of the **Home** screen has instructions on how to check member eligibility for Meridian members. It also instructs providers to use the New Hampshire MMIS Health Enterprise Portal <https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome> to check member eligibility for other Medicaid beneficiaries. The **Home** screen eligibility function allows you to search the eligibility of multiple members through a batch report.

PCP Directions

You will see these directions when you sign in to the Provider Portal to check eligibility:

- Click the **Provider** menu on the left and select the **Enrollment** tab to view the enrollment list of the selected provider

See pages 43-49 for more details on the **Enrollment** tab and its features.

Specialist Directions

You will see these directions when you sign in to the Provider Portal to check eligibility:

- Click the **Member** menu on the left and enter the Member's ID number to view the member status

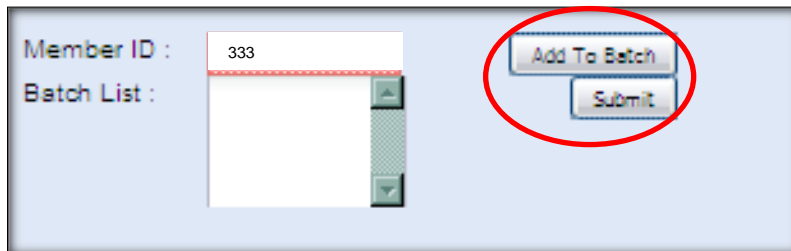
See pages 26-43 for more details on the **Member** menu and its features.

Searching Members by Batch

Eligibility can be checked for multiple members at one time. This is done using the **Add to Batch** button on the Eligibility Inquiry dialog box. When you verify eligibility for multiple members, your report immediately appears in a PDF.

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, enter the **Member ID** number
3. Click **Add to Batch**. If that is the only Member ID you want to check, hit **Submit**. If you want to review more Member ID numbers, continue to Step 4



4. The first Member ID will be entered into the **Batch List** box. Enter the next Member ID and click **Add to Batch**

Member ID : 9969

Batch List : 333

Add To Batch

Submit

- Repeat Step 4 to add more Member ID numbers. Once all of the Member ID numbers you want to search are in the **Batch List** box, click **Submit**

Member ID :

Batch List : 333, 9969

Add To Batch

Submit

- A PDF showing the eligibility of each member will appear in a new window

Run As Of: 07/03/2012 07:33:02

Meridian

Member Id: 333

Name: JENNIFER

Gender: Female

County:

BirthDate: mm/dd/yy

PCP:

ACTIVE with an effective date of 08/01/11.

Run As Of: 07/03/2012 10:28:23

Meridian

Member Id: 9969

Name: WILLOW

Gender: Female

County:

BirthDate: mm/dd/yy

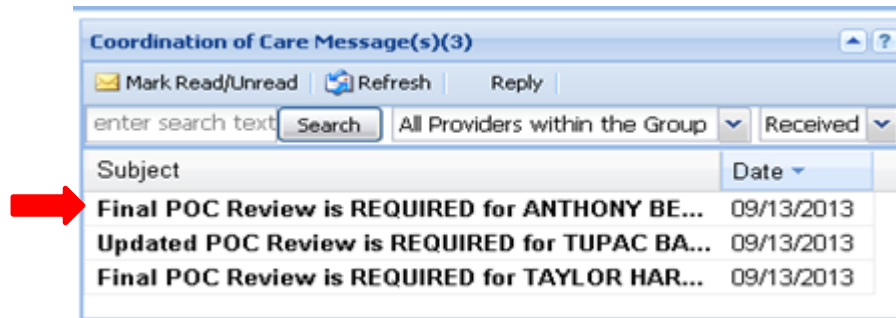
PCP: No PCP Chosen

INACTIVE with a termination date of 04/30/12.

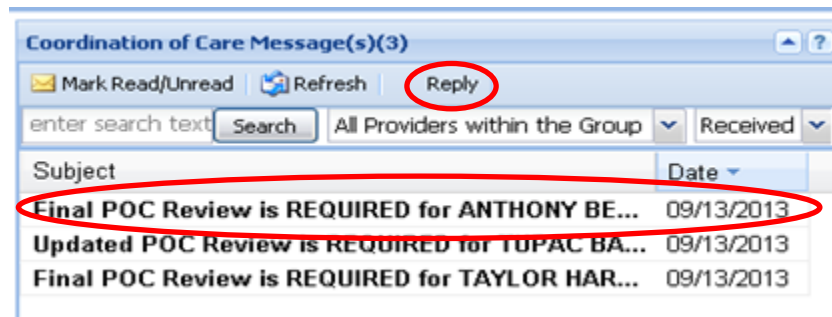
Coordination of Care Message(s)

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.

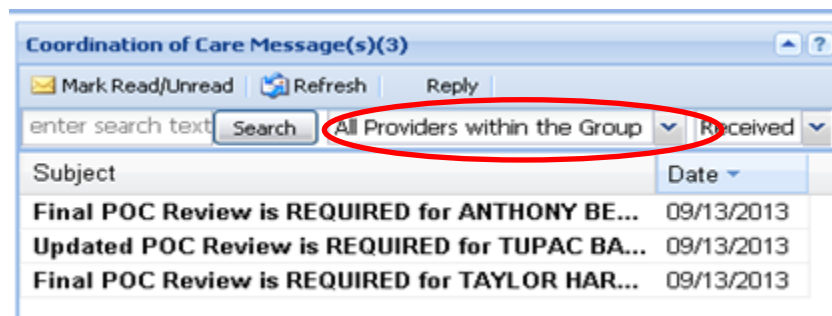
1. Login to the Provider Portal
2. Look on the right side of the screen. New or unread messages will be in **bold**



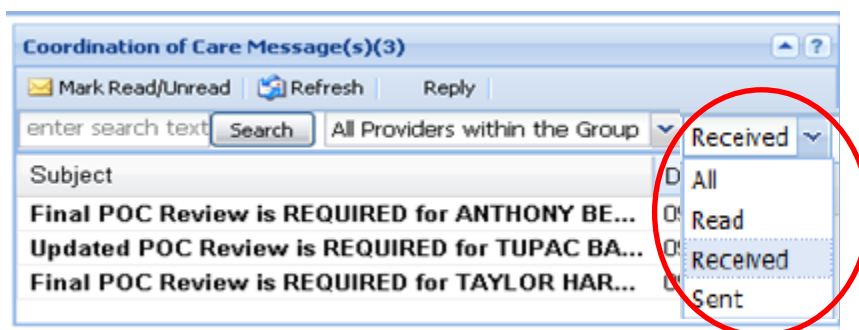
3. To reply back to a message, double click the selected message you would like to respond to, or highlight the message and click **Reply**



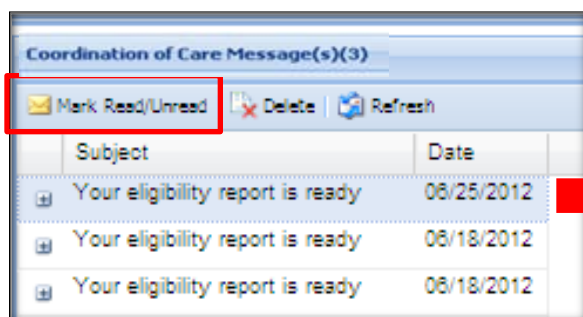
4. The "Provider" drop down populates all the provider names within the group



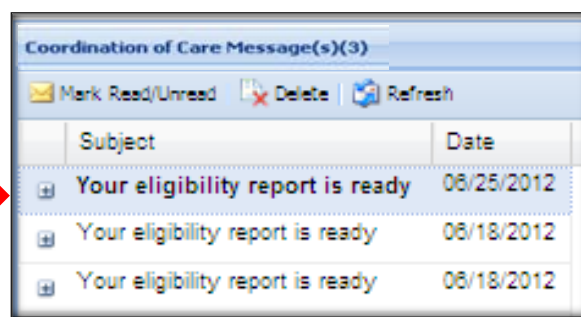
5. E-mails can be filtered by "All," "Read," "Received" or "Sent"



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.

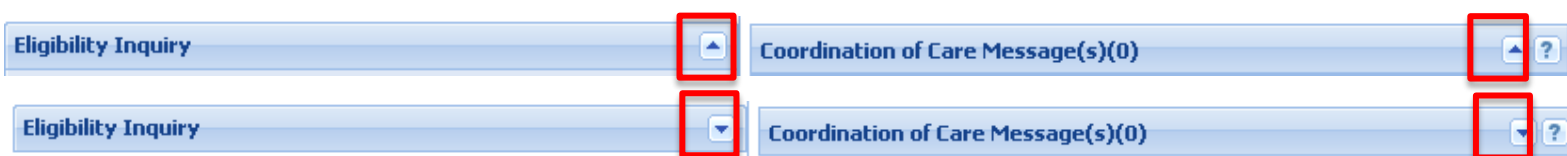


*The top message is selected to be changed. Click the **Mark Read/Unread** button at the top.*



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

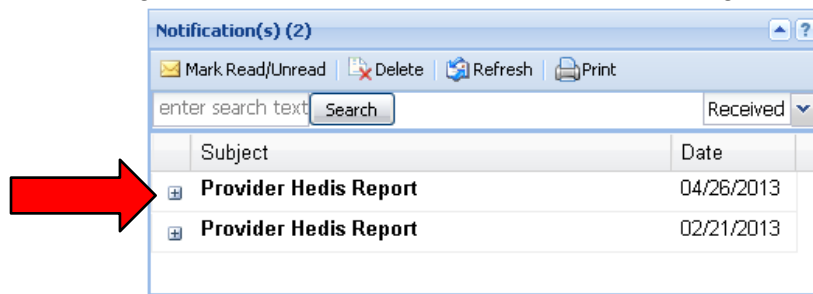
Minimize the **Eligibility Inquiry** window, **Care Coordination Message(s)** inbox or **Notification(s)** inbox on the **Home** screen by clicking the  on the top right of each of the screens. To bring back the screen, click the  button.



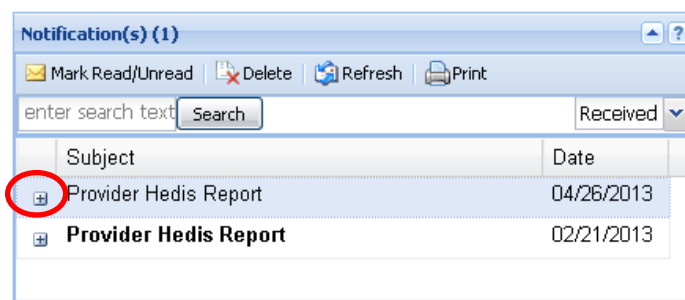
Notification(s)

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.

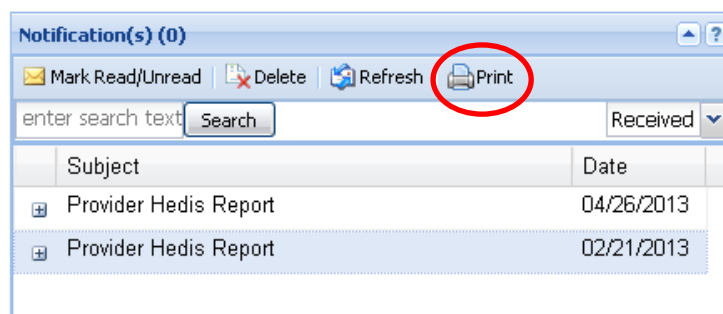
1. Login to the Provider Portal
2. Look on the right side of the screen. New or unread messages will be in **bold**.



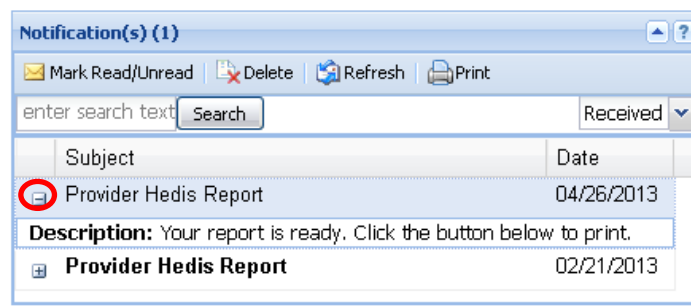
3. To read a message, click the + next to the message



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



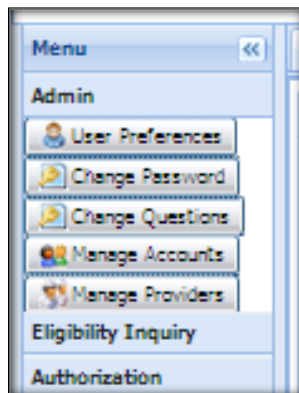
- To close the message, click the – sign



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.

See the **Provider Portal Overview User Guide** for a detailed explanation of the administrative functions in the Provider Portal.

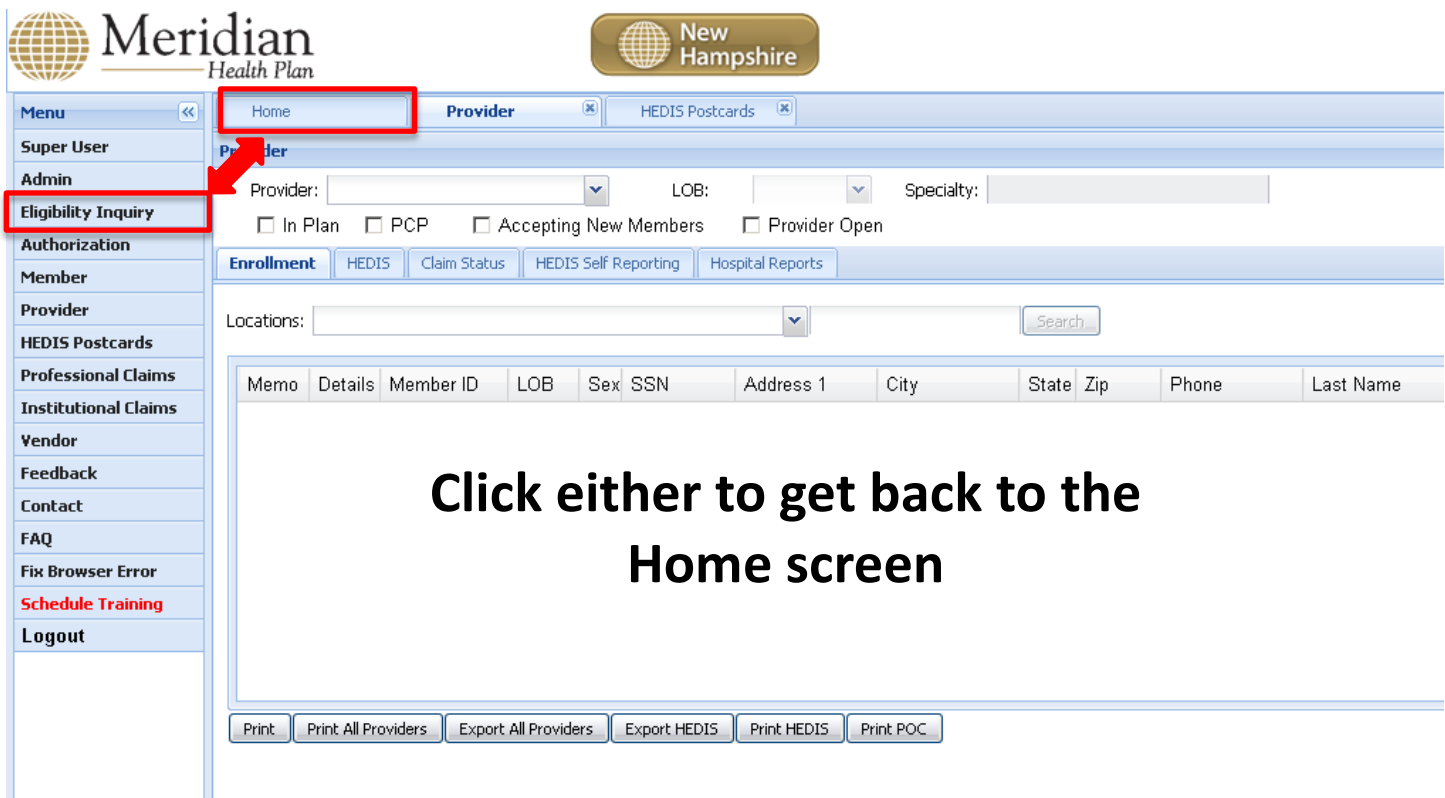


Eligibility Inquiry

The **Eligibility Inquiry** section of the **Home** screen has instructions on how to check member eligibility for Meridian members. It also instructs providers to use the New Hampshire MMIS Health Enterprise Portal to check member eligibility for other Medicaid beneficiaries. The **Home** screen eligibility function allows you to search the eligibility of multiple members through a batch report.

The **Home** screen section (pages 5-11) 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.



Click either to get back to the Home screen

Authorizations

Under the **Authorizations** menu, you can submit an authorization or inquire about an authorization electronically rather than by fax or phone.

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



Request

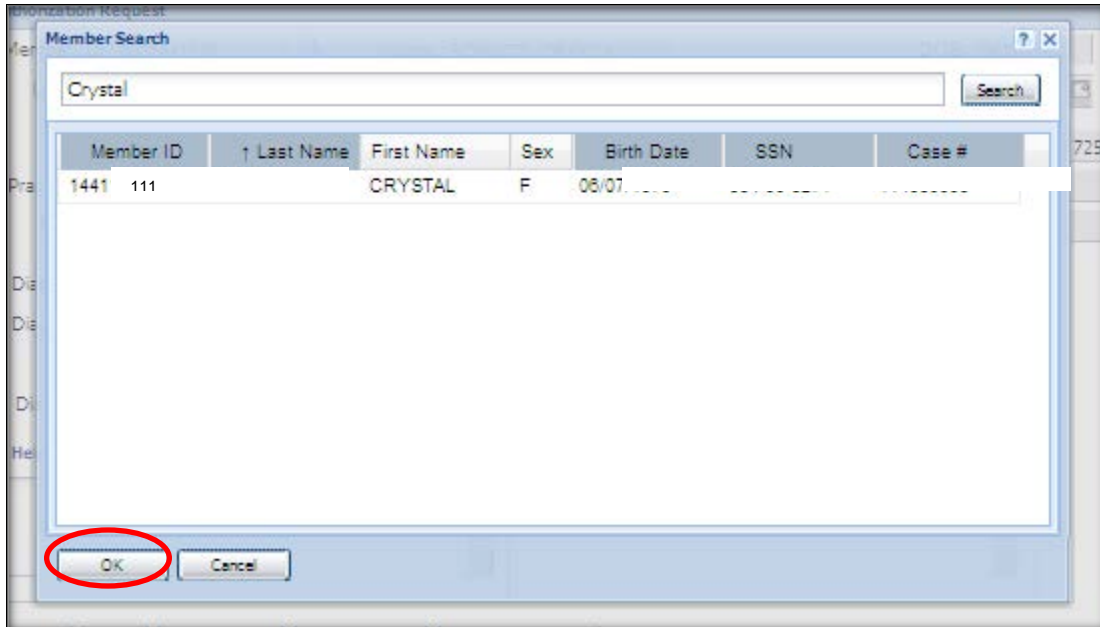
Submitting authorizations is simple on the Provider Portal.

1. Login to the Provider Portal
2. Click **Authorizations** from the menu on the left
3. Select **Request**. A new tab appears
4. Fill in the **Member ID** or search for the member by name by clicking on the **Magnifying Glass** icon



5. If you select the **Magnifying Glass** icon, you will get a complete list of all the members assigned by selecting the **Member ID** tab in the new window. You can also search by:
 - Last name
 - First name
 - Sex
 - Date of birth
 - Social Security number
 - Case number

Please note this is a PCP-only function. Specialists need to enter the Member ID.



Member Search

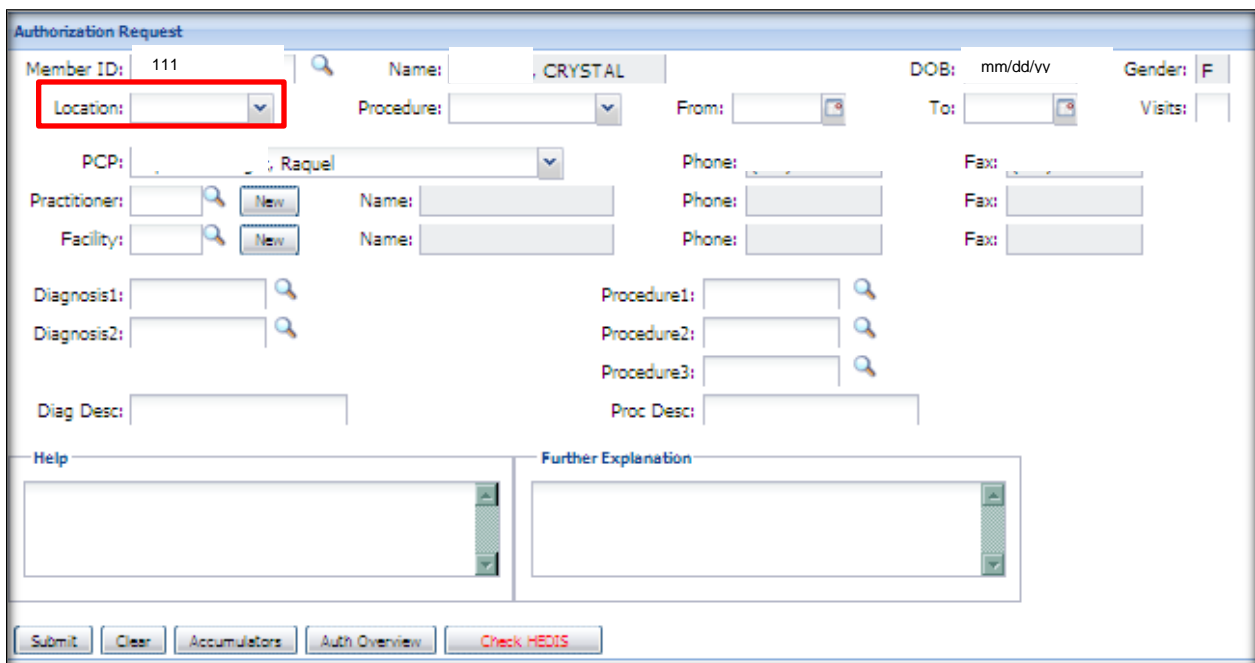
Crystal

Search

Member ID	Last Name	First Name	Sex	Birth Date	SSN	Case #
1441 111	CRYSTAL	F	06/07/...			

OK Cancel

- Highlight the member for whom you want to submit an authorization and select **OK**
- Once the ID number is entered or the member is found through a search, the member's information appears in the **Authorization Request** screen



Authorization Request

Member ID: 111 Name: CRYSTAL DOB: mm/dd/yy Gender: F

Location: Procedure: From: To: Visits:

PCP: Raquel Phone: Fax:

Practitioner: Name: Phone: Fax:

Facility: Name: Phone: Fax:

Diagnosis1: Procedure1:

Diagnosis2: Procedure2:

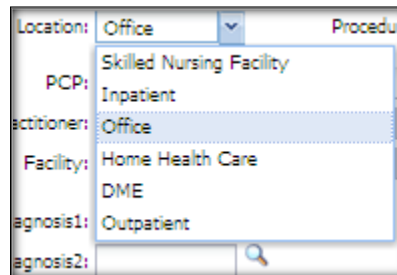
Procedure3:

Diag Desc: Proc Desc:

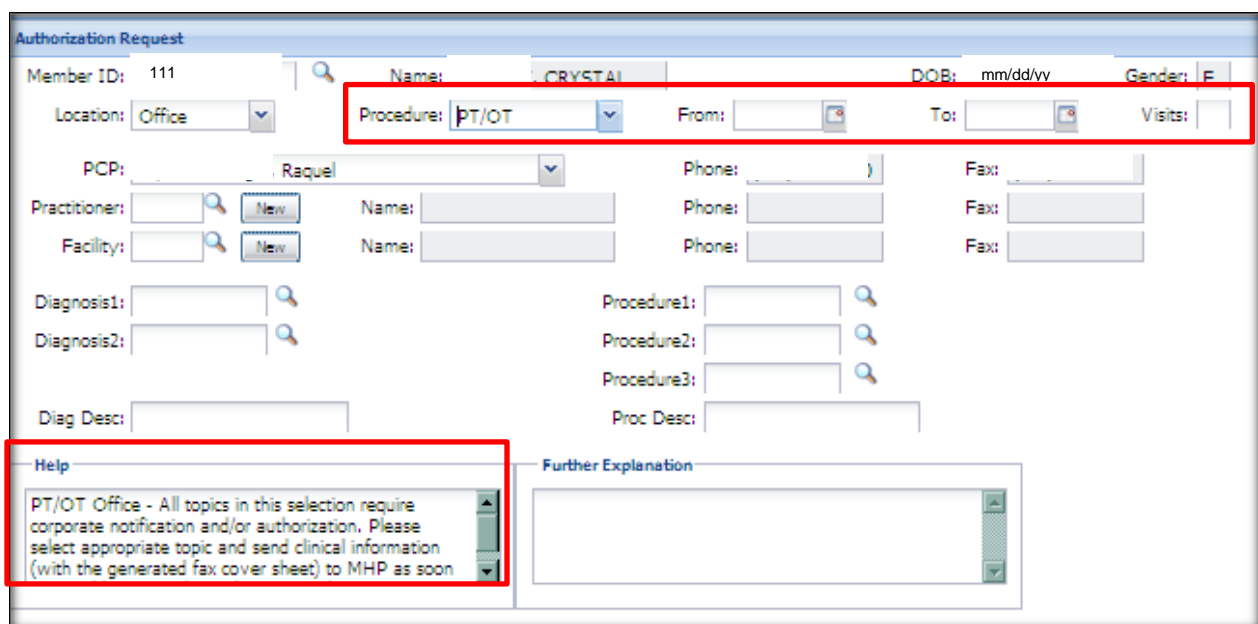
Help Further Explanation

Submit Clear Accumulators Auth Overview Check HEDIS

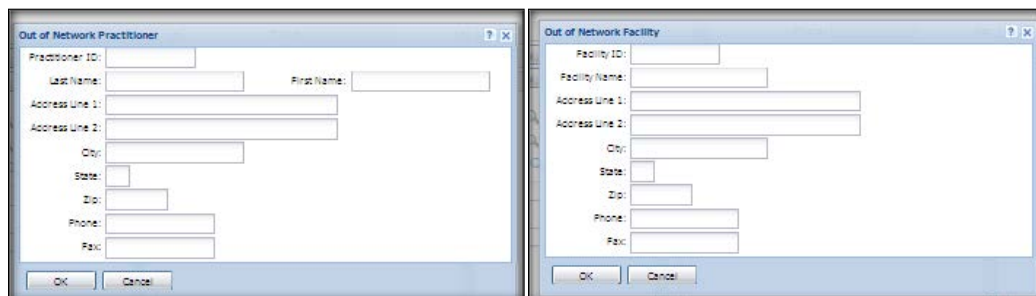
8. Select the **Location** from the drop-down menu



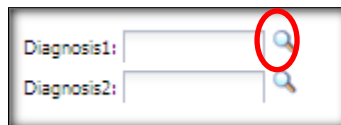
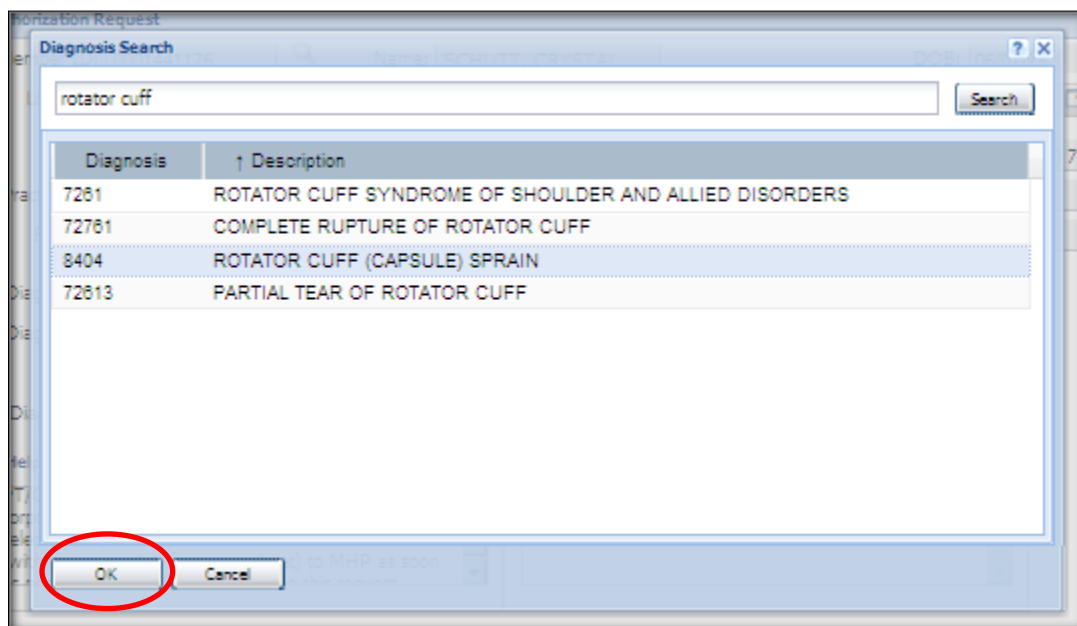
9. Fill in the appropriate **Procedure** from the drop-down menu. Note the **Help** box on the bottom left. This box gives you more information about the requirements for the request



10. Fill in the **From**, **To** and **Visits** fields (if needed)
11. Fill in the **Practitioner** or **Facility** name where you are making the referral. You can search for a practitioner or facility by hitting the **Magnifying Glass** icon or you can add a new practitioner or facility by selecting the **New** button and completing the form

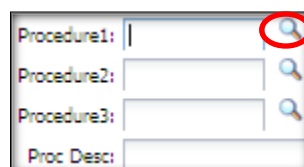



12. Enter the **Diagnosis1** code. If you do not know the name of the diagnosis code, click the **Magnifying Glass** icon to search. Select the appropriate diagnosis and click **OK**

Diagnosis	Description
7261	ROTATOR CUFF SYNDROME OF SHOULDER AND ALLIED DISORDERS
72761	COMPLETE RUPTURE OF ROTATOR CUFF
8404	ROTATOR CUFF (CAPSULE) SPRAIN
72613	PARTIAL TEAR OF ROTATOR CUFF

13. Enter the **Procedure1** code. If you do not know the name of the procedure code, click the **Magnifying Glass** icon to search. Select the appropriate procedure and click **OK**





Procedure Search

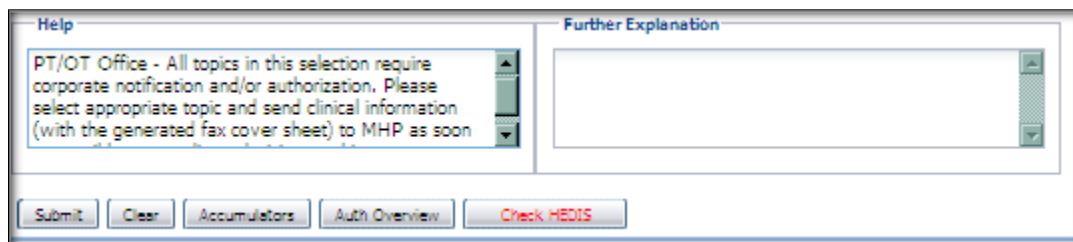
physical therapy

Search

Procedure	Description
070200	PHYSICAL THERAPY
169410	PHYSICAL THERAPY EVAL/REEVAL
169412	PHYSICAL THERAPY 2 MODALITY
169413	PHYSICAL THERAPY - 3 MODALIT
169414	PHYSICAL THERAPY - 4 MODALIT
4018F	THERAPY EXERCISE JOINT RX
97001	PT EVALUATION
97002	PT RE-EVALUATION
97039	PHYSICAL THERAPY TREATMENT
G0159	HHC PT MAINT EA 15 MIN

OK Cancel

14. Review the **Help** box to see if any clinical information needs to be attached. You can also add more information in the **Further Explanation** box



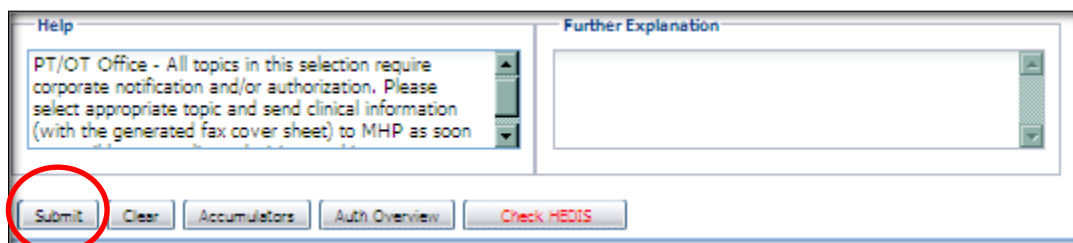
Help

PT/OT Office - All topics in this selection require corporate notification and/or authorization. Please select appropriate topic and send clinical information (with the generated fax cover sheet) to MHP as soon

Further Explanation

Submit Clear Accumulators Auth Overview Check HEDIS

15. Click **Submit**



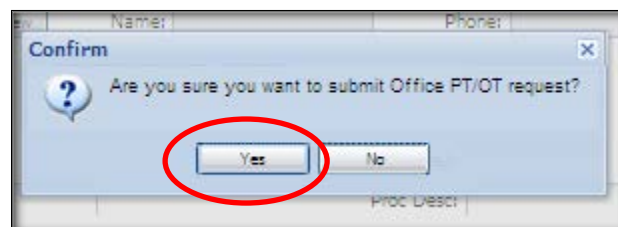
Help

PT/OT Office - All topics in this selection require corporate notification and/or authorization. Please select appropriate topic and send clinical information (with the generated fax cover sheet) to MHP as soon

Further Explanation

Submit Clear Accumulators Auth Overview Check HEDIS

16. A dialog box will appear asking if you want to submit the authorization. Click **Yes**

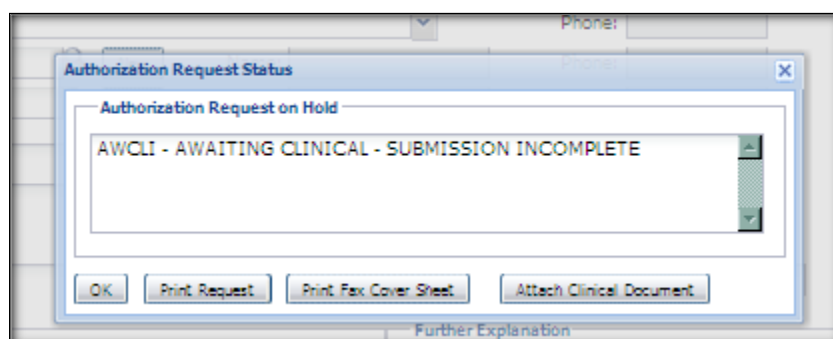


Confirm

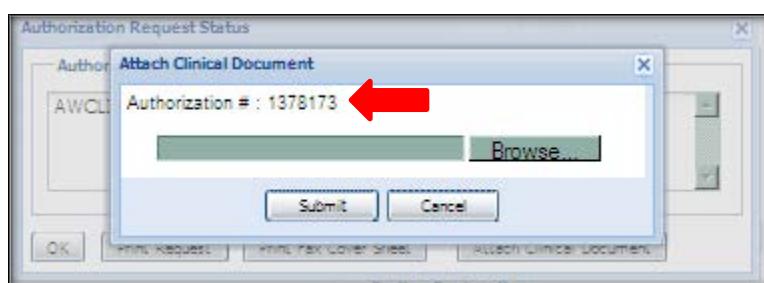
Are you sure you want to submit Office PT/OT request?

Yes No

17. If the authorization needs more information, the following screen appears. You can print the request or a fax cover sheet to fax the needed clinical information



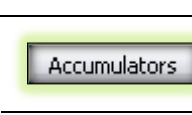

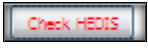


18. You can also click **Attach Clinical Document** and find the document in your computer to submit the information electronically. Note the **Authorization #** at the top of this dialog box. If no other information is required, a dialogue box with the authorization will appear

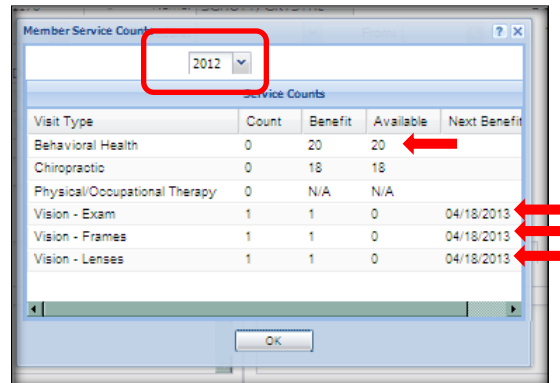


Buttons

There are five different buttons at the bottom of the **Request** tab:

	Click this to submit the completed Authorization Request .
	This clears the Authorization Request form so you can start over or enter in an authorization request for a new member.
	For your information, selecting this option produces benefit counts and when members can get services next. View the Member Service Counts by year by selecting the year in the drop-down menu at the top. The example below shows a member who has full behavioral health and chiropractic benefits available, but cannot get vision benefits until April 18, 2013.
	Clicking this opens a new window with the Meridian Prior Authorization Procedures Overview chart. This chart explains what services require prior authorization.
	This only appears at the bottom if a Member ID number is entered. Clicking this opens a new Member tab at the top where you can view the member's needed HEDIS measures. See the example below.

Accumulators Example



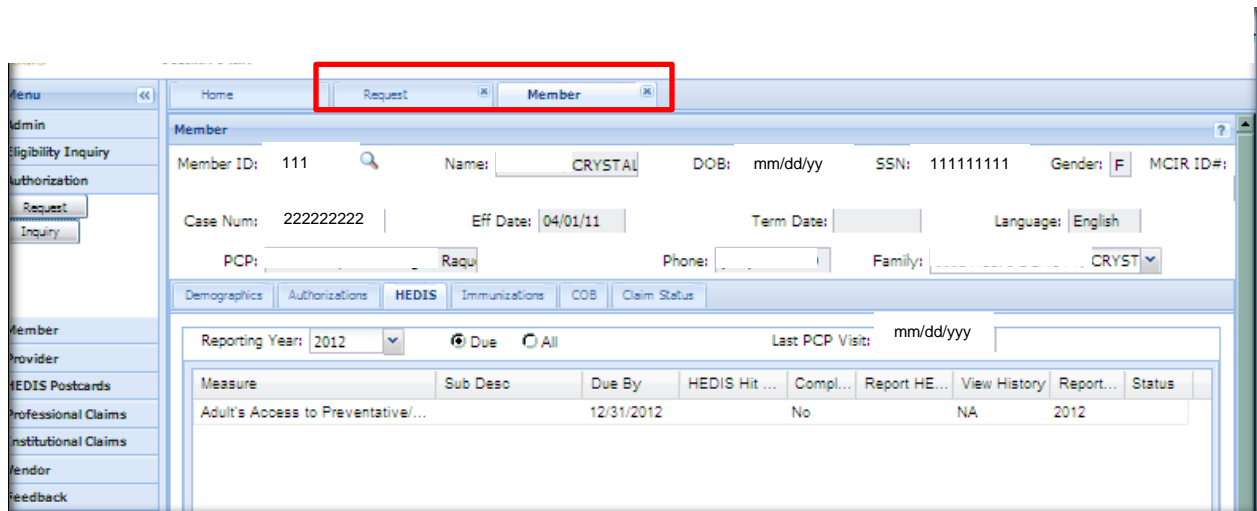
Member Service Counts

2012

Visit Type	Count	Benefit	Available	Next Benefit
Behavioral Health	0	20	20	
Chiropractic	0	18	18	
Physical/Occupational Therapy	0	N/A	N/A	
Vision - Exam	1	1	0	04/18/2013
Vision - Frames	1	1	0	04/18/2013
Vision - Lenses	1	1	0	04/18/2013

OK

Check HEDIS Example



Menu << Home Request Member

Member

Member ID: 111 Name: CRYSTAL DOB: mm/dd/yy SSN: 111111111 Gender: F MCIR ID#:

Case Num: 222222222 Eff Date: 04/01/11 Term Date: Language: English

PCP: Raqu Phone: Family: CRYST

Demographics Authorizations HEDIS Immunizations COB Claim Status

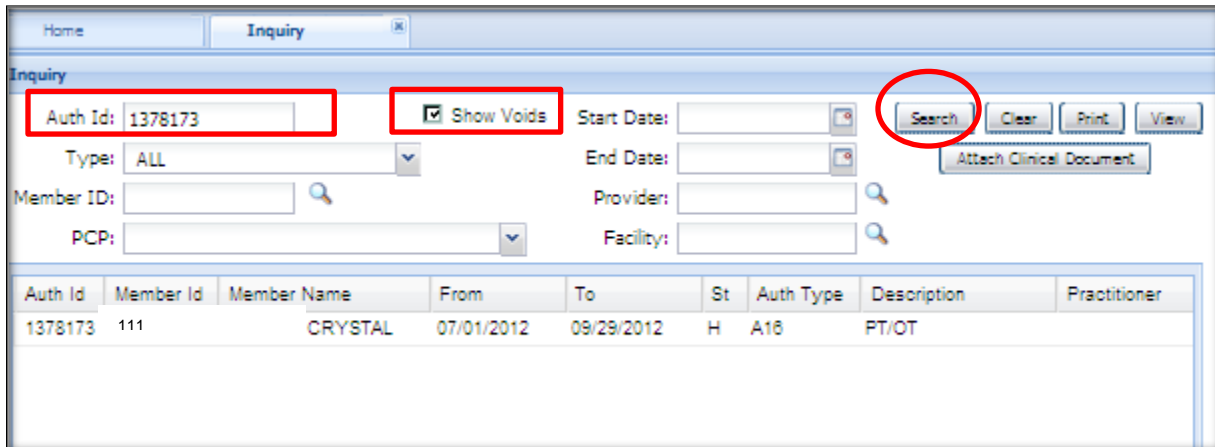
Reporting Year: 2012 Due All Last PCP Visit: mm/dd/yyyy

Measure	Sub Desc	Due By	HEDIS Hit ...	Compl...	Report HE...	View History	Report...	Status
Adult's Access to Preventative/...		12/31/2012	No		NA		2012	

Inquiry

You can view the status of an authorization that your office submitted in two places. Use the **Authorization** menu on the left or view authorizations for specific members under the **Member** menu. This section will explain the process of going through the **Authorization** menu.

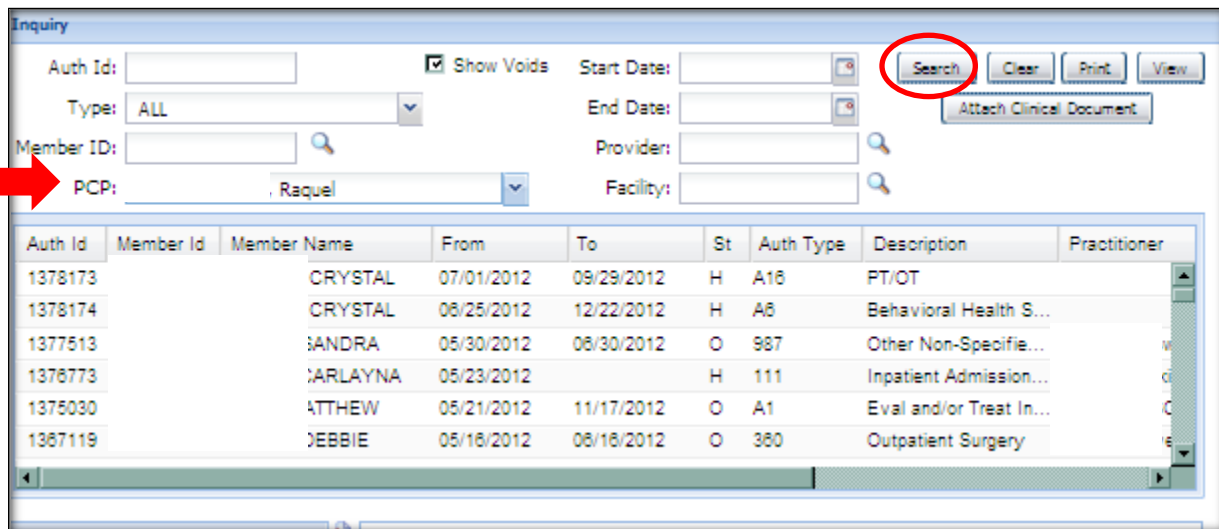
1. Login to the Provider Portal
2. Select **Authorization** from the menu at the left
3. Click **Inquiry**
4. If you know the specific authorization number, enter that number in the **Auth Id** section and click **Search**. If you do not want to view voided authorizations, make sure the **Show Voids** box unchecked



The screenshot shows the 'Inquiry' form in the Meridian Health Plan system. The 'Auth Id' field is populated with '1378173'. The 'Show Voids' checkbox is checked. The 'Search' button is highlighted with a red circle. Below the form is a table with one row of data.

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
1378173	111	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	

5. You can also search all the authorizations submitted by a specific PCP. Select the **PCP** from the drop-down menu and click **Search**



Inquiry

Auth Id: ☒ Show Voids Start Date:

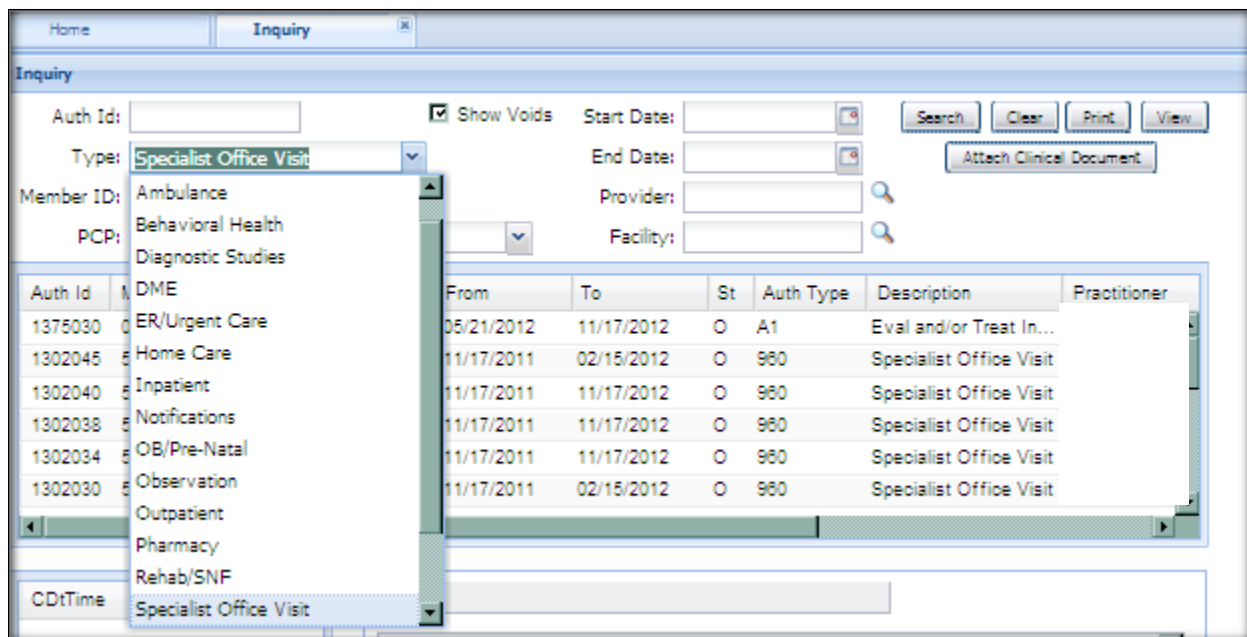
Type: ALL End Date:

Member ID: Provider:

PCP: Facility:

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
1378173		CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
1378174		CRYSTAL	08/25/2012	12/22/2012	H	A6	Behavioral Health S...	
1377513		SANDRA	05/30/2012	06/30/2012	O	987	Other Non-Specifie...	
1376773		MARLAYNA	05/23/2012		H	111	Inpatient Admission...	
1375030		ATTHEW	05/21/2012	11/17/2012	O	A1	Eval and/or Treat In...	
1367119		DEBBIE	05/16/2012	06/16/2012	O	360	Outpatient Surgery	

6. You can also search by the **Type** of authorization, **Start Date**, **End Date**, **Provider** referred to or **Facility** referred to. Again, if you do not know the name or ID of the **Facility** or **Provider**, select the **Magnifying Glass** icon to search



Inquiry

Auth Id: ☒ Show Voids Start Date:

Type: Specialist Office Visit End Date:

Member ID: Ambulance Provider:

PCP: Behavioral Health Facility:

DME

Auth Id	From	To	St	Auth Type	Description	Practitioner
1375030	05/21/2012	11/17/2012	O	A1	Eval and/or Treat In...	
1302045	11/17/2011	02/15/2012	O	980	Specialist Office Visit	
1302040	11/17/2011	11/17/2012	O	980	Specialist Office Visit	
1302038	11/17/2011	11/17/2012	O	980	Specialist Office Visit	
1302034	11/17/2011	11/17/2012	O	980	Specialist Office Visit	
1302030	11/17/2011	02/15/2012	O	980	Specialist Office Visit	

CDTime

7. The simplest way to search is by the **Member ID**. Enter the Member ID and click **Search**. You can see all of the authorizations requested for that member

Home Inquiry

Inquiry

Auth Id: ☒ Show Voids Start Date:

Type: ALL End Date:

Member ID: 111 Provider:

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
1378173	111	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
1378174	111	CRYSTAL	08/25/2012	12/22/2012	H	A8	Behavioral Health S...	

CDTime Author Subject:

Copyright © 2008-2009. All rights reserved.

- Select the authorization you want to view and click **View**. A detailed screen appears with the authorization information. You can add **Notes** to the authorization in the detailed screen. These **Notes** will be saved to the authorization and submitted back to Meridian. Click **OK** when you are done

Home Inquiry

Inquiry

Auth Id: ☒ Show Voids Start Date:

Type: ALL End Date:

Member ID: 111 Provider:

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
1378173	111	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
1378174	111	CRYSTAL	08/25/2012	12/22/2012	H	A8	Behavioral Health S...	

Authorization ID : 1378173

Authorization Request

Member Id: 111 Name: CRYSTAL DOB: mm/dd/yy Gender: Female
 POS: Procedure: From: 07/01/12 To: 09/29/12 Visits: 0

Provider Information

PCP: 0000 Name: Raquel Phone: Fax:
 Practitioner: Name: Phone: Fax:
 Facility: Name: Phone: Fax:

Diagnosis

Diagnosis: 840.4 Procedure: 4018F

Notes

Help
 PT/OT

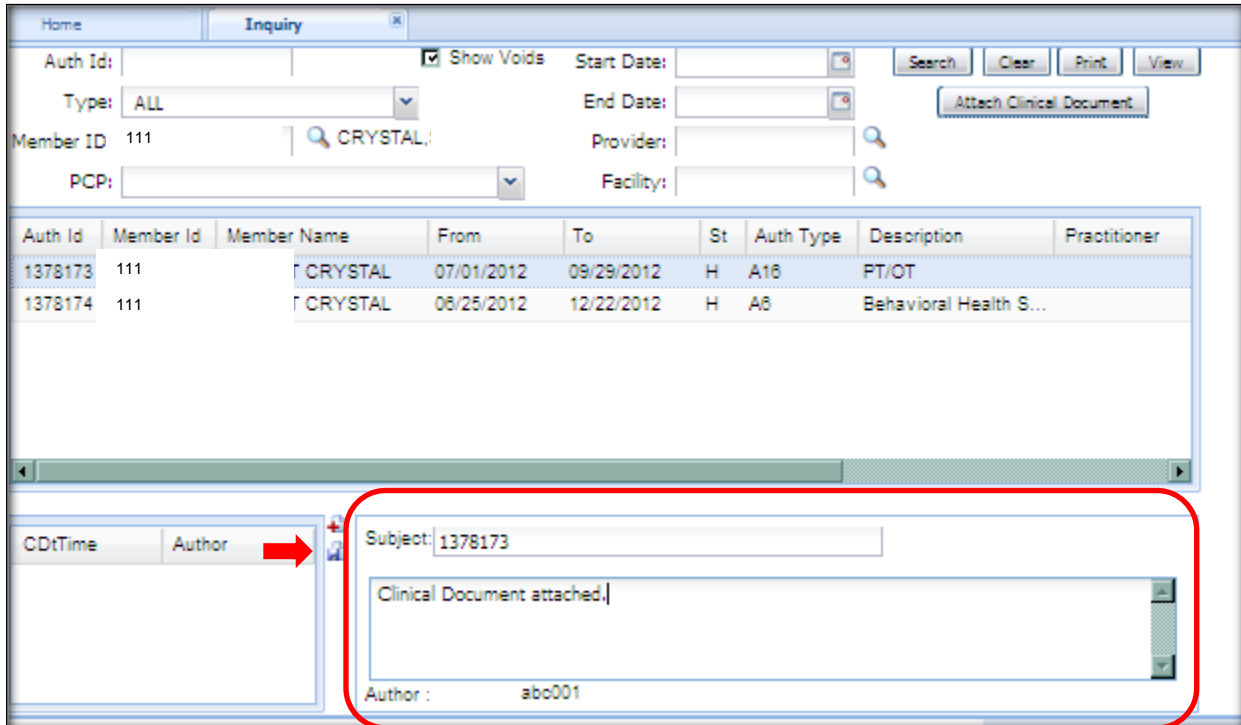
OK Print

9. 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: 0001441176 - SCHUTT, CRYSTAL		Date of Birth: 06/07/1975		In CM?: No		In DM?: No	
111 48118 - Raquel Lepera-Demaght DO		NPI: 1417940214		Phone: mm/dd/yyyy (586) 7		Fax: (586) 725-5311	
0000		1231231231		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			

10. You can also add notes regarding the authorization on the main **Inquiry** page. Type in a **Subject** and the information. Click the **Save Icon**

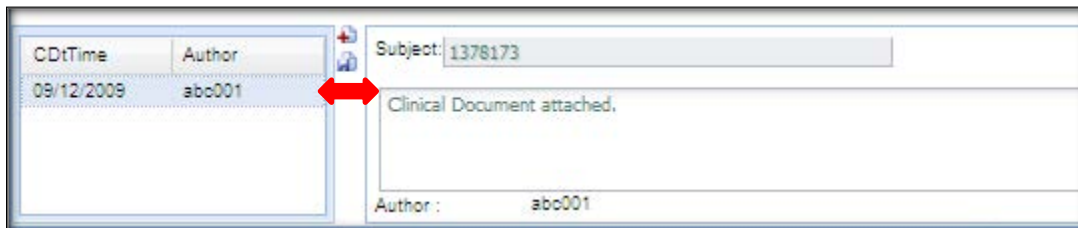


The screenshot shows the 'Inquiry' tab in the Meridian system. At the top, there are search filters for Auth Id, Member ID (111), PCP, Start Date, End Date, and Facility. A table below lists two authorizations:

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
1378173	111	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
1378174	111	CRYSTAL	08/25/2012	12/22/2012	H	A6	Behavioral Health S...	

Below the table, there is a section for adding a clinical document. A red arrow points to the 'Subject' field, which contains '1378173'. Below it is a text area with 'Clinical Document attached.' and an 'Author' field with 'abc001'. A red box highlights this entire section.

11. 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 interface as the previous one, but with a history of attached information. On the left, a table lists the history:

CDtTime	Author
09/12/2009	abc001

A red double-headed arrow points from this history table to the right-hand form, which now displays the details for the selected entry: Subject: 1378173, Clinical Document attached., and Author: abc001.

12. You can also attach clinical documentation from the main **Inquiry** screen. Click **Attach Clinical Document** and find the file on your computer and submit it to Meridian

Home Inquiry

Auth Id: ☒ Show Voids Start Date: End Date: Search

Type: ALL Member ID: 111 CRYSTAL Provider: Facility:

PCP:

Attach Clinical Document

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
1378173	111	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
1378174	111	CRYSTAL	08/25/2012	12/22/2012	H	A6	Behavioral Health S...	

Attach Clinical Document

Authorization #: 1378173

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

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.

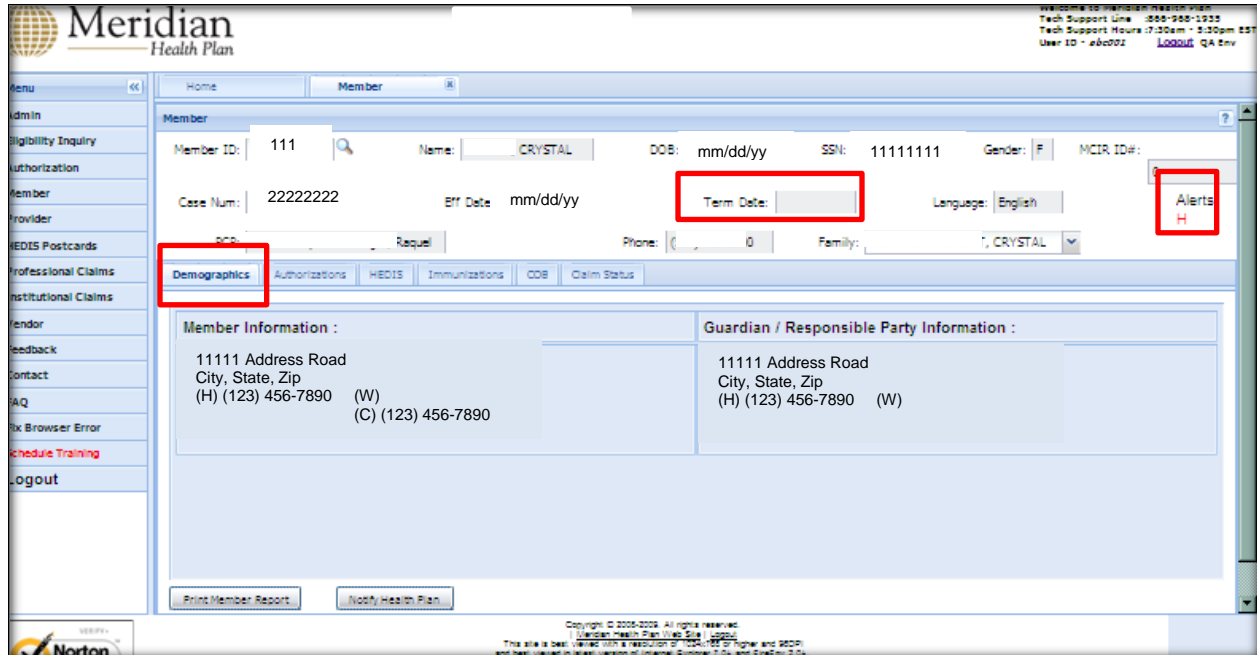
Providers can execute this function by entering the Member ID number, or searching by name or Social Security number. Clicking the **Magnifying Glass** icon next to the **Member ID** will allow providers to search by name. There are six tabs on the member screen. Functions of each tab are described below.



Demographics

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

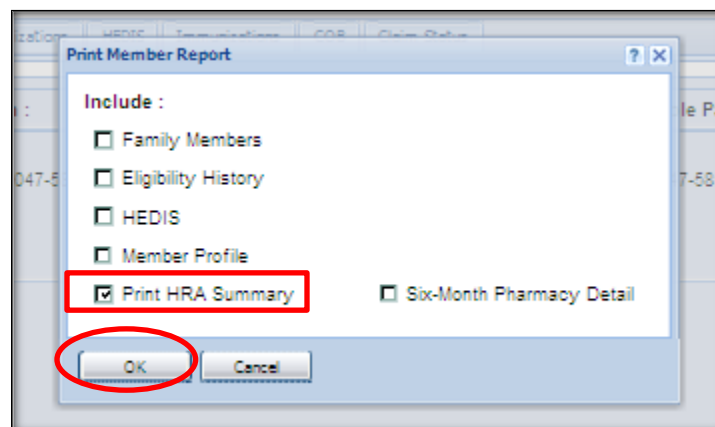
1. Login to the Provider Portal
2. Click **Member** from the menu on the left
3. Search for a member by the **Member ID** number or look up the member by clicking the **Magnifying Glass** icon. Click **Enter** on the keyboard or select **OK**
4. The member's demographic information should appear in the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



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

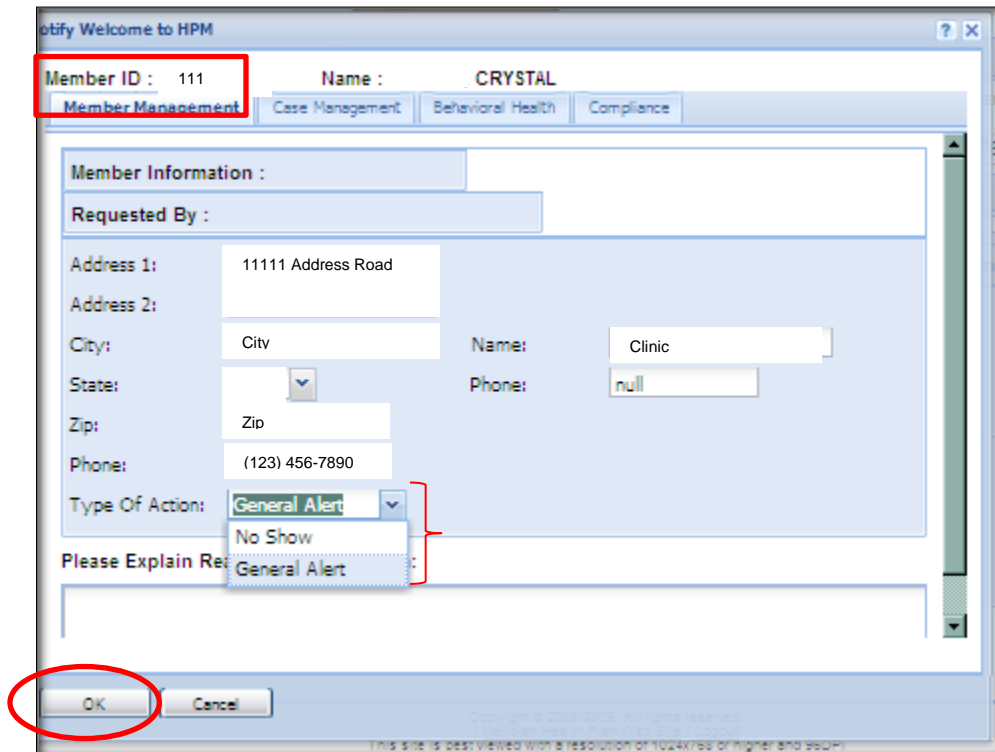
6. The bottom of the **Demographics** screen has two buttons. **Print Member Report** allows you to print different reports regarding the member. Select the report you want and click **OK**. A PDF will appear in a new window with the requested report



Meridian Health Plan LOB: Medicaid Health Risk Assessment PCP Summary (06/25/11-06/25/12)	
Member Name: CRYSTAL	Member ID: 111
Member Phone: (123) 456-7890	HRA Complete: N/A
PCP Name: Raquel	PCP ID: 0000
----- (MSD) Member Stated Data (Subjective) -----	
(MSD) Diseases/Conditions	(MSD) Family 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 not show up to an appointment



Notify Welcome to HPM

Member ID : 111 Name : CRYSTAL

Member Management Case Management Behavioral Health Compliance

Member Information :

Requested By :

Address 1: 11111 Address Road

Address 2:

City: City Name: Clinic

State: Phone: null

Zip: Zip

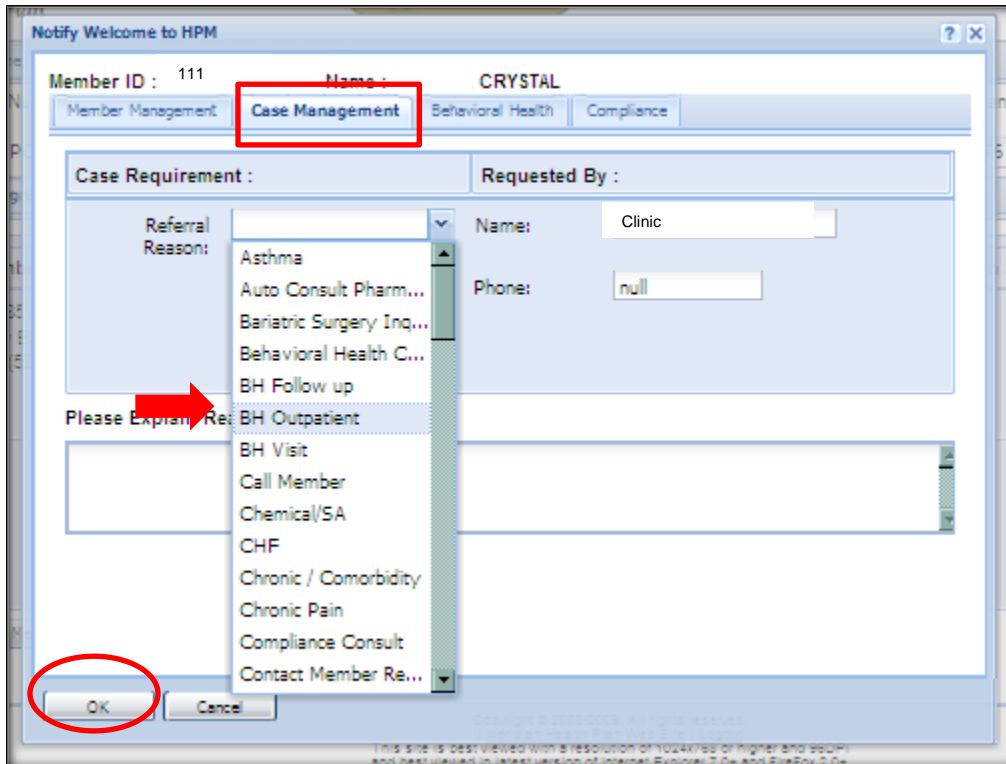
Phone: (123) 456-7890

Type Of Action: General Alert

Please Explain Reason:

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**



The screenshot shows a software window titled "Notify Welcome to HPM". At the top, it displays "Member ID : 111" and "Name : CRYSTAL". Below this are three tabs: "Member Management", "Case Management" (which is highlighted with a red box), and "Compliance". The "Case Management" tab contains a "Case Requirement :" section with a "Referral Reason:" dropdown menu. This menu is open, showing a list of reasons including "Asthma", "Auto Consult Pharm...", "Bariatric Surgery Inq...", "Behavioral Health C...", "BH Follow up", "BH Outpatient", "BH Visit", "Call Member", "Chemical/SA", "CHF", "Chronic / Comorbidity", "Chronic Pain", "Compliance Consult", and "Contact Member Re...". A red arrow points to the "BH Outpatient" option. To the right of the dropdown is a "Requested By :" section with fields for "Name:" (containing "Clinic") and "Phone:" (containing "null"). At the bottom left, the "OK" button is circled in red. The bottom of the window contains a copyright notice: "Copyright © 2003-2008 All rights reserved." and a note about browser compatibility.

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

Notify Welcome to HPM

Member ID : 111 Name : CRYSTAL

Member Management Case Management **Behavioral Health** Compliance

Behavioral Health Requirement : Requested By :

Type Of Action: **General Alert** Name: Clinic
 No Show
 General Alert Phone: null

Please Explain Reason for Referral:

OK Cancel

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

Notify Welcome to HPM

Member ID : 111 Name : CRYSTAL

Member Management Case Management Behavioral Health **Compliance**

Compliance Requirement: Requested By :

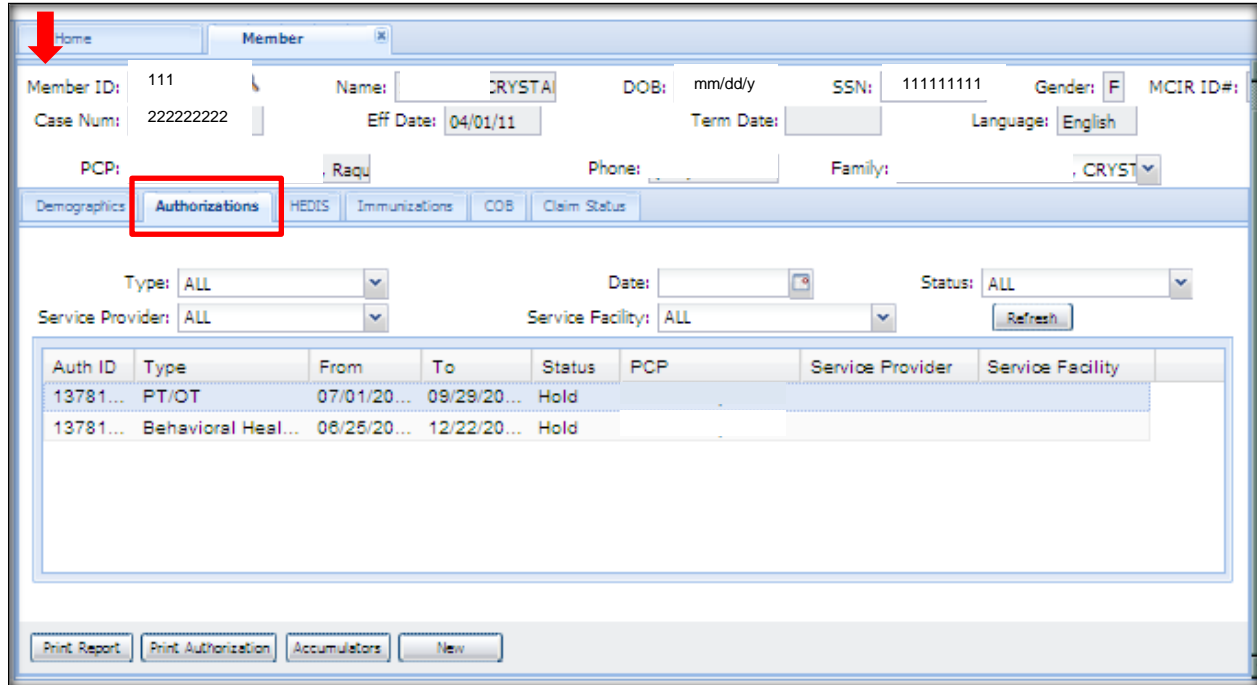
Type Of Action: **Non Compliance** Name: Clinic
 Phone: null

Please Explain Reason for Referral:

OK Cancel

Authorizations

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



Home Member

Member ID: 111 Name: CRYSTA DOB: mm/dd/y SSN: 111111111 Gender: F MCIR ID#:

Case Num: 222222222 Eff Date: 04/01/11 Term Date: Language: English

PCP: Raqu Phone: Family: CRYST

Demographics **Authorizations** HEDIS Immunizations COB Claim Status

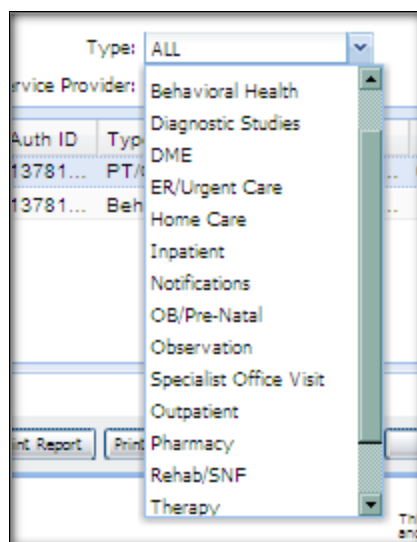
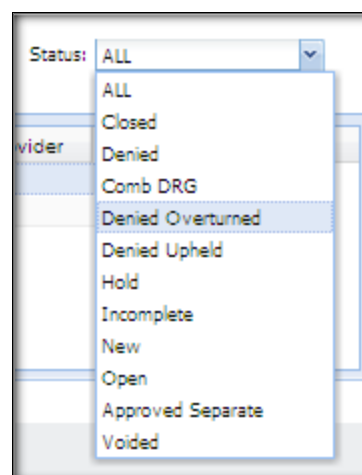
Type: ALL Date: Status: ALL

Service Provider: ALL Service Facility: ALL Refresh

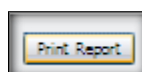
Auth ID	Type	From	To	Status	PCP	Service Provider	Service Facility
13781...	PT/OT	07/01/20...	09/29/20...	Hold			
13781...	Behavioral Heal...	06/25/20...	12/22/20...	Hold			

Print Report Print Authorization Accumulators New

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**

6. 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



Date: 06/26/2011 13:39:27		Meridian Health Plan Authorization Detail Report						
Auth Id	Status	Co de	From Date	To Date	Requested	Approved	Member Id	Member Name
1378173	Hold	A16	07/01/12	09/29/12	20	0	111	:RYSTAL
1378174	Hold	A6	06/25/12	12/22/12	6	0	1111	:RYSTAL

7. 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 ID: 1111 Name: CRYSTA DOB: mm/dd/vv SSN: 111111111 Gender: F MCIR ID#: Case Num: 222222222 Eff Date: 04/01/11 Term Date: Language: English

PCP: Raqu Phone: Family: CRYST

Demographics **Authorizations** HEDIS Immunizations COB Claim Status

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

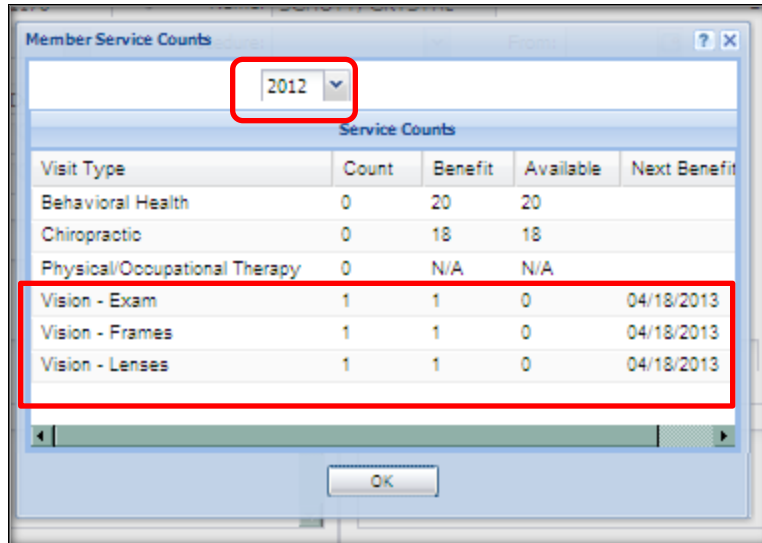
Auth ID	Type	From	To	Status	PCP	Service Provider	Service Facility
13781...	PT/OT	07/01/20...	09/29/20...	Hold			
13781...	Behavioral Heal...	06/25/20...	12/22/20...	Hold			

Print Report Print Authorization Accumulators New

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: 111 CRYSTA	Date of Birth: mm/dd/yyyy	In CM?: No	In DM?: No
PCP: 0000 Raquel L	NPI: 1231231231	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 but cannot get vision benefits until April 18, 2013.



Member Service Counts

2012

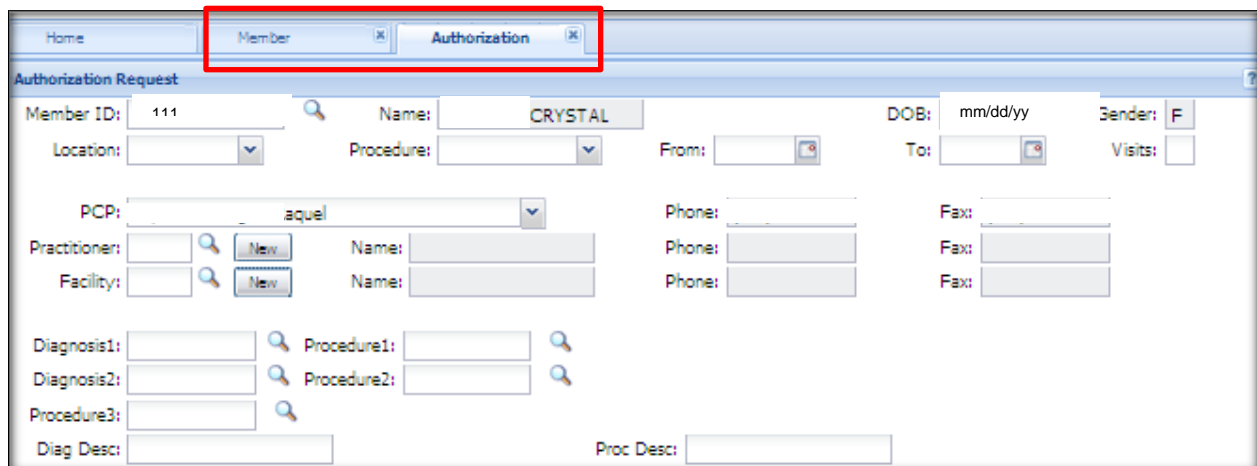
Visit Type	Count	Benefit	Available	Next Benefit
Behavioral Health	0	20	20	
Chiropractic	0	18	18	
Physical/Occupational Therapy	0	N/A	N/A	
Vision - Exam	1	1	0	04/18/2013
Vision - Frames	1	1	0	04/18/2013
Vision - Lenses	1	1	0	04/18/2013

OK

- To submit a new authorization for the specific member, select the **New** button on the bottom. A new authorization request will open with the member's demographic information already filled in. Fill out the form as described on pages 13-18



Print Report Print Authorization Accumulators **New**



Home Member Authorization

Authorization Request

Member ID: 111 Name: CRYSTAL DOB: mm/dd/yy Gender: F

Location: Procedure: From: To: Visits:

PCP: aquel

Practitioner: New Name: Phone: Fax:

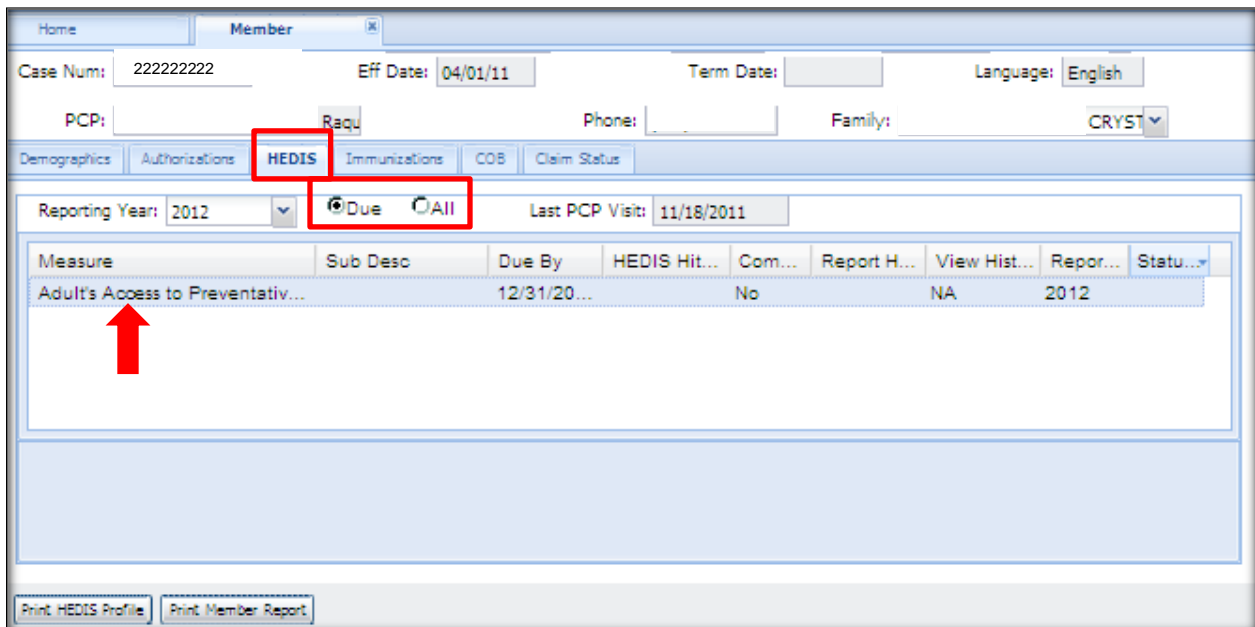
Facility: New Name: Phone: Fax:

Diagnosis1: Procedure1: Diagnosis2: Procedure2: Procedure3: Diag Desc: Proc Desc:

HEDIS

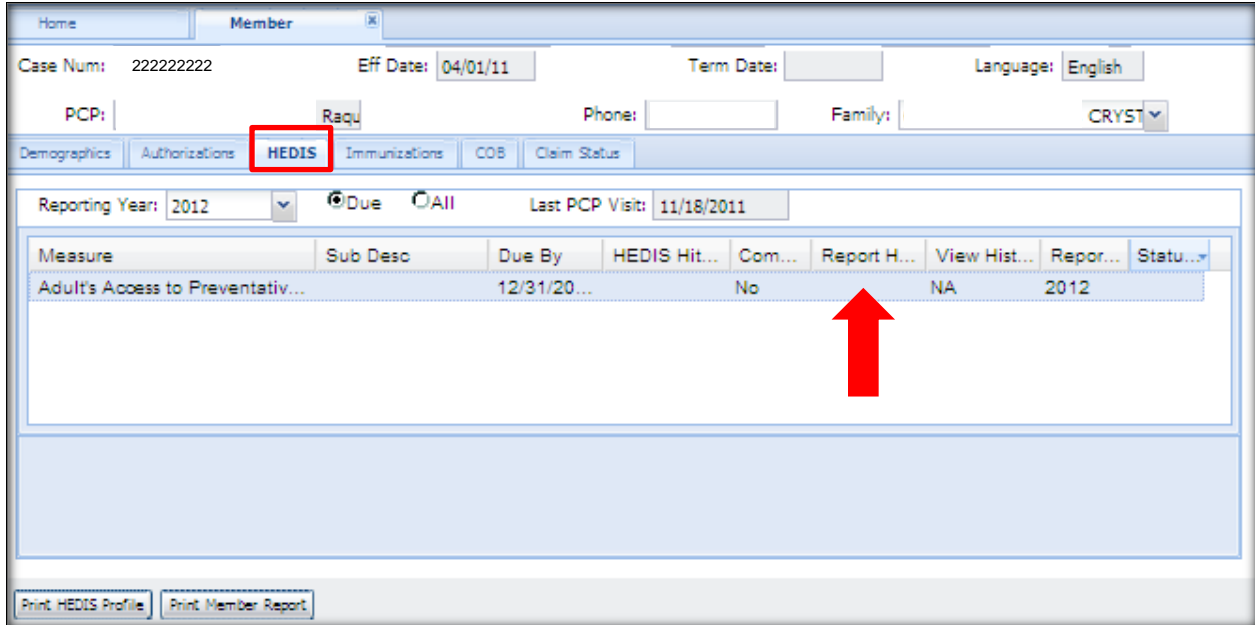
You can see if a member is due for any HEDIS measures by selecting the **HEDIS** tab on the **Member** screen. You can also report completed HEDIS measures under this tab.

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**



Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Repor...	Statu...
Adult's Access to Preventativ...		12/31/20...	No		NA		2012	

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



Home Member

Case Num: 22222222 Eff Date: 04/01/11 Term Date: Language: English

PCP: Raqu Phone: Family: CRYST

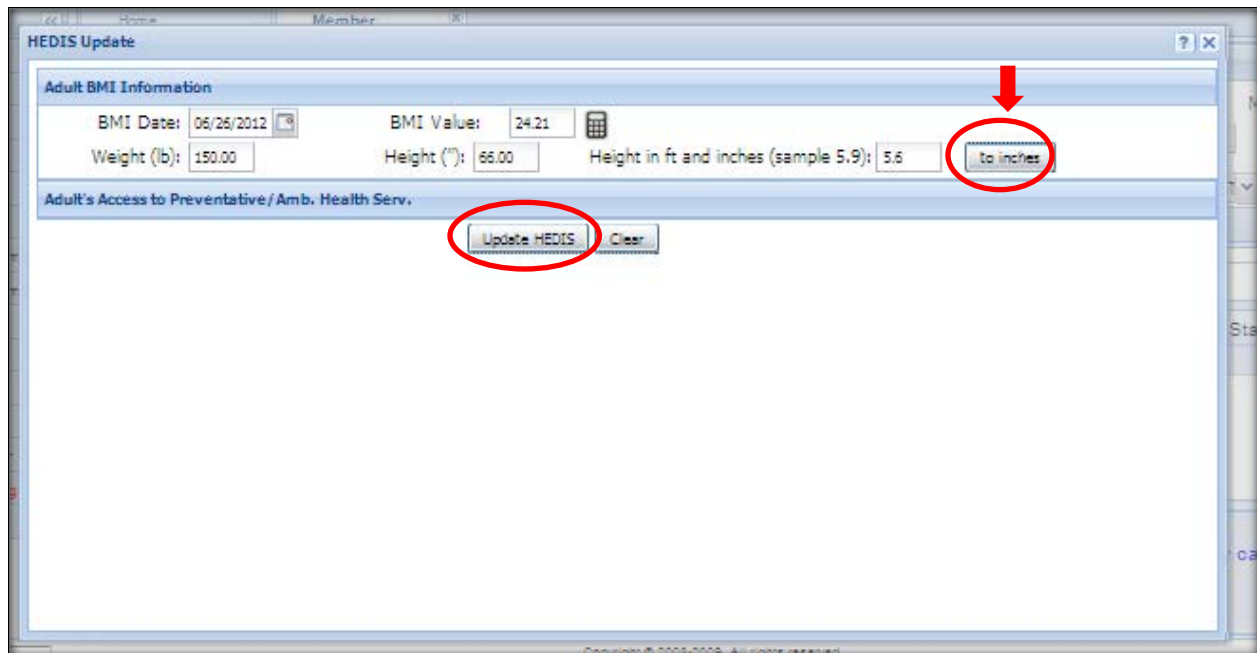
Demographics Authorizations **HEDIS** Immunizations COB Claim Status

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

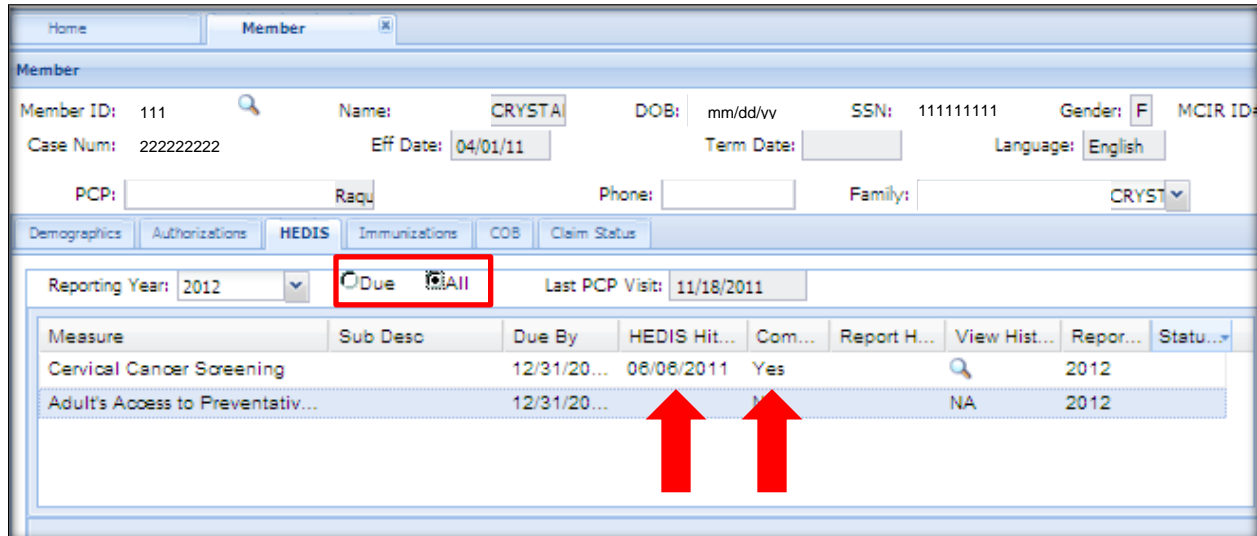
Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Repor...	Statu...
Adult's Access to Preventativ...		12/31/20...	No		NA		2012	

Print HEDIS Profile Print Member Report

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 **603-263-3421**. If clinical information is not faxed within 30 days the entry will not result in a HEDIS hit.

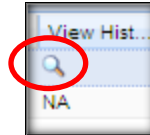


8. To see all the HEDIS measures for a member, select **All**. Completed measures will appear on the list. You can tell if a measure is done under the **HEDIS Hit** column and **Com...(Completed)** column



Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Repor...	Statu...
Cervical Cancer Screening		12/31/20...	06/06/2011	Yes			2012	
Adult's Access to Preventativ...		12/31/20...			NA		2012	

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



HEDIS Historical Entries

Member ID: 111 Measure: Cervical Cancer Screening
 Service Due By: 12/31/2012 Sub Measure:

Entry Date	Entry By	Date 1

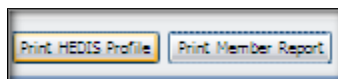
10. Double click on the **Measure** and a description of the service will appear in blue

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

Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Repor...	Statu...
Cervical Cancer Screening		12/31/20...	06/06/2011	Yes			2012	
Adult's Access to P...		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

HEDIS Profile Sheet 2012

PCP : _____ Family **raquel**



Meridian

Health Plan

ID : 1111 **Name :** CRYSTAL **DOB :** mm/dd/yyyy **Age :** **Sex :** F
Guardian : CRYSTAL **Phone :** (123) 456-7890

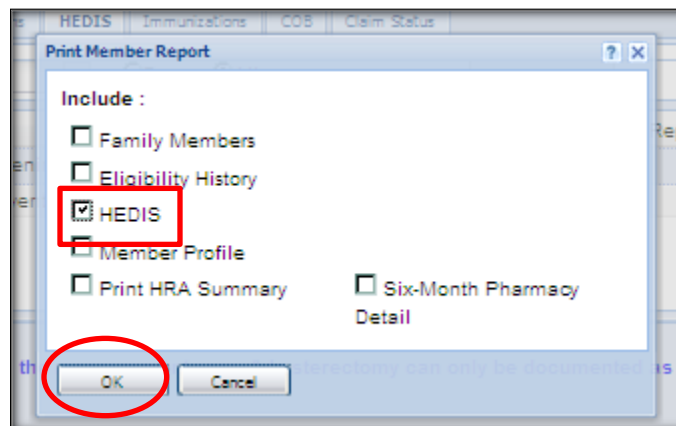
Meridian Health Plan (MHP) will continue the HEDIS Bonus Plan for all contracted Primary Care Providers. The yearly bonus period will cover all HEDIS services provided between dates of service January 1, 2012 and December 31, 2012. These services must be reported to MHP on claim form or via fax by March 31, 2013 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 2012, followed by a payment at the end of July 2012, the end of October 2012 with the final payment during March 2013.

HEDIS Measures Needed:

<u>Well-Women</u>	<u>DOS</u>	<u>Needed By</u>	<u>Bonus Available</u>
Cervical Cancer Screening	<input checked="" type="checkbox"/> 06/06/11 Result _____		\$ 50.00
Total:			\$ 50.00

- 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 : 111	Status : Active
First Name : CRYSTAL	LOB : Medicaid
Middle Name :	Enroll Date : 04/01/2011
Last Name :	Term Date :
Suffix :	County :
Case Number : 22222222	Program : County Program Name
Birth Date : mm/dd/yyyy	PCP :
SSN : 111111111	Effective : 04/01/2011
Gender : Female	Term Date :
Language : English	
E-mail :	

Member	Responsible Party/Guardian
Address 1 : 11111 Address Road	First Name : CRYSTAL
Address 2 :	Middle Name :
City : City	Last Name :
State : State	Address 1 : 11111 Address Road
Zip Code : Zip	Address 2 :
Home Phone : (123) 456-7890	City : City
Work Phone :	State : State
	Zip Code : Zip
	Home Phone : (123) 456-7890
	Work Phone :

HEDIS

Measure	Sub Description	Last Seen
Adult's Access to Preventative/Amb. Health Serv.		

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
--------------	----------------	-------	----------------------	-----	--------------

Immunizations :

Service Date	Procedure	Description
09/02/2004	90744	HEPB VACC PED/ADOL 3 DOSE IM
11/23/2004	90744	HEPB VACC PED/ADOL 3 DOSE IM
11/23/2004	90713	POLIOVIRUS IPV SC/IM
11/23/2004	90700	DTAP VACCINE < 7 YRS IM

Blood Lead Tests :

Service Date	Create Date	Create Time	Result
--------------	-------------	-------------	--------

Blood Lead Tests :

Service Date	Create Date	Create Time	Result
No records for this member			

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.

Home Member

Member ID: 333 Name: ALICI DOB: mm/dd/yy SSN: 444444444 Gender: F MCIR ID#

Case Num: 555555555 Eff Date: 10/01/11 Term Date: Language: English

PCP: Thomas Phone: Family: ALI

Demographics Authorizations HEDIS Immunizations **COB** Claim Status

Name	Group #	Policy #	Effective Date	Term Date
BCN PHARMACY			01/01/2007	05/31/2009
BCN			01/01/2007	05/31/2009

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 51-53.

Home Member

Member

Member ID: 111 Name: CRYSTA DOB: mm/dd/yy SSN: 111111111 Gender: F MCIR ID#:
Case Num: 222222222 Eff Date: 04/01/11 Term Date: Language: English
PCP: Raqu Phone: Family: CRYST

Demographics Authorizations HEDIS Immunizations COB **Claim Status**

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

Home Member **Provider**

Provider

Provider: Specialty:
☐ In Plan ☐ PCP ☐ Accepting New Members ☐ Provider Open

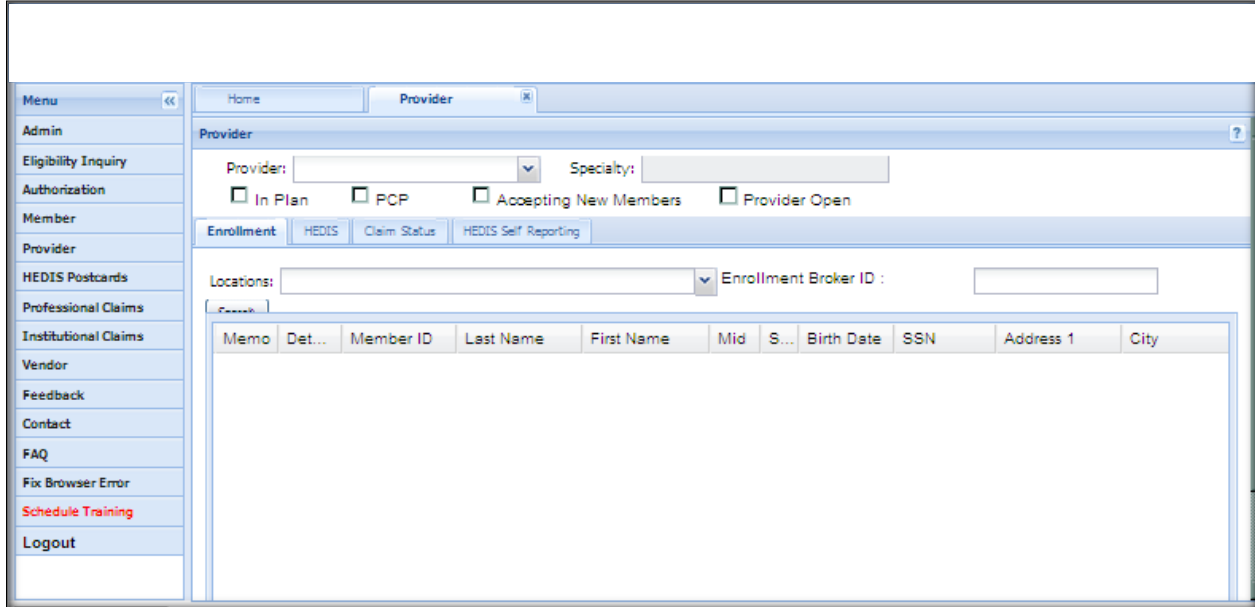
Enrollment HEDIS **Claim Status** HEDIS Self Reporting

Type: A From: 06/27/11 To: 06/26/12 Status: ALL Member ID: 111 Patient Acc#:
Claims listed below were from 06/27/2011 to 06/26/2012

Claim #	Edit/Resu...	Member ID	Member Na...	Serv Dat...	Bill T...	POS	Diag 1	Diag 2	Diag 3	Billed	Paic
21808080		1111	, C...	05/14/20...		11	7840				
18005407		1111	C	07/07/20		11	78078				

Provider

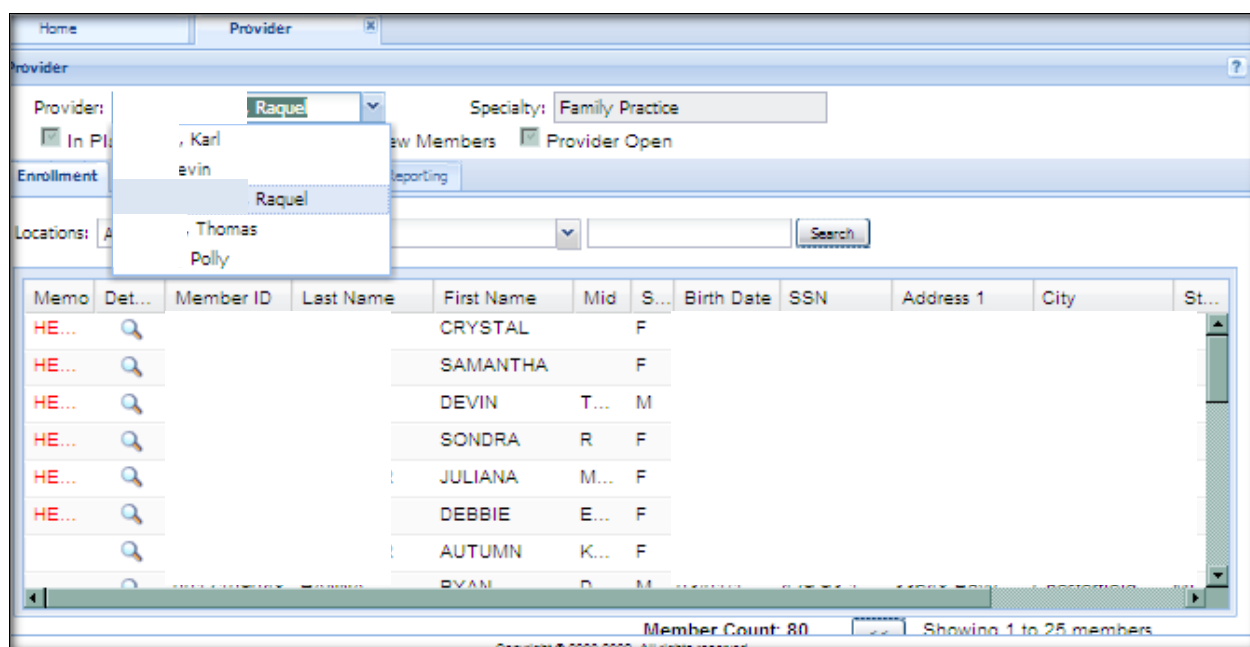
As a contracted Meridian provider, this menu is important to you. You will use the features in this menu often. Each tab function is described in detail below.



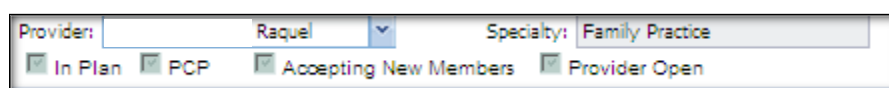
The screenshot shows the Meridian Provider menu interface. On the left is a vertical menu with options: Menu, Admin, Eligibility Inquiry, Authorization, Member, Provider, HEDIS Postcards, Professional Claims, Institutional Claims, Vendor, Feedback, Contact, FAQ, Fix Browser Error, Schedule Training (highlighted in red), and Logout. The main content area is titled 'Provider' and contains several sections. At the top, there are dropdowns for 'Provider:' and 'Specialty:', followed by checkboxes for 'In Plan', 'PCP', 'Accepting New Members', and 'Provider Open'. Below these are tabs for 'Enrollment', 'HEDIS', 'Claim Status', and 'HEDIS Self Reporting'. The 'Enrollment' tab is active, showing a 'Locations:' dropdown and an 'Enrollment Broker ID:' field. At the bottom, there is a table with columns: Memo, Det..., Member ID, Last Name, First Name, Mid, S..., Birth Date, SSN, Address 1, and City. The table is currently empty.

Enrollment

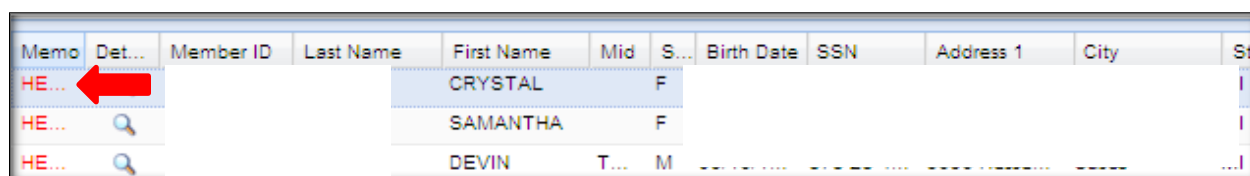
This tab is relevant to PCPs only. Here PCPs are able to view their monthly enrollment list. They are also able to print their enrollment list and HEDIS information for current members. If a provider works at more than one location, the enrollment search can be narrowed to each location; otherwise, a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



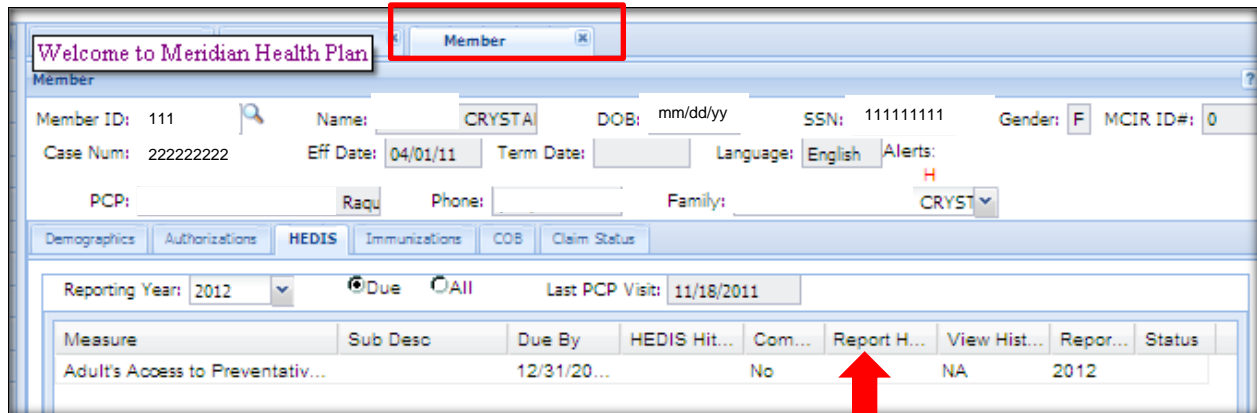
Once a PCP is selected from the drop down menu, the user is able to discern if a provider is **In Plan**, a **PCP**, **Accepting New Members** and/or **Open**. These sections will be checked and grayed out.



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	Det...	Member ID	Last Name	First Name	Mid	S...	Birth Date	SSN	Address 1	City	St...
HE...			CRYSTAL			F					
HE...			SAMANTHA			F					
HE...			DEVIN		T...	M					



Welcome to Meridian Health Plan

Member

Member ID: 111 Name: CRYSTA DOB: mm/dd/yy SSN: 111111111 Gender: F MCIR ID#: 0

Case Num: 222222222 Eff Date: 04/01/11 Term Date: Language: English Alerts: H

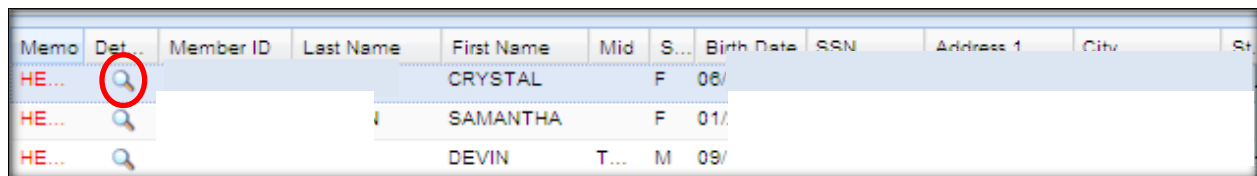
PCP: Raqu Phone: Family: CRYST

Demographics Authorizations HEDIS Immunizations COB Claim Status

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

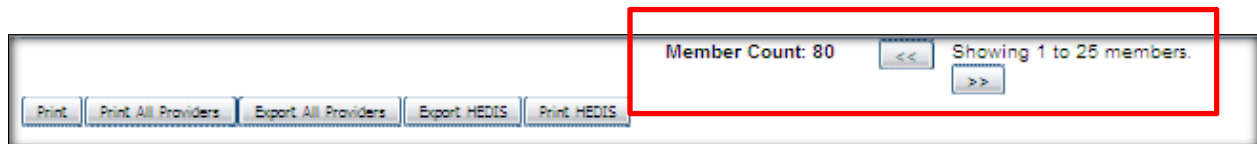
Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Repor...	Status
Adult's Access to Preventativ...		12/31/20...	No		NA		2012	

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



Memo	Det...	Member ID	Last Name	First Name	Mid	S...	Birth Date	SSN	Address 1	City	St...
HE...				CRYSTAL		F	08/				
HE...				SAMANTHA		F	01/				
HE...				DEVIN	T...	M	09/				

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.



Member Count: 80 << Showing 1 to 25 members. >>

Print Print All Providers Export All Providers Export HEDIS Print HEDIS

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

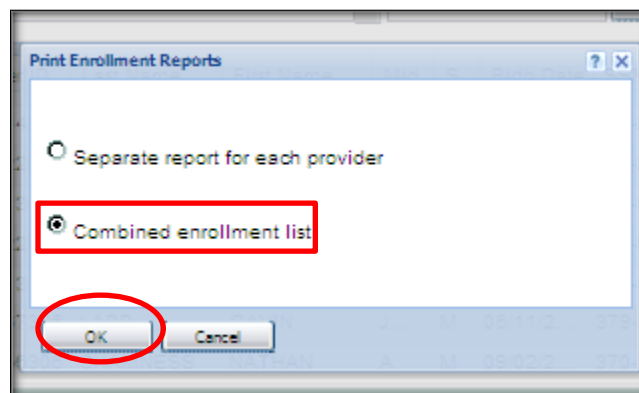
1. **Print**-Selecting this will generate a PDF of the complete list of the members assigned to the provider. You must select a PCP from the **Provider** drop-down menu



Print Print All Providers Export All Providers Export HEDIS Print HEDIS Print POC

Meridian Health Plan Monthly Enrollment List Provider : : Raquel, DO Date: 05/01/2012 Number of Members: 80			KEY: <u>Hot List</u> Employees that have needed quality measures due in the next 30 days. <u>Line of Business</u> HIP - Medicaid Enrollee MAP - Medicare SNP Enrollee			Needed Quality Measures: CIG - Childhood Immunizations* ISA - Adolescent Immunizations* MAM - Breast Cancer Screening* PAP - Cervical Cancer Screening* CDC - Pertussis/Tetanus* CS - Chlamydia Screening* AWV - Adolescent Well Visit*			WCV - Well-Child Visit* LSC - Lead Screening* ISAIC - ISA/C Screening* EYE - Diabetic Eye Exam LDL - LDL-C Screening NTP - Nephropathy *Included in HEDIS Incentive Program			
Monthly Enrollment List - All												
Member ID	Patient's Name	Address	Phone	Age	DOB	S	Disease Management	Needed Quality Measures	Program ABACTANT	Hot List	Line of Business MIP	MAP
	ATIM			11		M		AWV	TANF		*	
	JB			10		F			ABAD		*	
	JATT			23		M			ABAD		*	
				17		M	Asthma	AWV	TANF		*	
				65		F			ABAD		*	

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 Group: Clinic
 Date: 06/01/2012 NUMBER OF MEMBERS: 143

KEY:
 HEDIS: Enrollees that have needed quality measures due in the next 30 days.
 Line of Business: MHP: Medicaid Enrollee MAP: Medicare SNP Enrollee

Needed Quality Measures:
 CS - Childhood Immunizations*
 IMA - Adolescent Immunizations*
 MAM - Breast Cancer Screening*
 PAP - Cervical Cancer Screening*
 CDC - Perinatal/Postpartum*
 CS - Chlamydia Screening*
 AWW - Adolescent Well Visit*

WCV - Well-Child Visit*
 LDC - Lead Screening*
 RBAIC - RBAIC Screening*
 EYE - Diabetic Eye Exam
 LDL - LDL-C Screening
 NCP - Nephropathy
 *Included in HEDIS Incentive Program

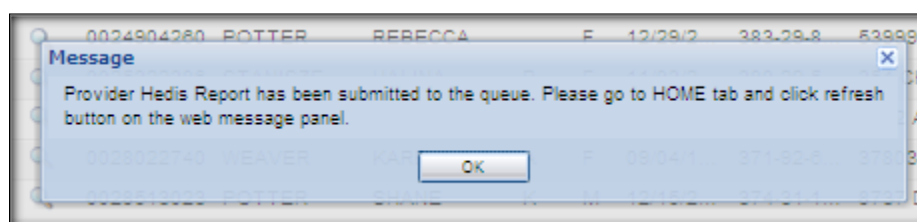
Monthly Enrollment List - All

Member ID	Patient's Name	Address	Phone	Age	DOB	S	Disease Management	Needed Quality Measures	Program AD/AD/TANF	Hot List	Line of Business MHP	MAP
	IM			11		M		AWV	TANF		*	
				10		F			ABAD		*	
				18		F		AWV,CS	TANF		*	
				15		F		AWV,CS	TANF		*	
	I			23		M			ABAD		*	
	IT			17		M	Asthma	AWV	TANF		*	
				41		F			TANF		*	
				65		F			ABAD		*	
				18		F		CS	TANF		*	

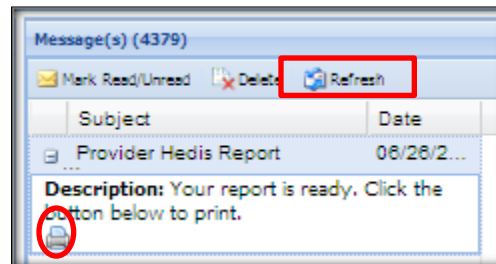
3. **Export All Providers**-Selecting this will open an Excel spreadsheet of the assigned members for all providers. This list is a roster of the patients assigned to the PCP or Group



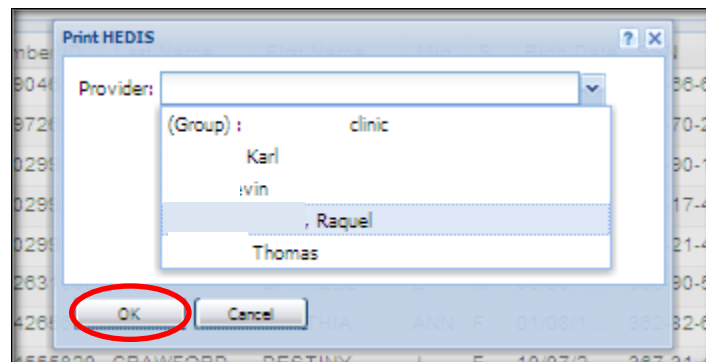
4. **Export HEDIS**- Export the members who have outstanding HEDIS measures to an Excel spreadsheet by clicking **Export HEDIS**. A dialog box instructs you to click the **Home** tab and click **Refresh** in the **Message(s)** screen



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	YTD	Total		Bonus	Possible	HOT	
Members	Hits	Hits	Due	Percent	Paid YTD	Bonus	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		

6. **Print POC-** Select this to produce a PDF version of the member's **Plan of Care Document, Member Objective Profile, Member Summary** or **IDCTG Letter**.

Print

Print All Providers

Export All Providers

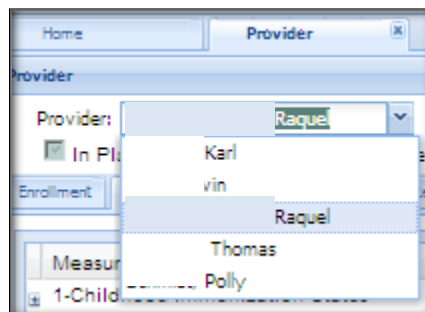
Export HEDIS

Print HEDIS

Print POC

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: Raquel Specialty: Family Practice

☒ In Plan ☒ PCP ☒ Accepting New Members ☒ Provider Open

Enrollment **HEDIS** Claim Status HEDIS Self Reporting









Measure	Members	Bonus Paid YTD	Possible Bo...
1-Childhood Immunization Status	1	\$100.00	\$105.00
2-Adolescent Immunization Status	5		\$45.00
3-Breast Cancer Screening	6		\$250.00
4-Cervical Cancer Screening	12	\$50.00	\$200.00
10-Comprehensive Diabetes Care	1		\$500.00
15-Well-Child Visits First 15 Months	1	\$50.00	\$100.00
16-Well-Child Visits 3 thru 6 Years Old	7	\$50.00	\$350.00
17-Adolescent Well-Care	30	\$250.00	\$1500.00

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 Bo...
1-Childhood Immunization Status	1	\$100.00	\$105.00
2-Adolescent Immunization Status	5		\$45.00
3-Breast Cancer Screening	6		\$250.00
4-Cervical Cancer Screening	12	\$50.00	\$200.00
10-Comprehensive Diabetes Care	1		\$500.00

Measure	Members	Prior Year Hits	YTD Hits	Percent	Bonus Paid YTD	Possible Bonus
MMR	5	4		80 %	\$0.00	\$15.00
Hepatitis B	5	4		80 %	\$0.00	\$15.00
VZV	5	4		80 %	\$0.00	\$15.00
Combo 1	5	4		80 %	\$0.00	
Combo 2	5	4		80 %	\$0.00	

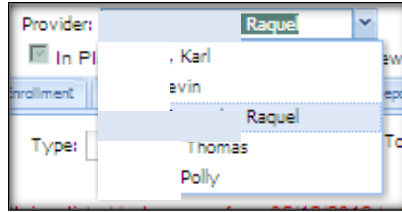
Clicking the **Printer Icon** will open a new window with a PDF report of the **Provider Quality Incentive Bonus Summary** for all measures.

Provider				
Provider:	Raquel	Specialty:	Family Practice	
<input checked="" type="checkbox"/> In Plan	<input checked="" type="checkbox"/> PCP	<input checked="" type="checkbox"/> Accepting New Members	<input checked="" type="checkbox"/> Provider Open	
Enrollment	HEDIS	Claim Status	HEDIS Self Reporting	
Measure	Members	Bonus Paid YTD	Possible Bo...	
1-Childhood Immunization Status	1	\$100.00	\$105.00	
2-Adolescent Immunization Status	5		\$45.00	
3-Breast Cancer Screening	6		\$250.00	
4-Cervical Cancer Screening	12	\$50.00	\$200.00	
10-Comprehensive Diabetes Care	1		\$500.00	
15-Well-Child Visits First 15 Months	1	\$50.00	\$100.00	
16-Well-Child Visits 3 thru 6 Years Old	7	\$50.00	\$350.00	
17-Adolescent Well-Care	30	\$250.00	\$1500.00	

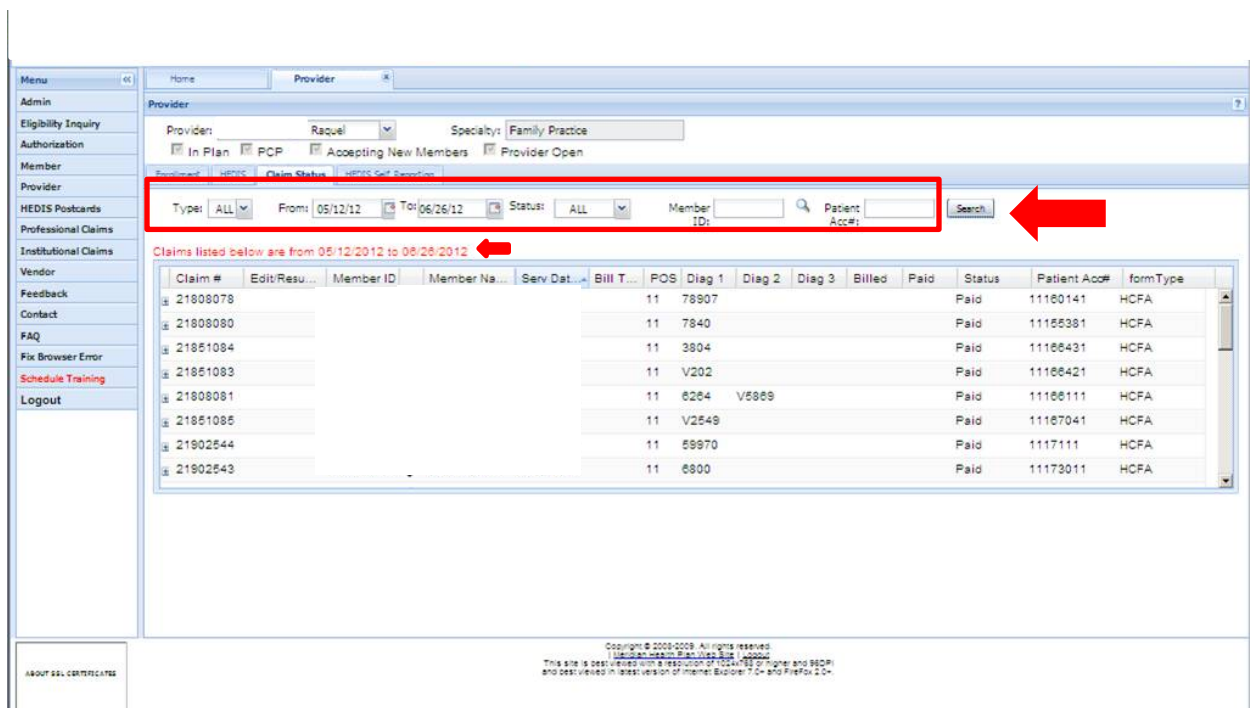
Provider Quality Incentive Bonus Summary									
06/26/2012 2:16pm EST									
Measure		Members	Prior Year Hits	YTD Hits	Total Due	Percent	Bonus Paid YTD	Possible Bonus	HOT LIST**
Childhood Immunization Status	DTP/DTaP	1			1	0%	\$0.00	\$25.00	
	IPV/OPV	1			1	0%	\$0.00	\$25.00	
	MMR	1		1		100%	\$25.00	\$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	

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.



Claim #	Edit/Result	Member ID	Member Name	Serv Date	Bill To	POS	Diag 1	Diag 2	Diag 3	Billed	Paid	Status	Patient Acct#	formType
21808078						11	78907					Paid	11180141	HCFA
21808080						11	7840					Paid	11155381	HCFA
21851084						11	3804					Paid	11156431	HCFA
21851083						11	V202					Paid	11156421	HCFA
21808081						11	6284	V5889				Paid	11156111	HCFA
21851085						11	V2549					Paid	11167041	HCFA
21902544						11	59970					Paid	11171111	HCFA
21902543						11	6900					Paid	11173011	HCFA

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

Enrollment HEDIS **Claim Status** HEDIS Self Reporting

Type: ALL From: 05/12/12 To: 06/26/12 Status: Adjudicat Member ID: Patient Acc#:

Claims listed below are from 05/12/2012 to 06/26/2012

Claim #	Edit/Resu...	Member ID	Member Na...	Serv Dat...	Bill T...	POS	Diag 1	Diag 2	Diag 3	Billed	Paid
21808078			R...	05/12/20...		11	78907				
21808080			C...	05/14/20...		11	7840				
21851084			A...	05/15/20...		11	3804				
21851083			A...	05/15/20...		11	V202				
21808081			...	05/15/20...		11	6264	V5869			
21851085			...	05/17/20...		11	V2549				

Status	Line #	Service Date	Rev Code	Proc Code	Description	NDC	Units	Billed	Denied	Paid	Check Number
Adjudicated	1	05/14/2012		99213	Office/outpatient visit est		1	\$85.00			2

Any claims that were rejected have a **Notepad Icon** in the **Edit/Resubmit** column (pictured below). 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.

Enrollment HEDIS **Claim Status** HEDIS Self Reporting

Type: ALL From: 06/26/11 To: 06/26/12 Status: Rejected Member ID: Patient Acc#:

Claims listed below are from 06/26/2011 to 06/26/2012

Claim #	Edit/Resu...	Member ID	Member Na...	Serv Dat...	Bill T...	POS	Diag 1	Diag 2	Diag 3	Billed	Paid
18409023			..	08/02/20...		11	49390				
18239718			..	08/02/20...		11	49390				
18409025			..	08/15/20...		21	4011				

Professional Claim

Member ID: 1231231231 Member's Name: 1231231231 ☐ Same as billing

Billing NPI: 1231231231 Serv Prov NPI: 1231231231

Billing TIN: 3213213213 Serv Prov Taxonomy:

Patient Account#: Prior Auth#: 0

Claim Freq Code: Original Cla Orig. Claim Ref:

Place of service: 11 Office Facility NPI: 9879879879

Admit Date: Discharge Date:

Diag. Code: 49390

Carrier: Insured Paid Amount: 0.00 Deny Reason:

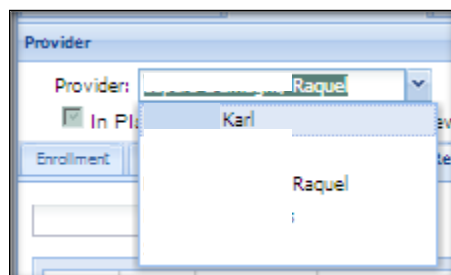
MP Date: Notes:

Submit / Resubmit Claim

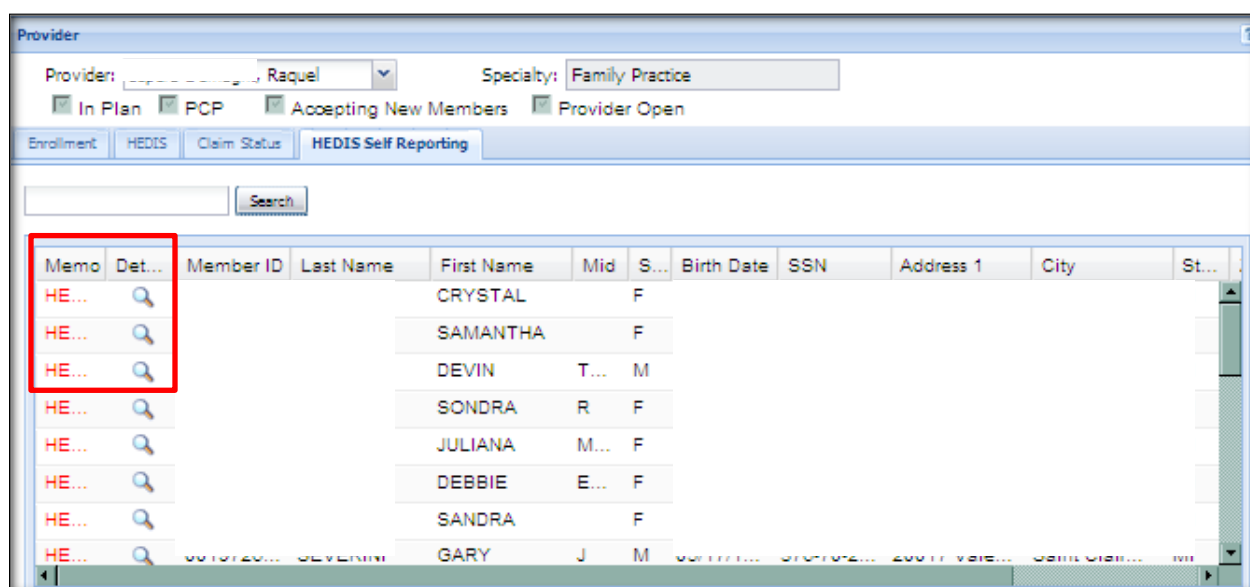
Service Line	From	To	Rev. C...	Proc Co...	Description	NDC	U...	Bill...	1	2	3	Diag Cd	Other
--------------	------	----	-----------	------------	-------------	-----	------	---------	---	---	---	---------	-------

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.




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 35-40 for more information about reporting HEDIS.

Please make sure to fax clinical information that supports the HEDIS entry to **603-263-3421**. If clinical information is not faxed within 30 days the entry will not result in a HEDIS hit.

Demographics Authorizations **HEDIS** Immunizations COB Claim Status

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
Adult's Access to Preventativ...		12/31/20...		No			NA	2012

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 35-40 to report completed HEDIS measures.

Enrollment

HEDIS

Claim Status

HEDIS Self Reporting

Smith

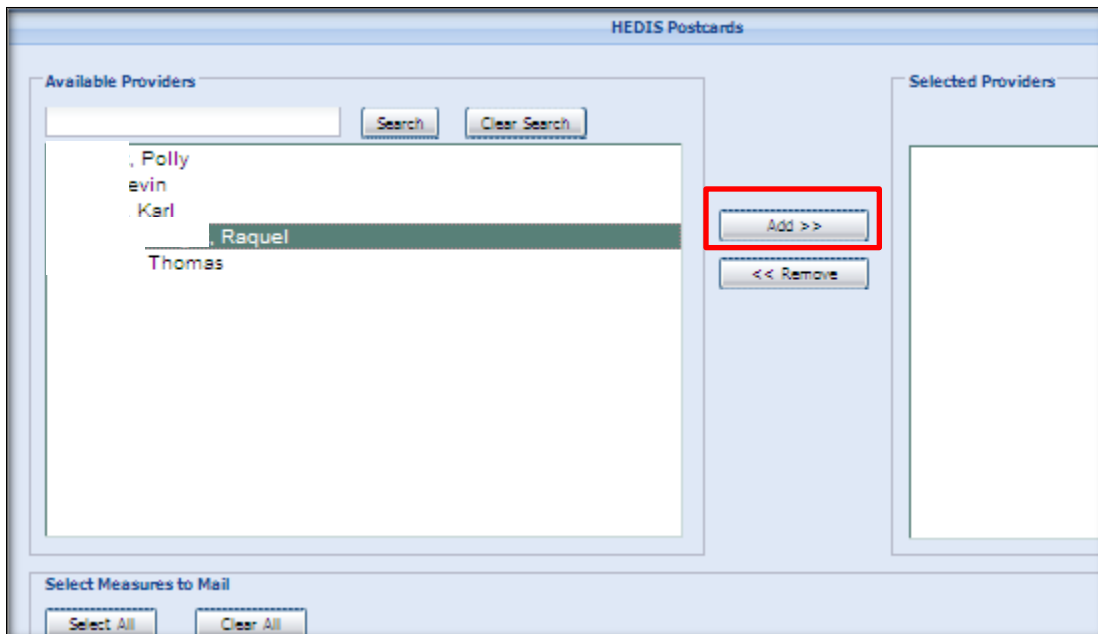
Search

Memo	Det...	Member ID	Last Name	First Name	Mid	S...	Birth Date	SSN	Address 1	City	St...
HE...			SMITH								4
HE...			SMITH								4
HE...			SMITH								4
HE...			SMITH								4

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.

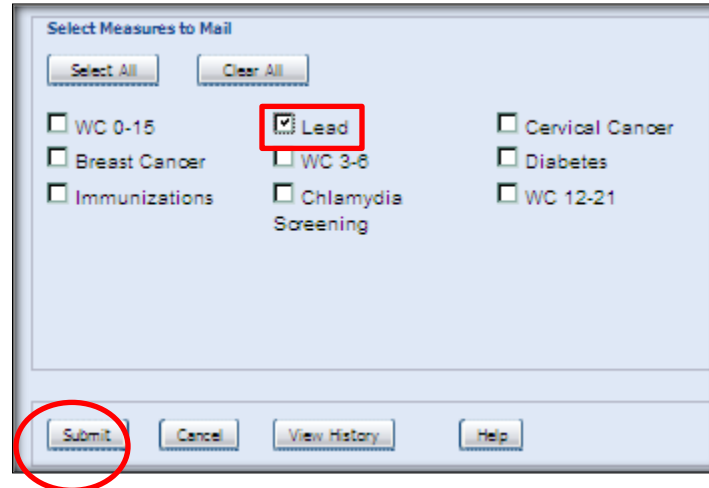
1. Click **HEDIS Postcards** on the menu on the left-hand side of the Provider Portal
2. Select the provider that would like to send postcards



The screenshot shows the 'HEDIS Postcards' interface. On the left, under 'Available Providers', there is a search bar with 'Search' and 'Clear Search' buttons. Below the search bar is a list of providers: Polly, Evin, Karl, Raquel (highlighted), and Thomas. To the right of this list are two buttons: 'Add >>' (highlighted with a red box) and '<< Remove'. On the right side, under 'Selected Providers', there is an empty list box. At the bottom, there is a section titled 'Select Measures to Mail' with 'Select All' and 'Clear All' buttons.

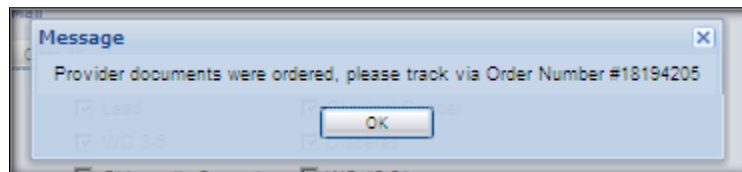
3. Click **Add**. If another provider wants to send postcards, highlight his or her name and click **Add** again. This allows the user to select any provider in a group from whom postcards should be sent

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

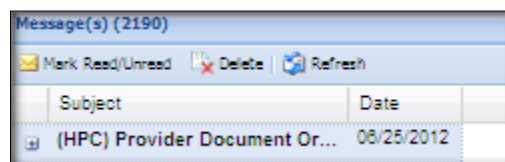


At least one measure must be checked

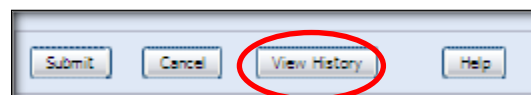
5. Click **Submit**. A dialog box appears with an Order Number confirming the documents were ordered




6. You will also get a notice in your **Notification(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**

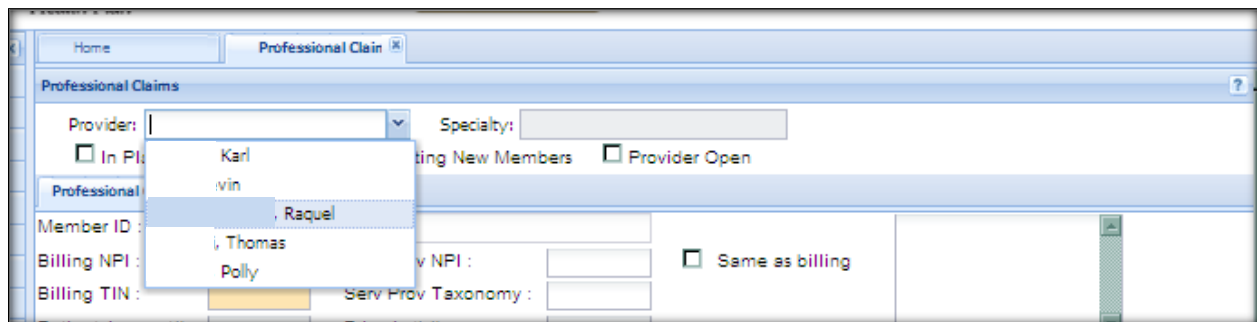


 Provider Order Document History Report (As of 08/29/2012 2:27p)									
ProviderID	ProviderName	DRRequest	MessageNum	MessageName	POBatchNum	PrintStatus	DECompleted	MeanCost	
	Sequel	06/25/2012	15	Well-Child Visits in the First	10194205	In-Process		1	

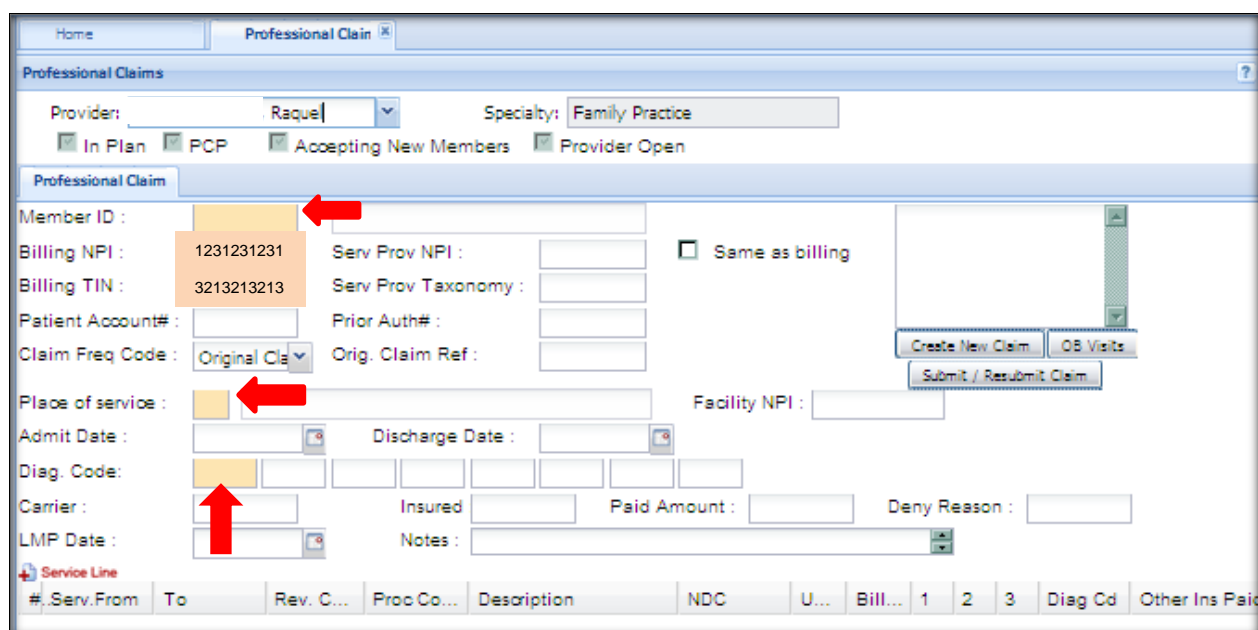
Professional Claims

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.

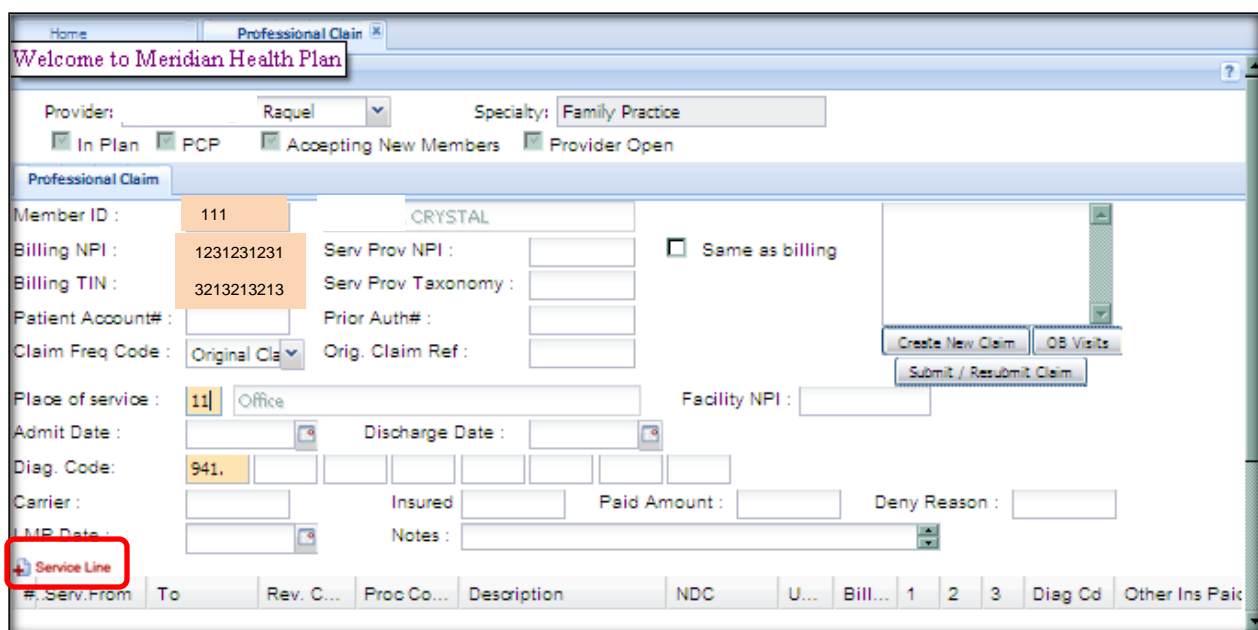
Open the **Professional Claims** screen by selecting it from the menu on the left. Select the provider from the **Provider** drop-down menu at the top.



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.**



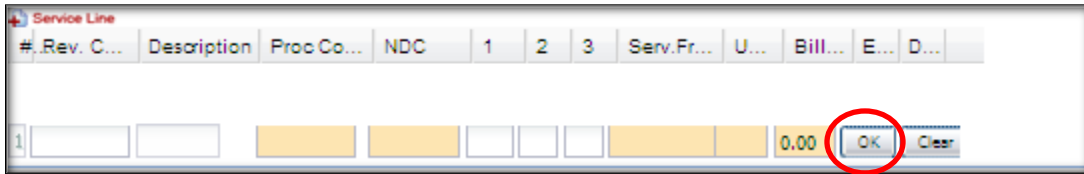
Fill out the form completely. Before hitting **Submit/Resubmit Claim** you must enter a line of service. Click the **+ Service Line** icon on the lower left-hand side of the screen.



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.

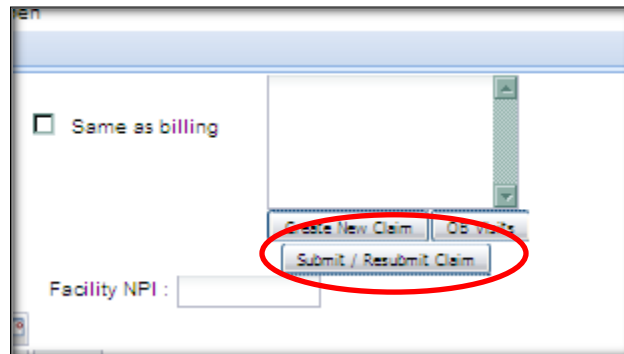
The section for diagnosis must relate to the diagnosis code in the **Professional Claims** section above. For example, the first diagnosis code would be 1, the second would be 2 and so on. Put

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.



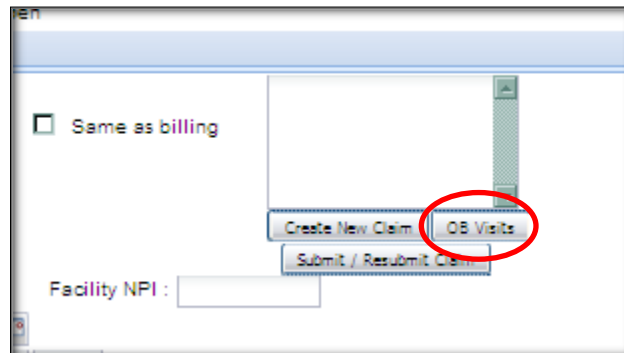
The screenshot shows a 'Service Line' form with a table of columns: #, Rev. C..., Description, Proc Co..., NDC, 1, 2, 3, Serv. Fr..., U..., Bill..., E..., D... Below the table, there are input fields for line number (1), description, procedure code, NDC, and units. The 'Bill...' field shows '0.00'. The 'OK' button is circled in red.

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



The screenshot shows a form with a 'Same as billing' checkbox, a 'Facility NPI' field, and three buttons: 'Create New Claim', 'OB Visits', and 'Submit / Resubmit Claim'. The 'Submit / Resubmit Claim' button is circled in red.

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.



The screenshot shows the same form as the previous one, but the 'OB Visits' button is circled in red.

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: 06/10/12	6:	11:	16:
2: 05/01/12	7:	12:	17:
3:	8:	13:	18:
4:	9:	14:	19:
5:	10:	15:	20:

Update OB Visits Clear

Then click **Submit/Resubmit Claim**.

☐ Same as billing

Facility NPI :

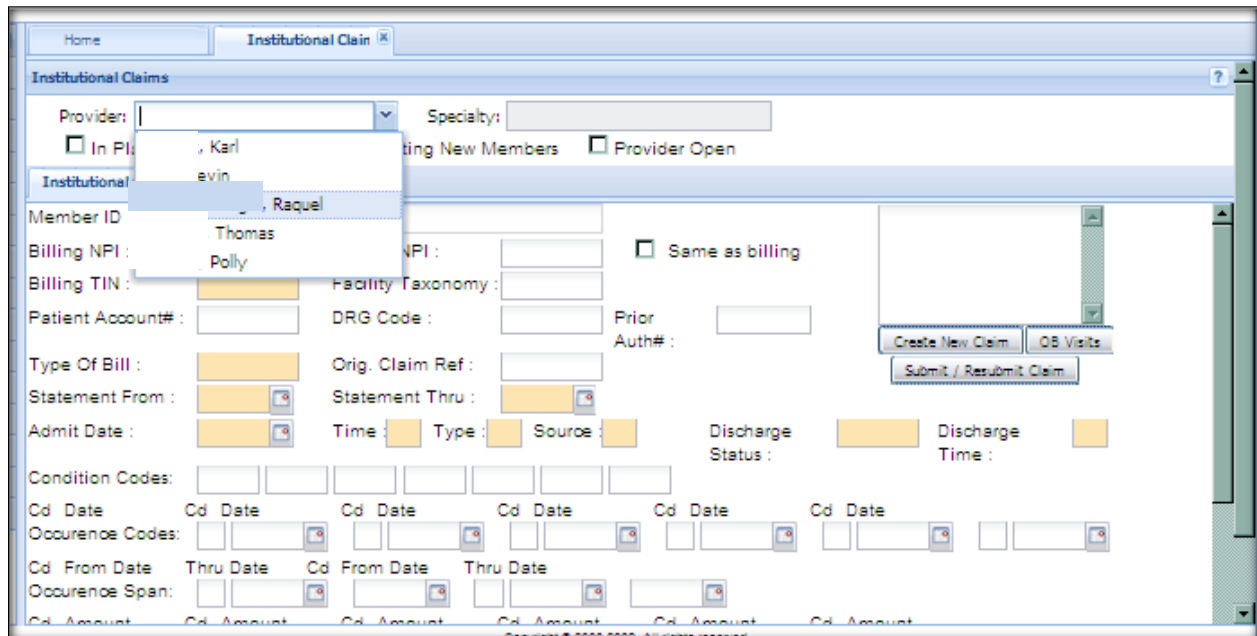
Create New Claim OB Visits

Submit / Resubmit Claim

Institutional Claims

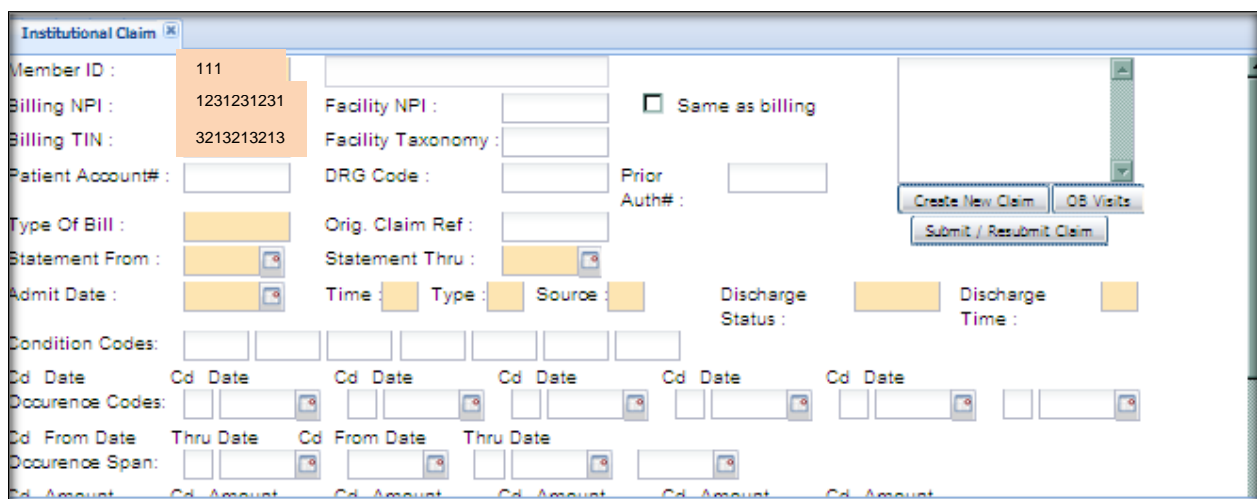
Hospitals submit claims through the Institutional Claims option. The screen works similar to the **Professional Claims** screen.

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.



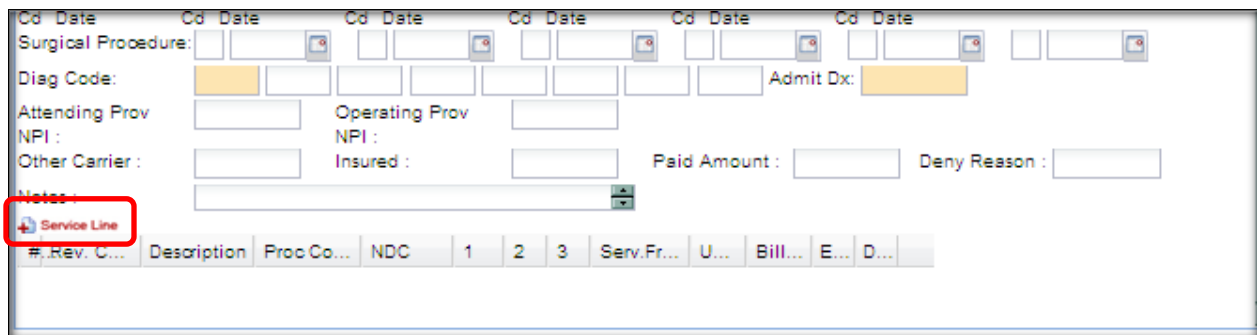
The screenshot shows the 'Institutional Claims' form. At the top, there is a 'Provider' dropdown menu that is open, showing a list of providers including 'Karl', 'evin', 'Raquel', 'Thomas', and 'Polly'. Below the dropdown, the form contains various fields for claim submission. Fields for 'Billing NPI' and 'Billing TIN' are highlighted in orange/yellow. Other fields include 'Member ID', 'Patient Account#', 'DRG Code', 'Prior Auth#', 'Type Of Bill', 'Statement From', 'Statement Thru', 'Admit Date', 'Time', 'Type', 'Source', 'Discharge Status', 'Discharge Time', 'Condition Codes', 'Occurrence Codes', 'Cd From Date', 'Thru Date', 'Occurrence Span', and 'Cd Amount'.

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 shows the same 'Institutional Claims' form, but with the provider 'Raquel' selected. The 'Billing NPI' field is now populated with '1231231231' and the 'Billing TIN' field is populated with '3213213213'. Both fields are highlighted in orange/yellow. The 'Member ID' field is also populated with '111'. The form includes the same set of fields as the previous screenshot, with some fields like 'Type Of Bill', 'Statement From', 'Statement Thru', 'Admit Date', 'Time', 'Type', 'Source', 'Discharge Status', 'Discharge Time', 'Condition Codes', 'Occurrence Codes', 'Cd From Date', 'Thru Date', 'Occurrence Span', and 'Cd Amount' still highlighted in orange/yellow.

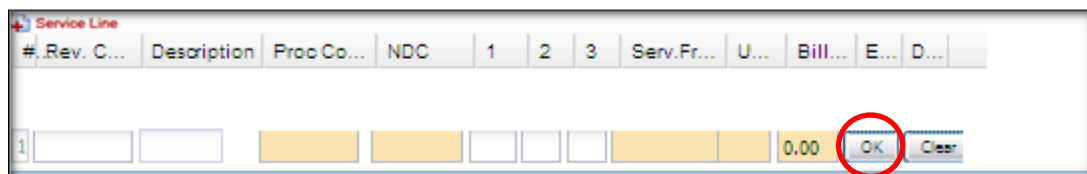
Fill out the form completely. Before hitting **Submit/Resubmit Claim** you must enter a line of service. Click the **+ Service Line** icon on the lower left hand side of the screen.



The screenshot shows a form with various input fields. At the bottom left, there is a red box containing a plus sign and the text "Service Line". Below this is a table header with columns: #, Rev. C..., Description, Proc Co..., NDC, 1, 2, 3, Serv. Fr..., U..., Bill..., E..., D....

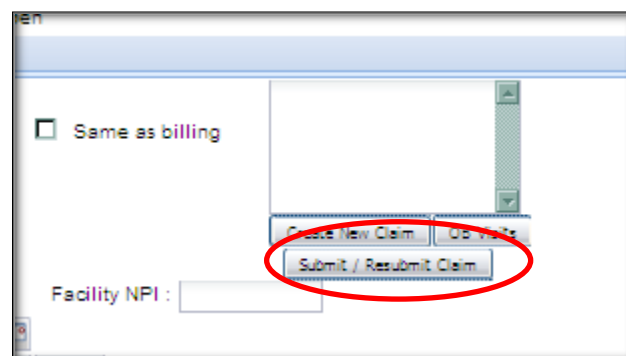
This opens service lines in a box below. The new box has areas that are required to be filled out. These required areas are highlighted in orange/yellow and include **Serv. From** (service from date), **Proc Code** (procedure code), **NDC**, **Units**, **Billed** and **Diagnosis Code**. Enter in the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



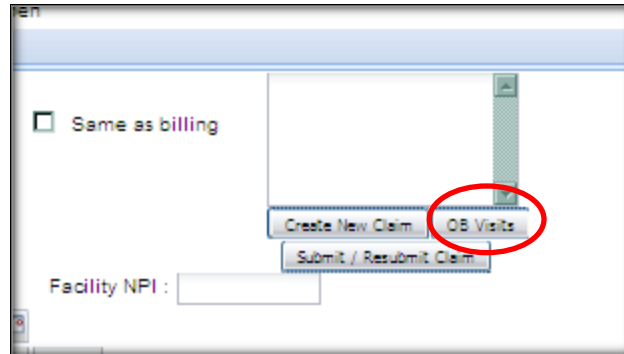
The screenshot shows a dialog box titled "Service Line". It contains a table with columns: #, Rev. C..., Description, Proc Co..., NDC, 1, 2, 3, Serv. Fr..., U..., Bill..., E..., D... The first row is highlighted in orange/yellow. At the bottom right, there is a red circle around the "OK" button.

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



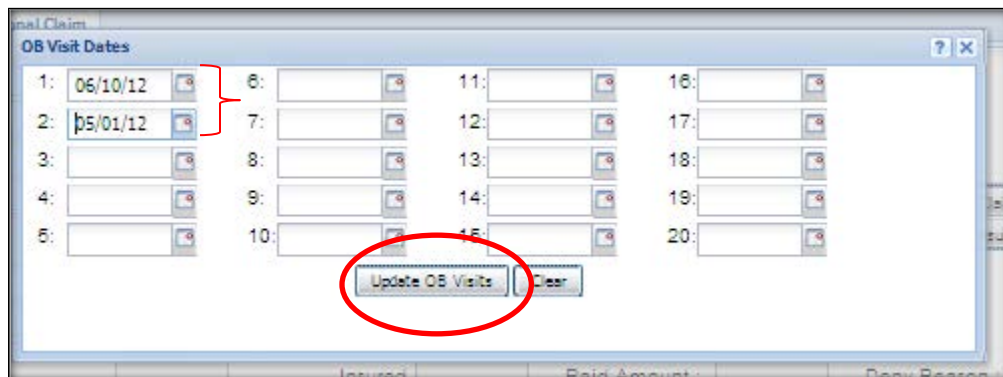
The screenshot shows the bottom section of the form. It includes a checkbox labeled "Same as billing", a "Facility NPI" field, and three buttons: "Create New Claim", "OB Visits", and "Submit / Resubmit Claim". The "Submit / Resubmit Claim" button is highlighted with a red circle.

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.



OB Visits

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**.

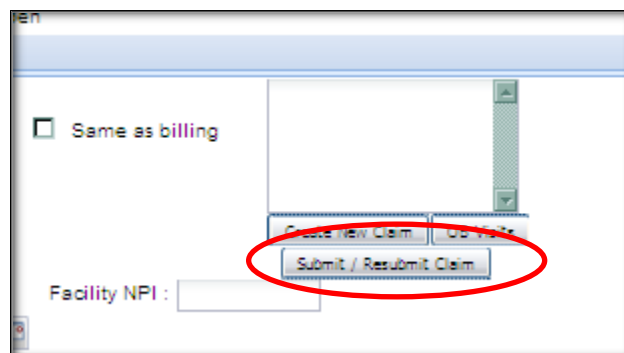


OB Visit Dates

1: 06/10/12	6:	11:	16:
2: 05/01/12	7:	12:	17:
3:	8:	13:	18:
4:	9:	14:	19:
5:	10:	15:	20:

Update OB Visits

Then Click **Submit/Resubmit Claim**.

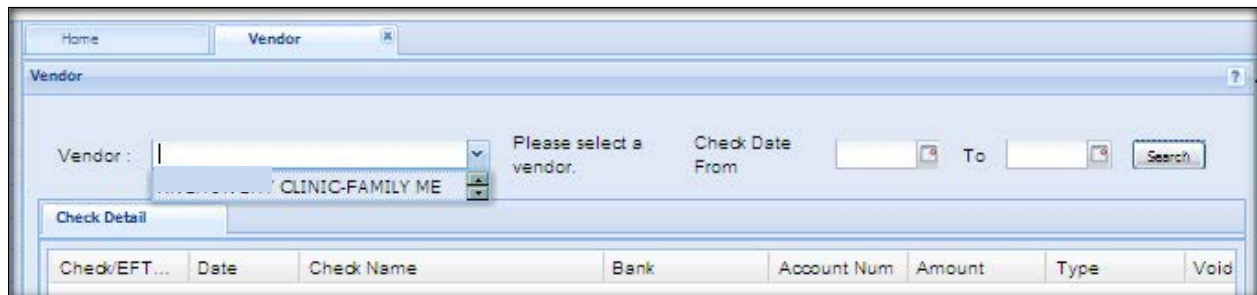


Submit / Resubmit Claim

Vendor

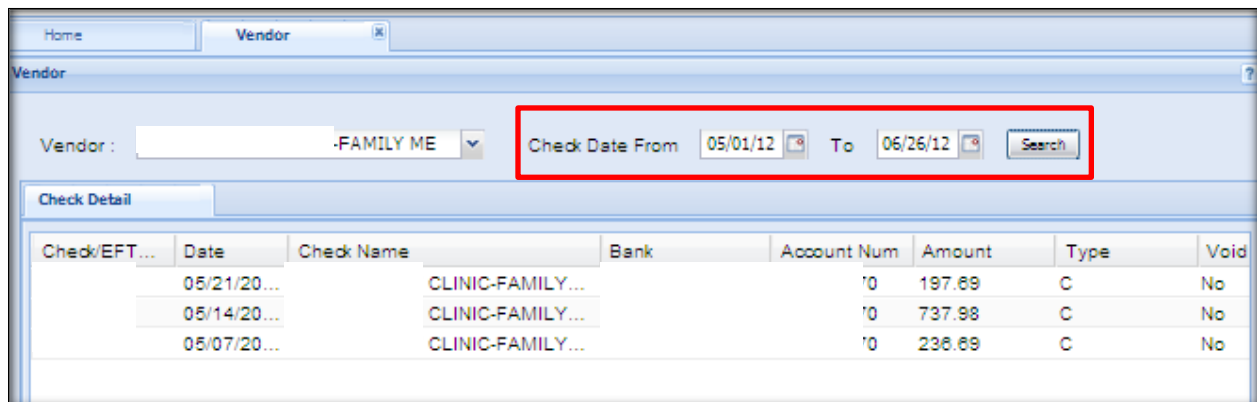
To view Explanation of Benefits (EOBs) from paid claims and look at check details (similar to a Remittance Advice), select this option from the menu at the left. Providers can filter the search by dates. The EOBs are listed for the entire group, not by individual provider.

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.



The screenshot shows the 'Vendor' screen with a search interface. The 'Vendor' dropdown menu is open, showing 'CLINIC-FAMILY ME'. The 'Check Date From' and 'To' fields are empty. A 'Search' button is visible.

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**.



The screenshot shows the 'Vendor' screen with a list of checks. The 'Check Date From' and 'To' fields are filled with '05/01/12' and '06/26/12' respectively. The 'Search' button is highlighted with a red box. Below the search fields, a table lists the checks.

Check/EFT...	Date	Check Name	Bank	Account Num	Amount	Type	Void
	05/21/20...	CLINIC-FAMILY...		10	197.69	C	No
	05/14/20...	CLINIC-FAMILY...		10	737.98	C	No
	05/07/20...	CLINIC-FAMILY...		10	236.69	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

Check Detail

Check Number	Date	Check Name	Bank	Account Num	Amount	Type	Void
05	05/21/20...	CLINIC-FAMILY...			197.89	C	No
17	05/14/20...	-FAMILY...			737.98	C	No
20	05/07/20...	-FAMILY...			238.89	C	No

Print Create 835

3:30 pm 06/26/2012 Meridian Health Plan Remittance Detail Report CLINIC-FAMILY ME Check number: 1

Page: 1

Claim No: Member Id: Name: LOG: Medicaid
 Account: Provider: Name: Raquel

Line Number	Date of Service	Rev Code	Proc Code	Description	Billed Amount	Not Covered	Reason	Remark	Net Payable
1	05/07/2012		99392	PRIV VISIT RST AGH 1-4	136.00	54.89	A2		81.11
2	05/07/2012		81000	URINALYSIS NONAUTO W/SCOPE	7.00	4.10	A2		2.90
					143.00	58.99			84.01

Claim No: Member Id: Name: LOG: Medicaid
 Account: Provider: Name: Thomas

Line Number	Date of Service	Rev Code	Proc Code	Description	Billed Amount	Not Covered	Reason	Remark	Net Payable
1	05/05/2012		99213	OFFICE/OUTPATIENT VISIT RST	85.00	53.99	A2		31.01
2	05/05/2012		73610	X-RAY EXAM OF ANKLE	50.00	32.78	A2		17.22
3	05/05/2012		73630	X-RAY EXAM OF FOOT	50.00	32.78	A2		17.22
					185.00	119.55			65.45

Claim No: Member Id: Name: LOG: Medicaid
 Account: Provider: Name: Karl

Line Number	Date of Service	Rev Code	Proc Code	Description	Billed Amount	Not Covered	Reason	Remark	Net Payable
1	04/13/2012		17000	DESTRUCT PERMANENT LESION	90.00	90.00	B13		0.00
2	04/13/2012		17003	DESTRUCT PERMANENT LES 2-14	45.00	45.00	B13		0.00
3	04/13/2012		73630	X-RAY EXAM OF FOOT	100.00	82.78	A2		17.22
					235.00	217.78			17.22

Claim No: Member Id: Name: LOG: Medicaid
 Account: Provider: Name: Thomas Mianeski DO

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

Check Detail

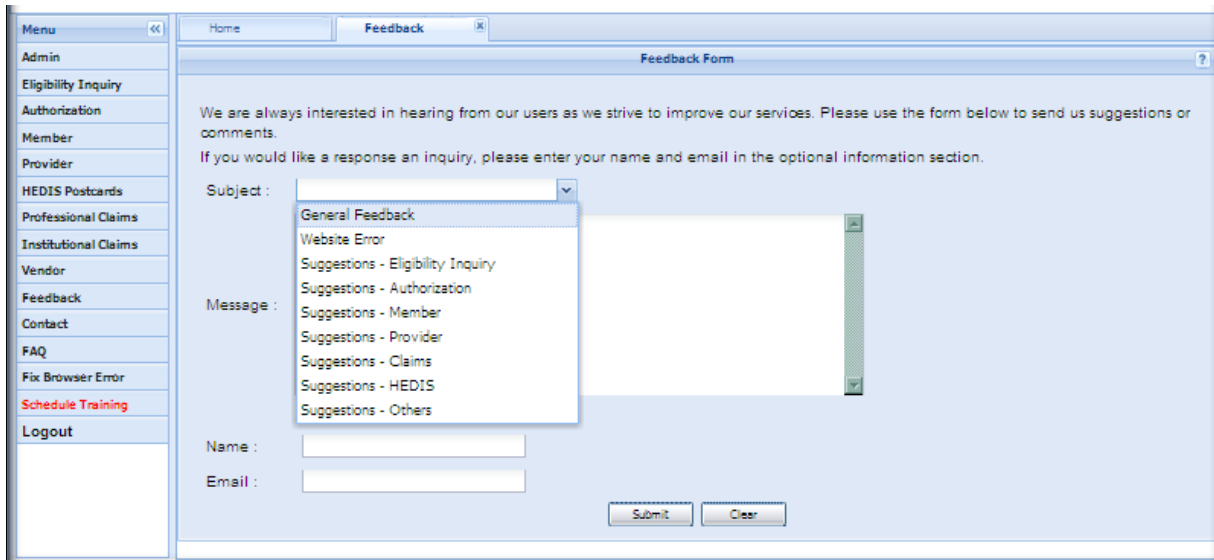
Check/EFT...	Date	Check Name	Bank	Account Num	Amount	Type	Void
5	05/21/20...	CLINIC-FAMILY...			197.69	C	No
7	05/14/20...	CLINIC-FAMILY...			737.98	C	No
0	05/07/20...	CLINIC-FAMILY...			236.69	C	No

Print Create 635

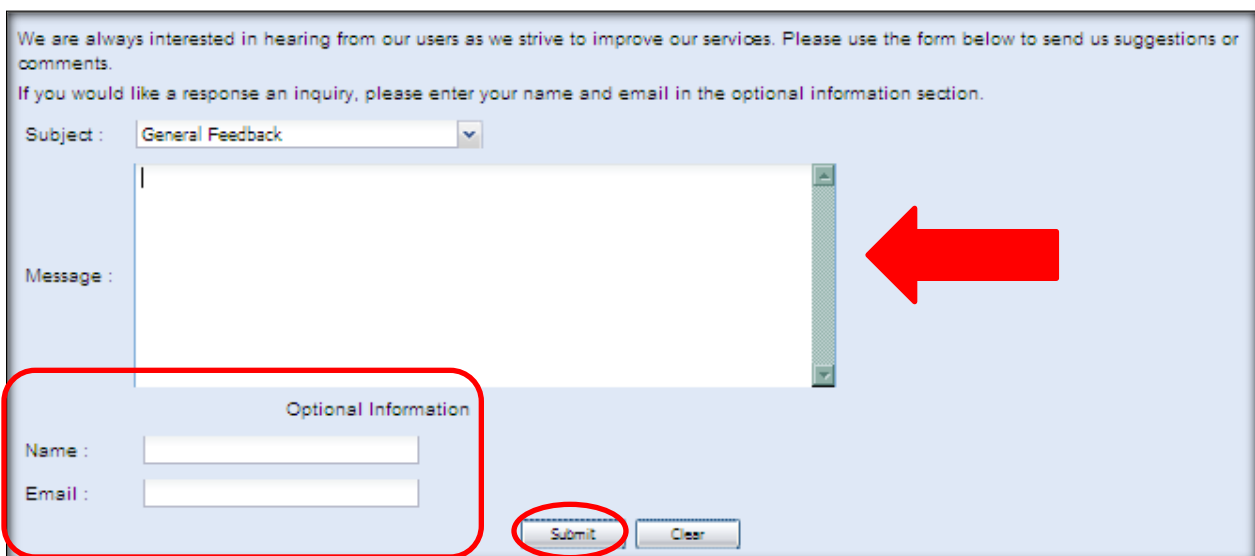
Feedback

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.

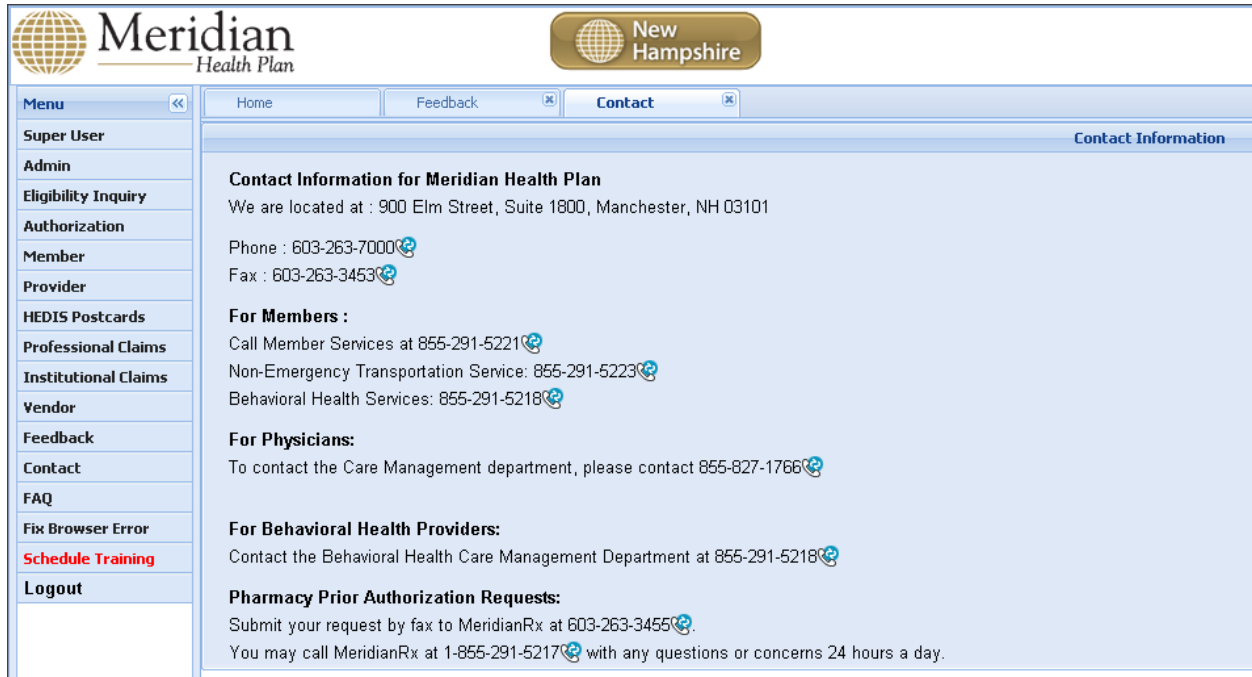


Enter the **Message** in the box. If you want a response to an inquiry, please enter your **Name** and **Email** in the **Optional Information** section. When you are done, click **Submit**.



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**.



The screenshot shows the Meridian Health Plan New Hampshire website. The header includes the Meridian Health Plan logo and a 'New Hampshire' button. The navigation menu on the left lists various options, with 'Contact' highlighted. The main content area displays contact information for Meridian Health Plan, including the address, phone, and fax numbers. It also provides specific contact details for Members, Physicians, Behavioral Health Providers, and Pharmacy Prior Authorization Requests.

Menu	Home	Feedback	Contact
Super User	Contact Information		
Admin	Contact Information for Meridian Health Plan We are located at : 900 Elm Street, Suite 1800, Manchester, NH 03101 Phone : 603-263-7000 Fax : 603-263-3453		
Eligibility Inquiry	For Members : Call Member Services at 855-291-5221 Non-Emergency Transportation Service: 855-291-5223 Behavioral Health Services: 855-291-5218		
Authorization	For Physicians: To contact the Care Management department, please contact 855-827-1766		
Member	For Behavioral Health Providers: Contact the Behavioral Health Care Management Department at 855-291-5218		
Provider	Pharmacy Prior Authorization Requests: Submit your request by fax to MeridianRx at 603-263-3455 You may call MeridianRx at 1-855-291-5217 with any questions or concerns 24 hours a day.		
HEDIS Postcards			
Professional Claims			
Institutional Claims			
Vendor			
Feedback			
Contact			
FAQ			
Fix Browser Error			
Schedule Training			
Logout			

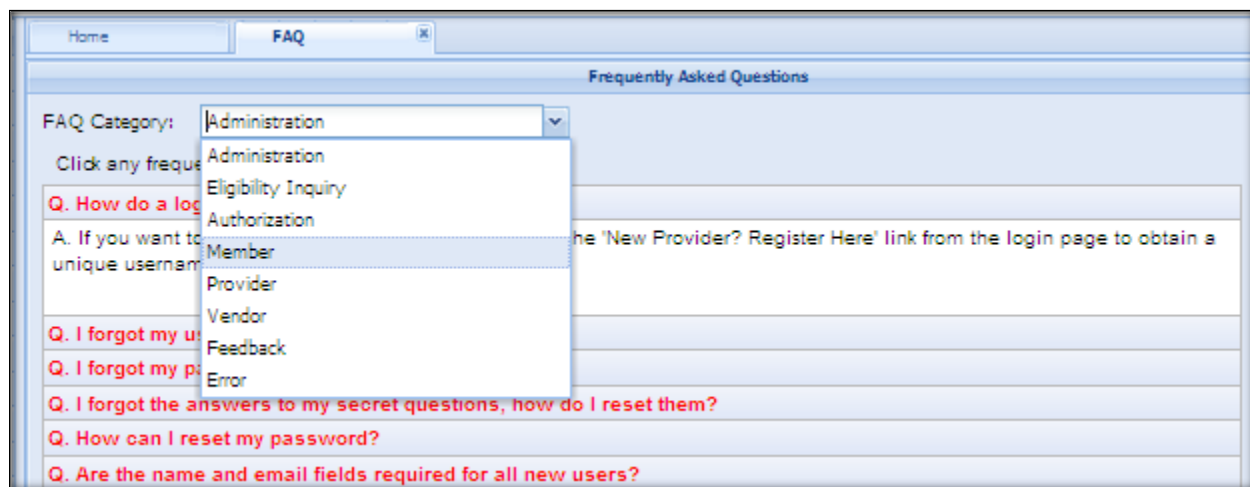
FAQ

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.



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

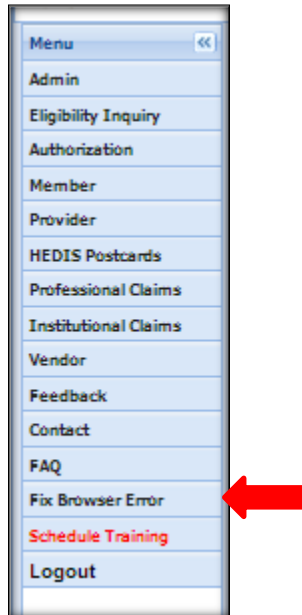


If you still have questions, please call Provider Services at 877-480-8250.

Fix Browser Error

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

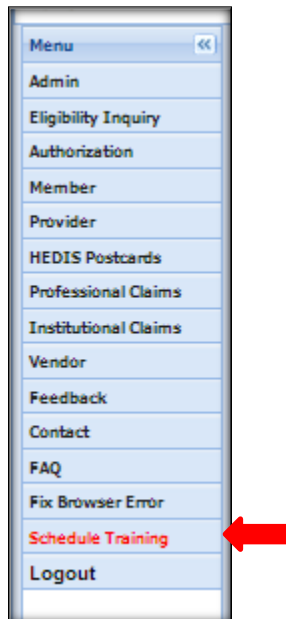
Click **No** for the **stop running this script** prompt and click the **Fix Browser Error** from the menu on the left side of the Provider Portal. This will reset and resolve the error message on your browser.



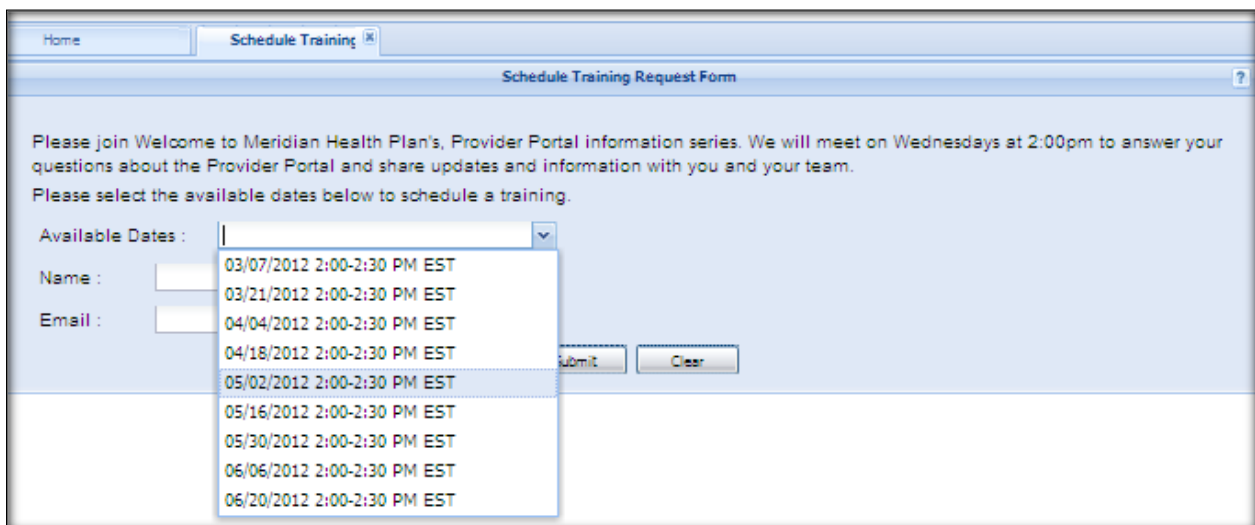
Schedule Training

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.

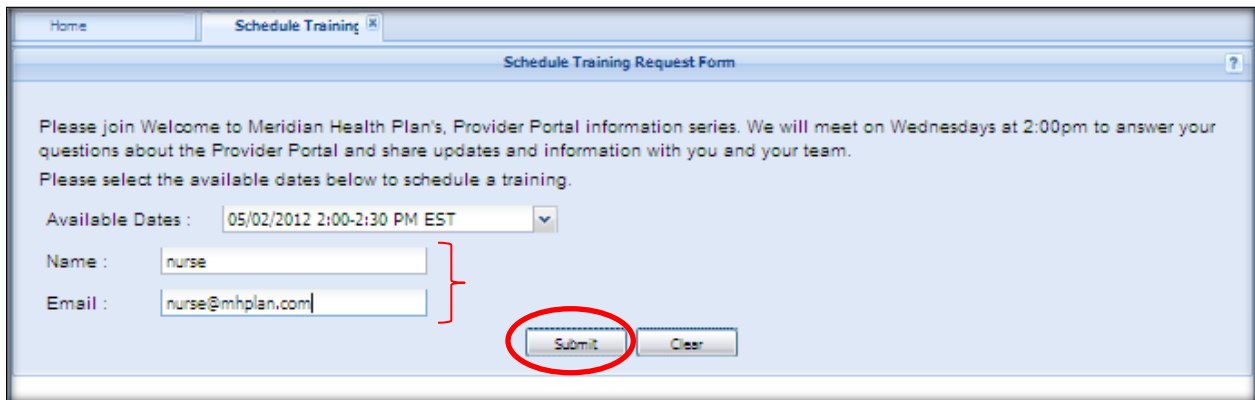
To request online Provider Portal training, click on the red **Schedule Training** tab on the left hand menu.



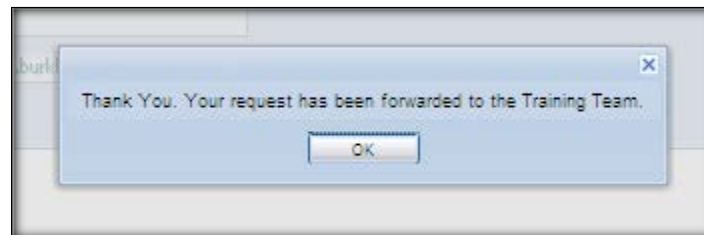
Select the date that works for you from the **Available Dates** drop-down menu.

A screenshot of the 'Schedule Training Request Form' in a web browser. The form has a title bar with 'Home' and 'Schedule Training' tabs. The main content area has a heading 'Schedule Training Request Form' and a welcome message. Below the message, there is a section titled 'Please select the available dates below to schedule a training.' which includes a label 'Available Dates :', a drop-down menu, and a list of dates: 03/07/2012 2:00-2:30 PM EST, 03/21/2012 2:00-2:30 PM EST, 04/04/2012 2:00-2:30 PM EST, 04/18/2012 2:00-2:30 PM EST, 05/02/2012 2:00-2:30 PM EST, 05/16/2012 2:00-2:30 PM EST, 05/30/2012 2:00-2:30 PM EST, 06/06/2012 2:00-2:30 PM EST, and 06/20/2012 2:00-2:30 PM EST. There are also input fields for 'Name :', 'Email :', and buttons for 'Submit' and 'Clear'.


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



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



Logout

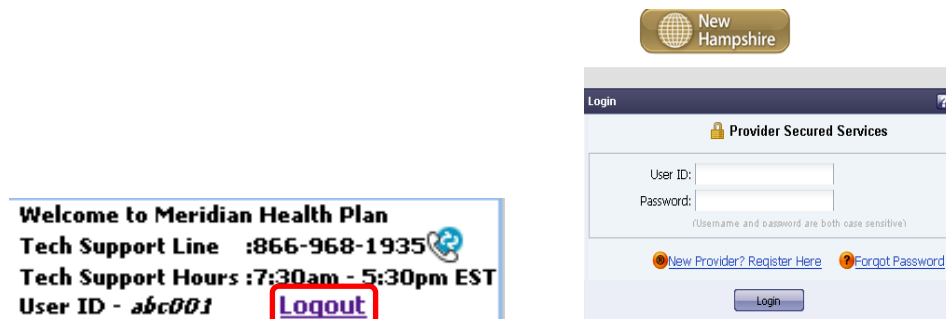
You must logout of the Provider Portal. Do not click the  on the browser. This will cause trouble for other users who try to log in to the Provider Portal from the same computer.

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



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



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

[illegible]