



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 888-773-2647

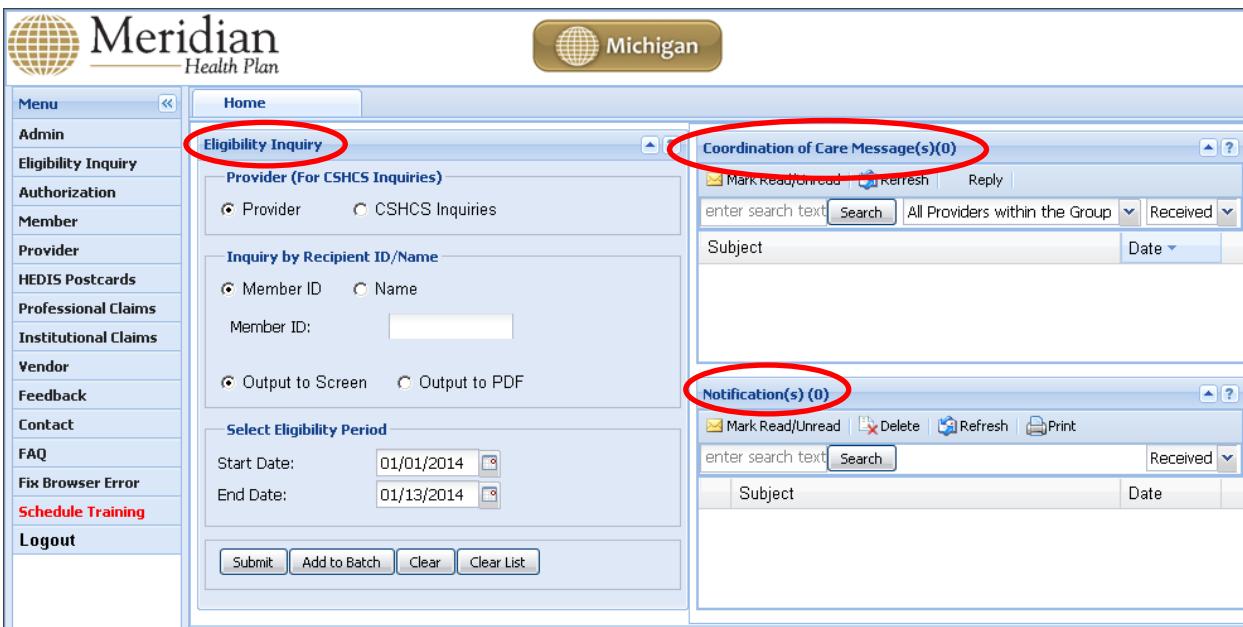
Thank you for using the Meridian online Provider Portal.

Home

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



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



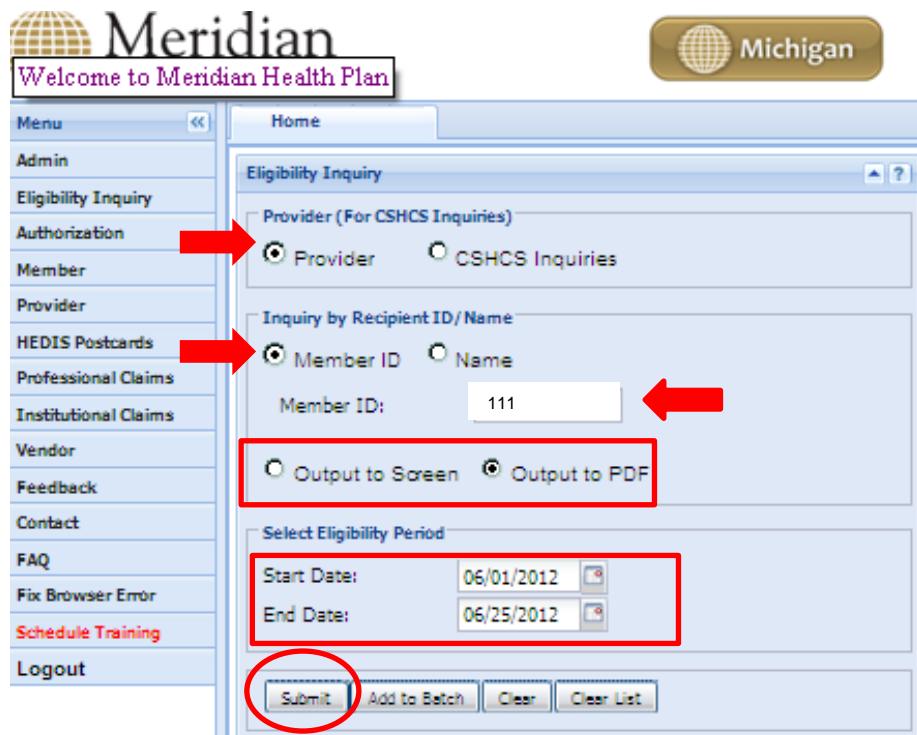
Eligibility Inquiry

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

Searching by Member ID

1. Login to the Provider Portal

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



Welcome to Meridian Health Plan

Home

Eligibility Inquiry

Provider (For CSHCS Inquiries)

Provider CSHCS Inquiries

Inquiry by Recipient ID/Name

Member ID Name

Member ID: 111

Output to Screen Output to PDF

Select Eligibility Period

Start Date: 06/01/2012

End Date: 06/25/2012

Submit Add to Batch Clear Clear List

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

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

MICH DEPT OF COMMUNITY HEALTH

Member Id:

Name:

Birthdate:

Gender:

County:

Case Number:

Worker Load:

Medicaid

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

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

HEDIS

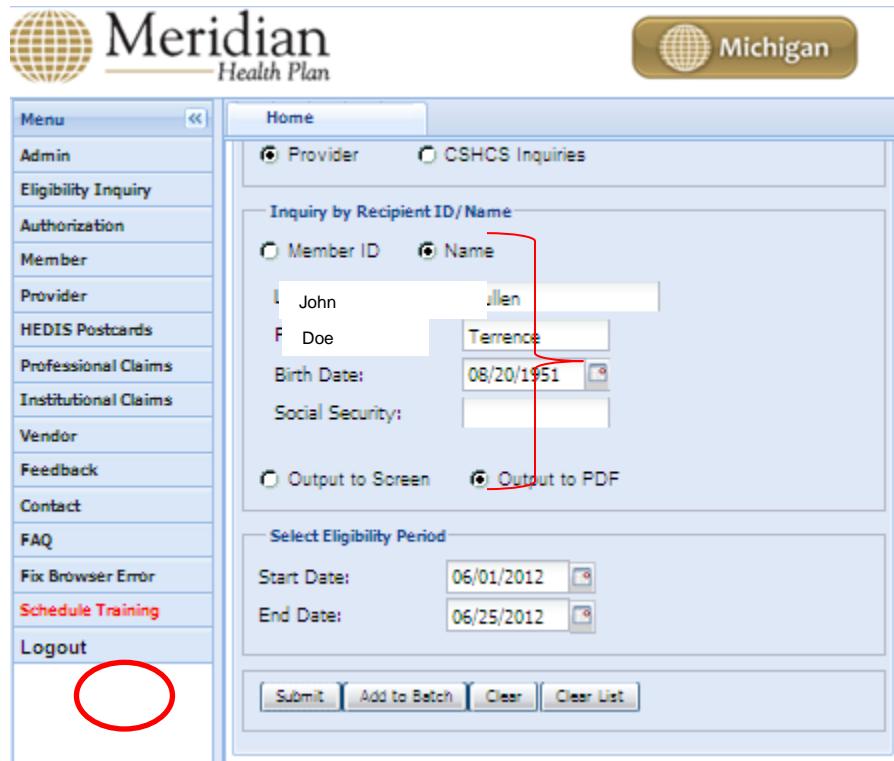
Measure	Sub Description	Last Seen

Searching by Name, DOB or SSN

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

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

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



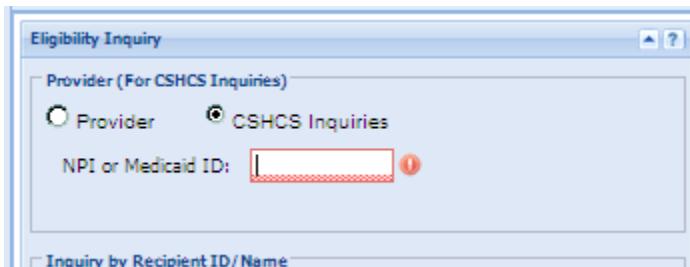
The screenshot shows the Meridian Health Plan website. On the left is a vertical menu with options like Admin, Eligibility Inquiry, Authorization, Member, Provider, HEDIS Postcards, Professional Claims, Institutional Claims, Vendor, Feedback, Contact, FAQ, Fix Browser Error, Schedule Training (which is highlighted in red), and Logout. On the right is the 'Home' page with the 'Provider' radio button selected. Below it is the 'Inquiry by Recipient ID/Name' section. A red circle highlights the 'Name' radio button. A red arrow points from this circle to the 'Terrence' field in the Name input area. Other fields include 'John' in the first name field, 'Doe' in the last name field, 'Birth Date: 08/20/1951', and 'Social Security:'. Below this is a section for 'Select Eligibility Period' with 'Start Date: 06/01/2012' and 'End Date: 06/25/2012'. At the bottom are buttons for 'Submit', 'Add to Batch', 'Clear', and 'Clear List'.

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

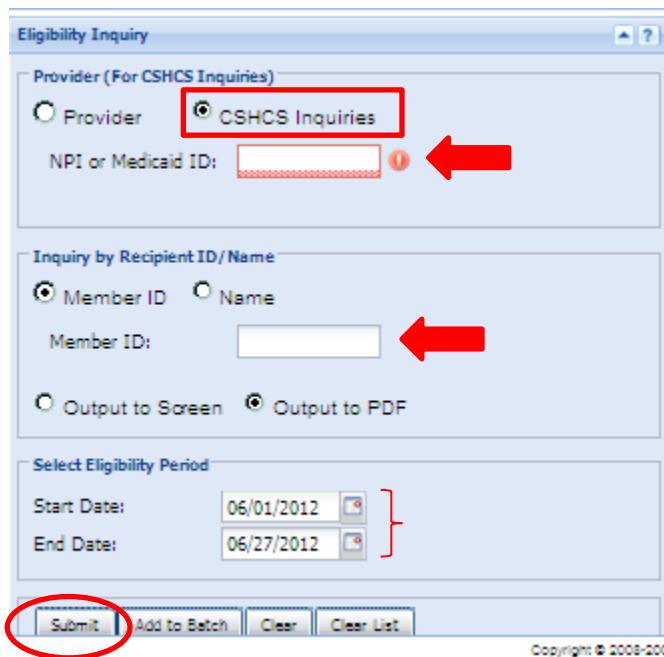
MICH DEPT OF COMMUNITY HEALTH					
Member Id: 0033101779 Name: Terrence Revere Cullen Birthdate: 08/20/1951 Gender: Male			County: 28 Grand Traverse Case Number: 100705795 Worker Load: 000054		
Medicaid					
Start Date	End Date	Coverage	Status	Provider/HMO	
06/01/2012	06/25/2012	PIHP Prepaid Inpatient Health Plan	Active	Northwest Cmh Affiliation 105 Hall St Unit A Traverse City MI 49684 Tel: (800) 492-5742	
REFER TO MEDICAID PROVIDER MANUAL/MDCP WEBSITE FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS.					
06/01/2012	06/25/2012	MA Eligible for Medicaid	Active		
REFER TO MEDICAID PROVIDER MANUAL/MDCP WEBSITE FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS. SOME SERVICES MAY NOT BE COVERED IF AGE 21 AND OLDER.					
06/01/2012	06/25/2012	FFS COPAY INFORMATION ONLY. Co-Payment: \$1.00	Co-payment		
REFER TO THE PROVIDER MANUAL FOR ALL CO-PAY REQUIREMENTS & EXCLUSIONS. OUTPATIENT HOSP CO-PAY IS FOR CLINIC VISIT. IF ENROLLED IN MHP, CONTACT PLAN FOR COPAY INFORMATION.					

CSHCS Inquiries

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



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



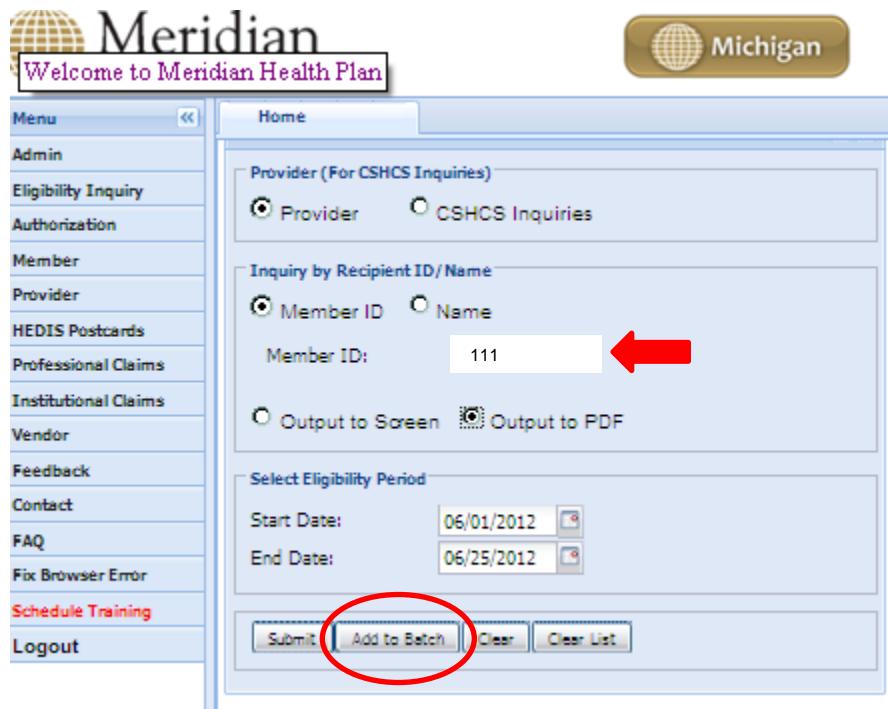
The eligibility report will appear in a new window as a PDF if the “**Output to PDF**” is selected or it will appear in a new screen if “**Output to Screen**” is selected.

Searching Members by Batch

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

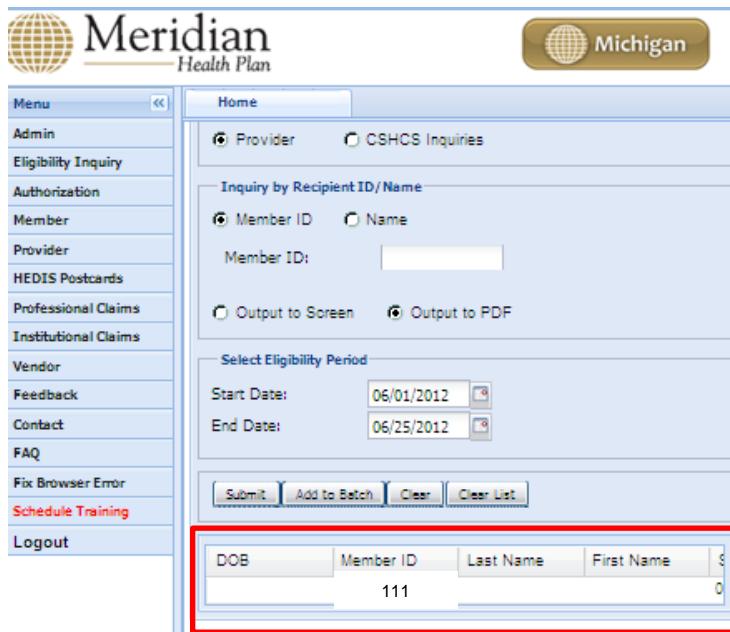
1. Login to the Provider Portal

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



The screenshot shows the Meridian Health Plan Home screen. On the left is a vertical menu with options like Admin, Eligibility Inquiry, Authorization, Member, Provider, etc. The main area is titled 'Home' and contains several input fields and buttons. At the top, there are radio buttons for 'Provider' (selected) and 'CSHCS Inquiries'. Below that is a section for 'Inquiry by Recipient ID/Name' with radio buttons for 'Member ID' (selected) and 'Name'. A text input field for 'Member ID' contains the value '111', which has a red arrow pointing to it. Further down are sections for 'Select Eligibility Period' with 'Start Date' (06/01/2012) and 'End Date' (06/25/2012). At the bottom of the form are four buttons: 'Submit', 'Add to Batch' (which is highlighted with a red circle), 'Clear', and 'Clear List'. The 'Add to Batch' button is the target of a red circle.

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



This screenshot shows the same Meridian Health Plan Home screen as the previous one, but with a red box highlighting a table at the bottom. The table has columns for DOB, Member ID, Last Name, and First Name. The Member ID column contains the value '111', which corresponds to the value entered in the 'Member ID' field in the previous screenshot. This indicates that the 'Add to Batch' button was successfully clicked.

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



Menu

- [Admin](#)
- [Eligibility Inquiry](#)
- [Authorization](#)
- [Member](#)
- [Provider](#)
- [HEDIS Postcards](#)
- [Professional Claims](#)
- [Institutional Claims](#)
- [Vendor](#)
- [Feedback](#)
- [Contact](#)
- [FAQ](#)
- [Fix Browser Error](#)
- [Schedule Training](#)
- [Logout](#)

Home

Provider CSHCS Inquiries

Inquiry by Recipient ID / Name

Member ID Name

Member ID: ←

Output to Screen Output to PDF

Select Eligibility Period

Start Date: ←

End Date: ←

Submit

DOB	Member ID	Last Name	First Name	S
111				0

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

Menu

- [Admin](#)
- [Eligibility Inquiry](#)
- [Authorization](#)
- [Member](#)
- [Provider](#)
- [HEDIS Postcards](#)
- [Professional Claims](#)
- [Institutional Claims](#)
- [Vendor](#)
- [Feedback](#)
- [Contact](#)
- [FAQ](#)
- [Fix Browser Error](#)
- [Schedule Training](#)
- [Logout](#)

Home

Provider CSHCS Inquiries

Inquiry by Recipient ID / Name

Member ID Name

Member ID:

Output to Screen Output to PDF

Select Eligibility Period

Start Date: ←

End Date: ←

Submit

DOB	Member ID	Last Name	First Name	S
22222	111			0

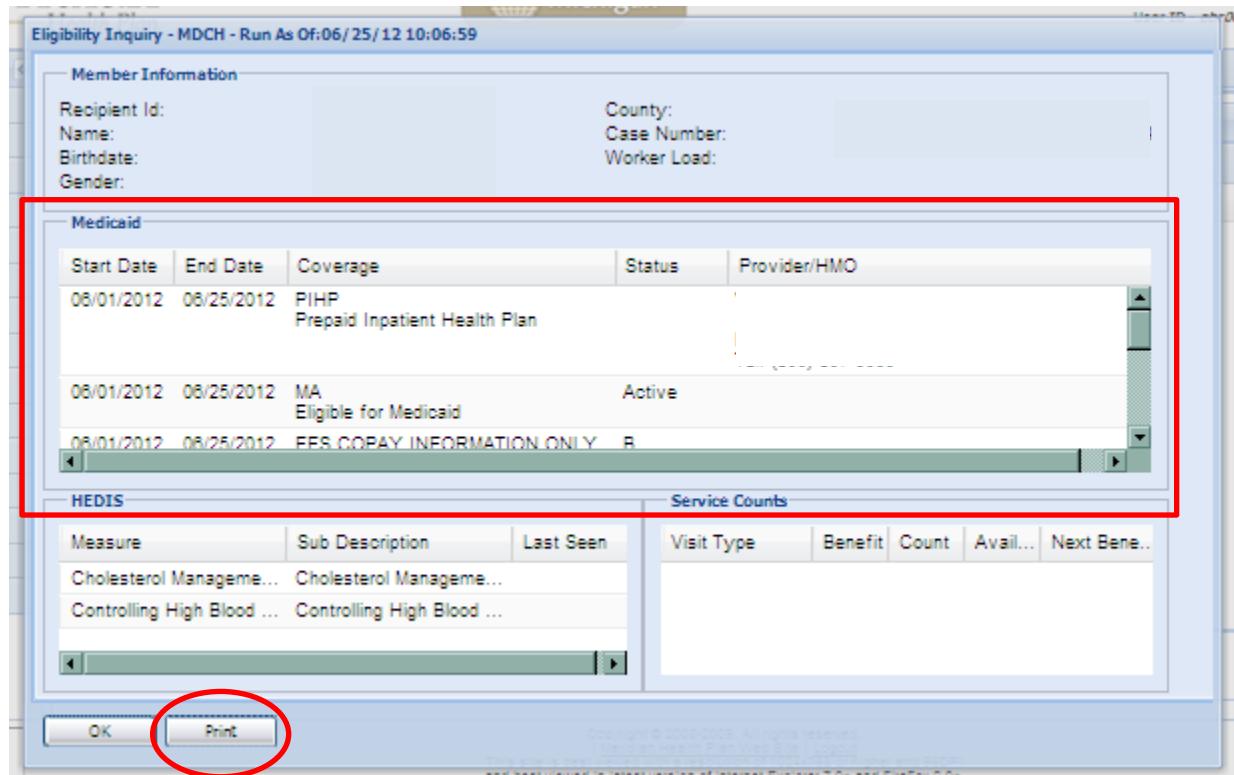
]} Searching these 2 ID numbers

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

Reviewing the Eligibility Reports

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



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

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

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

Medicaid

Start Date	End Date	Coverage	Status	Provider/HMO
06/01/2012	06/25/2012	PIHP Prepaid Inpatient Health Plan	Active	1 1 E 1
06/01/2012	06/25/2012	MA Eligible for Medicaid	Active	
06/01/2012	06/25/2012	MA FFS DENTAL	Active	
06/01/2012	06/25/2012	MA-MC Medicaid Managed Care	Active	Meridian Health Plan Of Michigan 777 Woodward Ave Ste 600 Detroit MI 48226 Tel: (888) 437-0606 PCP: _____ Tel: () _____

HEDIS ←

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

Medicaid Service Counts

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

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

Coordination of Care Message(s)

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

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

Coordination of Care Message(s)(3)

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



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

Coordination of Care Message(s)(3)

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



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

Coordination of Care Message(s)(3)

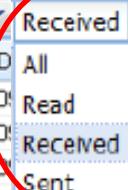
Subject		Date
Final POC Review is REQUIRED for ANTHONY BE...	09/13/2013	
Updated POC Review is REQUIRED for TUPAC BA...	09/13/2013	
Final POC Review is REQUIRED for TAYLOR HAR...	09/13/2013	



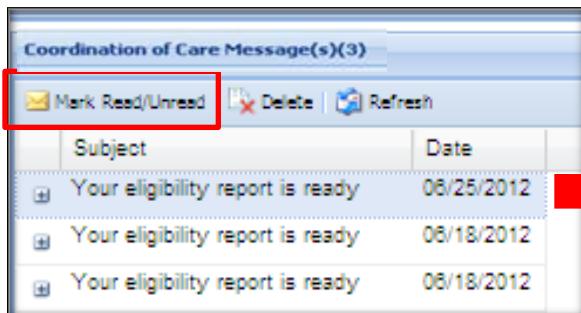
- E-mails can be filtered by “All,” “Read,” “Received” or “Sent”

Coordination of Care Message(s)(3)

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

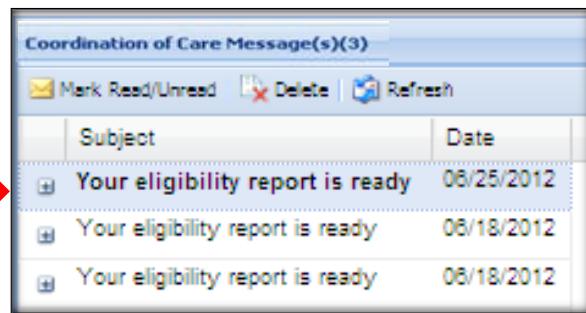


Mark a message as read or unread by selecting/highlighting the message you want to change and clicking the **Mark Read/Unread** icon at the top. The font will change to **bold** to show a message is unread.



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

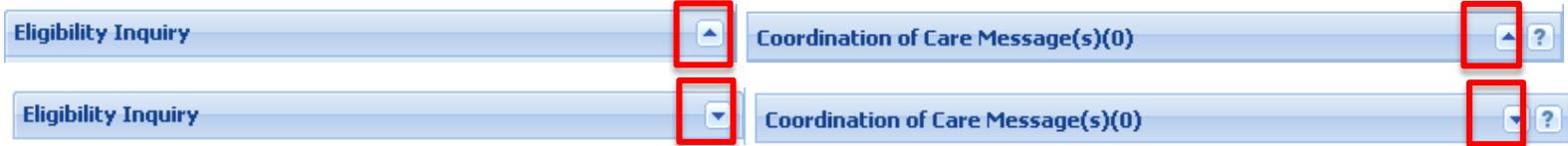
The top message is selected to be changed.
Click the **Mark Read/Unread** button at the top.



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

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

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



Notification(s)

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

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



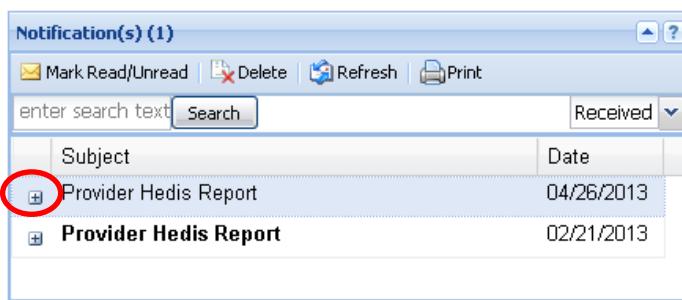
Notification(s) (2)

Mark Read/Unread | Delete | Refresh | Print

enter search text Received

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

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



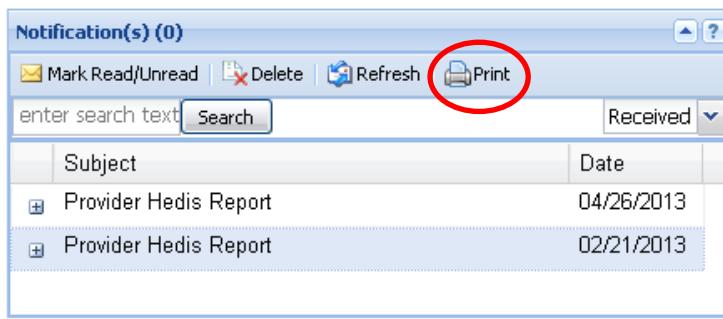
Notification(s) (1)

Mark Read/Unread | Delete | Refresh | Print

enter search text Received

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

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



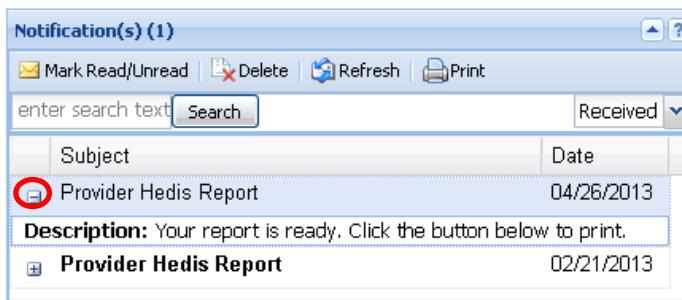
Notification(s) (0)

Mark Read/Unread | Delete | Refresh |

enter search text Received

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

5. To close the message, click the – sign



Notification(s) (1)

Mark Read/Unread | Delete | Refresh | Print

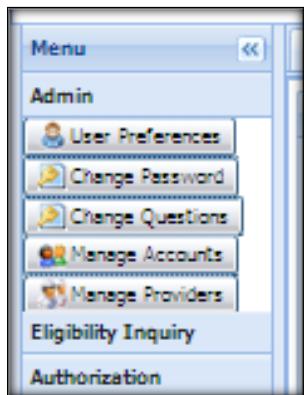
enter search text Received

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

Admin

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

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

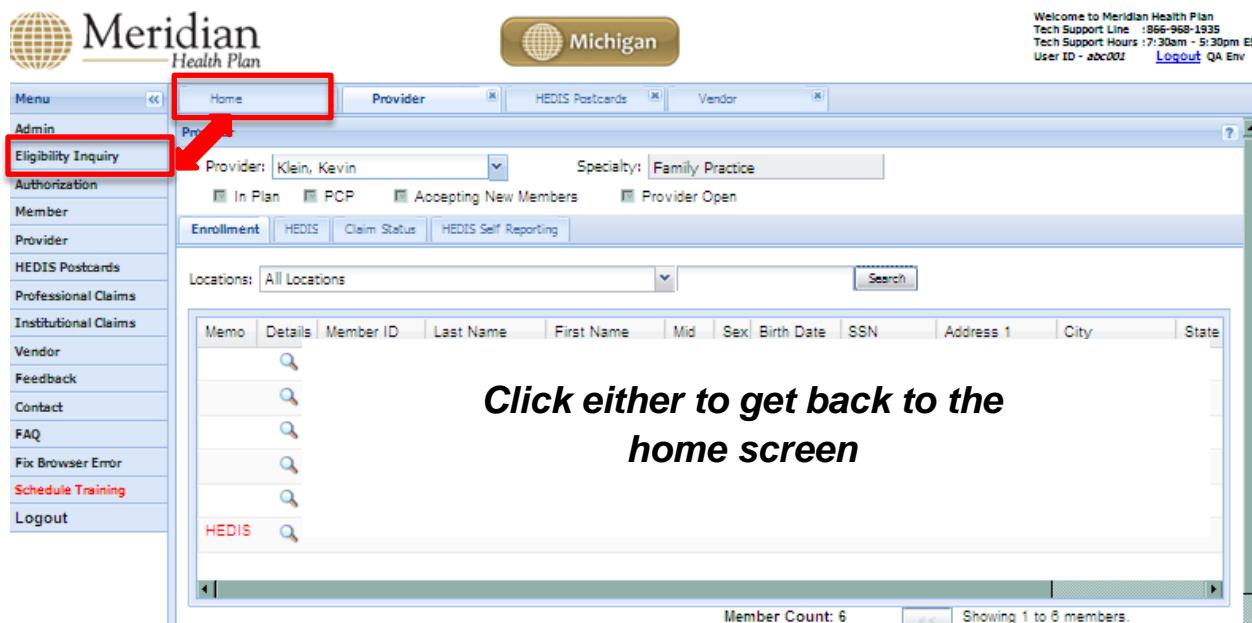


Eligibility Inquiry

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

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

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



Authorizations

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

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



Request

Submitting authorizations is simple on the Provider Portal.

1. Log in to the Provider Portal
2. Click **Authorizations** from the menu on the left
3. Select **Request**. A new window appears
4. Select the icon next to **Authorizations**
5. To start a new request, the Member ID or Name should be entered first. This will help to not duplicate authorizations. The provider can verify if that authorization has been entered once the member's information has been added. You can also search by:



6. Once the member has been found, there will be options now to search different inquiries or to select a **New** request for Authorization



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

Member ID: 0000000000 Enter Member Name: John MERIDIAN Lookup DOB 01/01/00 Alerts: DEHN Auth Overview

Auth Summary Detail (click to expand)

Determination Type: New Request	Start:	Level of Service:
Member ID: 0000000000	End:	Place of Service:
Member Name: John MERIDIAN	Proc. Category:	Request Type: Service
Benefit Plan: ABAD No Waiver	Servicing Provider:	Review Type:
LOB: Medicaid	Servicing Facility:	Request ID:

Referral **Service**

Level of Service:*	Request Type:*
Procedure Category:*	Place of Service:*
Requesting Provider:*	Review Type:*
Servicing Provider:*	Lookup
OON Reason:	Review Type Description:
Servicing Facility:*	Lookup
OON Reason:	
Description of Procedure Category:	
Required Documentation:	

7. When selecting **New**, any information regarding the member will carry on through to the Request page
8. Anything that has a * is a required field that needs to be filled out in order for the correct authorization to go through
9. Select the level of service - **Inpatient** or **Outpatient**

Level of Service:*	<input type="text"/>
Procedure Category:*	<input type="text"/> Inpatient
Requesting Provider:*	<input type="text"/> Outpatient

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

Requesting Provider:*	<input type="text"/> Doug Funnie
Servicing Provider:	<input type="text"/> Patti Mayonnaise
OON Reason:	<input type="text"/> Skeeter Valentine
Servicing Facility:	<input type="text"/> BeBe Bluff
OON Reason:	<input type="text"/> Roger Klotz

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

Request Type:

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

Place of Service:



- School
- Homeless Shelter
- Tribal 638 freestanding facility
- Office
- Home
- Assisted Living Facility
- Group Home
- Mobile Unit
- Retail Health Clinic
- Urgent Care Facility
- Inpatient Hospital
- Outpatient Hospital

14. If the servicing provider is OON, this icon  will open a new window to put in servicing provider information

OON Provider Entry ×

Provider Name:

NPI Number:

Practice Name:

Practice Address:

Practice Address #2:

City:

State:

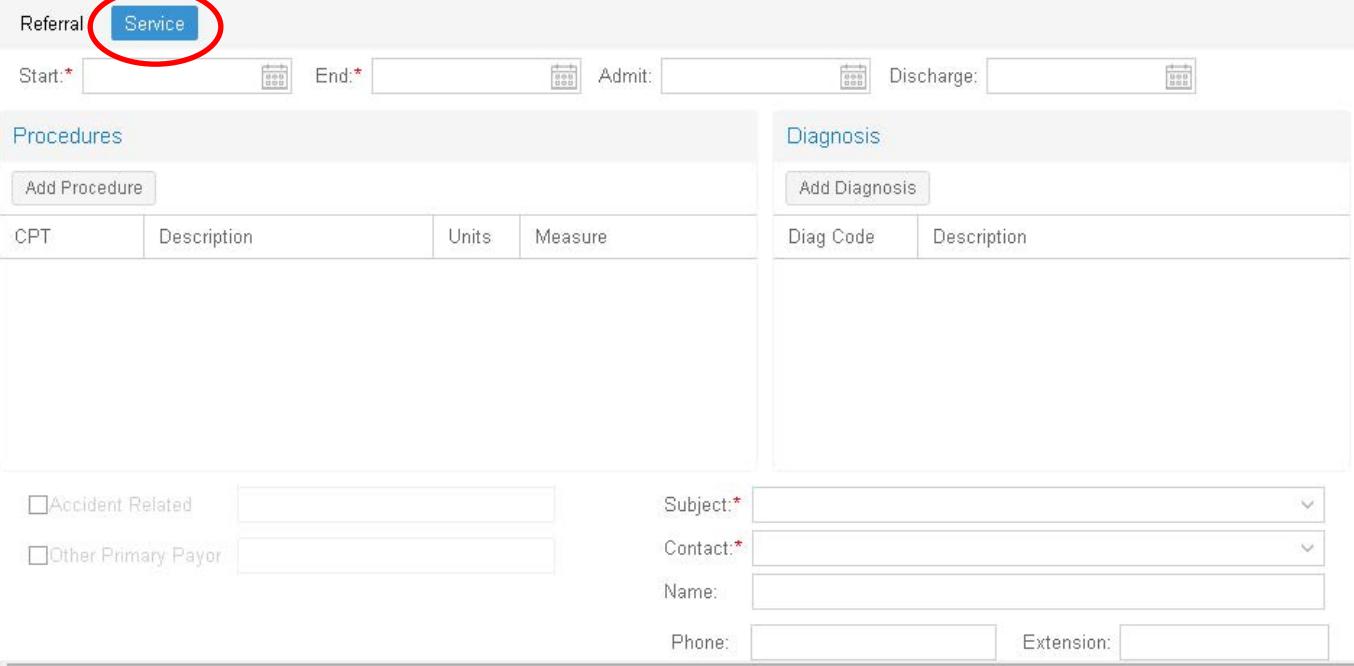
Zip:

Phone:

Fax:

Reason for OON Provider:

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



The screenshot shows a web-based application for managing referrals. At the top, there are two tabs: "Referral" and "Service". The "Service" tab is highlighted with a blue background and white text, and it has a red oval circle drawn around it. Below the tabs are four input fields with calendar icons: "Start: *", "End: *", "Admit:", and "Discharge:". Underneath these fields are two sections: "Procedures" and "Diagnosis". Each section has an "Add [Section Name]" button. The "Procedures" section has columns for CPT, Description, Units, and Measure. The "Diagnosis" section has columns for Diag Code and Description. At the bottom of the form, there are several optional checkboxes: "Accident Related", "Other Primary Payor", "Subject: *", "Contact: *", "Name:", "Phone:", and "Extension:".

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



This is a close-up view of the date input fields from the previous screenshot. It shows four sets of input fields with calendar icons: "Start: *", "End: *", "Admit:", and "Discharge:". The "Start: *" and "End: *" fields are circled in red.

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

Procedures

CPT	Description	Units	Measure

Update Cancel

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

Diagnosis

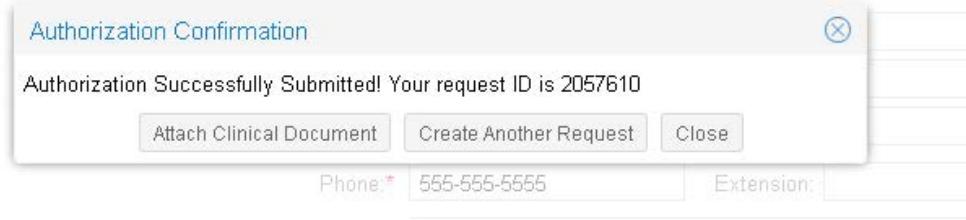
Diag Code ↓	Description

Update Cancel

20. Fill out the **Subject, Contact, Name, Phone Number** and **Notes** sections.

Subject:*	<input type="text"/>
Contact:*	<input type="text"/>
Name:*	<input type="text"/>
Phone:*	<input type="text"/> Extension: <input type="text"/>
Notes:*	<input type="text"/>

21. Once all of the information has been filled in, click **Submit**.



22. The Request ID will appear in the new window once submitted. There will also be the option to **attach clinical documentation** once the authorization has been submitted. This ID can be used to inquire about that specific claim (see Inquiries after 11/15/2015.)

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

Member ID: Enter Member Name: Lookup DOB: 01/01/00 Alerts: DEHN Auth Overview

Auth Summary Detail (click to expand)

Determination Type: New Request Member ID: 0094825004 Member Name: John MERIDIAN Benefit Plan: ABAD No Waiver LOB: Medicaid	Start: End: Proc. Category: Servicing Provider: Servicing Facility:	Level of Service: Place of Service: Request Type: Service Review Type: Request ID:
---	---	--

Referral Service

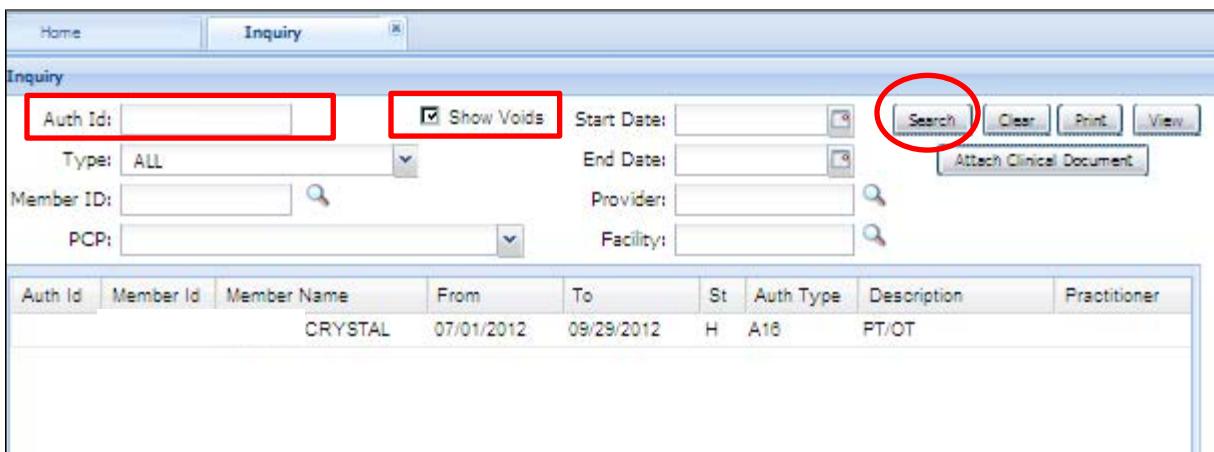
Level of Service: * <input type="text"/> Procedure Category: * <input type="text"/> Requesting Provider: * <input type="text"/>	Request Type: * <input type="text" value="Service"/> Place of Service: * <input type="text"/> Review Type: * <input type="text"/>
Servicing Provider: * <input type="text"/> Lookup 	Review Type Description: <input type="text"/>
Servicing Facility: * <input type="text"/> Lookup 	OON Reason: <input type="text"/>
Description of Procedure Category: <input type="text"/>	
Required Documentation: <input type="text"/>	

Inquiry

Authorization Inquiries can be found in two places:

- 1) Authorization Menu
- 2) Member Menu

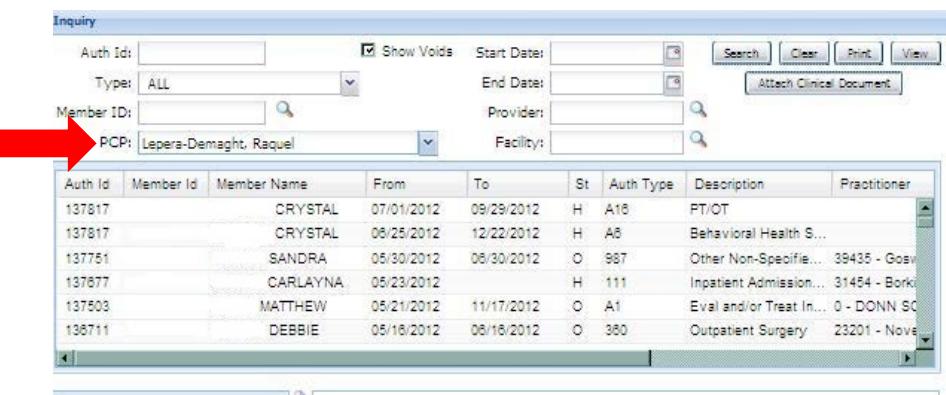
1. Log in to the Provider Portal
2. Select **Authorization** from the menu at the left
3. Click **Inquiry before 11/15** or **Inquiry after 11/15**
4. If the specific authorization number is known, enter that number in the **Auth Id** section and click **Search**. If viewing voided authorizations is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



The screenshot shows the 'Inquiry' screen for 'Inquiry before 11/15'. It includes search fields for Auth Id, Show Voids (unchecked), Start Date, End Date, Type (set to ALL), Member ID, PCP, Provider, and Facility. A red box highlights the 'Auth Id' field, another red box highlights the 'Show Voids' checkbox, and a third red circle highlights the 'Search' button. Below the search area is a results grid with columns: Auth Id, Member Id, Member Name, From, To, St, Auth Type, Description, and Practitioner. One row is visible in the grid.

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

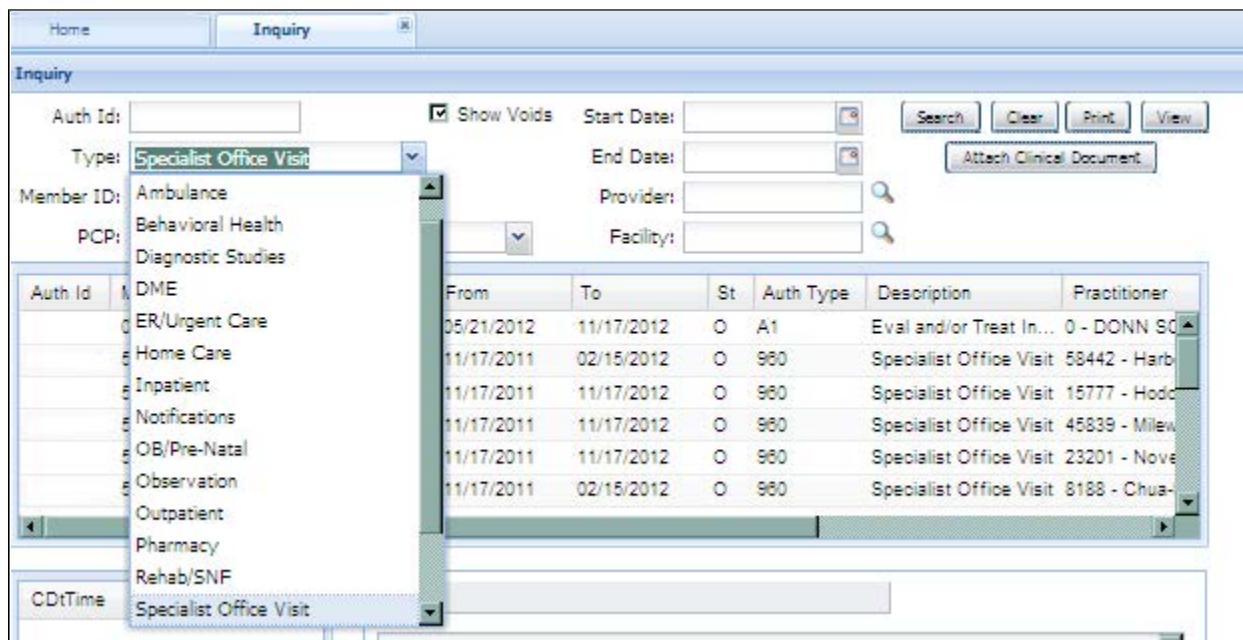
5. All authorizations submitted by a specific PCP can also be searched here. Select the PCP from the drop-down menu and click **Search**



The screenshot shows the 'Inquiry' screen for 'Inquiry before 11/15'. It includes search fields for Auth Id, Show Voids (unchecked), Start Date, End Date, Type (set to ALL), Member ID, PCP (set to 'Lepera-Demaght, Raquel'), Provider, and Facility. A red arrow points to the 'PCP' dropdown menu. Below the search area is a results grid with columns: Auth Id, Member Id, Member Name, From, To, St, Auth Type, Description, and Practitioner. Multiple rows are visible in the grid, each representing an authorization record.

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
137817		CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
137817		CRYSTAL	08/25/2012	12/22/2012	H	A5	Behavioral Health S...	
137751		SANDRA	08/30/2012	08/30/2012	O	987	Other Non-Specific...	33435 - Gov
137877		CARLAYNA	05/23/2012		H	111	Inpatient Admission...	31454 - Borki
137503		MATTHEW	05/21/2012	11/17/2012	O	A1	Eval and/or Treat In...	0 - DONN SC
136711		DEBBIE	06/16/2012	06/16/2012	O	360	Outpatient Surgery	23201 - Nove

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



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

Search Filters:

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

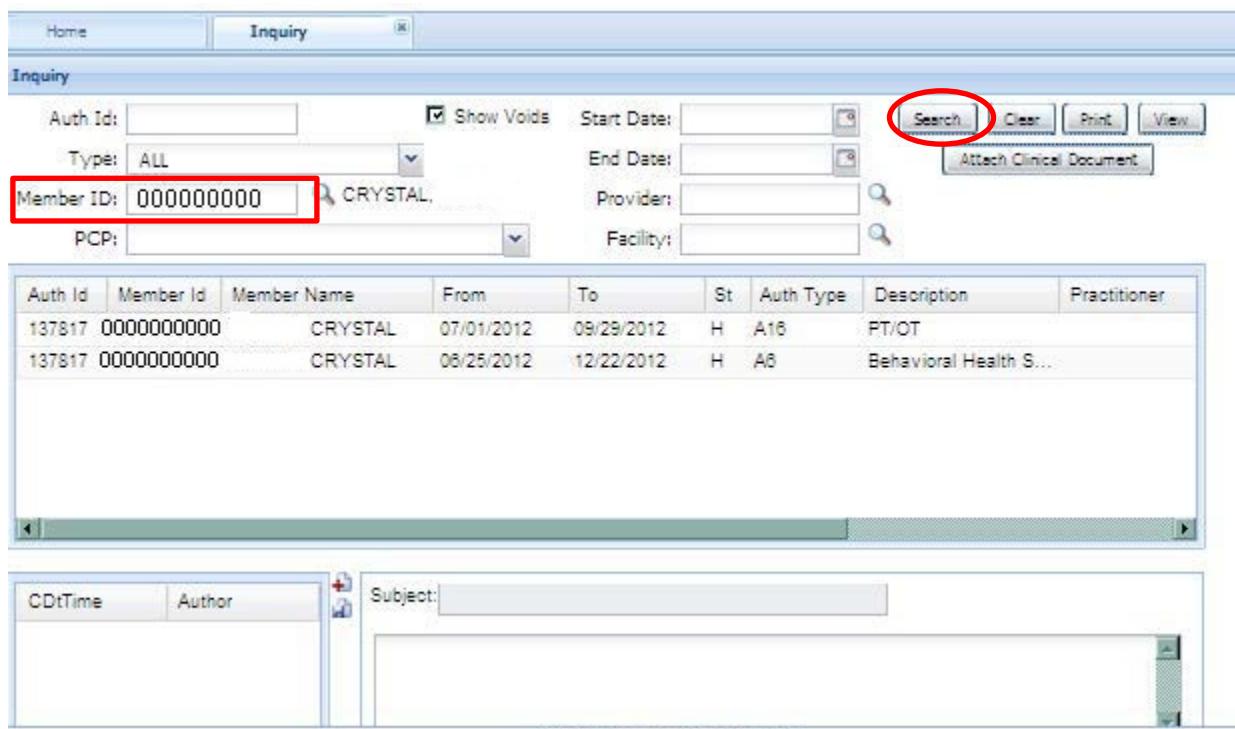
Search Buttons:

- Show Voids:
- Start Date: []
- End Date: []
- Provider: []
- Facility: []
- Search: []
- Clear: []
- Print: []
- View: []
- Attach Clinical Document: []

Results Grid:

From	To	St	Auth Type	Description	Practitioner
05/21/2012	11/17/2012	O	A1	Eval and/or Treat In...	0 - DONN SO
11/17/2011	02/15/2012	O	960	Specialist Office Visit 58442 - Harb	
11/17/2011	11/17/2012	O	960	Specialist Office Visit 15777 - Hodd	
11/17/2011	11/17/2012	O	960	Specialist Office Visit 45839 - Milew	
11/17/2011	11/17/2012	O	960	Specialist Office Visit 23201 - Nove	
11/17/2011	02/15/2012	O	960	Specialist Office Visit 8188 - Chua-	

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



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

Search Filters:

- Auth Id: []
- Type: ALL
- Member ID: **0000000000** (highlighted)
- PCP: []

Search Buttons:

- Show Voids:
- Start Date: []
- End Date: []
- Provider: []
- Facility: []
- Search: []
- Clear: []
- Print: []
- View: []
- Attach Clinical Document: []

Results Grid:

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
137817	0000000000	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
137817	0000000000	CRYSTAL	06/25/2012	12/22/2012	H	A6	Behavioral Health S...	

Bottom Navigation:

- CDtTime: []
- Author: []
- Subject: []

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

Inquiry

Auth Id:	Type:	Show Voids	Start Date:	End Date:	Search	Clear	Print	View
	ALL	<input checked="" type="checkbox"/>						View
Member ID:	0000000000		CRYSTAL			Provider:		
PCP:						Facility:		

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
0000000000	CRYSTAL	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
0000000000	CRYSTAL	CRYSTAL	06/25/2012	12/22/2012	H	A6	Behavioral Health S...	

Authorization ID : 1378173

Authorization Request

Member Id: 0000000000	Name: CRYSTAL	DOB: From: 07/01/12	Gender: Female
POS: Procedure:		To: 09/29/12	Visits: 0

Provider Information

PCP: 00001	Name: Raquel Lepera-Demaght	Phone:	Fax:
Practitioner:	Name:	Phone:	Fax:
Facility:	Name:	Phone:	Fax:

Diagnosis

Diagnosis: 840.4	Procedure: 4018F
------------------	------------------

Notes

Help

PT/OT

OK

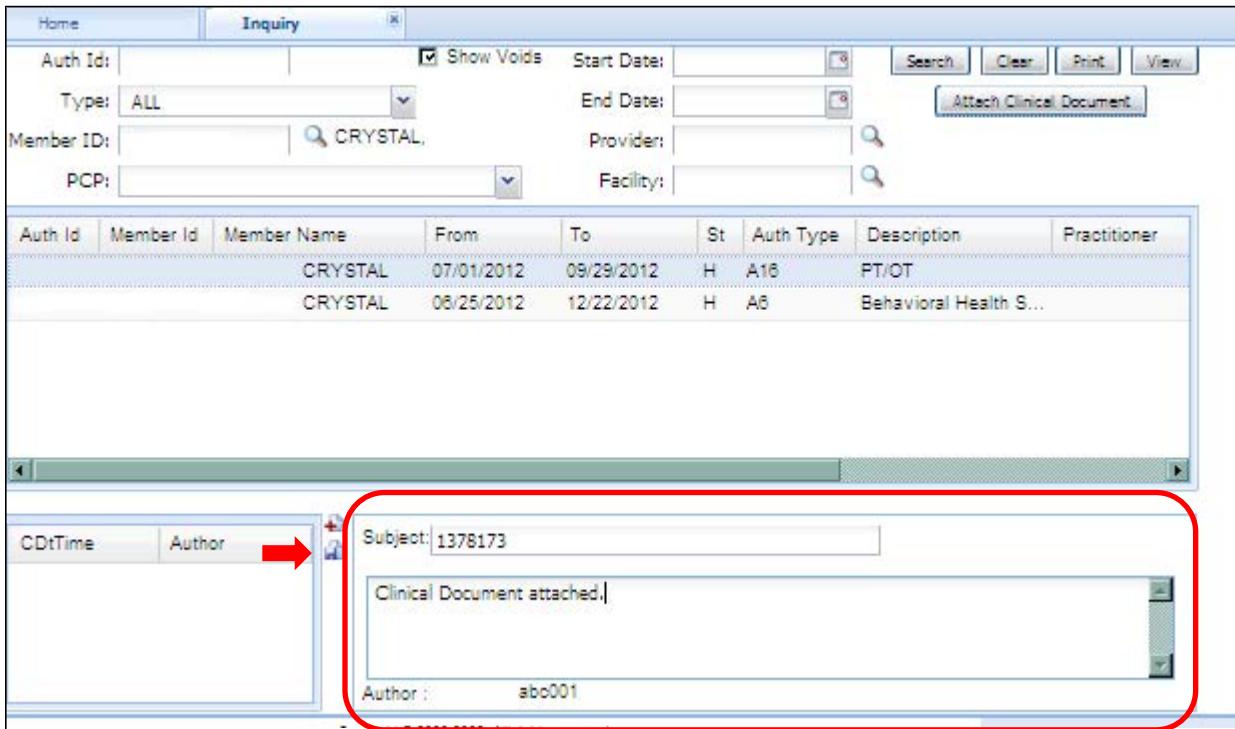
7. Selecting **Print** on the **Authorization ID** screen or (on the main **Inquiry** page) will bring up a PDF showing details of the authorization

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

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

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

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

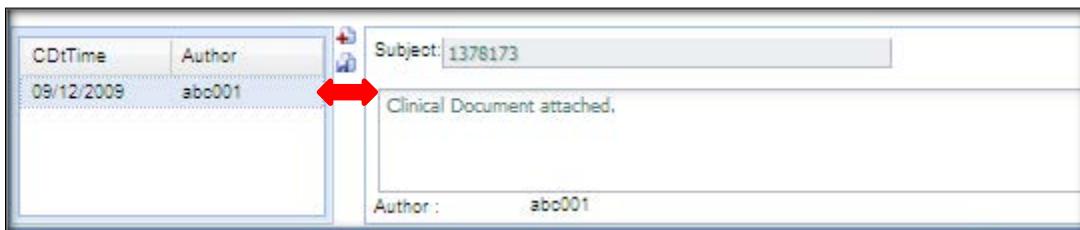


The screenshot shows the Meridian Health Plan Inquiry screen. At the top, there are search filters for Auth ID, Type (set to ALL), Member ID (CRYSTAL), PCP, Start Date, End Date, and buttons for Search, Clear, Print, and View. Below the filters is a grid displaying two rows of authorization history:

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
	CRYSTAL	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
	CRYSTAL	CRYSTAL	06/25/2012	12/22/2012	H	A6	Behavioral Health S...	

At the bottom left, there is a list of attachments with columns for CDTime and Author. A red arrow points to the "Author" column for the first entry (09/12/2009, abc001). To the right, a red box highlights a panel where a subject has been entered and a clinical document has been attached. The subject field contains "1378173" and the message area says "Clinical Document attached." The author field below it is "abc001".

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



This screenshot shows the same Inquiry screen as above, but with a specific attachment selected. A red double-headed arrow points to the "Author" column for the selected row (09/12/2009, abc001). The right panel displays the details for this selection, including the subject "1378173", the message "Clinical Document attached.", and the author "abc001".

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

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

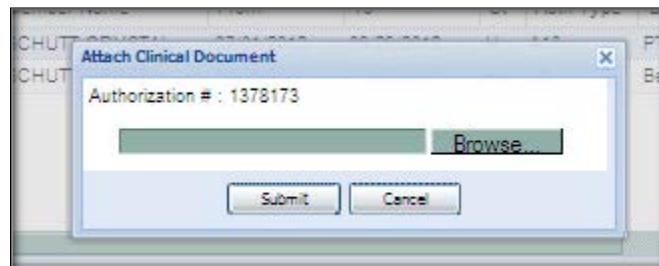
Home Inquiry Show Voids Start Date: Search Clear Print View

Type: ALL End Date: Attach Clinical Document (circled in red)

Member ID: CRYSTAL Provider:

PCP: Facility:

Auth Id	Member Id	Member Name	From	To	St	Auth Type	Description	Practitioner
	CRYSTAL	CRYSTAL	07/01/2012	09/29/2012	H	A16	PT/OT	
	CRYSTAL	CRYSTAL	06/25/2012	12/22/2012	H	A6	Behavioral Health S...	



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

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

N = New

V = Void

H = On-Hold

O = Approved

D = Denied

Inquiries after 11/15

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

Care Team IntegratedCareData **Authorization Inquiry**

Authorization Inquiry

Request ID:	Level Of Service:	Referring Provider:
Start Date:	Procedure Category:	Servicing Provider: <input type="button" value="Lookup"/>
End Date:	Status:	Servicing Facility: <input type="button" value="Lookup"/>
Member ID	Enter	Member Name: <input type="button" value="Lookup"/> PCP: <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="New"/>
RequestID	MemberID	Member Name Start Date End Date Place Of Service Proc Category Status Level Of Service

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

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

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

Care Team IntegratedCareData **Authorization Inquiry**

Authorization Inquiry

Request ID:	Level Of Service:	Referring Provider:
Start Date:	Procedure Category:	Servicing Provider: <input type="button" value="Lookup"/>
End Date:	Status:	Servicing Facility: <input type="button" value="Lookup"/>
Member ID	0000000000	Enter Member Name: John MERIDIAN <input type="button" value="Lookup"/> PCP: Boonchoo Chang <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="New"/>
RequestID	MemberID	Member Name Start Date End Date Place Of Service Proc Category Status Level Of Service
000001	0000000000	John MERIDIAN 2015-12... 2015-12... Ambulance - Land Boarder Baby Hold Inpatient

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

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

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

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



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

Member

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

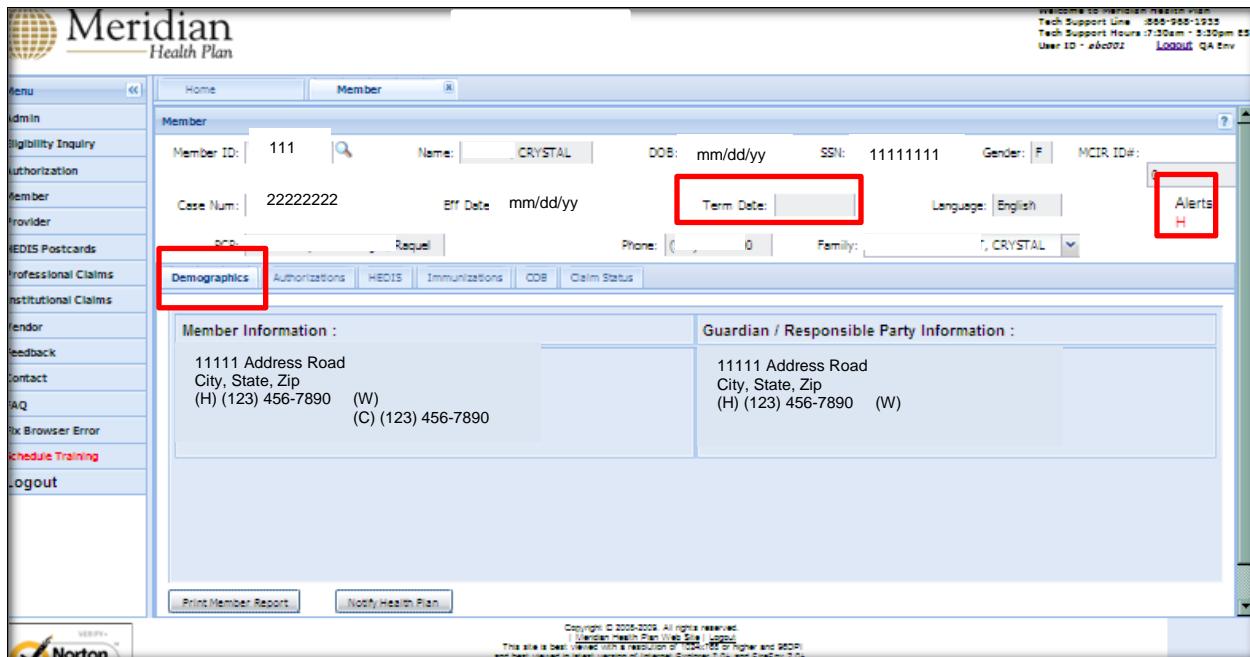
Providers can execute this function by entering the Member ID number, or searching by name or Social Security number. Clicking the **Magnifying Glass** icon next to the **Member ID** will allow providers to search by name. There are six tabs on the member screen. Functions of each tab are described below.



Demographics

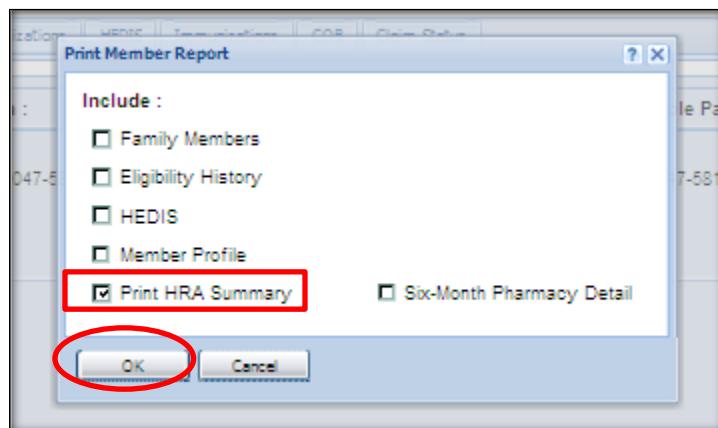
You can view a member's personal information in the **Demographics** tab:

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



The screenshot shows the Meridian Health Plan Member portal. On the left is a vertical menu with options like Admin, Eligibility Inquiry, Authorization, Member, Provider, HEDIS Postcards, Professional Claims, Institutional Claims, Vendor, Feedback, Contact, AQ, Fix Browser Error, Schedule Training, and Logout. The main area has tabs for Home, Member, and a search bar. Below that is a 'Member' section with fields for Member ID (111), Name (CRYSTAL), DOB (mm/dd/yy), SSN (111111111), Gender (F), MCIR ID#, Case Num (22222222), BM Date (mm/dd/yy), Term Date (highlighted with a red box), Language (English), and Phone/Family information. A red box also highlights the 'Demographics' tab in the navigation bar. At the bottom, there are buttons for Print Member Report and Next Health Plan, along with a Norton logo.

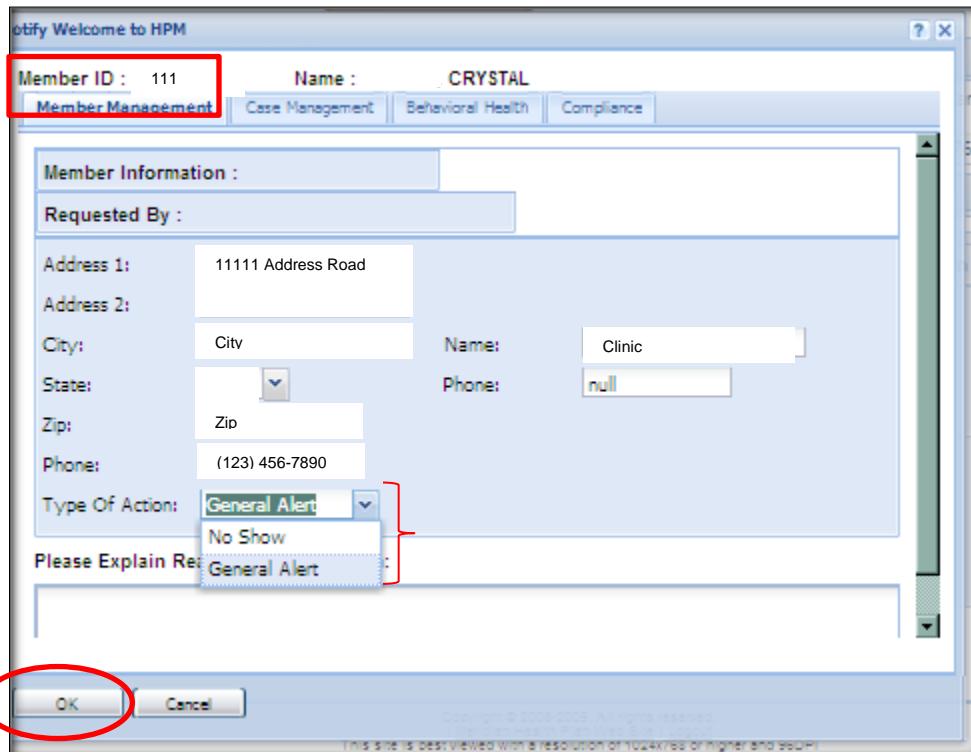
5. If the member has any needed HEDIS measures, there will be a red **H** under the **Alerts** on the top right (boxed above). Other **Alerts** include:
 - **W**-Welcome Call
 - **B**-Pregnant
 - **C**-Coordination of Benefits
 - **N**-Welcome Notes
6. The bottom of the **Demographics** screen has two 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



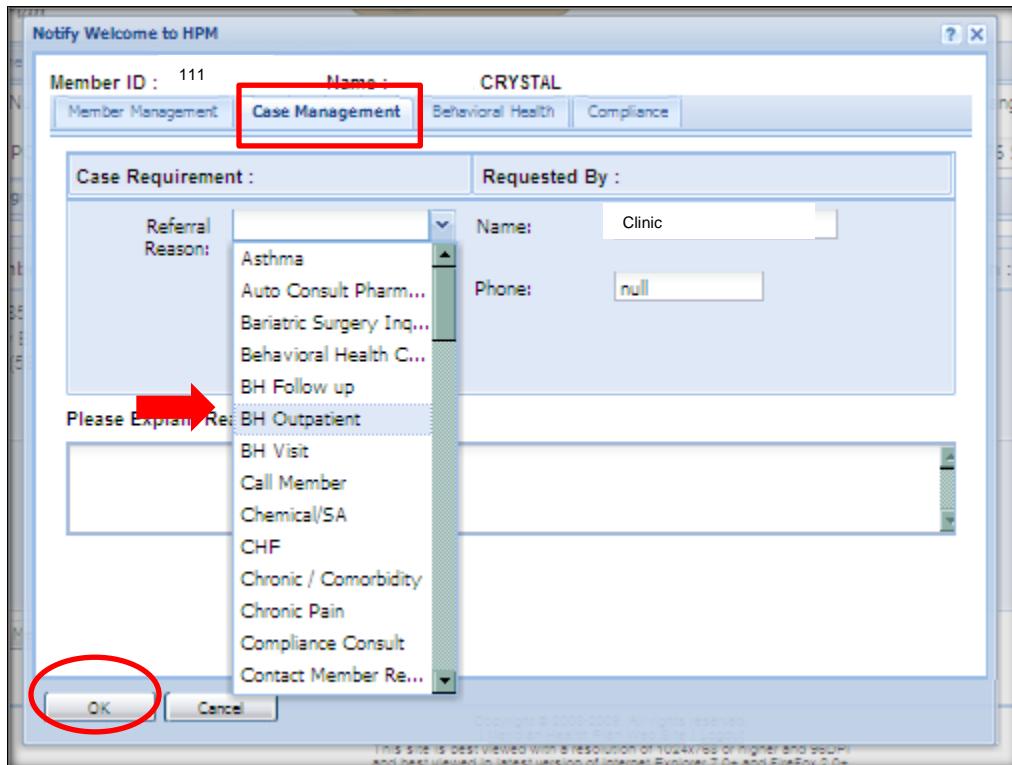
Meridian Health Plan LOB: Medicaid Health Risk Assessment PCP Summary (06/25/11-06/25/12)		
Member Name: CRYSTAL	Member ID: 111	
Member Phone: (123) 456-7890	HRA Complete: N/A	
PCP Name: Raquel	PCP ID: 0000	
----- (MSD) Member Stated Data (Subjective) -----		
(MSD) Diseases/Conditions	(MSD) Family History	(MSD) Social History
		Exercise: Smoker:

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

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



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



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

Notify Welcome to HPM

Member ID : 111	Name : CRYSTAL
Member Management Case Management Behavioral Health Compliance	
Behavioral Health Requirement : Requested By :	
Type Of Action:	<input style="border: 1px solid #ccc; padding: 2px 10px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="General Alert"/> <input style="border: 1px solid #ccc; padding: 2px 10px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="No Show"/> <input style="border: 1px solid #ccc; padding: 2px 10px; width: 150px; height: 20px; border-radius: 5px; background-color: #e0f2e0; border: 1px solid #e0f2e0;" type="button" value="General Alert"/>
	Name: Clinic Phone: null
Please Explain Reason for Referral: <div style="border: 1px solid #ccc; width: 100%; height: 100px; margin-top: 10px;"></div>	
<input style="border: 1px solid #ccc; border-radius: 5px; padding: 5px 10px; margin-right: 10px;" type="button" value="OK"/> <input style="border: 1px solid #ccc; border-radius: 5px; padding: 5px 10px;" type="button" value="Cancel"/>	

Meridian Health Plan Web Site | Logout

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

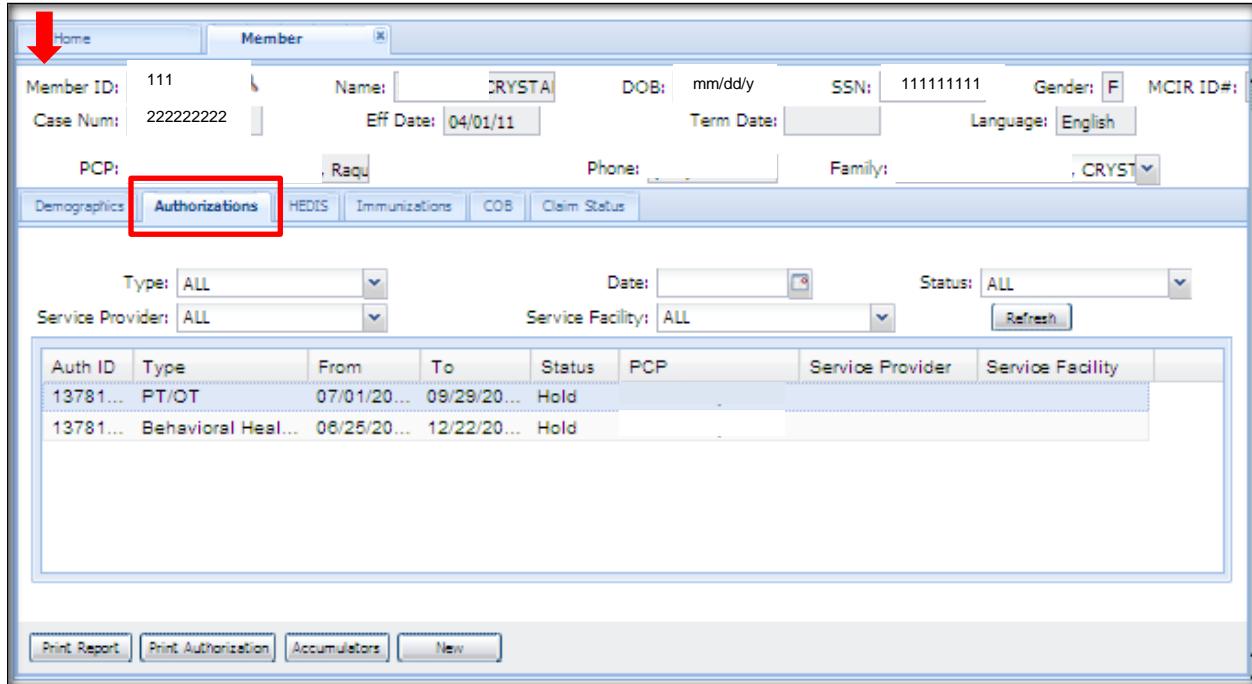
Notify Welcome to HPM

Member ID : 111	Name : CRYSTAL
Member Management Case Management Behavioral Health Compliance	
Compliance Requirement : Requested By :	
Type Of Action:	<input style="border: 1px solid #ccc; padding: 2px 10px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Non Compliance"/> <input style="border: 1px solid #ccc; padding: 2px 10px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Clinic"/> <input style="border: 1px solid #ccc; padding: 2px 10px; width: 150px; height: 20px; border-radius: 5px; background-color: #e0f2e0; border: 1px solid #e0f2e0;" type="button" value="null"/>
Please Explain Reason for Referral: <div style="border: 1px solid #ccc; width: 100%; height: 100px; margin-top: 10px;"></div>	
<input style="border: 1px solid #ccc; border-radius: 5px; padding: 5px 10px; margin-right: 10px;" type="button" value="OK"/> <input style="border: 1px solid #ccc; border-radius: 5px; padding: 5px 10px;" type="button" value="Cancel"/>	

Meridian Health Plan Web Site | Logout

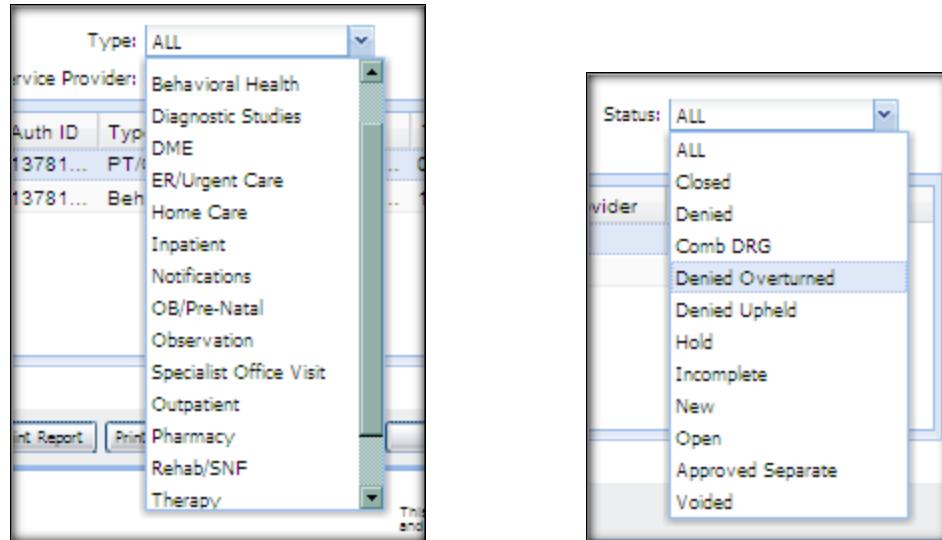
Authorizations

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

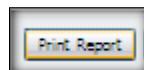


A screenshot of the Provider Portal software interface. At the top, there's a navigation bar with tabs: Home, Member, Demographics, Authorizations (which is highlighted with a red box), HEDIS, Immunizations, COB, and Claim Status. Below the navigation bar, there are several input fields: Member ID (111), 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, and Family. Underneath these fields are search filters for Type (ALL), Date, Status, Service Provider (ALL), and Service Facility (ALL). A large grid table displays authorization records with columns: Auth ID, Type, From, To, Status, PCP, Service Provider, and Service Facility. Two rows of data are visible: one for PT/OT services from 07/01/20... to 09/29/20... with Hold status, and another for Behavioral Heal... services from 06/25/20... to 12/22/20... with Hold status. At the bottom of the screen are buttons for Print Report, Print Authorization, Accumulators, and 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



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	CRYSTAL
1378174	Hold	A6	06/25/12	12/22/12	6	0	1111	CRYSTAL

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 X

Member ID: 1111 Name: CRYSTA DOB: mm/dd/yy SSN: 11111111 Gender: F MCIR ID#:

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

PCP: Requ Phone: Family: CRYST

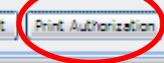
Demographics **Authorizations** HEDIS Immunizations COB Claim Status

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...	06/26/20...	12/22/20...	Hold			

Print Report Print Authorization Accumulators New

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

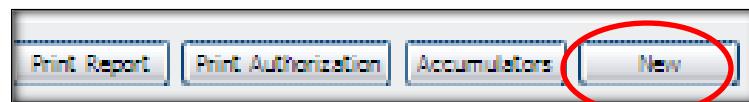
Authorization: 01378173 - A16: PT/OT	From: 07/01/2012 - 09/29/2012	Requested: 20	Approved: 0
Member: 111 :RYSTAL	Date of Birth: mm/dd/yyyy	In CM?: No	In DM?: No
PCP: 0000 Raquel L.	NPI: 1231231231	Phone: None	Fax:
Facility:	NPI:	Phone:	Fax:
Service Requested: PT/OT: On Hold - AWCLI - AWAITING CLINICAL - 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

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

9. 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 19-24



Home Member Authorization

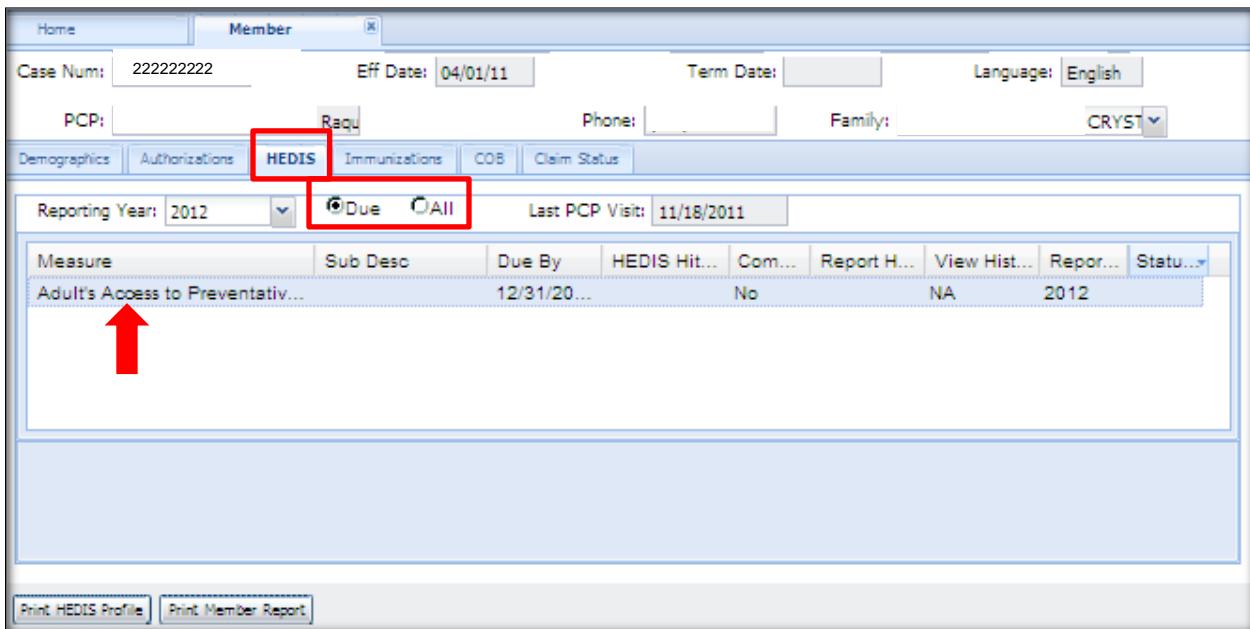
Authorization Request

Member ID:	111	Name:	CRYSTAL	DOB:	mm/dd/yy	Gender:	F
Location:		Procedure:		From:		To:	
PCP:	aquel	Phone:		Fax:			
Practitioner:		Name:		Phone:		Fax:	
Facility:		Name:		Phone:		Fax:	
Diagnosis1:		Procedure1:					
Diagnosis2:		Procedure2:					
Procedure3:							
Diag Desc:		Proc Desc:					

HEDIS

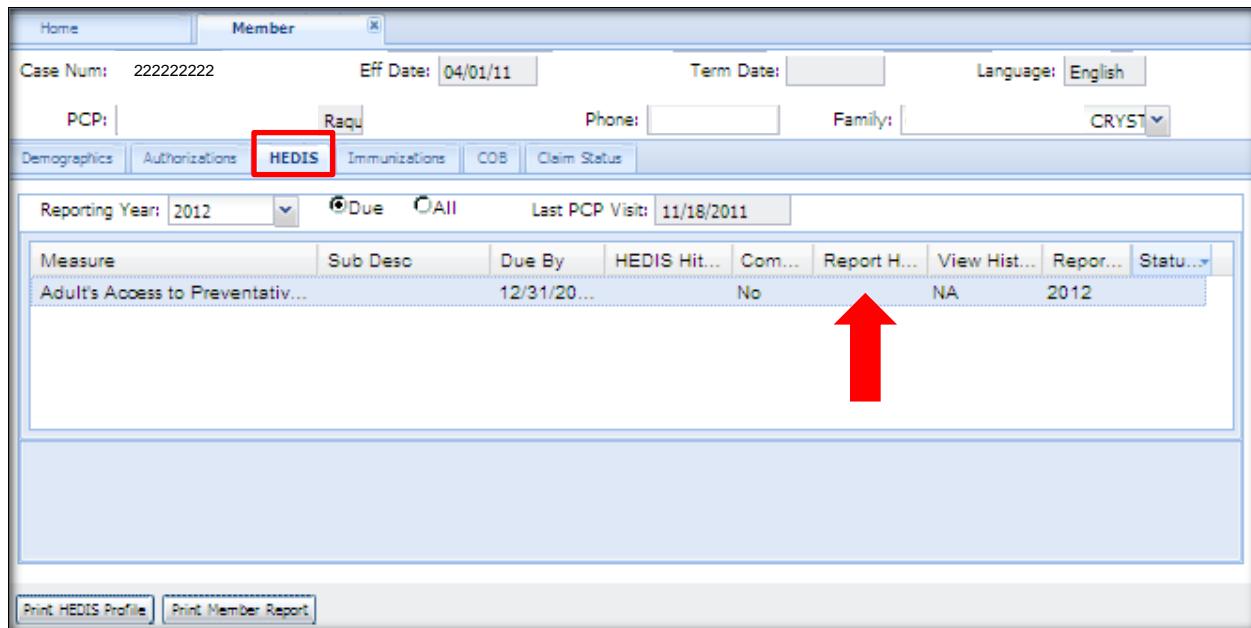
You can see if a member is due for any HEDIS measures by selecting the **HEDIS** tab on the **Member** screen. You can also report completed HEDIS measures under this tab.

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**



The screenshot shows the Meridian Health Plan Provider Portal Member screen. At the top, there are tabs for Home, Member, and a search icon. Below the tabs, there are input fields for Case Num (22222222), Eff Date (04/01/11), Term Date, Language (English), PCP, and a dropdown for CRYST. There are also tabs for Demographics, Authorizations, **HEDIS**, Immunizations, COB, and Claim Status. Under the **HEDIS** tab, there are filters for Reporting Year (2012), Due (radio button selected), All (radio button unselected), and Last PCP Visit (11/18/2011). The main area displays a table of HEDIS measures. One row is highlighted with a red box and a red arrow pointing to the 'Report H...' button. The table columns include Measure, Sub Desc, Due By, HEDIS Hit..., Com..., Report H..., View Hist..., Repor..., and Status. The highlighted row shows 'Adult's Access to Preventativ...' with Due By 12/31/20..., Report H... No, View Hist... NA, and Status 2012. At the bottom, there are buttons for Print HEDIS Profile and Print Member Report.

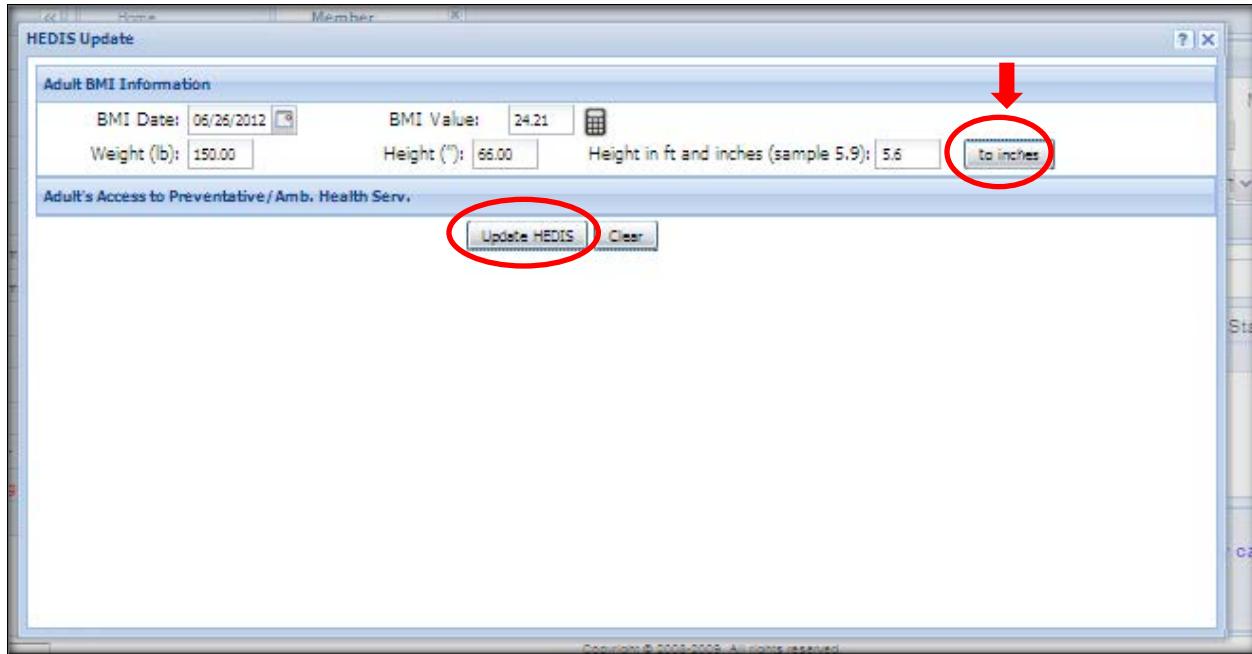
5. If a member received a needed HEDIS measure, please report it to Meridian. Highlight the completed measure and double click in the highlighted area under **Report H...**
(Report HEDIS) A new screen will appear to enter the information



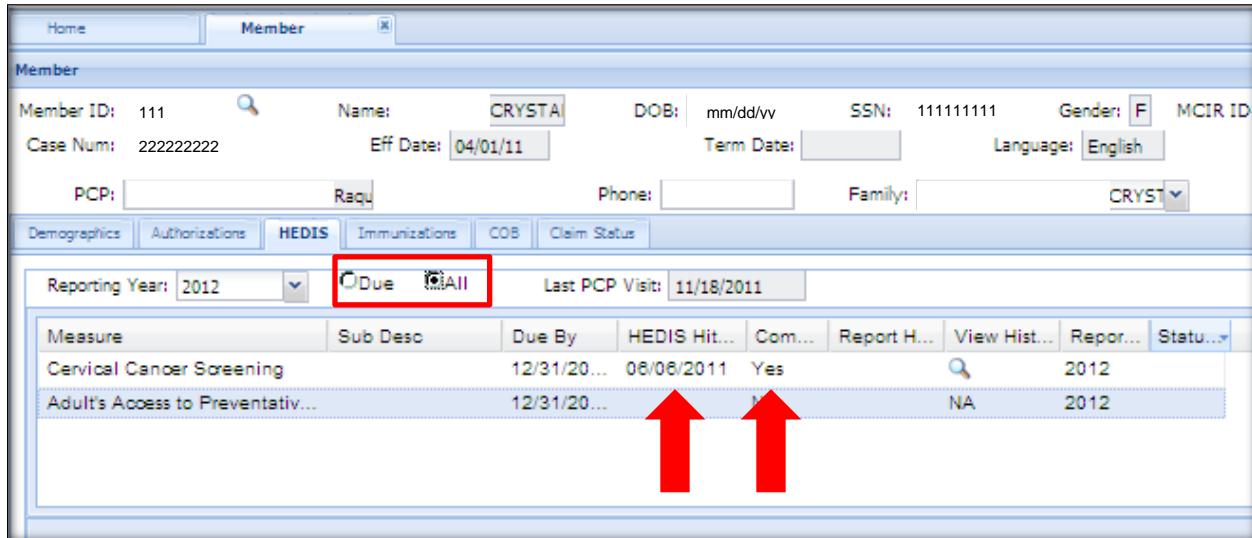
The screenshot shows the Meridian Health Plan Member portal interface. At the top, there are fields for Case Num (22222222), Eff Date (04/01/11), Term Date, Language (English), PCP, and Family. Below these are tabs for Demographics, Authorizations, **HEDIS**, Immunizations, COB, and Claim Status. The **HEDIS** tab is highlighted with a red box. A reporting year dropdown shows 2012, and a radio button for 'Due' is selected. The last PCP visit was on 11/18/2011. The main area displays a table for the 'Adult's Access to Preventativ...' measure. The columns are Measure, Sub Deso, Due By, HEDIS Hit..., Com..., Report H..., View Hist..., Repor..., and Status. The data row shows values: Adult's Access to Preventativ..., 12/31/20..., No, NA, 2012. At the bottom are 'Print HEDIS Profile' and 'Print Member Report' buttons.

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

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



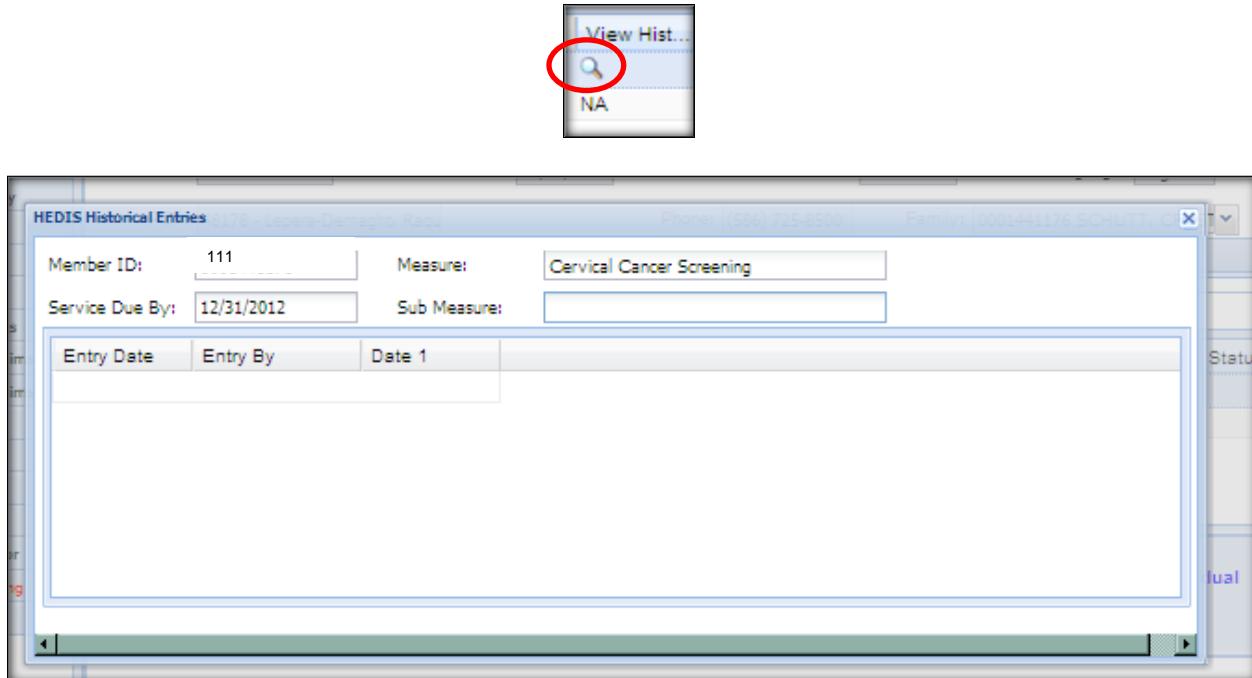
- To see all the HEDIS measures for a member, select **All**. Completed measures will appear on the list. You can tell if a measure is done under the **HEDIS Hit** column and **Com...(Completed)** column



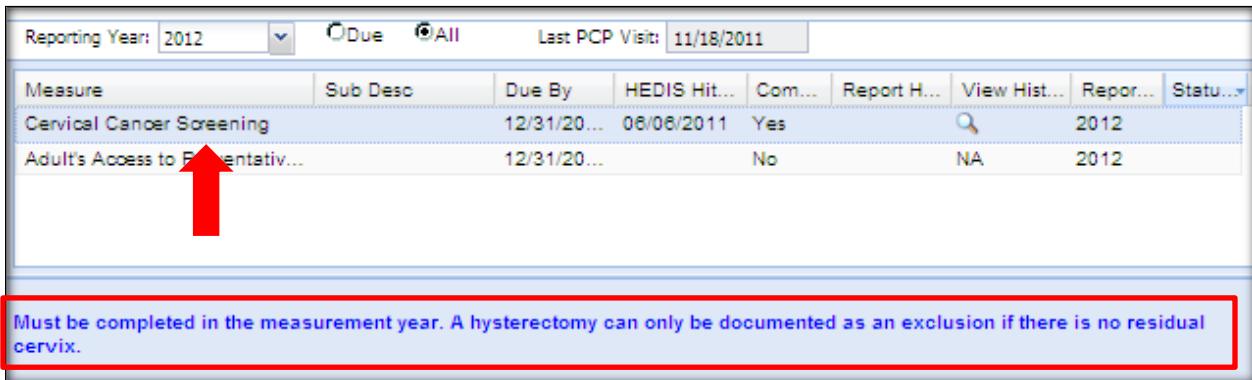
The screenshot shows the 'Member' tab with various demographic and HEDIS information. In the HEDIS section, there are buttons for 'Due' and 'All' (both circled in red). A red arrow points to the 'All' button. Below these buttons is a table showing HEDIS measures. The first row shows 'Cervical Cancer Screening' with a due date of 12/31/2012, an HEDIS Hit date of 06/08/2011, and a status of 'Yes'. The second row shows 'Adult's Access to Preventativ...' with a due date of 12/31/2012, an HEDIS Hit date of NA, and a status of '2012'.

Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Report...	Status...
Cervical Cancer Screening		12/31/2012	06/08/2011	Yes				2012
Adult's Access to Preventativ...		12/31/2012		NA				2012

- 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



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



Reporting Year:	2012	Due	All	Last PCP Visit:	11/18/2011				
Measure	Sub Desc	Due By	HEDIS Hit...	Com...	Report H...	View Hist...	Repor...	Status...	
Cervical Cancer Screening		12/31/20...	08/06/2011	Yes			2012		
Adult's Access to Preventativ...		12/31/20...		No		NA	2012		

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

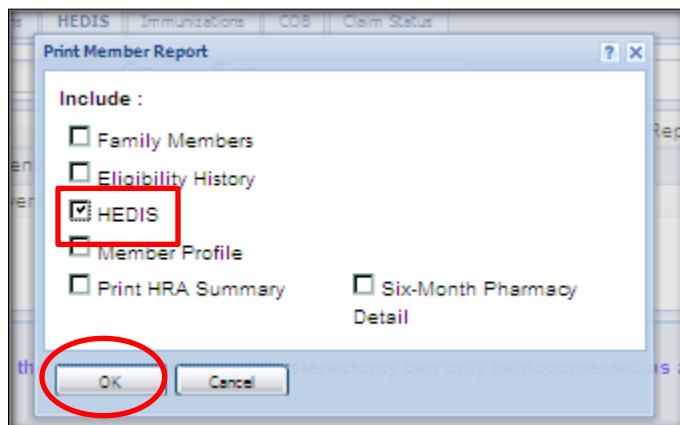
11. There are two buttons on the bottom of the **HEDIS** tab



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

HEDIS Profile Sheet		PCP :	Rachel												
2012		Family													
 <h1 style="font-size: 2em; margin: 0;">Meridian</h1> <p style="margin: 0;">Health Plan</p>															
ID : 1111	Name : CRYSTAL	DOB : mm/dd/yyyy	Age : 30												
Guardian : CRYSTAL		Phone : (123) 456-7890													
<p>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.</p> <p>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.</p> <p>HEDIS Measures Needed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Well-Women</th> <th style="width: 30%;">DOS</th> <th style="width: 10%;">Needed By</th> <th style="width: 10%;">Bonus Available</th> </tr> </thead> <tbody> <tr> <td>Cervical Cancer Screening</td> <td>☒ 06/06/11 Result _____</td> <td></td> <td>\$ 50.00</td> </tr> <tr> <td colspan="2"></td> <td>Total:</td> <td>\$ 50.00</td> </tr> </tbody> </table>				Well-Women	DOS	Needed By	Bonus Available	Cervical Cancer Screening	☒ 06/06/11 Result _____		\$ 50.00			Total:	\$ 50.00
Well-Women	DOS	Needed By	Bonus Available												
Cervical Cancer Screening	☒ 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	Age:	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		Rag:
E-mail :		
Member		
Address 1 : 11111 Address Road	Responsible Party/Guardian	
Address 2 :	First Name : CRYSTAL	
City :	Middle Name :	
State :	Last Name :	
Zip Code :	Address 1 : 11111 Address Road	
Zip :	Address 2 :	
Home Phone : (123) 456-7890	City :	
Work Phone :	State :	
	Zip Code :	
	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 : <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Service Date</th> <th>Procedure</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>09/02/2004</td> <td>90744</td> <td>HEPB VACC PED/ADOL 3 DOSE IM</td> </tr> <tr> <td>11/23/2004</td> <td>90744</td> <td>HEPB VACC PED/ADOL 3 DOSE IM</td> </tr> <tr> <td>11/23/2004</td> <td>90713</td> <td>POLIOVIRUS IPV SC/IM</td> </tr> <tr> <td>11/23/2004</td> <td>90700</td> <td>DTAP VACCINE < 7 YRS IM</td> </tr> </tbody> </table>						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
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 : <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Service Date</th> <th>Create Date</th> <th>Create Time</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Service Date	Create Date	Create Time	Result											
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

Member ID:	333	Name:	ALICE	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:						

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 57-59.

Home Member

Member

Member ID:	111	Name:	CRYSTA	DOB:	mm/dd/yy	SSN:	111111111	Gender:	F	MCIR ID#:
Case Num:	22222222	Eff Date:	04/01/11	Term Date:		Language:	English			
PCP:	Raju	Phone:		Family:						

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

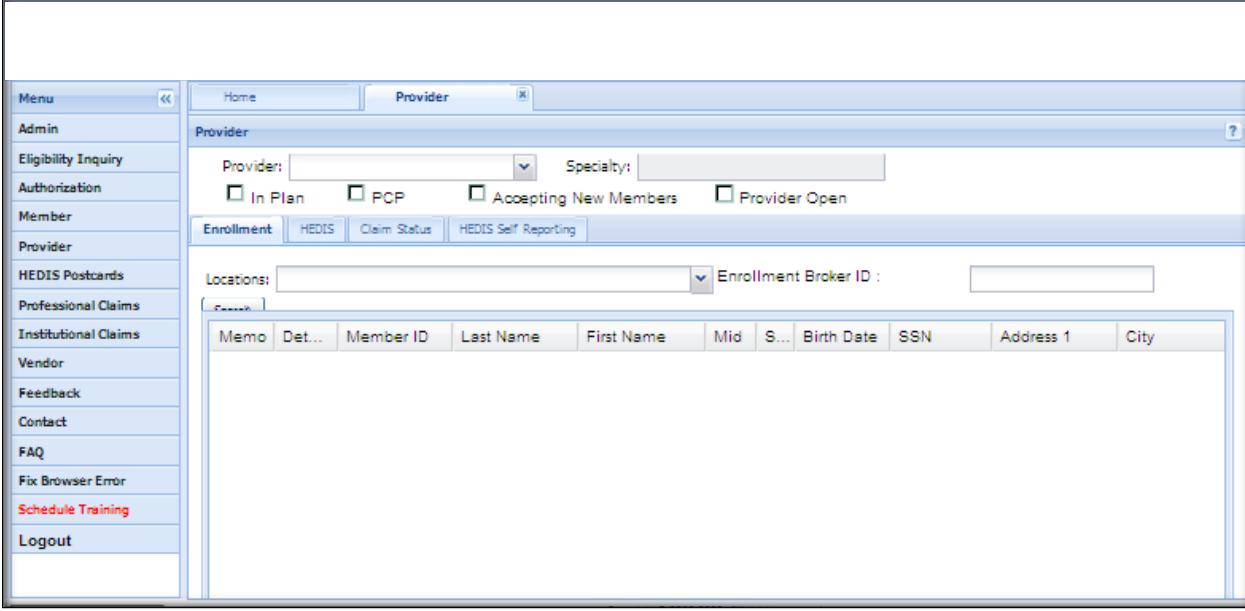
Provider:	Specialty:							
<input type="checkbox"/> In Plan	<input type="checkbox"/> PCP	<input type="checkbox"/> Accepting New Members	<input type="checkbox"/> Provider Open					
Enrollment	HEDIS	Claim Status	HEDIS Self Reporting					
Type:	A	From: 06/27/11	To: 06/26/12	Status:	ALL	Member ID:	111	Patient 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	Paid
21808080		1111	C...	05/14/20...	11	7840					
18005407		1111	C...	07/07/20...	11	78079					

Provider

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



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

- Menu
- Admin
- Eligibility Inquiry
- Authorization
- Member
- Provider
- HEDIS Postcards
- Professional Claims
- Institutional Claims
- Vendor
- Feedback
- Contact
- FAQ
- Fix Browser Error
- Schedule Training
- Logout

The main window has a title bar "Home" and "Provider". Below the title bar is a search bar with fields for "Provider" and "Specialty", and checkboxes for "In Plan", "PCP", "Accepting New Members", and "Provider Open". There are tabs for "Enrollment", "HEDIS", "Claim Status", and "HEDIS Self Reporting". The "Enrollment" tab is selected. Below the tabs is a "Locations" dropdown and an "Enrollment Broker ID" input field. The main content area displays a grid of member information with columns for Memo, Det..., Member ID, Last Name, First Name, Mid, S..., Birth Date, SSN, Address 1, and City. The first row of the grid is visible.

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.

Provider

Provider:	Raque	Specialty:	Family Practice								
<input checked="" type="checkbox"/> In Plan	Karl	New Members	<input checked="" type="checkbox"/> Provider Open								
<input checked="" type="checkbox"/> Enrollment	evin	Reporting									
Locations:	Raque										
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					
HE...				SONDRA	R	F					
HE...				JULIANA	M...	F					
HE...				DEBBIE	E...	F					
HE...				AUTUMN	K...	F					
HE...				RYAN	D	M					

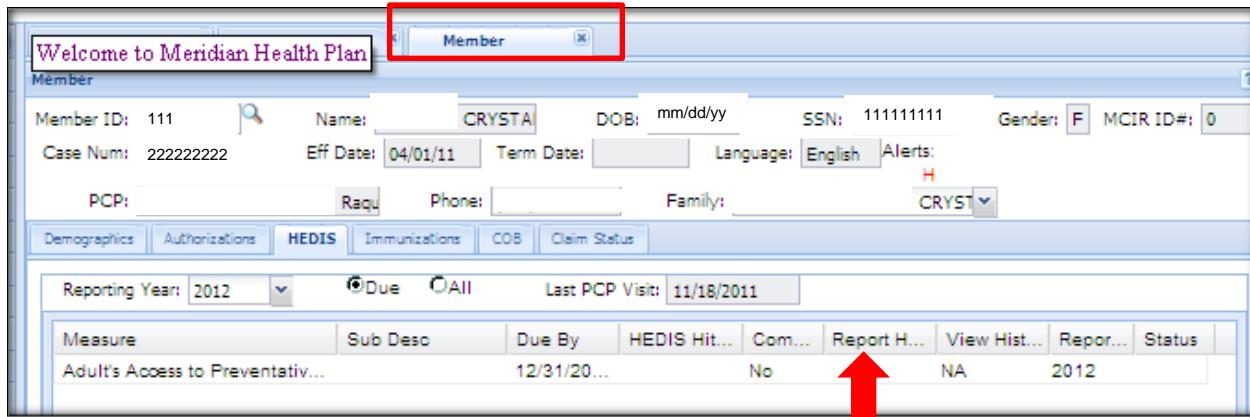
Member Count: 80 Showing 1 to 25 members
Copyright © 2008-2009. All rights reserved.

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

Provider:	Raque	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

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					

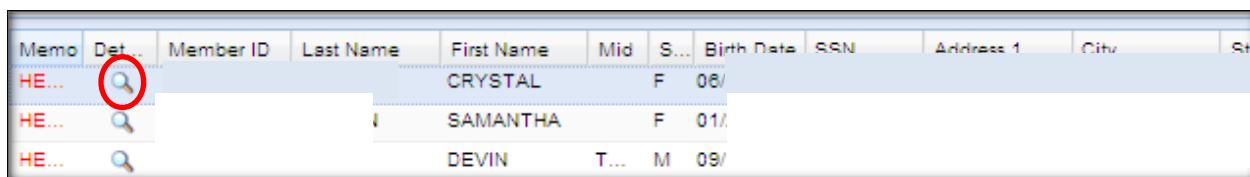


Welcome to Meridian Health Plan

Member

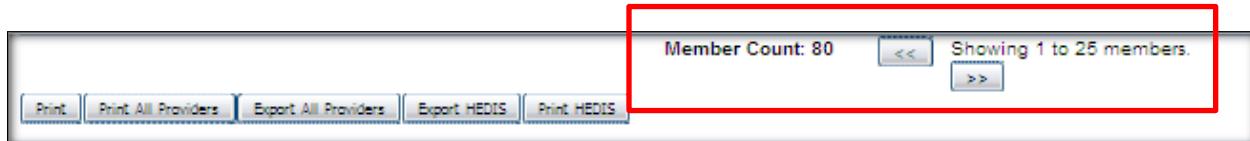
Member ID:	111	Name:	CRYSTA	DOB:	mm/dd/yy	SSN:	111111111	Gender:	F	MCIR ID#:	0
Case Num:	222222222	Eff Date:	04/01/11	Term Date:		Language:	English	Alerts:	H		
PCP:		Ragu	Phone:		Family:				CRYST		
<input type="button" value="Demographics"/> <input type="button" value="Authorizations"/> <input type="button" value="HEDIS"/> <input type="button" value="Immunizations"/> <input type="button" value="COB"/> <input type="button" value="Claim Status"/>											
Reporting Year:		2012	<input type="radio"/> Due	<input checked="" type="radio"/> 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/				

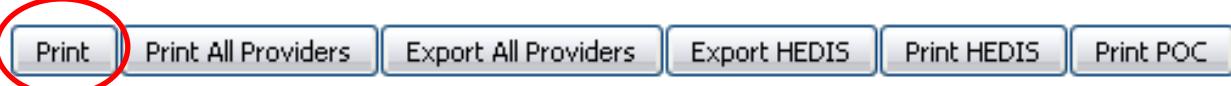
If a PCP has more than 25 members assigned to him or her, a **Member Count** appears at the bottom. You can use the arrows to navigate to the next page of members assigned to the PCP.



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

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

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



Meridian Health Plan Monthly Enrollment List		Key: Hot List Members that have needed quality measures due in the next 30 days.																			
Provider : Raquel, DO Date: 06/01/2012 Number of Members: 80		Line of Business: HPI - Medicaid Enrollee MAP - Medicare SNP Enrollee																			
Needed Quality Measures CIB - Childhood Immunizations* HPI - Health Plan Information* MAM - Breast Cancer Screening* PAP - Cervical Cancer Screening* CDC - Prenatal/Postpartum* COP - Chlamydia Screening* AWV - Adolescent Well Visit* WCV - Well-Child Visit* LDC - Lead Screening* MAM - Mammogram 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/DTANT	Hot List	Line of Business MHP MAP										
ATIM				11		M		AWV	TANF	*											
DB				10		F			ABAD	*											
IATT				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

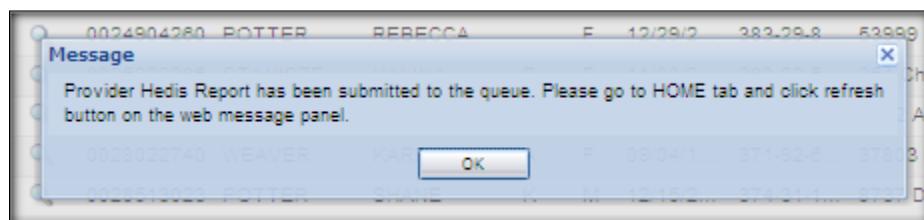


Monthly Enrollment List - All											
Member ID	Patient's Name	Address	Phone	Age	DOB	S	Disease Management	Needed Quality Measures	Program ADAPTANT	Not List	Line of Business MHP MAP
IM				11		M		AWV	TANF	*	
				10		F			ABAD	*	
				18		F		AWV,CS	TANF	*	
IT				15		F		AWV,CS	TANF	*	
				23		M			ABAD	*	
				17		M	Asthma	AWV	TANF	*	
				41		F			TANF	*	
				65		F			ABAD	*	
				16		F		CS	TANF	*	

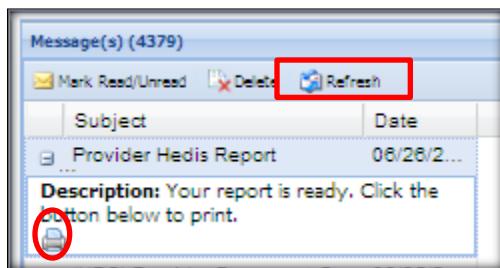
3. **Export All Providers**-Selecting this will open an Excel spreadsheet of the assigned members for all providers. This list is a roster of the patients assigned to the PCP or Group



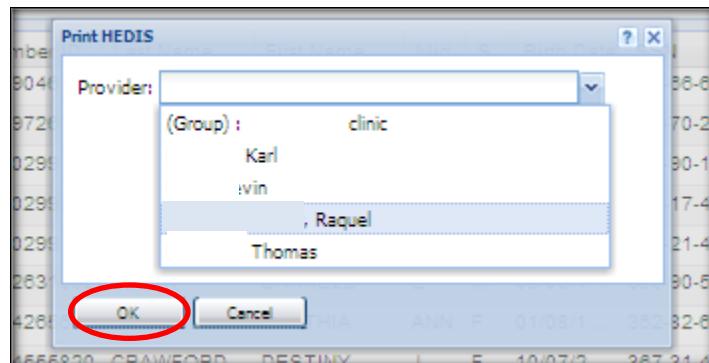
4. **Export HEDIS**- Export the members who have outstanding HEDIS measures to an Excel spreadsheet by clicking **Export HEDIS**. A dialog box instructs you to click the **Home** tab and click **Refresh** in the **Message(s)** screen



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



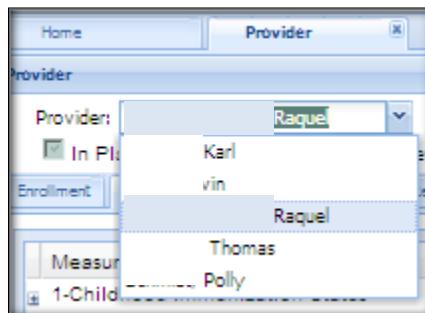
Provider Quality Incentive Bonus Summary								06/26/2012 2:03pm EST
Measure		Prior Year Members	YTD Hits	Total Due	Bonus Percent	Paid YTD	Possible Bonus	HOT LIST**
Childhood Immunization Status	DTP/DTaP	1		1	0%	\$0.00	\$25.00	
	IPV/OPV	1		1	0%	\$0.00	\$25.00	
	MMR	1	1		100%	\$25.00	\$25.00	
	HiB	1	1		100%	\$25.00	\$25.00	
	Hep B	1		1	0%	\$0.00	\$25.00	
	VZV	1	1		100%	\$25.00	\$25.00	
	PCV	1	1		100%	\$25.00	\$25.00	
	Hep A	1		1	0%	\$0.00	\$25.00	
	Rotavirus	1		1	0%	\$0.00	\$25.00	
	Influenza	1	1		100%	\$0.00	\$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.**



HEDIS

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



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

Provider					
Provider:	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 Bon...		
+ 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 Bon...			
+ 1-Childhood Immunization Status	1	\$100.00	\$105.00			
+ 2-Adolescent Immunization Status	5		\$45.00			
Measure	Members	Prior Year Hits	YTD Hits	Percent		
MMR	5	4		80 %	\$0.00	\$15.00
Hepatitis B	5	4		80 %	\$0.00	\$15.00
MZV	5	4		80 %	\$0.00	\$15.00
Combo 1	5	4		80 %	\$0.00	
Combo 2	5	4		80 %	\$0.00	
+ 3-Breast Cancer Screening	6				\$250.00	
+ 4-Cervical Cancer Screening	12				\$50.00	
+ 10-Comprehensive Diabetes Care	1				\$500.00	

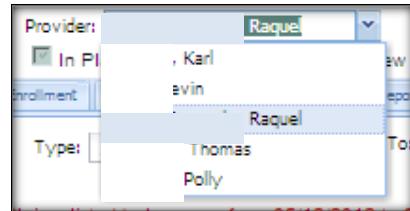
Clicking the **Printer Icon** will open a new window with a PDF report of the **Provider Quality Incentive Bonus Summary** for all measures.

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

Provider Quality Incentive Bonus Summary								06/26/2012 2:16pm EST	
Measure		Prior Year Members	Prior Year Hits	YTD Hits	Total Due	Bonus Percent	Bonus Paid YTD	Possible Bonus	HOT LIST**
Childhood Immunization Status	DTP/DTaP	1			1	0%	\$0.00	\$25.00	
	IPV/OPV	1			1	0%	\$0.00	\$25.00	
	MMR	1		1	1	100%	\$25.00	\$25.00	
	HiB	1		1	1	100%	\$25.00	\$25.00	
	Hep B	1			1	0%	\$0.00	\$25.00	
	VZV	1		1	1	100%	\$25.00	\$25.00	
	PCV	1		1	1	100%	\$25.00	\$25.00	
	Hep A	1			1	0%	\$0.00	\$25.00	
	Rotavirus	1			1	0%	\$0.00	\$25.00	
Lead Screening	Influenza	1	1			100%	\$0.00	\$0.00	
	Combo 3	1			1	0%	\$0.00	\$200.00	
Well-Child Visits First 15 Months	1 - 5 Visits	1		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.

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

Claim #	Edit Resu...	Member ID	Member Na...	Serv Dat...	Bill T...	POS	Diag 1	Diag 2	Diag 3	Billed	Paid	Status	Patient Acc#	formType
s_21808078					11	78907						Paid	11180141	HCFA
s_21808080					11	7840						Paid	11185381	HCFA
s_21851084					11	3804						Paid	11186431	HCFA
s_21851083					11	V202						Paid	11186421	HCFA
s_21808081					11	6264	V5869					Paid	11186111	HCFA
s_21851085					11	V2549						Paid	11187041	HCFA
s_21902544					11	59970						Paid	1117111	HCFA
s_21902543					11	6800						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.

Claims listed below are from 05/12/2012 to 06/26/2012											
Claim #	Edit/Resub...	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							
<hr/>											
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 test		1	\$85.00			2
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	V2649			

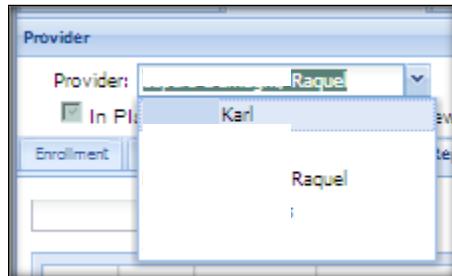
Any claims that were rejected have a **Notepad Icon** in the **Edit/Resubmit** column (pictured below). Providers can select the **Notepad Icon** to edit a claim and resubmit. When the **Notepad Icon** is clicked, it will open the **Professional Claims** tab at the top. Fill in the needed corrections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

Claims listed below are from 06/26/2011 to 06/26/2012											
Claim #	Edit/Resub...	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						

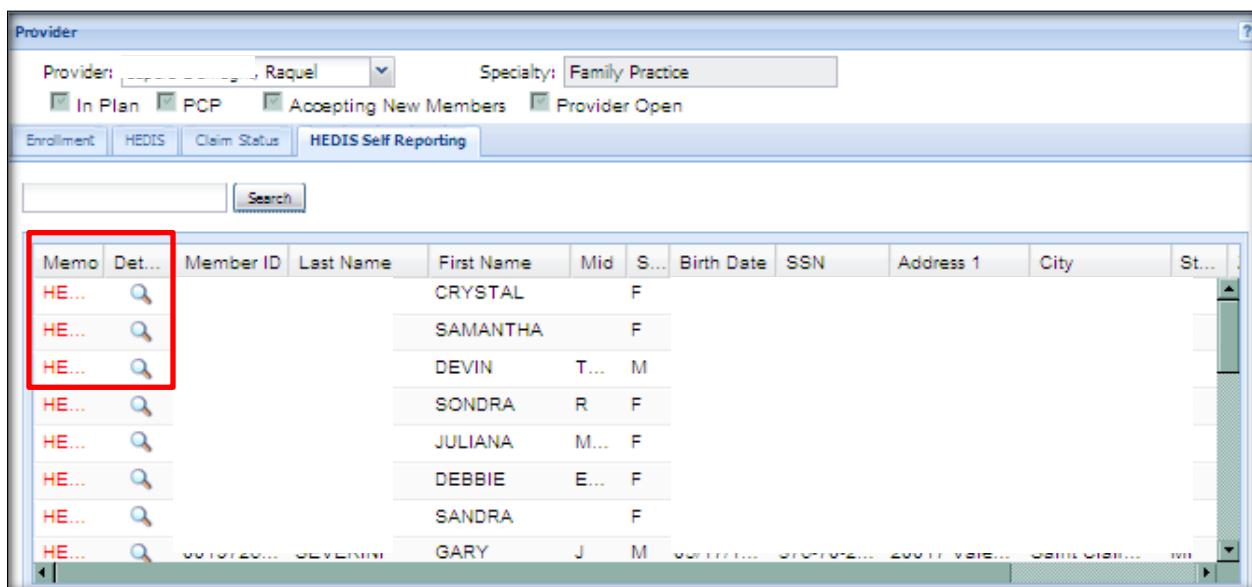
Professional Claim											
Member ID :	Member's Name									
Billing NPI :	1231231231	Serv Prov NPI :	1231231231	<input type="checkbox"/> Same as billing							
Billing TIN :	3213213213	Serv Prov Taxonomy :									
Patient Account# :		Prior Auth# :	0								
Claim Freq Code :	Original Cl...	Orig. 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 :				
MPN Date :		Notes :									
Service Line	#.Serv.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.

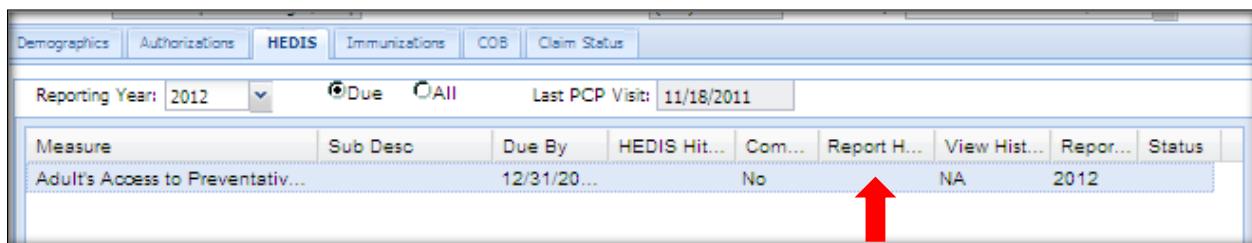


A list of the members assigned to that provider with needed HEDIS measures appears. This is noted by the red **HEDIS** alert on the left side of the member's name. Click on the red **HEDIS** or the **Magnifying Glass** icon.



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					
HE...				SONDRA	R	F					
HE...				JULIANA	M...	F					
HE...				DEBBIE	E...	F					
HE...				SANDRA		F					
HE...			GARY	J	M						

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



Demographics	Authorizations	HEDIS	Immunizations	COB	Claim Status			
Reporting Year: 2012	<input checked="" type="radio"/> Due	<input type="radio"/> 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 41-46 to report completed HEDIS measures.



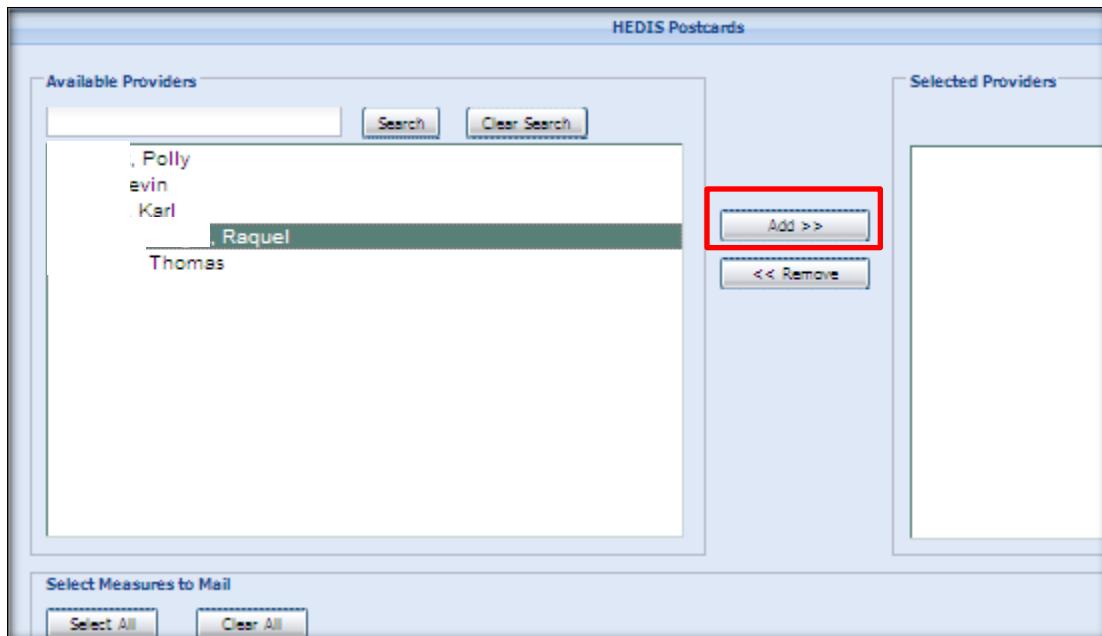
The screenshot shows a software interface for managing provider information. At the top, there is a navigation bar with tabs: Enrollment, HEDIS, Claim Status, and HEDIS Self Reporting. The HEDIS Self Reporting tab is currently selected. Below the navigation bar, there is a search bar containing the name "Smith" and a "Search" button. The search results are displayed in a grid table with the following columns: Memo, Det..., Member ID, Last Name, First Name, Mid, S..., Birth Date, SSN, Address 1, City, and St... (State). There are four rows of results, each corresponding to a different member record. Each row contains a small thumbnail image next to the "Memo" column and a magnifying glass icon next to the "Det..." column.

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

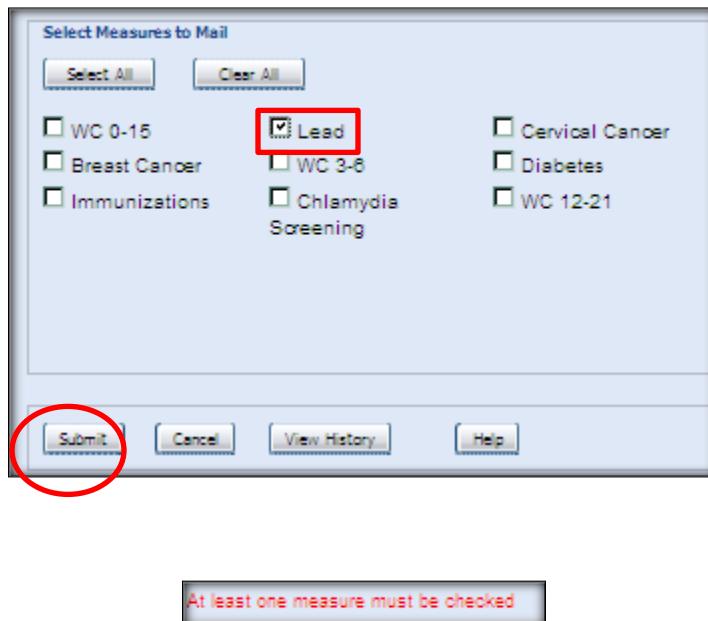
As a contracted Meridian provider, you can receive bonuses for completing services that meet HEDIS guidelines. Meridian helps you achieve these bonuses by allowing you to send postcards from your office. These postcards are designed and paid for by Meridian. They remind members about needed services 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

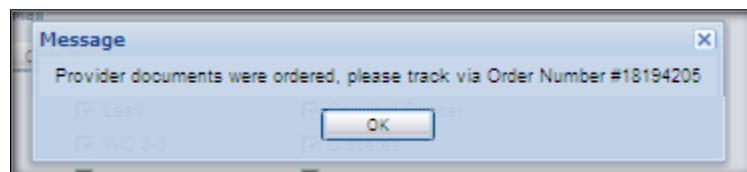


3. Click **Add**. If another provider wants to send postcards, highlight his or her name and click **Add** again. This allows the user to select any provider in a group from whom postcards should be sent

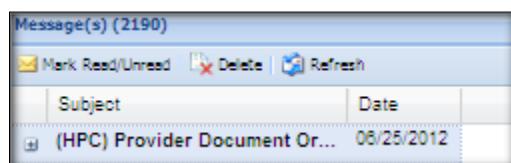
4. **Select Measures to Mail.** You can select all or select specific measures for which you wish to send postcards. If you do not select a measure, a warning message will appear at the bottom of the window



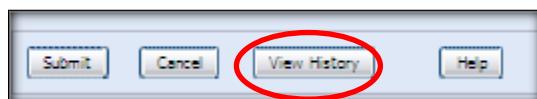
5. Click **Submit**. A dialog box appears with an Order Number confirming the documents were ordered



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



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



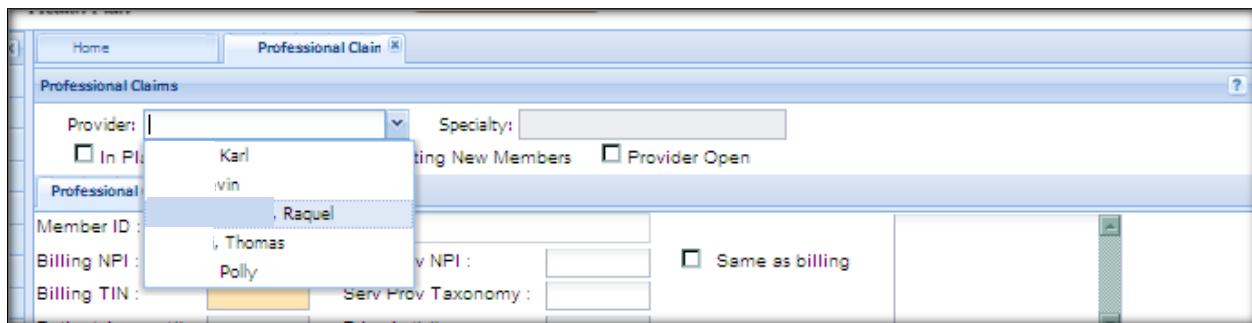
Provider Order Document History Report
(As of 06/29/2012 2:27p)

ProviderID	ProviderName	DRRequest	MeasureNum	MeasureName	POLevelNum	POLevelName	DCCompleted	MeasCount
	Raquel	06252012	15	Well-Child Visits in the First	10194005	In-Process		1

Professional Claims

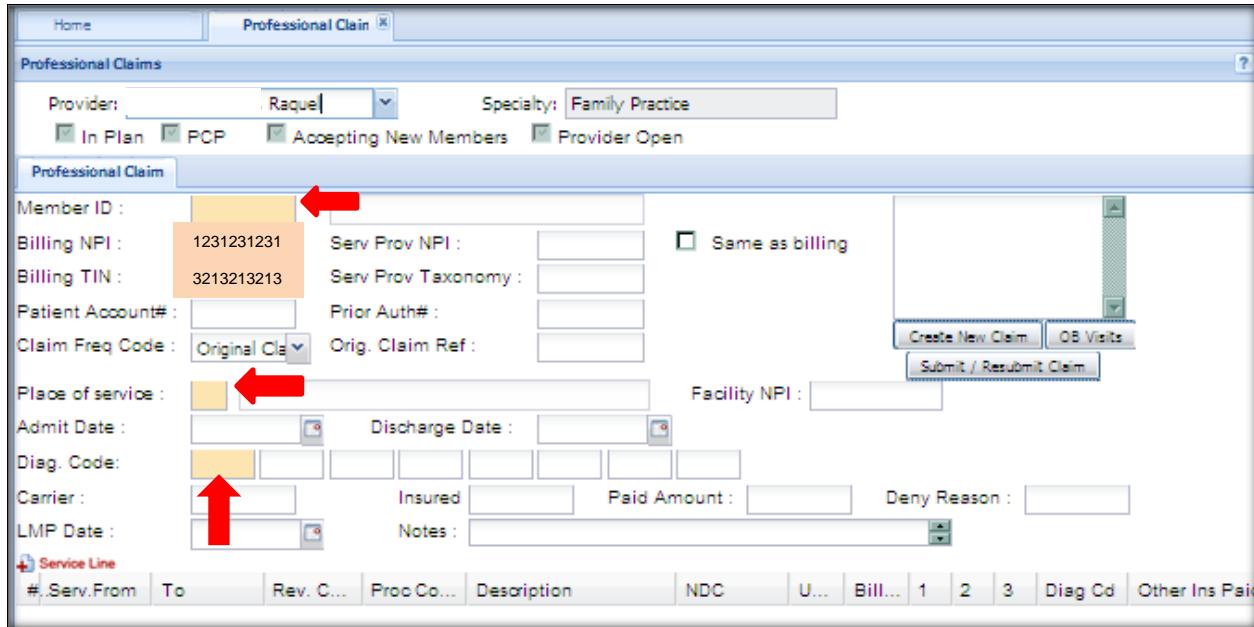
Providers are able to electronically submit claims through this menu option. You will need to fill out the required information that is highlighted. You will also need to add a **Services Line** (described below). You are able to add as many lines of service as you need. After you have completed your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



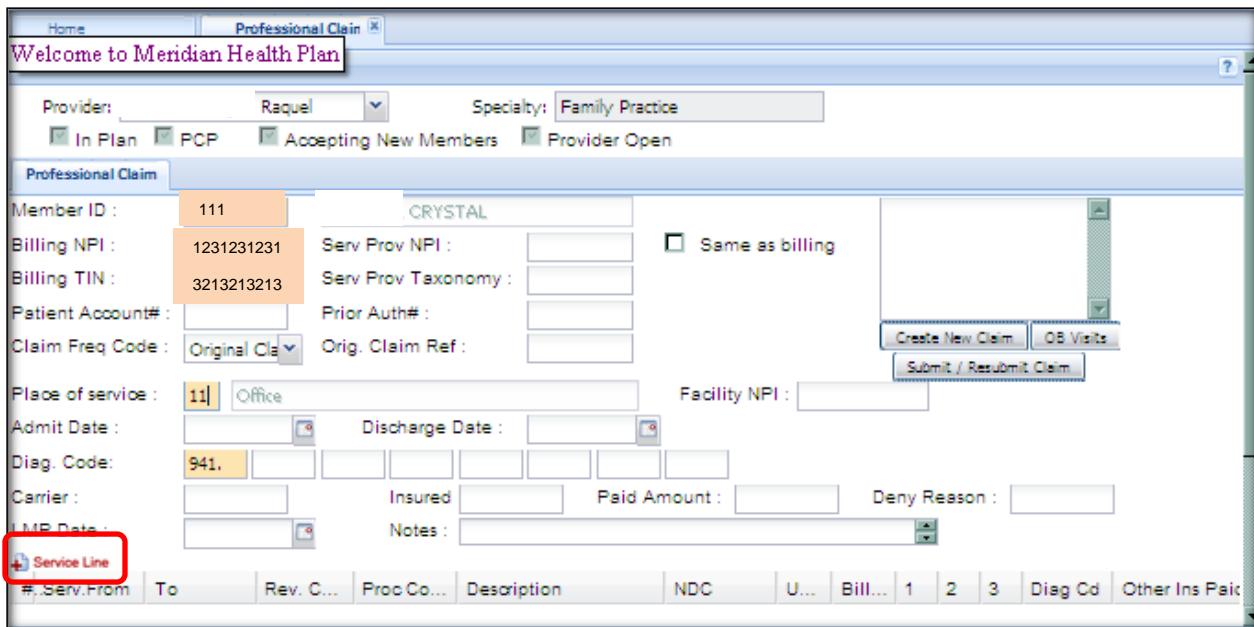
The screenshot shows the 'Professional Claims' screen. At the top, there is a 'Provider' dropdown menu with several names listed: Karl, Raquel, Thomas, and Polly. The name 'Raquel' is currently selected. Below the dropdown, there are other fields: 'Specialty:' (empty), 'In Plan' (checkbox checked), 'Provider Open' (checkbox unchecked), 'Member ID' (empty), 'Billing NPI' (empty), 'Billing TIN' (empty), 'NPI' (empty), 'Same as billing' (checkbox unchecked), and 'Serv Prov Taxonomy' (empty).

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.**



This screenshot shows the 'Professional Claim' section of the Meridian Health Plan software. The 'Member ID' field (containing '1231231231') and the 'Place of service' field (containing '11') are highlighted with orange boxes and have red arrows pointing to them. Other fields visible include 'Billing NPI' (containing '1231231231'), 'Billing TIN' (containing '3213213213'), 'Claim Freq Code' (set to 'Original Cl'), 'Diag. Code' (containing '941'), and 'LMP Date'. At the bottom, there is a 'Service Line' section with tabs for '#. Serv. From', 'To', 'Rev. C...', 'Proc Co...', 'Description', 'NDC', 'U...', 'Bill...', '1', '2', '3', 'Diag Cd', and 'Other Ins Paid'. Buttons for 'Create New Claim', 'OB Visits', and 'Submit / Resubmit Claim' are also present.

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 screenshot shows the same 'Professional Claim' form after a service line has been added. The 'Place of service' field now contains '11| Office'. The 'Service Line' button at the bottom left of the service line table is highlighted with a red box. The rest of the form fields are filled in, including 'Member ID' (111), 'Billing NPI' (1231231231), 'Billing TIN' (3213213213), 'Claim Freq Code' (Original Cl), 'Diag. Code' (941), and 'LMP Date'. The 'Service Line' table now includes rows for 'Serv. From', 'To', 'Rev. C...', 'Proc Co...', 'Description', 'NDC', 'U...', 'Bill...', '1', '2', '3', 'Diag Cd', and 'Other Ins Paid'.

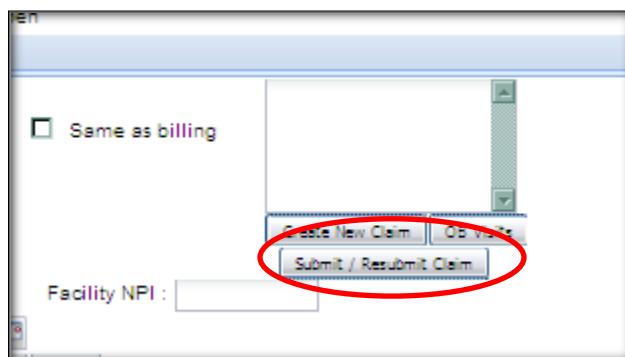
This opens service lines in a box below. The new box has areas that are required to be filled out. These required areas are highlighted in orange/yellow and include **Serv. From** (service from date), **Proc Code** (procedure code), **NDC**, **Units**, **Billed** and **Diagnosis Code**. Enter in the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

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

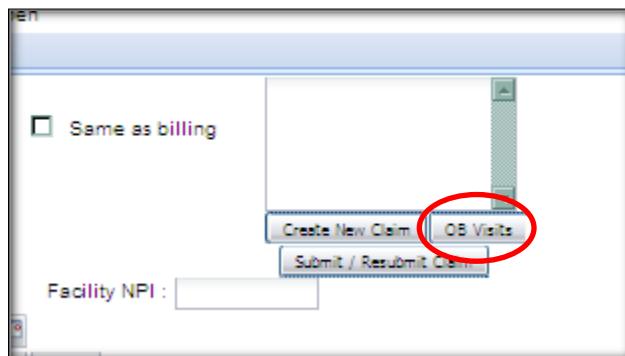
the associated number in the correct field. When you finish entering information for a service line, click **OK**. Repeat the above steps for each claim of the line that you want to add.



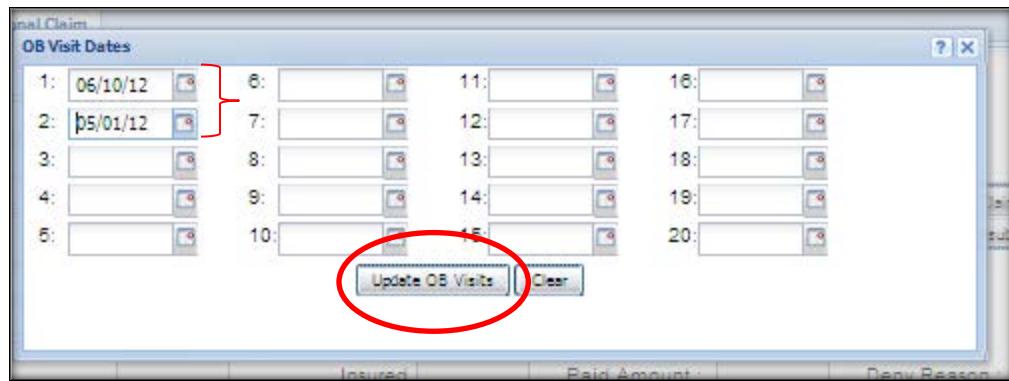
When you are done entering the information, click the **Submit/Resubmit** claim button.



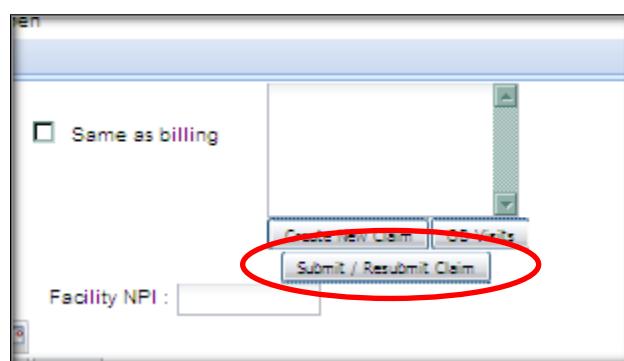
For OB/GYN providers, OB visit dates must be entered before Meridian will pay the claim. Above the **Submit/Resubmit Claim** button is an **OB Visits** button.



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



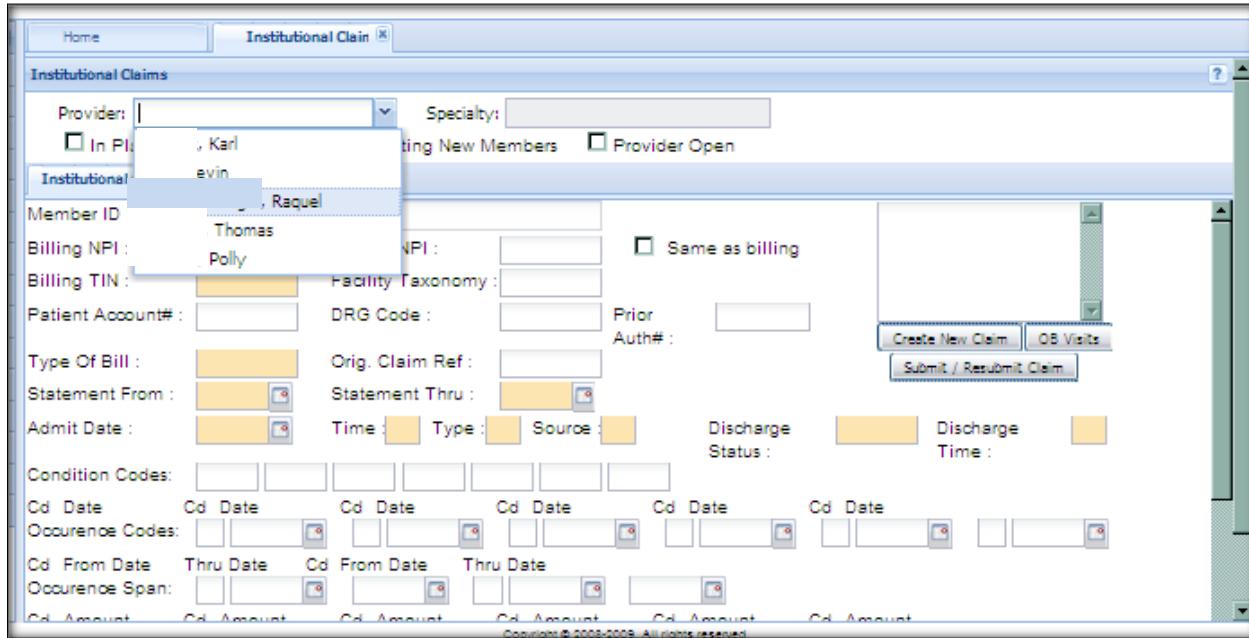
Then click **Submit/Resubmit Claim**.



Institutional Claims

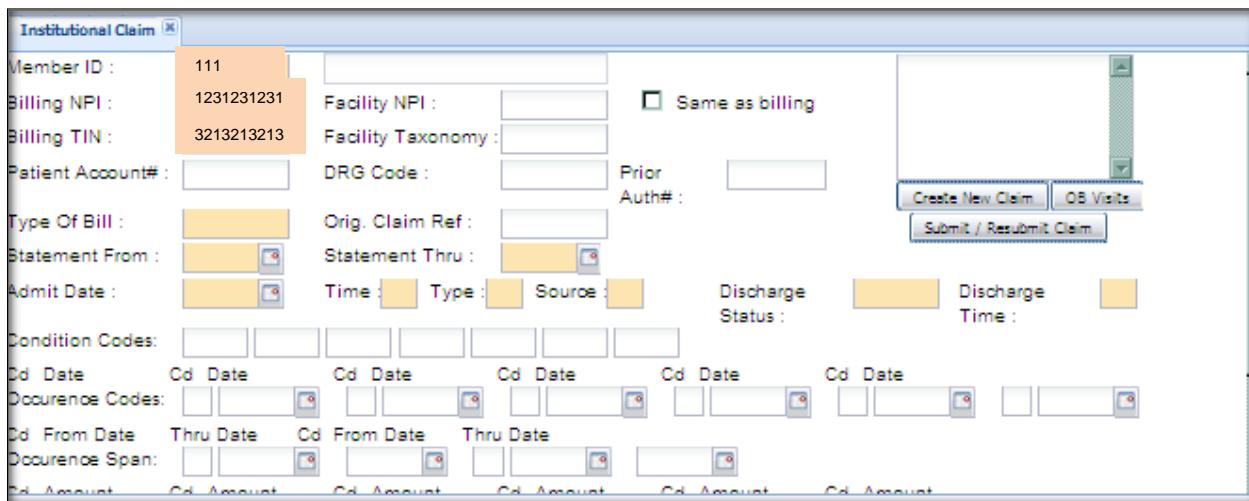
Hospitals submit claims through the Institutional Claims option. The screen works similar to the **Professional Claims** screen.

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.



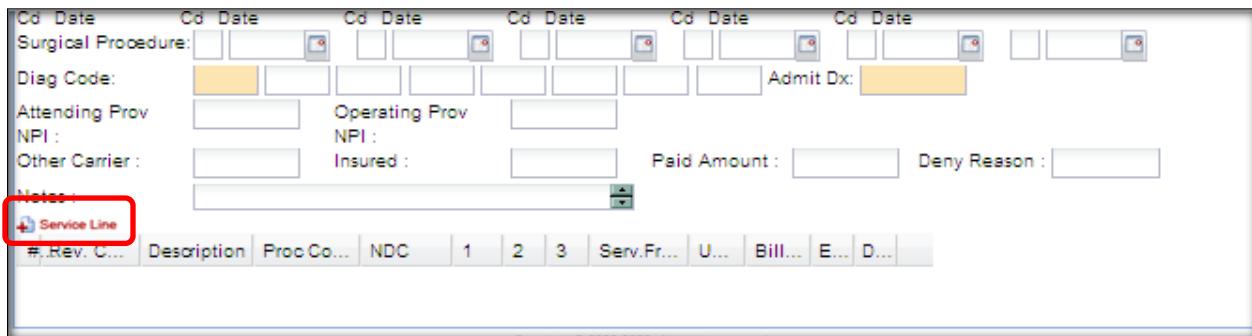
The screenshot shows the 'Institutional Claim' screen. At the top, there is a 'Provider:' dropdown menu with several names listed: 'In Plan', 'Karl', 'Kevin', 'Raquel', 'Thomas', 'Polly', and 'New Members'. A checkmark is next to 'In Plan'. To the right of the dropdown are 'Specialty:' and 'Facility Taxonomy:' fields, both currently empty. Below the dropdown, there are several input fields: 'Member ID', 'Billing NPI', 'Billing TIN', 'Patient Account#', 'Type Of Bill', 'Statement From', 'Admit Date', 'Condition Codes', 'Occurrence Codes', 'Cd. Date', 'Cd. Amount', and 'Cd. From Date'. To the right of these fields are checkboxes for 'Same as billing', 'Prior Auth#:', 'Discharge Status:', 'Discharge Time:', and buttons for 'Create New Claim', 'OB Visits', 'Submit / Resubmit Claim', and 'Copyright © 2008-2009. All rights reserved.'

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 Claim' screen as above, but with specific fields highlighted in orange to indicate they must be filled. The 'Member ID' field contains '111', the 'Billing NPI' field contains '1231231231', and the 'Billing TIN' field contains '3213213213'. The other fields are either empty or have their standard placeholder text ('Facility NPI', 'DRG Code', etc.). The right side of the screen includes the same set of buttons and copyright notice as the first screenshot.

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



The screenshot shows the main claim entry screen with various fields for patient information and service dates. At the bottom left, there is a red box around the **+ Service Line** button. Below this, a separate window titled "Service Lines" is open, containing fields for service numbers (1, 2, 3), service from date, units, billed amount, and other details. The "Billed" field has a yellow highlight, indicating it is a required field.

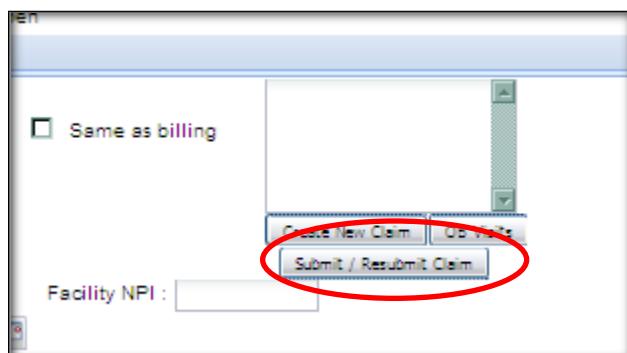
This opens service lines in a box below. The new box has areas that are required to be filled out. These required areas are highlighted in orange/yellow and include **Serv. From** (service from date), **Proc Code** (procedure code), **NDC**, **Units**, **Billed** and **Diagnosis Code**. Enter in the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



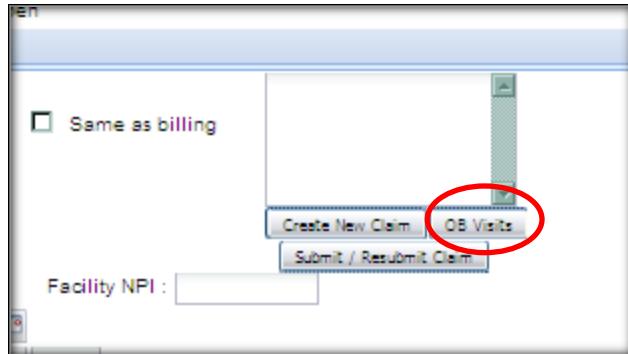
The screenshot shows the "Service Lines" sub-form with several rows of service entries. Each row includes fields for service number (1, 2, 3), service from date, units, and billed amount. The "Billed" field in the first row is highlighted with a yellow background. At the bottom right of the sub-form, there is a red circle around the **OK** button, which is used to save the entered service line information.

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

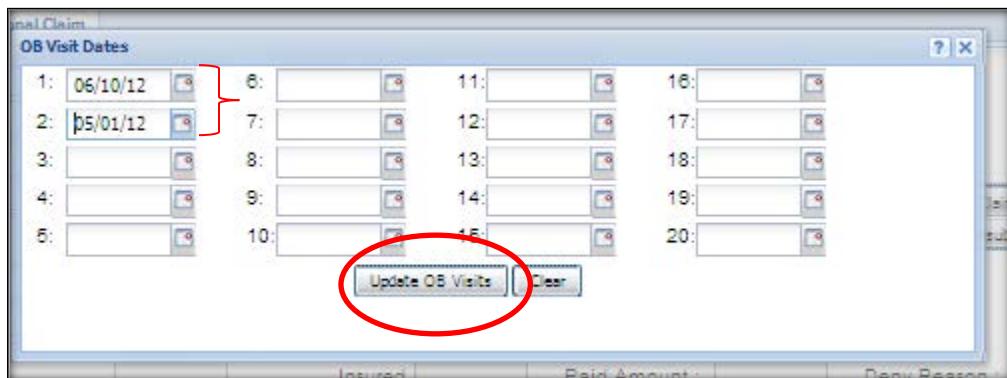


The screenshot shows a "Submit" dialog box. It contains a checkbox for "Same as billing", a "Facility NPI" input field, and two buttons at the bottom: "Create New Claim" and "Submit / Resubmit Claim". Above these buttons is a red circle, highlighting the "Submit / Resubmit Claim" button. This button is used to submit the completed claim.

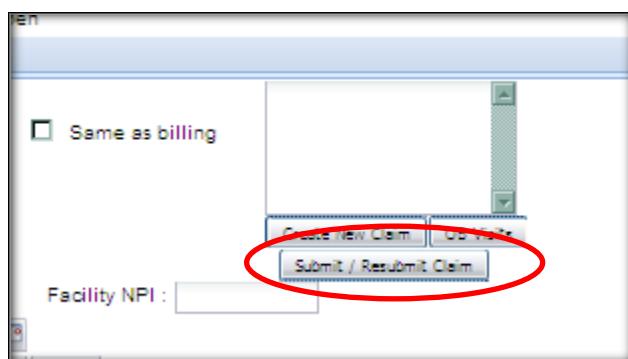
If an OB visit occurred at the hospital, be sure to add the visit date to the **OB Visits** screen. Above the **Submit/Resubmit Claim** button is the **OB Visits** button.



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



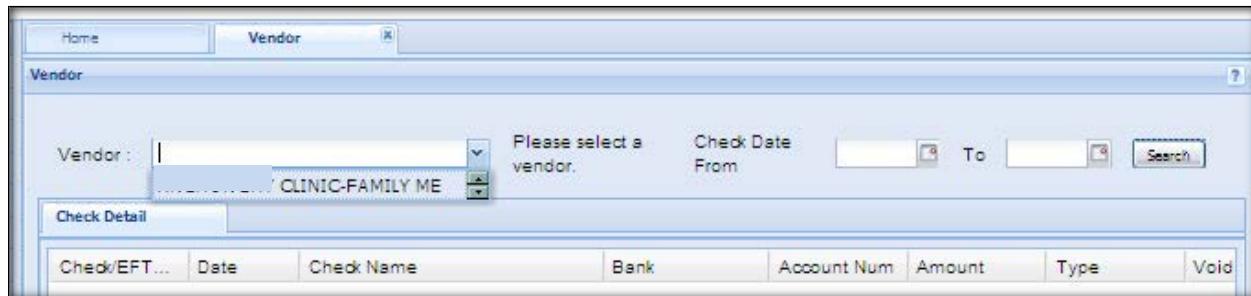
Then Click **Submit/Resubmit Claim**.



Vendor

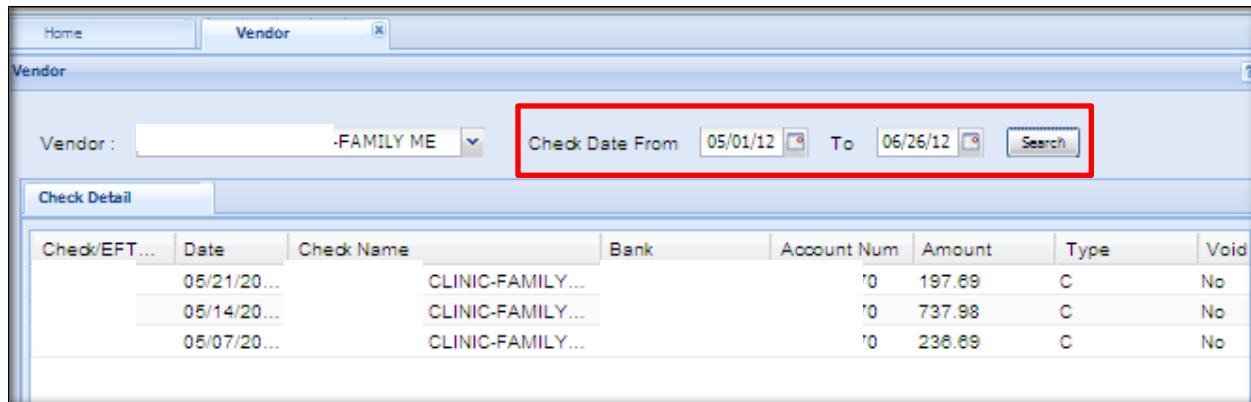
To view Explanation of Benefits (EOBs) from paid claims and look at check details (similar to a Remittance Advice), select this option from the menu at the left. Providers can filter the search by dates. The EOBs are listed for the entire group, not by individual provider.

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



The screenshot shows a software window titled "Vendor". At the top, there is a dropdown menu labeled "Vendor:" containing the text "CLINIC-FAMILY ME". To the right of the dropdown, a message says "Please select a vendor." Below the dropdown are "Check Date From" and "To" fields with calendar icons, and a "Search" button. A table header row is visible below these fields, with columns for "Check/EFT...", "Date", "Check Name", "Bank", "Account Num", "Amount", "Type", and "Void".

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 same "Vendor" search interface after a search has been performed. The "Check Date From" field is set to "05/01/12" and the "To" field is set to "06/26/12". A red box highlights this date range. Below the search fields, a table displays three rows of check details. The columns are "Check/EFT...", "Date", "Check Name", "Bank", "Account Num", "Amount", "Type", and "Void". The data in the table is as follows:

Check/EFT...	Date	Check Name	Bank	Account Num	Amount	Type	Void
05/21/20...		CLINIC-FAMILY...		70	197.69	C	No
05/14/20...		CLINIC-FAMILY...		70	737.98	C	No
05/07/20...		CLINIC-FAMILY...		70	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		Date	Check Name	Bank	Account Num	Amount	Type	Void
15	05/21/20...		CLINIC-FAMILY...			197.69	C	No
17	05/14/20...		X-FAMILY...			737.98	C	No
20	05/07/20...		J-FAMILY...			236.69	C	No

Print **Create 835**

3:30 pm
06/26/2012

Meridian Health Plan
Remittance Detail Report
CLINIC-FAMILY MR

Check number: L

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

Claim No: Member Id: Name: _____
Account: Provider: Name: Raquel LOM: Medicaid

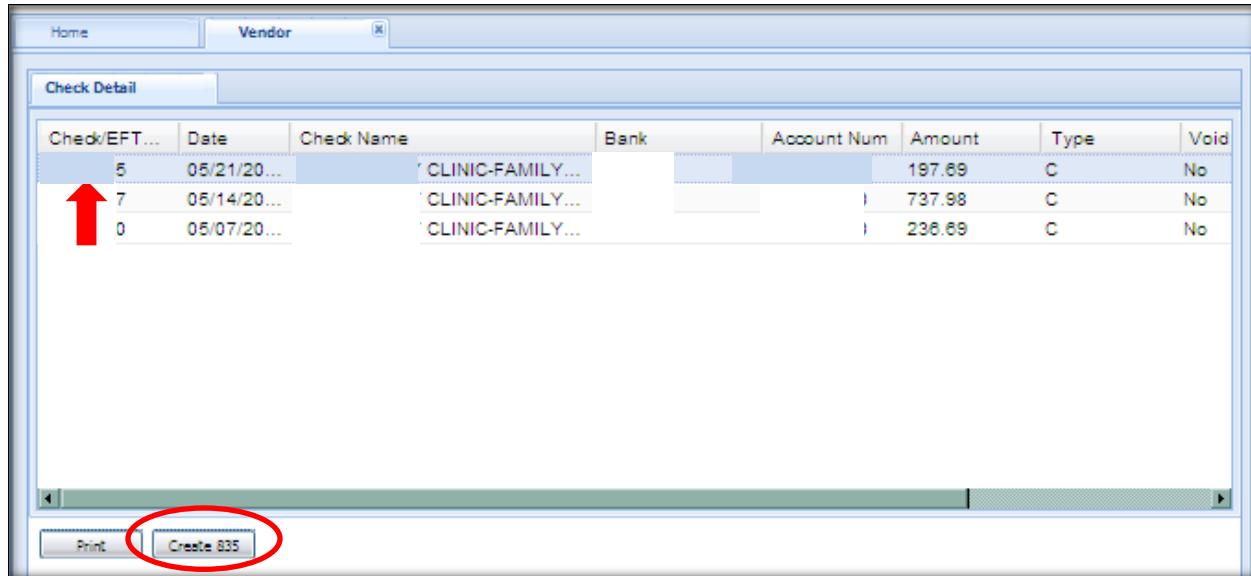
Line Number	Date of Service	Rev Code	Proc Code	Description	Billed Amount	Not Covered Reason	Remark	Net Payable
1	05/05/2012	99313	OFFICE/OUTPATIENT VISIT EST		85.00	53.99 A2		31.01
2	05/05/2012	73610	X-RAY EXAM OF ANKLE		50.00	32.78 A2		17.22
3	05/05/2012	73630	X-RAY EXAM OF FOOT		50.00	32.78 A2		17.22
					185.00	119.55		65.45

Claim No: Member Id: Name: _____
Account: Provider: Name: Thomas LOM: Medicaid

Line Number	Date of Service	Rev Code	Proc Code	Description	Billed Amount	Not Covered Reason	Remark	Net Payable
1	04/13/2012	17000	DESTRACT PHRMALG LESION		90.00	90.00 B13		0.00
2	04/13/2012	17003	DESTRACT PHRMALG LRE 2-14		45.00	45.00 B13		0.00
3	04/13/2012	72630	X-RAY EXAM OF FOOT		100.00	82.78 A2		17.22
					235.00	217.78		17.22

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

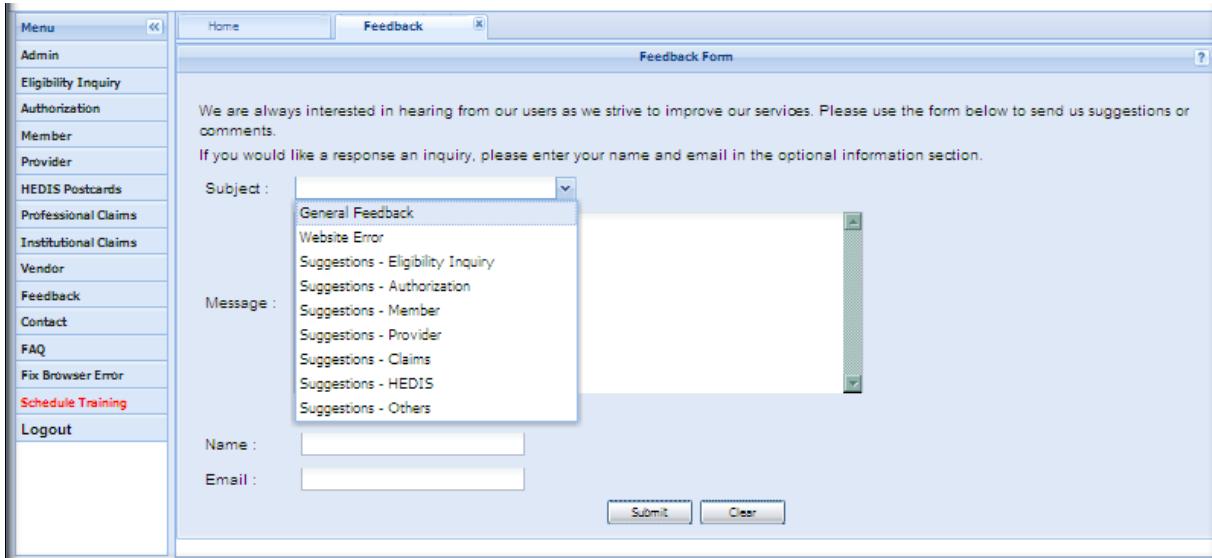
Automatically create an 835 file by selecting the claim and hitting the **Create 835** button on the bottom. A new window with the PDF of the form appears.



Feedback

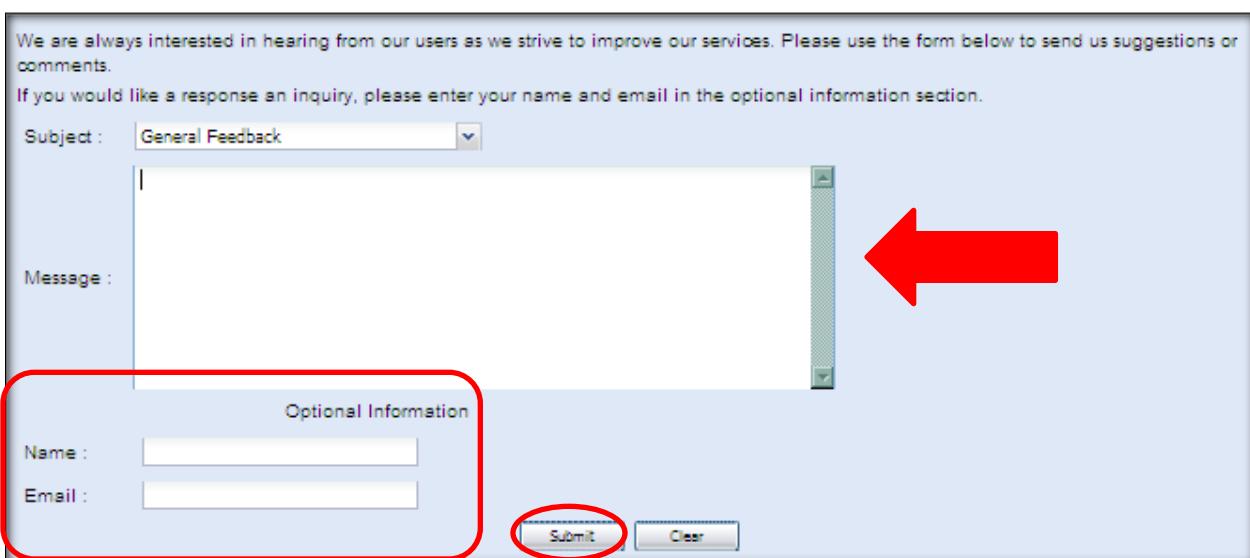
Meridian is always interested in hearing from our users to better improve our services. Use this form in the Provider Portal to submit feedback directly to Meridian. If you want a response to an inquiry, please enter your **Name** and **Email** in the **Optional Information** section on the form.

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



The screenshot shows the 'Feedback' page of the Meridian Provider Portal. On the left is a vertical menu bar with links like Admin, Eligibility Inquiry, Authorization, Member, Provider, HEDIS Postcards, Professional Claims, Institutional Claims, Vendor, Feedback, Contact, FAQ, Fix Browser Error, Schedule Training, and Logout. The main area has tabs for Home and Feedback. A message at the top says, "We are always interested in hearing from our users as we strive to improve our services. Please use the form below to send us suggestions or comments." Below that, another message says, "If you would like a response an inquiry, please enter your name and email in the optional information section." A dropdown menu for 'Subject' is open, showing options: General Feedback, Website Error, Suggestions - Eligibility Inquiry, Suggestions - Authorization, Suggestions - Member, Suggestions - Provider, Suggestions - Claims, Suggestions - HEDIS, and Suggestions - Others. The 'General Feedback' option is selected. Below the dropdown are fields for 'Name' and 'Email', both currently empty. At the bottom are 'Submit' and 'Clear' buttons.

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



This screenshot shows the same Feedback Form as above, but with a red arrow pointing to the 'Submit' button at the bottom right. A red box highlights the 'Optional Information' section, which contains fields for 'Name' and 'Email'. The 'Name' field is empty, while the 'Email' field contains a placeholder 'Email:'. The rest of the form elements are identical to the first screenshot.

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 Provider Portal interface. The top navigation bar includes the Meridian Health Plan logo, a Michigan state icon, and tabs for Home and Contact. The left sidebar contains a menu with links such as Admin, Eligibility Inquiry, Authorization, Member, Provider, HEDIS Postcards, Professional Claims, Institutional Claims, Vendor, Feedback, Contact, FAQ, Fix Browser Error, Schedule Training, and Logout. The main content area is titled "Contact Information for Meridian Health Plan". It provides the address (777 Woodward Avenue, Suite 600, Detroit, MI 48226), phone number (313-324-3700), fax number (313-202-0006), and links for Member Services (888-437-0606), Non-Emergency Transportation Service (800-821-9369), and Behavioral Health Services (888-222-8041). It also lists Care Management regions and Pharmacy Prior Authorization Request information.

Contact Information for Meridian Health Plan

We are located at : 777 Woodward Avenue, Suite 600, Detroit, MI 48226

Phone : 313-324-3700 

Fax : 313-202-0006 

For Members :

Call Member Services at 888-437-0606 

Non-Emergency Transportation Service: 800-821-9369 

Behavioral Health Services: 888-222-8041 

For Physicians:

To contact the Care Management department, please locate your county from the list below.

Care Management Region 1 - 1-888-322-8843  (Alegan, Barry, Berrien, Calhoun, Cass, Kalamazoo, Ottawa, St. Joseph and Van Buren)

Care Management Region 2 - 1-800-846-8959  (Branch, Clinton, Crawford, Eaton, Hillsdale, Jackson, Lake, Lenawee, Mason, Mecosta, Monroe, Osceola, Otsego, Shiawassee and Wayne)

Care Management Region 3 - 1-888-322-8844  (Genesee, Huron, Kent, Livingston, Macomb, Manistee, Muskegon, Montcalm, Newaygo, Oakland, Oceana, Ogemaw, Oscooda, Roscommon, Saginaw, Sanilac, St. Clair and Tuscola)

For Behavioral Health Providers:

Contact the Behavioral Health Care Management Department at 888-222-8041 

Pharmacy Prior Authorization Requests:

Submit your request by fax to MeridianRx at 1-877-355-8070 

You may call MeridianRx at 1-866-984-6462  with any questions or concerns 24 hours a day (except major holidays).

FAQ

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

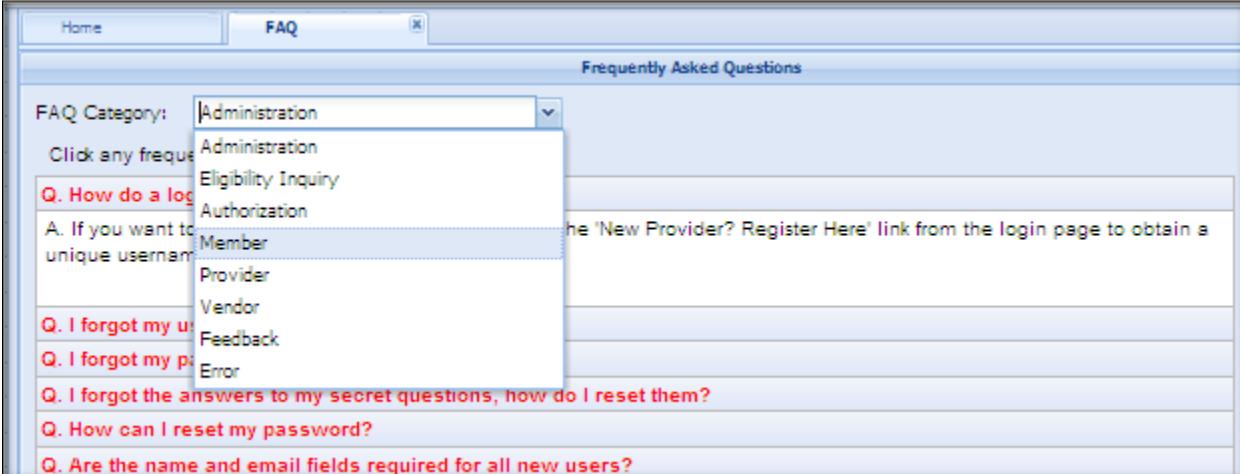
The default page will be for questions regarding **Administration**. To see the answer to the question, click on the **red** question.



The screenshot shows the Meridian Health Plan Provider Portal interface. On the left, there is a vertical navigation menu with various links such as Admin, Eligibility Inquiry, Authorization, Member, Provider, HEDIS Postcards, Professional Claims, Institutional Claims, Vendor, Feedback, Contact, FAQ, Fix Browser Error, Schedule Training, and Logout. The main content area has tabs for Home, Contact, and FAQ. The FAQ tab is selected, showing a dropdown menu for 'FAQ Category' set to 'Administration'. Below it, a message says 'Click any frequently asked question to view the answer.' A list of questions is provided, all of which are currently displayed in red text, indicating they are unanswerable or have not been answered yet. The questions include:

- Q. How do a login get the web portal?**
- A. If you want to sign up as a new provider group, click the 'New Provider? Register Here' link from the login page to obtain a unique username and password.
- Q. I forgot my user id, how do I retrieve it?**
- Q. I forgot my password, how do I reset it?**
- Q. I forgot the answers to my secret questions, how do I reset them?**
- Q. How can I reset my password?**
- Q. Are the name and email fields required for all new users?**
- Q. Why does it say someone else is logged in?**
- Q. Can I be logged into another PC and access the web portal at the same time?**
- Q. Why am I getting a com.gwt error?**
- Q. Are there minimum password requirements?**
- Q. Do logon names expire if they are not used?**
- Q. Can I re-use the same password after it has been reset?**
- Q. Are answers to secret questions case sensitive?**

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



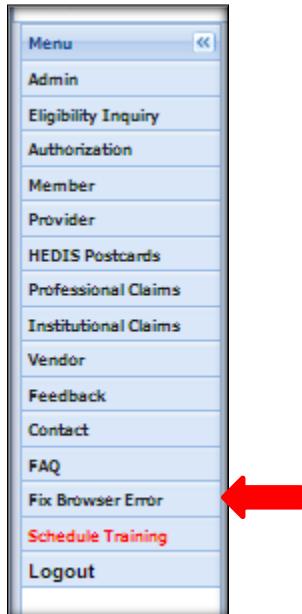
This screenshot shows the same Meridian Health Plan Provider Portal interface as above, but with the 'FAQ Category' dropdown menu open. The 'Member' option is highlighted in blue, indicating it is the selected category. The rest of the page content, including the list of frequently asked questions, remains the same as in the previous screenshot.

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

Fix Browser Error

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

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



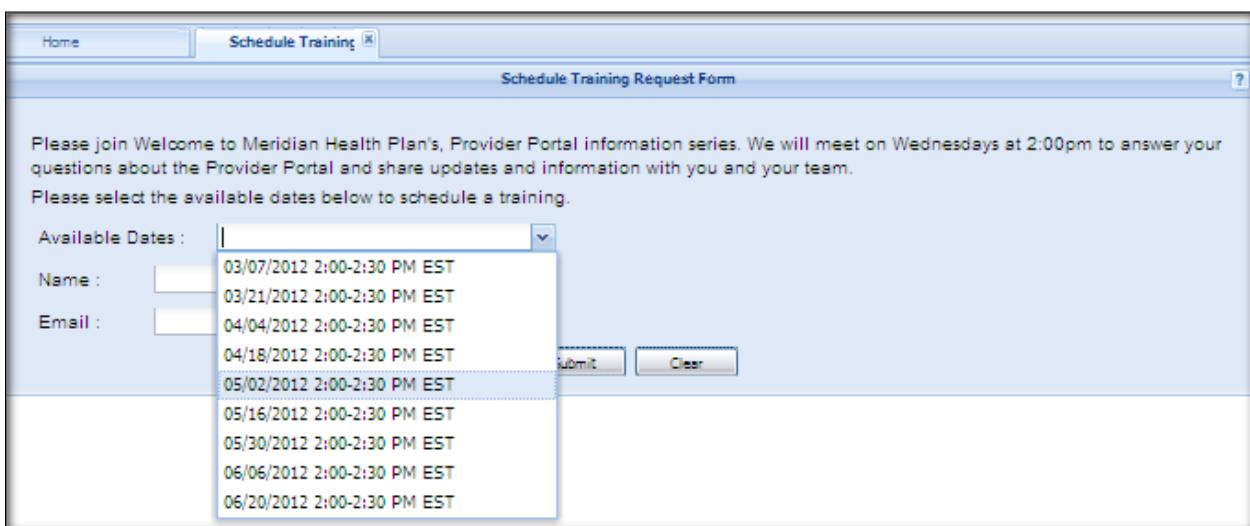
Schedule Training

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

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



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



The screenshot shows a 'Schedule Training Request Form' window. At the top, there's a message: 'Please join Welcome to Meridian Health Plan's, Provider Portal information series. We will meet on Wednesdays at 2:00pm to answer your questions about the Provider Portal and share updates and information with you and your team.' Below this, a instruction says 'Please select the available dates below to schedule a training.' A dropdown menu labeled 'Available Dates:' is open, showing a list of dates and times: 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 'Submit' and 'Clear' buttons at the bottom of the dropdown.

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

Home Schedule Training X

Schedule Training Request Form ?

Please join us for our Welcome to Meridian Health Plan's Provider Portal information series. We will meet on Wednesdays at 2:00pm to answer your questions about the Provider Portal and share updates and information with you and your team.

Please select the available dates below to schedule a training.

Available Dates : 05/02/2012 2:00-2:30 PM EST ▼

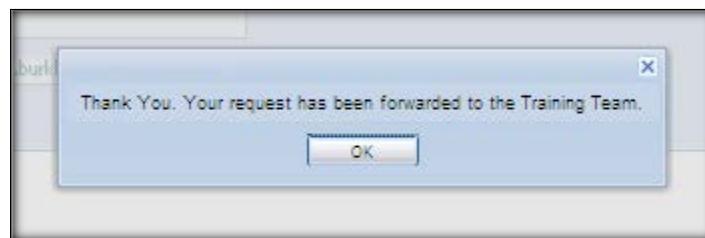
Name : nurse }

Email : nurse@mhplan.com }

Submit Clear

The 'Submit' button is circled in red.

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

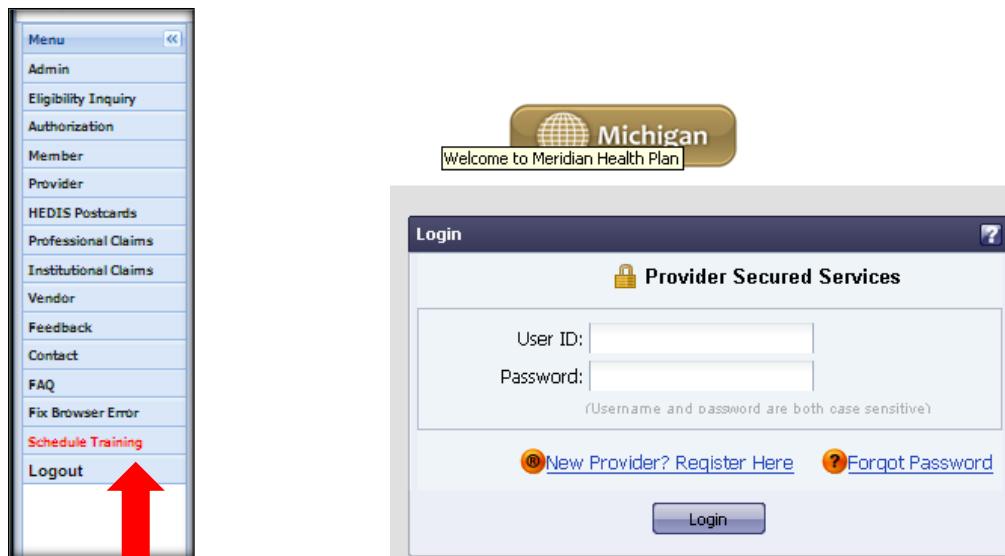


Logout

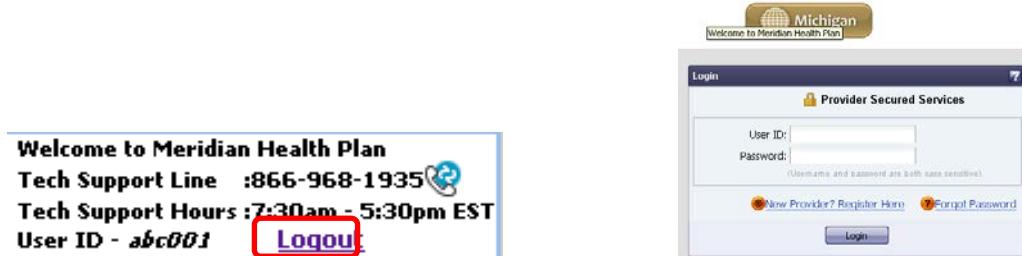
You must logout of the Provider Portal. Do not click the  on the browser. This will cause trouble for other users who try to log in to the Provider Portal from the same computer.

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