Provider Web Portal 2.0

User Guide
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Chapter 1 Web Portal Introduction

MedPOINT Management’s (MPM) Provider Web Portal is a secure centralized location which allows providers to accomplish a number of tasks 24 hours a day; eliminating additional paperwork and telephone calls.

Main features in the web portal include:

- Check Eligibility status
- Access Eligibility Reports, including new member lists and terminated members
- View patient’s gap in care information upon Authorization submission or Eligibility search
- Check the status of a previously submitted claim
- Submit an Authorization request and check the status of previously submitted Authorization
- View claim denial reason remarks directly
- Upload and attach documents to submitted Claims or Authorizations
- Inquire and communicate directly with MPM staff regarding Claims, Auths, or Eligibility
- Receive Alerts provided by MPM
- Upload and attach consult notes following specialty visit allowing other practitioners real time access to the information

A.) Getting Started – Accessing the Web Portal

The Provider web portal link is located on the MedPOINT Management website in the following location by clicking the Provider Portal Login button on the upper right hand corner:
B.) System Login

You will be directed to the login page by clicking on the Provider Portal Login link or by clicking on the following URL:

https://portal.medpointmanagement.com

Enter in your Username.

Enter in your password.

Click to view the password & verify it was typed correctly.

Click to sign into the web portal.

System Requirements:

To get the best experience out of the Web Portal 2.0 you’ll need:

Windows
- Windows 7, Windows 8, Windows 8.1, Windows 10 or later
- An Intel Pentium 4 processor or later that's SSE2 capable

Mac
- OS X Yosemite 10.10 or later

Linux
- 64-bit Ubuntu 14.04+, Debian 8+, openSUSE 13.3+, or Fedora Linux 24+
- An Intel Pentium 4 processor or later that’s SSE2 capable

To view PDF’s directly from your browser, please have the latest version of Google Chrome or Windows Edge installed in your computer.
Forgot Password

If you have forgotten your password, click on the icon. A Reset Password window will pop up.

Enter your username to generate a password reset code that will be sent to your email address.

Enter in your user name and click on Generate reset code.

An email will be sent to the email address tied to the username from MPM Web Portal <mpmidm@medpointmanagement.com>.

Your password reset code is 7wrkmy.

If you did not request a password reset code, please contact MPM Web Portal Support at mpmweb@medpointmanagement.com or call us at 818.702.0100 ext. 1299.

mpmidm
MedPOINT Management
Email: mpmidm@medpointmanagement.com
Enter in your password reset code and a new password

Reset Password

Password Reset Code
7wrkmy|

Enter the password reset code from your email.

New Password

New password is required

Close Submit

Your new password needs to have at least:

- 8 characters
- 2 letters
- 2 numbers
- 2 special characters

Example of special characters that can be used. (!, @, #, $, %, etc.)
C.) Attestation

To adhere to healthcare regulations, MedPOINT may have attestation agreements upon logging into the Web Portal.

- Click on ✔️ I Agree to continue with the Web Portal.
- Click on Sign out to sign out of the Web Portal.
Chapter 2 Navigating the Web Portal

After successfully logging in to the web portal, you will see the following landing page:

MPM news will be displayed on the home page along with contact information should you have any questions or concerns.
A.) Toolbar Main Menu

The toolbar menu is where you can access the various modules available in the web portal:

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>Search Providers or Specialists within your network.</td>
</tr>
<tr>
<td>Authorizations</td>
<td>Submit Authorizations/Referral requests.</td>
</tr>
<tr>
<td>Claims</td>
<td>Search previously submitted Claims and view the current status.</td>
</tr>
<tr>
<td>Members</td>
<td>Access to three different reports regarding your Members; Members approaching 65 years old, My Hospitalized Members, and Members without PCP visits.</td>
</tr>
<tr>
<td>Reference</td>
<td>Search Service, Diagnosis, Place of Service, and Modifiers available in the system.</td>
</tr>
<tr>
<td>Documents</td>
<td>Forms and Manuals is a location for all pertinent documents and reference materials shared by MPM. My Documents houses a variety of documents such as Capitation Reports, Claim EOB and Eligibility Reports. <strong>PLEASE NOTE:</strong> Special level access is required to view and download documents from this section.</td>
</tr>
<tr>
<td>Alerts</td>
<td>Full page view for alerts. A notification above Alerts in the main menu notifies you if there are unread alerts.</td>
</tr>
<tr>
<td>Inquiries</td>
<td>Inquiries answered by MPM’s UM Department will be posted on this page.</td>
</tr>
</tbody>
</table>
B.) IPA Company Selection

Click on the Current IPA dropdown to view a list of available IPA’s and/or hospital client groups for which you have access.

C.) User Name

By Clicking on your username will open up a side-bar menu with the following options:

- **Sign Out**: Sign out of the Web Portal
- **Change Password**: Change your login password
Chapter 3 Providers

The Providers section allows you to search for existing Providers in your network. Click on the Providers link on the Main Menu to search and view Provider records.

A.) Provider Search

When performing a search, at least one field is required.

The results return in a search grid. Click on any header to sort data by that header.
If the search results contain many records, you can select how many records to display per page:

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Group</th>
<th>Phone</th>
<th>Email</th>
<th>Address</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH</td>
<td>ANESTHESIOLOGY (PRIMARY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMITH</td>
<td>GENERAL SURGERY (PRIMARY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMITH</td>
<td>GENERAL SURGERY (PRIMARY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click on the Provider name hyper link to view the Provider detailed information. Any blue hyperlink is a clickable field which displays the full information of that record.

By clicking on the icon, you can copy the Provider’s information to the Authorization request.
Chapter 4 Authorizations

The Authorizations tab is where you can request an Authorization, view your requests, search Authorizations, and view Auth related reports.

Note: For Inpatient & Outpatient Pre-Certification Authorization, we require 2 authorizations for pre-certification of inpatient/outpatient surgeries.
- One for the facility component
- One for the professional component
This is due to the services are being billed/paid by two separate entities. The hospital will also require their own approvals to identify services being rendered with each admission.

A.) Request

The Request tab is where you can submit a Referral Request.

Step 1.) Referral Request

Referral Request

IPA
HEALTH CARE LA, IPA

Request Date

Request Type
- Routine
- Urgent
- Direct

Request Option
- Physician Requested
- Patient Requested

PCP/Requesting Provider

Place of Service

Next
In this section, your selected IPA and request date are automatically filled in.

**Request Type:**
The timeliness of the request types per line of business is as follows:

<table>
<thead>
<tr>
<th>Request Type</th>
<th>MEDI-CAL</th>
<th>MEDICARE</th>
<th>COMMERCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine</td>
<td>5 Working Days</td>
<td>14 Calendar Days</td>
<td>5 Working Days</td>
</tr>
<tr>
<td>Urgent</td>
<td>72 hours from date and time of receipt of request.</td>
<td>72 hours from date and time of receipt of request.</td>
<td>72 hours from date and time of receipt of request.</td>
</tr>
<tr>
<td>Direct</td>
<td>Automatically approved if proper guidelines are followed.</td>
<td>Automatically approved if proper guidelines are followed.</td>
<td>Automatically approved if proper guidelines are followed.</td>
</tr>
</tbody>
</table>

**Note:** When selecting **Urgent Requests** a prompt will pop up to identify why the request meets the regulatory definition of an urgent request.

✓ Check all boxes that apply

**Definition of an Urgent Authorization**

Urgent may be selected when a physician believes that waiting for a decision under the routine timeframe could place the member’s life, health, or ability to regain function in serious jeopardy.

By submitting this request as urgent, I attest that waiting for a decision under the routine timeframe could:

- Place the member’s life in serious jeopardy.
- Place the member’s health in serious jeopardy.
- Place the member’s ability to regain function in serious jeopardy.

**Request Option:** Physician Requested or Patient Requested

**PCP/Requesting Provider:** Clicking on the drop down will provide you with a list of all Providers within your network.
After selecting a PCP/Requesting Provider, an additional line will appear asking for the provider location. If the provider has multiple office locations, both will appear.

Place of Service: A drop down of all of the available place of services will be available. You can type the code or description to populate the POS in the field.

Click on Next or click on Step 2 to proceed.
Step 2.) Requesting Member

In this section, select the Member in which the Referral is for.

2 Requesting Member

Click on **Select Member** to populate the member search window.

1 Enter Search Criteria

- Last Name
- First Name
- Birth Date
- Member ID
- Health Plan
- Sex

- Birth date is required.
- Member’s eligibility is based on monthly file received from the health plan and may not be up-to-date. Please call health plan to verify real-time eligibility.

Cancel Search
Enter the member’s information. The birth date is the minimum requirement to search for a member.

All of the members who fit within the search criteria will populate. A check mark under Eligibility will appear if the member is eligible.

Click on the arrow under Select to add the member to the Authorization request.

Click on Next or click on Step 3 to proceed.
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Step 3.) Requested Provider

Select the Requested Provider in this section.

→ Click on **Select Provider** to pull up the Provider search window.

→ Enter the information for the Provider and click on the search icon.

If a provider has multiple addresses, all of them will appear. Click on the icon to select the desired location to continue.
The Provider’s information will now appear under Step 3

Click on Next or click on Step 4 to proceed.
Step 4.) Diagnoses

Enter the diagnosis code(s) in this section.

- Enter a diagnosis code.
  - Entering a partial diagnosis will pull up all the possible matches.

### Diagnosis Code Select Dialog

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11.00</td>
<td>TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NK)</td>
</tr>
<tr>
<td>E11.01</td>
<td>TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA</td>
</tr>
<tr>
<td>E11.10</td>
<td>TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA</td>
</tr>
<tr>
<td>E11.11</td>
<td>TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA</td>
</tr>
</tbody>
</table>

- Enter in a description to pull up the possible diagnosis codes.

### Diagnosis Code Select Dialog

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>W22.01XA</td>
<td>WALKED INTO WALL, INITIAL ENCOUNTER</td>
</tr>
<tr>
<td>W22.01XD</td>
<td>WALKED INTO WALL, SUBSEQUENT ENCOUNTER</td>
</tr>
<tr>
<td>W22.01XS</td>
<td>WALKED INTO WALL, SEQUELA</td>
</tr>
<tr>
<td>W22.02XA</td>
<td>WALKED INTO LAMPPOST, INITIAL ENCOUNTER</td>
</tr>
</tbody>
</table>
Once the codes are selected, they will appear on the Authorization Request page.

Click on the up and down arrows to move the diagnosis codes in sequence; primary, secondary, etc.

Once the diagnosis code(s) are entered click on Next or click on Step 5 to continue.
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Step 5.) Services

Enter the procedure code(s) in this section.

Matrix:

<table>
<thead>
<tr>
<th>Code or Description</th>
<th>Quantity</th>
<th>Modifier</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Add Service</td>
</tr>
</tbody>
</table>

- **Code or Description:** Enter in the procedure code.

- **Entering in a partial code or description will bring up the search window.**

Service Code Select Dialog:

<table>
<thead>
<tr>
<th>Code or Description</th>
<th>Quantity</th>
<th>Modifier</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9910</td>
<td>1</td>
<td></td>
<td>W22.01XA - WALKED INTO W...</td>
</tr>
</tbody>
</table>

- **Enter a description will bring up related codes.**
Select a modifier from the drop down (if applicable).

Select which diagnosis the procedure will be tied to.

Click on **Add Service** to add the code to the Authorization request.
## Referral Clinical Questions

Certain consultation CPT codes require additional information. Using these following codes (99201-99205 or 99243-99245) will prompt you to answer five (5) clinical questions. You must answer these question in detail. This information is helpful for the Requested Provider to diagnose and treat the Member when he/she comes to the office. Your answers will print on the Authorization letter that is faxed to the Requested Provider.

⇒ If any of the above service codes are entered, the referral clinical questions will populate in the review section (see Step 8)

<table>
<thead>
<tr>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please answer these questions before you continue.</td>
</tr>
<tr>
<td>Name of practitioner submitting request *</td>
</tr>
<tr>
<td>Specific issue to be addressed by consultant: *</td>
</tr>
<tr>
<td>Pertinent H &amp; P exam details: *</td>
</tr>
<tr>
<td>Relevant treatment history including medications/lab/x-ray/other test results: *</td>
</tr>
<tr>
<td>Is co-management requested? *</td>
</tr>
<tr>
<td>Are you requesting that the specialist take over treatment of the problem? *</td>
</tr>
</tbody>
</table>

Does all the information above look correct? If not, select the section header you would like to change to edit.

- [x] Review
- [x] Clear

Click on Next or click on Step 6 to proceed.
Step 6.) Attachments

Add any supporting documents to the Authorization request.

Click on **Select File(s)** to select files to upload.

Select the files to be uploaded.

Note: If you are selecting multiple files, hold Ctrl and click on each individual file to upload.

Click on Open.

Click on Next or click on Step 7 to proceed.
Step 7.) Notes

⇒ Enter in any notes regarding the referral in this section.

Click on Next or click on Step 8 to proceed.
Step 8.) Review

8 Review

Does all the information above look correct? If not, select the section header you would like to change to edit.

✔ Review  ❌ Clear

→ Review the Authorization request, and if no changes need to be made click on ✔ Review

→ If you are missing any of the required information you will be prompted.

8 Review

1 Your authorization request has the following errors. Please fix these problems before reviewing. Click the error to return to the section.

2 Requesting provider location is required.

3 Place of service is required.

✔ Review  ❌ Clear

→ Make any necessary corrections and click on ✔ Review
A preview of the Authorization will populate.

Review the Authorization and if no changes need to be made click on Submit Referral.
Once completed, you will be redirected to a new page stating the authorization has been submitted with a Web Reference number.

- The Web Reference number will become an Authorization number once the Referral goes through the system and is ready for MPM to review.

- **Copy to Auth**  When you click on Copy to Auth, the member information copies over to the Auth Request page so you wouldn’t need to re-enter that information.

- **Attach**  Attach any supporting documents that may have been left out in the initial Auth request

- **Inquire**  Send an inquiry to MPM’s UM department regarding the referral.

- **Print**  Print or save the request as a PDF file.
Clicking on the Print icon will open up the print preview page.

To save the file to PDF, click on the Destination drop down and select “Save as PDF”
Click on Save to choose where to save the PDF.

Select a destination to save the PDF.

Click **Save** to save the PDF.
B.) My Requests

The My Requests section allows you to view all of Authorizations submitted by you in the past 30 days. This allows you to gain the benefits of:

- Verifying if the Auth submission was successful
- Ability to view the status of the Auth
- Provides a centralized location to view all of your Auths without having to search

<table>
<thead>
<tr>
<th>Auth No.</th>
<th>Status</th>
<th>Created By</th>
<th>Requested</th>
<th>Member Name</th>
<th>Gender</th>
<th>DOB</th>
<th>Health Plan</th>
<th>Provider</th>
<th>Sys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference</td>
<td>SUBMITTED</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>MALE</td>
<td>[Redacted]</td>
<td>LA CARE MEDICAL</td>
<td>[Redacted]</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>REQUESTED</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>MALE</td>
<td>[Redacted]</td>
<td>LA CARE MEDICAL</td>
<td>[Redacted]</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>REQUESTED</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>FEMALE</td>
<td>[Redacted]</td>
<td>LA CARE MEDICAL</td>
<td>[Redacted]</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>REQUESTED</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>MALE</td>
<td>[Redacted]</td>
<td>LA CARE MEDICAL</td>
<td>[Redacted]</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>APPROVED</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>FEMALE</td>
<td>[Redacted]</td>
<td>HEALTH NET MEDICAL</td>
<td>[Redacted]</td>
<td>1</td>
</tr>
</tbody>
</table>

Items per page: 10 ▼ 1 - 5 of 5 ▲ ➤
C.) Auth Search

You can search for Authorizations by using the following fields:

- Authorization Number
- Status
- Member Last Name
- Member First Name
- Member ID

If you would like more fields available to narrow down your search even further, click on **More Options**. This will allow you advanced search options by:

- Request Date
- Authorization Date
- Expiration Date
- Referring Provider
- Requested Provider Last Name
- Requested Provider First Name
D.) Hospital Admin

Provides a list of all of your Members who are currently admitted to a hospital, SNF or other inpatient facility. The report can be exported in Excel format (.csv file)

<table>
<thead>
<tr>
<th>Company ID</th>
<th>Auth. No.</th>
<th>Member</th>
<th>Hospital</th>
<th>Status</th>
<th>Diagnosis</th>
<th>Procedure</th>
<th>Admit Date</th>
<th>Discharge Date</th>
</tr>
</thead>
</table>

E.) eConsults

Provides the user with a list of authorization requests received through the eConsult platform. This applies to HCLA clinics only at this time. The report can be exported in Excel format (.csv file)

F.) PharmQuest Referrals

Internal workflow used by MedPOINT’s Outpatient UM staff and PharmQuest.
G.)  Recently Updated

This feature allows easier access to check the status of your provider office and/or health center’s authorization requests.

➔ Enter a Start Date (which will be the Auth Action Date) and a numerical value in the Look Back # of Days field to pull up and view the Auth records.
➔ Click on the Export to CSV link to export the list into an excel CSV file.

➔ Enter a Start Date.
➔ Enter a number of days to look back.
➔ Click on Search to view the results.
H.) Recent Attachments

This feature allows the user to view all of the recent attachments uploaded into the web portal.

---

**Attachment Options**

Filter:

- [ ] All
- [ ] Exclude My Providers

Search

**→ All:** Shows all attachments that is tied to your user settings.

**→ Exclude My Providers:** Excludes the attachments your provider uploaded.

Once the data populates, you can export the report into Excel by clicking on Export CSV.
Chapter 5 Claims

Search

Providers can search and pull up a previously submitted claim to view the status of that claim. The following claim search screen will be displayed:

- You can search by Claim #, Member First and Last Name, Member Id, and Status
- For best results, try searching for the first four letters of the Member’s First and Last name.
After entering at least one field, click on search and the results will populate.

Claim/referral Details

Status Information

- Claim: 123
- Service: PROCESSING
- Date Received: 2019-03-08
- Date Paid: NA
- Vendor: NORTHEAST VALLEY HEALTH CORP
- Charges: $11.57 for 2 diabetes mellitus without complications, HTN 2 A/D, hyperlipidemia, C22.1: localized shelling, mass and lump, neck, L45.2: mild intermittent asthma, uncomplicated.

Member Information

- Name: MPMWeb@MedPOINTManagement.com
- Address: NA
- Provider ID: 1234567
- License Number: 123456789
- Provider Status: NA

Physician

- Name: NEVHC FITTS, NANCY
- Specialty: Family Practice (Pediatrics)
- Office Phone: (818) 123-4567
- Office Fax: (818) 123-4567
- Primary Care: NA
- Provider Status: NA

Services

- Date: 2019-02-05
- Code: 99213
- Description: Office/outpatient visit #1 - System Certified Service
- Mod: 1
- Qty: 1
- Contract: $24.00
- Co-pay: $0.00
- Billed: $170.00
- Withheld: $0.00
- Adjust: $24.00
- Net: $0.00

Clicking on the Claim No. hyperlink will redirect you to the claim details.
Copy to Auth:  By clicking on the Copy to Auth icon, the member’s information will appear in the auth request page.

Attach:  A pop-up window will appear where you could upload files to attach to the claim.

Inquire:  Send an inquiry about the claim.
Print: Print the claim or save the claim as a PDF.

<table>
<thead>
<tr>
<th>Print</th>
<th>Total: 2 pages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Save</td>
</tr>
</tbody>
</table>

Destination: Save as PDF

Pages: All

Layout: Portrait

More settings

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Description</th>
<th>Med</th>
<th>Contract</th>
<th>Copay</th>
<th>billed</th>
<th>Withdraw</th>
<th>Adjust</th>
<th>Net</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-08-06</td>
<td>0963</td>
<td>OFFICIAL/PATIENT VISIT</td>
<td>MedCity</td>
<td>Contract</td>
<td>Copay</td>
<td>billed</td>
<td>Withdraw</td>
<td>Adjust</td>
<td>Net</td>
<td>Qty</td>
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More settings

Notes

Back: Return to the Claim Search screen.
Chapter 6 Members

The web portal allows you to search for Eligibility record(s) in the system. The MPM Eligibility is updated on a weekly, bi-monthly or monthly basis, depending on the health plan file availability. To obtain real-time eligibility information, check directly on the Health plan website.

To access the Eligibility search feature, go to the Main Menu, click on Members then Eligibility:

Eligibility

The following Member Search screen will come up. Search for the Member’s first and last name and DOB. The DOB is now a required HIPAA field when searching for a Member through the web portal.

Members Search

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date</td>
<td>Member ID</td>
</tr>
<tr>
<td>Health Plan</td>
<td>Sex</td>
</tr>
</tbody>
</table>

- Birth date is required.
- Member’s eligibility is based on monthly file received from the health plan and may not be up-to-date. Please call health plan to verify real-time eligibility.
After inputting your search requirements, the search results will populate.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Name</th>
<th>Member ID</th>
<th>SSN</th>
<th>Sex</th>
<th>Birth Date</th>
<th>Health Plan</th>
<th>PCP</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>XXXX</td>
<td>YYYY</td>
<td>YYYY</td>
<td>FEMALE</td>
<td>YYYY</td>
<td>LA CARE MEDI-CAL HPCODE: LAMC OPTION: M3 HOSPITAL:</td>
<td>XXXX</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>XXXX</td>
<td>YYYY</td>
<td>YYYY</td>
<td>FEMALE</td>
<td>YYYY</td>
<td>BLUE SHIELD PROMISE HEALTH HPCODE: CAR1 OPTION: 34 HOSPITAL/N/A</td>
<td>XXXX</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>XXXX</td>
<td>YYYY</td>
<td>YYYY</td>
<td>FEMALE</td>
<td>YYYY</td>
<td>ANTHEM BLUE CROSS MEDI-CAL HPCODE: BC/MS OPTION: M1 HOSPITAL/N/A</td>
<td>XXXX</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>XXXX</td>
<td>YYYY</td>
<td>YYYY</td>
<td>FEMALE</td>
<td>YYYY</td>
<td>MOLINA MEDI-CAL HPCODE: MOLN OPTION: M3 HOSPITAL/N/A</td>
<td>XXXX</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>XXXX</td>
<td>YYYY</td>
<td>YYYY</td>
<td>MALE</td>
<td>YYYY</td>
<td>LA CARE MEDI-CAL HPCODE: LAMC OPTION: M3 HOSPITAL:</td>
<td>XXXX</td>
<td></td>
</tr>
</tbody>
</table>

Eligible

Ineligible

Possible Match

When the system returns the Member record, you will see this page – from here you have a clear visual indication whether the Member is Eligible, Possible Match or Ineligible.

By clicking on the Member Name, you will pull up the Member Detail Page.

**Member Information:** Fields contain the Member’s information. Such as: name, member ID, sub-relation, DOB, health plan, additional info, and address.

**PCP Information:** Fields contain PCP information. Such as: Name, provider ID, specialty, phone numbers (office and fax), and effective date.

**Benefit Information:** Fields contain the Member’s benefit information. Such as option, co-pay, effective date, and termination date.

**Attachments** View all of the attachments associated with this member.

From the Member Details page you could also perform the following tasks:

- Copy member’s information to Auth.
- Inquire about the member.
- Print or save as PDF the Member Detail page.
Approaching 65

This report lists your Members who are aging into Medicare. Please use this information to anchor members to your practice through one of the contracted MA plans.

<table>
<thead>
<tr>
<th>Member</th>
<th>Birth Date</th>
<th>Age</th>
<th>Gender</th>
<th>Health Plan</th>
<th>Phone</th>
<th>PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>FEMALE</td>
<td>LAMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MALE</td>
<td>LAMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FEMALE</td>
<td>LAMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MALE</td>
<td>BCMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FEMALE</td>
<td>LAMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MALE</td>
<td>LAMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MALE</td>
<td>HNMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MALE</td>
<td>LAMC-M1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FEMALE</td>
<td>LACC-SILVER 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FEMALE</td>
<td>CAR1-60</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FEMALE</td>
<td>LAMC-M1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You have the ability to export the results into Excel in a .csv file by clicking on Export CSV.
Although the report lists your Members who are currently in a SNF, hospital or other in-patient facility.

You have the ability to export the results into Excel in a .csv file by clicking on Export CSV.
Without PCP Visits

This report lists active members beyond 90 days of enrollment who are linked to your health center, but has not visited their Primary Care Physician. Please outreach to these members to ensure that are familiar with your office/health center resources.

My Members Without PCP Visits on File

<table>
<thead>
<tr>
<th>Member</th>
<th>Birth Date</th>
<th>Age</th>
<th>Gender</th>
<th>Health Plan</th>
<th>Phone</th>
<th>PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAR1-P5</td>
<td>2002-01-01</td>
<td>35</td>
<td>Male</td>
<td>NEVHC PIDOR, MYKIE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCMC-M1</td>
<td>2002-02-02</td>
<td>36</td>
<td>Male</td>
<td>NEVHC BARADAR BOKAIE, BABAK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAR1-P5</td>
<td>2002-03-03</td>
<td>37</td>
<td>Male</td>
<td>NEVHC DANESHRAD, PEGAH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAMC-M1</td>
<td>2002-04-04</td>
<td>38</td>
<td>Male</td>
<td>NEVHC MOINTOSH, DAVID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAR1-M3</td>
<td>2002-05-05</td>
<td>39</td>
<td>Male</td>
<td>NEVHC LANDSBERGER, RUTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAR1-M2</td>
<td>2002-06-06</td>
<td>40</td>
<td>Male</td>
<td>NEVHC LANDSBERGER, RUTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCMC-P5</td>
<td>2002-07-07</td>
<td>41</td>
<td>Male</td>
<td>NEVHC LWNN, ALICIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HNMC-M3</td>
<td>2002-08-08</td>
<td>42</td>
<td>Male</td>
<td>NEVHC NORTHEAST VALLEY HLTH C...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCMC-P5</td>
<td>2002-09-09</td>
<td>43</td>
<td>Male</td>
<td>NEVHC LWNN, ALICIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HNMC-M5</td>
<td>2002-10-10</td>
<td>44</td>
<td>Male</td>
<td>NEVHC NORTHEAST VALLEY HLTH C...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCMC-P7</td>
<td>2002-11-11</td>
<td>45</td>
<td>Male</td>
<td>NEVHC FIELD, WENDY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You have the ability to export the results into Excel in a .csv file by clicking on Export CSV.
Chapter 7 Reference

This area of the web portal allows you to view the standard industry Procedure Codes, Diagnosis, Place of Service and CPT Modifier codes that MPM uses for adjudication.

To access the Reference section, go to the Main Menu, click on Reference.
Chapter 8 Documents

A.) My Documents

The My Documents section consists of documents with critical information for your office/health center. This section of the web portal is not accessible to all levels of users. Ideal users who should have access to this menu are finance staff, health center/office administrators or any user with an Admin role in the company. Access to this area requires special permission.

The documents found in this section include:

- **Assessment Forms** – Patient health assessment documents
- **CAP Payment Summary Reports** – Capitation Explanation of Benefits report
- **EOP Reports-Capitated Services** – Explanation of Payment reports for capitated services
- **Eligibility Reports** – List of full Eligibility reports with a breakdown of three types
- **Current Eligibility** – List of all currently enrolled members from the previous month
- **Recently Termed Members** – List of Members termed in the previous month
- **New Enrollees** – List of new Members in the previous month
- **EOP Reports-FFS Services** – Explanation of Payment reports for Fee for Services
- **Member CAP Reports** – Member level reports displayed in a summary list of capitation paid by member for current, previous, adjusted and net cap amounts
- **Misc. Reports** – List of other documents useful to the health center. This could be the Healthcare Quality Patient Assessment form or any other pertinent documents for the health center.
- **Monthly Reports** – View monthly reports associated to your log-in
- **Quarterly Reports** – View quarterly reports associated to your log-in
Defining the Transaction Codes in the Eligibility Report

The Eligibility Reports available in the My Documents section displays three different types of reports:

- **Recently Termed Members**: List of Members termed in the previous month
- **New Enrollees**: List of new Members in the previous month
- **Current Eligibility**: List of all currently enrolled members from the previous month

Each report can be opened and viewed in excel. Upon opening a report, you will notice there is a Transaction Code and Transaction Description columns for each Member. This explains the type of Member’s last transaction into the system. There are five different types of transactions:

1. **A – Added**: The Member is newly added into the system
2. **C – Correction to PCP**: The Member’s PCP was fixed/corrected in the system
3. **P – PCP Change**: The Member had a Primary Care Physician assignment change
4. **R – Re-enrolled**: The Member was once terminated and re-enrolled as active in the system
5. **T – Terminated**: The Member was active and recently terminated in the system
A.) Search

This page has the ability to search for specific documents.

**Document Search**

- **Inbox**
  - Search for any documents for any specific provider tied to the user account.

  ```
  Inbox
  All
  ```

- **Category**
  - The ability to search between the different categories available.

  ```
  Category
  All
  ```

- **File Type**
  - The ability to search for a specific file type (Word, PDF, Excel file, etc.)

  ```
  File Type
  All
  ```

- **Description**
  - Enter the description of your search criteria here.

- **Sent Date**
  - Search for files tied to the Sent Date.

- **Viewed Date**
  - Search for files tied to the View Date.

```
Search   Reset
```
C.) Forms and Manuals

In this section, you can find helpful information. MPM will upload informative documents for you to view in this area. You can also find MPM’s Web ‘How-To’ User Guide outlining new features.

To access the Forms & Manuals section, go to the Main Menu, click on Documents, then Forms & Manuals.

Provider Dispute Resolution Fillable Forms

There is a folder called PDR fillable Forms. The PDR Fillable Forms folder consists of the Provider Dispute Resolution Requests forms for particular Health Centers.
Chapter 9 Alerts

Alerts are specific to a submitted Auth and indicate specific information is needed and/or notifying the user that pertinent information has been received. To access the alerts page, from the home page click on the Alerts tab to view your alerts.

- A notification above alerts shows how many unread alerts are available.
- To mark an alert as read, click on the envelope icon under Options.
- To view alerts that have already been read, click on the box next to Show Read.
Chapter 10 Inquiries

All inquiries appear on the Inquiries tab. To access the Inquiries page, from the home page click on Inquires.

The UM staff will respond within 24 hours of the inquiry submittal. Responses will display on the Inquiries page. There will be a response to each individual inquiry.

Submitting an Inquiry

- When you submit a web inquiry, it goes directly to a UM coordinator in our UM department. They will review your inquiry within 24 hours and respond to you.
- The response will include confirmations that your requested modifications were made, or follow up with questions to clarify your request.
- The Web Inquiry is a 2-way communication with our MPM UM team, so any responses from our team can be found on the Inquiry page.
- An email will also be generated and sent to the email account you used to register so you can get the notification right away.
Chapter 11 Quality Management

View Gaps in Care Information in the Web Portal

MedPOINT Management’s (MPM) Quality Management team is dedicated to improving STARS ratings and HEDIS® scores by increasing member compliance. One of those areas specifically focused on improvement is addressing gaps in medical care. Closing gaps in care will help improve clinical outcomes, increase patient satisfaction and ultimately result in cost reduction. To assist with these efforts, the provider web portal displays the gaps in care information for those members for whom encounters/claims for these measures have not been received. This will allow your office staff to submit the encounter/claim and/or reach out to the member to setup the services as required.

Member Eligibility Profile – View Gaps in Care

Upon logging into MPM’s Provider web portal, perform the following steps to pull up a member and view their gaps in care information:

- Select the appropriate IPA Group
- Click on the Eligibility menu
- Search the member
- In the Member Details Page, the Gaps in Care information will show if the member is identified as having any gaps in care.

View the Member’s eligibility information – if the Member is identified as having a gap in care, you will see a red marked section labeled with “We’ve identified that this member requires the following service”

<table>
<thead>
<tr>
<th>Gaps In Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>We’ve identified that this member requires the following service:</td>
</tr>
<tr>
<td>CDC BP140_90 - Comprehensive Diabetes Care - Blood Pressure Control &lt;140/90</td>
</tr>
<tr>
<td>CDC EYE - Comprehensive Diabetes Care - Eye Exam 18-75 yrs</td>
</tr>
</tbody>
</table>

Only Members who have a gap in care will have this information displayed on the web portal. MedPOINT encourages each patient who has a gap in care to schedule a follow-up appointment with their PCP. See the table on the following page to understand all the measures that MedPOINT tracks.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA</td>
<td>Adult BMI Assessment 18-74 yrs.</td>
</tr>
<tr>
<td>ART</td>
<td>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</td>
</tr>
<tr>
<td>AWC</td>
<td>Adolescent Well-Care Visits 12-21 yrs.</td>
</tr>
<tr>
<td>BCS</td>
<td>Breast Cancer Screening 50-74 yrs.</td>
</tr>
<tr>
<td>CBP</td>
<td>Controlling High Blood Pressure 18-85 yrs.</td>
</tr>
<tr>
<td>CCS</td>
<td>Cervical Cancer Screening 21-64 yrs.</td>
</tr>
<tr>
<td>CDC_A1c</td>
<td>Comprehensive Diabetes Care: HbA1c Test</td>
</tr>
<tr>
<td>CDC_BP1_140_90</td>
<td>Comprehensive Diabetes Care: Blood Pressure Control &lt;130/80</td>
</tr>
<tr>
<td>CDC_NEP</td>
<td>Comprehensive Diabetes Care: Monitoring Diabetic Nephropathy</td>
</tr>
<tr>
<td>CDCEYE</td>
<td>Comprehensive Diabetes Care: Retinal Eye Exam 18-75 yrs.</td>
</tr>
<tr>
<td>CHL</td>
<td>Chlamydia Screening in Women 16-24yrs</td>
</tr>
<tr>
<td>CIS_Cis_HepB</td>
<td>Childhood Immunization Status: Hepatitis B</td>
</tr>
<tr>
<td>CIS_COMBO10</td>
<td>Childhood Immunization Status: Hep A, Rotavirus, Influenza HCPCS</td>
</tr>
<tr>
<td>CIS_DTaP</td>
<td>Childhood Immunization Status: Diphtheria Tetanus and Pertussis</td>
</tr>
<tr>
<td>CIS_HepA</td>
<td>Childhood Immunization Status: Hepatitis A</td>
</tr>
<tr>
<td>CIS_HIB</td>
<td>Childhood Immunization Status: Influenza Type B</td>
</tr>
<tr>
<td>CIS_Influenza</td>
<td>Childhood Immunization Status: Influenza vaccine</td>
</tr>
<tr>
<td>CIS_IPV</td>
<td>Childhood Immunization Status: Polio</td>
</tr>
<tr>
<td>CIS_MMR</td>
<td>Childhood Immunization Status: Measles Mumps Rubella</td>
</tr>
<tr>
<td>CIS_Pneumo</td>
<td>Childhood Immunization Status: Pneumococcal conjugate</td>
</tr>
<tr>
<td>CIS_Rota</td>
<td>Childhood Immunization Status: Rotavirus</td>
</tr>
<tr>
<td>CIS_VZV</td>
<td>Childhood Immunization Status: Chicken Pox</td>
</tr>
<tr>
<td>COA_RATE1</td>
<td>Care for Older Adults: Advanced Care Planning - (SNP &gt; 66 yrs.)</td>
</tr>
<tr>
<td>COA_RATE2</td>
<td>Care for Older Adults: Functional Status Requirement - (SNP &gt; 66yrs)</td>
</tr>
<tr>
<td>COA_RATE3</td>
<td>Care for Older Adults: Medication Review - (SNP &gt; 66yrs)</td>
</tr>
<tr>
<td>COA_RATE4</td>
<td>Care for Older Adults: Pain Screening - (SNP &gt; 66yrs)</td>
</tr>
<tr>
<td>COL</td>
<td>Colorectal Cancer Screening 50-75yrs</td>
</tr>
<tr>
<td>IMA</td>
<td>Immunizations for Adolescents 10-13 yrs. - Combo 1</td>
</tr>
<tr>
<td>IMA2</td>
<td>Immunizations for Adolescents 10-13 yrs. - Combo 2</td>
</tr>
<tr>
<td>OMW</td>
<td>Osteoporosis Management in Women Who Had a Fracture 67-85 yrs.</td>
</tr>
<tr>
<td>POSTPARTUM</td>
<td>Postpartum Care 21-56 Days After Delivery</td>
</tr>
<tr>
<td>PRENATL</td>
<td>Prenatal Care within First Trimester or within 42 Days of Enrollment</td>
</tr>
<tr>
<td>W15Visit1</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td>W15Visit2</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td>W15Visit3</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td>W15Visit4</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td>W15Visit5</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td>W15Visit6</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td>W34</td>
<td>Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life</td>
</tr>
<tr>
<td>WCC</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents 3-17 yrs.</td>
</tr>
</tbody>
</table>
Chapter 12 Signing Out of the Web Portal

To comply with HIPAA Privacy guidelines, we require that you sign out of the web session when no longer using the web portal. Signing out ensures that no one else has access to the data while you are away from your desk.

Click on your User Name to Sign Out of the Provider Portal.

Should you have any questions, please feel free to contact MedPOINT IT staff at (818) 702-0100 ext. 1299. Or you can send an e-mail to MPMWeb@MedPOINTManagement.com.