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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 of the web portal include:

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

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:
The next page will display a MedPOINT Management IPA web link option. Select which group you will need to access.

Provider Portal

To login to the Provider Portal or request access to the Provider Portal please visit the appropriate page below.

MedPOINT Management IPAs

For MedPOINT Management IPAs please click on the link below to visit the login page.

MPM Web Login >
If you do not have a web portal user account, you may request a login account by clicking the ‘Sign Up here’ link:
The next page will direct you to the Provider Portal User Request Form.

Fill out the form to request access to the web portal. You must request access to at least one (1) Provider record. Once submitted, the request will be sent to the MPM web portal administrator. Allow up to 48 hours to receive a response including your temporary user login.
B.) System Login

When a web portal login has been granted to you, login to the portal using the appropriate URL:

- MedPOINT Management IPAs and Hospital Clients
  

If you were previously given a user name and password and are currently encountering problems logging on, please send an e-mail to mpmweb@medpointmanagement.com with your contact information and a representative will contact you to resolve your issues.

- If you forget your login username and password, please send an email to mpmweb@medpointmanagement.com or call (818) 702-0100 ext. 299 to speak to IT staff who can assist you.

⚠️ In an effort to enhance user security, MedPOINT is requiring all users to change their passwords every 90 days. Passwords must be a minimum of 8 characters in length and must include at least two numbers.
Chapter 2 Navigating the Web Portal

After successfully logging in to the web portal, you will see the following landing page. MPM news, alerts and responses to inquiries will be displayed on the home page along with a complete listing of your group access.

The list of available groups will depend on your web portal user role access.
A.) Toolbar Main Menu

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

- **Providers** – search Providers or Specialists within your network
- **Auth Request** – submit Authorization/Referral requests
- **Auth Search** – perform an Authorization search for your previously submitted Auths
- **My Auth** – displays three categories of Auth requests for your Members; Hospital Admin, [each is described in more depth in a subsequent section]
- **Claim Search** – search previously submitted Claims and view the current status
- **Upload Claim File** – upload an 837 HIPAA formatted file
- **Eligibility** – view Member information. Eligibility status should be verified with the Health Plan directly to obtain the most up to date information.
- **My Members** – access to three different reports regarding your Members; Members approaching 65yrs old, My Hospitalized Members, and Members without PCP Visits on File
- **Reference** – search Procedure, Diagnosis, Place of Service and CPT modifier codes available in the system
- **Forms & Manuals** – this is a location for all pertinent documents and reference materials shared by MPM
- **My Documents** – view a variety of reports in this location, such as, Capitation Reports, Claim EOB and Eligibility Reports. PLEASE NOTE: Special level access is required to view and download documents from this section. To obtain access to this section, call MPM IT Support at extension 299 to speak with a web portal staff. They will ask you a few questions to verify your role and appropriate access rights. You will then be provided access to the My Documents section.
B.) Alerts and Inquiries
Alerts are displayed on the user’s web portal landing page. You can expand the area to view the list of alerts you have. Click on the expand checkbox. Click on ‘Mark as Read’ if you have read the alert and do not wish continue seeing it on the landing page. Alerts are specific to a submitted Auth and indicate specific information is needed and/or notifying the user that pertinent information has been received.

C.) IPA Company Selection
IPA Selection – this section will list the available IPA and/or hospital client groups for which you have access. The system will prompt you to first select an appropriate IPA prior to allowing any other function.
D.) Messages
Messages Regarding Claims or Auths – this section will display alert messages regarding your existing Auth or Claims.

E.) User Guide
Web Portal User Guide (PDF) – click on this link to download and view the Web Portal User Guide
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 in the web portal, always enter the first four characters of the first and last name, this will narrow down the data returned by the search.

When the system finds the records, it will be displayed in the search grid; click on the appropriate record you would like to view.
After selecting the Provider record, you can view the Provider details page. From this page, you can also request an Authorization by clicking on the ‘Request Authorization’ hyperlink – this link will take to you directly to the Auth Request page.

B.) Specialist Primary and Secondary Specialties Viewable in the Web Portal
You have the ability to view the Specialist’s primary and secondary specialties. Pull up a Specialty Provider record. When searching for the record, you have the ability to narrow the search by specialty.
Chapter 4 Authorizations

Providers have the ability to submit Authorizations as well as search for previously submitted Authorizations in the web portal.

A.) Auth Request

Click on the Auth Request link in the main menu to access the Auth Request page.

The Referral Request page will be populated. Start filling out the form from top to bottom. Begin with selecting the Request Type and once all sections have been completed, click on the ‘Review’ button to review the filled out referral request form.
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- Request Type – Routine = Handled within 5 Working Days
  Direct = Are automatically approved if proper guidelines are followed
  Urgent = Handled within 72 hours or less

- Request Option (Physician Requested, Patient Requested)

- Member – Search for and Attach a Member record to this Auth request
I Can’t Find The Member – this feature allows the user to submit the Authorization by clicking on the ‘I can’t find the Member’ button.

- Fill out the additional required information which will help our agents when locating the Eligibility data for the member.

I Can’t Find The Provider – this feature, similar to the ‘I can’t find the member feature,’ allows you to submit the Authorization by clicking on the ‘I can’t find the Provider’ button.

- Fill out the additional required information which will help our agents when updating the Provider data for the provider.
- **PCP/ Requesting Provider** – select a PCP record from the drop-down list. This field will auto populate with the member’s current PCP but can be changed as needed.

- **Place of Service** – select the place of service code from the drop down list to indicate where the service is to be performed.

- **Requested Provider Office Service Location** – select an available value from the drop down list. The offices address listed here will reflect the various office locations of the Requested PCP.

- **Diagnosis Code** – you can enter up to 8 diagnosis codes. If you have an ICD9 code and don’t know the equivalent ICD10 code, you can use the ICD9 to ICD10 converter. Enter the ICD9 code you’d like to use to find an equivalent ICD10 code, click ‘Find ICD10’ button. The drop down field will display all equivalent ICD10 codes for the ICD9. Select the desired ICD10 code and click the ‘Add ICD10’ button.

- **Procedure Code** – you can enter up to a maximum of 20 CPT or HCPCS codes.

- **Referral Notes** – enter notes that you would like to submit with the Authorization request. The notes will be added to the Auth when it is submitted in MPM’s database.

- **Click here to validate all fields before continuing** – after filling out the request form, the next step is to validate the form before officially submitting it. Clicking this button will validate the data entered on the Auth request form.
Any incorrect or missing data will require fixing before being able to submit the Auth request.

- **Referral Clinical Questions** - Certain consultation CPT codes require additional information. These codes are the following (99201-99205 or 99243-99245) which will prompt you to answer five (5) clinical questions. You must answer these questions 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.
- **Review** – after validating the form, the last step is to review the form before deciding to submit it. Click the **Review>>** button to access the Referral Request Review page.

Submit Referral Request – when you have reviewed the form and everything looks accurate, click on the ‘Submit Referral Request’ button to submit the request. The request goes into the “My Auths” section of the web portal. Authorizations can take up to 15 minutes to post into MPM’s database. Once posted, an Auth # will be assigned in your “My Auth” screen.
B.) Authorization Search

You can search for Authorizations by using the following fields:

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

If you would like more fields available to narrow down your search even further, click on the More Referral Search Option hyperlink. This will allow you advanced search options by:

- Requested Date
- Authorization Date
- Expiration Date
- Referring Provider
- Requested Provider Last Name
- Requested Provider First Name
C.) Authorization Details
When you have successfully found your Authorization record from the search, you will see the following Authorization details page available for your selection.

- **Copy to a New Referral** – this feature allows you to copy certain data elements to a new Auth request page. Clicking on this will automatically open the Auth request page.

- **Attach a Document to this Referral** – this feature allows you to attach documents with this referral submission. Documents in the format of word.doc, adobe.PDF, etc. can be attached.

- **Inquire about this Referral** – this feature sends a secure e-mail to the MPM UM staff inquiring about the Auth. This will require you to have an Outlook or other email client.

- **Print Friendly Version** – this feature allows you to print or re-print the Authorization Letter for this particular Auth.

- **Attachments** – this section will show you if there are any attached documents to this Auth.

- **Status Information** – this section will display the current status of the Auth; Auth#, status, units, POS, any memos associated to the Auth, Request and Auth Action dates and expiration date. The Member’s capitated hospital (if applicable) is also located in this section.

- **Member Information** – this section will display information regarding the Member for this Auth. Information such as Member Name, DOB, Member ID, address, etc.

- **Referring Physician** – this section is in regards to the Referring Physician for the Authorization. This will displays the Provider’s Name, ID, address, etc.

- **Requested Physician** - this section is in regards to the Requested Physician for the Authorization. This will displays the Provider’s Name, ID, address, etc.

- **Notes** – this area will display any notes associated to this Authorization. You can view notes such as the reason for an Auth denial here.

- **Services Requested** – this section displays the services requested for this Authorization.
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D.) My Auth
The My Auth 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

To access the My Auth section, go to the Main Menu, click on the ‘My Auth’ menu item:

- **Hospital Admin** – provides a list of all of your Members who are currently admitted to a hospital, SNF or other in-patient facility. The report can be exported in Excel format (.xls file)

- **My eConsults** – provides the user with a list of authorization requests received through the eConsult platform. This applies to HCLA clinics only at this time.

- **My PharmQuest Referrals** – internal workflow used by MedPOINT’s Outpatient UM staff and PharmMedQuest.
• **My Recently Updated Authorizations** – 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.

![My Recently Updated Authorizations](image)

E.) **Auth Inquiry and Response**
The web portal not only allows you to submit or view an Auth request; it also allows you to inquire about the Auth. You can submit an Auth inquiry which then is queued to MPM’s UM staff. You will receive a response within 24 hours from a UM staff.

To access the Auth inquiry feature, search and retrieve an Auth record from the portal. Click the ‘Inquire about this Referral’ hyperlink.

![Auth Inquiry and Response](image)
The following referral inquiry screen will be displayed. Type in the message you would like to send to the UM staff. Click on Submit Inquiry.

![Referral Inquiry Screen]

The UM staff will respond within 24 hours of the inquiry submittal. Responses will display on your landing page. There will be a response to each individual inquiry. Click the hyperlink to see the message(s). Click the ‘Mark as Read’ button to mark the message as being read.

![Web Portal Inquiries]

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When the UM staff replies to your inquiries, the replies will be displayed on a new line within the same message. Click the inquiries hyperlink to view the message(s).

<table>
<thead>
<tr>
<th>Inquiry #</th>
<th>Company</th>
<th>Subject</th>
<th>Inquiry Message</th>
<th>Submitted</th>
<th>Response</th>
<th>Response Sent</th>
<th>Read?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1041</td>
<td></td>
<td>Referral</td>
<td>Please add code 99213</td>
<td>03/04/2016 2:53PM</td>
<td>FROM USER: DATE SENT:Mar 4 2016 5:31PM MESSAGE: Please add code 99213</td>
<td>03/07/2016 1:44PM</td>
<td>✔</td>
</tr>
</tbody>
</table>

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Chapter 5 Specialists Process for Consult Notes and Referral Requests

Specialists may submit Authorization requests through the MPM web portal. It is highly encouraged that consultation notes regarding the patient’s visit are included with each Authorization request. All notes are transferred and viewable by the PCP’s office.

Consult notes are a critical piece of any Auth request because it helps the Primary Care Physician to know the findings from the patient’s consultation with the Specialist. Additional referral requests or second opinion requests are all dependent on the original Auth visit; therefore, gathering detailed consultation notes is an essential step when submitting an Auth request.

To enter clinical notes with your Auth request, enter it in the Additional Information – Referral Notes section of the Auth request:

7 Basic Aims of Consultation

Define the reason for attendance – include history, patient’s ideas, concerns, expectations, and effects of the problem. Why did the patient really come?

Consider other problems – include continuing problems and risk factors.

Choose an appropriate action – this includes clinical management. May also include a relevant and competently conducted physical exam.

Achieve a shared understanding – The patient may need to know why it is important that certain lifestyles and habits be changed and the need to follow specific regimes of treatment. This puts a degree of responsibility on the patient.

Involve the patient in management – get to patient to take responsibility or discuss alternative approaches

Use time and resources appropriately – this applies both during the consultation and long-term

Establish or maintain a relationship – the doctor-patient relationship remains crucial for successful medical practice.
Consult Report to Referring Provider

Attach clinical notes to the original Authorization:

- Go to the Auth Search menu – search and pull up the Authorization

- Click on the ‘Attach a Document to this Referral’ hyperlink
A file upload window will open, click the browse button to locate the file you would like to attach. Then click the send file button to attach the file to the Authorization record.

When a file has been attached to an Auth or a Claim for a Member, the PCP and/or Referring Provider is notified through the web portal. An alert message will be displayed for every record where a file has been attached. This can be seen directly in the web user’s alerts landing page.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Sent</th>
<th>Alert Message</th>
<th>Link</th>
<th>Record Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4/20/2017 11:28:16 AM</td>
<td>AUTH # has attached a new document &quot;SCAN.pdf&quot; for this referral.</td>
<td></td>
<td>Mark as Read</td>
</tr>
<tr>
<td>1</td>
<td>4/20/2017 11:28:16 AM</td>
<td>AUTH # has attached a new document &quot;FORMADON.pdf&quot; for this referral.</td>
<td></td>
<td>Mark as Read</td>
</tr>
<tr>
<td>1</td>
<td>4/20/2017 11:28:16 AM</td>
<td>AUTH # has attached a new document &quot;LABS 03-21-2017.pdf&quot; for this referral.</td>
<td></td>
<td>Mark as Read</td>
</tr>
<tr>
<td>1</td>
<td>4/20/2017 11:28:16 AM</td>
<td>AUTH # has attached a new document &quot;MD NOTES.pdf&quot; for this referral.</td>
<td></td>
<td>Mark as Read</td>
</tr>
<tr>
<td>1</td>
<td>4/20/2017 11:28:16 AM</td>
<td>AUTH # has attached a new document &quot;PRESCRIPTION.pdf&quot; for this referral.</td>
<td></td>
<td>Mark as Read</td>
</tr>
</tbody>
</table>
Chapter 6 Claims

Providers have access to upload an 837 Claim file for services rendered directly through the web portal. They can search and pull up a previously submitted claim to view the status of that claim.

A.) Claim Search
A web user has the ability to search for previously submitted Claims in the web portal to view the status of the claim. To access the Claim Search, go to the Main Menu, click on the Claim Search menu:

The following claim search screen will be displayed:

- You can search by Claim#, Member First and Last Name and Status
- For best results, try searching for the first four letters of the Member’s First and Last name.

B.) Claim Search Details
After finding the claim through the search, you can view the details of the claims by clicking on the Claim Number hyperlink. The Claim/Encounter page will be displayed.
Provider Web Portal User Guide

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Attach a Document to this Claim – this hyperlink will bring up the ‘Attach a File’ webpage. This will allow you to attach a file to this Claim. The MPM staff will be notified and the file will be attached to the claim in MPM database.

Print Friendly Version – this will allow you to print the Claim or save it as a .pdf

Claims/Encounter Details – this section will list the header information of the claim, such as IPA Name, Claim#, any attached Auth#, Date Received, etc.

Member Information – this section will display the Member information on who this claim is in regards to. This also lists the diagnosis for the Member.

Provider Information – this section will display information regarding the Provider for this claim.

Notes – you can view pertinent notes for the claim in this section. The MPM staff normally puts notes when denying a claim. You can view that information here.

Services – this area will list the services rendered for the claim.

Inquire about this Claim – this feature sends an e-mail to the MPM Claims Inquiry staff about the Claim. This will require you to have an Outlook or other email provider.
C.) Claim Payment Adjustment Reason Displayed in Web Portal

The claim payment adjustment reason for each non-payable service line item is now viewable under the Notes section. This will provide detailed information as to why the service was not paid.

![Claim Payment Adjustment Reason Displayed in Web Portal](image-url)
D.) Upload a Claim File

This feature allows you to upload claim files through the MPM web portal. The preferred formats include .PDF or .TIF.

- Click the Browse button to locate and attach a file.
- Enter your email address to receive a confirmation receipt.
Chapter 7 Eligibility

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 the Eligibility menu:

![Eligibility Search Menu](image)

A.) Eligibility Search

The following Member Search screen will come up. Search for the Member’s first and last name and DOB. As you can see from the red message, DOB is now a required HIPAA field when searching for a Member through the web portal.

![Member Search Screen](image)

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. You can also submit an Auth request for this Member by clicking on the ‘Copy to Auth Request’ hyperlink.

![Eligibility Result](image)
When you find the Member record you are looking for, double click on the link to view the Member record details in the web portal.

- The bottom section of the Member information screen will display any Authorization history that the member may have.

- Click on the Request Authorization hyper ink to submit an Auth for this Member.

- Click on the Inquire about this Member hyperlink to request more information from the MPM staff. Clicking this link will open up the Outlook mail page and send an email to webmembinquiry@medpointmanagement.com.
All documents that are attached to this Member, either from an Auth, Claim or directly in the Member record can be viewable through the web portal. Look at the attachment section on the left hand side of the Member screen to view all of the attached documents. The specialty column on the right indicates the specialist who attached the document to further narrow down your record search.
B.) My Members
This section allows you to view a dynamic (real-time) list of Members who are currently assigned to you. To access the My Members page, go to the Main Menu, click on the My Members menu and the full list of Eligibility report will be displayed. You can export the report in excel .csv format:

There are three reports available in this section:

- **My Members Approaching 65yrs Old** – 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.

- **My Hospitalized Members (PCP)** – this report lists your Members who are currently in a SNF, hospital or other in-patient facility.

- **Members Without PCP Visits On File** – this report lists active members beyond 90 days of enrollment who are linked to your health center but do not have a PCP encounter on file. Please outreach to these members to ensure that are familiar with your office/health center resources.
C.) Members without PCP Visits on File (New in 2017)
The web portal has a new report to identify members who have not been seen by your office.
These are active members beyond 90 days of enrollment who are linked to your health center.
The intent of this report is to be used to perform member outreach and schedule any mandatory
preventative health services.

From the toolbar menu, click on My Members and select the last report ‘My Members without
PCP Visits on File’

The report will look like this. It can also be exported in excel.

<table>
<thead>
<tr>
<th>MEMBER ID</th>
<th>MEMBER NAME</th>
<th>GENDER</th>
<th>BIRTH</th>
<th>AGE</th>
<th>HPODCL</th>
<th>PHONE</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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</table>
Chapter 8 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 the Reference menu.
Chapter 9 Forms & 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 the Forms & Manuals menu.

As you can see from the print screen above, there is a new folders available in the Forms & Manuals menu called PDR Fillable Forms.
The PDR Fillable Forms folder consists of the Provider Dispute Resolution Requests forms for particular Health Centers.

![Forms & Manuals Table]

- PDR-Bella Vista Medical Group.pdf
- PDR-Brotman Medical Center.pdf
- PDR-East Los Angeles Doctors Hospital.pdf
- PDR-El Proyecto Del Barrio.pdf
- PDR-Global Care Medical Group IPA.pdf
- PDR-Health Care LA, IPA.pdf
- PDR-LA Community Hospital.pdf
- PDR-Memorial Hospital of Gardena.pdf
- PDR-Pioneer Medical Group.pdf
- PDR-Premier Physicians Network.pdf
- PDR-Prospect LA Care Medi-Cal.pdf
- PDR-Prudent Medical Group, Inc..pdf
- PDR-Redwood Community Health Coalition.pdf
- PDR-WATTS Healthcare Corporation.pdf
Chapter 10 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
  - **Recently Termed Members**: List of Members termed since prior reporting
  - **New Enrollees**: List of new Members assigned since prior capitation cycle
- **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.
To access the My Documents section, go to the Main Menu, click on the My Documents menu.
Chapter 11 Defining the Transaction Codes in the Eligibility Report

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

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

![My Documents screenshot](image-url)
Each report can be opened and viewed in excel. Upon opening a report, you will notice there is a new 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

<table>
<thead>
<tr>
<th>Member City</th>
<th>Member Phone</th>
<th>PCP From Date</th>
<th>PCP Thru Date</th>
<th>Date Added</th>
<th>Date Dropped</th>
<th>Transaction Code</th>
<th>Transaction Desc</th>
</tr>
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<td>R</td>
<td>RE-ENROLLED</td>
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<td>C</td>
<td>CORRECTION TO PCP</td>
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</table>
Chapter 12 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
- Enter the Member information to search for the Member (ID, Last Name, First Name and DOB)

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(s) to meet HEDIS requirements.”
Authorization Submission – View Gaps in Care

The gaps in care information is also available when submitting an Authorization/Referral request for the Member. Perform the following steps to submit an Auth through the web portal and view the gaps in care information:

• Login to the web portal
• Select the appropriate IPA Group
• Click on the Auth Request menu
• Enter the Member information (ID, Last Name, First Name, and DOB) – 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(s) to meet HEDIS requirements.”

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.
MedPOINT strives for Member and Provider satisfaction.
Contact MedPOINT IT staff for any questions.
Email: mpmweb@medpointmanagement.com
Phone: (818) 702-0100 ext. 299

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ABA</td>
<td>Adult BMI Assessment 18-74 yrs.</td>
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<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>CBPNum</td>
<td>Controlling High Blood Pressure 18-85 yrs.</td>
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<tr>
<td>CCS</td>
<td>Cervical Cancer Screening 21-64 yrs.</td>
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<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>
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<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_COMBO2</td>
<td>Childhood Immunization Status: 2yrs (DTaP, IPV, MMR, HiB, HepB, VZV)</td>
</tr>
<tr>
<td>CIS_COMBO3</td>
<td>Childhood Immunization Status: 2yrs (Dtap, IPV, MMR, HiB, Hep B, Hep B HCPS, VZV, PCV)</td>
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<tr>
<td>CIS_DTaP</td>
<td>Childhood Immunization Status: Diptheria Tetanus and Pertussis</td>
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<tr>
<td>CIS_HepA</td>
<td>Childhood Immunization Status: Hepatitis A</td>
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<tr>
<td>CIS_H1B</td>
<td>Childhood Immunization Status: Influenza Type B</td>
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<tr>
<td>CIS_Influenza</td>
<td>Childhood Immunization Status: Influenza vaccine</td>
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<tr>
<td>CIS_IPV</td>
<td>Childhood Immunization Status: Polio</td>
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<tr>
<td>CIS_MMR</td>
<td>Childhood Immunization Status: Measles Mumps Rubella</td>
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<tr>
<td>CIS_Pneumo</td>
<td>Childhood Immunization Status: Pneumococcal conjugate</td>
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<tr>
<td>CIS_Rota</td>
<td>Childhood Immunization Status: Rotavirus</td>
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<tr>
<td>CIS_VZV</td>
<td>Childhood Immunization Status: Chicken Pox</td>
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<td>Care for Older Adults: Advanced Care Planning - (SNP &gt; 66 yrs.)</td>
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<tr>
<td>COA_RATE2</td>
<td>Care for Older Adults: Functional Status Requirement - (SNP &gt; 66yrs)</td>
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<td>COA_RATE3</td>
<td>Care for Older Adults: Medication Review - (SNP &gt; 66yrs)</td>
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<td>COA_RATE4</td>
<td>Care for Older Adults: Pain Screening - (SNP &gt; 66yrs)</td>
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<td>Colorectal Cancer Screening 50-75yrs</td>
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<td>IMA</td>
<td>Immunizations for Adolescents 10-13 yrs. - Combo 1</td>
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<td>IMA2</td>
<td>Immunizations for Adolescents 10-13 yrs. - Combo 2</td>
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<tr>
<td>OMW</td>
<td>Osteoporosis Management in Women Who Had a Fracture 67-85 yrs.</td>
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<td>POSTPARTUM</td>
<td>Postpartum Care 21-56 Days After Delivery</td>
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<tr>
<td>PRENATL</td>
<td>Prenatal Care within First Trimester or within 42 Days of Enrollment</td>
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<tr>
<td>W15Visit1</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
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<td>W15Visit2</td>
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<td>W15Visit3</td>
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<td>Well-Child Visits in the First 15 Months of Life</td>
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<tr>
<td>W34</td>
<td>Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life</td>
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<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 13 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 the Sign Out icon on the Main Menu to log out of the web portal session.

Should you have any questions, please feel free to contact MedPOINT IT staff at (818) 702-0100 ext. 299. Or you can send an e-mail to MPMWeb@MedPOINTManagement.com.