

MetroPlusHealth Provider Portal



What Is a Provider Portal?

- Online application where providers (medical staff) can log in and get information about their members, status of their claims and authorizations and resources
- Ideally, this is an interactive real-time application that creates operationally efficiencies, regulatory compliance, and reduces manual work

Our NEW Provider Portal

- New functionality:
 - Submit authorization requests
 - Clinical decision support integration for authorizations
 - Claim submission (direct data entry)
 - P4P Dashboards, Gaps in Care, utilization reports
 - Secure messaging
 - Self-Service: update demographics/contact information

New Provider Portal Benefits

Providers:

- Eliminate multiple logins – “one stop shop”
- 24/7 easy way for providers to ask questions
- Fast, straightforward authorization requests:
 - Diagnosis & service code lookup
 - Clinical requirements check
- Online claim submission vs. paper
- Resources for coding and to access needed policies and forms
- Self service, real-time interactive tools

MetroPlusHealth:

- Provider questions & MHP responses automatically loaded in Customer Service tracking system
- Reduce authorization manual data entry & clinical criterial lookup
- Decrease manual data entry for provider information changes

Provider Portal Homepage



HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

AUTHORIZATIONS TESTING

REPORTS

FORMS & RESOURCES

FIND A PROVIDER

Update Your Listing in Our Provider Directory

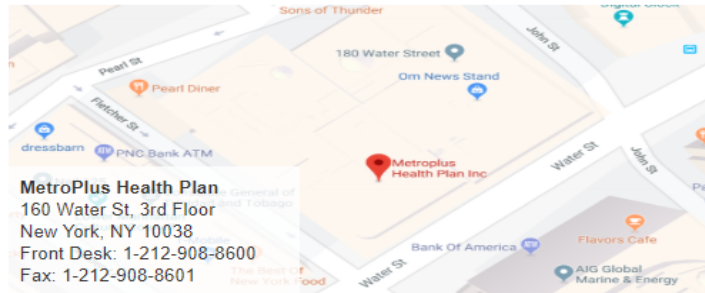
Please review your listing in the Provider Directory on a regular basis to confirm that the information is accurate and up-to-date. If you need to correct or update your demographic information click on the "Review and Update Now" link below:

[Review and Update Now](#)

Find Your Network Relations Representative

[Network Relations Directory](#)

Contact Us



Coronavirus Information



Frequently Asked Questions



Have A Question?



Provider Orientation (PDF)



Behavioral Health Resources



Provider Directory

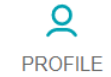


Let Us Know Your Thoughts!

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Authorization Homepage



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FIND A PROVIDER



New! Request an Authorization Online



Search for an Existing Authorization



Submit a Behavioral Health Authorization



Find a Code



Have an Authorization Question?

Request Authorization Online

Outpatient Authorization

Use this form for prior authorization of Outpatient medical services

Patient Information

To search, please enter a Member ID or search for a member by selecting the link below.

[Change member](#)

Member:		Member ID:		Date of Birth:	
Address:		Phone:	3		
Coverage Name	Effective Date	Termination Date	Plan		
MEDICAL	1/1/1997		HHCB		

Provider and Facility Information

Ordering Physician Information:

[Change Provider](#)

Provider Name:	Khaled Aaga, PT	Specialty:	Physical Therapy
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Facilities

Imperial Rehab PTPC
81 Elizabeth St, #303
New York, NY 10013
(212)219-8987

Servicing Provider/Vendor Information:

Same as Referring Provider

Service and Request Information

Place of service*

11 - Office

Primary Diagnosis Code*

M23.601 - OTHER SPONTANEOUS DISRUPTR

[Add Code](#)

Procedure Code*

97161 - PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE C

Enter your Requested Imaging Study, Surgery, Procedure, Service, or Medication code

Modifier(s)

-- -- -- --

Unit(s)*

40

Unit type*

Units

Date Span From*

12/29/2019

To*

02/28/2020

Level of Service*

Elective

Enter the Primary Diagnosis and Procedure codes. As you start typing a code or description, acceptable diagnoses/procedures will begin to auto-populate. Select 'Add Code' to submit multiple codes.

Authorization Status



- MESSAGES
- PROFILE
- LOGOUT

- HOME
- ELIGIBILITY
- CLAIMS
- AUTHORIZATIONS**
- REPORTS
- FORMS & RESOURCES
- FIND A PROVIDER

Authorizations

Home / Search Authorizations

• Search by Authorization Number or Member ID • Search for Open Authorizations

Select Group

Select Provider

Authorization Number (optional)

No additional information is required if you enter an authorization number.

Member ID (optional) [Advanced Search](#)

Type

Status

Date

Date of Request

From

10/01/2019

To

12/29/2019

Search

AUTH NUMBER	TRANSACTION NUMBER	STATUS	FIRST NAME	LAST NAME	PROVIDER	START DATE	END DATE
					MAIMONIDES MEDICALCENTER	11/29/2019	12/2/2019
					MAIMONIDES MEDICALCENTER	11/23/2019	1/23/2020
					BUCCO, JOSE	11/8/2019	1/8/2020
					WHITE GLOVE COMMUNITY CARE	11/1/2019	4/30/2020
					MAIMONIDES MEDICALCENTER	10/28/2019	10/28/2019
					CABAHUG, JEROME	10/10/2019	12/10/2019
					MOSHENYAT, REUVEN	10/4/2019	11/4/2019

[Export Results \(CSV\)](#)

Access P4P, Gaps in Care, Utilization Reports

Data Updated : 11/20/2019 Help Logout

MetroPlus Health Plan Home Dashboard Reports Search...

MetroPlus > [Redacted] (Claims paid through 10/31/2019)

Preventative Care Measures (P4P) ?

Performance Measure	Site Actual Award 2019/01-2019/12 i	Site Potential Award 2019/01-2019/12 i	
Adherence to Antipsychotic Meds	\$0	\$13,280	Member List
Asthma Med Ratio 19-64	\$24,192	\$34,272	Member List
Asthma Med Ratio 5-18	\$9,216	\$11,376	Member List
Breast Cancer Screening	\$0	\$20,490	Member List
Chlamydia Screening	\$0	\$10,590	Member List
Colorectal Screening	\$0	\$48,420	Member List
Well Child Visit 15 mos	\$0	\$26,290	Member List
Well Child Visit 3-6 yrs	\$0	\$36,295	Member List

Population Data 2018/11-2019/10

All Members: 18,518

- 33.04% ✔ Healthy
- 21.49% ✔ Non-User
- 6.58% ✔ Significant Acute
- 9.82% ✔ At Risk
- 6.75% ✔ Minor Chronic
- .99% ✔ Multiple Minor Chronic
- 5.70% ✔ Moderate Chronic
- 9.96% ✔ Complex Chronic
- 4.88% ✔ Multiple Complex Chronic
- .79% ✔ Critical

Claims Homepage



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New! Submit claim online
Access to submit may take 1 day for activation



Submit Claims Electronically Using Change Healthcare (formerly Emdeon)
Payer ID #13265



How to Submit a Medical Claim



How to Submit Behavioral Health Claim



Search for Claims



Report an Issue with Online Claim Submission



Claims FAQs

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Submit a Claim

MY WORK

CLAIMS PROCESSING

ACCOUNT

Professional Claims

Claim Search

Dashboard [Claim Entry](#) [Unsubmitted](#) [Submitted](#) [Reports](#) [Exports](#) [Payers](#) [Coding Tools](#) [Settings](#) [MIPS Quality](#) [Claim Status Inquiries](#) [Attachments](#)

Enter a New Claim

Status: Production

Billing	<input type="text" value="group Billing Inc,"/>	New	Referring	<input type="text" value="Select a Provider...(if applicable)"/>	New
Patient	<input type="text"/>		Supervising	<input type="text" value="Select a Provider...(if applicable)"/>	New
Rendering	<input type="text" value="group Billing Inc,"/>	New	Ordering	<input type="text" value="Select a Provider...(if applicable)"/>	New
Facility	<input type="text" value="Select a Facility...(if applicable)"/>		Pay To	<input type="text" value="Select a Provider...(if applicable)"/>	

Claim Information

Diagnosis Codes
 ICD-9 ICD-10

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>	Accident	Date	State	Emp	Sim Sympt Date
5. <input type="text"/>	6. <input type="text"/>	7. <input type="text"/>	8. <input type="text"/>	None	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

[Add More Codes](#)

Anesthesia Related Procedure Codes

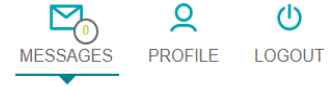
Health Care Condition Codes (up to 12)
[Add Another Code](#)

Last Seen	Last Worked Date	Return to Work	First Consult	Pregnant	LMP Date	Referral #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Disability	From	To	Admit	Discharge	Lab	Charge	Prior Auth #
None	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Onset of Current Illness / Symptom	Property & Casualty Date of First Contact	Assignment Indicator					
<input type="text"/>	<input type="text"/>	Assigned					

Detail Information

Dates of Service		POS	TOS	Procedure Code	Modifiers	Diagnosis Pointers	Charge	Units
From	To							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secure Messaging



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Messages

Filter Messages

Search by Tracking # Search Sort Results Tracking # Descending

Message List

- Inbox (0)
- Sent
- Drafts (0)
- Archived

SUBJECT	FROM	DATE	TRACKING #	STATUS
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No records found

Selected items

Self-Service – Update Information



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FIND A PROVIDER

Update Your Listing in Our Provider Directory



Individual Provider Update



Delegated Facility Update



Group-Facility Practice Update

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Conclusion

Thank you for participating in the MetroPlus Health Provider Portal Provider Orientation.

Please click the link below to attest that you have completed the training
<https://www.metroplus.org/provider/behavioral-health/bh-training-registration>

For any general queries or concerns please contact bhproviderservices@metroplus.org to connect with a provider service representative.

