

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

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FIND A PROVIDER

Update Your Listing in Our Provider Directory

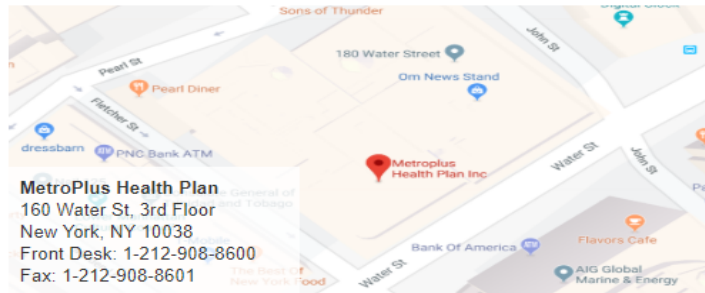
Please review your listing in the Provider Directory on a regular basis to confirm that the information is accurate and up-to-date. If you need to correct or update your demographic information click on the "Review and Update Now" link below:

[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

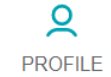


Let Us Know Your Thoughts!

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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:	5		
Coverage Name	Effective Date	Termination Date	Plan		
MEDICAL	1/1/1997		HHC6		

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

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.

Primary Diagnosis Code*

M23.601 - OTHER SPONTANEOUS DISRUPTI

[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

Authorization Status



- MESSAGES
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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

To


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

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

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="text"/>	<input type="checkbox"/>	<input type="text"/>

[Add More Codes](#)

Anesthesia Related Procedure Codes

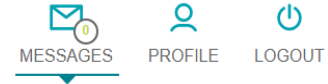
Health Care Condition Codes (up to 12)
[Add Another Code](#)

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
None <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Onset of Current Illness / Symptom	Property & Casualty Date of First Contact	Assignment Indicator				
<input type="text"/>	<input type="text"/>	Assigned <input type="text"/>				

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"/>
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<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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Update Your Listing in Our Provider Directory



Individual Provider Update



Delegated Facility Update



Group-Facility Practice Update

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