



Medicaid Management Information Systems
Maine Integrated Health Management Solution
Health PAS Online: Primary Care Case
Management Roster User Guide

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1. Introduction

The MIHMS Health PAS Online portal provides primary care providers with a list of members that have been assigned to the provider for primary care case management services. This roster facilitates the submission of claims, eligibility verification requests, referrals, prior authorizations, and certifications for assigned Primary Care Case Management-Primary Care Providers (PCCM-PCP) for MaineCare members participating in the PCCM Program. The PCCM-PCP can also view Diagnosis History from the Primary Care Roster.

2. System Requirements

To successfully use all features of the Health PAS Online Portal, ensure that your computer system meets the following minimum requirements:

- Reliable internet connection
- Web browser- The latest version of Microsoft Internet Explorer is recommended. As versions of Internet Explorer become available it is recommended that these versions are used.
- The latest version of Adobe Acrobat Reader

3. Form Entry: Primary Care Roster

To begin reviewing your current Primary Care Roster, click the **Primary Care Roster** link located below the Form Entry category on the portal links, as shown in Figure 3-1.

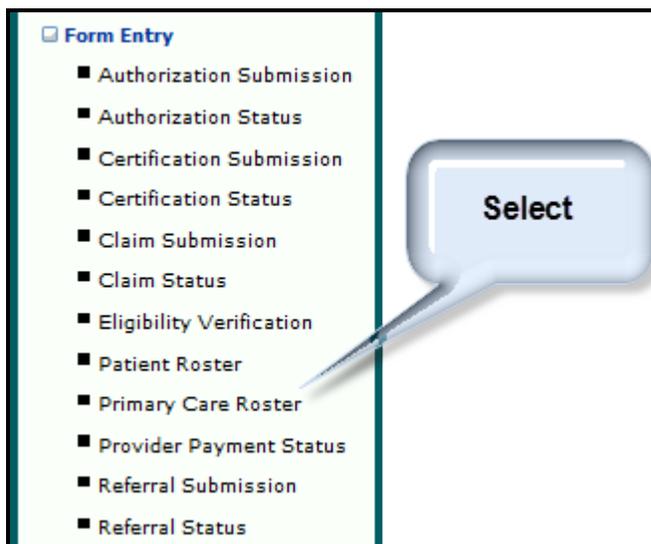


Figure 3-1: Primary Care Roster Link

After you click the link, the Primary Care Roster screen is displayed as shown in Figure 3-2.

Last Name	First Name	Date of Birth	Member ID	PCP Effective	PCP Term	Program
CAROL	CALEB	4/08/1995	10000103P	8/11/2012	12/31/2078	MaineCare PCCM
COLE	SAMANTHA	7/17/1996	10000904P	8/10/2012	12/31/2078	MaineCare PCCM

Figure 3-2: Primary Care Roster

To review the list of members assigned to each PCCM-PCP, follow these steps:

1. If there is more than one **Billing Provider** associated with the Trading Partner ID, click the drop-down menu to select the proper Billing Provider from the pre-determined list.
2. If there is more than one **Primary Care Provider** associated with the selected Billing Provider, click the drop-down menu to select the proper Primary Care Provider from the pre-determined list.

***Hint:** To display members for all Primary Care Providers under the selected Billing Provider, select All Providers from the drop down.*

The list of members for each PCCM-PCP is pre-populated based on member PCCM-PCP selection, and will automatically show when Billing Provider and Primary Care Provider selections are made from the drop-down menus.

3.1 Primary Care Roster Functions

From the PCP Roster screen, the following administrative functions are available:

- View Member Information
- PCP Roster Search
- Verify Eligibility
- Submit Claim
- View Diagnosis History
- Submit Referral
- Submit Authorization
- Submit Certification

3.1.1 Primary Care Roster Function– View Member Information

The View Member Information function allows providers to view demographic and enrollment information for a specific member. To access the View Member Information function, select the

hyperlink under the specified member last name. This action will populate the Member Information screen, as shown in Figure 3-3.

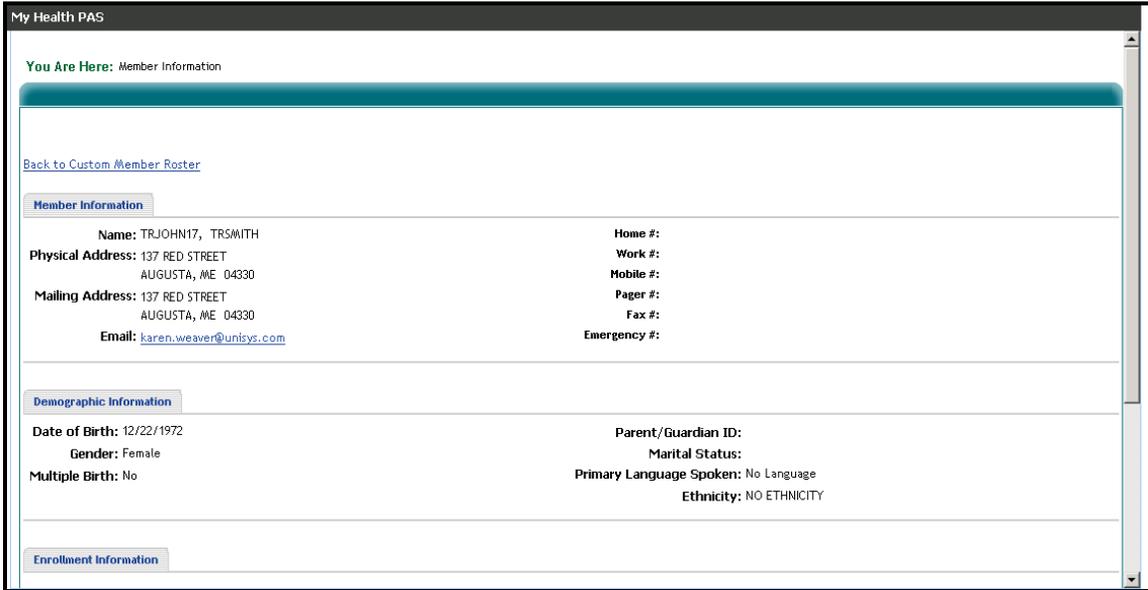


Figure 3-3: View Member Information

3.1.2 Member Roster Function– Member Search

The PCP Roster search function allows providers to execute a search against the PCP Roster list to find a specific member. To access the search function, select the **Search** icon as shown in Figure 3-4.

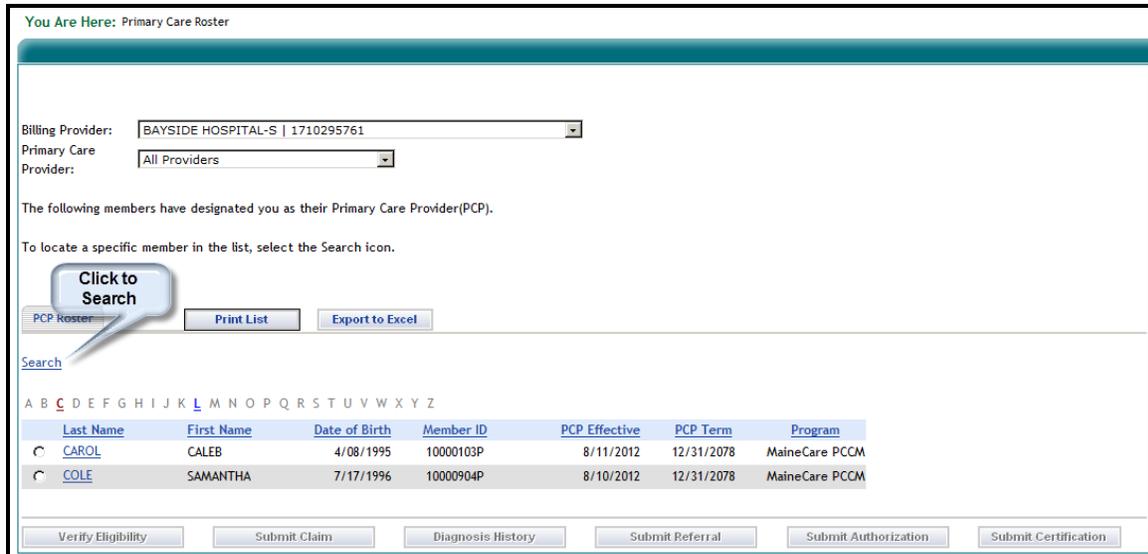


Figure 3-4: Primary Care Roster Search

This action will populate the PCP Roster Search screen as shown in Figure 3-5: Primary Care Roster Search Screen.

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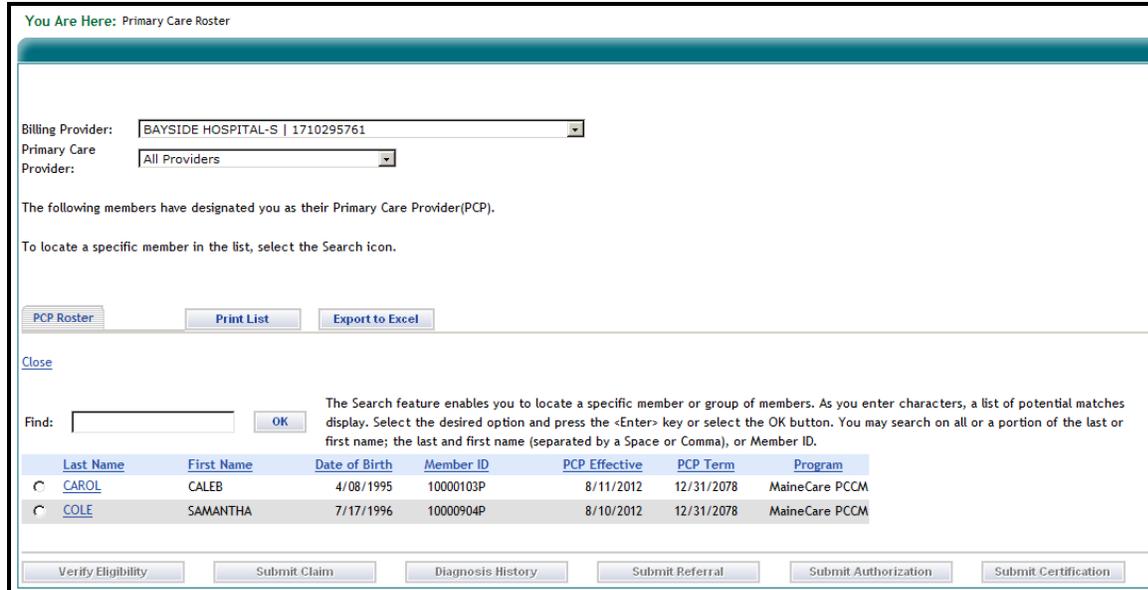


Figure 3-5: Primary Care Roster Search Screen

Begin by typing characters into the search field. As you type, a list of potential matches will display. Select the desired option and click OK. You may search on all or a portion of the last or first name, the last and first name (separated by a space or comma), or Medicaid ID.

3.1.3 Primary Care Roster Function– Eligibility Verification

The Primary Care Roster Verify Eligibility function allows providers to verify the eligibility for a specified member on the roster. To access the eligibility verification function, follow the steps below.

1. Select the specific member from the PCP Roster list by clicking on the radio button next to the appropriate member as shown in Figure 3-6. This action will activate the buttons at the bottom of the screen.

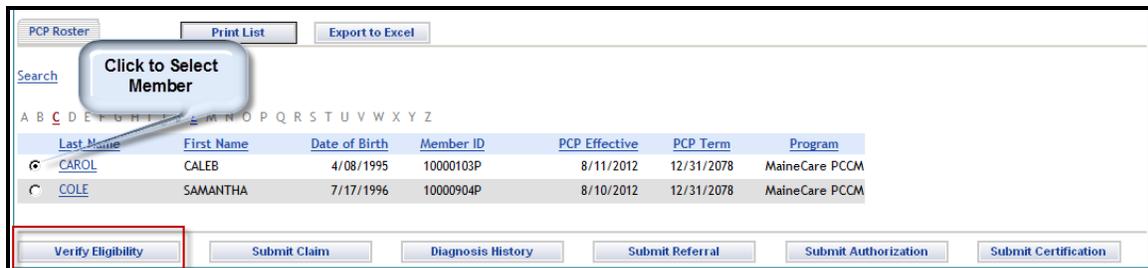


Figure 3-6: PCP Roster

2. Select the **Verify Eligibility** button to navigate to the Eligibility Verification screen as shown in Figure 3-7.

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You Are Here: Eligibility Verification

Eligibility Inquiry verifies whether a member was eligible for a Medicaid program on the date(s) of service submitted in the request. This information does not guarantee eligibility or payment for the service rendered.

Member

Name	Date of Birth	Member ID	Gender
COLE, SAMANTHA	7/17/1996	10000904P	Female

Eligibility Inquiry

Dates of Service

From * : 10/7/2013 To * : 10/7/2013

Procedure Codes/Service Codes

Enter a maximum of 10 Procedure Codes or Service Codes separated by a comma or space

Submit Reset New Verification

Print Receipt

Figure 3-7: Eligibility Verification

For step by step instructions on the eligibility verification process go to MIHMS Health PAS Online Portal> Provider Tab> MyHealth PAS User Guides> MHP Eligibility Verification User Guide.

3.1.4 Primary Care Roster Function– Claims Submission

The Primary Care Roster Claims Submission function allows providers to submit a claim for a specified member on the roster. To access the claims submission function, follow the steps below.

1. Select the specific member from the PCP Roster list by clicking on the radio button next to the appropriate member as shown in Figure 3-8. This action will activate the buttons at the bottom of the screen.

PCP Roster Print List Export to Excel

Search

Click to Select Member

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Last Name	First Name	Date of Birth	Member ID	PCP Effective	PCP Term	Program
<input checked="" type="radio"/> CAROL	CALEB	4/08/1995	10000103P	8/11/2012	12/31/2078	MaineCare PCCM
<input type="radio"/> COLE	SAMANTHA	7/17/1996	10000904P	8/10/2012	12/31/2078	MaineCare PCCM

Verify Eligibility Submit Claim Diagnosis History Submit Referral Submit Authorization Submit Certification

Figure 3-8: PCP Roster

2. Select the Submit Claim button to navigate to the Claim Type selection screen as shown in Figure 3-9. Select the correct claim type, then select **Submit** to initiate the claim submission process.

To continue with, select a claim type and click the Submit button.

Claim Type

Select a Claim Type: Professional Dental Institutional

Submit Cancel

Figure 3-9: Select Claim Type

For step by step instructions on the claim submission process, go to MIHMS Health PAS Online Portal> Provider Tab> MyHealth PAS User Guides and select the appropriate document for your submission type.

3.1.5 Primary Care Roster Function– Review Diagnosis History

The PCP Member History and Diagnosis function allows providers to view a member’s medical conditions and diagnosis history. To access this function, follow the steps below.

1. Select the specific member from the PCP Roster list by clicking on the radio button next to the appropriate member as shown in Figure 3-10. This action will activate the buttons at the bottom of the screen.

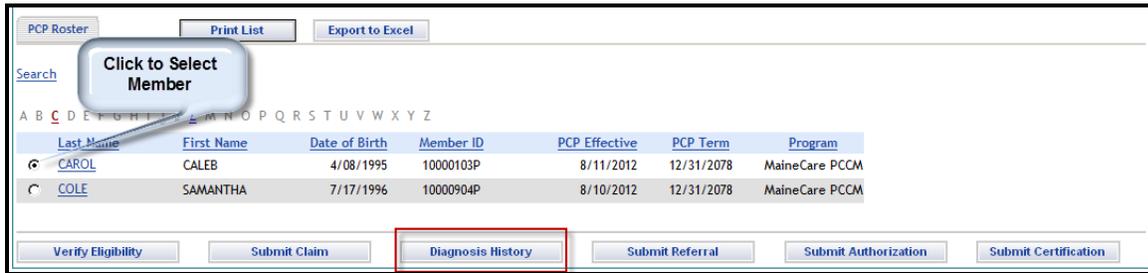


Figure 3-10: PCP Roster

2. Select the **Diagnosis History** button to retrieve diagnosis information from submitted claims.



Figure 3-11: Diagnosis History

3. Use the **Prev and Next arrows** to page through all Diagnosis History data. To view details about a specific diagnosis, click on the Code hyperlink, as seen in Figure 3-11. The View Diagnosis Screen populates as shown in Figure 3-12. To return to the Diagnosis History screen, select the **Return to Diagnosis** button.

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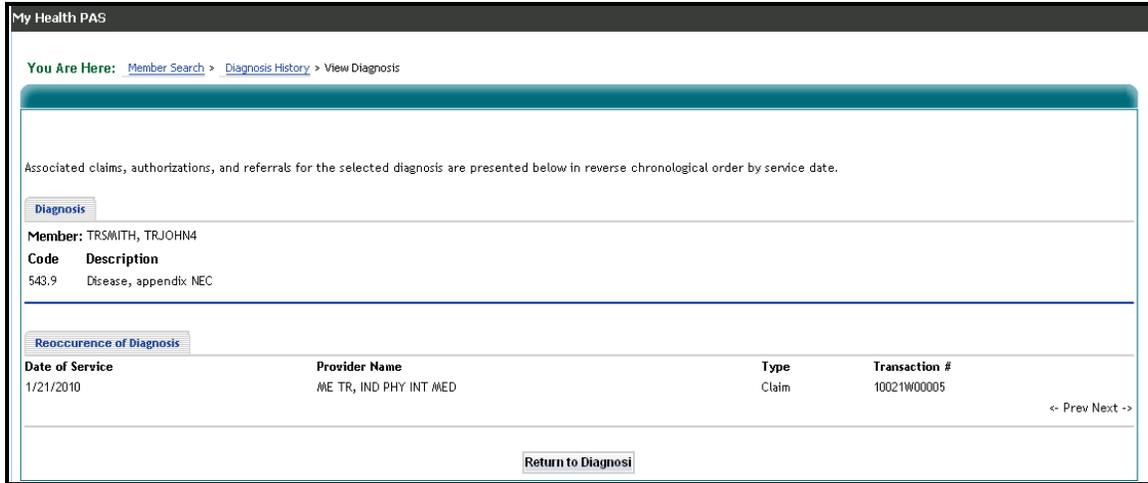


Figure 3-12: ICD View

3.1.6 Primary Care Roster Function– Submit Referral

The Primary Care Roster Submit Referral function allows the provider to submit a referral for a specified member on the roster. To access the submit referral function, follow the steps below.

1. Select the specific member from the PCP Roster list by clicking on the radio button next to the appropriate member as shown in Figure 3-13. This action will activate the buttons at the bottom of the screen.

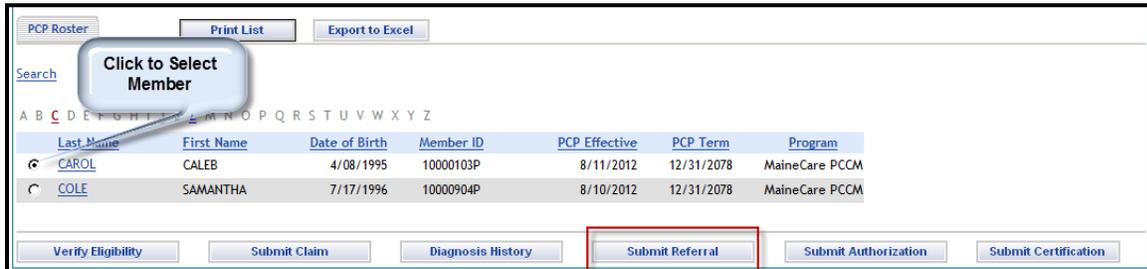


Figure 3-13: PCP Roster

2. Select the **Submit Referral** button to navigate to the Submit Referral– Referral Details screen as shown in Figure 3-14.

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My Health PAS

You Are Here: Submit Referral - Referral Details

Enter information in the fields provided below and click the Submit button

Member Information

Name: BOYD, BRIAN D.
Date of Birth: 12/5/1979
Member ID: 10000801P

Referral Information

Referral Type *: Web-Referral
Referral Reason *:
Pay to/Billing Provider: AROOSTOOK REGIONAL HOSPITAL-S
Referred From Provider *:
Start Date: 10/3/2013
End Date: MM/DD/CCYY
Visits/Units:

Referred To Provider

Referred To Provider or Group * :

Figure 3-14: Referral Submission

For step by step instructions on the referral submission process go to the MIHMS Health PAS Online Portal> Provider Tab> MyHealth PAS User Guides> MHP Referral User Guide.

3.1.7 Primary Care Roster Function– Submit Prior Authorization

The Primary Care Roster Submit Authorization function allows the provider to submit a prior authorization for a specified member on the roster. To access the submit authorization function, follow the steps below.

1. Select the specific member from the PCP Roster list by clicking on the radio button next to the appropriate member as shown in Figure 3-15. This action will activate the buttons at the bottom of the screen.

PCP Roster Print List Export to Excel

Search

Click to Select Member

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Last Name	First Name	Date of Birth	Member ID	PCP Effective	PCP Term	Program
<input checked="" type="radio"/> CAROL	CALEB	4/08/1995	10000103P	8/11/2012	12/31/2078	MaineCare PCCM
<input type="radio"/> COLE	SAMANTHA	7/17/1996	10000904P	8/10/2012	12/31/2078	MaineCare PCCM

Verify Eligibility Submit Claim Diagnosis History Submit Referral **Submit Authorization** Submit Certification

Figure 3-15: PCP Roster

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2. Select the Submit Authorization button to navigate to the Submit Prior Authorization–Authorization Detail screen as shown in Figure 3-16.

You Are Here: Submit Prior Authorization -- Authorization Detail

Member Information
Name: BOYD, BRIAN D.
Date of Birth: 12/5/1979
Member ID: 10000801P

Authorization Information
Authorization Type*: [dropdown]
Pay To/Billing Provider: AROOSTOOK REGIONAL HOSPITAL-S
Requesting Provider*: AROOSTOOK REGIONAL HOSPITAL-S | 1760466114
Requested length of stay: [text]
Start Date*: [text]
End Date*: [text]

Rendering Provider
Rendering Provider or Group: AROOSTOOK REGIONAL HOSPITAL-S
Pay To/Billing Provider: AROOSTOOK REGIONAL HOSPITAL-S | 1760466114

Diagnosis

Seq#	Code	Description
1		

Services

Seq#	Code	Description	Modifier	Units
1				

Miscellaneous Information
Accident Information
Type: Auto Accident Accident Date: [text]
 Employment Investigation Required
 Other

Notes

[Submit] [Cancel]

Figure 3-16: Submit Prior Authorization

For step by step instructions on submitting a Prior Authorization, go to the MIHMS Health PAS Online Portal> Provider Tab> MyHealth PAS User Guides> MHP Prior Authorization User Guide.

3.1.8 Primary Care Roster Function– Submit Certification

The Primary Care Roster Submit Certification function allows the provider to submit a certification for a specified member on the roster. A certification is similar to a prior authorization (PA), but does not need to go through the prior approval process before services are rendered. Home Health services are an example of a service for which a certification is required instead of a PA. To submit certifications, follow the steps below.

1. Select the specific member from the PCP Roster list by clicking on the radio button next to the appropriate member as shown in Figure 3-17. This action will activate the buttons at the bottom of the screen.

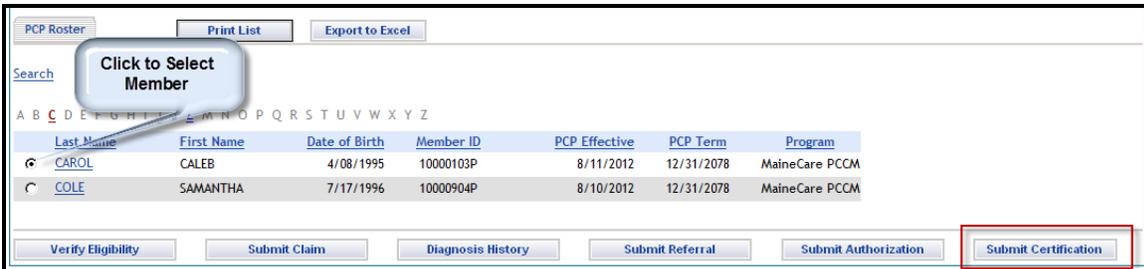


Figure 3-17: PCP Roster

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2. Select the **Submit Certification** button to navigate to the Submit Certification– Certification Detail screen as shown in Figure 3-18.

You Are Here: Submit Certification - Certification Detail

Member Information
Name: SOYD, BRIAN D.
Date of Birth: 12/5/1979
Member ID: 1000001P

Certification Information
Certification Type*: Home Health
Pay To/Billing Provider*: AROOSTOOK REGIONAL HOSPITAL-S
Requesting Provider*: AROOSTOOK REGIONAL HOSPITAL-S | 1760466114
Requested length of stay*:
Start Date*:
End Date*:

Rendering Provider
Rendering Provider or Group*: AROOSTOOK REGIONAL HOSPITAL-S
Pay To/Billing Provider*: AROOSTOOK REGIONAL HOSPITAL-S | 1760466114
Service Location*: Select Service Location

Diagnose
* At least one diagnose code must be entered

Seq#	Code	Description
1		

Services

Seq#	Code	Description	Modifier	Units
1				

Miscellaneous Information
Accident Information
Type: Auto Accident Accident Date:
 Employment Investigation Required
 Other

Notes

Figure 3-18: Certification Submission

3. All required fields are marked with a red asterisk. To submit a certification, complete all required fields and click the **Submit** button. To cancel, click **Cancel**.