MIDAS PROVIDER PORTAL USER GUIDE FOR EVV SERVICES

BILLING CLAIMS IN MIDAS

05/11/2021

INTRODUCTION

The MIDAS Provider Portal allows you to bill your claims, view service authorizations, and view claim information for the members you serve using your personal computer.

SYSTEM REQUIREMENTS

To run the MIDAS application, you need a computer with the following specifications:

* Microsoft Windows version 7 or later

* Internet Explorer (IE) 11.0 or above

* Printer access

Remember:

No Google Chrome or Firefox

No Apple computers or applications

Logging into MIDAS

To access the Provider Portal, you need a username and password. Contact your Contracting Representative, or the following phone numbers for assistance:

My Choice Wisconsin 414-287-7640

This is a security measure to comply with security requirements that are mandated by My Choice Wisconsin and HIPAA.

After you have obtained the appropriate login information:
1. Open Internet Explorer and go to https://www.mcfc-midas.com/
2. On the Home screen, select "Provider Portal" from the System drop down menu.
3. Enter your assigned Login ID and Password.
4. Select "Production" from the Environment drop down menu.
5. Click **[Login].**
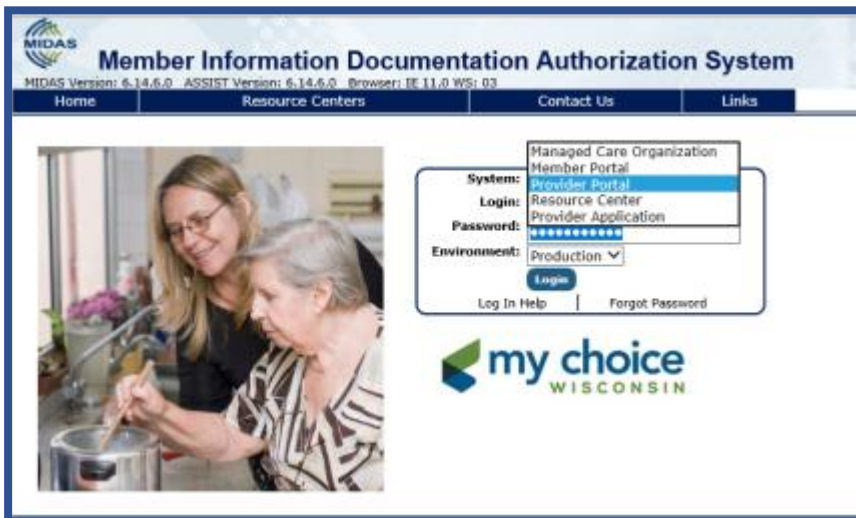
PROVIDER CONTACTS VERIFICATION

⇒ Providers who log on to the Provider Portal for the first time will be required to update or verify their contact information.

⇒ After you **[Save/Verify]** the necessary information, MIDAS will take you to the Provider Portal.

⇒ Providers will be required to update contact information every six months.

PRIOR AUTHORIZATION REQUEST

All services provided to members must be authorized by My Choice Wisconsin prior to the delivery of services for services covered by the Family Care program.   My Choice Wisconsin has the final authority in determining member eligibility for services and amount of services to be provided. Providers will not be reimbursed for unauthorized services provided to members or services provided in amounts that exceed those authorized.

Service authorizations can be viewed and printed through the MY CHOICE WISCONSIN MIDAS Provider Portal at www.mcfc-midas.com.

Providers must ensure that all information on the service authorization is correct prior to rendering service to a My Choice Wisconsin member enrolled in the Family Care program. If a discrepancy is identified, providers must request a modification from the care manager listed on the authorization.

BILLING FOR SERVICES

As a provider, it is your responsibility to make sure that you submit clean claims within the timely filing requirements. Timely filing limits are specified in your contract requirements with the originating Managed Care Organization (MCO).

Claims for services provided to My Choice Wisconsin members are considered timely if they are submitted to our third-party administrator (TPA), Wisconsin Physician's Service (WPS) or Cognizant (TriZetto)**,** within **120 days** from the last date of service submitted on the claim or within **120 days** of the date of the Primary Insurer EOB/Medicare EOMB.

Providers are responsible for submitting a clean claim for each member served in order to receive payment. A clean claim is free from errors and contains all of the following:

- Member full name
- Social Security Number (SSN) and/or Master Client Index (MCI) number and/or Member ID
- Date of birth

Service Authorization Information:

- Authorization number (each charge line must contain the appropriate authorization number)
- Date(s) of service (date range or individual days)
- Service/HCPCS/Revenue code/Modifier (if applicable)
- Number of units (number of days in service period or units of provided service)
- Unit rate/Billed amount
- Attached Medicare EOMB/Primary Insurer EOB (if applicable)

Provider Information:

- Provider name
- Provider address
- Provider number (TIN/EIN/SSN)
- National Provider Identifier (NPI) (if applicable)

Claims that require the attachment of a primary insurance or Medicare EOB cannot be submitted in MIDAS. If you do not know which MCO you are contracted with for a member, review the service authorization in MIDAS for this information.

For My Choice Wisconsin Family Care member claims mail to:
Family Care
C/O WPS Health Insurance
PO BOX 211595
Eagan, WI 55121
OR
For Partnership or Legacy Care Wisconsin member claims
My Choice Wisconsin
PO Box 226897
Dallas, TX 75222-6897
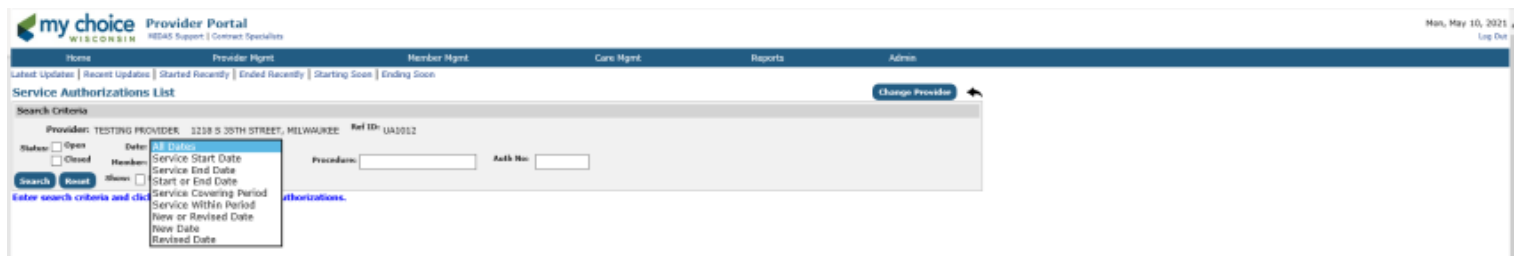
CLAIM SUBMISSION

Click **[Care Mgmt].**
Select **[Search Service Authorizations].**

You will have the following filter options to obtain your authorizations for submissions of your claims:

      1. Filter Authorization by Dates.
      2. Enter your desired dates.
      3. Click **[Search].**

Second option to filter your authorizations for submissions of your claims:

⇒ Click Auth Open box (this is a list of all open authorizations where the date range is current).
⇒ Click Auth Closed box (this is a list of all closed authorizations where the date range has passed).
⇒ Click both Auth Open and Auth Closed box (this is a list of both open and closed authorizations).

An authorization is considered closed if the end date is prior to today's date.
A closed auth can be billed at any time within timely filing limits. Closed only means the end date has passed.

CLAIMS SUBMISSION FILE

Click **[Service Start Date]** - this will take you to the billing screen.

Search Service Authorizations Change Provider

Authorization List Search Criteria

Provider: TESTING PROVIDER   1218 S 35TH STREET, MILWAUKEE

Auth Open: ☑   Date: All Dates ▾

Auth Closed: ☑   Member: [   ]   Procedure: [   ]   Auth No: [   ]   MCO Origin: All ▾

Search Reset

☐ Show Notes ☐ Show Date of Birth

Authorization List (1 record)   EXPORT

Auth No	Member Name	MCO Origin	Procedure	Service Start	Service End	Auto Renew Until
3211465	Serrano, Helen	My Choice	*DMS ORAL ENTERAL (fluid replacemt) 500 ML = 1 UNIT (see MIDAS AUTHING DOCUMENT)	3/1/2016	3/1/2017	

Click on an auth number link for details

Download as CSV file for Excel   Print as Report

Enter the following information:
[Service Dates]
[Place of Service/Type of Bill]
[Units]
[Amount] (multiple your rate times units billed, the system does not calculate dollar amounts).
Click **[Save].**

This is the daily claim submission. Clicking the Switch to calendar claim button will open the calendar view.

Submit Interactive Claim Billing for this Authorization	**Switch to calendar claim**

Service Date 5/7/2021

Place of Service/Type of Bill 99-Other Place of Service

Units 1

Claim Amount 150   **Reminder - Multiply number of Units by your Rate**

☐ Service provided by live-in Caregiver

Save   Cancel

Claim submissions for this authorization cannot span over multiple days after 11/1/2020
Claim submissions are sent daily after 3:30pm. Submit well prior to that time or the claim may go the nex   Submitted
claims can be cancelled by your claims submission administrator prior to them being sent.

For easier billing of multiple days click on the Switch to Calendar Claim button

On the Calendar view, each day available will allow entry of Place of Service / Type of Bill, Units, Claim Amount and whether the services were provided by a live-in caregiver.

Submit Interactive Claim Billing for this Authorization | Switch to single day claim

<< < May ∨ 2021 ∨ > >>

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26	27	28	29	30	1 — Fill in Month ↓ → X — 99-Other Place of Sen ∨ — Units 1 — Claim Amount 150 — **Reminder - Multiply number of Units by your Rate** — ☐ Live-in Caregiver
2 — Please Select ∨ — Units — Claim Amount — ☐ Live-in Caregiver	3 — Please Select ∨ — Units — Claim Amount — ☐ Live-in Caregiver	4 — Please Select ∨ — Units — Claim Amount — ☐ Live-in Caregiver	5 — Please Select ∨ — Units — Claim Amount — ☐ Live-in Caregiver	6 — Please Select ∨ — Units — Claim Amount — ☐ Live-in Caregiver	7 — Please Select ∨ — Units — Claim Amount — ☐ Live-in Caregiver	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Save | Cancel | Clear all dates

In order to speed up entry of the data where the values are the same, there are 3 buttons that allow quick entry of data and 1 button to clear a single day's information.

1. Fill in Month - this button will fill in the values entered for every day of the month where there are dates of services up to the current date.
2. Down Arrow - this will allow filling in the values for the day of the week selected. For example, if services are provided only on Thursday's, entering data on the first Thursday of the month and clicking the down arrow will fill in the values for every Thursday in the month.
3. Right Arrow - this will allow filling in the values for the next 7 days. For example, if services are provided every day of the week, entering data on a Monday and clicking the right arrow will fill in the values for the next week up to and including the next Monday.
4. X button - this will clear the data for the single day. For example, if services are provided every weekday of a month, the Fill in Month button can be clicked to fill in values for every day. Then the X button can be clicked for each Saturday and Sunday to remove the values.

Thursday	Friday	Saturday
1	2	3
Fill in Month ↓ → X	Please Select ⌄	Please Select ⌄
99-Other Place of Serv ⌄	Units	Units
Units 1	Claim Amount	Claim Amount
Claim Amount 150	☐ Live-in Caregiver	☐ Live-in Caregiver
Reminder - Multiply number of Units by your Rate	Claim Submissions	Claim Submissions
☐ Live-in Caregiver	Line #7: LiveIn - No|Units - 1|Amount - $150	Line #8: LiveIn - No|Units - 1|Amount - $150
Claim Submissions		
Line #6: LiveIn - No|Units - 1|Amount - $150		

Example of a day of the week being filled in via the Down Arrow button.

Thursday

1

Fill in Month ⬇ ➡ ✕

99-Other Place of Serv ⌄

Units	1
Claim Amount	150

Reminder - Multiply number of Units by your Rate

☐ Live-in Caregiver

Claim Submissions
Line #6: LiveIn - No|Units - 1|Amount - $150

8

⬇ ➡ ✕

99-Other Place of Serv ⌄

Units	1
Claim Amount	150

☐ Live-in Caregiver

Claim Submissions
Line #13: LiveIn - No|Units - 1|Amount - $150

15

⬇ ➡ ✕

99-Other Place of Serv ⌄

Units	1
Claim Amount	150

☐ Live-in Caregiver

Claim Submissions
Line #20: LiveIn - No|Units - 1|Amount - $150

22

⬇ ➡ ✕

99-Other Place of Serv ⌄

Units	1
Claim Amount	150

☐ Live-in Caregiver

Claim Submissions
Line #27: LiveIn - No|Units - 1|Amount - $150

If a mistake was made after entering values for a number of days, the Clear all dates button will allow starting back from the default values.

Click Save when complete

Message
Successfully added 5/1/2021 to 5/3/2021 claim to batch 189415 for authorization 4169910.

Continue

Click **[Continue].**

⇒ Once you have clicked on the continue button from the message page, MIDAS will take you back to the authorization that you just billed from.

If you have made a mistake submitting your claims, you have the option of clicking [click here to cancel] to cancel your claim/claims.

⇒ Once a claim is cancelled, you have to go back to re-enter your claim.

⇒ If it's a clean claim, then your claim will stay in the pending processing status until MIDAS downloads at 3:30pm on a daily basis.

CLAIMS SUBMISSION REPORTS

These reports will give you a list of your submitted claims.

Click **[Care Mgmt].**
Click **[Search Claim Submission].**

CLAIM SUBMISSION REPORTING

What does this show you?

- Batch ID: Identifies your pending claim/claims.

- Batch Date: Date of when you entered in your claim/claims.

- Total Claims: Claims that are being submitted.

- Rejected Claims: Claims that need follow-up.

- Units: Total number of units submitted.

- Amount: Total dollar amount submitted.

Status:

- Pending Send: Claims will stay in this status until 3:30pm. At this time, MIDAS will complete a download of all claims and transfer claims to the TPA for processing. At any time, you have the option of cancelling your claims in this status.

- Accepted: Total number of claims that have been accepted and transferred to TPA. Once claims are accepted, you will no longer have the option to cancel your claim/claims. You will receive an Interchange Control Number. This number identifies your batch of claims that was sent to TPA. If you want to check the status of your batch of claims, contact your TPA.

ADDITIONAL REPORTS

Total Claims

Providers have the option of clicking on the number of total claims as seen below.
Providers have the option of "exporting" reports into different file format (e.g.: Excel, CVS).

Example of Total Claims Report

Options of exporting reports to other formats

REMINDERS

⇒ When entering your rate, make sure that you are calculating units x rate, as the system does not calculate this automatically.

⇒ You have until 3:30pm daily to make any changes/cancel your pending claims.

⇒ One MIDAS downloads claims at 3:30pm, your claims will be transmitted to the TPAs for processing.

⇒ If claim/claims are denied in full, you must make the required changes and resubmit.

⇒ My Choice Wisconsin process payments for clean claims in 30 days. If you have not received payment in 30 days, please contact WPS/Family Care Contact Center at 1-800-223-6016 or TriZetto/Provider Help Desk at 1-855-878-6699.