

**MIDAS User's Guide  
Provider Portal**

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## Logging In

1. MIDAS is an internet based site, which stands for Member Information Documentation and Authorization System, and can be found by accessing the “MIDAS Provider Portal Login” link on the Lakeland Care District’s website:



[www.lakelandcaredistrict.org](http://www.lakelandcaredistrict.org)  
under the Provider Tab.

Once on the Midas website (<https://www.lcd-midas.com/>), choose the “Provider Portal” System, enter the Login and Password provided by the Lakeland Care District, choose the “Production” Environment, and click “Login”:

- a. Login = Provider Location Reference ID# (UAxxxx)
- b. Initial Password = family

 **Member Information Documentation Authorization System**

MIDAS Version: 6.14.6.0 ASSIST Version: 6.14.6.0 Browser: IE 11.0

<a href="#">Home</a>	<a href="#">Resource Centers</a>	<a href="#">Contact Us</a>	<a href="#">Links</a>
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System:  ▼


Login:

Password:

Environment:  ▼

[Log In Help](#) | [Forgot Password](#)

2. You will be prompted to change your password the next time you log in. The password section can be found in the MIDAS Provider Portal **Additional Information** section:
  - a. Passwords must contain at least 5 characters, and are case sensitive. Passwords can contain alpha and numeric characters, but can't contain any special characters (i.e. #, @, !).
  - b. Passwords will expire every 90 days.
  - c. If a member of the Network Relations Division resets your password, it will be set as "family".
  - d. You cannot lock yourself out of MIDAS.
  - e. Providers cannot change their password unless prompted by MIDAS.



**Lakeland Care District Provider Portal**

MIDAS Support | Contract Specialists

**TEST** Thursday, September 13, 2012

[Log Out](#)

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Home
Provider Mgmt
Care Mgmt
Admin

**Provider Additional Information**

Provider ID: 123456789		Provider Name: TEST PROVIDER	
Office Hours:		Facility Level:	
Bilingual: NO			
Languages Spoken: None specified			
Specifications:			
Email Address:		Web Address:	
Taxonomy Code:		Suspend SA Printing: No	
Counties Served: Fond du Lac, Manitowoc, Winnebago			
<input type="checkbox"/> Population Over 60 <input type="checkbox"/> Infirm of Aging <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Wheelchair/Handicapped Accessible <input type="checkbox"/> Developmentally Disabled		<input type="checkbox"/> Population Under 60 <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Dementia <input type="checkbox"/> AODA <input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> Corrections <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Mentally Ill			
Claim Submission Type: <input type="text"/>			
Gender Specific Facility: No		Fiscal Year Ending Month: December	

**Business Organization and Demographic Information**

Characteristics:  Disadvantaged Business Enterprise (DBE)  State Minority Business  Owner Occupied

Demographic Summary of Board of Directors / Agency Owners				Last Updated: 9/13/2012 1:58:05 PM
Ethnicity	Female	Male	Total	
Asian or Pacific Islander			0	
African-American			0	
Hispanic			0	
American Indian/Alaskan Native			0	
White			0	
<b>Total</b>	0	0	<b>0</b>	
Handicapped			0	

+ show demographics summary instructions

**Billing Provider Additional Information (same as above)**

Email Address:	Web Address:
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**MIDAS Provider Portal Account Information**

Login ID: testprov	Date Created: 9/13/2012 1:55:07 PM
Password: ●●●●●●●●	Confirm Password: <input type="text"/>

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## Provider Service Acknowledgement

Providers are required to acknowledge all service authorizations before being able to navigate to any other screen within the MIDAS portal. This can be done simply by checking the box next to Select/Unselect All and then clicking save at the bottom of the screen.

**Provider Service Acknowledgement**

In accepting this service authorization, I acknowledge that this service is a necessary part of this Member's plan of care and that I am responsible for ensuring care is delivered in a manner consistent with this authorization and in keeping with this Member's plan of care.

Selecting the acknowledgement box for these authorizations serves as an electronic signature from the provider attesting to the above.

**CHECK THIS BOX**

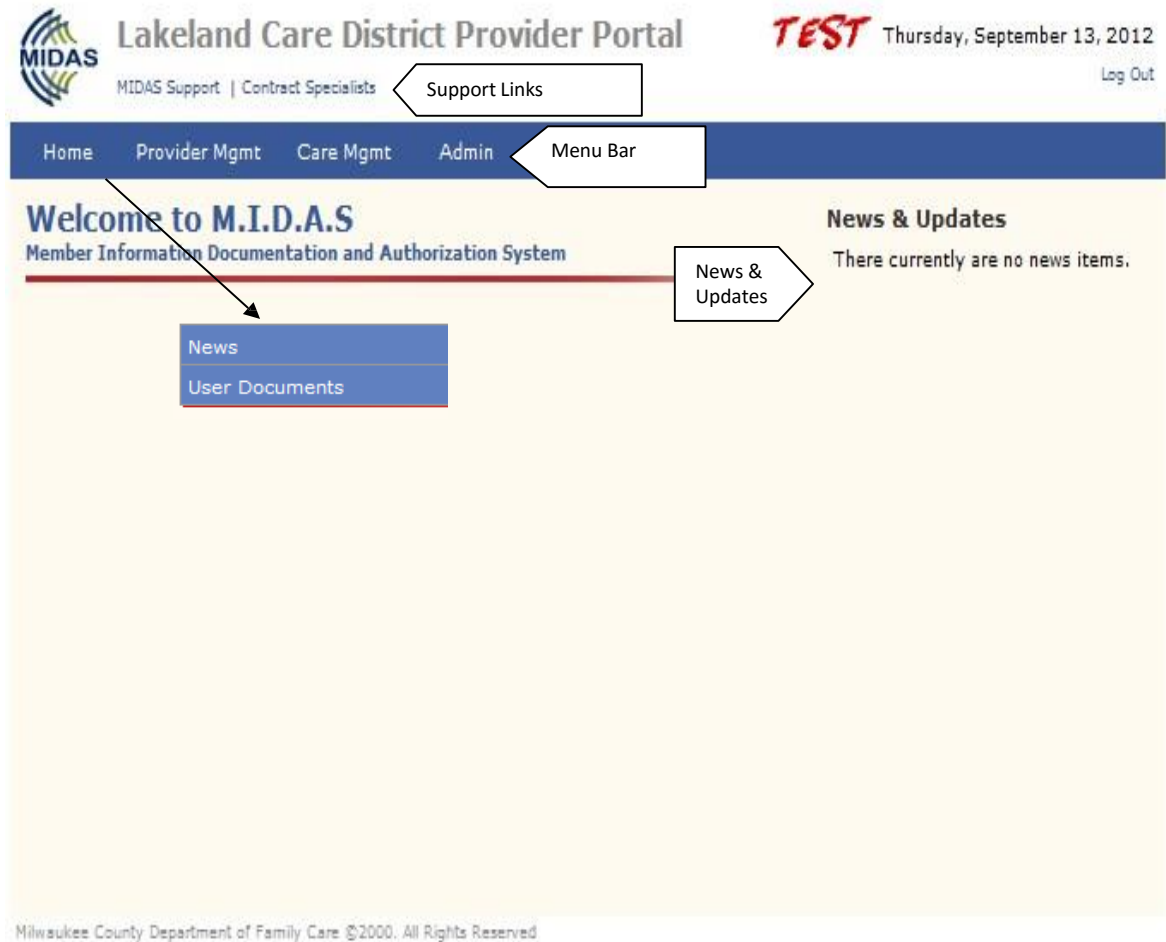
9 Authorization(s) to be acknowledged Select / Unselect All

Member Name	Member ID	Start Date	End Date	Serv Type	Procedure	Frequency	Location	
██████████, ██████████	101458	1/01/2013	2/28/2013	Supportive Home Care	SHC - Supervision Services 15M	Weekly	Other Unlisted Facility	<input type="checkbox"/>
██████████, ██████████	101458	1/01/2013	2/28/2013	Day Services	Day Center Service Level II 15 Min	Weekly	Other Unlisted Facility	<input type="checkbox"/>
██████████, ██████████	103140	1/01/2013	2/28/2013	Prevocational Services	Pre-Voc Services (Facility Based) 15 Minutes	Weekly	Other Unlisted Facility	<input type="checkbox"/>
██████████, ██████████	101353	1/01/2013	2/28/2013	Supported Employment	Supported Employment Coaching 1-2 Integrated 15 min	Monthly	Other Unlisted Facility	<input type="checkbox"/>
██████████, ██████████	103001	1/01/2013	2/28/2013	Day Services	Day Center Service Staff Ratio 1:1 15 Min	Weekly	Other Unlisted Facility	<input type="checkbox"/>
SECOND, TEST	104447	6/01/2015	6/30/2015	Supportive Home Care	SHC Bath Assist In Daycare	Weekly	Home	<input type="checkbox"/>
██████████, ██████████	██████████	██████████	██████████	Supportive	SHC Bath Assist In	...	...	<input type="checkbox"/>

**CLICK SAVE**

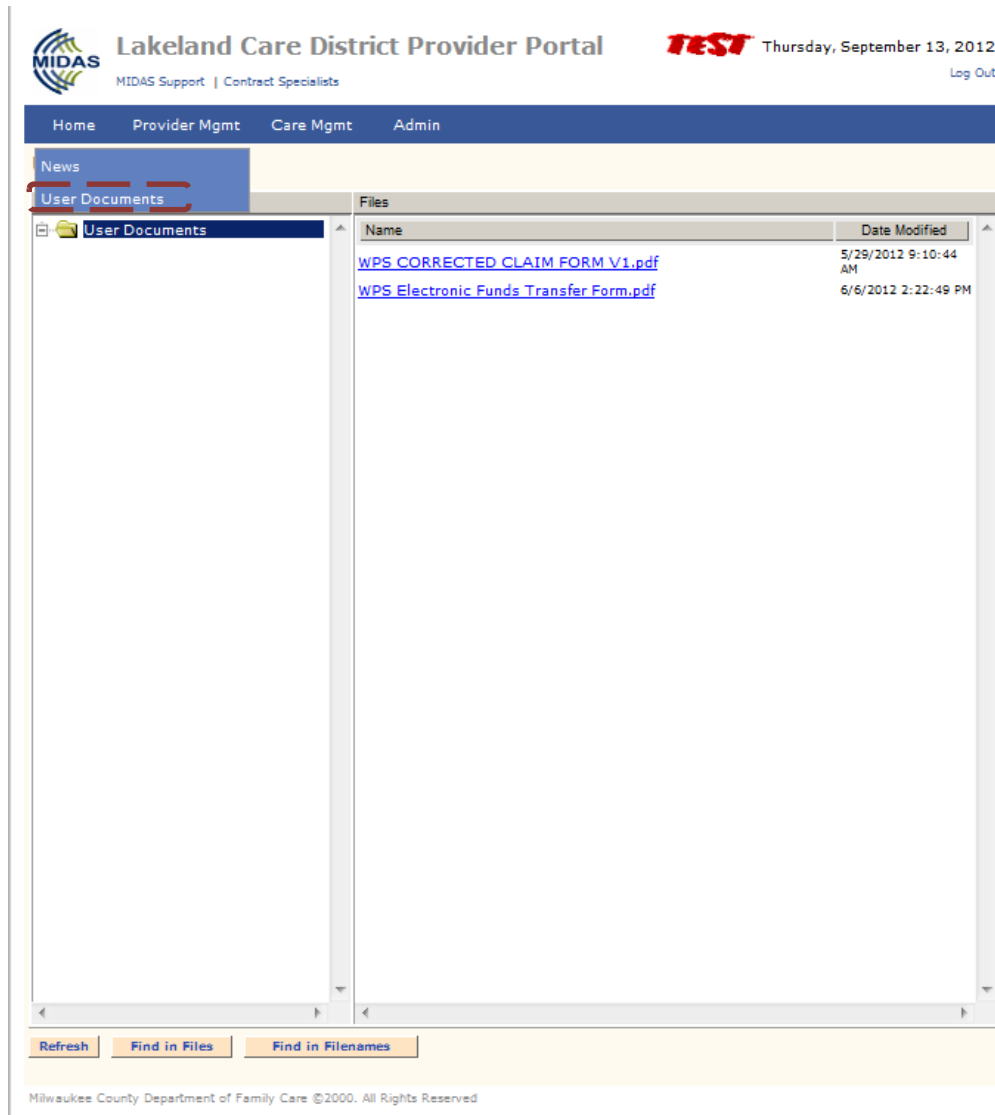
## Home/Welcome Screen

1. The Home/Welcome Screen is the first screen viewable upon logging in:
  - a. Support links are available such as “MIDAS Support”, or “Provider Support”.
  - b. To navigate throughout MIDAS, use the Menu Bar, which will display additional dropdown menus. For example, “Home” on the Menu Bar drops down into News and User Documents. User Documents is further defined in the following section.
  - c. News & Updates will be displayed based on recent MIDAS news and updates (i.e. upcoming Provider Meetings, updates to screens, system maintenance, etc).



2. User Documents is a guidelines and forms repository, formatted similarly to Windows Explorer. To navigate, click on a folder or plus (+) symbol to expand a section:

NOTE: This is where the Provider Portal User Guide, Addendums and Lakeland Care District' WPS Claim Form for paper claim submission will be listed.



## Provider Management

1. Within the Provider Management drop down, Providers can access:
  - Provider Demographics
  - Additional Information
  - Bed Information
  - Provider Contacts





## Provider Demographics

- To view the demographic information that Lakeland Care District has on file, choose Provider Demographics:



- The Provider Demographics screen cannot be edited by Providers. Updates should be reported to the Lakeland Care District's Network Relations Division.

**NOTE:** The Provider ID is the company's tax ID and Location Reference ID is auto-assigned by MIDAS.

**Provider Demographics (Update)**

Provider ID Qualifier: EIN Provider ID: 123456789

NPI:

MA ID: Location Reference ID: UA686 Auto-assigned

Organization / Last Name: TEST PROVIDER

First Name: Middle Name:

Contact(s):

Phone Number: 1(920) 123-4567 Fax Number:

Address Line 1: 123 MAIN STREET

Address Line 2:

City: FOND DU LAC State: WI

Zip: 54937 County: Fond du Lac

Business Type:  T19/Medicaid  T18/Medicare

Synopsis:

**Billing Provider**

Same as above:

Billing Provider ID Qualifier: EIN Billing Provider ID: 123456789

NPI:

Organization / Last Name: TEST PROVIDER

First Name: Middle Name:

Contact(s):

Phone Number: 1(920) 123-4567 Fax Number:

Address Line 1: 123 MAIN STREET

Address Line 2:

City: FOND DU LAC State: WI

Zip: 54937

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## Additional Information

- To view the additional information that the Lakeland Care District has on file, choose Additional Information:



- The Provider Additional Information screen cannot be edited by Providers. Updates should be reported to the Lakeland Care District Network Relations Division for any areas that cannot be edited. The Lakeland Care District will not be sending paper authorizations to Providers.

### a. Suspend Service Authorization (SA) Printing:

- Yes = service authorizations will be submitted to providers electronically.
- No = service authorizations will be mailed to providers in a paper format.

**Provider Additional Information**

Provider ID: 123456789      Provider Name: TEST PROVIDER  
 Office Hours:      Facility Level:      Bilingual: NO  
 Languages Spoken: None specified  
 Specifications:      Web Address:      Suspend SA Printing: NO  
 Email Address:      Taxonomy Code:      Counties Served: Fond du Lac, Manitowoc, Winnebago

Client Groups Served:

<input type="checkbox"/> Population Over 60	<input type="checkbox"/> Population Under 60	<input type="checkbox"/> Corrections
<input type="checkbox"/> Infirm of Aging	<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Terminal Illness
<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Dementia	<input type="checkbox"/> Mentally Ill
<input type="checkbox"/> Wheelchair/Handicapped Accessible	<input type="checkbox"/> AODA	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Developmentally Disabled		

Claim Submission Type:      Fiscal Year Ending Month: December  
 Gender Specific Facility: NO

Business Organization and Demographic Information

Characteristics:  Disadvantaged Business Enterprise (DBE)  State Minority Business  Owner Occupied

Demographic Summary of Board of Directors / Agency Owners				Last Updated: 9/13/2012 1:58:05 PM
Ethnicity	Female	Male	Total	
Asian or Pacific Islander			0	
African-American			0	
Hispanic American			0	
Indian/Alaskan Native			0	
White			0	
Total	0	0	0	
Handicapped			0	

+ show demographics summary instructions

Billing Provider Additional Information (same as above)

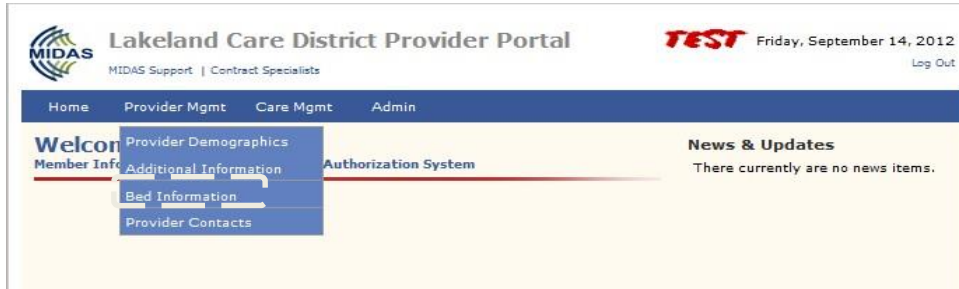
Email Address:      Web Address:      MIDAS Provider Portal Account Information

Login ID: testprov      Date Created: 9/13/2012 1:55:07 PM  
 Password: ●●●●●●      Confirm Password:     

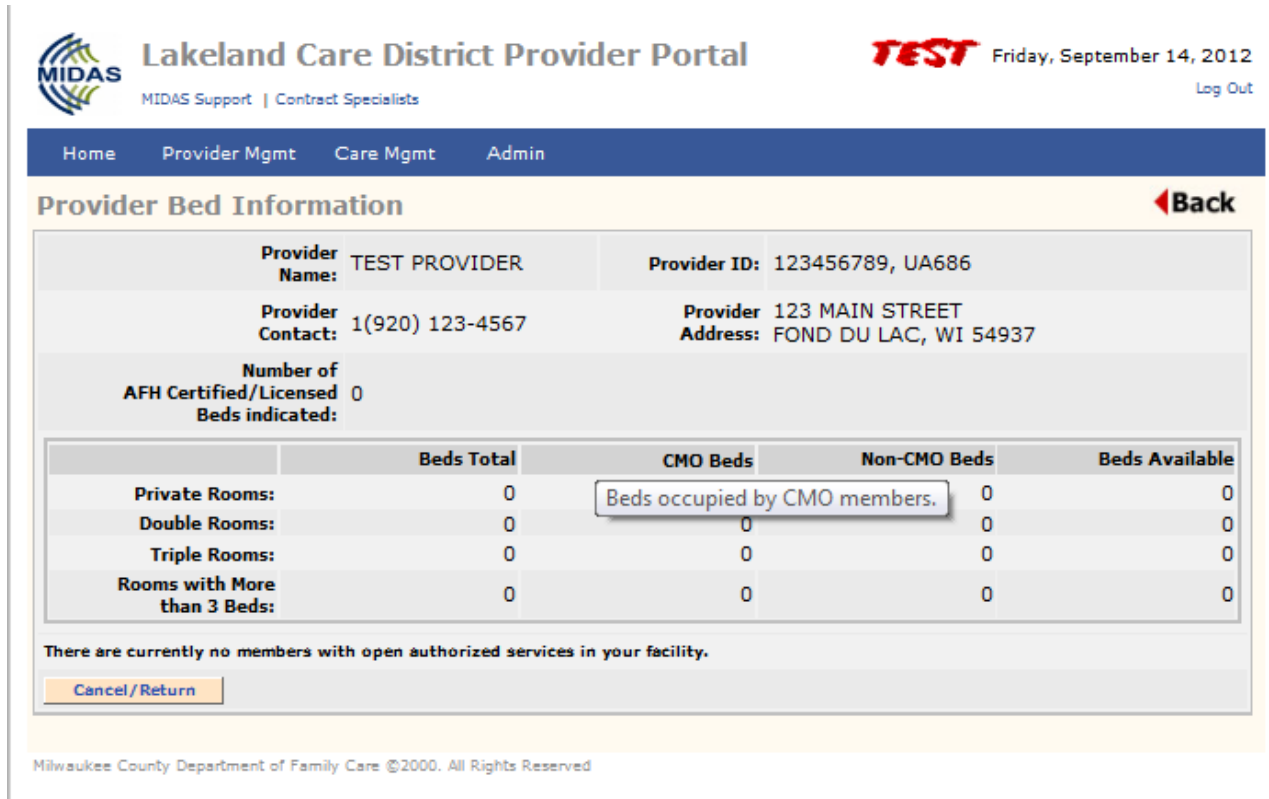
See "a" for further explanation

**Bed Information – Residential Providers ONLY!**

1. To view the bed information that the Lakeland Care District has on file, choose Bed Information:



2. The Bed Information screen cannot be edited by Providers. Updates should be reported to the Lakeland Care District Network Relations Division.

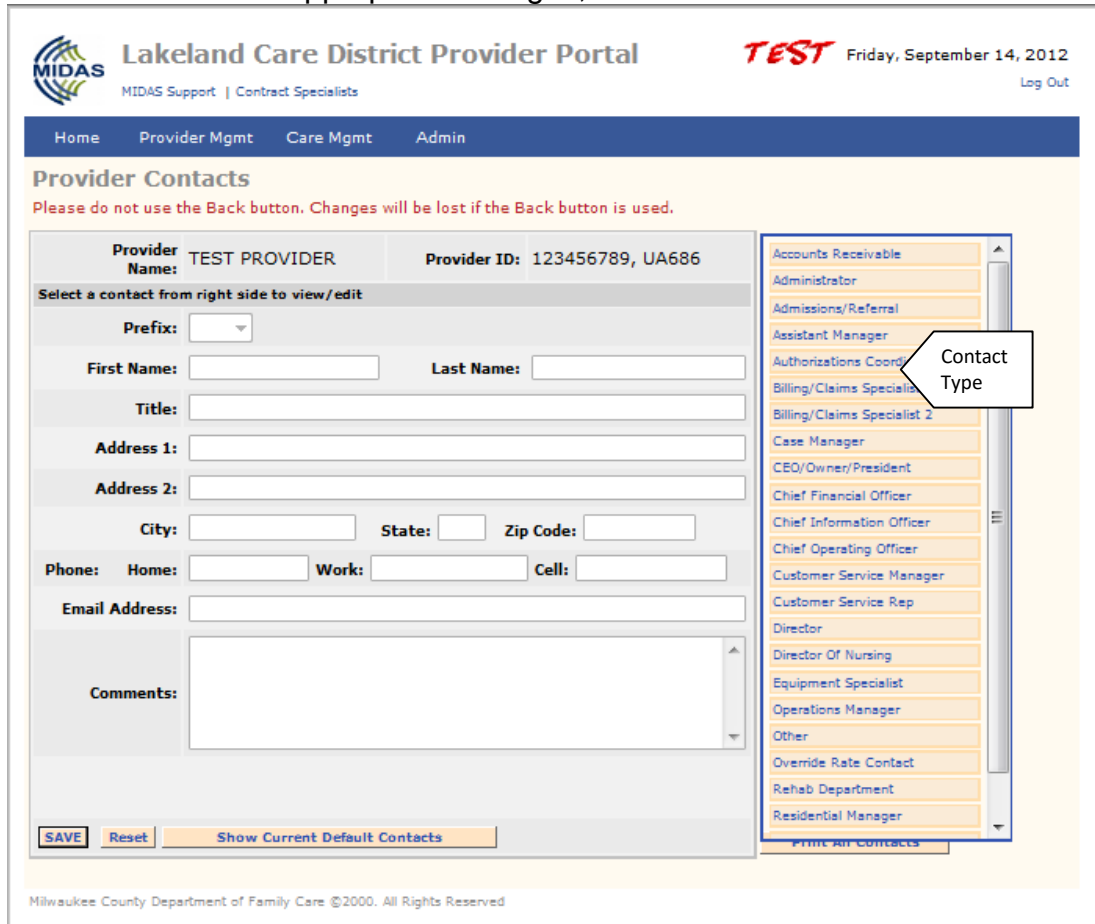


**Provider Contacts**

1. To view the provider contact information that the Lakeland Care District has on file, choose Provider Contacts:



2. Providers can maintain their Provider Contact information. To enter new contact information:
  - a. Choose the contact type. Contact types who have contact information listed are white and bolded, those without contact information are shaded.
  - b. Enter contact information and choose "Save".
  - c. To edit contact information, choose the applicable contact type, make appropriate changes, and choose "Save".



## Care Management

1. Within the Care Management drop down, Providers can:
  - Search Service Authorizations
  - Search Claim Payments



## Search Service Authorizations

1. To search service authorizations, choose Care Management > Search Service Authorizations:



2. Choose the applicable criteria, and "Search":

The screenshot shows the 'Search Service Authorizations' form. The form is titled 'Authorization List Search Criteria' and includes the following fields and options:

- Provider:** TEST PROVIDER 123 MAIN STREET, FOND DU LAC
- Auth Open:**
- Date:** All Dates (dropdown menu)
- Auth Closed:**
- Client:** (text input field)
- Procedure:** (text input field)
- Auth No:** (text input field)
- Search** (button)
- Reset** (button)
- Show Notes
- Show Date of Birth

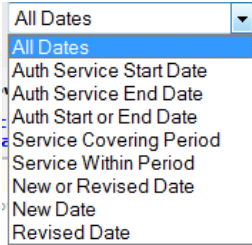
Below the form, there is a blue instruction: "Enter search criteria and click search to display service authorizations. (Select both Open and Closed check boxes and no other criteria to return all service authorizations)". At the bottom of the page, it says "Milwaukee County Department of Family Care ©2000. All Rights Reserved".

**Auth Open:** refers to available service authorizations that have a service period that is open on the current date.

**Auth Closed:** refers to service authorizations that the service end date is before the current date.

To see future auths, do not check open or closed and use the **Date Selection** to look to future service periods – *monthly authorizations are available 5 days before the beginning of the next month.*

Auths created or modified today will not show up on the Provider Portal until after 6pm daily when the MIDAS system sends all of the newly created/modified authorizations to the Provider Portal.



Using the month of October 2012 as the point of data collection:

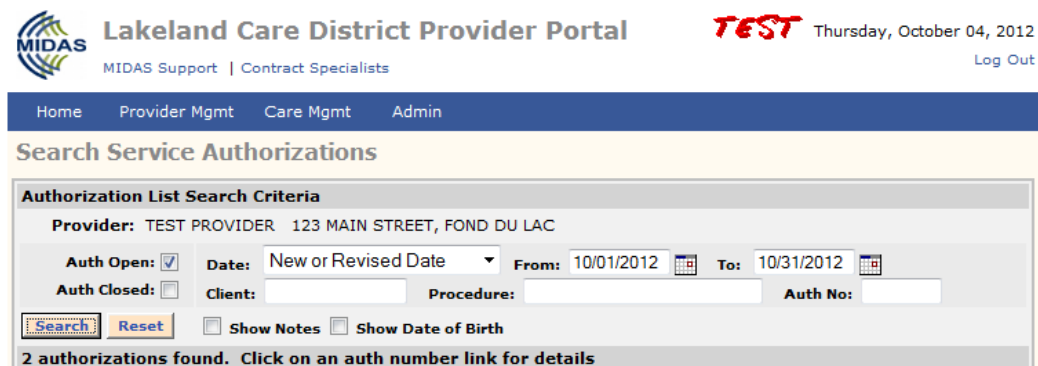
### Service Covering Period

- Covering the period means an authorization's service date started on or before 10/1/2012 and ended on or after 10/31/2012 so that the entire month of October was in the authorization. which is why we use the term covering. An authorization with 10/1/2012 to 10/31/2012 service period perfectly covers the June period exactly, an authorization from 7/1/2012 to 12/31/2012 covers June but all other months as well.

### Service Within Period

- Within the period means the authorization touches some part of the period. Could be as little as one day, just the first day, just the last day or anything more, including covering. Within includes all the Covering authorizations and then all the authorizations that did not cover but were within the period by some subset. Both the auth examples I listed in the Service Covering Period are also included in the Service Within Period. In addition the following that are Service Within Period but not Service Covering Period: Authorization from 10/1/2012 to 10/7/2012, Auth from 9/1/2012 to 10/1/2012, Auth from 10/31/2012 to 12/31/2012.

### New or Revised Date



When IDT staff make a change or create a new service authorization the Provider will be able to search for these authorizations through this option. Providers can specify the date that they want to search so Providers can monitor for updated or new authorizations entered into MIDAS. It is important to

remember that the only change IDT staff can make to a completed authorization is the Service End date.

- After you have selected your criteria, the following information will be visible on your screen:

**Lakeland Care District Provider Portal** TEST Thursday, October 04, 2012

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Home Provider Mgmt Care Mgmt Admin

### Search Service Authorizations

**Authorization List Search Criteria**

Provider: TEST PROVIDER 123 MAIN STREET, FOND DU LAC

Auth Open:  Date: All Dates

Auth Closed:  Client: Procedure: Auth No:

Show Notes  Show Date of Birth  Show only Auths waiting to be sent

3 authorizations found. Click on an auth number link for details

Auth No	Client Name	Procedure	Service Start	Service End	Auto Renew Until
<a href="#">94</a>	[REDACTED]	SHC Routine Home Care 15M	<a href="#">9/17/2012</a>	11/16/2012	
<a href="#">107</a>	DRIVER, DONALD	SHC Routine Home Care 15M	<a href="#">9/5/2012</a>	10/31/2012	<a href="#">1/4/2013</a>
<a href="#">93</a>	LAMB, MARYHADDA LITTLE	SHC Routine Home Care 15M	<a href="#">9/17/2012</a>	12/31/2012	

**Auto Renew:** The IDT staff will enter authorizations into MIDAS using a Service Start Date and an “Auto Renew” date. The Auto Renew feature allows the LCD to create one authorization for the duration of the service, each subsequent month; MIDAS will add additional units of service to the current authorization, up until the Auto Renew date (no more than 6 months). As a provider you will see the same Service Start Date each month and the Service End Date will continue to extend out until the Auto Renew Date has expired.

**Export feature:** In an effort to provide easy access to Provider service authorization data, MIDAS does have an Export feature. This feature allows the Provider to pull the service authorization information into an EXCEL document:



ClientID	CaseID	Auth Number	ClientFullName	Procedure Code	Procedure	AuthStart Date	AuthEnd Date	renewUntil Date	EnteredOnDate	Units	CancelFlag	CareManager	Frequency
100006	0	89	LAMB, MARYHADDA L	S5130	SHC Routine Home Care 15M	7/12/2012	7/30/2012		9/6/2012 11:20	3	0	Ztews, Sara	Weekly
100006	0	93	LAMB, MARYHADDA L	S5130	SHC Routine Home Care 15M	9/17/2012	12/31/2012		9/17/2012 10:13	12	-1	Ztews, Sara	Weekly

**New or Updated Authorizations:** you will see a column on the right that alerts you to when the authorization was modified.

2 authorizations found. Click on an auth number link for details

Auth No	Client Name	Procedure	Service Start Date	Service End Date	Auto Renew Until	When Updated
<a href="#">94</a>	[REDACTED]	SHC Routine Home Care 15M	<a href="#">9/17/2012</a>	11/16/2012		10/2/2012
<a href="#">93</a>	LAMB, MARYHADDA LITTLE	SHC Routine Home Care 15M	<a href="#">9/17/2012</a>	12/31/2012		10/2/2012

**Partial Cancellation:** The IDT staff will “partially cancel” an authorization in the MIDAS system when a member is temporarily not receiving the services, therefore no claims should be submitted during the specified time frame.

**Lakeland Care District Provider Portal** *TEST* Thursday, October 04, 2012  
MIDAS Support | Contract Specialists [Log Out](#)

Home Provider Mgmt Care Mgmt Admin

### Service Authorization

**Client ID:** 100006 **Client Name:** LAMB, MARYHADDA LITTLE  
**CMU:** Central  
**Case Manager:** [Sara Ztews](#) **RN:** [Amanda Ztavs](#)  
**Authorization Number:** 93 **Entered On Date:** 9/17/2012  
**Service Type:** Supportive Home Care  
**Procedure:** S5130 - SHC Routine Home Care 15M  
**Service Provider:** TEST PROVIDER  
**Provider Address:** 123 MAIN STREET, FOND DU LAC 54937 Tel:(192) 0 123-4567  
**Service Start Date:** 9/17/2012 **Service End Date:** 12/31/2012  
**Service Location:** Home **Units:** 12  
**Frequency:** Weekly  
**Status:** Approved by Care Manager

**Cancel Authorization:** Yes **Cancellation Reason:** Partial cancellation: Please provide services excluding dates 10/02/2012 - 10/04/2012

**Sent To Provider:** Yes **Revised:** Yes (10/4/2012)

**Notes:** use the backdoor - she has a BIG dog.

[Return](#) [Print Copy](#) [Claim History](#) [Report Problem](#)

**Full Cancellation:** The IDT staff will "fully cancel" an authorization in the MIDAS system when there is a problem with the authorization starting from the start date, therefore no claims should be submitted against this authorization.

**Service Authorization**

Client 10: 100006      Client Name: LAMB, MARYHADDA LITTLE  
 CMU: Central

Case Manager: [Sara Ztevs](#)      RN: [Amanda Ztavs](#)

Authorization Number: 103      Entered On Date: 9/27/2012

Service Type: Adult Family Home  
 Procedure: 0120- AFH 1-2 BED Room and Board

Service Provider: -----  
 Provider Address: 41 ----- Mill & Tel:  
 Service Start Date: 9/27/2012      Service End Date: 10/4/2012  
 Service Location: Nursing Home      Units: 1  
 Frequency: Daily  
 Status: Approved by Care Manager

---

~~Cancel~~      ~~Cancellation~~  
~~authorization: Yes~~      ~~Reason: Full cancellation: Please do not provide any services~~

---

Sent To Provider: Yes      **Revised:** Yes (10/4/2012)

Notes:

[Return](#)   [Print Copy](#)      [Claim History](#)      [Report Problem](#)


## Search Claim Payments

- To search claim payments, choose Care Management > Search Claim Payments:



- Choose the applicable criteria, and "Search":





**Lakeland Care District Provider Portal**  
MIDAS Support | Contract Specialists

TEST Friday, September 14, 2012  
[Log Out](#)

[Home](#)   [Provider Mgmt](#)   [Care Mgmt](#)   [Admin](#)

### Search Claim Payments [Back](#)

**Provider:** TEST PROVIDER 123 MAIN STREET, FOND DU LAC

**Search By:** All Claims

**Paid on Date:** From 1/01/2012 To 9/14/2012

**Summarize By:**  None  Service  Procedure  Client  Claim  Payments

[Search](#) [Reset](#) [Add to Saved Searches](#)

**Claims Summary by All (0 summaries)** [EXPORT](#)

Claim Provider ID = 123456789 , Auth Provider = 123456789-UA686 (TEST PROVIDER), with Paid On Date between 1/01/2012 and 9/14/2012

Client ID	Last Name	First Name	Proc Code	Procedure Description	Service Type	CMU	Provider ID	Provider Name	Claim Number	Check Number	Service Date	Service Date	Units Recv	Amount Paid	Units Billed	Amount Billed	Auth Paid	EX Code
No Records Found																		