

MIDAS User's Guide Provider Portal For Providers Revised: June 2016

#### 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:



your long term care needs. Here in Northeastern Wisconsin, the Lakeland Care District can help, through the Family Care

www.lakelandcaredistrict.org under the Provider Tab.

Once on the Midas website (<u>https://www.lcd-midas.com/</u>), 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



MIDAS

Home

# **Member Information Documentation Authorization System**

MIDAS Version: 6.14.6.0 ASSIST Version: 6.14.6.0 Browser: IE 11.0
Resource Centers Contact Us Links



Login:				
Password:				
nvironment:	Producti	on 🗸		
	Login			
Log	J In Help	1	Forgot Passwor	ď





-

- 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.

Home Provider Mgmt	Care Mgmt	Admin			
Provider Additional	Informa	tion			
Provider ID:	123456789			Provider Name	TEST PROVIDER
Office Hours:				Facility Level	
Bilingual:	15T)				
Languages Spoken:	None specifi	ed			
Specifications:					
Email Address:				Web Address	
Taxonomy Code:				Suspend SA Printing:	No
Counties Served:	Fond du Lac,	Manitowoc,	Winnebago		
	Population	Over 60		Population Under 60	Corrections
	Infirm of A	ging		Alzheimer's	Terminal Illness
Client Groups		Set There are		Dementia	Mentally Ill
Served:		r/Handicapped	Accessible		
		antally Disable		Traumatic Brain Injury	
	Developmi				
Claim Submission Type:	[	•			
Gender Specific Facility:	No			Fiscal Year Ending Month:	December
Business Organization and De		ormation		chang Honen	
Characteristics;	prompt of the second second second second		- Enternrise (DRE	) 🗌 State Minority Business	
n 1: c (n					•
Demographic Summary of Bo Ethnicity	Female	rs / Agency U Male	Total	Last Updated	: 9/13/2012 1:58:05 PI
Asian or Pacific Islander	remaie	male	0		
African-American			0		
Hispanic			0		
American			0		
Indian/Alaskan Native White					
	0	0	0		
Total Handicapped	U	0	0		
1	any inclusion		U		
+ show demographics summ Billing Provider Additional In					
Email Address:	inormation (sai			Web Address	
MIDAS Provider Portal Accou	Int Informatio	n			
Login ID:	testprov			Date Created	9/13/2012 1:55:07 F
				Confirm Password:	



# **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.

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								
Se	lecting the ac				uthorizations serv esting to the abov		CHECK TH	IIS BOX
Authorizat	tion(s) to be ack	cnowledged				Select / c	select All	
Member Name	Member ID	Start Date	End Date	Serv Type	Procedure	Frequency	Location	^
SEIGER,	101458	1/01/2013	2/28/2013	Supportive Home Care	SHC - Supervision Services 15M	Weekly	Other Unlisted Facility	
	101458	1/01/2013	2/28/2013	Day Services	Day Center Service Level II 15 Min	Weekly	Other Unlisted Facility	
	/ 103140	1/01/2013	2/28/2013	Prevocational Services	Pre-Voc Services (Facility Based) 15 Minutes	Weekly	Other Unlisted Facility	
<b>100000</b> ,	101353	1/01/2013	2/28/2013	Supported Employment	Supported Employment Coaching 1-2 Integrated 15 min	Monthly	Other Unlisted Facility	
unitas,	103001	1/01/2013	2/28/2013	Day Services	Day Center Service Staff Ratio 1:1 15 Min	Weekly	Other Unlisted Facility	
SECOND, TEST	104447	6/01/2015	6/30/2015	Supportive Home Care	SHC Bath Assist In Daycare	Weekly	Home	
				Supportive	SHC Bath Assist In			_

MIDAS Provider Portal User Guide Update June 2016



#### **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).

MIDAS	Lakeland Care Distr	ict Provider Por Support Links	tal <i>TE</i> S	Thursday, September 13, 2012 Log Out
Home	Provider Mgmt Care Mgmt	Admin Menu Bar		
	Inter to M.I.D.A.S Formation Documentation and Auto News User Documents	thorization System		lews & Updates There currently are no news items.
Milwaukee Cou	nty Department of Family Care ©2000. A	All Rights Reserved		



 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.

U Devi	ider Mgmt	Care Mgm	: Admin	
Home Prov	lder Mgmt	Care Mgm	amin Admin	
ews	_			
ser Documents			Files	
liser Docu	ments	A	Name	Date Modified 5/29/2012 9:10:44
			WPS CORRECTED CLAIM FORM V1.pdf	AM
			WPS Electronic Funds Transfer Form.pdf	6/6/2012 2:22:49 PM
			4	
		P	·	4



# **Provider Management**

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

Home	Provider Mgmt Care M	gmt Admin	
	Provider Demographics		News & Updates
ember Int	Additional Information	Authorization System	There currently are no news items
	Bed Information		
	Provider Contacts		



# **Provider Demographics**

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

1			
Home Provid	er Mgmt 🛛 Care Mg	mt Admin	
Welcon Provid Member Info Additi		Authorization System	News & Updates There currently are no news items.
Bed Ir	formation		
Provid	ler Contacts		

2. 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.

MILIAS :	support   Con	tract Specialists			
Home Prov	ider Mgmt	Care Mgmt	Admin		
Provider De	emograp	ohics (Upda	ite)		
	Provider ID Qualifier:	EIN		Provider ID:	123456789
	NPI;			,	
	MA ID;			Location Reference ID:	UA686 Auto-
Or	ganization/ Last Name:	TEST PROVIDE	ER	、·	assigned
	First Name:			Middle Name:	
	Contact(s):				
Pho	ne Number:	1(920) 123-45	67	Fax Number:	
Add	Iress Line 1:	123 MAIN STR	EET		
Add	Iress Line 2:				
	City:	FOND DU LAC		State	WI
	Zip:	54937		County	Fond du Lac
Bu	siness Type:	T19/Medica	aid 🗌 T18/Medicare		
	Synopsis:				
Billing Provider					
Sar	ne as above:	V			
Bill	ing Provider ID Qualifier:	EIN		Billing Provider ID:	123456789
	NPI;				
Or	ganization/ Last Name:	TEST PROVIDE	ER		
	First Name:			Middle Name:	i i
	Contact(s):				
Pho	one Number:	1(920) 123-45	67	Fax Number:	
Add	Iress Line 1:	123 MAIN STR	EET		
Add	Iress Line 2;				
	City;	FOND DU LAC		States	WI
	Zip:	54937			



Friday, September 14, 2012

\* TEST PROVIDER

Correctio

Mentally Ill

Terminal Illness

See "a" for

explanation

further

Facility Level

Suspend No

Fiscal Year Ending Month: December

Population Under 60

Traumatic Brain Injury

Alzheimer's

Dementia

AODA

Disadvantaged Business Enterprise (DBE) 🗌 State Minority Business 🔲 Owner Occupied

#### **Additional Information**

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

MIDAS	Akeland Care D	istrict Provider Portal	Friday, September 14, 20		
Home	Provider Mgmt Care Mg	ımt Admin			
Welcon Member Info	Provider Demographics Additional Information	Authorization System	News & Updates There currently are no news items.		
	Bed Information				
	Provider Contacts				

MIDAS

- 2. 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.
- ry of Board of Directors / Agency Own Last Undated: 9/13/2012 1:58:05 PM Ethnicity ic Islander Tota can-American Hispanie nerican White Total Handicapped phics se rovider Additional Inform ne as above) Neb Addre the It rider Portal Account Informati Login ID: testprov Date Created: 9/13/2012 1:55:07 PM ord: ..... t of Family Care ©2000. All Rights Re-

Lakeland Care District Provider Portal

Fond du Lac, Manitowoc, Winnebago

Wheelchair/Handicapped Accessible

Population Over 60

Infirm of Aging Physically Disabled

n and Demographic Information

Developmentally Disabled

MIDAS Support | Contract Specialist

Provider Additional Information Provider ID: 123456789

Office Hours: Bilingual: No

n Submission Type: nder Specific Facility: No

Languages Spoken: None specified

• No = service

authorizations will be mailed to providers in a paper format.



## **Bed Information – Residential Providers ONLY!**

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

MIDAS	akeland Care Di	strict Provider Portal	Friday, September 14, 2012
Home	Provider Mgmt Care Mg	mt Admin	
Welcon Member Info	Provider Demographics Additional Information	Authorization System	News & Updates There currently are no news items.
	Bed Information Provider Contacts		

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

Home Provider !	/lgmt (	Care Mgmt Admin			
rovider Bed I	nforma	ation			Back
	Provider Name:	TEST PROVIDER	Provider ID:	123456789, UA686	
	Provider Contact:	1(920) 123-4567		123 MAIN STREET FOND DU LAC, WI 5493	37
AFH Certified	lumber of /Licensed ndicated:				
		Beds Total	CMO Beds	Non-CMO Beds	Beds Available
Private Roor	ns:	0	Beds occupied b	y CMO members. 0	(
Double Roor	ns:	0	0	0	(
Triple Roor	ns:	0	0	0	(
Rooms with Me than 3 Be		0	0	0	(

Milwaukee County Department of Family Care @2000. All Rights Reserved



#### **Provider Contacts**

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

MIDAS Support   Contract Specie	Friday, September 14, 2012	
Home Provider Mgmt Care	Mgmt Admin	
Welcon Provider Demographics Member Info	Authorization System	News & Updates There currently are no news items.
Bed Information 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".

ome Provide	r Mgmt Care Mgmt	Admin				
vider Cont	acts					
se do not use the	Back button. Changes w	ill be lost if the B	ack button is used.			
Provider T	EST PROVIDER	Provider ID:	123456789, UA686	Acc	ounts Receivable	*
Manies	right side to view/edit			Adr	ministrator	
	ingine side to view/earc			Adı	missions/Referral	
Prefix:	*				istant Manager	Caralani
First Name:		Last Name:			monizacionis coord	Contact
Title:					ing/Claims Specialis	Туре
nde:					ing/Claims Specialist 2	
Address 1:					se Manager	
Address 2:					0/Owner/President	
					ef Financial Officer	-
City:	S	tate: Zip	o Code:		ief Operating Officer	
one: Home:	Work:		Cell:		stomer Service Manage	
mail Address:					stomer Service Rep	
mail Address:				Dir	ector	
				A Dir	ector Of Nursing	
Comments:				Equ	upment Specialist	
comments:				Op	erations Manager	
				- Oti	)er	
				Ov	erride Rate Contact	
				Re	hab Department	
				Re	sidential Manager	



# **Care Management**

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

MIDAS	.akeland C		Friday, September 14, 2012		
Welcon	Provider Mgmt ne to M.I.I		Admin 1		News & Updates
Member Info	ormation Docume	Search Claim F	Payments	tem	There currently are no news items.



#### Search Service Authorizations

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

MIDAS	Lakeland C	are District Pro	ovider Portal	Friday, September 14, 2012
Home	Provider Mgmt	Care Mgmt Admin		
	ome to M.I.I nformation Documen		tem	News & Updates There currently are no news items.

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

MIDAS	Lakeland ( MIDAS Support   Con		ct Provider Portal	Friday, September 14, 2012 Log Out
Home	Provider Mgmt	Care Mgmt	Admin	
Search	Service Aut	horizations		
	ition List Search Cri vider: TEST PROV		STREET, FOND DU LAC	
Auth C Auth Cle	osed: Client:	NI Dates	Procedure:	Auth No:
Search	Reset Show	Notes 📃 Show I	Date of Birth	
criteria to	rch criteria and clic return all service a	authorizations)		oth Open and Closed check boxes and no other

<u>Auth Open</u>: refers to available service authorizations that have a service period that is open on the current date.

<u>Auth Closed</u>: 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.



	All Dates	·
	All Dates	٦
	Auth Service Start Date	
٩	Auth Service End Date	ł
	Auth Start or End Date	
ē	Service Covering Period	
1	Service Within Period	ł
	New or Revised Date	
2	New Date	1
	Revised Date	

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

Lakeland Care District Provider Portal Thursday, October 04, MIDAS Support   Contract Specialists	2012 g Out								
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: New or Revised Date 🔻 From: 10/01/2012 🛅 To: 10/31/2012 🛅									
Auth Closed: Client: Procedure: Auth No:									
Search Reset Show Notes Show Date of Birth									
2 authorizations found. Click on an auth number link for details									

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.

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

IDAS	nd Care		Provider Port	al Test	Thursday, Oc	tober 04, 2012 Log Out		
Home Provider I	Mgmt Can	e Mgmt 🛛 Adm	in					
Search Service	Authoriz	zations						
Authorization List S								
Provider: TEST			T, FOND DU LAC					
Auth Open: 🔽	Date: All	Dates	•					
Auth Closed:	Client:		Procedure:	Aut	h No:			
Search Reset	Show No	tes 📃 Show Da	te of Birth	Show o	nly Auths wait	ting to be sent		
authorizations for	und. Click o	on an auth num	ber link for details					
Auth No Client Nan	ne 🖲	Procedure		Service Start	Service End	Auto Renew Until		
94		SHC Routine Ho		9/17/2012				Auto Renew
107 DRIVER, DO 93 LAMB, MARY LITTLE		SHC Routine Ho		<u>9/5/2012</u>	10/31/2012 12/31/2012			
- LITTLE								
			E		-	your auth it can be e	entered into modified i	formation so

<u>Auto Renew</u>: 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 <u>one</u> 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:



	J 9 -						0121004-103241-	ServiceAuths	[Read-Only]	- Microsoft	Excel					
Pa:		ut opy * ormat Pain	Insert Calib nter S	Page Layout Formulas ri ▼ 11 ▼ A I <u>U</u> ▼ ⊞ ▼ 30 ▼ Font			Developer Wrap Text Merge & Cent			.00 Cond	itional Format Ce atting + as Table + Style Styles					
	J6		- (=	f <sub>x</sub>												
1	А	В	С	D	E		F	G	н	1	J	К	L	M	N	0
1	Service A	uths										-				
2	ClientID	CaseID	Auth Number	ClientFullName	Procedure Code	Procedure		AuthStart Date	AuthEnd Date	renewUn Date	til EnteredOnDate	Units	CancelFlag	CareManager	Frequency	
3	100006	0	89	LAMB, MARYHADDA L	S5130	SHC Routine Ho	ome Care 15M	7/12/2012	7/30/201	2	9/6/2012 11:20	3		Ztews, Sara	Weekly	
4	100006	0	93	LAMB, MARYHADDA L	S5130	SHC Routine Ho	ome Care 15M	9/17/2012	12/31/201	2	9/17/2012 10:13	12	-1	Ztews, Sara	Weekly	
5																
6																
7																

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

authorizations found. Click on an auth number link for details								
Auth No Client Name 🖲	Procedure	Service Start	Service End	Auto Renew Until	When Updated			
<u>94</u>	SHC Routine Home Care 15M	9/17/2012	11/16/2012		10/2/2012			
93 LAMB, MARYHADDA LITTLE	SHC Routine Home Care 15M	<u>9/17/2012</u>	12/31/2012		10/2/2012			

**<u>Partial Cancellation</u>**: 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.

MIDAS	nd Care District	Provider Portal	TEST	Thursday, October 04, 2012 Log Out
Home Provider M	lgmt Care Mgmt Adn	nin		
Service Authori	zation			
Client ID:	100006 Client Name:	LAMB, MARYHADDA LITTLE		
CMU:	Central			
Case Manager:		RN:	<u>Amanda Ztavs</u>	
Authorization Number:	93	Entered On Date:	9/17/2012	
Service Type:	Supportive Home Care			
Procedure:	S5130 - SHC Routine H	ome Care 15M		
Service Provider:	TEST PROVIDER			
Provider Address:	123 MAIN STREET, FOR	ID 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 Mana	ager		
Cancel Authorization:		Partial cancellation: Please 10/02/2012 - 10/04/2012	provide service	es excluding dates
Sent To Provider:	Yes	Revised:	Yes (10/4/2012	2)
Notes:	use the backdoor - she	e has a BIG dog.		
Return Print Co	ру		Claim History	Report Problem



<u>Full Cancellation</u>: 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 Z	ews	RN: Amanda Zt <u>a</u> vs	
Authorization Number: 103		Entered On Date: 9/27/2012	
Service Type: Adult Fa	amily Home		
Procedure: 0120-	AFH 1-2 BED Room and E	Board	
Service Provider: — — — Provider Address: <b>41</b> ——	iilll•lllilli•••N	<b>∕Iilli&amp;</b> Tel:	
Service Start Date: 9/27/20	)12	Service End Date: 10/4/2012	
Service location: Nursing	Home	Units: 1	
Frequency: Daily			
Status: Approv	ed by Care Manager		
Cancel uthorization: Yes	Cancellation Reason: Full ca	ncellation: 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**

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



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

Home Provider	Mgmt Care Mgmt	Admin			
earch Claim I	ayments		Search By: Paid on Date:	All Claims All Claims	<b>_</b> ic
Provider: Search By:	TEST PROVIDER 12	3 MAIN STREET	Summarize By:	Check or Claim Number	
Paid on Date: <u>Helpi</u> Summarize By:	From 1/01/2012	то 5			
Search Reset	None  Service (	) Procedure () (	() Paj	ments	



Lakeland Care District Provider Portal MIDAS Support   Contract Specialists	<b>TEST</b> Friday, September 14, 2012 Log Out					
Home Provider Mgmt Care Mgmt Admin						
Search Claim Payments						
Provider: TEST PROVIDER 123 MAIN STREET, FOND DU LAC						
Search By: All Claims						
Paid on Date: Help7 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 Last First Proc Procedure Service CMU Provider Provider Claim Check Service Serv ID Name Name Code Description Type CMU ID Name Number Number From To	rice Date Date Units Amount Units Amount Auth EX Recv Paid Billed Billed Paid Paid Number Code					
No Records Found						