

**MIDAS User's Guide
Provider Portal**

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Logging In

- 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 Inc. website:

www.lakelandcareinc.com
under the Provider Tab.



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

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



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.

The screenshot shows the 'Provider Additional Information' form with the following fields and options:

- Provider ID: 123456789, UA1729
- Billing Provider ID: 123456789
- Office Hours: M-F 8a - 4:30p
- Bilingual: Yes No
- Languages Spoken: None specified
- Provider Directory: [Empty field]
- Comments: [Empty field]
- Taxonomy Code: [Empty field]
- Suspend Automated Service Auth: Yes No
- Printing: No
- Counties Served: Fond du Lac, Manitowoc, Winnebago
- Member Groups Served:
 - Population Over 60
 - Infirm of Aging
 - Physically Disabled
 - Wheelchair/Handicapped Accessible
 - Developmentally Disabled
 - Population Under 60
 - Alzheimer's
 - Dementia
 - AODA
 - Traumatic Brain Injury
 - Corrections
 - Terminal Illness
 - Mentally Ill
- Claim Submission Type: [Dropdown menu]
- Gender Specific Facility: No Male Female
- Fiscal Year Ending Month: Dec
- Business Organization and Demographic Information:
 - Disadvantaged Business Enterprise (DBE)
 - RN Available
 - State Minority Business
 - Owner Occupied

- e. Providers cannot change their password unless prompted by MIDAS.

The screenshot shows the 'MIDAS Provider Portal Account Information' form with the following fields:

- Login ID: test
- Date Created: 11/14/2012 9:28:34 AM
- Password: [Masked with dots]
- Confirm Password: [Empty field]

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

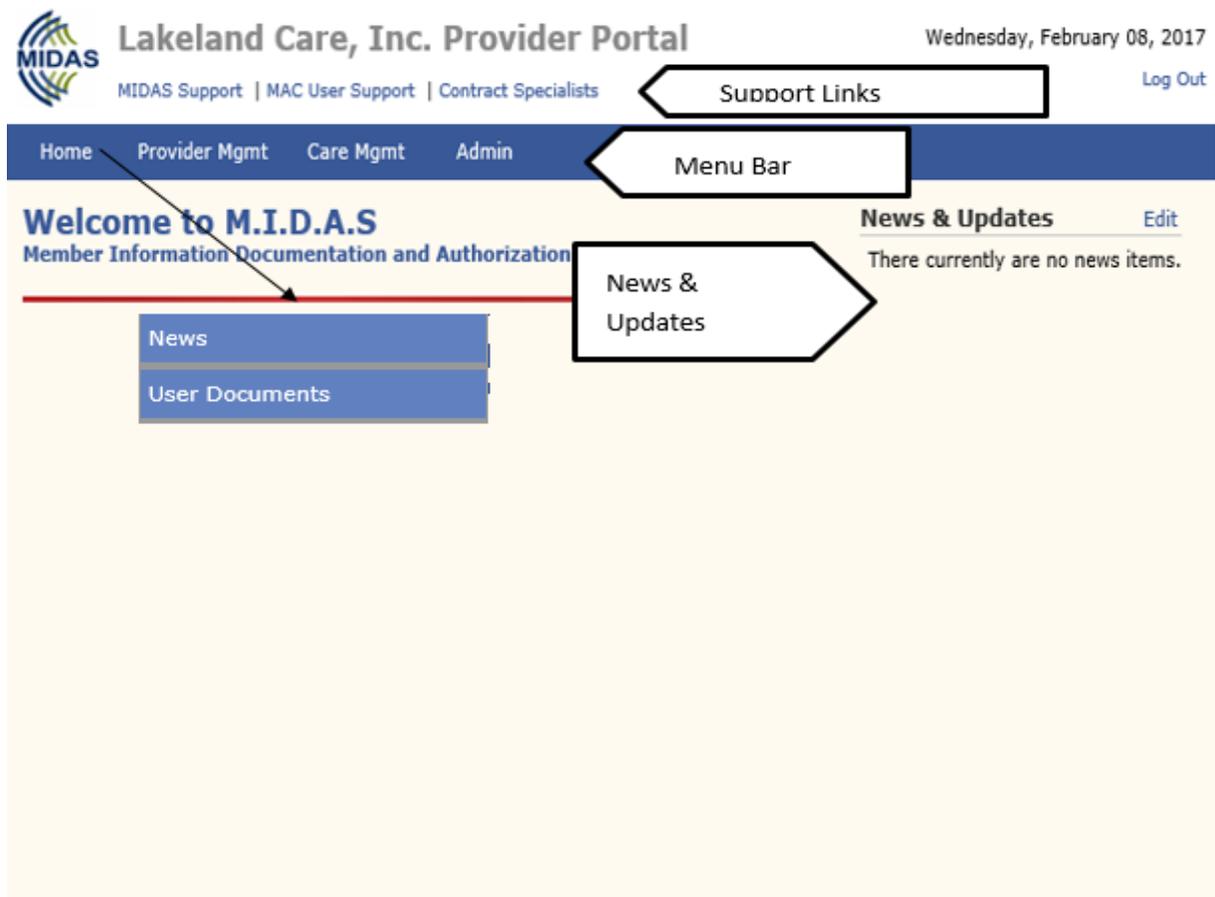
9 Authorization(s) to be acknowledged Select / Unselect All

Member Name	Member ID	Start Date	End Date	Serv Type	Procedure	Frequency	Location	
[REDACTED]	101458	1/01/2013	2/28/2013	Supportive Home Care	SHC - Supervision Services 15M	Weekly	Other Unlisted Facility	<input type="checkbox"/>
[REDACTED]	101458	1/01/2013	2/28/2013	Day Services	Day Center Service Level II 15 Min	Weekly	Other Unlisted Facility	<input type="checkbox"/>
[REDACTED]	103140	1/01/2013	2/28/2013	Prevocational Services	Pre-Voc Services (Facility Based) 15 Minutes	Weekly	Other Unlisted Facility	<input type="checkbox"/>
[REDACTED]	101353	1/01/2013	2/28/2013	Supported Employment	Supported Employment Coaching 1-2 Integrated 15 min	Monthly	Other Unlisted Facility	<input type="checkbox"/>
[REDACTED]	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"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Supportive	SHC Bath Assist In	<input type="checkbox"/>

CLICK SAVE

Home/Welcome Screen

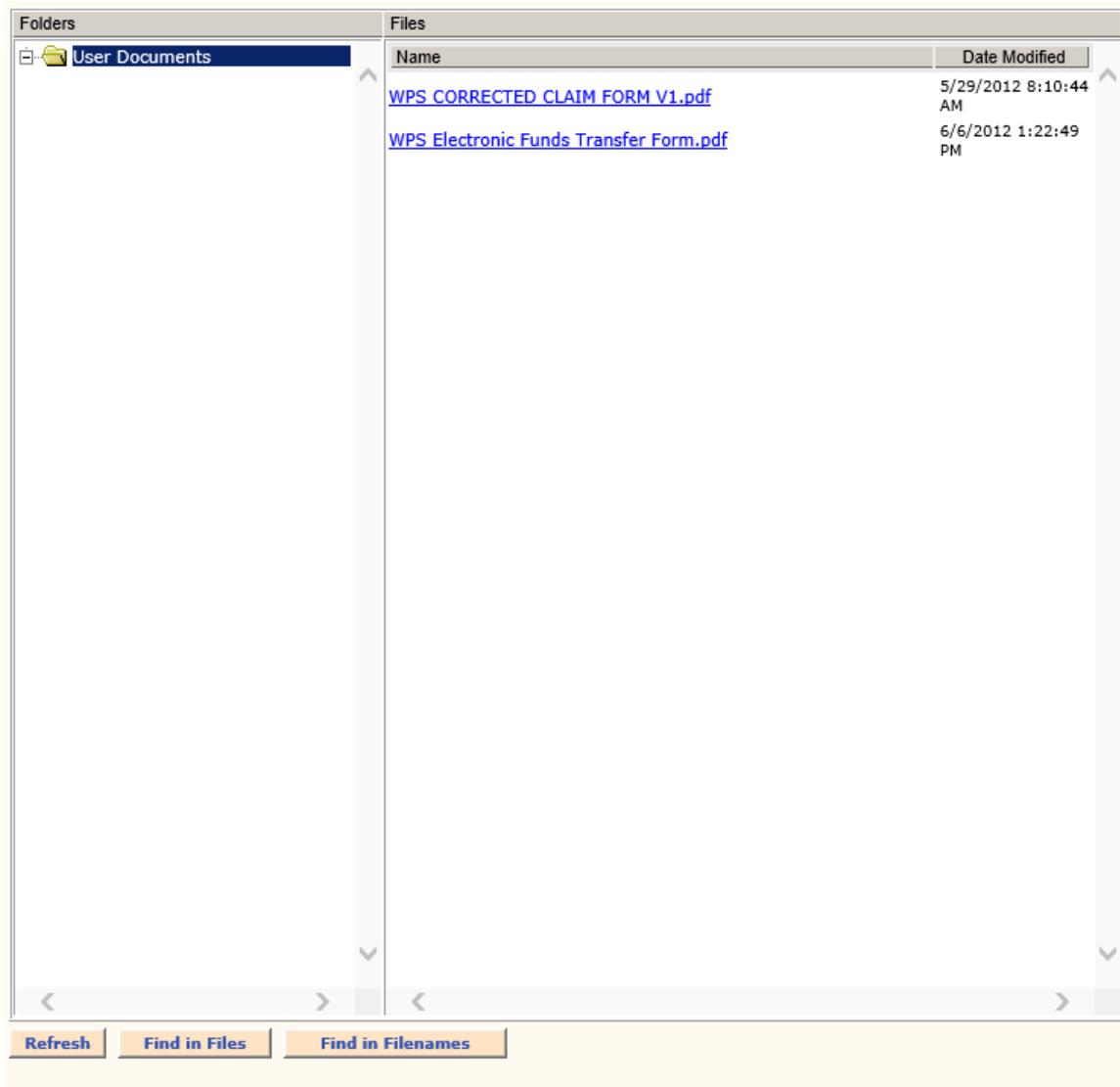
1. The Home/Welcome Screen is the first screen viewable upon logging in:
 - a. Support links are available such as “MIDAS Support”, or “Provider Support”.
 - b. To navigate throughout MIDAS, use the Menu Bar, which will display additional dropdown menus. For example, “Home” on the Menu Bar drops down 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).



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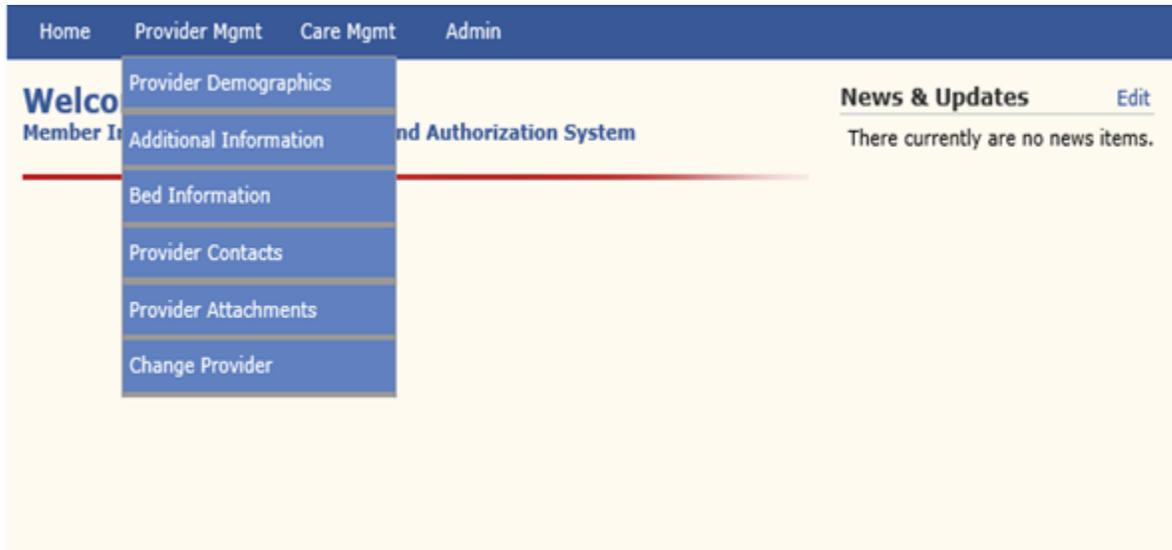
- User Documents is a guidelines and forms repository, formatted similarly to Windows Explorer. To navigate, click on a folder or plus (+) symbol to expand a section:

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



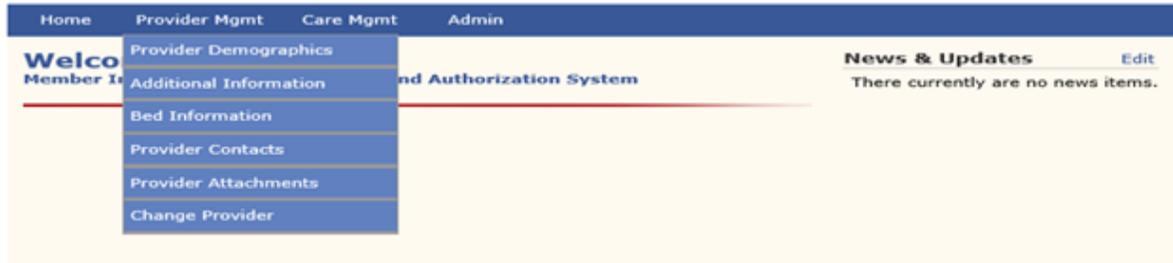
Provider Management

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 Inc. has on file, choose Provider Demographics:



- The Provider Demographics screen cannot be edited by Providers. Updates should be reported to Lakeland Care Inc.'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: 123456789 Qualifier: EIN Location Reference ID: UA1729
 NPI: Misc ID:

Medicaid ID:

Organization / Last Name: TEST PROVIDER

First Name: Middle Name:

Address Line 1: N6654 ROLLING MEADOWS DRIVE Get Address from Parent
 Address Line 2:

City: FOND DU LAC State: WI
 Zip: 54937 County: Fond du Lac

[Check Federal Provider Exclusion](#)

Phone Number: 1(920) 906-5154 Fax Number:

Email Address:

Website Address:

Main Location Contact:

Characteristics: Member Specific Information Only

Business Type: T19/Medicaid T18/Medicare

Synopsis:

Provider Billing Information

Billing Info Entry Style: Enter Billing Information
 Make Same as Above

Billing Provider ID Qualifier: EIN Billing Provider ID: 123456789
 NPI:

Organization / Last Name: TEST PROVIDER

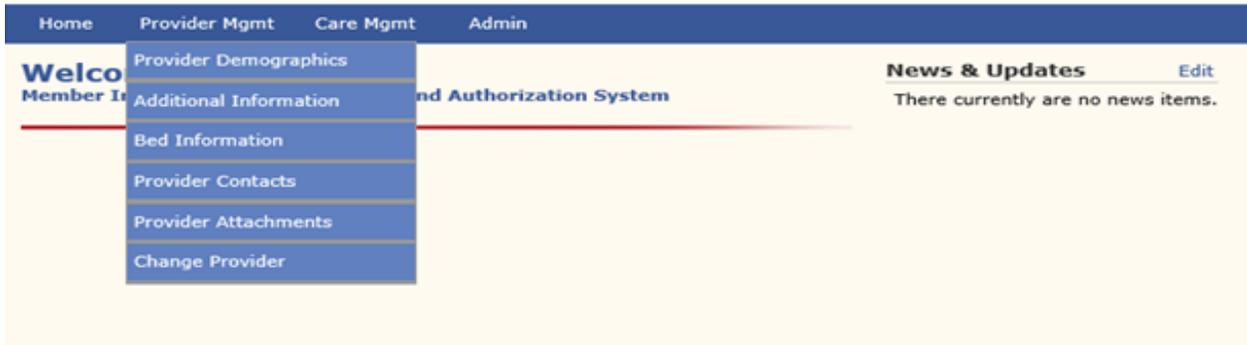
First Name: Middle Name:

Address Line 1: N6654 ROLLING MEADOWS DRIVE
 Address Line 2:

City: FOND DU LAC State: WI
 Zip: 54937

Additional Information

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



2. The Provider Additional Information screen cannot be edited by Providers. Updates should be reported to the Lakeland Care Inc.'s Network Relations Department for any areas that need updating or editing. Lakeland Care Inc. will not be sending paper authorizations to Providers.

a. Suspend Service Authorization (SA) printing:

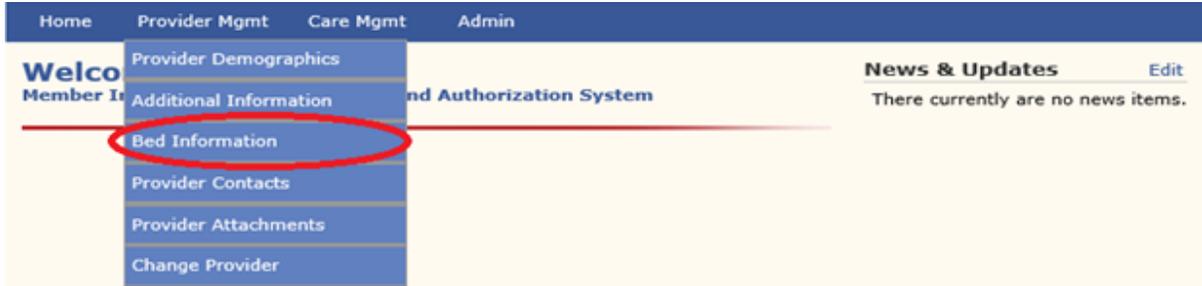
- Yes=service authorizations will be submitted to providers electronically.
- No=service authorizations will be mailed to providers in a paper format.

See "a" for further explanation

Ethnicity	Female	Male	Total
Asian or Pacific Islander	0	0	0
African-American	0	0	0
Hispanic	0	0	0
American Indian/Alaskan Native	0	0	0
White	0	0	0
Total	0	0	0

Bed Information – Residential Providers ONLY!

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



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

Home Provider Mgmt Care Mgmt Admin

Provider Bed Information [Back](#)

Provider Name:	TEST PROVIDER	Provider ID:	123456789, UA1729
Provider Contact:	1(920) 906-5154	Provider Address:	N6654 ROLLING MEADOWS DRIVE FOND DU LAC, WI 54937
Number of AFH Certified/Licensed Beds indicated:	<input type="text"/>	Beds occupied by MCO members.	

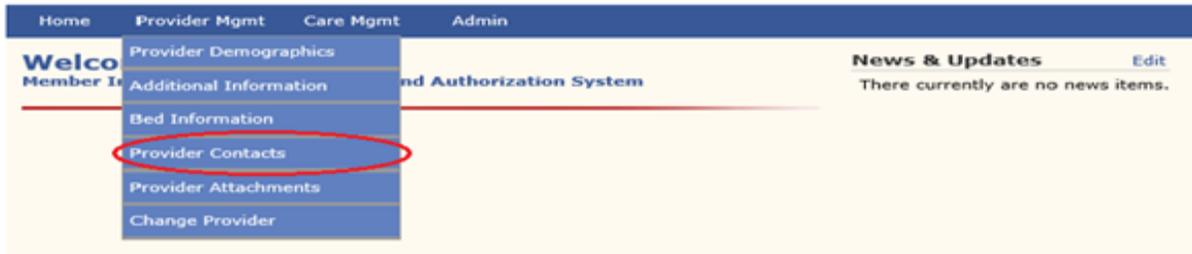
	Beds Total	MCO Beds	Non-MCO Beds	Beds Available
Private Rooms:	<input type="text" value="0"/>	0	<input type="text" value="0"/>	0
Double Rooms:	<input type="text" value="0"/>	0	<input type="text" value="0"/>	0
Triple Rooms:	<input type="text" value="0"/>	0	<input type="text" value="0"/>	0
Rooms with More than 3 Beds:	<input type="text" value="0"/>	0	<input type="text" value="0"/>	0

There are currently no members with open authorized services in your facility.

[Update](#) [Cancel/Return](#)

Provider Contacts

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



- Providers can maintain their Provider Contact information. To enter new contact information:
 - Click on the "Add" button at the bottom of the screen.
 - Choose the appropriate contact type, enter contact information and choose "Save".
 - To edit contact information, click on the applicable contact, make appropriate changes under contact detail, and choose "Save".

A screenshot of the 'Provider Contact Detail' form. At the top, there are navigation links: Home, Provider Mgmt, Care Mgmt, and Admin. The form header includes 'Provider Name: TEST PROVIDER' and 'Provider ID: 123456789, UA1729'. A 'Back' button is in the top right corner. The form contains several fields: 'Contact Type' (with a dropdown menu open), 'Prefix', 'First Name', 'Title', 'Address', 'Address 2', 'City', 'Phone', 'Email Address', and 'Contact Active'. The dropdown menu for 'Contact Type' lists various roles such as 'Accounts Receivable', 'Administrator', 'Admissions/Referral', 'Assistant Manager', 'Authorizations Coordinator', 'Billing/Claims Specialist 1', 'Billing/Claims Specialist 2', 'Case Manager', 'CEO/Owner/President', 'Chief Financial Officer', 'Chief Information Officer', 'Chief Operating Officer', 'Customer Service Manager', 'Customer Service Rep', 'Director', 'Director Of Nursing', 'Equipment Specialist', 'Operations Manager', 'Other', 'Override Rate Contact', 'Rehab Department', 'Residential Manager', and 'Sales/Marketing'. A white arrow points from the 'Contact Type' dropdown to the 'Contact Type' input field. At the bottom of the form, there are buttons for 'Add', 'Cancel/Return', and a checkbox for 'Entered In Error'.

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. Select the applicable criteria, and "Search":

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:

The screenshot shows the 'Search Service Authorizations' page. The 'Authorization List Search Criteria' section is active. A dropdown menu is open under the 'Date:' field, listing the following options: All Dates, Service Start Date, Service End Date, Start or End Date, Service Covering Period, Service Within Period, New or Revised Date, New Date, and Revised Date. The 'Provider:' field is set to 'TEST PROVIDER N6654 ROLLING MEADOWS DRIVE, FOND DU LAC'. There are also fields for 'Auth Open', 'Auth Closed', 'Member', 'Procedure', and 'Auth No.', along with 'Search' and 'Reset' buttons.

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 October period exactly, an authorization from 7/1/2012 to 12/31/2012 covers October 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 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

The screenshot shows the 'Search Service Authorizations' page with the 'Date:' dropdown menu set to 'New or Revised Date'. The 'From:' field is set to '10/01/2012' and the 'To:' field is set to '10/31/2012'. The 'Auth Open:' checkbox is checked. The 'Provider:' field is 'TEST PROVIDER N6654 ROLLING MEADOWS DRIVE, FOND DU LAC'. There are also fields for 'Auth Closed', 'Member', 'Procedure', and 'Auth No.', along with 'Search' and 'Reset' buttons. A note at the bottom says 'Enter search criteria and click search to display service authorizations.'

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:

The screenshot shows the 'Search Service Authorizations' page. The search criteria are set for 'TEST PROVIDER' at '123 MAIN STREET, FOND DU LAC'. The search results show 3 authorizations. The 'Auto Renew Until' column for the second authorization is highlighted with a box and labeled 'Auto Renew'. The 'Download as CSV file for Excel' button is highlighted with a box and labeled with a text box: 'This is how you will download your authorization information so it can be entered into the EDI system or modified into an excel data spreadsheet.'

Auth No	Client Name	Procedure	Service Start	Service End	Auto Renew Until
102	DRIVER, DONALD	SHC Routine Home Care 15M	9/17/2012	11/16/2012	1/4/2013
93	LAMB, MARYHADDA LITTLE	SHC Routine Home Care 15M	9/17/2012	10/31/2012	
93	LAMB, MARYHADDA LITTLE	SHC Routine Home Care 15M	9/17/2012	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 LCI 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:

The screenshot shows a Microsoft Excel spreadsheet with the following data:

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	Service End	Auto Renew Until	When Updated
94	[REDACTED]	SHC Routine Home Care 15M	9/17/2012	11/16/2012		10/2/2012
93	LAMB, MARYHADDA LITTLE	SHC Routine Home Care 15M S5130	9/17/2012	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.

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 Z lews](#) 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 - - - - - iiii-iiiiii- - - Milli& 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 authorization: Yes Cancellation Reason: Full cancellation: Please do not provide any services

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

Notes:

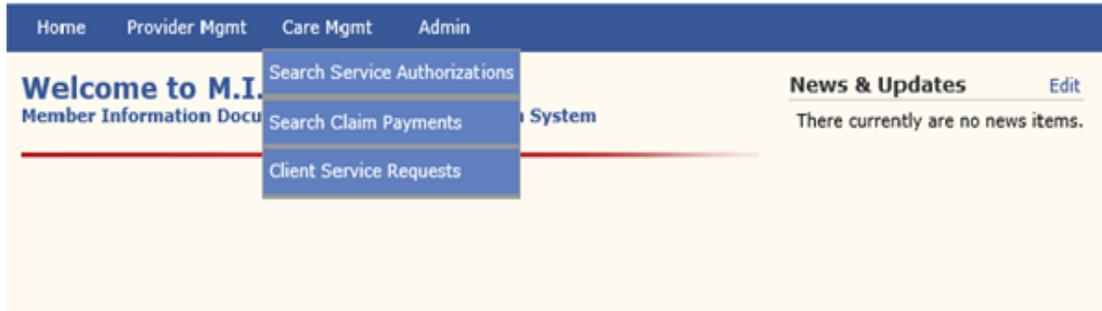
[Return](#)) [Print Copy](#)

[Claim History](#)

[Report Problem](#)

Search Claim Payments

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



Payments:

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

