Value-Based Purchasing Management System (VMS) Portal - Provider Training



MaineCare Services

An Office of the Department of Health and Human Services

Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Agenda

- Introduction
- New TPA for provider not yet enrolled
- New TPA for a provider already enrolled
- Existing TPA users
- TPA new user registration
- Trading partner administrator
- TPA invite for a new user
- TPA new user registration
- Successful Trading Partner registration
- Accessing the VMS portal
- VMS portal
- VMS portal homepage
- Health PAS portal
- Requesting access to VMS
- TPA portal homepage
- Contact information
- VMS portal
- Resources

Introduction

- Access to VMS will be located on the MIHMS Health PAS portal
- Login to VMS portal will require TPA single sign-on

Providers who do not already have a TPA will need to register at <u>https://mainecare.maine.gov/</u>



Demographic information

Health PAS-OnLine Registration			
Step 1 Demographic Information			
* Indicates required field.			
<u>R</u> egister As	Provider - Not Yet Enrolled 🔹]	
* Name	Provider - Already Enrolled Provider - Not Yet Enrolled Billing Agent Clearinghouse	* <u>L</u> ast Name	<u>I</u> itle
<u>C</u> ompany Name	Health Plan		
*Address <u>1</u>	Member		
Address <u>2</u>]	
*City]	
* <u>S</u> tate	ME]	
* <u>Z</u> IP	ZIP code must be in xxxxx or xxxxx-xxxx for US a numeric digit from 0 to 9.	A and AXA XAX for Ca	nada. Where A is any uppercase alphabetic character and X is
Country	USA		
*T <u>e</u> lephone]	
Website Address]	
*Ta <u>x</u> ID]	
<u>N</u> PI]	
	NEXT CANCEL		

Security information

Health PAS-OnLine Registration	
Step 1 Demographic Information	
Step 2 Security Information	
* Indicates required field.	
* <u>U</u> ser Name	
	Password must contain at least 6 characters consisting of an upper and lower case letter, a special character such as a # or * or ^
	(except ,) and a number.
* <u>P</u> assword	
* <u>R</u> e-enter Password	
* <u>E</u> mail Address	
*Re-enter E <u>m</u> ail Address	
	Please enter a confidential question and answer
	for password reset and user name recovery purposes.
*Security Question	
*Security <u>A</u> nswer	
	NEXT BACK CANCEL

Confirm information

Name	Test Test
Address	Test Lane
Company Name	Molina
City	Augusta
State	ME
Zip	04330
Country	USA
Telephone	207-123-4567
User Name	TestTest
Email Address	test@test.com
Security Question	question
Security Answer	answer
CONFIRM BA	CK CANCEL

Agreement

Step 5 Agree	ement	
Trading Partne Entity Type: Pi FEIN:	er ID: ROV	1
	Molina Medicaid Solutions - Maine PROVIDER TRADING PARTNER AGREEMENT	
Yes, I agree to the	e above terms and conditions.	Print
	Please enter the First Name and Last Name as in Demographics Information Provider)	
* <u>Signature</u>	Date 2/19/2015 4:30:40 PM	
Host Name	REGISTER BACK CANCEL	

Activate account

Step 5 Agreement			
Trading Partner ID: Entity Type: PROV FEIN:			
	Molina Medicaid Solutions - Maine PROVIDER TRADING PARTNER AGREEMENT		
Yes, I agree to the above terms and con	Registration		Print
Please enter the First Provider) Signature	Registration is successful. Check your e-mail for activation process.	19/2015 4:50:40 PM	
Host Name	OK DOWNLOAD AGREEMENT		

Activation email

Trading Partner Account Activation	
User Name	
Activation Pitv	687c6d95-9298-4a8a-a69d-1107f5225c53
*Password	•••••
ACTIVAS	ACCOUNT

Enter the username and password



Providers already enrolled with TPA will need to sign into their TPA at https://mainecare.maine.gov/



Demographic information

Health PAS-OnLine Registration		
Step 1 Demographic Information		
"Indicates required field.		
<u>R</u> egister As	Provider - Already Enrolled	
* Name	Provider - Already Enrolled Last Name Iitle Provider - Not Yet Enrolled Billing Agent Business Associate	
<u>C</u> ompany Name	Clearinghouse Health Plan	
*Address <u>1</u>	Internal	
Address <u>2</u>	Member	
*C <u>i</u> ty		
* <u>S</u> tate	ME v	
*ZIP	ZIP code must be in xxxxx or xxxxx for USA and AXA XAX for Canada. Where A is any uppercase alphabetic character and X is a numeric digit from 0 to 9.	
Country	USA v	
*T <u>e</u> lephone		
<u>W</u> ebsite Address		
	Enter the following credentials for any of your billing provider records. If you have more than one billing provider record, you may add the additional provider records to your online account after registration. Enter values for FEIN/SSN; either NPI or Medicaid Provider ID; and PIN. For providers, these values are your tax ID, NPI or API, and PIN. For Billing Agents, these values are for a provider for whom you intend to submit transactions.	
* <u>F</u> EIN/SSN		
NPI		

Security information

Health PAS-OnLine Registration	
Step 1 Demographic Information	
Step 2 Security Information	
* Indicates required field.	
* <u>U</u> ser Name	
	Password must contain at least 6 characters consisting of an upper and lower case letter, a special character such as a # or * or ^ (except ,) and a number.
* <u>P</u> assword	
* <u>R</u> e-enter Password	
* <u>E</u> mail Address	
*Re-enter E <u>m</u> ail Address	
	Please enter a confidential question and answer for password reset and user name recovery purposes.
*Security <u>Q</u> uestion	
*Security <u>A</u> nswer	
	NEXT BACK CANCEL

Electronic Remittance Advice (RA) information

Provider Information		
Provider Name	Provider Name	
Doing Business As Name (DBA)		
Provider Address		
Street	Street Address	
City	City	
State/Province	State	
Zip Code/Postal Code	Zip Code	
Country Code	US	
Provider Identifiers		
Provider Federal Tax Identification Number (TIN)		
or Employee Identification Number(EIN)	TIN or EIN	
National Provider Identifier (NPI)	NPI	
Other Identifier(s)		
Assigning Authority		

Confirm information

Step 4 Confirm Information	
Name	
Address	Street Address
City	City
State	State
Zip	Zip Code
Country	Country
Telephone	Phone Number
User Name	
Email Address	Email address
Security Question	
Security Answer	
CONFIRM	CK CANCEL

Agreement

Trading Partn Entity Type: Pl FEIN:	ROV					1
		Molina M	edicaid Solution	ns - Maine		χ.
		PROVIDER TR	ADING PARTNE	RAGREEMEN	т	4
(es, 1 agree to the	e above terms and condition	ns.				Prin
	Please enter the First Nan Provider)	e and Last Name as in Demog	raphics Information			
* Signature					Date 2/19/2015 4:50:40 PM	
Host Name					IP Address	
		2105112	BACK	CANCEL		

Activate account

Step 5 Agreen	nent			
Trading Partner Entity Type: PRO FEIN:	ID: DV			1
		Molina Medicaid Solutions - Maine PROVIDER TRADING PARTNER AGREEMENT		× .
Yes, I agree to the a	bove terms and cond	Registration		Print
P P Signature	lease enter the First I '	Registration is successful. Check your e-mail for activation process.	19/2015 4:50:40 PM	
Host Name		OK DOWNLOAD AGREEMENT		

Activation email

Trading Partner Account Activation		
User Name		
Activation PIN	687c5d5-9296-4a8a-ab9d-1107f5225c53	
*Password		
ACTIVAS	ACCOUNT	

Enter the username and password

Trading Partner Account Activation	
Your trading partner account has been activated. Please select OK to be redirected selecting the "Sign in" button. Your assigned trading partner ID is	to the home page. You may logon by entering your user name and password and Please use this value as your sender iD in all X12 submissions.
	<u></u>

Existing TPA user

Trading Partner login



Trading partner administrator

Adding a new user with VMS portal access

An Of	flice of the Department of			📥 Enable Accessibi	lity 🕜 Help aeddy (M	SEARCH
Home Form Er	ntry Account Maintenance	File Exchange 🔹	Provider Directory	MaineCare Information	Surveys V Contact Us	
Provider Home > Acc	ount User Account	Trading	Partner Account			
Manage U	Sel > Manage Users	Manage	Providers			
	Reset Password	Account	Information			
Registered users fo	r this	EDI Corti	fication Status	ting 'Add User'.		
Existing users may	be ec	EDICEI	- u	urity role 'R7-User Management' t	o use these features.	
		Provider	Enrollment			ADD USER
First Name		VMS Por	tal		Status	
Alicia	Cram	acram	++123acram@prov	corp.com	Activate	d
Allyson	Speet	ASpeet10	++123Allyson.Spee	t@Pathways.com	Activate	d
Amanda	Curry	ACurry	++123acurry@prov	corp.com	Termina	ited
Amanda	Kilcollins	Akilcollins	++123akilcollins@p	rovcorp.com	Activate	d
Amanda	Morang	amorang	++123amorang@p	rovcorp.com	Termina	ited
Amy	Wilson	Awilson17	++123awilson@pro	vcorp.com	Termina	ited
Andrea	Webb		++123anwebb2@p	rovcorp.com	Invited	
Anna	Pellerin	apellerin	++123apellerin@pr	ovcorp.com	Activate	d
Anna	Uliskova	AUliskova	++123auliskova@p	rovcorp.com	Termina	ted
Barbara	Mann	bmann07	++123bmann@pro	vcorp.com	Activate	d
4 4 1 2 3	4 5 6 7 8 🕨 🕨	Page	e: 1 of 8 Go	Page size: 10 Change	It	em 1 to 10 of 75

Trading partner administrator

Assigning user rights for VMS access

An Office of the Department Health and Human Service	t of rs		Search this site SEARCH	
Home Form Entry Account Maint	tenance • File Exchange • Provide	r Directory MaineCare Information	Surveys V Contact Us	
Provider Home > Account Maintenance > Man	age Users			
Manage Users - Add L	Jser			
* First Name	Maria	* Last Name	Smith	
* Email Address	Maria.smith@Molinahealthcare.com	Status	Invited	
R1 - Provider Enrollment	R2 - Trading Partner Maintenance R6 - Finance	R3 - X12 Submissions	☐ R4 - Claims Submissions ☐ R8 - Utilization Management	
R9 - Alerts and Subscriptions	R14 - VMS Access			
SUBMIT CANCEL				
Maina	a gov I DHHS Home I Site Policies I Languar	re Access I Copyright Notice I Privacy Statement	t Site Map	

TPA invite for a new user

System email

From: No.Reply@molinahealthcare.com [mailto:No.Reply@molinahealthcare.com] Sent: Friday, May 18, 2018 1:28 PM To: Smith, Maria Subject: TradingPartner - ActivationPIN

Hi Maria,

Welcome to Maine Integrated Health Management Solution (MIHMS) Trading Partner Portal.

Recently, a Trading Partner Portal account has been opened for you. Please click on the following link to activate your account:

https://online.memedicaidpnm.com/TPPRepresentative.aspx?ActivationPIN=3a398ced-2423-41f0-86b3-5f47e88bfddb

Your activation PIN is 3a398ced-2423-41f0-86b3-5f47e88bfddb

If there is anything we can do for you, please do not hesitate to contact us at Mainecaresupport@molinahealthcare.com.

Regards, MIHMS Administrator

IMPORTANT NOTICE TO RECIPIENT: This email is meant only for the intended recipient of the transmission. In addition, this email may be a communication that is privileged by law. If you received this email in error, any review, use, disclosure, distribution, or copying of this email is strictly prohibited. Please notify us immediately of the error by return email, and please delete this email from your system. Thank you for your cooperation.

TPA new user registration

An Office of the Department	es de La cessibility 🕜 Help Sign In or Register
Health and Human Service	Search this site SEARCH
Home Provider Directory • Surve	eys v Contact Us
Trading Partner Representat	tive
* User Name	MariaSmith
	Password must contain at least 6 characters consisting of an upper and lower case letter, a special character such as a # or * or ^ (except ,) and a number.
* <u>P</u> assword	••••••
* Re-enter Password	•••••
* Email Address	Maria.Smith@molinahealthcare.com
* Re-enter Email Address	Maria.Smith@molinahealthcare.com
	Please enter a confidential question and answer for password reset and user name recovery purposes.
* Security Question	test
* Security Answer	test ×
	CONTINUE CANCEL
	N

Successful Trading Partner registration

Tradir	ng Partner Repres	sentative	na de la companya de		
OK	ink you for registering on ase contact the administr	i our portal. Your us rator if you have any	er name has been create problem in login.	d.	
				G	

Accessing the VMS portal

Select Account Maintenance to log into VMS portal



Enter your existing VMS username and password

Maine DHHS	Value-Based Purchasing Management System
	Username Log In
	Request access to this portal
	Use existing VMS login credentials or Click on 'Request access to this portal' link to create new account.
	If you have technical questions regarding this system please contact Molina at 1-886-690-5585 (Option 3) If you have questions regarding the Health Homes Program please contact Charyl Malik at 207-624-4043 If you have questions regarding the Accountable Communities Initiative please contact Peter Kraut at 207-624-4041

VMS portal homepage

Navigating back to Health PAS



This portal contains protected health information (PHI). Please do not send PHI through email.

If you have technical questions regarding this system please contact Molina at 1-866-690-5585 (Option 3) If you have questions regarding the Health Homes Program please contact Charyl Malik at 207-624-4043

Health PAS portal

Showing Trading Partner still signed in

MaineCare Services An Office of the Department of Health and Human Services	enal	ble Accessibility Help aeddy (METPID002211) * Search this site SEARCH	
Home Form Entry Account Maintenance + File	Exchange + Provider Directory + MaineCare Info	ormation + Surveys + Contact Us	
MaineCare Health PAS Online Portal Serving the MaineCare population to improve health care outcomes MaineCare, which is a state and federally funded Program, provides healthcare coverage for eligible individuals and families. GENERAL MEMBER PROVIDER		Announcements 4/27/2018 1:54 PM Attention Cycle 4 Providers: MaineCare Providers assigned to Cycle 4 are required to complete and submit your revalidation application by August 30, 2018. Providers receive a letter 60 and 30 days prior to their assigned cycle. Providers assigned to this cycle should have received a letter during the week of April 30.	
Nelcome to the Health PAS Online Portal for MaineCare members and service providers!	MaineCare Information	Member	
	Test 3 3/2/2017 9:16 PM	Login to the Member Secure Portal to request your: Letter of Creditable Coverage Claims History Report	
	3/2/2017 9:16 PM Test 3/2/2017 9:15 PM	Providers / Trading Partners	
MaineCare Services coordinates the programs and enefits, assures that they operate under consistent solicy in keeping with the Department's goals and federal mendates and ensure that they are demonstrated.	Website Maintenance 2/3/2017 7:44 PM	View MaineCare eligibility and history Submit claims Submit claims	
nandates, and ensures that they are administered effectively and efficiently.	O Previous Next O	 Submit reterrans, autorizations of certification requests Check submission status 	

Request Access button

Back to HealthPAS	Username Password Log In Request access to this portal
	Use existing VMS login credentials or Click on 'Request access to this portal' link to create new account. If you have technical questions regarding this system please contact Molina at 1-866-690-5585 (Option 3) If you have questions regarding the Health Homes Program please contact Charyl Malik at 207-624-4043 If you have questions regarding the Accountable Communities Initiative please contact Peter Kraut at 207-624-4041

Select organization

Maine DHHS Back to HealthPAS	Value-Based Purchasing Management System
Reportant of Head ord Head Service Set water of heads Set water of heads in the	Your account does not have a valid organization. Please contact administrator. Select Organization Organization: Health Reach Community Health Center - Richmond Area Hei Pay To Tax ID: Descriptions
	If you have technical questions regarding this system please contact Molina at 1-866-690-5585 (Option 3) If you have questions regarding the Health Homes Program please contact Charyl Malik at 207-624-4043 If you have questions regarding the Accountable Communities Initiative please contact Peter Kraut at 207-624-4041

Organization selected and tax ID entered

Deportment of Health and Human Services	Your account does not have a valid organization. Please contact administrator.	
Mana heads Lining Sole, Healty and Heddine Line	Select Organization	
_	Organization: Health Reach Community Health Center - Richmond Area Hei	
	Request Access	
	If you have technical questions regarding this system please contact Molina at 1-866-690-5585 (Option 3) If you have questions regarding the Health Homes Program please contact Charyl Malik at 207-624-4043	
	If you have questions regarding the Accountable Communities Initiative please contact Peter Kraut at 207-624-4041	

Click on Request Access button

TPA portal homepage

Select Account Maintenance to log into VMS portal

MaineCare Services An Office of the Department of Health and Human Services	لجي Enabl	le Accessibility ? Help dovs (METPID002676) • Search this site SEARCH
Home Form Entry Account Maintenance - Fil	le Exchange • Provider Directory • MaineCare Inform	mation • Surveys • Contact Us
MaineCaro User Account Reset Password User Status Serving the Mator User Status Serving the Mator MaineCare, which is a state and federally funded Program, provides healthcare coverage for eligible individuals and families. GENERAL MEMBER PROVIDER	Trading Partner Account VMS Portal	Announcements 1/5/2018 3:46 PM Provider Revalidation: Providers assigned to Cycle 2 are required to update and confirm their enrollment information beginning November 13, 2017. Providers assigned to this cycle should have received a letter during the week of September 11, 2017.
Welcome to the Health PAS Online Portal for MaineCare members and service providers!	MaineCare Information	Member
	Test 3 3/2/2017 9:16 PM Test 2	Login to the Member Secure Portal to request your: Letter of Creditable Coverage Claims History Report
	Test 3/2/2017 9:15 PM	Providers / Trading Partners

VMS portal

Provider users and contact information list



Resources

- Trading Partner user guides
 - Not yet enrolled provider
 - Already enrolled provider

https://mainecare.maine.gov/Trading%20Partner%2 0Guides/Forms/Publication.aspx

• If you have questions, please contact 1-866-690-5585, Option 3