



**MARTIN'S POINT**<sup>®</sup>  

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**HEALTH CARE**

# **Provider Portal Guide**

<https://martinspoint.org/for-providers>

TruCare ProAuth™ Documentation:

<https://martinspoint.org/For-Providers/Tools/ProAuth-Documentation>

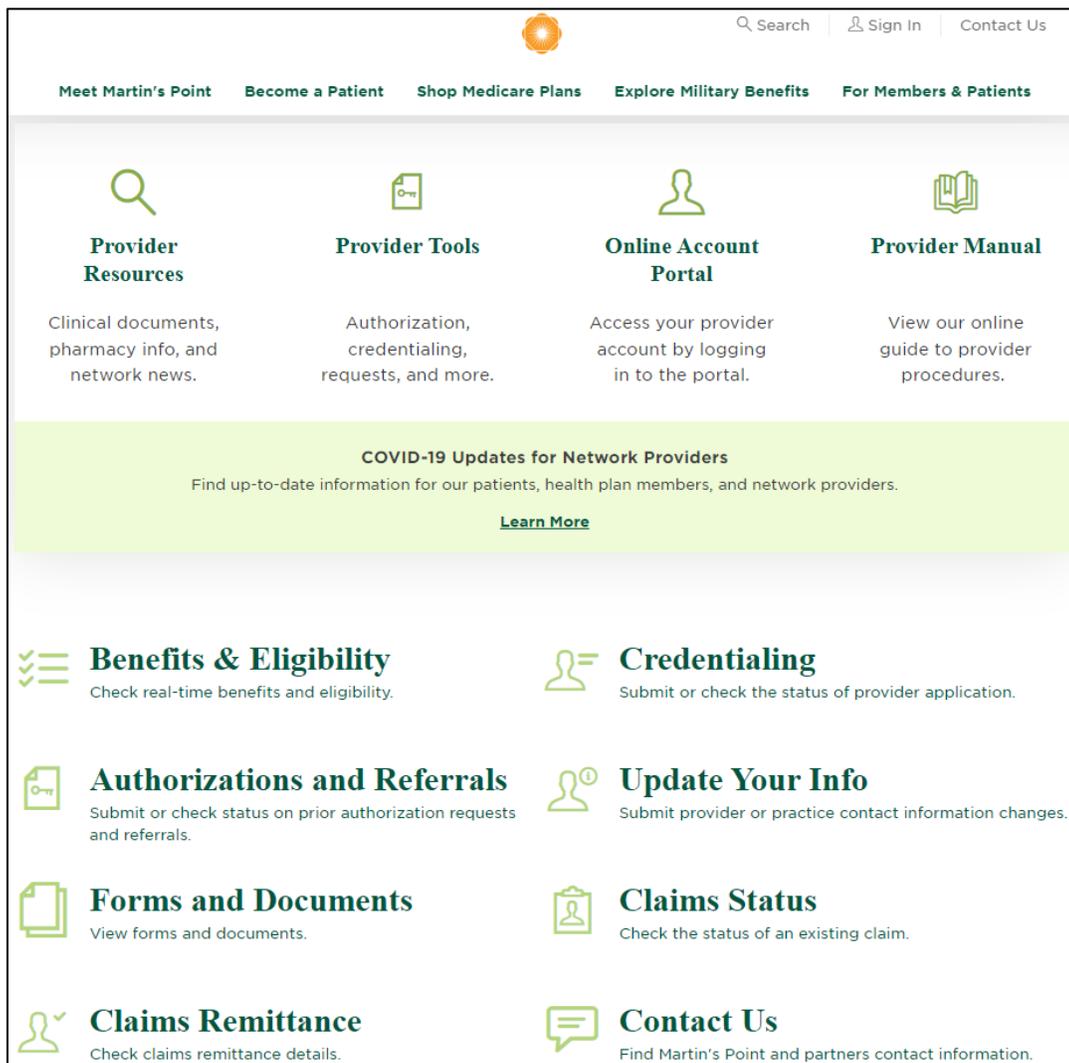
TruCare ProAuth™ Training Materials (login required):

<https://martinspoint.org/For-Providers/Tools/ProAuth-Documentation#proauthtrainingmaterials>

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## HOMEPAGE



Meet Martin's Point | Become a Patient | Shop Medicare Plans | Explore Military Benefits | For Members & Patients

**Provider Resources**  
Clinical documents, pharmacy info, and network news.

**Provider Tools**  
Authorization, credentialing, requests, and more.

**Online Account Portal**  
Access your provider account by logging in to the portal.

**Provider Manual**  
View our online guide to provider procedures.

**COVID-19 Updates for Network Providers**  
Find up-to-date information for our patients, health plan members, and network providers.  
[Learn More](#)

**Benefits & Eligibility**  
Check real-time benefits and eligibility.

**Credentialing**  
Submit or check the status of provider application.

**Authorizations and Referrals**  
Submit or check status on prior authorization requests and referrals.

**Update Your Info**  
Submit provider or practice contact information changes.

**Forms and Documents**  
View forms and documents.

**Claims Status**  
Check the status of an existing claim.

**Claims Remittance**  
Check claims remittance details.

**Contact Us**  
Find Martin's Point and partners contact information.

**Resources:** Variety of resources for doing business with Martin's Point Health Care Tools:

Self-service provider tools accessible directly from the homepage

- Benefits and Eligibility
- Authorizations
- Claims
- Remittances
- Credentialing
- Update Your Info

**Provider Manual:** View policies and procedures for the Martin's Point business areas

**Forms and Documents:** Search for forms and documents throughout the portal

**Contact Us:** Use the contact numbers to reach Martin's Point business areas

## MEMBER MANAGEMENT

The screenshot shows the 'MEMBER MANAGEMENT' section of the Martin's Point Health Care system. At the top left is the logo and name 'MARTIN'S POINT HEALTH CARE'. At the top right are links for 'Home | Log Out |'. Below the header is a navigation bar with 'MEMBER MANAGEMENT' and 'OFFICE MANAGEMENT' tabs. The main content area features a profile card for a member. It includes a 'Member ID' icon and label. Under 'Patient Information', there are fields for 'Date of Birth', 'Sex', and 'Address'. Below that is a 'Phone' field with the number '(207) 710-6800'. Under 'PCP', there are fields for 'Name', 'Effective Dates', and 'Phone'.

This screenshot shows a close-up of the 'MEMBER MANAGEMENT' tab. It features a 'Current Member' dropdown menu. Below the dropdown is a 'Search Members' section with a list of options: 'Patient Information', 'Eligibility', 'Claims', and 'Document Manager'.

### Features:

- Use member lists to see previously searched members
- Manage a specific member's eligibility, claims, and authorizations

### INSTRUCTIONS:

1. Go to the "Member Management" header and select any of the members on the list
2. Once you select a member, you will see new drop-down options that you can select to see specific information on that member
3. Click on eligibility to search for the member's eligible information
4. Click on claims to see all the claims for that member within your access list

# SEARCHING FOR ELIGIBILITY

Search | Sign In | Contact Us

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MARTIN'S POINT HEALTH CARE

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For Providers > Tools > Benefits and Eligibility

## Benefits & Eligibility

Check eligibility, benefits, and authorization information for your Generations Advantage and US Family Health Plan patients.

Questions? Read more in the [Provider Manual](#) or [Contact Us](#).

**VERIFY PLAN BENEFITS**

Use the Verify Plan Benefits function to search by CPT and HCPC codes to determine the plan benefit information for a patient.

**ELIGIBILITY SEARCH**

Use the Eligibility Search function to check patient eligibility status and determine patient coverage and copay information.

**Description:** Use the Eligibility Search form to search for eligible members of Martin’s Point health plans to determine effective dates, copays, coinsurance, and deductible information.

**Features:**

- Real-Time Eligibility Search
- Plan Details
- Effective Dates
- Download/Print PDF

**Required Fields:**

- First Name, Last Name
- Member ID
- Date of Birth
- Requesting Provider\* (if over 50 providers at practice, search is required, otherwise you’ll see a dropdown) *\*Requesting Provider is a mandatory field and allows an audit of member search information*

**INSTRUCTIONS:**

1. Enter required information.
2. Click the “Search” button to display results.

*Eligibility Search Screen:*

The screenshot shows the 'Eligibility Search' interface. At the top left is the 'MARTIN'S POINT HEALTH CARE' logo. To the right are links for 'Home | Log Out |'. Below this is a navigation bar with 'MEMBER MANAGEMENT' and 'OFFICE MANAGEMENT' tabs. The main content area is titled 'Eligibility Search' and includes the instruction 'Conduct Eligibility Search'. Under 'Member Information', there are input fields for 'Member Name' (split into 'First' and 'Last'), 'Member ID', and 'Birth Date' (with a '(MM/DD/YYYY)' format hint). Below these is an 'As of' date field set to '8/11/2021' and radio buttons for 'Name' (selected), 'Provider ID', and 'Provider NPI'. A 'Requesting Provider' field is followed by a 'PROVIDER SEARCH' button. At the bottom left are 'ELIGIBILITY SEARCH' and 'CLEAR' buttons.

Eligibility Detail Screen:

**MEMBER MANAGEMENT**      **OFFICE MANAGEMENT**

Name:                      DOB:                      Gender:                      PCP:                      Product:

---

### Benefits and Eligibility as of Download PDF

	Address	PCP
DOB Gender Member ID		

#### BENEFIT PLAN INFORMATION

Carrier :      Martins Point Health Care	Status :
Product :	Relationship :
Benefit Plan:	

#### DEPENDENTS

Name	Birth Date	Member ID	Relationship	PCP
------	------------	-----------	--------------	-----

#### OTHER INSURANCE

No other insurance available.

[VIEW ELIGIBILITY HISTORY ▶](#)

[VERIFY PLAN BENEFITS](#)

## VERIFYING PLAN BENEFITS

**Description:** Use this self-service option to check plan benefits and authorization information for Generations Advantage and US Family Health plan members. It is a reference tool only and does not guarantee coverage or payment.

### Features:

- Eligibility Information
- Benefit Plan Details
- Authorization Requirements
- Download/Print PDF

### Required Fields:

- Last Name
- Member ID
- Date of Birth
- CPT/HCPC

### INSTRUCTIONS:

1. Enter required information.
2. Click the “Search” button to view results.

**Plan Benefits Search Options:**

  
**MARTIN'S POINT**  
HEALTH CARE

Search | Sign Out | Contact Us

Meet Martin's Point | Become a Patient | Shop Medicare Plans | Explore Military Benefits | For Members & Patients

## Verify Plan Benefits

### Verify Plan Benefits

The Martin's Point Health Care Benefit Repository is for reference purpose only and does not guarantee coverage or payment. A final determination of benefits and eligibility will be made at the time of claim processing.

This does not take the place of an organization determination for Generations Advantage. An organization determination can be requested through the [Online Authorization Request tool](#).

Your continued use of the Martin's Point Health Care Benefit Repository shall be deemed your acceptance of this disclaimer.

Search by MemberSearch by Plan

ID

First Name

Last Name \*

Date of Birth \*

CPT/HCPCS \*

I accept the terms above \*

SEARCHCLEAR

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Search by Member **Search by Plan**

Benefits for our Generation Advantage members can be found under the "Search by Member" tab. This will give you benefit information specific to that member.

Line of Business \*

Select your Line of Business

Health Plan \*

Select a Health Plan

CPT/HCPCS \*

NM000000

### Generations Advantage Plan Coverage

Plan	Code	Counties
Alliance (HMO)	H5591-003	All ME and NH counties
Focus DC (HMO SNP)	H5591-007	ME: Cumberland
Prime (HMO-POS)	H5591-005	NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan
	H5591-006-001	ME: Cumberland
	H5591-006-002	ME: Kennebec, Sagadahoc
	H5591-006-004	ME: York
	H5591-006-005	ME: Androscoggin
	H5591-015-001	ME: Lincoln, Oxford, Piscataquis, Somerset, Waldo NH: Belknap, Carroll, Coos, Grafton
	H5591-015-002	ME: Aroostook, Franklin, Hancock, Knox, Penobscot, Washington
Select (LPPO)	H1365-001	ME: Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, York NH: Cheshire, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan
	H1365-004-001	ME: Aroostook, Hancock, Kennebec, Penobscot, Piscataquis, Somerset, Washington NH: Coos
	H1365-004-002	NH: Belknap, Carroll, Grafton
Value Plus (HMO)	H5591-009	ME: Aroostook, Franklin, Hancock, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo, Washington
	H5591-013	ME: Kennebec, Sagadahoc

I accept the terms above \*

SEARCH

CLEAR

**Plan Benefits Detail Screen:**

<div style="display: flex; justify-content: space-between;"> <span>Benefit Information</span> <span>8/25/2021 10:44 AM</span> </div> <div style="text-align: center; margin: 10px 0;">  <p><b>MARTIN'S POINT</b> HEALTH CARE</p> </div> <hr/> <p style="text-align: center;"><b>PCP/Specialist OV</b></p> <p style="text-align: center;">USFHP Program – USFHP Active Duty Benefit Plan Receipt #: A30FFC80</p> <p><small>CPT: 99215 – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.</small></p> <p><b>BENEFIT:</b> PCP/Specialist Visits <b>Plan:</b> 202 Active Duty <b>Description:</b> This benefit is applies to PCP and Specialist office visits. <b>Authorization:</b> Not required unless inpatient. <b>Med Review:</b> Not required.</p> <p><small>Please be aware that if the provider is out of network POS will apply unless it is medically necessary to seek services out of the network. This will require a request for authorization and medical review for potential in network benefit. Please submit medical documentation to HMD prior to services for review and determination. If approved in-network use the in-network benefit. If approved out of network the point of service (POS) benefit applies.</small></p> <p><b>Limits:</b> N/A</p> <ul style="list-style-type: none"> <li>• In Network</li> </ul> <p><b>CO-PAY</b> N/A</p> <p><b>COINSURANCE</b></p> <hr/> <p><small>The Martin's Point Health Care Benefit Repository is for reference purpose only and does not guarantee coverage or payment. A final determination of benefits and eligibility will be made at the time of claim processing. This does not take the place of an organization determination for Generations Advantage. An organization determination can be requested through the Online Authorization Request tool. Your continued use of the Martin's Point Health Care Benefit Repository shall be deemed your acceptance of this disclaimer.</small></p>	<div style="display: flex; justify-content: space-between;"> <span>Benefit Information</span> <span>8/25/2021 10:44 AM</span> </div> <hr/> <p>N/A</p> <p><b>Deductible</b> N/A</p> <p><b>Out of Pocket Max</b> \$1000</p> <ul style="list-style-type: none"> <li>• Point of Service (Out of network )</li> </ul> <p><b>CO-PAY</b> N/A</p> <p><b>COINSURANCE</b></p> <p><b>Office Setting:</b> 50% <b>Inpatient Setting:</b> 50% <b>Outpatient setting:</b> 50% <b>Home Setting:</b> 50% <b>Other Setting:</b> 50%</p> <p><b>DEDUCTIBLE (does not apply to Inpatient)</b> Individual: \$300.00 Family: \$600.00</p> <p><b>OUT OF POCKET MAX</b> N/A</p> <p><small>The US Family Health Plan seeks to follow TRICARE guidelines as closely as possible, which frequently mirror Medicare guidelines. Medicare also is an industry leader in correct coding and billing rules. As such, we use Medicare rules and guidelines as our starting point and modify the rules as appropriate based on specific health plan benefits and policies.</small></p> <hr/> <p><small>The Martin's Point Health Care Benefit Repository is for reference purpose only and does not guarantee coverage or payment. A final determination of benefits and eligibility will be made at the time of claim processing. This does not take the place of an organization determination for Generations Advantage. An organization determination can be requested through the Online Authorization Request tool. Your continued use of the Martin's Point Health Care Benefit Repository shall be deemed your acceptance of this disclaimer.</small></p>
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<div style="display: flex; justify-content: space-between;"> <span>Benefit Information</span> <span>8/25/2021 10:44 AM</span> </div> <p><b>Diagnosis Information:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Covered Code</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> </tr> </tbody> </table> <hr/> <p><small>The Martin's Point Health Care Benefit Repository is for reference purpose only and does not guarantee coverage or payment. A final determination of benefits and eligibility will be made at the time of claim processing. This does not take the place of an organization determination for Generations Advantage. An organization determination can be requested through the Online Authorization Request tool. Your continued use of the Martin's Point Health Care Benefit Repository shall be deemed your acceptance of this disclaimer.</small></p>	Covered Code	Description			
Covered Code	Description				

# SEARCHING FOR CLAIMS

Search | Sign In | Contact Us

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For Providers > Tools > Claims

## Claims

Generations Advantage payment policies are generally consistent with Medicare. For more information about Medicare coverage and reimbursement rules, please visit the [Medicare Learning Network](#).

US Family Health Plan payment policies are generally consistent with TRICARE®. For more information, please visit the [Code of Federal Regulations](#).



**Check Claims Status**

Use this search tool to check for status updates regarding a claim.



**Claims Remittance**

Access explanation of health plan and benefit coverage for a claim.

**Description:** Use the Claim Search form to search for claims. You may search for claims by any combination of claim number, patient name, date of service, provider, bill type, or claim status. It may be necessary to refine your search if your search results are too large or to expand your search if no claims are found.

**Features:**

- Search for Claims
- Download/Print PDF or Excel

**Required Fields/Criteria:**

- *Claim Number:* Type at least two digits of the claim number. If claim number is used as a search parameter, the system will ignore the date of service start and end dates.
- *Date of Service Range:* Type a date for the beginning or end of the date of service range or click on the mini calendar to select a date.
- *Processed Date Range:* Type a date for the beginning or end of the date of service range or click on the mini calendar to select a date.
- *Member:* Select the option button next to one of the three ways to search by patient: Last Name, Member Id, or Patient Account Number. Enter as much of the patient information that you know or click on the patient list drop-down to select one of the patients who are already on your patient list.
- *Provider, Group:* Select a provider from the list. You will only be able to see providers who are on your access list.
- *Bill Type:* (Only applies to institutional claims)
- *Status:* If known, click on the check box for Approved, Pended, or Denied

**INSTRUCTIONS:**

1. Enter information into at least one of the required fields.
2. Click the “Search” button to display results.
3. Click on claim number to get more detail.

**Claim Status Search Screen:**

CLAIM STATUS   REMITTANCE ADVICE

---

### Claim Status Search Help ?

Claim Number

Date of Service  To

Processed Date  To

Last Name    Member ID    Patient Account Number

Member  (Member List) ▼

(Last Name Example - Smith, John)  
(Wildcard Example - Smit%)  
(ID Example - HP5555555,HP4444444)  
(Patient Account Number Example - 5555555555, 4444444444)

Last Name    Provider ID    Provider Tax ID    Provider NPI

Provider

(Last Name Example - Smith, John)

Medical Group

Bill Type

Status  Paid    Pended    Denied

**SEARCH**   CLEAR

Indicates non-standard HIPAA data element

### Claim Status Search Results

Claim Number	Status	Member	Patient Account No.	DOS	Processed Date	Provider
--------------	--------	--------	---------------------	-----	----------------	----------

**Claim Status Detail Screen:**

### Claim Status Detail for 18134E04730

**Claim Level Information**

Provider	Practice
Member	Patient Account No.
▶ Auth Number	Claim Receipt Date
▶ Referring Provider	
▶ Diagnosis	
Admit Date	Date of Current Illness
	Discharge Date

**Service Line Information**

Line	Status	Check/EFT Number	Payment Date	DOS	▶ Adjudicated Procedure	Procedure	Modifier	Units	Billed Amount	▶ Allowed Amount	(
------	--------	------------------	--------------	-----	-------------------------	-----------	----------	-------	---------------	------------------	---

◀ \_\_\_\_\_ ▶

▶ **Additional Information**

Link Document

**Payor Remarks**

▶ Indicates non-standard HIPAA data element

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CLAIM STATUS
REMITTANCE ADVICE

**Remittance Advice**

By Provider SELECT PROVIDER

By Tax ID

By Practice Select Practice ▼

By Member SELECT MEMBER

By Member Account Number

By Remittance Advice Check Number ▼

By Date Check Date ▼ From:  To:

SEARCH
CLEAR

**Description:** Use the Remittance Advice form to search remittances for groups or providers. You can search for remittance by provider, practice, member, check or claim number, and then create a report that you can download and print.

**Features:**

- Search for Remittances
- Report on Remittances
- Download/Print PDF

**Required Fields:**

- At least one search parameter entered

**INSTRUCTIONS:**

1. Enter information in at least one of the search fields.
2. Click the “Search” button to view results.
3. Click on the check number to get remittance details.
4. Click on the “Remit Report” button to generate a PDF report of the remittance.

**Remittance Advice Search Screen:**

**Remittance Advice**

By Provider

By Tax ID

By Practice

By Member

By Member Account Number

By Remittance Advice

By Date  From:  To:

**Remittance Advice Search Result Screen:**

**Remittance Advice Search Result**

Check Number	Check Date	Payment	Payor	Vendor Name	Vendor Address	Tax ID Number
--------------	------------	---------	-------	-------------	----------------	---------------

**Remittance Advice Detail Screen:**

**Remittance Advice Detail for Check Number** **Total Claims Paid:**

Check Date	Total Paid	Payor	Vendor Name	Vendor Address	Tax ID	Vendor NPI
------------	------------	-------	-------------	----------------	--------	------------

Sort By:

1 - 2 of 2

**Claim Number** 12180E02883

Provider	Patient	Patient Account Number	DRG	Member ID Number
----------	---------	------------------------	-----	------------------

DOS	Procedure	Modifier	POS	Units	Billed	Allowed	Withhold	Co-Payment	Co-Insurance	Deductible	Patient Responsibility	Contractual Adjustment	Interest	Paid	EOP
-----	-----------	----------	-----	-------	--------	---------	----------	------------	--------------	------------	------------------------	------------------------	----------	------	-----

EOP



# SEARCHING FOR AUTHORIZATIONS

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For Providers > Tools > **Authorizations and Referrals**

## Authorizations and Referrals

**Generations Advantage Part B Step Therapy: Drugs & Biologics Changes for March 1, 2023**

- Prior authorization is required for all Step Therapy drugs, preferred and non-preferred.\*
- \*The only preferred drugs not requiring authorization are:
  - Synvisc®, Synvisc-One®, Orthovisc®, and Monovisc®
  - Avastin® is preferred for ocular indications only and does not require authorization
- Authorizations for dates of service starting on or after March 1, 2023, can be submitted through the [Optum](#) Portal beginning February 16, 2023.
- Authorizations for dates of service before March 1, 2023, must continue to be submitted through [ProAuth](#).
- [NEW 2023 Product-specific drug authorization request forms are now available](#). These forms should be completed and submitted with your request along with supporting medical records.
- For a list of preferred drugs please see our [Part B Step Therapy Drug List \(PDF\)](#).
- [Drug-Specific Authorization Forms \(fill out and submit with your request\)](#)

**TruCare ProAuth™**

Access training materials, request and review authorizations and referrals with the ProAuth tool.

**Optum™**

Generations Advantage providers requesting authorizations for specialty drug, oncology drugs and radiation services at PAR servicing locations.

**Description:** Use the Authorization Search form to search for authorizations. Authorizations can be searched by member, requesting provider, servicing provider, or request number. Authorizations are restricted to your access list.

**Features:**

Search for previously submitted authorizations

Save authorization search (for frequently recurring searches)

View authorization detail with status

## ACCESSING TRUCARE PROAUTH FAQ'S AND TRAINING MATERIAL

The screenshot shows the top navigation bar with the Martin's Point Health Care logo, search, sign in, and contact us options. Below the navigation are links for 'Meet Martin's Point', 'Become a Patient', 'Shop Medicare Plans', 'Explore Military Benefits', and 'For Members & Patients'. A 'For Providers' section includes a 'Tools' dropdown menu. The main heading is 'TruCare ProAuth™ Documentation'. Below this, a paragraph highlights the partnership with TruCare ProAuth™. A list of four links is provided, with the third link, '3. Access Training Materials (log-in required)', highlighted with a purple box. Below the list is a section for 'General TruCare ProAuth™ FAQs' with a description and an 'Expand All' button. On the right side, there is a 'ProAuth™ Best Practices' section with a list of five items and a 'PROAUTH LOGIN' button.

For Providers > Tools

### TruCare ProAuth™ Documentation

Highlighting our partnership with [TruCare ProAuth™](#). Get prepared by reviewing our FAQs below.

1. [General TruCare ProAuth™ FAQs](#)
2. [Service Type Specific FAQs](#)
3. [Access Training Materials \(log-in required\)](#)
4. [US Family Health Plan Referral Process](#)

#### General TruCare ProAuth™ FAQs

List of frequently asked questions from ProAuth users.

Expand All

WHY SHOULD I USE TruCare ProAuth™?

**ProAuth™ Best Practices:**

- Use Chrome
- Enable pop ups
- Enable your provider filters
- Check your dashboard filters
- Prior to entering a request always verify the member is showing correctly on the left in the member summary

**PROAUTH LOGIN**

**Description:** Use the Authorization Submission form to electronically submit an authorization request to our Health Management department. You can request from a variety of service types and then use our Authorization Status tool to check the status.

#### Features:

- Electronic Submission (no more faxing!)
- Dropdowns for all service types and locations

#### Required Fields:

- The form is dynamic and has different requirements depending on which options you choose. Please make sure you completely fill out the form for a successful submission.

# SUBMITTING CREDENTIALING APPLICATIONS

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**Provider Resources**

Clinical documents, pharmacy info, and network news.



**Provider Tools**

Authorization, credentialing, requests, and more.



**Online Account Portal**

Access your provider account by logging in to the portal.



**Provider Manual**

View our online guide to provider procedures.

**COVID-19 Updates for Network Providers**

Find up-to-date information for our patients, health plan members, and network providers.

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 **Benefits & Eligibility**  
Check real-time benefits and eligibility.

 **Authorizations and Referrals**  
Submit or check status on prior authorization requests and referrals.

 **Forms and Documents**  
View forms and documents.

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Check claims remittance details.

 **Credentialing**  
Submit or check the status of provider application.

 **Update Your Info**  
Submit provider or practice contact information changes.

 **Claims Status**  
Check the status of an existing claim.

 **Contact Us**  
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For Providers > Tools > **Provider Credentialing Instructions**

## Credentialing



**Check Your Status**

Before submitting an application, you or your group must have a signed contract with Martin's Point Health Care.



**Start Credentialing**

Ready to apply? Access the Credentialing Application and submit it to Martin's Point Health Care.



**Update Your Information**

If you need to update information related to your credentials, access our Provider DataPoint portal here.

**Description:** Submit credentialing applications for new providers and receive status emails when credentialing is complete.

**Features:**

- Submit credentialing applications electronically
- Get status updates when your providers have been approved

**Required Fields:**

- Each credentialing form has different required fields depending on options chosen

**INSTRUCTIONS:**

1. Click on the “Start Credentialing” button.
2. Enter all required information.
3. Click the “Submit” button to view confirmation number and then add another provider.

***New Provider Request Screen:***

Martin's Point Health Care  
New Provider Request

Add a Provider (or Specialty) at a Location << Start Over Next >>

**Provider Information**

Employee Status  
 Permanent: Full-Time PCP or Specialist joining your practice (or adding a specialty)  
 Temporary: Per Diem or Locum Tenens (includes covering providers)

Provider NPI

Provider First Name

Provider Middle Name

Provider Last Name

Provider Suffix

Provider Degree

**Specialty 1**

Select a provider type to view the specialties that require credentialing in order to be shown in our provider directory. If the specialty is not listed below, credentialing is not required and advance information about the provider is not needed. Please note that contracted providers who are not credentialed will be added to our system based on information submitted with claims.

Provider Type  
 Primary Care Provider: Provides primary care for a panel of patients.  
 Specialist: Provides specialty care and accepts referrals, including CNM.

**Specialty 2 (if applicable)**

Provider Type  
 Primary Care Provider: Provides primary care for a panel of patients.  
 Specialist: Provides specialty care and accepts referrals, including CNM.

Next >>

# SUBMITTING PROVIDER & PRACTICE CHANGES

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For Providers > Tools > Update Your Info

## Update Your Info

Keep your provider directory information up to date—we make it easy!

CMS requires us to regularly contact our network providers to confirm the accuracy of our directory information.

Up-to-date directory information helps our members find new providers when they need care and ensures more timely and accurate claims processing.

**Update Your Provider Information**  
Make changes to your provider information.

**Check Status**  
Check the status of requested changes.

**Update Staff Contact Information**  
Make changes to your staff contact information.

**Description:** Submit your provider or practice changes so we can keep our provider directories up to date and ensure accurate and timely claim payments. You can submit a variety of types of provider and practice changes such as panel, phone, location information, and more.

**Features:**

Submit both provider and practice changes  
Receive confirmation and completion emails  
Check the status of submitted change requests

**Required Fields:**

- Each form has different required fields based on the options chosen

**INSTRUCTIONS:**

Click on the “Update Your Info” button.  
Select the type of provider or practice change you want to make.  
Enter the required information.  
Click the “Submit” button to view confirmation number and to make additional changes.

***Provider & Practice Change Screen:***

<a href="#">Practice Change &gt;&gt;</a>	<ul style="list-style-type: none"><li>• Update practice demographic information, including phone/fax number, address, or billing information</li><li>• Close an existing location</li><li>• Add a new location to an existing group</li></ul>
<a href="#">Provider Change &gt;&gt;</a>	<ul style="list-style-type: none"><li>• Update provider demographic information, including name change, specialty change or addition, or panel status</li><li>• Terminate a provider from a location or practice</li></ul>
<a href="#">Add a Provider &gt;&gt;</a>	<ul style="list-style-type: none"><li>• Add a new provider to your practice</li><li>• Add an existing provider to an additional location</li></ul>
<a href="#">Check Status &gt;&gt;</a>	<ul style="list-style-type: none"><li>• Check the status of a previously submitted request</li><li>• A tracking number is required</li></ul>

## REPORTING AND DOCUMENT MANAGER

Reporting:

The screenshot displays the Martin's Point Health Care portal interface. At the top left is the logo and name 'MARTIN'S POINT HEALTH CARE'. At the top right are links for 'Home' and 'Log Out'. Below the logo is a navigation bar with two tabs: 'MEMBER MANAGEMENT' and 'OFFICE MANAGEMENT'. The 'OFFICE MANAGEMENT' tab is active, and a dropdown menu is open, listing several options: 'Eligibility', 'Authorization Status', 'Claims', 'Remittance Advice', 'Reports', and 'Document Manager'. The 'Reports' option is highlighted with a red box. Below the navigation bar, the main content area is titled 'Eligibility Search' and includes a section for 'Member Information' with various search criteria: 'Member Name' (with 'First' and 'Last' sub-fields), 'Member ID', 'Birth Date' (with a date format '(MM/DD/YYYY)'), 'As of' (set to '10/1/2018'), and 'Requesting Provider' (with radio buttons for 'Name', 'Provider ID', and 'Provider NPI'). There are 'SEARCH' and 'CLEAR' buttons at the bottom left of the form area.

### Description:

Utilize native reporting out of the portal to better manage your member information.

### Features:

- Member Roster by Access List
- Member Roster by PCP
- Member Roster by Practice
- Provider Report

### Instructions:

1. Click on "Office Management" header
2. Click on "Reports"
3. Click on pre-defined report links. Download to Excel or PDF

MARTIN'S POINT HEALTH CARE Home | Log Out |

MEMBER MANAGEMENT OFFICE MANAGEMENT

## Available Reports Help ?

Report Name	Report Description
Member Roster by Access List	Displays a list of members grouped by selected access list.
Member Roster by PCP	Displays a list of members grouped by a selected provider.
Member Roster by Practice	Displays a list of members grouped by a selected practice.
Provider Report	Lists types, specialties, and contract information for providers.

Document Manager:

MARTIN'S POINT HEALTH CARE Home | Log Out |

MEMBER MANAGEMENT OFFICE MANAGEMENT

Eligibility  
Authorization Status  
Claims  
Remittance Advice  
Reports  
**Document Manager**

## Eligibility Search

Conduct Eligibility Search

### Member Information

Member Name:  First  Last  Birth Date:  (MM/DD/YYYY)

Member ID:  Member #:

As of: 10/1/2016

Requesting Provider:   Name  Provider ID  Provider NPI

**Description:**

Downloaded reports will be housed within the Document Manager.

**Features:**

- Manage and use reports that were sent to the Document Manager

**Instructions:**

1. Click on the “Office Management” header
2. Click “Document Manager”
3. Manage and download reports

MARTIN'S POINT HEALTH CARE Home | Log Out |

MEMBER MANAGEMENT OFFICE MANAGEMENT

### My Documents

ADD DOCUMENT

CURRENT DOCUMENTS ARCHIVED DOCUMENTS

Name:  Category: All Date Range:  to

Owner:  Status: Show All Statuses Member:

SEARCH MEMBERS

SEARCH CLEAR

Sorted By: NEWEST

Document Name	Uploaded	Member	Owned By
Remittance Advice Report_201808 30-121846.pdf	08/30/2018		Ryan Hadley
Remittance Advice Report_ERRO R.txt	08/14/2018		Ryan Hadley
Remittance Advice Report_ERRO R.txt	08/14/2018		Ryan Hadley

## HELP DESK SUPPORT

Please contact our Provider Inquiry department at 1-888-732-7364 for issues or questions concerning any of the following:

- ❖ Registration
- ❖ Logging in
- ❖ Local Administrator Password
- ❖ Data