



Physician Online Data System

Medical Network One, PC
4986 Adams Rd., Suite D
Rochester, MI 48306

Physician Online Data System (*PODS*)

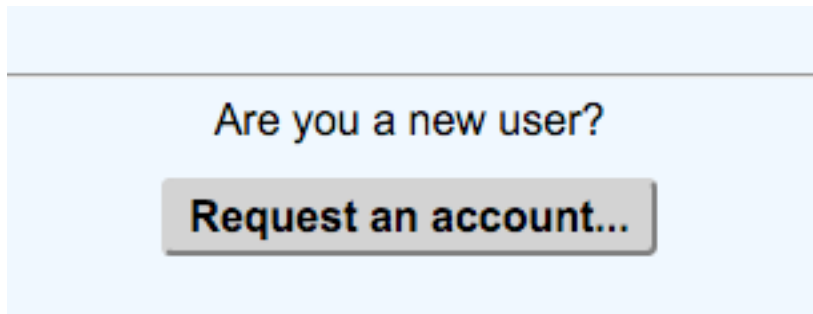
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OVERVIEW

- PODS is an online referral system for Blue Care Network referrals and pre-certification
- PODS is a quick and easy way of issuing referrals and requesting authorizations
- Refer to MNO Guidelines for procedures requiring referrals and pre-certification
- All PCP offices that are in Medical Network One are required to use PODS

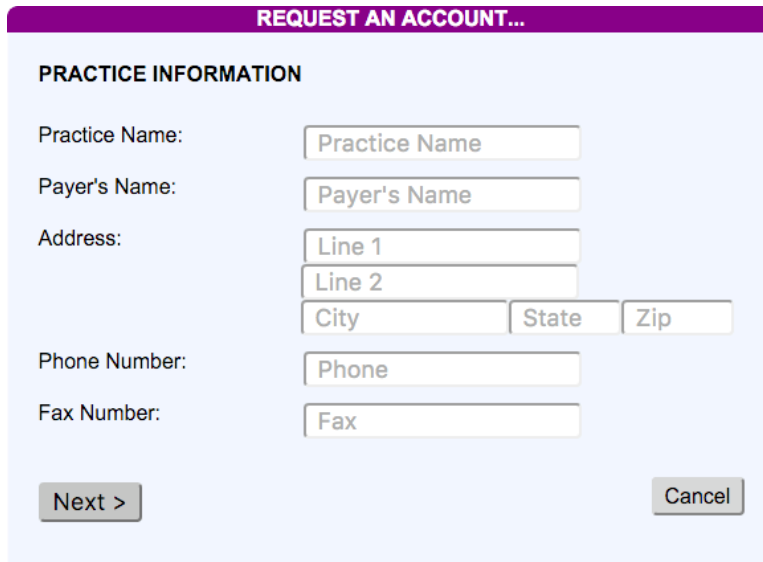
REGISTER FOR PODS

- PCP and specialist office staff can register for PODS
- Access application at WWW. MedNetOne.Net
- Go to Quick Links, PODS login
- Under Login box, click on “**Request an account...**”



[Request an Account...](#)

- Enter practice information

A form titled "REQUEST AN ACCOUNT..." in a purple header bar. Below the header, the section is titled "PRACTICE INFORMATION". It contains several input fields: "Practice Name:" with a text box containing "Practice Name"; "Payer's Name:" with a text box containing "Payer's Name"; "Address:" with three stacked text boxes for "Line 1", "Line 2", and "City", and two adjacent text boxes for "State" and "Zip"; "Phone Number:" with a text box containing "Phone"; and "Fax Number:" with a text box containing "Fax". At the bottom left is a grey button labeled "Next >" and at the bottom right is a grey button labeled "Cancel".

[Enter Practice Information...](#)

- Enter the user's information

The screenshot shows a web form titled "REQUEST AN ACCOUNT..." with a purple header. Below the header is the section "PERSON ACCESSING PODS". The form contains the following fields:

- Person's Name: Three input boxes labeled "First", "Middle", and "Last".
- Phone Number: One input box labeled "Phone".
- Fax Number: One input box labeled "Fax".
- Email: One input box containing the placeholder text "email@address.com".
- Secret Question: A dropdown menu with "(None)" selected.
- Secret Answer: One empty input box.

At the bottom of the form are three buttons: "< Back", "Next >", and "Cancel".

[Enter User Information...](#)

- Indicate the eligible physicians

The screenshot shows a web form titled "REQUEST AN ACCOUNT..." with a purple header. Below the header is the section "DOCTORS IN PRACTICE". The form contains the following fields:

- Doctor's Name: Three input boxes labeled "First", "Middle", and "Last".
- Specialty: A dropdown menu with "Choose a Specialty..." selected.
- ID: A dropdown menu with "NPI" selected and an adjacent input box labeled "Identifier".

Below the fields is a button labeled "Add another...". At the bottom of the form are three buttons: "< Back", "Next >", and "Cancel".

[Enter the Eligible Physicians...](#)

- Fill out Office Manager section
Please Note: Upon completion, the office manager will be contacted to verify your request.

REQUEST AN ACCOUNT...

MANAGED CARE LIASON, OFFICE MANAGER OR PRIMARY PHYSICIAN

Please indicate the Managed Care Liason, Office Manager or Primary Physician for your practice.

Please note, upon your completion of this request, the person indicated below will be contacted for verification.

Manager's Name:

Phone Number:

Fax Number:

Email:

< Back Next > Cancel

[Enter the Office Manager section...](#)

- **Accept Terms Of Agreement**

REQUEST AN ACCOUNT...

COMPLETE APPLICATION

This document is accepted as a contract and the signatory accepts responsibility for appropriate use, dissemination, and confidentiality of all information made available by Medical Network I, P.C. This includes oral, paper-based, electronic communication and transfer of data to any electronic form, storage or database. It is understood that a personal logon id and password constitutes an electronic signature. Use of the personal logon id to access patient information is equivalent to using a signature. The signatory is accountable for all access using one's personal logon id. Any unauthorized access using one's personal logon id. is not allowed. This is regarded as a HIPAA violation, a breach of confidentiality and medical ethics. The signatory acknowledges that the system records all activities performed using one's personal unique logon id, and that access attributed to the personal logon id will be recognized as having been performed by you. Access to PODS and all information provided is subject to professional confidentiality obligations, state and federal laws, including but not limited to HIPAA privacy and

I accept the terms of this agreement

< Back Finish Cancel

[Accept Terms of Agreement...](#)

- **Submit for processing and approval**
Please Note: You and your office manager will be contacted via the provided email addresses. Please be accurate.

USER NAME AND PASSWORD

- Password and login name will be given to applicant after application is processed
- Each person requiring access to PODS is required to submit an application.
- Passwords are not to be shared by office staff
- Passwords are to be changed on a monthly basis for security purposes
- There is no limit on the number of users per office
- Notify MNO when user terminates employment so that access can be disabled.

LOGIN

- Go to www.mednetone.net
- Select PODS login under quick links
- Enter user name and password
- Accept the Terms of Service

WELCOME TO PODS

Username:

Password:

By logging in I am agreeing to the [Terms of Service](#).

Upon login please familiarize yourself with the [quick guide](#).

[Forgot your password?](#)

Are you a new user?

[Accept Terms of Service to Login](#)

MEMBER SEARCH

- You can perform Member searches on any search criteria.
Please Notice: Be sure to select “Include Inactive Plans” if you are looking for older information.

MEMBER SEARCH

Search: For... Members Authorizations Clear

Member Name: Search

Member ID:

Date of Birth: Include Inactive Plans

Performing a Member search

- Referrals, Authorizations, Benefit Plans and additional Demographics, as well as member, physician and facility information can all be viewed in the member search results, with a default view of **Benefit Plans**.

2 MEMBERS FOUND

Member Name	Gender	Birthdate	Member ID	Extension	Plan	Benefit	Effective	Termination
TEST, ADDDEP D	M	10/16/2009	916701244	02	BLUE CARE NETWORK	00000001	07/01/2015	12/31/2016
TEST, DJTEST L	M	09/23/2005	918474195	02	BLUE CARE NETWORK	00000002	07/01/2015	12/31/2016

Member Search Results

- Click the **Plus** icon at the right to view/hide demographic information, or the **Plans** or **Authorizations** links to view those tabs.

AUTHORIZATION SEARCH

- You can perform Authorization searches on any criteria.
Please Notice: Be sure to select “Include Inactive Plans” if you are looking for older information.

- Referrals, Authorizations, Benefit Plans and additional Demographics, as well as member, physician and facility information can all be viewed in the member search results, with a default view of **Authorizations**.

1 MEMBER FOUND			
TEST, ADDDEP D		Gender: M	Birthdate: 10/16/2009
Plans	Authorizations	Request Authorization...	Request Referral...
Member ID:	916701244	Extension:	02
Plan:	BLUE CARE NETWORK	Benefit:	00000001
Effective:	07/01/2015	Termination:	10/31/2015
APPROVED			
Authorization #	test	Date Submitted:	10/08/2015
Specialty:	CHIROPRACTOR	Facility:	
Referring:	TestDoctor, DoctorOne	Requested:	BERKOVICH (CHIRO), LAZAR
APPROVED			
Authorization #		Date Submitted:	10/06/2015
Specialty:	INTERNAL MEDICINE	Facility:	DEARBORN SURGERY CENTER
Referring:	TestDoctor, DoctorOne	Requested:	DADO, HISHAM
APPROVED			
Authorization #		Date Submitted:	09/24/2015
Specialty:	RADIOLOGY	Facility:	
Referring:	TestDoctor, DoctorOne	Requested:	AAGESEN, MATHEW

REFERRAL REQUEST

- Click the link for **Request Referral...**

TEST, ADDDEP D Gender: M Birthdate: 10/16/2009

[Plans](#) [Authorizations](#) [Request Authorization...](#) [Request Referral...](#)

- If there is more than (1) active benefit plan, select the **Plan** you would like to use for this request
- Locate a specialist or provider by using the in-line search under **Requested Provider**.

Please Note: Referrals must be issued to a provider

Requested Provider:

Name:	<input type="text" value="Last"/>	,	<input type="text" value="First"/>
ID Type:	NATIONAL PROVIDER IDENTIFIER		
Provider ID:	<input type="text" value="ID"/>		
Specialty:	(Choose a specialty...)		
Address:	<input type="text" value="City"/>	,	<input type="text" value="State"/> <input type="text" value="Zip"/>
Date Range:	<input type="text" value="10/27/2015"/>	-	<input type="text" value="11/26/2015"/>
<input type="button" value="Search"/>			

- Fill or select the remaining field
Do not change the type of service

GLOBAL REFERRAL REQUEST

Requested Provider:

Requested Specialty:

Place of Service:

Type of Service:

Urgency: This is an URGENT request.

Start Date:

End Date:

Requested Visits:

Additional Information:

- Fields that do not require intervention will pre-populate automatically.
- Requested visits defaults to **99** to indicate global referral
- Referral start date defaults to today's date and can be changed to a future date (*issue referrals for a minimum of 90 days*).
- Referral end date defaults to 90 days from start date and can be changed to future date.
- Enter one or more **Diagnoses...**

Diagnoses:

System:

Code:

Description:

- Submit when complete
- Check back by performing an Authorization Search
- You can print the authorization when it has a status of **APPROVED**.
- Do ***not*** print if the status is **PCP-APPROVED**, as it is not yet complete.

AUTHORIZATION REQUEST

- Click the link for **Request Authorization...**

TEST, ADDDEP D

Gender: M

Birthdate: 10/16/2009

[Plans](#)

[Authorizations](#)

[Request Authorization...](#)

[Request Referral...](#)

- Locate a specialist or provider by using the in-line search under **Requested Provider.**

Please Note: Referrals must be issued to a provider

Requested Provider:

Name:	<input type="text" value="Last"/>	,	<input type="text" value="First"/>	
ID Type:	<input type="text" value="NATIONAL PROVIDER IDENTIFIER"/>			
Provider ID:	<input type="text" value="ID"/>			
Specialty:	<input type="text" value="(Choose a specialty...)"/>			
Address:	<input type="text" value="City"/>	,	<input type="text" value="State"/>	<input type="text" value="Zip"/>
Date Range:	<input type="text" value="10/27/2015"/>	-	<input type="text" value="11/26/2015"/>	
	<input type="button" value="Search"/>			

- Search for a desired facility

Facility:

Name:	<input type="text" value="Facility Name"/>			
Type:	<input type="text" value="(Choose a type...)"/>			
ID Type:	<input type="text" value="NATIONAL PROVIDER IDENTIFIER"/>			
Facility ID:	<input type="text" value="ID"/>			
Address:	<input type="text" value="City"/>	,	<input type="text" value="State"/>	<input type="text" value="Zip"/>
Date Range:	<input type="text" value="10/27/2015"/>	-	<input type="text" value="11/26/2015"/>	
	<input type="button" value="Search"/>			

- Select appropriate **Type of Service** and **Place of Service**
- Indicate specific requested **Visits**
(NOTICE: Surgical Procedures are “1”)
- Enter Start Date and End Date
(NOTICE: Surgical Procedures, or Sleep Studies should not be spanned for more than one day)

- Enter one or more **Diagnoses...**

Diagnoses:

System:	(All) ▾
Code:	Code
Description:	Description
<input type="button" value="Search"/>	

- Enter one or more **Procedures...**

Procedures:

System:	CPT-4
Code:	Code
Description:	Description
<input type="button" value="Search"/>	

- Submit the form when it is complete.
- To expedite process clinical information can be typed under authorization description
- Authorization requests are pended for medical necessity and benefits
- Check for status of **APPROVED** from the **Authorization Search**

AUTHORIZATION TIPS

- Physical therapy-select from the facility box if done in a freestanding center or hospital
- Physical therapy-select outpatient place of service if done in freestanding center or hospital setting
- Physical therapy-select provider from provider box if done in a providers office
- Physical therapy-select place of service doctors office if done in providers office
- Physical therapy-we only processes them for 2 visits, to include an evaluation and the first visit. The actual therapy will be submitted to Landmark.
- Sleep Studies-These require authorization. Please submit with the actual date of service.

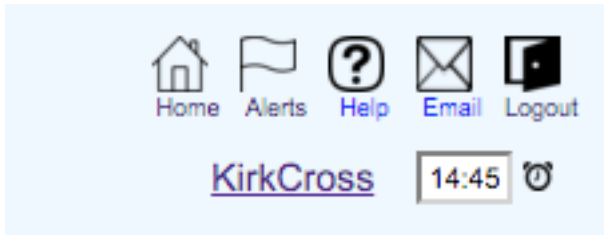
REFERRAL/AUTHORIZATION STATUS

- **PCP-Approved:** PCP office has submitted and approved a referral for processing.
- **MNO-A:** The request has been reviewed by our nurses and meets criteria; it is now waiting to be submitted to BCN.
- **Pending:** This is a request that has been submitted, but not yet reviewed.
- **More Information:** This indicates we cannot begin to process the referral until more information from PCP office is given.
- **Awaiting Information:** This is for a Pre-Certification that the nurses have reviewed and have requested more clinical information and/or BCN forms.
- **Pending BCN Review:** This indicates that we have submitted this to BCN and are waiting for them to review it. It may take a week or more to obtain a decision.
- **New Case:** We have received this case and it is awaiting the nurses to review it.
- **File Closed:** This will not be processed; referral is unnecessary or not appropriate.
- **Approved:** Approved
- **Denied:** This has been reviewed by BCN and they have denied it. You may appeal the case if so desired.

MISC. INFORMATION

- If unable to find a member, contact MNO after verifying eligibility on DENIS
- If unable to search provider or facility contact MNO after verifying contract on MIBCN.COM
- Remember ALL referrals are GLOBAL. You cannot issue them for 1 day. They are good for a minimum of 90 days, and a maximum of 1 year.
- Please refer to the BCN Guidelines to make sure you are requesting Authorizations when necessary. These can change on a quarterly basis, please keep your self updated.
- Do ***not*** send electronic protected health information by links or email

SUPPORT ICONS



- **Home:** Brings you to PODS home page
- **Alerts:** This will take you to the list of all active alert messages
- **Help** is a link to this Training Manual
- **E-Mail:** to inquire about PODS issues
*NOTICE: DO NOT SEND PATIENT INFORMATION.
THIS IS NOT SECURE.*
- **Logout:** logs you out of PODS
- **Your Name:** This will take you to your profile page where you can change your password
- **Timer:** The system will automatically log you out if you are not active for 15 minutes.
The timer will reset each time a new page is loaded.
You can also manually click the timer to reset it.