

INCEDO[™] PROVIDER PORTAL QUICK REFERENCE GUIDE

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Logging in to *Incedo™ Provider Portal*

The purpose of this guide is to describe the use and functionality of the *Incedo Provider Portal*. *Incedo Provider Portal* is used verify eligibility, enter requests for authorizations and to submit claims. Prior to logging into *Incedo Provider Portal*, you must have Google Chrome installed on your computer.

Click on this link to access Incedo Provider Portal (omd.infomc.biz/iPC)

To Log In to the *Incedo Provider Portal*, you must enter your User Name and Password. Different functions are available based on the privileges assigned to a user role.

	Login to Incedo
8	Enter Username
۵	Enter Password
	Forgot Password?
	¢ට Login
	😩 Register
	© 2017 All rights reserved.

Note: Throughout *Incedo Provider Portal*, required fields on screens appear in red font with an asterisk (*) next to the field name. If required fields are not completed, you cannot save the remaining entered information.

Navigating the Dashboard

After logging in, the Dashboard/Home page appears. From here, the user can open any page in *Incedo Provider Portal* to which they have access.

This dynamic screen changes the display box based on the page selected. For example, if you click Claims, the red box displays claims status.



Information about the user logged on to *Incedo Provider Portal* appears in the blue box on the left. A configurable message with notifications or alerts also appears

Menu Bar Items

The Menu Bar contains 3 buttons located at the top of the Dashboard: Home (on far left); About, and Logout (on far right).

Home

- The Home button always returns to the Home Page. Use Preferences to define the Home Page.

About Incedo



- This icon opens About Incedo that displays product information such as Version # and Build #. This information can be useful during the troubleshooting process if you experience issues with *Incedo Provider Portal*.

Logout



Navigation tips:

- To Navigate efficiently through the screens, use your mouse to highlight the down arrow adjacent to the activity you want to perform. See the example below:
- To search for a participant, use the mouse to highlight the membership down arrow. A box containing additional selection option appears. When the user selects an option such as the search option, the system automatically directs the user to the participant search screen.

Membership

Optum *Incedo Provider Portal* Membership module is populated with data provided on a daily basis by MDH for Medicaid

- For Non-Medicaid participants, an uninsured span is created and maintained. Courtesy spans are also created here after a participant loses Medicaid eligibility.
- The user can search for a Medicaid participant by entering their Medicaid Identifier in the Policy Number field and pressing the search button at the top left side of the screen.

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Alt + S to Search				
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Reference Numbers				
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Advanced Search Criteria				
Member Options				
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Insurer.				

The selected participant appears at the top of the screen and includes basic information such as Last Name, First Name, Gender, DOB.

Navigation tip – click on the name of the participant, and the system automatically directs the user to a more detailed member screen.

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Member Search	Results									
Patient ID	Last Name *	First Name	Middle Name	Gender M	DOB	Age 26	SSN	External ID	Additional #	Found In M
			Chris	Pag	a 1 of 1	15 *	_			View 1 - 1

The selected participant's demographic data appears at the top of the screen and the bottom includes information on funding sources (insurer), Effective and Expiration Dates.

Examples of funding sources include: Medicaid, Medicaid State funded, Non-Medicaid, Uninsured and Grant funded.

Navigation tip: The participant's name appears at the top of the screen as a reference

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Adding an Uninsured Consumer

A non-Medicaid participant must have an uninsured span created in order for an authorization request to be entered.

Access the "Add Member" function to create the uninsured span. The fields shown in red are required.

The address details, specifically the "Date From" field will auto-populated based on the date the record is entered.

The "Address Type" can be used to indicate that the participant is homeless. If the "Homeless" address type is selected, the remaining address fields can by bypassed.

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ddress Details Date From: Date To: 12/13/2019 Address Type:"	Vented Address 🗟 Mail Undeliverab	ie 🗊 Mail Declined			

Complete contact and Address information. Click "Add Special Needs and Accessibility".

12/31/2019 _/_	/ Verifi	ied Address	Mail Undeliverat	ble 🗐 Mail D	eclined		
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Under "Special Needs and Accessibility", select option "Select One" from drop-down box. Then select the "x" in the upper right corner.

none Preference.*	Preferred Communication Method:	
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Special Needs & Accessit Financial/Ability to Pay: Select One	Pregnant? Due Date:	

The system will require the user to identify the funding source (insurer). The user must select the "Uninsured" option. The plan will also be uninsured. The user will enter "N/A" in the Policy field.

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iona Proference.*	Preferred Com	nunication Method					
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2/31/2019 12/3	1610	Uninsured				P	
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and the second							
Infrindad							
Infunded							

Once the record is saved, the user will be required to fill out the Uninsured Eligibility Application.

int	ured Eligibility Application Details
U	ninsured Eligibility Application
Pi fo	ease Note: If the participant is a non-US citizen, do not complete this form. Select Cancel below and complete the Uninsured Eligibility Exception rm. These requests will be reviewed by the participant's CSA/LLA/LBHA.
Fi Pi W	r every request for uninsured eligibility, providers are required to verify and document the participant meets all uninsured eligibility criteria. oviders are required to maintain documentation in the medical record to validate the individual's uninsured eligibility. Uninsured eligibility spans II be monitored and providers without documentation may be audited. Failure to maintain all supporting documentation may result in a retraction of nds.
Ra	gistration Date-*
E	ligibility Requirements
P	ticipant requires treatment for behavioral health diagnosis(es) covered by the Public Behavioral Health System (PBHS): Standard D Exected
Pa	ricipant meets the financial oriteria (under 250% of the Federal Poverty Level) and is not covered by Medicaid or other insurance.**

Once the form is completed, the user receives a message to indicate the participant's uninsured span has been submitted.

Participant is a Maryland resident				
Participant has appeard to Medicard, the Exchange, total or 5 period of 12 months or more)."	SON, it the intervalue rule an expensionalisity for a period of 12 months of more (or is expected to	o nave and screamping	tor a	
W Yes () Ha				
Participant meets US citizenship requirements *				
W Yes Gi Ne				
Participant is currently receiving SSDI.++	Member successfully submitted			
The Automatical State	b			
Participant is homeless within the state of Maryland.**	Would you like to add another Member or go to Member			
W THE U THE	Request Summary?			
Participant is a veteral *	Add Member Member Request Summary			
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Score				

Returning to the Member Request Summary, the participant's uninsured span has been created and an Optum generated number is assigned to the member. The provider is now able to initiate an authorization request. The consumer will remain in an unprocessed status until the request is approved. Approval is based upon whether or not the consumer meets the States eligibility criteria . The criteria is documented in the Provider Manual, located on the Maryland.Optum.Com website in the Provider Information section

0 Merr	ber Request Filters									
lembe	r Requests									
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					Page 1	of 1 - 10 -				View 1 - 1 of 1
Mer	nber Unprocessed	Reason			Uninsured Eligibility Application					
Notes	2									
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Authorizations

The following example illustrates how an authorization can be entered for a Participant from within the member information screen, by highlighting the authorizing down arrow and selecting the request entry option.

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Requesting an authorization

Step 1: Service Request

To create an authorization request, the user must complete the requested information in the four tabs shown below.

- 1. Select the requested criteria
- 2. Define the service defaults
- 3. Update services

£

4. View request summary.

Note: You cannot add authorization requests for unapproved members.

Carrent Member			
Notes			
1 Sefect 2 Define 3 Update 4 Despect Oberea Service Defaults Services 8	View Inquest Summary		
Request Criteria			
Pre-cert •) 12/29/2019 09:01 # vm (Roberbox, Sol) Other Provide(x) Vm and after Specify Service State	Standard	and the Default Insurance in	
ł	Busiana	Chose you Authorization Plan	
Check off Services that you went to include in this request.			

Key fields:

Request Type - Use the drop-down to select the request type. A request type of "precert" is used for the initial authorization, concurrent for the concurrent authorization.

Submission Date – the submission date is the current date and should not be confused with the requested treatment date.

									0
Current Member:									
Notes									
1 Select Request Criteria	2 Define Service Defaults	3 Update 4 Services 4	View Request Summary						
Request Type* Pre-cert You (Robertso	Submission Image: Submission	Cate ⁴ Submission 2019 09:31 m(a) ⁽¹⁾ You and other	Time.* Proofly.* Standard r Provider(s) Effective Date for this 12/29/2019	request is: and the Med	Default Insurance licaid / Medica	is iid (01/01/2019	- Current) 🔻		
Specify Service S 		t in this		Choose Se	e your Authorization elect One	Plan:		٠	

- 1. Services Provided By Will the services be provided by the logged in provider (*You*), an affiliated provider (*Other Provider*) or both (*You and other Provider*)? If *Other Provider* or *You and Other Provider* is selected, another field appears and is enabled: *Other Provider*.
- 2. Service Site Use the drop-down to select the provider's site. The options that appear are based on the selection in the Services Provided By field. If only one provider is selected (You) and that provider has only one site, this field defaults to the site.
 - Authorizations can be entered in advance of treatment; back dating is not permitted.
- 3. Authorization Plan Select a plan from a list of pre-configured authorizations plans defined by MDH that contain service that the Provider is able to perform. This list is filtered to authorization plans applicable to the Provider.
 - An *Authorization Plan* is one or more services that are pre-defined in a group to be used when entering a request for an authorization. When the authorization plan is configured, a default is defined for the number of days that can be entered for each request using the plan. Additionally, each available service within an authorization plan is configured with a valid date, default number of units and maximum number of units.

Salara 2 Define 2 Houters 4 March				
request Criteria Service Defaults Services Reque	st Summary			
Request Criteria				
Services provided by:				
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Check off Services that you want to include in this request:	vchotherapy (45 Minutes)	Choose your Authorization Plan: Outpatient- Initial -Mental Health (90) Proc/HCPCS/Dev Code 90834	•	
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- 1. Services After selecting an authorization plan, select one or more services from the list. Note that selecting a service is required to move forward.
- 2. After completing all required fields, click NEXT to continue

Step 2: Define Service Defaults

In step 2, the user will enter more detailed information about the services being requested. *Incedo Provider Portal* defaults data into certain fields for ease of entery and more efficiency

The service start and end dates will default automatically to the effective and end dates entered in Step 1. The start date can be modifed here, the end date is calculated to be the start date plus the duration and cannot be modified.

The Maximum Allowed Duration defaults from the authorization plan.

The Add form feature is required and if a form does not exist for the selected member, you must add one.

- If you add a form, you must then select it from the drop-down.
- If you select an existing form, it can be edited here.

The user is also encouraged to attach additional clinical documentation in the space provided.

		MH - Outpatient Servic	tes (Auth Req) - 99211-Evaluation & Mgt, includ	ing Rx -Minimal	
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Service Defaults					
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The following screen illustrates how you can add additional forms or clinical documentation to the authorization.



Step 3: Update services

The information at the top of the screen is auto populated from the authorization plan selected in Step 2. Additional fields are displayed and can be added including additional diagnosis.

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After viewing and updating each service, click **Next** to go to Step 4.

Step 4: Request Summary

This screen is a summary of the authorization data just entered. It is used to verify that the information entered is complete.

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Request Criteria	Service Defaults	Services	Request Summa	9 de -						
Request Summary										
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Once verification is complete, click the process button on the right hand side of the screen

Notes					
1 Select Request Criteria	2 Define Service Defaults	3 Update A View Services Request Star	mery -		
Request Summary					
Service Request fo	e l				Process
Requesting Provid	ers			Rendering Provider:	0
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Authorization Status

This screen shows the status of authorization requests. The one highlighted in yellow is the one just entered. The authorizations are filterable. You can search by authorization status, procedure or authorization number if approved.

In this example we are only showing 10 authorizations, if you would like to see more you can hit the right arrow at the bottom of the screen.

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Concurrent review

The concurrent review flow follows the same four steps and initial entry, starting with the selection of the participant for whom the authorization is for, and then clicking on the authorization request entry button at the top of the screen

8									Requ	ests 🍾				
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Request criteria workflow is similar to the initial authorization workflow, except for concurrent review, the request type is "concurrent". Submission date and time will default. Choose the Service site and Authorization Plan. The remaining workflow is the same as the initial authorization entry workflow

Request Criteria				
Services provided by:				
Request Type *	Submission Date * Submission Time.* Priority			
Select One	12/13/2019 13:36 Star	idard •		
Pre-cert	28 P150) () Other Provider(s) () You and other Pr	ovider(s)		
Concurrent				
Retrospective		Effective Date for this mount in	and the Default Insurance in	
Kelerral		• 12/13/2019	Medicaid / Medicaid (01/01/2019- Current) *	
			Choose your Authorization Plan	
			Select One	
Check off Services that you	want to include in this			
Contraction of the second s				
request.				

Claims Management

Incedo Provider Portal performs claim validation edits and also edit against data in the participant eligibility, provider, and authorization files. The claims adjudication edits prevent paying for unauthorized and/or non-allowed services

Incedo Provider Portal has the ability to enter single claims or upload a file. The one exception is drug code claims that require the NDC code. These must be submitted electronically or on paper.

Use the Add Claim page to record the information required to submit a claim for a member. You must select a member before using this

At least one service line must be completed to submit a claim although you can enter an unlimited number of service lines per claim submission. The fields required for submitting a service line are Date From, Date To, Claimed Amount and Units.

Depending on how the system is configured, the CPT/Rev Code may also be required. Once you save a service, you can either save and submit the claim or add additional service lines.

· Constant Manahar					
Current Member: Simple Claim					
Provider Info		Reference Numbers		Service Dates	
Billing Provider NPI Robertson, Bob	Taxonomy	Provider Claim Numbr	er Provider Client Number	Date From 12/29/2019	Date To
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Pay-to Provider		•			
Development Brounday NET	Transmitter	•			
•					
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 Add / Edit Service 					
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Add Edit	Remove				62	019 - All rights re	served. ing

Claim Status

Use the Claim Status page to view the selected member's claims and the status of each claim. If a member is already selected; the system displays only the selected member's claims.

The Claim screen is divided into two sections. The top of the screen shows claims filters that have been chosen to determine which claims are listed and the bottom section is the filtered claims. The default filter is to display all claims received in the last week. The user can change the filters if they wish.

Navigation tip: In the middle of the screen there is a field listed called "show" entries. You can increase or decrease the number of claims to be displayed

Cla	irm Filters									
2	Provider: Robertson,	Bob O Claims Receive	d Alter	2/22/2019						
0.	ims .									
										- 280
DW.	Claim Number	© Member		Claim Status	10	Date Received	Total Charge \$ 0	Total Approved 5 0	Treat Date	
0	-			Not Adjudicated 0		12/29/2019 0	\$50.00	\$0.00 0	12/26/2019 0	
				Not Adjudicated		12/27/2015 0	\$50.00	50.00 0	12/26/2015 0	
2	-			Not Adjudicated 0		12/23/2019 0	\$10.00	\$0.00 O	12/20/2019 0	
	-			Not Adjudicated		12/23/2019 0	\$900.00	\$0.00 O	12/01/2019 0	
2.				0		12/29/2019 0	\$100.00	50.00 0	0	
0				0		12/29/2019 0	\$100.00	50.00 0	0	
0				0		12/29/2019 0	\$100.00	50.00 🕖	0	
•				0		12/29/2019 0	\$100.00	\$0.00 😆	0	
0				0		12/29/2019 0	\$5.00	\$0.00 0	0	
0				0		12/29/2019 0	\$100.00	\$0.00 O	0	

Filtering Claims

Use the Claims Filters area of the screen to define the information to use to search for the claims you wish to view, including: Service dates, claims received after date, claim status, procedure, authorization number, authorization plan number, provider claim number, provider claim number, provider claim number, provider claim number, member, provider, insurer.

You can also limit the search to the selected member. You can select multiple search criteria. Click **Filter** to show only those claims that match the selected criteria.

V Claims Filters					
Svc Date Filter:	Svc Date From	Svc Date To:	Claims Received After	Claim Status:	
Select One	N 🗰 💷	a _/_/	12/22/2019	Select One	•
Procedure	NJ .	Service		Select One Ma Received	
Select One		• Sei	ect One	Not Adjudicated Rejected	t One *
Authorization Number:	Auth Plan Number	Claim Number:	Provider Claim Number:	Paid Approved	
				Denied Pended	
Aember:		Provider:	Insurer:	Accepted Voided	
	Q Limit Claims to Curr	ent Member Select One *		Q	

Clinical Determination Appeal Status Select One
s Pre-Auth • Select One • • • • •
s Pre-Auth te • All o
s Pre-Autri re • • • • • • • •
s Pre-Auth: re • • • • • •
re • Select One • a o
Phone Procedure
06- (In Network) 555-555-5555 96137 - MH-OP-A-96137-Psych Test Admin Phys/
06- (In Network) 555-555-5555 90837 - MH-OP-A-90837-Individual Psychotherap
06- (In Network) 555-555-5555 90837 - MH-OP-A-90837-Individual Psychotherap
06- (In Network) 555-555-5555 90832 - MH-OP-A-90832-Individual Psychotherap
06- (In Network) 555-555-5555 90840 - SA-OP-NoA-90840-Psychotherapy for cris
06- (In Network) 555-555-5555 96139 - SA-OP-A-96139-Psych or neuropsych tes
06- (In Network) 555-555-5555 90791 - MH-OP-A-90791-Psychiatric Diagnostic In
06- (In Network) 555-555-5555 90839 - SA-OP-A-90839-Crisis Psychotherapy 60
06- (In Network) 555-555-5555 90840 - SA-OP-NoA-90840-Psychotherapy for crist

						D Upload	
Y Filler	C Resat					E Download	
Upload Filters							
Upload Date	File Type File Name						
Upload Status	File Name		File Type	Size	Result		
2/17/2019	OMD PatientID 91	1	837 Claim	960 kb	Successful		
		Page f of 1	10 *				View 1 - 1 d
Submitter Note							
And and a state of the state of							

Uploading a file

Click Upload in the Menu bar to begin the upload process. A pop-up window allows you to:

- Select a file A window appears to select a file from your workstation.
- Select a file type Use this drop-down to select the type of file that is being uploaded.
- Submitter Notes Type additional comments; not required.

When you complete these fields, click **Upload** on the pop-up window to begin the file transfer process. Click **Cancel** if you decide not to run the upload.

Example of a file type is the X12 837 Claim files. When an 837 file is received and processed successfully there is an immediate generation of the 999Out, which will be available in the Download section of *Incedo Provider Portal*.

File Upload			
File; Choose File M File Type:* HIPAA 837P	ko file chosen ▼		
Submitter Notes:			

Upload Filters							
Upload Date	Fie Type: Select One *	Fie Name					
Ipload Status							
pload Date -	File Name			File Type	Size	Result	
2/17/2019	OMD PatientID 91 F			837 Claim	960 kb	Successful	
			- Page 1 o	11 10 *			View 1 - 1 o
Submitter Note:							