Eligibility Report
Quick Reference Guide

The Participant Eligibility Report is a weekly report that will detail participants' eligibility for Medicaid, Uninsured, Medicaid Waivers, and any secondary insurances (where applicable), such as Medicare and/or Commercial plans, from the prior 180 days. This information will be broken out by provider, for each participant (sometimes referred to as "recipient") with authorization and/or claim activity in the prior 90 days.

This report should be used to:

- Help providers to identify participants whose Medicaid re-determination dates are approaching. You should discuss the re-determination process with the patient. Please see this [Provider Transmittal](#) and the Maryland Department of Health's [Medicaid Check-in Toolkit](#) for guidance.
- Provide information to the provider's billing department regarding participant eligibility and any secondary insurance that the individual participant may have.

The Participant Eligibility Report will be delivered to all providers who have an Incedo "Download" folder each Wednesday, beginning April 26, 2023. Please look for the filename beginning "*Recip_Elig.*"

- Providers who do not currently have an Incedo "Download" folder will be able to request the Participant Eligibility Report by contacting Optum Maryland customer service at 1-800-888-1965, or by emailing marylandproviderrelations@optum.com.

Please note; Maryland Medicaid's Eligibility Verification System (EVS) remains the "source of truth" for participant Medicaid eligibility and the provider remains responsible for checking EVS to validate participant eligibility.

- Because EVS is updated in "real-time" and the eligibility report is updated weekly, there may be some discrepancy between the two. If this discrepancy persists

beyond the next report, please report it to Optum Maryland Customer Services or Provider Relations.

How to Download the Eligibility Report:

Providers can download and access reports by completing the following steps:

1. Log into the Incedo Provider Portal and go to the "***Download***" screen, listed under the "***File Transfer***" drop-down tab.
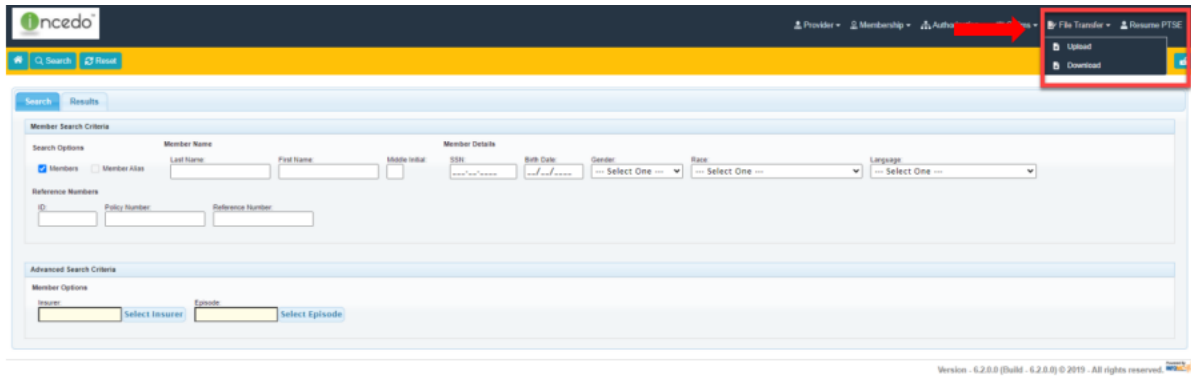
2. In the "***Download Folder***," you will see all items that have not yet been downloaded (To download, click on the file and open/save it).
3. There is a checkbox to display items already downloaded. This checkbox defaults to "unchecked" and will only show the most recent items that have not been downloaded. Check the box to view all items; both new and those already downloaded.
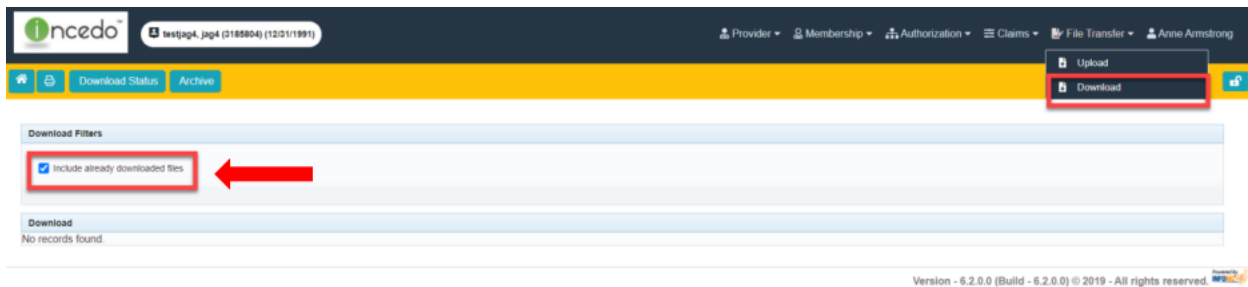
Eligibility Report Layout

Incedo_ProviderID	PROV_NAME	ProviderType	MostRecent_Activity	CLAIM_ACTIVITY	AUTH_ACTIVITY	PATIENT_ID	MCD_ID
99999	ACME Behavioral	PT23	2/24/2023		20237777	7777	00000007777
99999	ACME Behavioral	PT23	2/24/2023		20237777	7777	00000007777
99999	ACME Behavioral	PT23	2/24/2023		20237777	7777	00000007777

- **Columns 1-8:**
  - **Incedo_ProviderID**: The Incedo Provider ID Number assigned by Optum
  - **PROV_NAME**: The provider name as it appears in Incedo
  - **ProviderType**: Maryland Medicaid provider type
  - **MostRecent_Activity:** Most recent activity date for the named participant, claim received, or authorization updated.
  - **CLAIM_ACTIVITY**: The most recent claim number received on the Most Recent Activity date.
  - **AUTH_ACTIVITY**: The most recent authorization number updated on the Most Recent Activity date.
  - **PATIENT_ID**: Incedo participant ID number
  - **MCD_ID:** The participant's Medicaid ID

LAST_NAME	FIRST_NAME	DateOfBirth	INSUR_NUMB	COV_GRP	INSURANCE	Eligibility_Begin	Eligibility_End	Redetermination	MMIS_ELIG_STS
Example	MedState	1/1/1999	00000009999	A02	Medicaid	1/1/2022	12/31/9999	8/31/2023	Current - 12/31/99
Example	MedState	1/1/1999	00000009999	A02	State	1/1/2022	12/31/9999	8/31/2023	Current - 12/31/99

- **Columns 9-18:**
  - **LAST_NAME**: Participant's last name
  - **FIRST_NAME**: Participant's first name
  - **DateOfBirth**: Participant's date of birth
  - **INSURANCE**: Insurance on file in Incedo - includes Primary, Secondary, and Waivers. See possible values for the Insurance field, below.
  - **Eligibility_Begin**: Begin date of eligibility for the insurance specified
  - **Eligibility_End**: End date of eligibility for the insurance specified
  - **Redetermination**: Medicaid Redetermination date
  - **MMS_ELIG_STS:** The participant's most recently reported eligibility status.
    - O "Current" will be used when the participant still has active Maryland Medicaid eligibility

o   "Closed" will be used if the participant is no longer eligible in the Maryland Medicaid's MMIS System

Possible "Insurance" Column Values:

- Medicaid
- State
- X02/X03
- X02/X03_State
- Long Term Care
- 1915I(i)
- Brain Injury
- Uninsured
- Gambling
- Medicare A
- Medicare B
- Medicare A & B
- Primary Commercial (shows Carrier name)

Examples of Combinations of Insurance

The following are examples of eligibility scenarios that will appear in the report if the participant has a combination of insurances:

Combination of Medicaid and State:

Incedo_ProviderID	PROV_NAME	ProviderType	MostRecent_Activity	CLAIM_ACTIVITY	AUTH_ACTIVITY	PATIENT_ID	MCD_ID	LAST_NAME	FIRST_NAME	DateOfBirth	INSUR_NUMB	COV_GRP	INSURANCE	Eligibility_Begin	Eligibility_End	Redetermination	MMIS_ELIG_S
99999	ACME Behavioral	PT23	2/24/2023	20239999		9999	00000009999	Example	MedState	1/1/1999	00000009999	A02	Medicaid	1/1/2022	12/31/9999	8/31/2023	Current - 12/:
99999	ACME Behavioral	PT23	2/24/2023	20239999		9999	00000009999	Example	MedState	1/1/1999	00000009999	A02	State	1/1/2022	12/31/9999	8/31/2023	Current - 12/:

Combination of Medicaid, State and Uninsured:

- In this example, Medicaid and State eligibility has ended on 12/31/22 and an uninsured span becomes effective the following day 1/1/23.

Incedo_ProviderID	PROV_NAME	ProviderType	MostRecent_Activity	CLAIM_ACTIVITY	AUTH_ACTIVITY	PATIENT_ID	MCD_ID	LAST_NAME	FIRST_NAME	DateOfBirth	INSUR_NUMB	COV_GRP	INSURANCE	Eligibility_Begin	Eligibility_End	Redetermination	MMIS_ELIG_STS
99999	ACME Behavioral	PT23	2/24/2023	20238888		8888	00000008888	Example	MedStateUni	1/1/1988	00000008888	A02	Medicaid	1/1/2022	12/31/2022	1/31/2023	Closed - 12/31/2
99999	ACME Behavioral	PT23	2/24/2023	20238888		8888	00000008888	Example	MedStateUni	1/1/1988	00000008888	A02	State	1/1/2022	12/31/2022	1/31/2023	Closed - 12/31/2
99999	ACME Behavioral	PT23	2/24/2023	20238888		8888	00000008888	Example	MedStateUni	1/1/1988	U8888		Uninsured	1/1/2023	1/30/2023	1/31/2023	Closed - 12/31/2

Combination of Medicaid, State, and 1915i Waiver:

Incedo_ProviderID	PROV_NAME	ProviderType	MostRecent_Activity	CLAIM_ACTIVITY	AUTH_ACTIVITY	PATIENT_ID	MCD_ID	LAST_NAME	FIRST_NAME	DateOfBirth	INSUR_NUMB	COV_GRP	INSURANCE	Eligibility_Begin	Eligibility_End	Redetermination	MMIS_ELIG_STS
99999	ACME Behavioral	PT23	2/24/2023		20237777	7777	00000007777	Example	1915i	1/1/1977	00000007777	P07	Medicaid	1/1/2022	12/31/9999	12/31/9999	Current - 12/31/9
99999	ACME Behavioral	PT23	2/24/2023		20237777	7777	00000007777	Example	1915i	1/1/1977	00000007777	P07	State	1/1/2022	12/31/9999	12/31/9999	Current - 12/31/9
99999	ACME Behavioral	PT23	2/24/2023		20237777	7777	00000007777	Example	1915i	1/1/1977	00000007777		1915i	1/1/2022	12/31/9999	12/31/9999	Current - 12/31/9

Combination of Medicaid, State, and TBI (Brain Injury Waiver):

Incedo_ProviderID	PROV_NAME	ProviderType	MostRecent_Activity	CLAIM_ACTIVITY	AUTH_ACTIVITY	PATIENT_ID	MCD_ID	LAST_NAME	FIRST_NAME	DateOfBirth	INSUR_NUMB	COV_GRP	INSURANCE	Eligibility_Begin	Eligibility_End	Redetermination
99999	ACME Behavioral	PT23	2/24/2023	20236666		6666	00000006666	Example	TBI	1/1/1966	00000006666	A03	Medicaid	1/1/2022	12/31/9999	Unavailable
99999	ACME Behavioral	PT23	2/24/2023	20236666		6666	00000006666	Example	TBI	1/1/1966	00000006666	A03	State	1/1/2022	12/31/9999	Unavailable
99999	ACME Behavioral	PT23	2/24/2023	20236666		6666	00000006666	Example	TBI	1/1/1966	00000006666		TBI (Brain injury)	1/1/2022	12/31/9999	Unavailable

Combination of Medicaid, State, and Medicare Part A:

Incedo_ProviderID	PROV_NAME	ProviderType	MostRecent_Activity	CLAIM_ACTIVITY	AUTH_ACTIVITY	PATIENT_ID	MCD_ID	LAST_NAME	FIRST_NAME	DateOfBirth	INSUR_NUMB	COV_GRP	INSURANCE	Eligibility_Begin	Eligibility_End	Redetermination	MMIS_ELI
99999	ACME Behavioral	PT23	2/24/2023	20235555		5555	00000005555	Example	CaidCareA	1/1/1955	00000005555	F05	Medicaid	1/1/2022	12/31/9999		Current - 1
99999	ACME Behavioral	PT23	2/24/2023	20235555		5555	00000005555	Example	CaidCareA	1/1/1955	00000005555	F05	State	1/1/2022	12/31/9999		Current - 1
99999	ACME Behavioral	PT23	2/24/2023	20235555		5555	00000005555	Example	CaidCareA	1/1/1955	00000005555		Medicare A	12/1/2021	12/31/9999		Current - 1

Combination of Medicaid, State, and Medicare Part B:

Incedo_ProviderID	PROV_NAME	ProviderType	MostRecent_Activity	CLAIM_ACTIVITY	AUTH_ACTIVITY	PATIENT_ID	MCD_ID	LAST_NAME	FIRST_NAME	DateOfBirth	INSUR_NUMB	COV_GRP	INSURANCE	Eligibility_Begin	Eligibility_End	Redetermination	MMIS_ELIG_S
99999	ACME Behavioral	PT23	2/24/2023		20234444	4444	00000004444	Example	CaidCareB	1/1/1944	00000004444	S02	Medicaid	1/1/2022	12/31/9999	12/31/9999	Current - 12/3
99999	ACME Behavioral	PT23	2/24/2023		20234444	4444	00000004444	Example	CaidCareB	1/1/1944	00000004444	S02	State	1/1/2022	12/31/9999	12/31/9999	Current - 12/3
99999	ACME Behavioral	PT23	2/24/2023		20234444	4444	00000004444	Example	CaidCareB	1/1/1944	00000004444		Medicare B	1/1/2020	12/31/9999	12/31/9999	Current - 12/3