



INCEDO™
PROVIDER PORTAL
QUICK REFERENCE GUIDE

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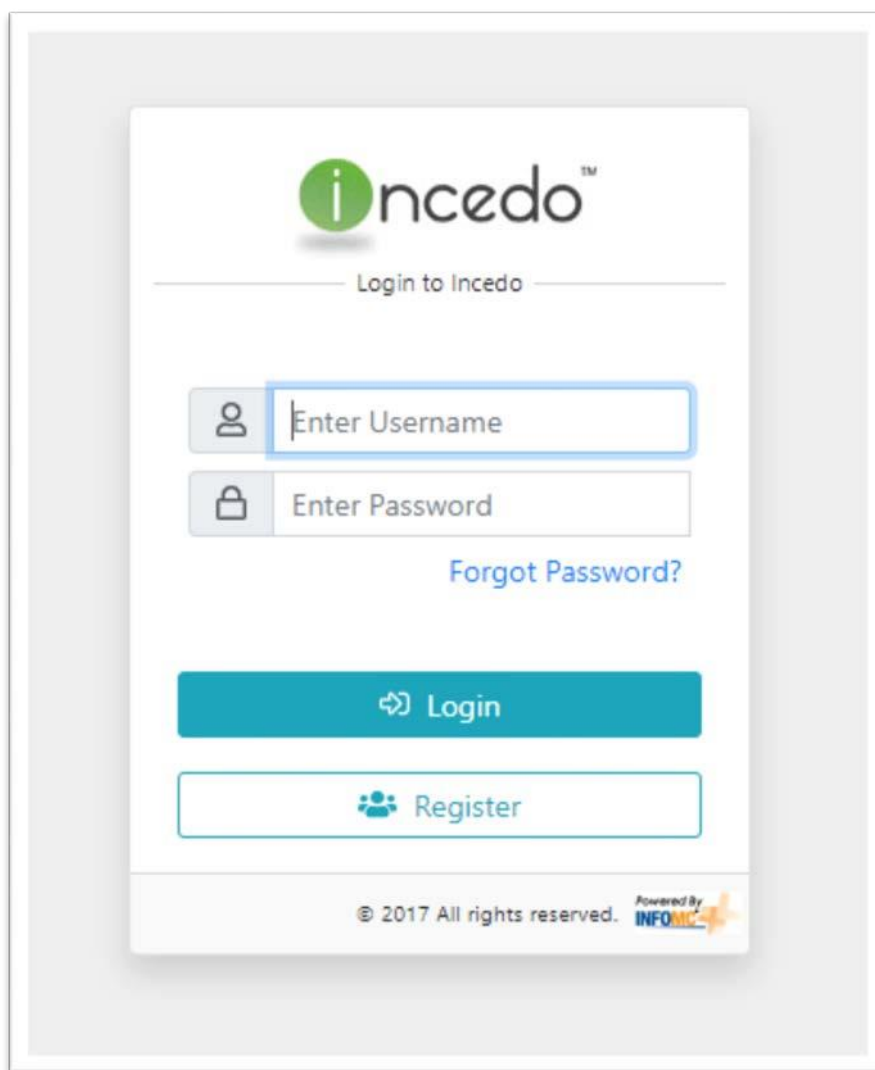
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Logging in to *Incedo*[™] Provider Portal

The purpose of this guide is to describe the use and functionality of the *Incedo Provider Portal*. *Incedo Provider Portal* is used to 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](http://omd.infomc.biz/iPC) (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.

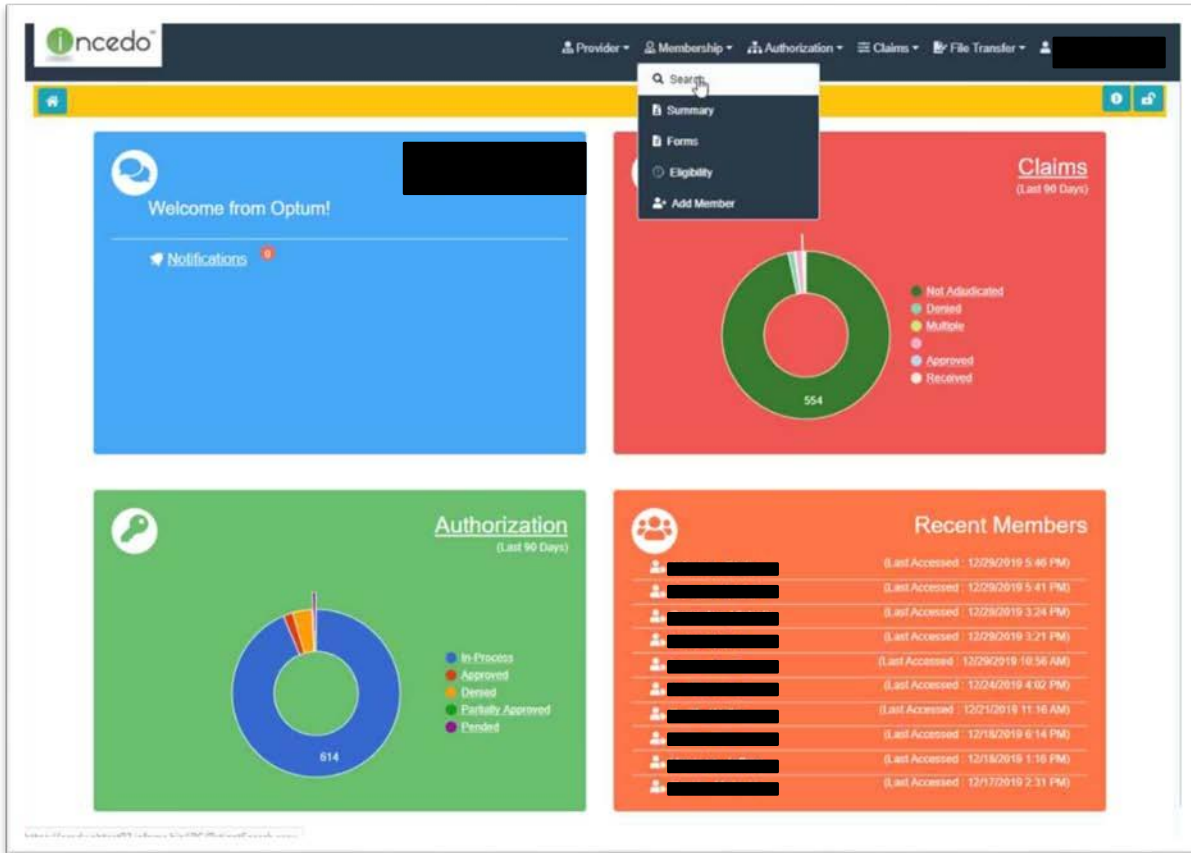
The image shows a screenshot of the Incedo login page. At the top, there is the Incedo logo, which consists of a green circle with a white lowercase 'i' inside, followed by the word 'ncedo' in a grey sans-serif font. Below the logo is the text 'Login to Incedo' centered between two horizontal lines. There are two input fields: the first is for the username, with a person icon on the left and the placeholder text 'Enter Username'; the second is for the password, with a lock icon on the left and the placeholder text 'Enter Password'. Below the password field is a blue link that says 'Forgot Password?'. There are two buttons: a teal button with a white arrow icon and the text 'Login', and a white button with a teal border, a teal person icon, and the text 'Register'. At the bottom of the page, there is a copyright notice '© 2017 All rights reserved.' and a logo for 'Powered by INFOMC'.

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



- The Logout button exits the Incedo Provider Portal session. You can also click the Logout link under your name at the top of any page.

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.

The screenshot shows the 'Member Search Criteria' form in the Incedo system. The form is divided into several sections: 'Search Options' with radio buttons for 'Members' (selected) and 'Member Alias'; 'Member Name' with fields for 'Last Name', 'First Name', and 'Middle Initial'; 'Member Details' with fields for 'SSN', 'Birth Date', 'Gender' (dropdown), 'Race' (dropdown), and 'Language' (dropdown); 'Reference Numbers' with fields for 'ID', 'Policy Number', and 'Reference Number'; and 'Advanced Search Criteria' with 'Member Options' for 'Insurer' and 'Episode', each with a 'Select' button. A tooltip 'Alt + S to Search' is visible over the search button. The footer indicates '© 2019 - All rights reserved. MEDICAID'.

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.

The screenshot shows the 'Member Search Results' table in the Incedo system. The table has columns for Patient ID, Last Name, First Name, Middle Name, Gender, DOB, Age, SSN, External ID, Additional #, and Found In. A single row is displayed with a tooltip 'Chris' over the name. The footer indicates 'Page 1 of 1' and 'View 1 - 1 of 1'.

Patient ID	Last Name	First Name	Middle Name	Gender	DOB	Age	SSN	External ID	Additional #	Found In
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	M	[REDACTED]	26	[REDACTED]	[REDACTED]	[REDACTED]	M

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

ID	Alert	Insurer	COB	Rank	Policy Number	Date From	Date To	Status	Plan	Group	Has BU	Modified On	Modified By
		Medicaid		Unspecified		1/1/2019	12/31/2999	Active	Medicaid			9/3/2019 2:49 PM	

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 be bypassed.

Complete contact and Address information. Click “Add Special Needs and Accessibility”.

Address Details

Date From:* 12/31/2019 Date To: Verified Address Mail Undeliverable Mail Declined

Address Type:*
Primary Residence / Mailing Address

Address:*
5653 Test

City:* Baltimore State:* Maryland ZIP:* 21289- County: Baltimore City 510

Country:* UNITED STATES

Demographic Notes:

Contact Information

Phone Preference:* Home Phone Preferred Communication Method: Phone

Home Number:* 999-777-8888 OK to Followup

Work Number: Ext: OK to Followup

Alt. Phone Type: --- Select One --- Alt. Phone: Alt. Ext: OK to Followup

Email: Email Type: --- Select One --- Follow-up? Preferred

[Add Personal Info](#) [Add Educational Info](#) [Add Special Needs & Accessibility](#)

Under “Special Needs and Accessibility”, select option “Select One” from drop-down box. Then select the “x” in the upper right corner.

Contact Information

Phone Preference:* Home Phone Preferred Communication Method: Phone

Home Number:* 999-777-8888 OK to Followup

Work Number: Ext: OK to Followup

Alt. Phone Type: --- Select One --- Alt. Phone: Alt. Ext: OK to Followup

Email: Email Type: --- Select One --- Follow-up? Preferred

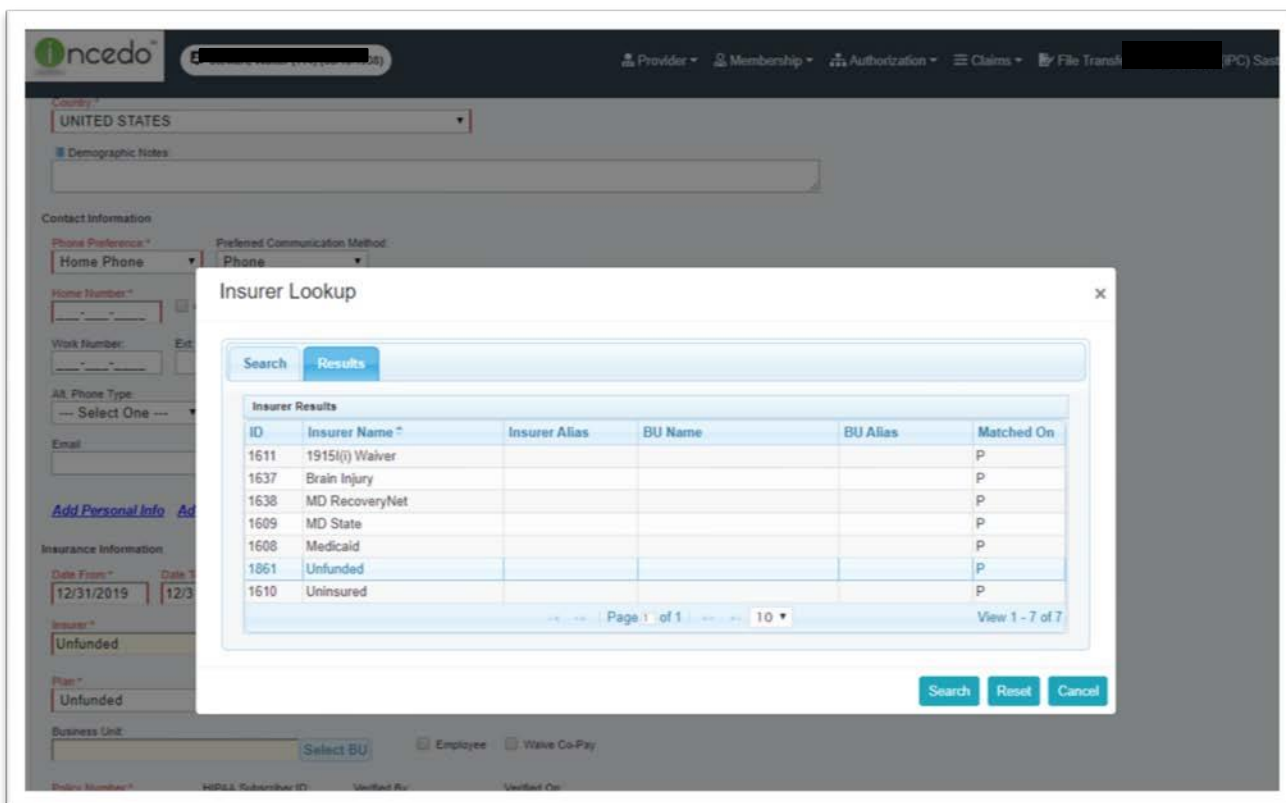
[Add Personal Info](#) [Add Educational Info](#) [Add Special Needs & Accessibility](#)

Special Needs & Accessibility

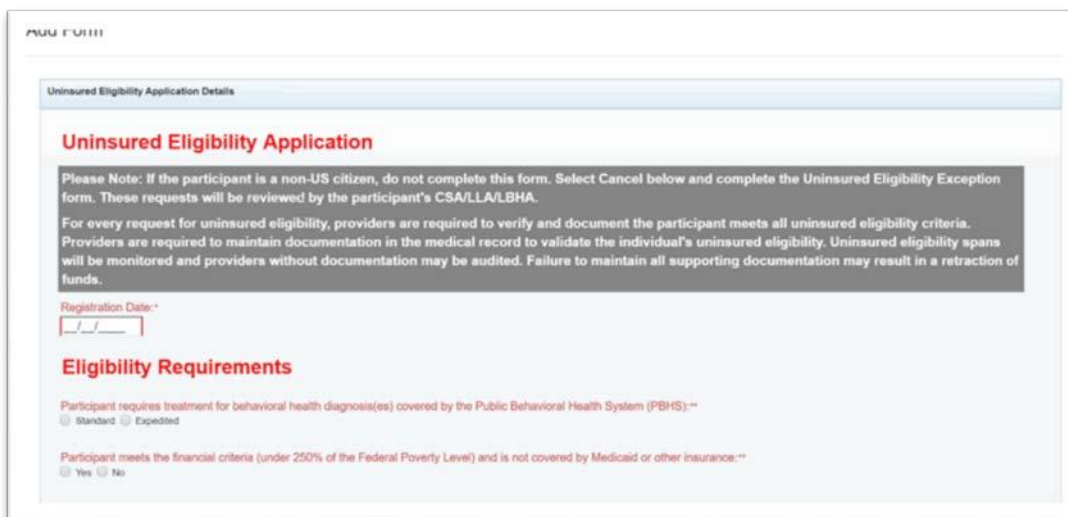
Financial/Ability to Pay: --- Select One --- Pregnant? Due Date:

Handicapped Access Visually Impaired Assistance Hearing Impaired Assistance

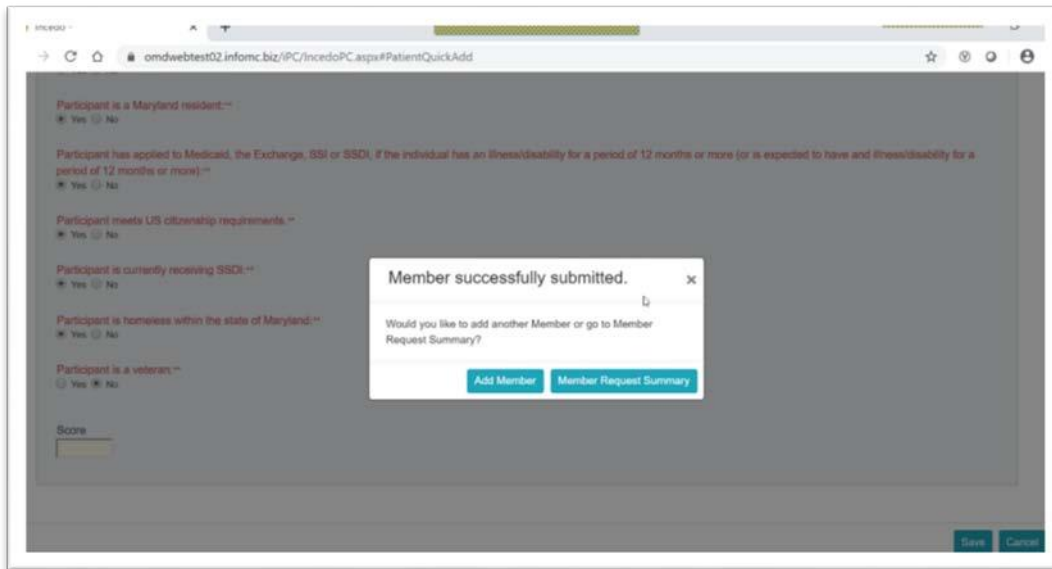
The system will require the user to identify the funding source (insurer). The user must select the “Uninsured” option. The plan will also be uninsured. The user will enter “N/A” in the Policy field.



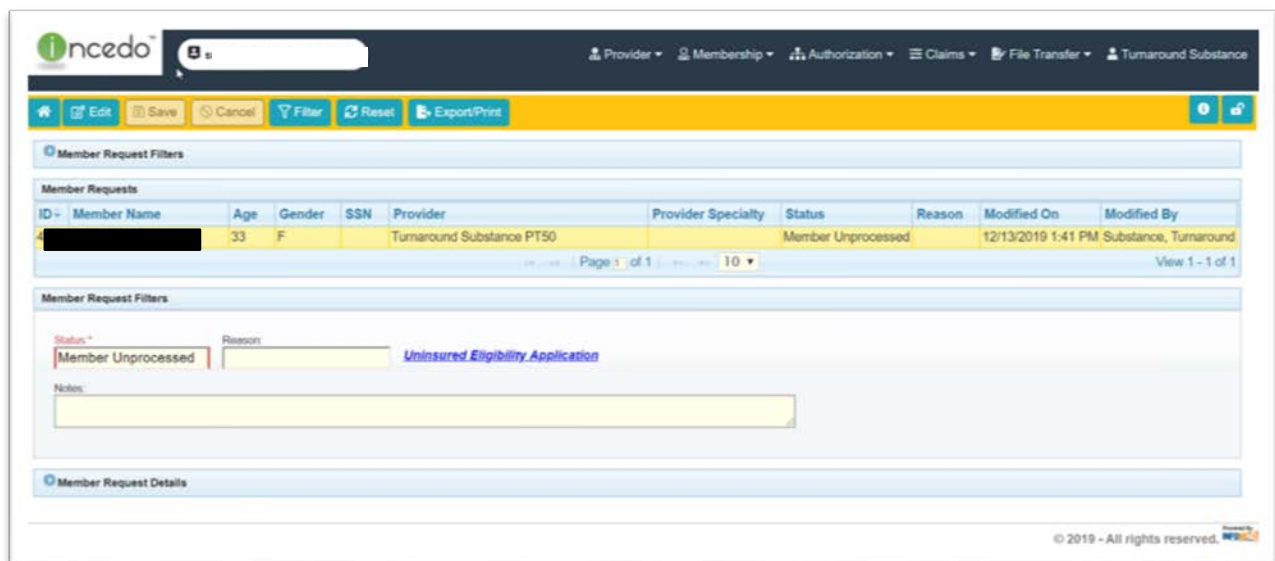
Once the record is saved, the user will be required to fill out the Uninsured Eligibility Application.



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

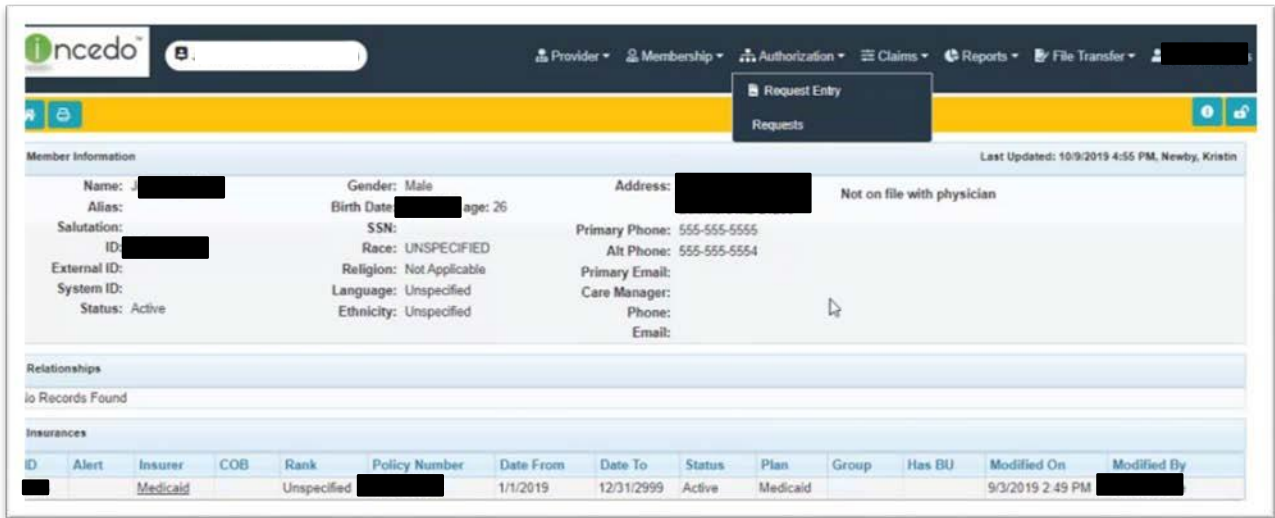


Returning to the Member Request Summary, the participant's uninsured span has been created and an Optum generated number is assigned to the member. The provider is now able to initiate an authorization request. The consumer will remain in an unprocessed status until the request is approved. Approval 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



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.



The screenshot shows the Incedo member information screen. The top navigation bar includes 'Provider', 'Membership', 'Authorization', 'Claims', 'Reports', and 'File Transfer'. A dropdown menu is open under 'Authorization', showing 'Request Entry' and 'Requests'. The main content area displays member information for a participant, including Name, Gender (Male), Birth Date, Age (26), Address, and Status (Active). Below the member information is a table for 'Insurances' with columns for ID, Alert, Insurer, COB, Rank, Policy Number, Date From, Date To, Status, Plan, Group, Has BU, Modified On, and Modified By. The table contains one row with 'Medicaid' as the insurer and 'Active' as the status.

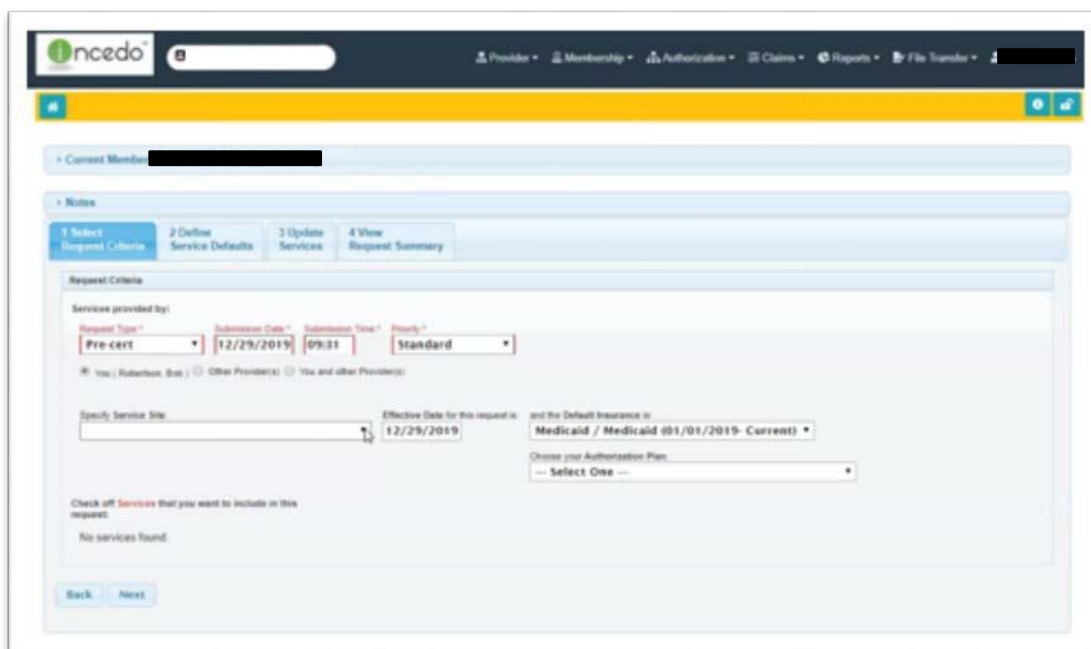
Requesting an authorization

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.



The screenshot shows the 'Request Criteria' form in the Incedo system. The form is divided into four tabs: '1 Select Request Criteria', '2 Define Service Defaults', '3 Update Services', and '4 View Request Summary'. The '1 Select Request Criteria' tab is active. It contains fields for 'Request Type' (Pre-cert), 'Submission Date' (12/29/2019), 'Submission Time' (09:31), and 'Priority' (Standard). There are also radio buttons for 'You (Robertson, Bob)', 'Other Provider(s)', and 'You and other Provider(s)'. Below these are fields for 'Specify Service Site', 'Effective Date for this request is' (12/29/2019), and 'and the Default Insurance is' (Medicaid / Medicaid (01/01/2019- Current)). A dropdown menu for 'Choose your Authorization Plan' is set to 'Select One'. At the bottom, there is a 'Check off Services that you want to include in this request' section with 'No services found' and 'Back' and 'Next' buttons.

Key fields:

Request Type - Use the drop-down to select the request type. A request type of “pre-cert” 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.

The screenshot shows the 'Request Criteria' form in the ncedo system. The form is divided into several sections. At the top, there are four tabs: '1 Select Request Criteria', '2 Define Service Defaults', '3 Update Services', and '4 View Request Summary'. The 'Request Criteria' section contains the following fields: 'Request Type*' (Pre-cert), 'Submission Date*' (12/29/2019), 'Submission Time*' (09:31), and 'Priority*' (Standard). Below these are three radio buttons: 'You (Roberson, Bob)', 'Other Provider(s)', and 'You and other Provider(s)'. The 'Specify Service Site' dropdown is currently set to '--- Select One ---'. The 'Effective Date for this request is:' field is set to '12/29/2019'. The 'and the Default Insurance is:' dropdown is set to 'Medicaid / Medicaid (01/01/2019- Current)'. The 'Choose your Authorization Plan:' dropdown is also set to '--- Select One ---'. At the bottom, there is a section for 'Check off Services that you want to include in this request:' with the text 'No services found.' and 'Back' and 'Next' buttons.

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.

Request Criteria

Services provided by:

Request Type* **Pre-cert** Submission Date* **12/29/2019** Submission Time* **09:31** Priority* **Standard**

You (Robertson, Bob) Other Provider(s) You and other Provider(s)

Specify Service Site: [Redacted] Effective Date for this request is: **12/29/2019** and the Default Insurance is: **Medicaid / Medicaid (01/01/2019- Current)**

Choose your Authorization Plan: **Outpatient- Initial -Mental Health (90)**

Check off Services that you want to include in this request:

Service	Proc/HCPCS/Rev Code
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 90834-Individual Psychotherapy (45 Minutes)	90834
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 90847-Family Psychotherapy with Patient Present	90847
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 90853-Group psychother (not multi-fam) 45-60 min	90853
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 90876-Individual Psychotherapy w/ biofeedback	90876
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 99201-Evaluation & Mgt. incl Rx-Minimal	99201
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 99202-Evaluation & Mgt. incl Rx-Minimal	99202
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 99203-Evaluation & Mgt. incl Rx-Minimal	99203
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 99204-Evaluation & Mgt. incl Rx-Minimal, new pt	99204
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 99205-Evaluation & Mgt. incl Rx-Minimal, compl, new pt	99205
<input type="checkbox"/> MH - Outpatient Services (Auth Req) - 99211-Evaluation & Mgt. incl Rx-Minimal	99211

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 entry 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 modified 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.

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.

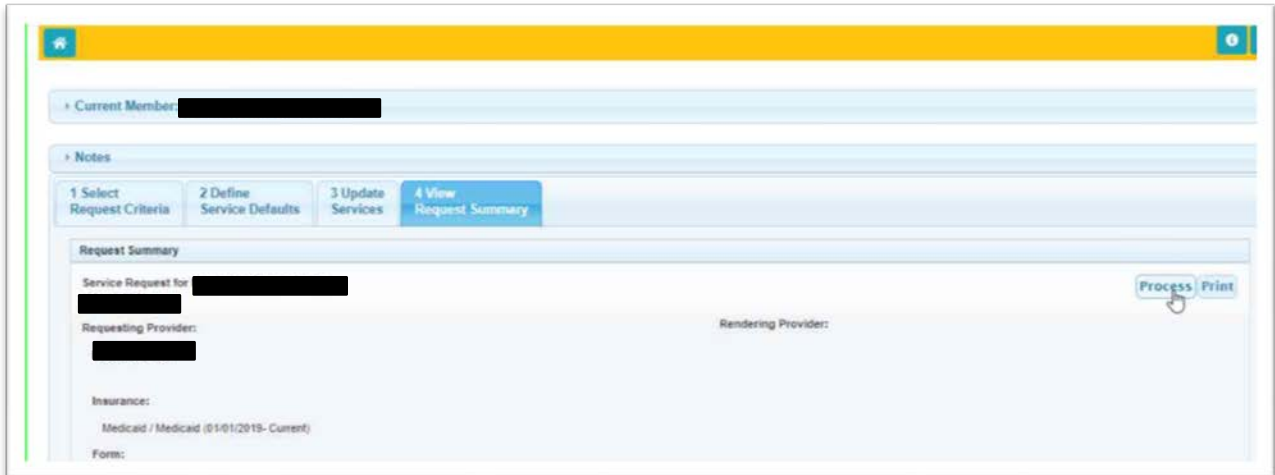
After viewing and updating each service, click **Next** to go to Step 4.

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.

Service	Proc/HCPCS/Rev Code	Service Dates	Units	Place of Service
MH - Inpatient Services - 99223-Initial Hosp Care - ,99223		12/29/2019 - 01/27/2020	5	

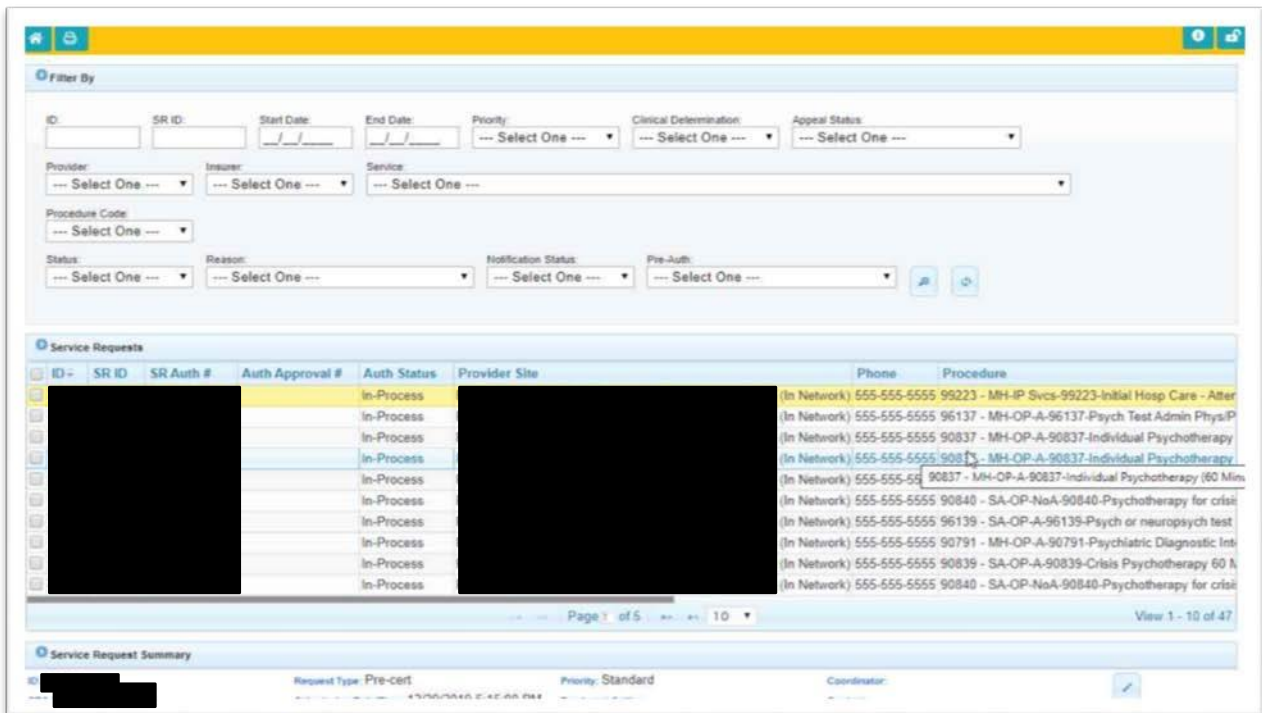
Once verification is complete, click the process button on the right hand side of the screen



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.



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

The screenshot displays the Incedo Provider Portal interface. At the top, there is a navigation bar with the Incedo logo and a search field. Below the navigation bar, there are tabs for 'Request Entry' and 'Requests'. The main content area is divided into several sections:

- Member Information:** Displays personal details for a member, including Name, Gender (Male), Birth Date, Age (31), Address, SSN, Race (UNSPECIFIED), Religion (Not Applicable), Language (Unspecified), Ethnicity (Unspecified), Primary Phone, Alt Phone, Primary Email, Care Manager, and Phone/Email fields. A note indicates 'Not on file with physician'. The last update is dated 11/11/2019 1:54 PM.
- Relationships:** Shows 'No Records Found'.
- Insurances:** A table listing insurance details:

ID	Alert	Insurer	COB	Rank	Policy Number	Date From	Date To	Status	Plan	Group	Has BU	Modified On	
[REDACTED]		Medicaid		Unspecified	[REDACTED]	1/1/2019	12/31/2099	Active	Medicaid			9/3/2019 2:51 PM	David, Lichte

At the bottom right, there is a copyright notice: © 2019 - All rights reserved.

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

The screenshot displays the 'Request Criteria' form in the Incedo Provider Portal. The form is divided into several sections:

- Request Criteria:** Includes fields for 'Request Type' (a dropdown menu with 'Concurrent' selected), 'Submission Date' (12/13/2019), 'Submission Time' (13:36), and 'Priority' (Standard).
- Effective Date for this request is:** 12/13/2019
- and the Default Insurance is:** Medicaid / Medicaid (01/01/2019- Current)
- Choose your Authorization Plan:** A dropdown menu with 'Select One' selected.
- Check off Services that you want to include in this request:** A section with 'No services found.'

At the bottom, there are 'Back' and 'Next' buttons.

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.

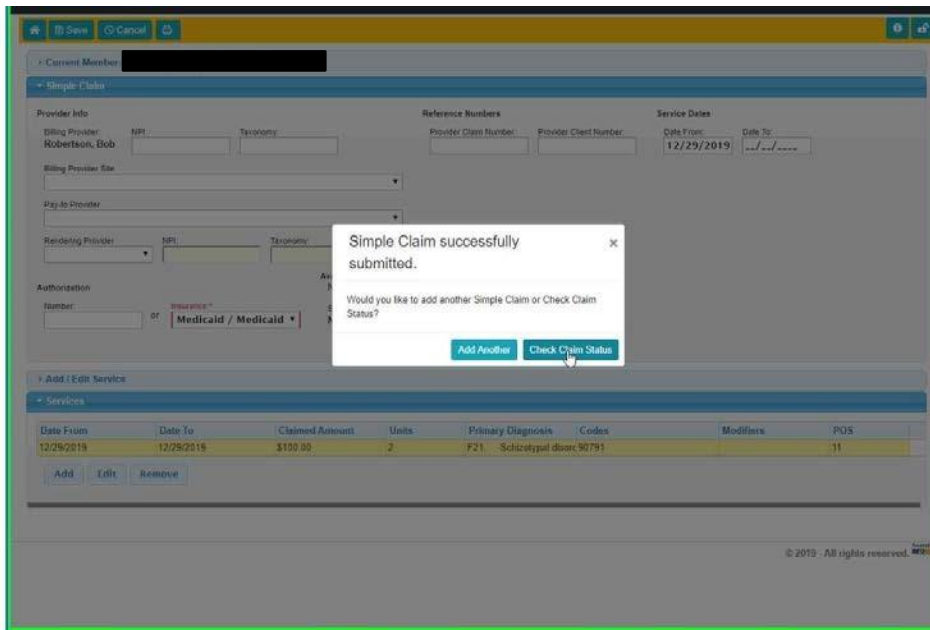
Use the Add Claim page to record the information required to submit a claim for a member. You must select a member before using this

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.

The screenshot shows the 'Add Claim' page in the ncedo system. The top navigation bar includes 'Provider', 'Membership', 'Authorization', 'Claims', and 'File Transfer'. The main content area is divided into sections: 'Current Member', 'Simple Claim', 'Provider Info', 'Reference Numbers', 'Service Dates', 'Authorization', and 'Add / Edit Service'. The 'Add / Edit Service' section is active, showing 'Service Dates' (Date From: 12/29/2019, Date To: 12/29/2019), 'Service Details' (Claimed Amount: 100, Units: 2), and 'Primary Diagnosis' (F21. Schizotypal disorder). A 'Select Diagnosis' button is highlighted. The 'Code' field is empty, with a 'Select Code' button. The 'Modifiers' section has four dropdown menus, all set to '--- Select One ---'. The 'POS' field is empty. The 'Save Service' and 'Cancel' buttons are at the bottom right.

This screenshot is identical to the one above, but with a dropdown menu open for the 'Primary Diagnosis' field. The dropdown list shows 'F21. Schizotypal disorder' selected, with a sub-menu for 'Mental, Behavioral & Neurodevelopmental disorders'. The 'Save Service' and 'Cancel' buttons are still visible at the bottom right.

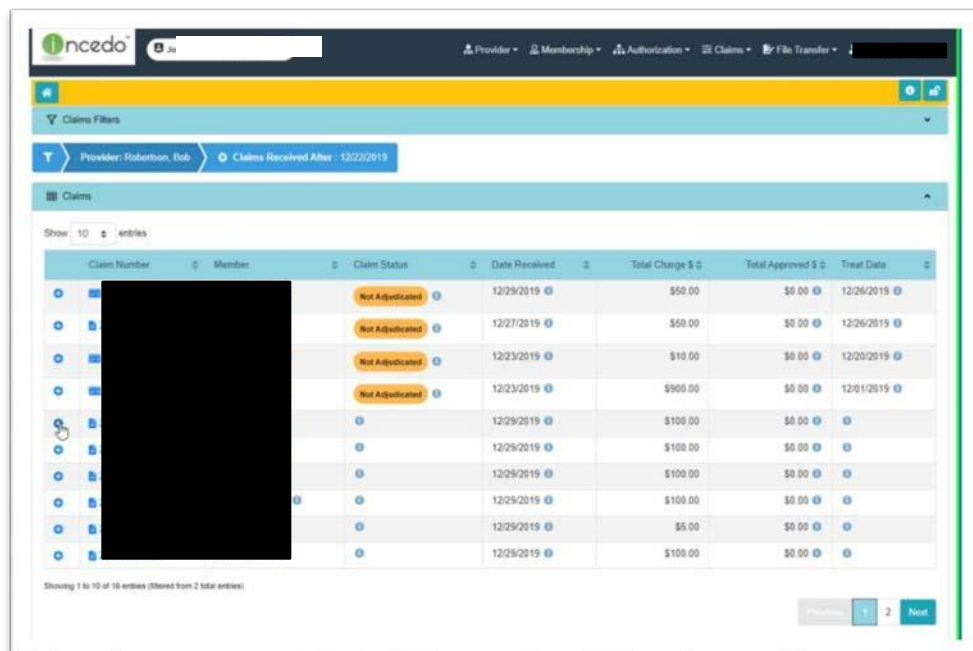


Claim Status

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

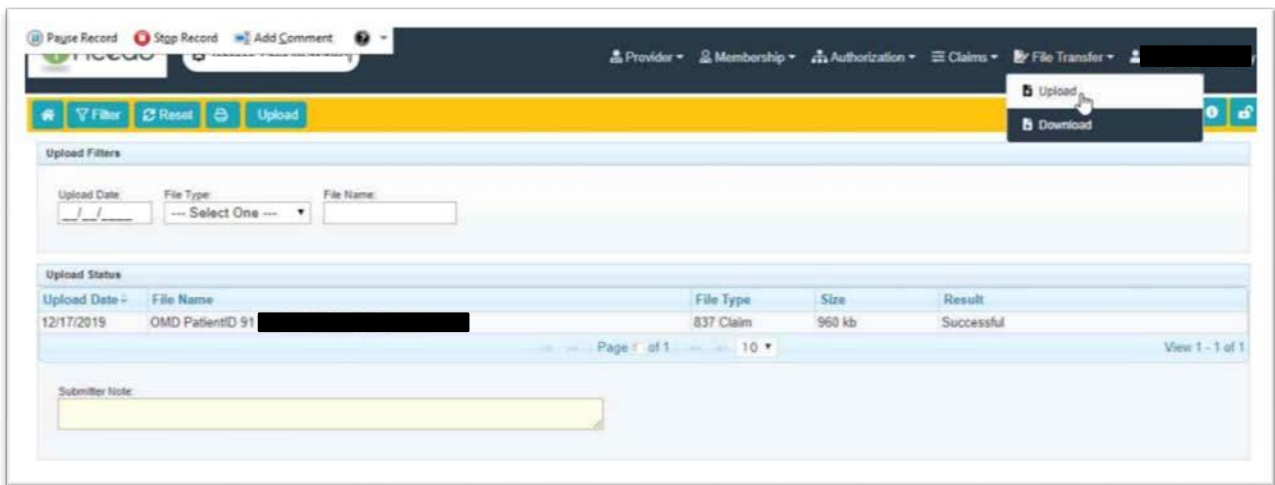


Filtering Claims

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 client 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.

ID	SR ID	Start Date	End Date	Priority	Clinical Determination	Appeal Status	Provider	Insurer	Service	Procedure Code	Status	Reason	Notification Status	Pre-Auth	Provider Site	Phone	Procedure
											In-Process					06- (In Network) 555-555-5555 96137 - MH-OP-A-96137-Psych Test Admin Phys/P	
											In-Process					06- (In Network) 555-555-5555 90837 - MH-OP-A-90837-Individual Psychotherapy	
											In-Process					06- (In Network) 555-555-5555 90837 - MH-OP-A-90837-Individual Psychotherapy	
											In-Process					06- (In Network) 555-555-5555 90832 - MH-OP-A-90832-Individual Psychotherapy	
											In-Process					06- (In Network) 555-555-5555 90840 - SA-OP-NoA-90840-Psychotherapy for crisi	
											In-Process					06- (In Network) 555-555-5555 96139 - SA-OP-A-96139-Psych or neuropsych test	
											In-Process					06- (In Network) 555-555-5555 90791 - MH-OP-A-90791-Psychiatric Diagnostic Int	
											In-Process					06- (In Network) 555-555-5555 90839 - SA-OP-A-90839-Crisis Psychotherapy 60 h	
											In-Process					06- (In Network) 555-555-5555 90840 - SA-OP-NoA-90840-Psychotherapy for crisi	
											In-Process					06- (In Network) 555-555-5555 90791 - MH-OP-A-90791-Psychiatric Diagnostic Int	



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*.

