INCEDO™
PROVIDER PORTAL
QUICK REFERENCE GUIDE

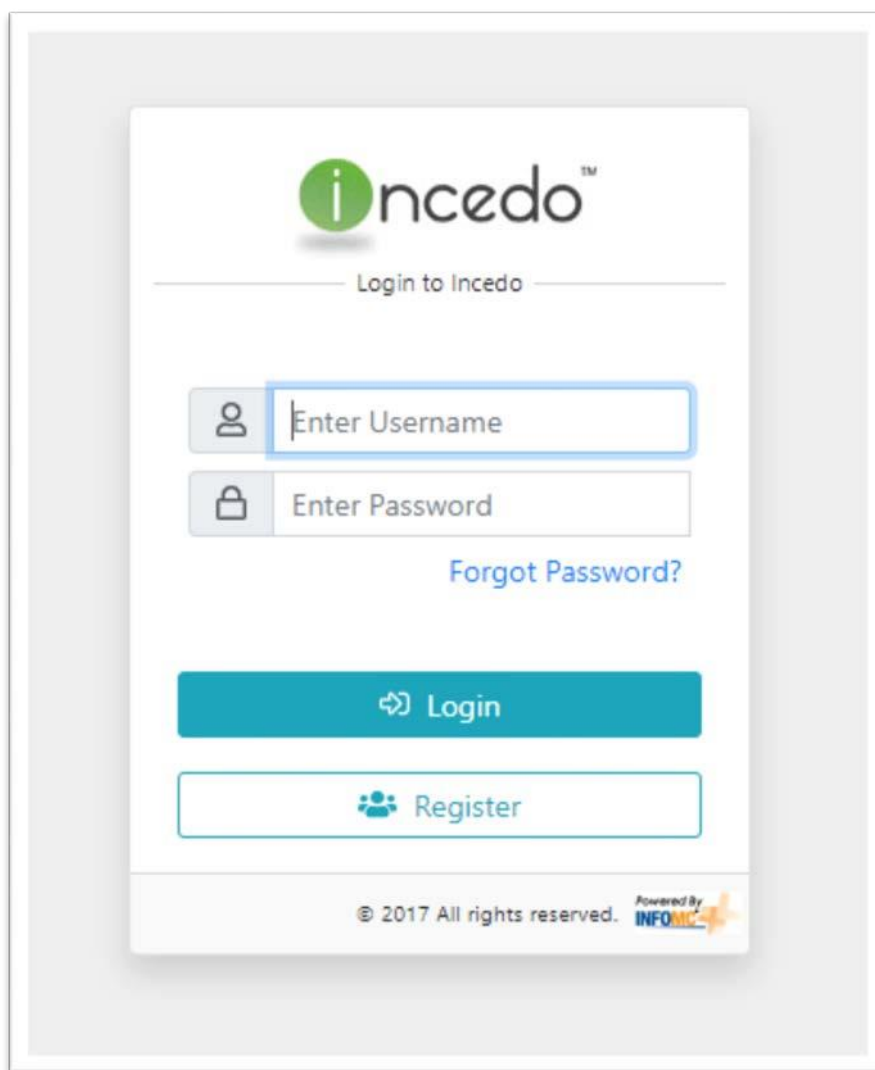**Contents**

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.


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.

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United Behavioral Health operating under the brand Optum

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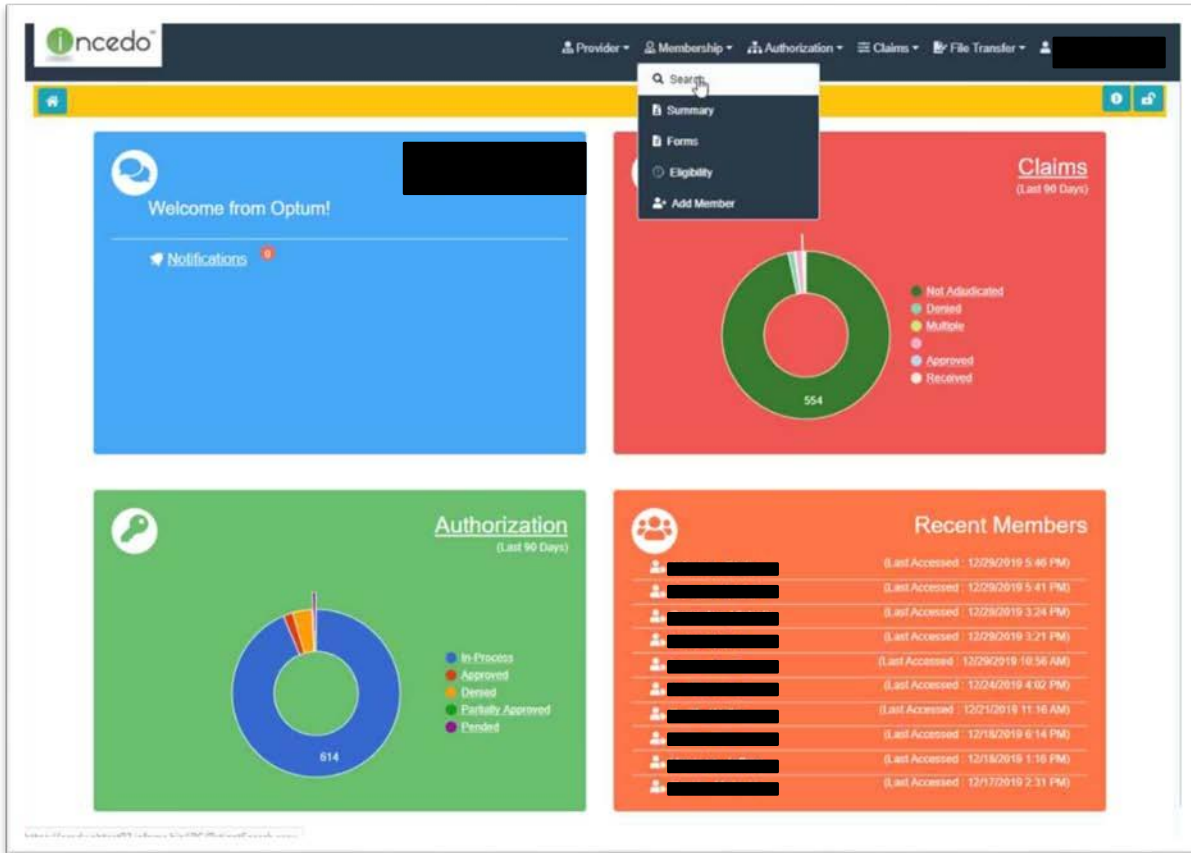
Information about the user logged on to *Incedo Provider Portal* appears in the blue box on the left. A configurable message with notifications or alerts also appears

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.

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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 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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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

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.

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

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


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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.
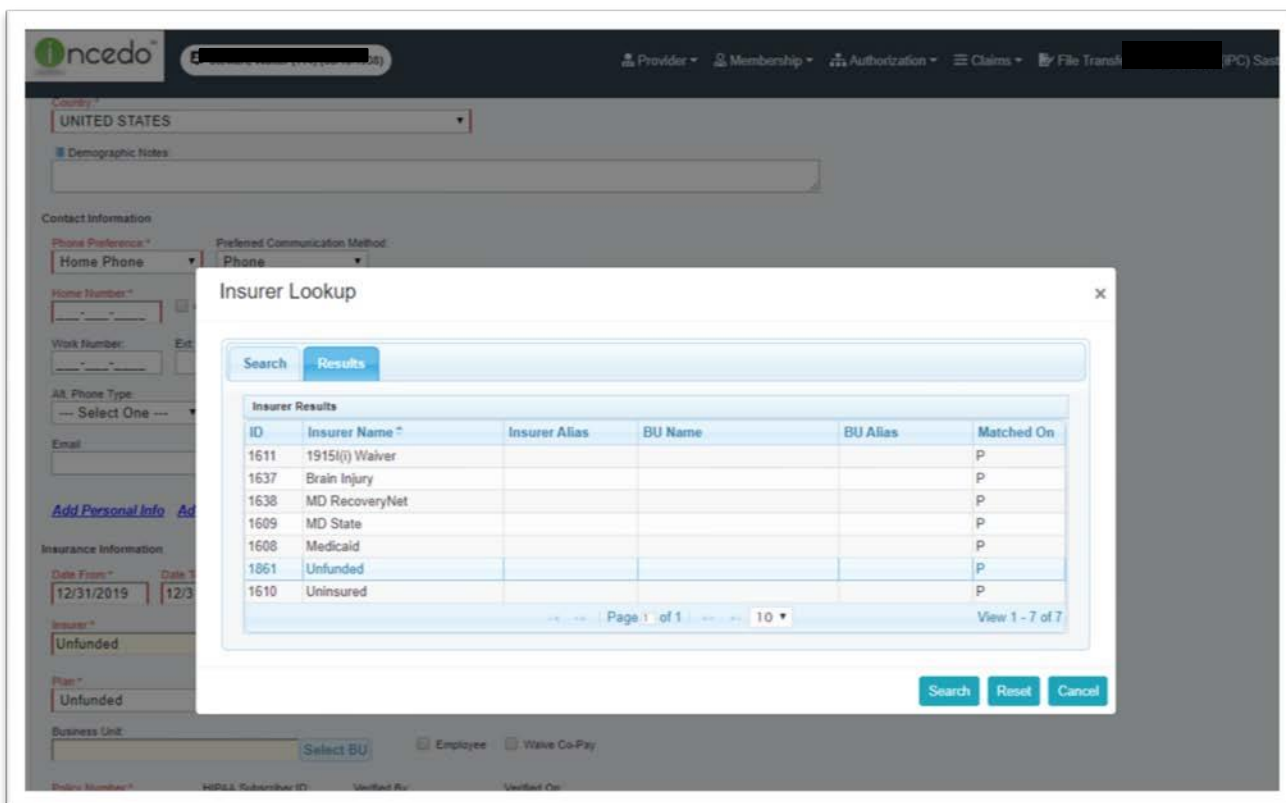

Once the record is saved, the user will be required to fill out the Uninsured Eligibility Application.
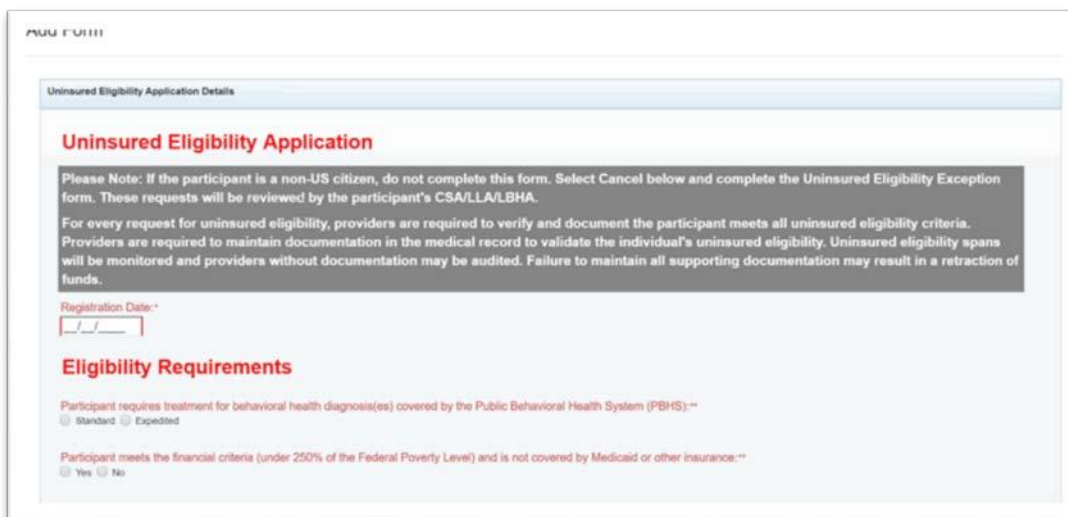
Once the form is completed, the user receives a message to indicate the participant's uninsured span has been submitted.
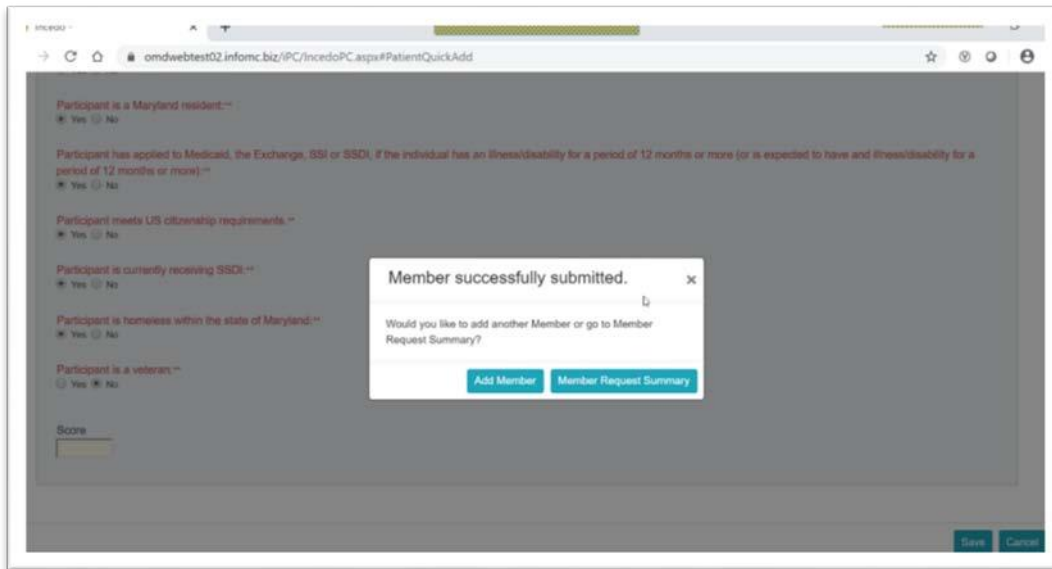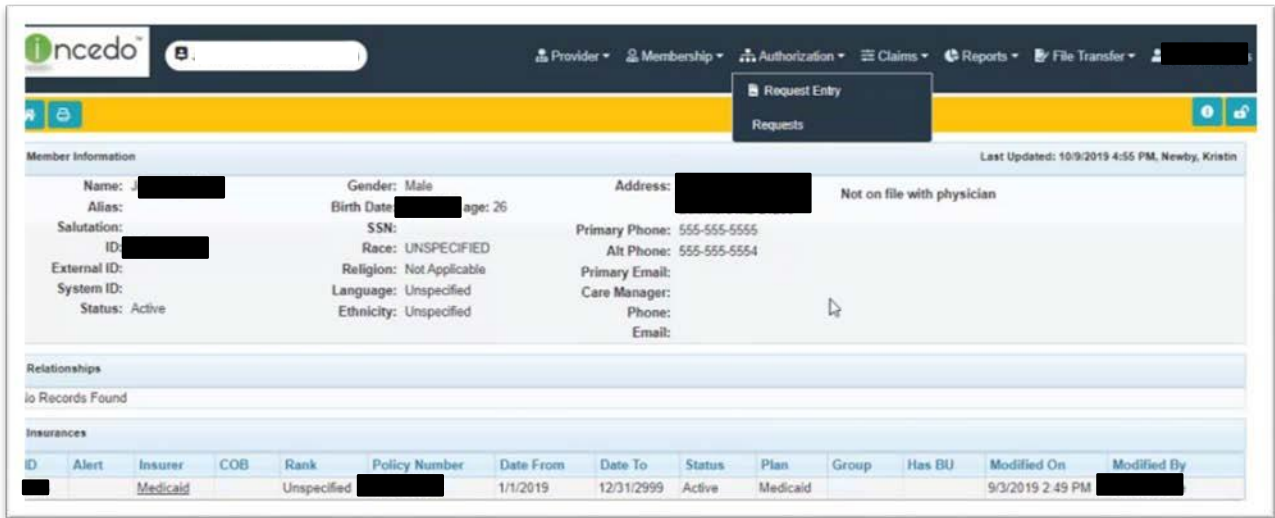

Returning to the Member Request Summary, the participant's uninsured span has been created and an Optum generated number is assigned to the member. The provider is now able to initiate an authorization request. The consumer will remain in an unprocessed status until the request is approved. Approval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

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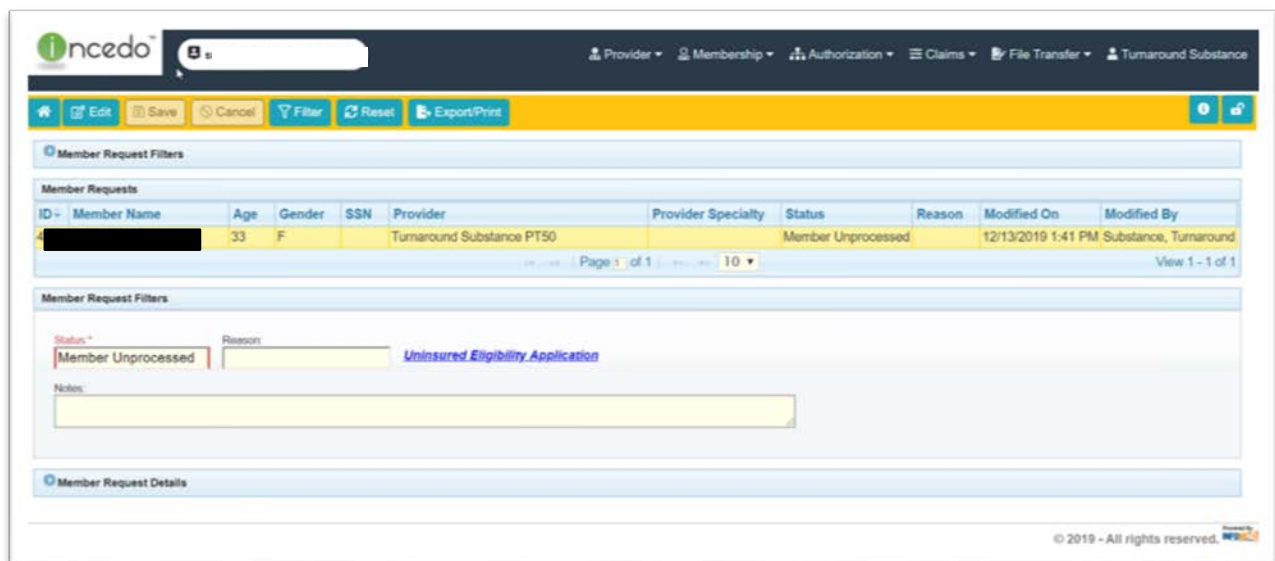
Authorizations

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.
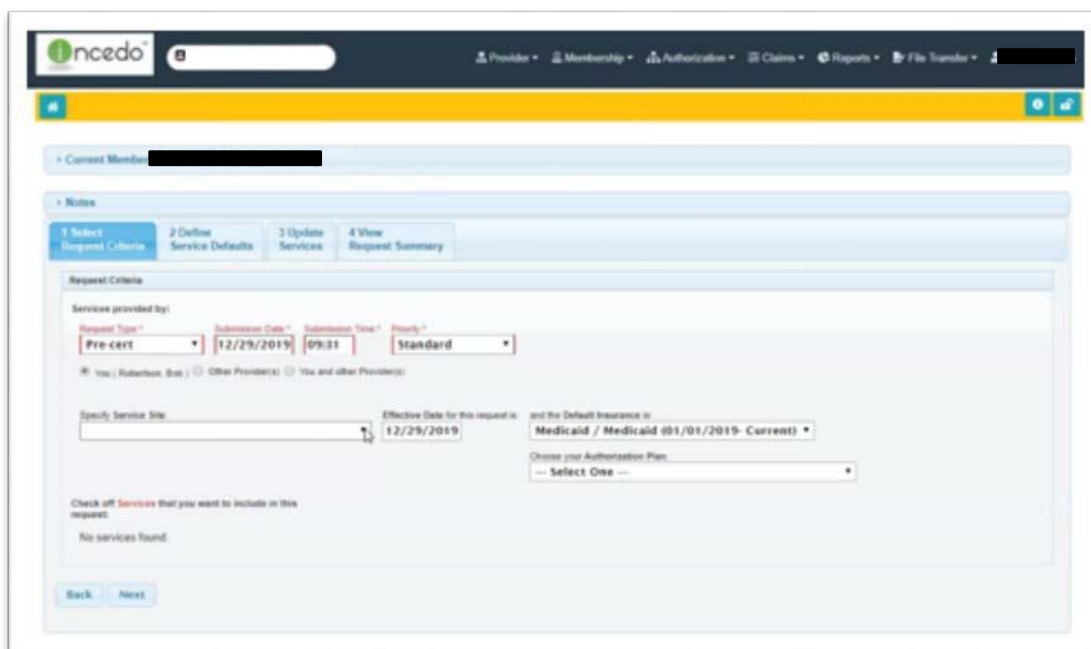

Requesting an authorization

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.

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.

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.

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.

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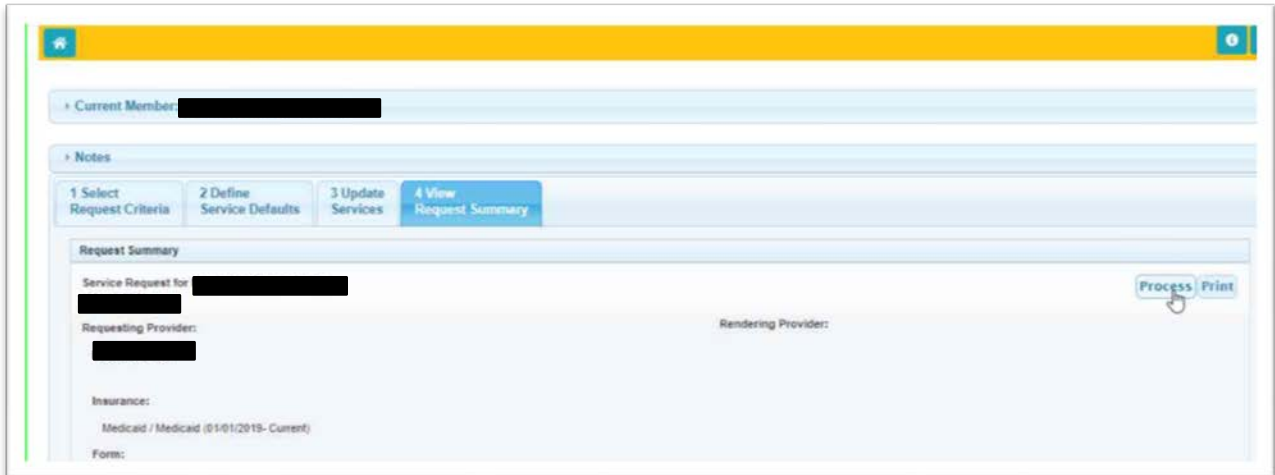
After viewing and updating each service, click **Next** to go to Step 4.

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.

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.

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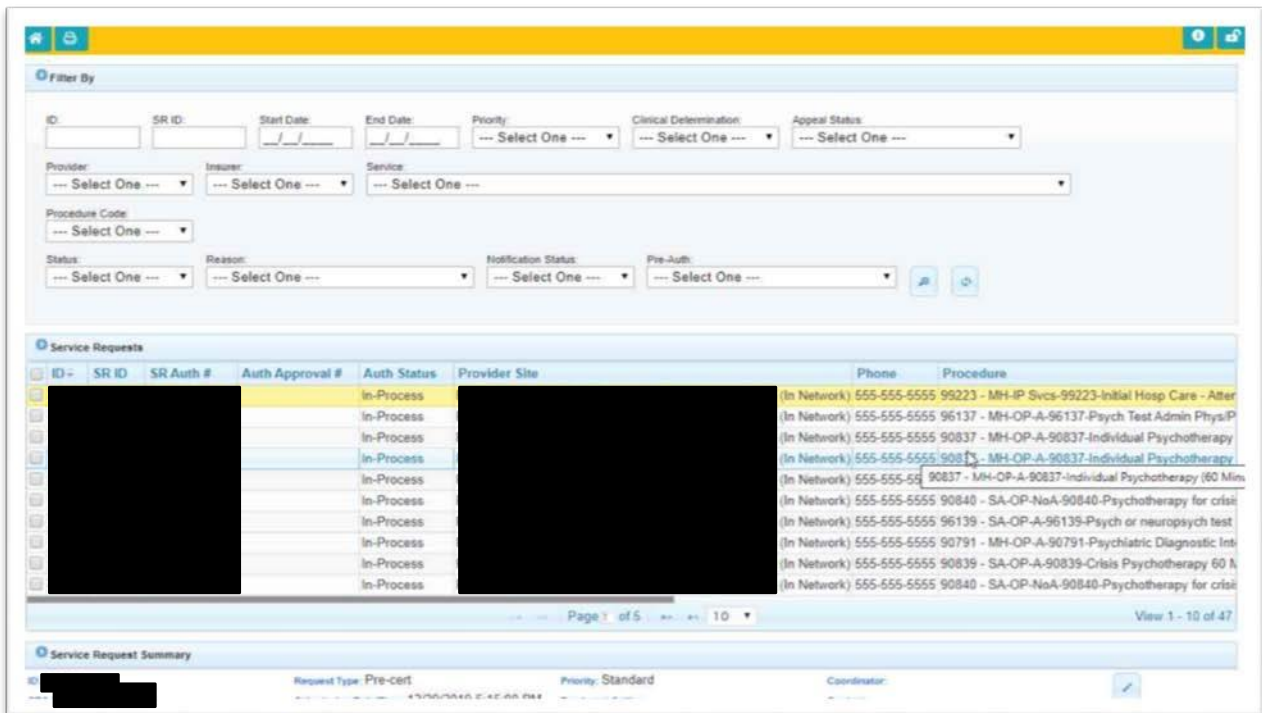
Concurrent review

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

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

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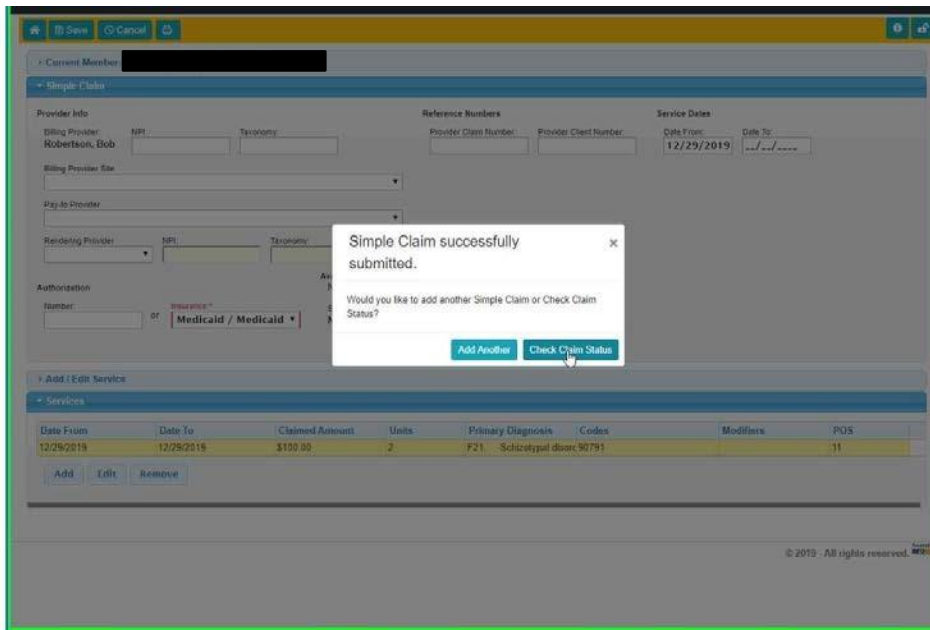
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Use the Add Claim page to record the information required to submit a claim for a member. You must select a member before using this

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.
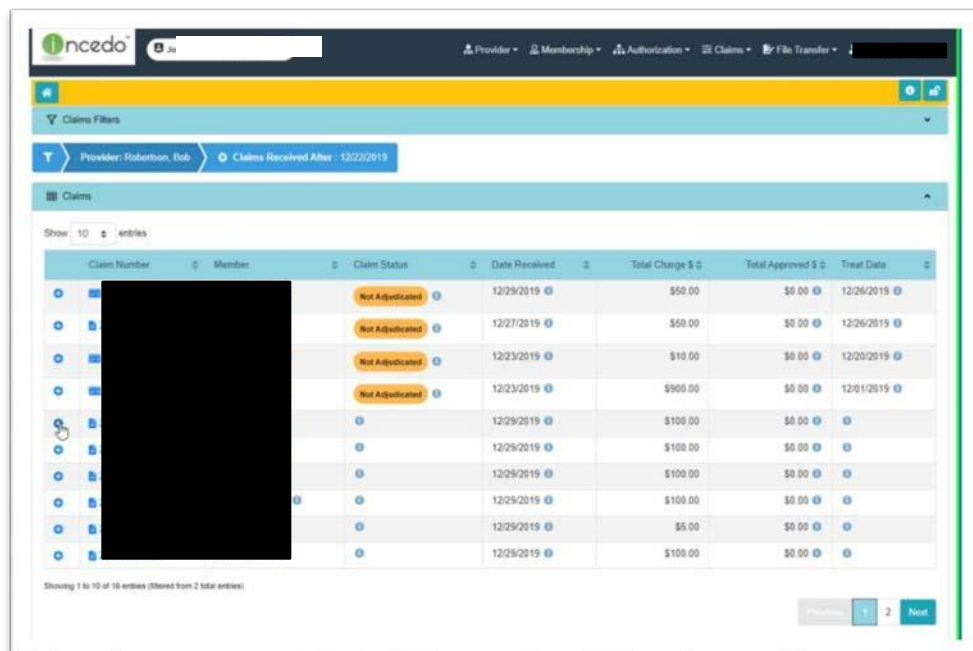
Claim Status

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
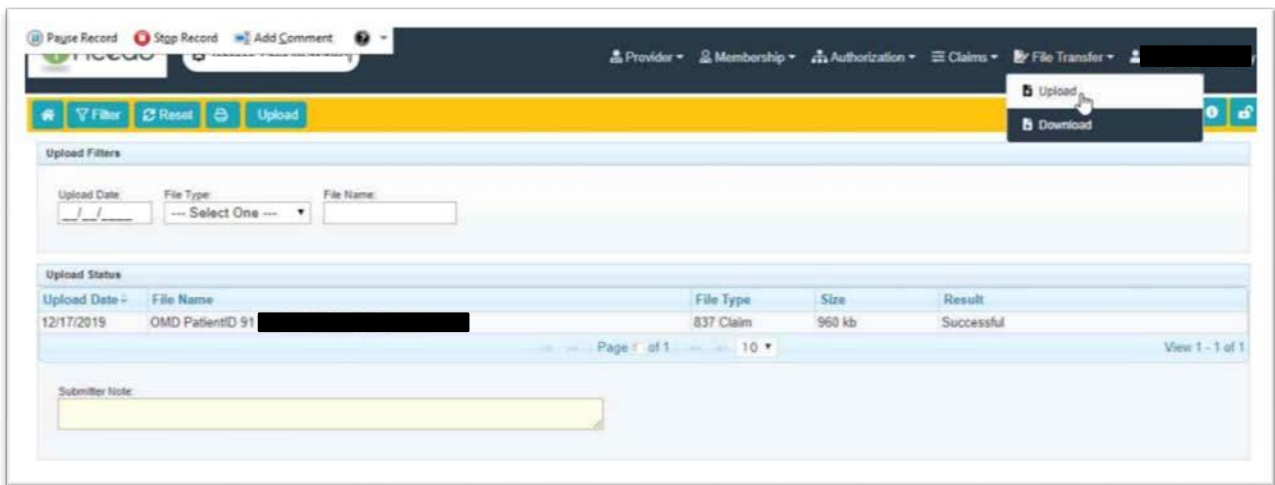

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Filtering Claims

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.

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Uploading a fil**e**

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.*

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