

PROVIDER ALERT

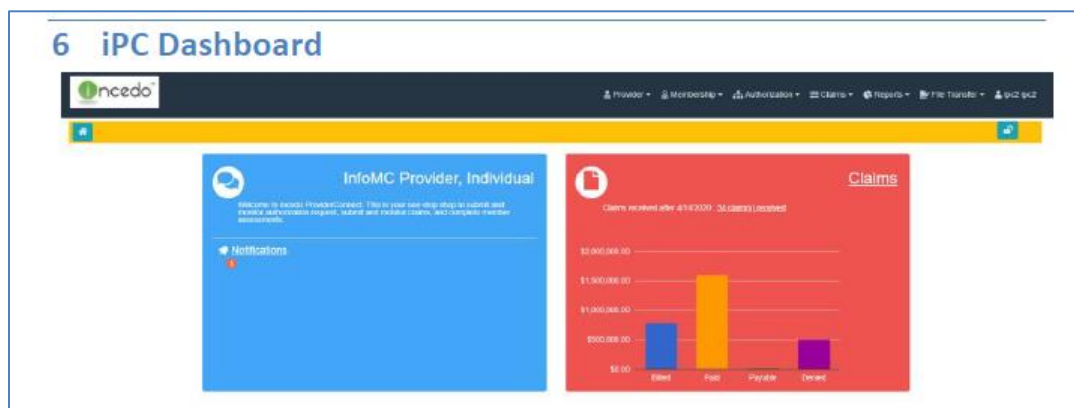
Incedo Provider Portal Update

April 29, 2020

As part of the continuing improvements being made to the Incedo Provider Portal (IPP), Optum Maryland released further updates to the system on April 26, 2020.

The update resolved the following issues that providers have experienced with the portal:

1. Attachments on Member Summary Page
 - Issue: After selecting a participant and attaching a document, the attachment did not appear on the Member Summary page in Incedo Provider Portal.
 - Resolution: This issue has been resolved. The document will now appear.
2. IPC Dashboard
 - Issue: The dashboard of the Incedo Provider Portal did not contain a bar graph displaying claim information.
 - Resolution: Claim information now displays in a bar graph.

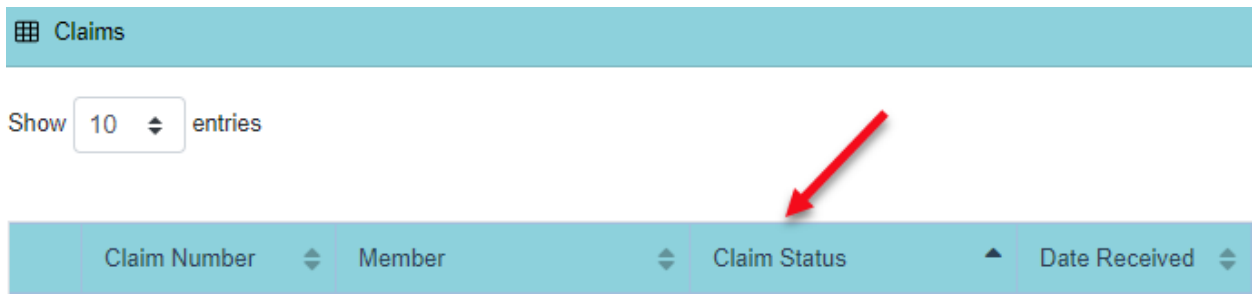


3. Claim Status Page

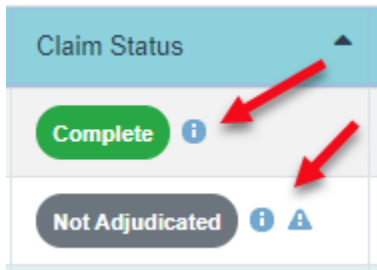
- Issue: Claim status and filter options were not available to easily search for claims submitted.
- Resolution: Updates have been made to the Claim Status Page. Please see below for details.

Header Changes:

The Claim Status Header bar has been updated with new claim status values and definitions.



The definitions of the new status values can be seen when hovering over the 'tooltip' icons.



The description of the claim status has been improved to give the Provider a better understanding of the disposition of their claim.

Incedo Electronic Claims Processing goes through a series of steps to make claim adjudication decisions. It is important to know the steps in order to understand how your claims are paid, rejected or denied. The claim status is also reflective of the processing step the claim undergoing.

Finally, a claim may have multiple service lines and the service line status has an impact on the claim status as a whole. For example, for a claim with two service lines, it

is possible for one service line to be denied, and one service line accepted, but for the claim as a whole the claim status is shown as “in process.”

Incedo Claims Processing Steps and Assignment of Claim Header Status:

1. Received:
 - The claim is received and placed in the line-up to be processed. The claim header status is **‘received’**
2. Data validation: The claim is reviewed for data validation. If the claim does not meet data validation, the claim status is **‘rejected’**
 - Incedo processes match incoming claim data to data in Incedo (i.e. participant, provider, authorization, diagnosis). Claims failing validation are rejected and the claim status will be **‘rejected’**. Claims that successfully pass validation will be processed in the next step. Voided claims will not be processed and the claim status will be **“void”**
3. Processing:
 - Claims are placed in the line-up to be processed. Claims will contain the **‘in-process’** status until the claim and all its service lines have been adjudicated.
4. Claim adjudication:
 - Incedo will evaluate the claim and service lines to determine payment
 - The claim status may be **‘in-process’** or **‘not-adjudicated’**
 - Not-adjudicated means that claim has been received and processed by Incedo but exceptions have been found that require further analysis
5. Complete – the claim has gone through processing. All service lines are either paid, denied, rejected, voided or accepted. The claim status will be **“complete”**

Claim status summarized:

Received: Claim has been received, but not yet processed by Incedo’s electronic claims process

Voided: Claim, as a whole, has been voided and will not be adjudicated

Rejected: Claim, as a whole, has been rejected and will not be adjudicated

In-process: Claim, as a whole, has not been fully processed and has not been adjudicated. The claim service lines could have a mix of statuses, i.e. approved, pending, denied or a single status of “approved.” This replaces the status **‘multiple’**.

Complete: Claim, as a whole, has completed all processing. All detail lines are either paid, denied, rejected, voided, or accepted.

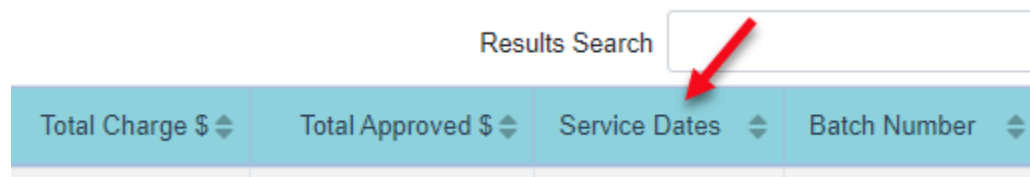
Not Adjudicated: Claim has been received and processed by the electronic claims process, but exceptions have been found that require further analysis

Service line status:

The service line statuses have also been enhanced as follows:

1. **Voided**: The individual service line is set to **voided**, if it has been voided and will not be adjudicated. If header status is voided, individual service line status will also be voided
2. **Rejected**: The individual service line is set to **rejected** if it did not pass validation and will not be adjudicated. If the header status is rejected, the individual service line status will be rejected
3. **Approved**: The individual service line is set to **approved** if it has been approved for payment (full or partial payment)
4. **Denied**: The individual service line is set to **denied** if it has been denied. This could be due to the way the claim was coded or because it is not reimbursable.
5. **Paid**: The individual service line status will be set to **paid**, if it has been processed for payment via the check processing program
6. **Pended**: The individual service line status will be set to **pended** if it requires further review
7. **Accepted**: The individual service line is set to **accepted** in certain situations where there is a requirement to submit the service line (such as an encounter) but the individual service line will not be paid
8. **Not Adjudicated**: The individual service line status is set to **not adjudicated** if it has been through claims processing, but has not yet been adjudicated, or may have exceptions.

The former 'Treat Date' column has been replaced with 'Service Dates' and now corresponds to the Dates of Service on the claim.






Claim Status Page Filter Changes:

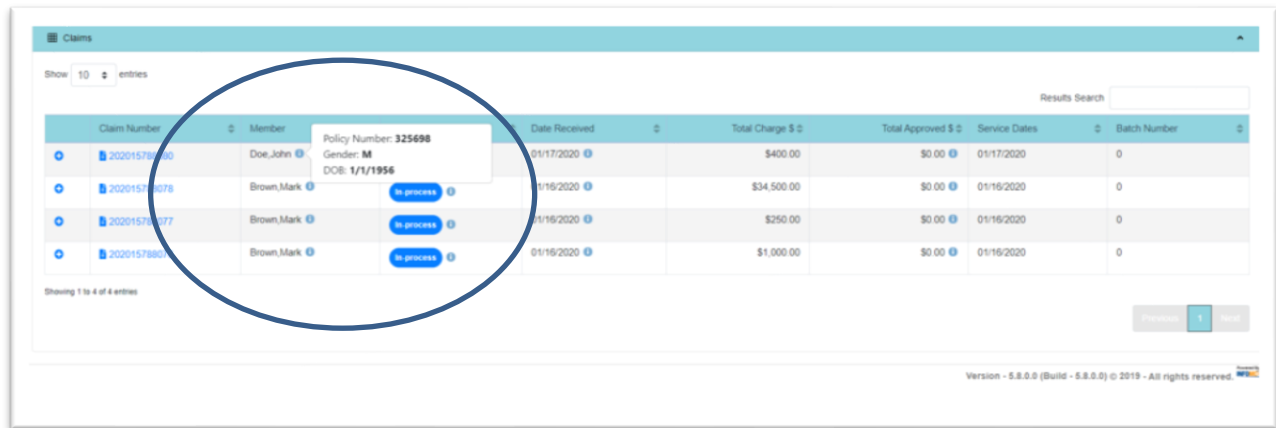
Changes include new filtering options, label changes, and helpful field descriptions and improvements to data that displays.

The screenshot shows the 'Claims Filters' interface with the following fields and controls:

- Service Date From:** Date input field with a calendar icon.
- Service Date To:** Date input field with a calendar icon.
- Claims Received From:** Date input field with a calendar icon and a tooltip icon.
- Claims Received To:** Date input field with a calendar icon.
- Procedure:** Text input field with a placeholder 'Enter at least 3 characters to initiate search'.
- Modifiers:** Two dropdown menus, each with '--- Select One ---'.
- Claim Number:** Text input field.
- Authorization Number:** Text input field.
- Provider's Patient ID:** Text input field with a tooltip icon.
- Service Facility NPI:** Text input field with a tooltip icon.
- Member:** Text input field with a search icon.
- Billing Provider:** Dropdown menu with '--- Select One ---'.
- Insurer:** Text input field with a search icon and a refresh icon.
- Limit Claims to Current Member:** A checkbox.

1. Removal of the service date filter: Intelligent filtering built-in, so that entering the service date “from and to” implies “after” rather than having to choose “after” from the drop down.
2. Field relabeled: “Claim Received From” and “Claim Received To” to allow a date range.
 -  Tooltip has been added – “Received date” is the date we received the claim. If a clearing house was used, the date the claim was submitted to the clearing house could be different than the date we received the claim.
3. Removed field: “Provider Claim Number” field removed as it is not used.
4. Removed Auth Plan Number field: It is not used. The “Authorization Number” field is the authorization number submitted on the claims.
5. Field Relabeled: “Provider Client Number” to “Patient ID.” Patient ID is the Patient’s Account Number.
 -  Tooltip has been added - “This is the patient’s unique identifier assigned by the provider. This is found in box 26 on the CMS 1500 or field 03a in the UB04 or the CML01 segment in an 837.”
6. New field: Service Facility NPI
 -  Tool tip has been added “This is found in box 32a in the CMS 1500”

- Improvements to data that is displayed when hovering over the 'tooltip' icons. Policy number shown by hovering over 'tooltip' icon adjacent to participant name.



The screenshot shows a web application interface for 'Claims'. At the top, there is a header 'Claims' and a search bar. Below the header, there is a table with columns: Claim Number, Member, Date Received, Total Charge \$, Total Approved \$, Service Dates, and Batch Number. A tooltip is displayed over the 'Member' column of the first row, showing 'Policy Number: 325698', 'Gender: M', and 'DOB: 1/1/1956'. The table contains four rows of data. The first row is highlighted with a blue circle. The table also includes a 'Showing 1 to 4 of 4 entries' indicator and a 'Page 1 of 1' navigation bar.

Claim Number	Member	Date Received	Total Charge \$	Total Approved \$	Service Dates	Batch Number
20201578850	Doe, John	01/17/2020	\$400.00	\$0.00	01/17/2020	0
20201578678	Brown, Mark	01/16/2020	\$34,500.00	\$0.00	01/16/2020	0
20201578377	Brown, Mark	01/16/2020	\$250.00	\$0.00	01/16/2020	0
20201578801	Brown, Mark	01/16/2020	\$1,000.00	\$0.00	01/16/2020	0

If you have questions about the information in this alert, please email marylandproviderrelations@optum.com

Optum Maryland would like to reassure providers that all of our services are operating as normal during the current national response to COVID-19. Providers can continue to contact us at 1 (800) 888-1965. After-hours and holidays will be covered by clinical night staff for crisis and emergency services.

Thank you,

Optum Maryland Team