

## Incedo Release Notes

**Release name:** Incedo Provider Portal Release 7.4

**Target release month:** December 16, 2023

**Provider action required:** None

**Status:** Completed

### Provider Impacts:

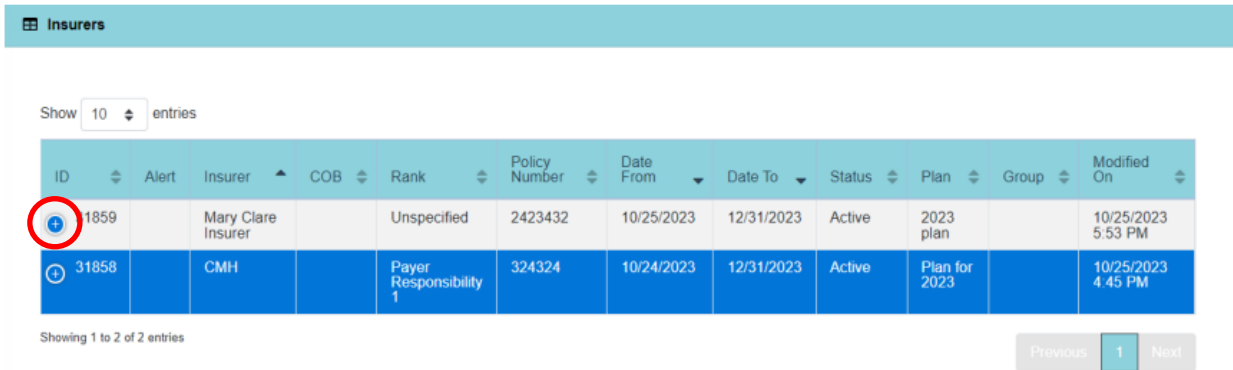
In addition to other technical enhancements included with this update, the following item is outlined for providers:

#### Updates to User Experience on the “Insurance” Page

Following this update, providers will notice changes in the user experience and layout of the Insurance screen. Fields will be rearranged and streamlined under the “Insurance Details” tab. Related fields will be grouped together to make more efficient use of space, and for easier reading. The Benefit Tree on the Plan Benefits tab has a different appearance, but the functionality remains the same.

Other user experience updates to the Insurance screen are detailed below:

**Insurers Grid:** The columns within the grid remain the same, however the “plus” sign (circled in red below) shown next to the ID number allows users to see fields that are not visible without scrolling.



ID	Alert	Insurer	COB	Rank	Policy Number	Date From	Date To	Status	Plan	Group	Modified On
1859		Mary Clare Insurer		Unspecified	2423432	10/25/2023	12/31/2023	Active	2023 plan		10/25/2023 5:53 PM
31858		CMH		Payer Responsibility 1	324324	10/24/2023	12/31/2023	Active	Plan for 2023		10/25/2023 4:45 PM

Showing 1 to 2 of 2 entries

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## Insurance Details:

Insurance Details	Business Units	Plan Benefits	Member's Budget
<b>Details</b> <span style="float: right;">Last Updated: 10/24/2023 6:09 PM, Henon, Mary</span>			
<b>Insurance Information</b>			
Insurer:* CMH	Plan: Plan for 2023 (calendar year)	Group: --- Select One ---	Policy Number:* 324324
Date From:* 10/24/2023	Date To: 12/31/2023	Status: Active	
Insurance Rank: Payer Responsibility 1	Claim Filing Indicator: Unspecified	Insurance Type Code: Unspecified	HIPAA Payer ID: 15
Plan Id: 	Contract Id: 	Source: Internal	Source Date/Time: 10/24/2023 6:00 PM
<b>Subscriber</b>			
<input type="checkbox"/> Subscriber is Member	Subscriber: 	HIPAA Subscriber ID: 	
<b>Actions</b>			
Verified By: 	Verified On: 	<input type="checkbox"/> Waive Co-Pay	
Notes: 			

Within this screen information fields may have moved onto different lines. Functionally, the following changes are noted on the line highlighted above by the red arrow:

### **Insurance Rank; Claim Filing Indicator; Insurance Type Code; HIPAA Payer ID:**

Each of these fields will be automatically filled with information from the “Additional HIPAA Information” page for the insurer in “Relationship Manager.” These fields can no longer be edited by the user.

### **COB Insurance:**

Doe, Roman (30134) 10/06/1987

Home Add Edit Save Cancel Delete

### Insurers

Show 10 entries

ID	Alert	Insurer	COB	Rank	Policy Number	Date From	Date To	Status	Plan	Group	Modified On
507		MCH Test	Yes	Unspecified		10/25/2023	12/31/2999	Active			10/25/2023 6:13 PM
31859		Mary Clare Insurer		Unspecified	2423432	10/25/2023	12/31/2023	Active	2023 plan		10/25/2023 5:53 PM
31858		CMH		Payer Responsibility 1	324324	10/24/2023	12/31/2023	Active	Plan for 2023		10/25/2023 4:45 PM

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COB (Coordination of Benefits) information appears as follows. If “Yes” appears in the COB column as highlighted in red above, it indicates COB insurance, an insurer who provides benefits to the participant but is not recorded in Incedo Relationship Manager.

**Details**

**Insurance Information**

COB **Insurer:\***  **COB Info**  **Plan:**  **Group:**  **Policy Number:**

**Date From:\***  **Date To:**  **Status:**

**Insurance Type:**  **Insurance Rank:**  **Claim Filing Indicator:**  **Insurance Type Code:**  **HIPAA Payer ID:**

**Source:**  **Source Date/Time:**

**Subscriber**

Subscriber is Member **Subscriber:**  **Subscriber Info**  **HIPAA Subscriber ID:**

**Actions**

**Adjudication Action:**  **Adjudication Reason:**

Adjudication Reasons w/ Other Paid Amount **Adjudication Action:**  **Adjudication Reason:**

**Notes:**

**Verified On:**  **Verified By:**  **Select User**  **InfoSource:**

**COB UDD**

CCM Recommended: **Referral Information**

Within the Coordination of Benefits (COB) screen, information fields may have moved onto different lines. Functionally, the following changes are noted on the line highlighted above by the red arrow:

**Insurance Rank; Claim Filing Indicator; Insurance Type Code; HIPAA Payer ID:**

Each of these fields will be automatically filled with information from the “Additional HIPAA Information” page for the insurer in “Relationship Manager.” These fields can no longer be edited by the user.

**\*END\***