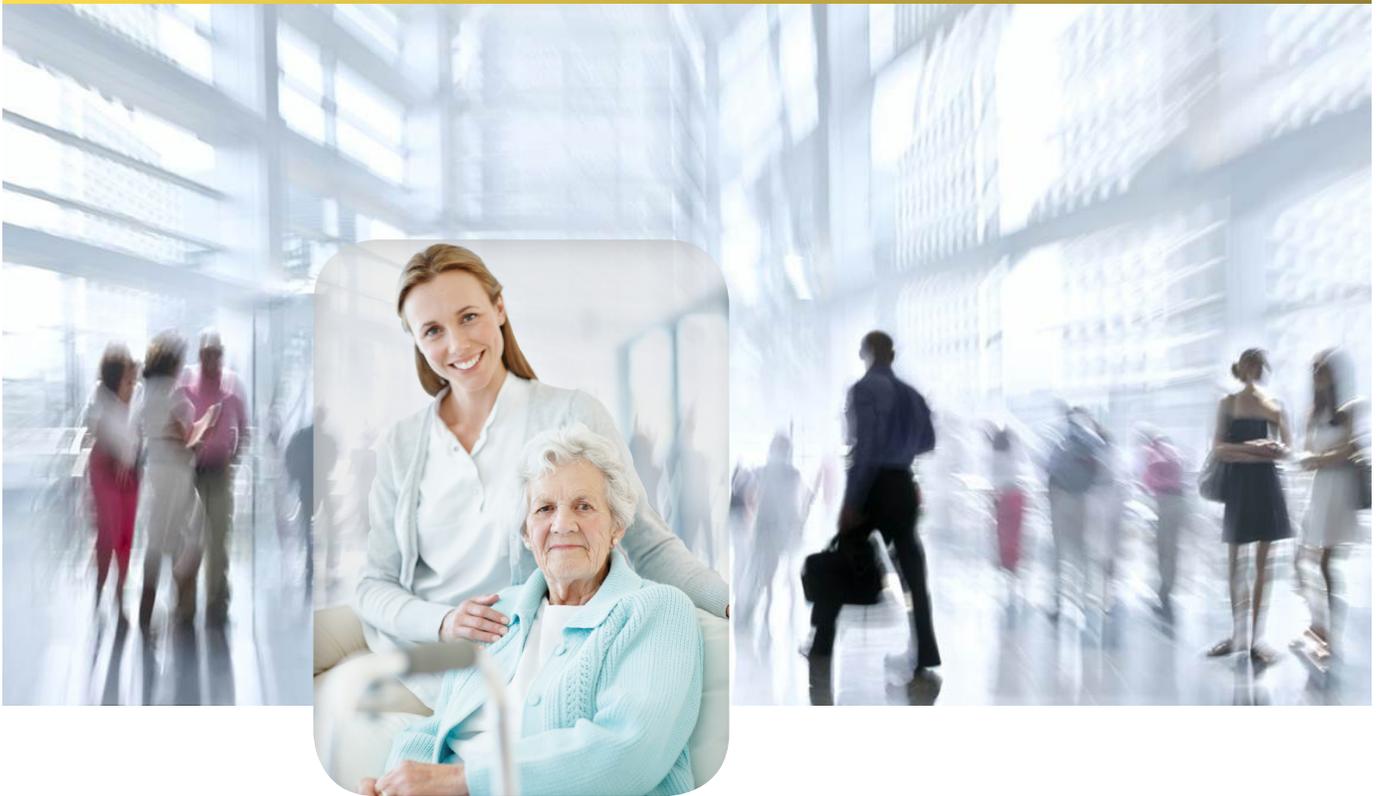


Helping Government Serve the People®



Maryland - IRO Portal Provider

Job Aid v. 1.0 (6/11/2014)



Contents



- Maryland IRO Portal Environment.** 3
 - IRO Portal 3
 - Portal Review Process. 4
 - Portal Navigation 4
 - Home Page 5
- Procedures** 7
 - Request Portal Registration. 7
 - Access the Maryland IRO Portal 9
 - Request an Independent Review. 10
 - View Case Status. 12

Maryland IRO Portal Environment

IRO Portal

The Maryland Independent Review Organization (IRO) portal is a web application that enables providers (and provider representatives) to submit independent review requests to MAXIMUS Federal Services. A review may be requested for services that have been denied coverage by a Managed Care Organization (MCO). The portal enables MCOs to upload case files to the applicable case numbers.

Helping Government Serve the People®
Log out

MAXIMUS | Federal Services
Independent Review Organization for the Maryland Department of Health and Mental Hygiene (DHMH)

Welcome **Bob Smith**
Role: Provider

Home Request Review View Cases View Invoices/Statements

Dashboard

Important Messages

- You don't have any important messages.

Case History

| Case Number | Requested | Status | MCO | Treatment/Service/Issue | Rec'd File |
|-----------------------------|-----------|------------------------------|--------------|-------------------------|------------|
| IR14-000039 | 04/28/14 | Pending MCO Case File Upload | MCO for test | test | |
| IR14-000038 | 04/23/14 | In Review | MCO Test A | Test 1 | 04/23/14 |
| IR14-000037 | 04/16/14 | Draft | | | 04/16/14 |
| IR14-000036 | 04/14/14 | In Review | MCO-ND-1 | test | 04/14/14 |
| IR14-000035 | 04/14/14 | In Review | MCO-ND-1 | test | 04/14/14 |

[See more](#)

Request an Independent Review

You may request a review within the first 30 days after the MCO Denial Decision. Please have the denial letter ready to be uploaded.

[Complete the form](#)

Invoice History

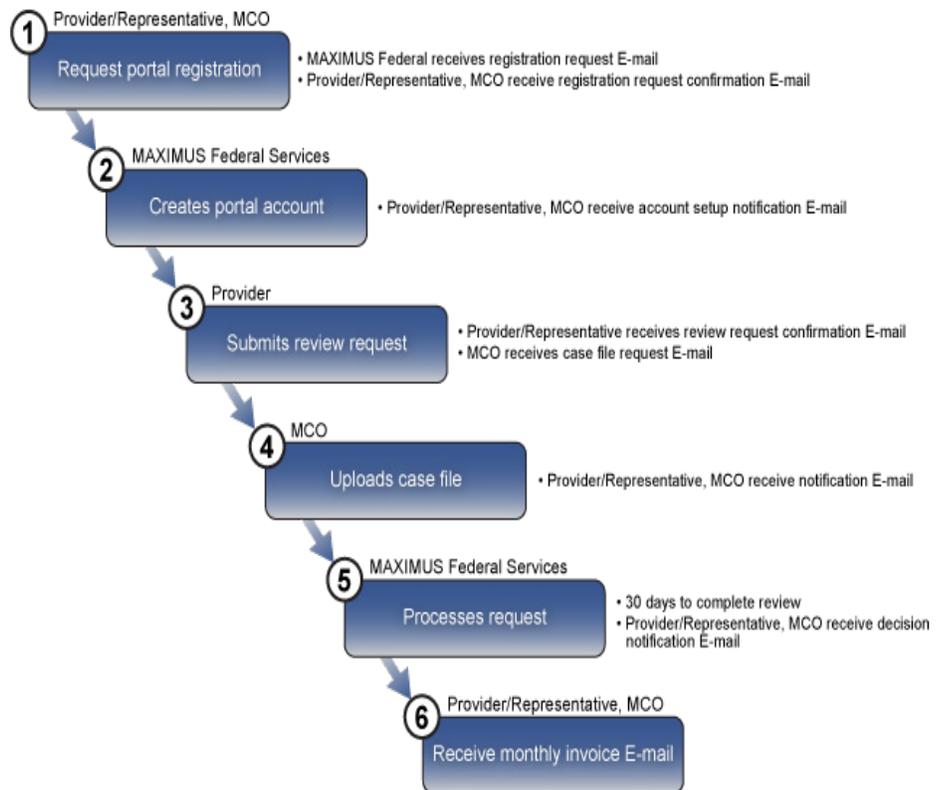
| Invoice | Dated | Status | Payment Type | Amount |
|---------------------------|----------|----------|--------------|-------------------------|
| IR-000001 | 01/17/14 | Past Due | | \$2,550.00 Contact DHMH |
| IR-000002 | 01/17/14 | Past Due | | \$1,275.00 Contact DHMH |
| IR-000003 | 01/17/14 | Past Due | | \$425.00 Contact DHMH |

[See more](#)

[About Us](#) [Contact Us](#) [Home Page](#) [Privacy Policy](#)

Portal Review Process

Each provider, provider representative and MCO must submit a request for registration before being granted access to the portal. The Maryland independent request review process is illustrated below.



Portal Navigation

Main Tabs

The tab items enable you to access the main pages in the portal. The pages display the information for appeal reviews in which your organization is involved.

- ◆ Home
- ◆ Request Review
- ◆ View Cases
- ◆ View Invoices/Statements

| Tab | Description |
|--------------------------|--|
| Home | Displays the Home page which includes case and invoice history information. |
| Request Review | Displays the Independent Review Request form that the provider (representative) completes to request a review. |
| View Cases | Displays the Search Cases page. The user can supply specific criteria and return a list of review requests that meet the criteria. |
| View Invoices/Statements | Displays the View Invoices/Statements page. |

Home Page

Important Messages

Issues that require your immediate attention are listed in the Important Messages section.

Case History

The Case History section of the home page lists the last *five* cases for which the provider or provider representative has submitted a request for review.

| Case History | | | | | |
|-----------------------------|-----------|-----------------|---------------|--|------------|
| Case Number | Requested | Status | MCO | Treatment/Service/Issue | Rec'd File |
| IR14-000038 | 04/23/14 | In Review | MCO Test A | Test 1 | 04/23/14 |
| IR13-000008 | 12/24/13 | Review Complete | MCO-ND-1 | Another leg injury due to overuse. Crutches recommended. | 12/24/13 |

The following table describes the information in the Case History section:

| Menu Item | Description |
|-------------------------|--|
| Case Number | The case number assigned to the request after the request has been submitted. Click the number to display the case information (Case Detail page). |
| Requested | The date the request for review was submitted. |
| Status | The status of the request: <ul style="list-style-type: none"> • Draft - Request is saved but not submitted. • Pending MCO Case File Upload - Case file has not been uploaded by MCO yet. • In Review - Case file has been received MCO and request is being reviewed. • Review Complete - MAXIMUS Federal has reached a review decision. |
| MCO | The name of the MCO associated with the case. |
| Treatment/Service/Issue | The list of the denied treatments or services for which the review was requested. |
| Rec'd File | The date the case file was received from the MCO. |

Invoice History

The Invoice History section of the home page lists the invoice status of the last *five* cases for which the provider or provider representative has submitted a request for review.

| Invoice History | | | | |
|---------------------------|----------|----------|----------------|------------|
| Invoice ▾ | Dated ▾ | Status ▾ | Payment Type ▾ | Amount ▾ |
| IR-000001 | 01/17/14 | Past Due | | \$2,550.00 |
| IR-000002 | 01/17/14 | Past Due | | \$1,275.00 |
| IR-000003 | 01/17/14 | Past Due | | \$425.00 |

The following table describes the information in the Invoice History section:

| Menu Item | Description |
|--------------|--|
| Invoice | The number assigned to the bill |
| Dated | The date the invoice was created |
| Status | The payment status of the bill (Paid, Paid by DHMH, Unpaid, Past Due) |
| Payment Type | The method in which payment was made (Credit Card, Personal Check, Business Check) |
| Amount | The amount due |

Procedures

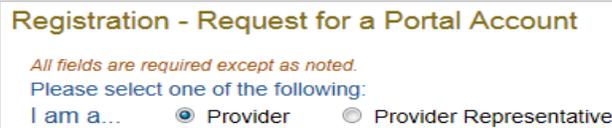
Request Portal Registration

Providers and provider representatives must submit a request for registration before being granted access to the portal.

1. In your browser, access <https://mdiro.maximus.com/>.
2. On the right side of the page, click **Register**.



3. On the **Registration** page, select **Provider** or **Provider Representative**.



4. **Do you have a signed Case Review Agreement with MAXIMUS**, select **Yes**.
5. To complete a **Case Review Agreement** document:
 - a. Click **access and print a copy of this document**.



- b. Review, sign, and save the form as a PDF to your computer.
6. To upload the completed agreement:
 - a. In the **File to upload** section, click **Choose file**.



- b. Navigate to and select the completed agreement that you saved to your computer.
 - c. Click **Open**.
 - d. In the **File to upload** section, verify that the file name is displayed.

7. Complete the following fields:

- First Name
- Last Name
- Organization
- Type
- FEIN/Tax ID
- Medicaid Number
- Address (street, city, state, zip code)
- E-mail

Note

You may print, sign, and scan the form and save as a PDF to your computer.

Note

If you upload the incorrect document, click Delete and upload the correct document.

Note

Provider Representatives do not complete the Type, FEIN/Tax ID, and Medicaid Number fields.

Note

After MAXIMUS verifies and activates your account, you will receive an email containing your portal login information.

- Verify E-mail
 - Phone
8. Click **Submit for Registration**.
 9. Close the browser window.

Access the Maryland IRO Portal

1. In your browser, access <https://mdiro-uat.maximus.com/>
2. Read the **DHMH/IRO Portal Terms and Conditions** and click **I Agree**.
3. In the **User ID** field, type *your email address*.
4. In the **Password** field, type the *temporary password* provided in the account activation email.
5. When you log into the portal the first time, you are prompted to create three security questions/answers to be used to verify your identity.

| | | |
|-------------------|----------------------|----------------------|
| 1 Question | <input type="text"/> | (min. 10 characters) |
| Answer | <input type="text"/> | (min. 1 characters) |
| 2 Question | <input type="text"/> | (min. 10 characters) |
| Answer | <input type="text"/> | (min. 1 characters) |
| 3 Question | <input type="text"/> | (min. 10 characters) |
| Answer | <input type="text"/> | (min. 1 characters) |

6. In **E-Mail Address** field, enter your e-mail address.
7. If this is the computer from which you will normally access the portal, you may select the check box **Enable this computer with my Digital Certificate for future secure and convenient online case reviewing**. Selecting the check box eliminates the need to answer one of your security questions each time you log into the portal.

| |
|---|
| <input type="checkbox"/> Enable this computer with my Digital Certificate for future secure and convenient online case reviewing. |
|---|

8. Click **Continue**.
9. Read the **DHMH/IRO Portal Terms and Conditions** agreement and click **I Agree**.
10. When you log into the portal the first time, you are prompted to change your password. In each of the password fields, type your new password and click **Save Changes**.
11. In the **Security Question** dialog box, select a question from the list.
12. In the **Answer** field, type your answer (note: the answer is case sensitive).

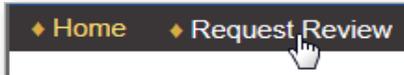
Note

Creating a password security question is required the first time you log into the portal (to be used in case you forget your password).

Request an Independent Review

You may request an independent review within 30 days of the MCO denial decision. The denial letter must be uploaded with your request.

1. Click the **Request Review** tab.



Note

If you are a Provider Representative, the Provider Representative section is pre-populated with your information. You must complete the Provider section and steps three through six. In the Authorization Documentation section, be sure to upload the documentation authorizing you to act on behalf of the provider.

2. If you are a provider, the **Provider** section is pre-populated with your information. If you are a provider representative, the **Provider Representative** section is pre-populated with your information.

Independent Review Request
All fields are required except as noted.

Provider

| | | |
|-----------------------------------|---|--------------------------------------|
| First Name Bob | Last Name Smith | Suffix (optional) |
| Street Address 1: 123 Test Ave | Street Address 2 (optional) | |
| City Pittsford | State NY | Zip Code 14534 |
| Provider Type Acute Hospital | Organization (Group / Hospital/Affiliation) Hospital | Medicaid Number (optional) ABC111 |
| E-mail bsmith@test.com | | FEIN/Tax ID 1234 |

3. In the **Medicaid Recipient** section, complete:
 - First Name
 - Last Name
 - Medical Assistance (MA) Number
4. In the **MCO Denial Decision Information** section:
 - a. In the **MCO Associated with Case** list, select the name of the MCO.
 - b. In the **MCO Contacts** dialog box, click the name of the contact.

| Name | E-mail Address |
|-----------|------------------------------|
| Jo Jo MCO | 1.11.714221@maxcs.maxinc.com |

Sorry, my contact isn't listed.

If the contact is not listed, click **Sorry, my contact isn't listed** and complete the **Contact First Name**, **Contact Last Name**, and **Contact E-mail** fields.

- c. In the **Appeal Decision Denial Date** field, click the **calendar** icon  and click the date of the appeal decision.



- d. Under **Denial Decision Letter**, click **Choose file** and upload the MCO denial letter.

Note

If you do not complete the required field(s), your form will not be submitted. The incomplete fields will be indicated, allowing you to complete them.

- e. In the **Description of Treatment/Service/Item Appealed** box, type a description of the item being appealed.
 - f. In the **Reason for Dispute/Review of MCO Appeal Decision** box, type the reason for submitting the appeal.
5. Click **Request Review** (or Save for Later, Start Over, Cancel Delete this Request).
 6. On the **Independent Review Request Receipt** page, note that a case number has been created for your request. Click **Print This Page** and/or **Save as PDF**.

Independent Review Request Receipt

Thank you for submitting your case for review on the MD IRO Portal.

We received your request on 2014-04-28 13:21:53.0 and created case number IR14-000039

You may view the status of this case at any time in our View Cases section.

Please print or save this page for your records.

Print This Page

Save as PDF

7. In the top-right corner of the page, click **Log out**.

Note

Providers/representatives can also search for cases that have been submitted by MAXIMUS Federal Services on the provider's/representative's behalf.

View Case Status

On the **View Cases** page, providers/representatives can search for specific cases by providing search criteria. A provider/representative will be able to search only for the cases for which the provider/representative has submitted a request for review.

1. On the menu bar, click **View Cases**.
2. Complete the field(s) on which to base the search.
3. Click **Search Cases**.
4. In the **Case Number** column, click the case number link. The **Case Details** page is displayed.

Note

When you are done working in the portal, in the top-right corner of the page, click Log out.

| Case Detail | | |
|--|--------------------------------|---------------------------------|
| Summary | | |
| Case Number IR13-000026 | Case Status Review Complete | Request Submitted 12/30/13 |
| MCO Case File Received 12/30/13 | Decision Received 12/30/13 | Decision Overturn MCO Denial |
| Party Responsible for Payment MCO | Invoice Number IR-000010 | Invoice Status Unpaid |
| Case Related Documents | | |
| MD IRO Requirements.xlsx Uploaded by olgabrodski@yahoo.com on 12/30/13 | | |
| MD Invoicing Requirements.xlsx Uploaded by olgabrodski@yahoo.com on 12/30/13 | | |
| Contact search screenshots.docx Uploaded by 1.11.713525@maxcs.maxinc.com on 12/30/13 | | |