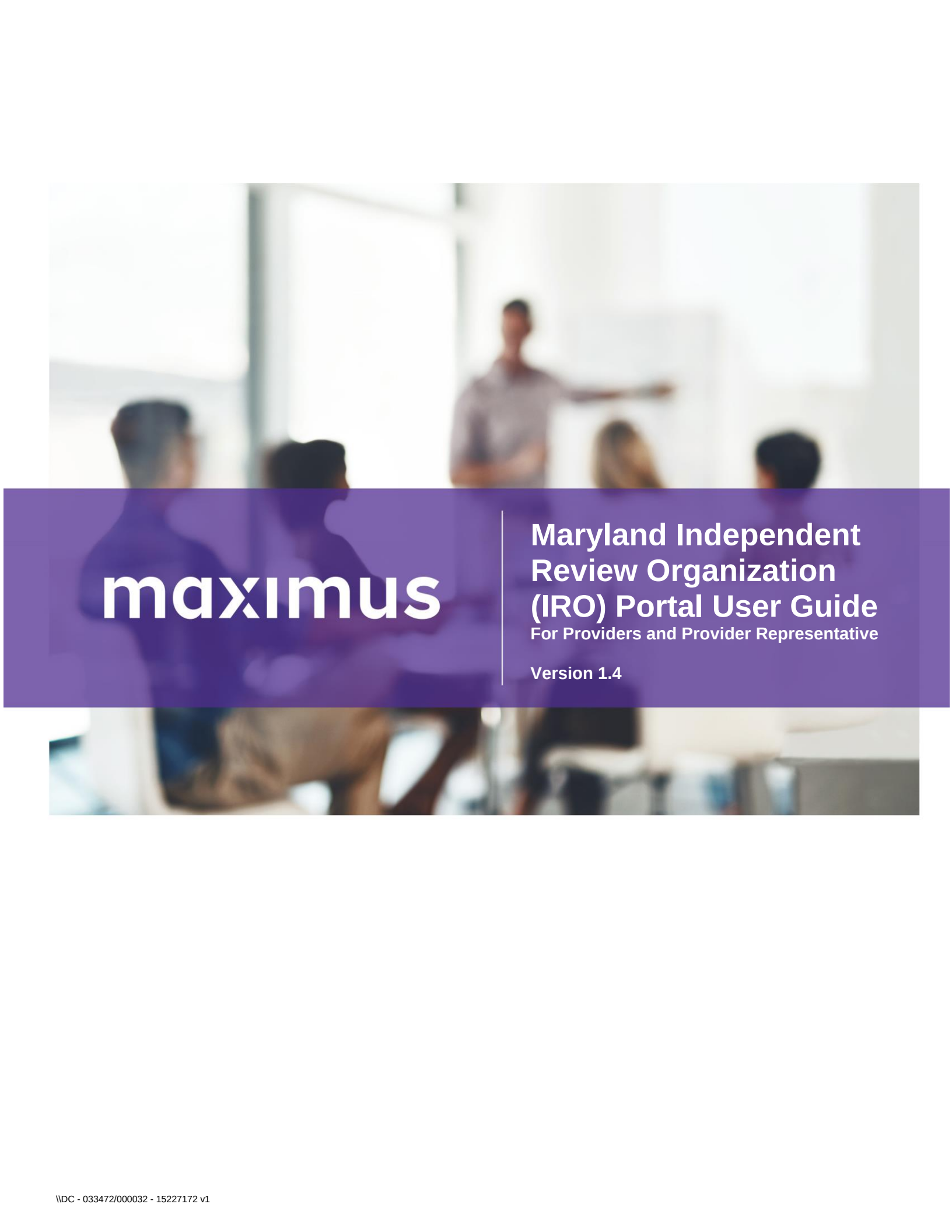




maximus

**Maryland Independent
Review Organization
(IRO) Portal User Guide**
For Providers and Provider Representative

Version 1.4

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Introduction

This reference guide describes the Maryland IRO Portal and the portal appeal review process. In addition, the guide includes the specific steps required of an appellant for accessing the portal and submitting appeals.

Maryland 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.

Welcome to the MDIRO Portal

Independent Review Organization for the Maryland Department of Health (MDH)

Welcome Jonas,Miles

Role:Provider MDIRO

Home

Request Review

View Case

View Invoices/Statements

Upload Document

ALL MDIRO INVOICES

Invoice Number	Program Code	Total Amount	Status
107096-0055	IR	\$167.50	Unpaid
107096-0059	IR	\$167.50	Unpaid
107096-0066	IR	\$167.50	Unpaid
107096-0071	IR	\$335.00	Unpaid
107096-0080	IR	\$365.00	Unpaid

View All

MDIRO DRAFT CASES

Case Number	Contact Name	Status	Priority
IR25-000389	Miles Jonas	Draft	Medium
IR25-000391	Miles Jonas	Draft	Medium
IR25-000394	Miles Jonas	Draft	Medium

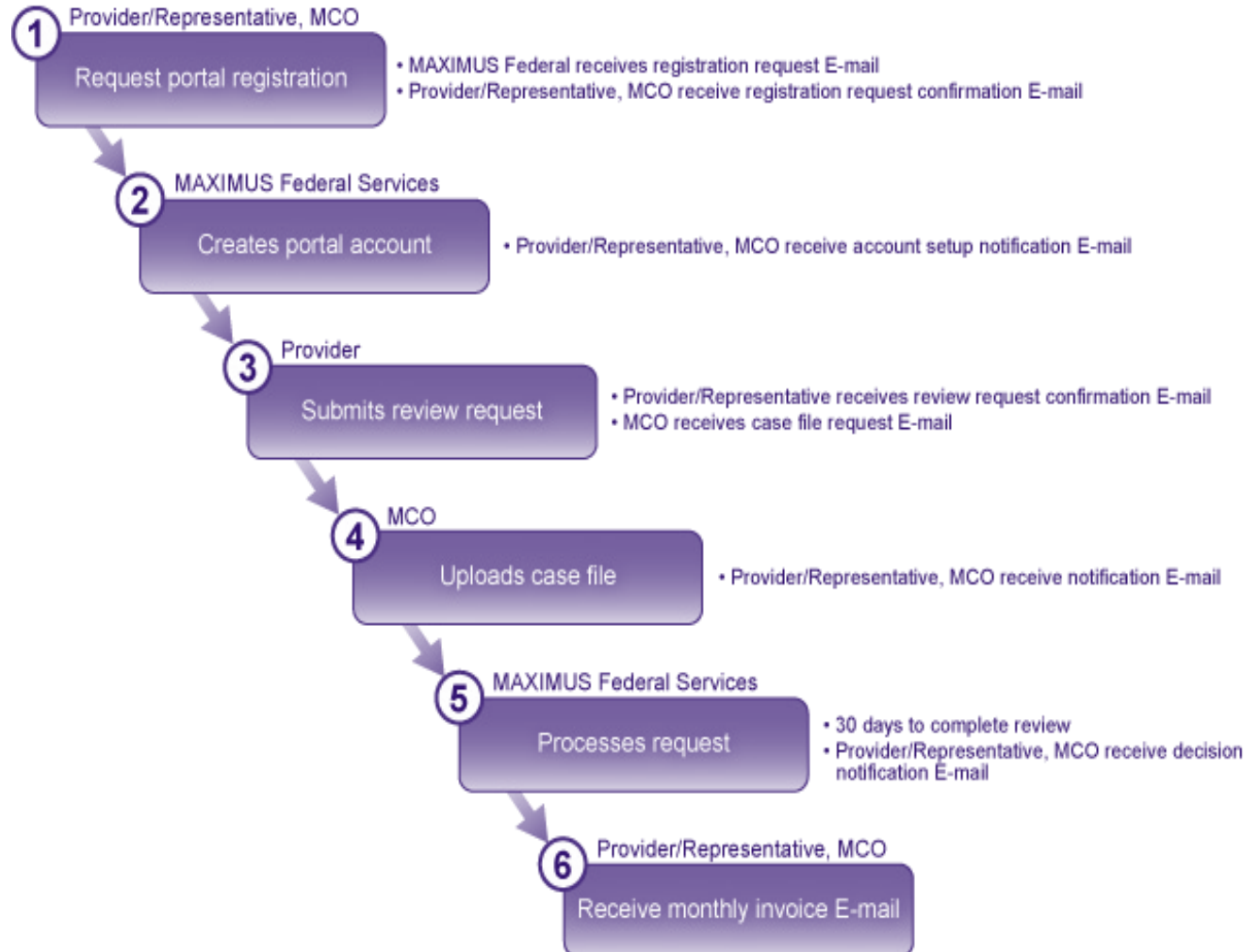
View All

MDIRO OPEN CASES

Case Number	Contact Name	Status	Priority
IR25-000380	Miles Jonas	Preliminary Review	Medium
IR25-000381	Miles Jonas	Preliminary Review	Medium
IR25-000400	Miles Jonas	Preliminary Review	Medium
IR25-000390	Miles Jonas	Preliminary Review	Medium
IR25-000393	Miles Jonas	Preliminary Review	Medium
IR25-000392	Miles Jonas	Preliminary Review	Medium
IR25-000396	Miles Jonas	Preliminary Review	Medium
IR25-000399	Miles Jonas	Preliminary Review	Medium
IR25-000395	Miles Jonas	Preliminary Review	Medium

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 Case](#) [View Invoices/Statements](#) [Upload Document](#)

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 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.
Upload Documents	Displays the RFI(s) generated after case(s) is shared with Health Plan

Home Page

Invoices

The All MDIRO Invoices section on the Home Page lists the invoice status of the cases for which the Provider or Provider Representative has submitted a request for review.

ALL MDIRO INVOICES			
Invoice Number	Program Code	Total Amount	Status
107096-0055	IR	\$167.50	Unpaid
107096-0059	IR	\$167.50	Unpaid
107096-0066	IR	\$167.50	Unpaid
107096-0071	IR	\$335.00	Unpaid
107096-0080	IR	\$365.00	Unpaid

The following table describes the information in the ALL MDIRO INVOICES section:

Tab	Description
Invoice Number	The number assigned to the bill
Program Code	The name of the Provider associated with the case
Total Amount	The amount Due
Status	The payment status of the bill (Billed, Past Due, Paid, Unpaid, Refunded, Cancelled, Hold and In Process)

Draft Cases

The MDIRO DRAFT Cases section of the Home Page lists the cases for which the Provider or Provider Representative has SAVED the request on the Request Review tab, but has not been submitted.

MDIRO DRAFT CASES			
Case Number	Contact Name	Status	Priority
IR25-000389	Miles Jonas	Draft	Medium
IR25-000391	Miles Jonas	Draft	Medium
IR25-000394	Miles Jonas	Draft	Medium

The following table describes the information in the MDIRO DRAFT Cases section:

Tab	Description
Case Number	The case number assigned to the request after the re-quest has been submitted. Click the number to display the case information (Case Detail page).
Contact Name	The name of the Provider associated with the case
Status	Draft - Request is saved but not submitted
Priority	The Case priority is displayed

Open Cases

The MDIRO OPEN Cases section of the Home Page lists the cases for which the Provider or Provider Representative has submitted the Request on the Request Review tab.

MDIRO OPEN CASES

Case Number	Contact Name	Status	Priority
IR25-000380	Miles Jonas	Preliminary Review	Medium
IR25-000381	Miles Jonas	Preliminary Review	Medium
IR25-000400	Miles Jonas	Preliminary Review	Medium
IR25-000390	Miles Jonas	Preliminary Review	Medium
IR25-000393	Miles Jonas	Preliminary Review	Medium
IR25-000392	Miles Jonas	Preliminary Review	Medium

The following table describes the information in the MDIRO OPEN Cases section

Menu Item	Description
Case Number	The case number assigned to the request after the re- quest has been submitted. Click the number to display the case information (Case Detail page).
Contact Name	The name of the Provider associated with the
Status	Preliminary Review – preliminary case status after the case has been submitted on the Request Review page
Priority	The Case priority is displayed

Closed Cases

The MDIRO CLOSED Cases section of the Home Page lists the CLOSED cases for which the Provider or Provider Representative has submitted the request on the Request Review tab.

MDIRO CLOSED CASES

Case Number	Program Name	Status	Due Date
IR25-000384	Maryland IRO	Closed/Completed	2/5/2025
IR25-000382	Maryland IRO	Closed/Completed	2/5/2025
IR25-000403	Maryland IRO	Closed/Completed	2/6/2025
IR25-000385	Maryland IRO	Closed/Completed	2/6/2025

The following table describes the information in the MDIRO CLOSED Cases section

Menu Item	Description
Case Number	The case number assigned to the request after the re- quest has been submitted. Click the number to display the case information (Case Detail page).
Program Name	The name of the Provider associated with the
Status	Closed/Completed – MAXIMUS Federal has reached a review decision
Priority	The Case priority is displayed

Procedures

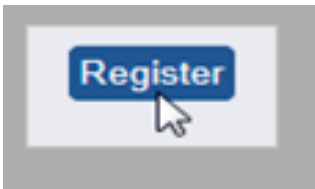
The zone typically sets targets for annual short-term bonus opportunities to fall at or about the market median. As a result, annual digital compensation (base zone plus incentive) falls at or around the market median if Maximus meets our dream objectives, above the median for exceptional performance and below for under performing.

Request Portal Registration

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

Below are the key steps:

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

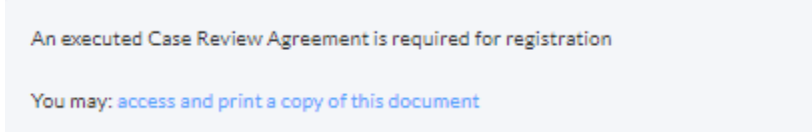


3. On the Registration page, in the ENTITY Type field select Provider, Provider Representative or MCO.



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.

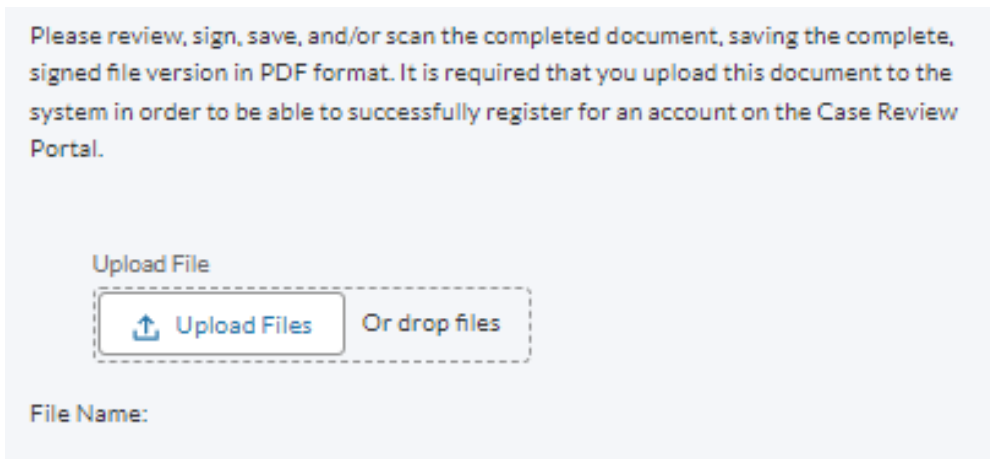


- b. Review, sign, and save the form as a PDF to your computer

Note: You may print, sign, and scan the form and save 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.

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

7. Complete the following fields:
 - First Name
 - Last Name
 - Suffix (Optional)
 - Email
 - Verify Email

- Phone
- Organization (Group / Hospital Affiliation)
- FEIN/Tax ID
- Street Address1
- Street Address 2 (Optional)
- City
- State
- Postal Code

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

8. Click Submit for Registration.
9. Close the browser window.

Access the Maryland IRO Portal

To access the portal visit the link listed below:

www.mdiro.maximus.com

Note: After MAXIMUS verifies and activates your account, you will receive an email containing your portal login information. Please ensure you update your MD IRO password within the first 24 hours of receiving the link

Below are the key steps:

1. In your browser, from the NEW MDIRO PASSWORD email, click on the “reset your password” link

[Password Reset link](#)

2. When you log into the portal the first time, you are prompted to change your password.
3. In the New Password field, type in the password.

salesforce

Change Your Password

Enter a new password for
mdiroprovider+7@gmail.com. Make sure to Include at least:

- ☐ 10 characters
- ☐ 1 letter
- ☐ 1 number

* New Password

* Confirm New Password

*=required

Change Password

Password was last changed on 1/9/2025, 11:49 AM.

4. In the Confirm New Password field, type in the password
5. After the password change, the user will be directed to the MDIRO Portal login page and you are prompted to enter the UserID and the Password. Click on Login

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.

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.

Below are the key steps:

1. Click the Request Review tab.

Welcome to the MDIRO Portal
Independent Review Organization for the Maryland Department of Health (MDH)

Welcome doc,test
Role:Provider MDIRO

Home Request Review View Case View Invoices/Statements Upload Document

Independent Review Request
All the fields are required except as noted.

Provider

* FEIN/Tax ID
567899999

* First Name
test

* Last Name
doc

Suffix (optional)

* Street Address 1
71 James St

Street Address 2 (optional)

* City
Phoenix

* State
GA

* Zip Code
08976

* Organization (Group / Hospital Affiliation)
Provider_Documentation

* E-mail
mdiroprovider+7@gmail.com

* Verify E-mail
mdiroprovider+7@gmail.com

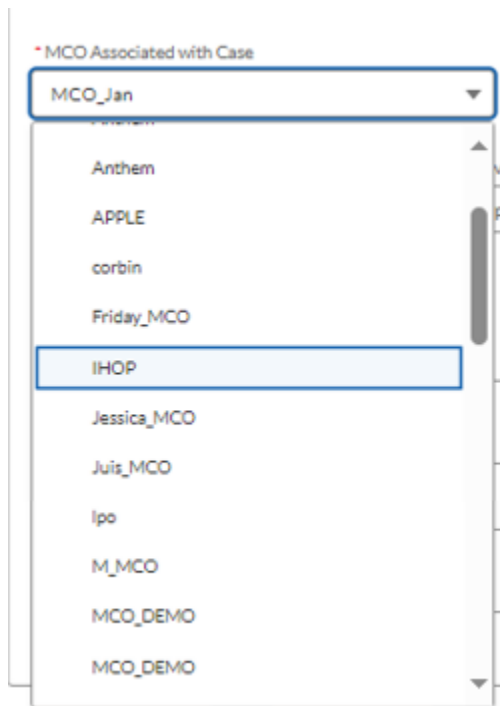
2. If you are a Provider, the Provider section is pre-populated with your information. If you are a Provider Representative, the Provider Representative section is pre-populated with your information.
3. Under Authorization Documentation, click Upload/Drop files and upload the Authorization documentation.

4. In the Medicaid Recipient section, complete:

- First Name
- Last Name
- Medical Assistance (MA) Number

5. In the MCO Denial Decision Information section:

- a. In the MCO Associated with Case list, select the name of the MCO from the dropdown picklist values.



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



- c. Under Program Review Type, choose an option in the dropdown picklist value.

Program Review Type

Select a type ▼

EMTALA

Level of Care

- d. Under Denial Decision Letter, click Upload/Drop files and upload the MCO denial letter.
 - 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.
6. Click Request Review (or Save for Later, Cancel this Request).

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.

7. On the Independent Review Request Receipt page, note that a case number has been created for your request. Click Print This Page/Save as PDF.

[Home](#)
[Request Review](#)
[View Case](#)
[View Invoices/Statements](#)
[Upload Document](#)

Independent Review Request Receipt

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

We received your request on 01-09-2025 and created case number: IR25-000419

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

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

View Case Status

On the View Cases page, Providers/Provider Representatives can search for specific cases by providing search criteria. A Provider/Provider Representative will be able to search only for the cases for which the Provider/Provider Representative has submitted a request for review.

Below are the key steps:

1. Click the View Cases tab.
2. Complete the field(s) on which to base the search.

Note: Providers/Provider Representatives can also search for cases that have been submitted by MAXIMUS Federal Services on the Provider's/Provider Representative's behalf.

3. Click Search Cases.

The screenshot shows the 'View Case' tab selected in the navigation bar. Below the navigation bar is a 'Search Cases' form with the following fields:

- Case Number: IR25-000419
- Case Status: Please choose (dropdown)
- Invoice Number: (empty text box)
- MCO: Please choose (dropdown)
- MCO Contact First Name: (empty text box)
- MCO Contact Last Name: (empty text box)
- Decision Code: Please choose (dropdown)

Below the form are two buttons: 'Search Cases' (blue) and 'Reset Criteria' (light blue).

Below the buttons is a table with the following columns and data:

Case N...	Reques...	Status	Provider	Provid...	Provid...	Provid...	MCO	Treatm...	Recd File	Decision
IR25-0004...	2025-01-09	Preliminary...	Provider_D...	Provider_D...			MCO_Jan	5		

4. In the Case Number column, click the case number link. The Case Details page is displayed.

Case Details

Case Summary

Case Number: IR25-000419	Case Status: Preliminary Review	Request Submitted: 1/9/2025
MCO Case File Received: MCO_Jan	Decision Date:	Decision:
Party Responsible for Payment: Maryland IRO	Invoice Number: 107096IR2516944	Invoice Status:

Provider Representative

Name:	Organization(Group/Hospital Affiliation):	Authorization Document: On File
Street Address:		

Provider

Name: Provider_Documentation	Organization(Group / Hospital Affiliation):	FEIN/Tax ID: 567899999
Medicaid Number:	Provider_Documentation	
Street Address: 71 James St	Type:	
	E-mail: mdiroprovider+7@gmail.com	

Medicaid Recipient

Name: Prathima_Testing nalamala	Medical Assistance (MA) Number: 666666666
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MCO Denial Decision Information

MCO Associated With Case: MCO_Jan	Contact Name: Neil Wilson VI	E-mail: mdiroprovider+7@gmail.com
Appeal Decision Denial Date: 2025-01-09	Denial Decision Letter: On File	
Description of Treatment/Service/Item Appealed: 7		
Reason for Dispute/Review of MCO Appeal Decision: 5		

Documents

List of Uploaded Document(s)

Attachment Name	Type	Description	Upload Date	Created By	
CaseReviewAgreement (1).pdf	Acceptance Letter		Jan 9, 2025	test doc	
NYA23-000002 Responding Invoice (1).pdf	DenialDecisionLetter		Jan 9, 2025	test doc	

Pay Invoice

To pay invoices visit the link below:

www.mdiro.maximus.com

Below are the key steps:

1. Click the View Invoices/Statements tab.

Welcome to the MDIRO Portal
Independent Review Organization for the Maryland Department of Health (MDH)

Welcome, Jonas, Miles
Role: Provider MDIRO

Home Request Review View Case View Invoices/Statements Upload Document

Select Status: --None-- Invoice Date From: Invoice Date To: Search

Invoice	Invoice Status	Dated	Reporting Month	Organization	FEIN/TaxID	Contact FirstName	Contact LastName	Email	Amount	Invoice	Action
107096-0055	Unpaid	1/6/2025	Jan-2025	Provider_DEMO	78293232222	Miles	Jonas	mdiroprovider+6@gmail.com	\$167.50	Print	Pay
107096-0059	Unpaid	1/6/2025	Jan-2025	Provider_DEMO	78293232222	Miles	Jonas	mdiroprovider+6@gmail.com	\$167.50	Print	Pay
107096-0066	Unpaid	1/7/2025	Jan-2025	Provider_DEMO	78293232222	Miles	Jonas	mdiroprovider+6@gmail.com	\$167.50	Print	Pay
107096-0071	Unpaid	1/7/2025	Jan-2025	Provider_DEMO	78293232222	Miles	Jonas	mdiroprovider+6@gmail.com	\$335.00	Print	Pay
107096-0080	Unpaid	1/8/2025	Jan-2025	Provider_DEMO	78293232222	Miles	Jonas	mdiroprovider+6@gmail.com	\$365.00	Print	Pay

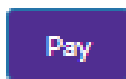
Previous Next
Page 1 of 1

2. In the Invoice column, click the invoice number whose Status is Unpaid.
3. If you would like a copy of the invoice, click Print.



The invoice opens in a new browser window. After you print, close the window.

4. Click Pay.
5. In the dialog box, select the payment method.
6. On the payment form, complete the required fields (indicated by an asterisk).
7. Click Pay With Your Credit Card



☒ By clicking on the provided checkbox, you are giving MAXIMUS Federal Services permission above on your behalf.

Note: The required payment form fields are based on the payment method selected. If you would like to change payment information, click Modify Payment or Change Payment Method

8. Select the check box giving MAXIMUS Federal Services permission to process the payment.
9. Click Continue.
10. Verify the payment information.
11. Click Confirm Payment. A payment receipt is generated that you can

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