



# Maryland UCA: PASRR & Level of Care Request Training

August 2024

# Agenda

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- Contact Information
- Purpose
- Housekeeping
- Submitting a Level 1 PASRR
- Level of Care Submission updates
- Questions



# Contact Us

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## Program Director

Rhonda McLaughlin

**Website:** <https://telligenmd.Qualitrac.com>

## Maryland Call Center & Provider Help Desk

- Email: [MarylandUCSupport@telligen.com](mailto:MarylandUCSupport@telligen.com)
- Toll-Free Phone: 888-276-7075

## Portal Registration Questions

- Email: [qtregistration@telligen.com](mailto:qtregistration@telligen.com)
- Toll-Free Phone: (888) 276-7075



# Purpose

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- To provide step by step instructions for using the provider portal to submit a Level 1 PASRR
- To provide an update to the level of care workflow



# Housekeeping

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- **Questions**

- Please enter all questions into the chat
- Time at the end of the training will be reserved for questions
- Any unanswered questions will be answered and posted to the website

- **Content availability**

- Presentation will be posted to the website following the training
- **Website:** <https://Telligenmd.Qualitrac.com>
- Located in Education/Training

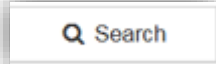



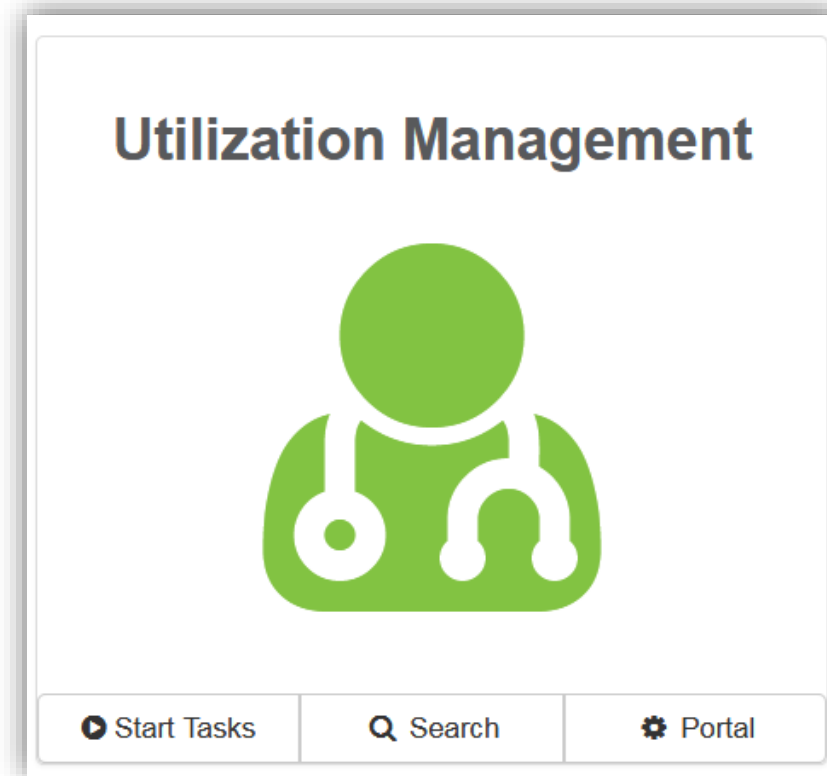
# Submitting a Level 1 PASRR



# Telligen Provider Portal – Adding a New Review



Click on the  box or the “magnifying glass” icon  in the toolbar to access the member search screen to look for information on a member or to start a new review.



# Telligen Provider Portal – Adding a New Review



## How To Locate a Member:

- Enter the Member's ID and Date of Birth
- Enter the member's First Name, Last Name and Date of Birth
- NOTE: The Member ID and the Date of Birth must match with what is on file in the MMIS system to locate the member information or to begin a new review for that member.

A screenshot of the Qualitrac web application interface. The top navigation bar includes the Qualitrac logo, a notification bell, a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar is a breadcrumb trail: 'Dashboard / Task Queue'. A horizontal menu contains four tabs: 'Scheduled Tasks', 'Member Search' (which is highlighted in blue), 'Cases', and 'Case/Request/Claim Search'. The main content area displays the heading 'Please search for the member by completing one of the following'. Below this heading are two search options separated by 'OR'. The first option has two input fields: 'Member ID \*' (containing 'Member ID') and 'Date Of Birth \*' (containing 'MM/DD/YYYY'), followed by a blue 'Search' button. The second option has three input fields: 'First Name \*' (containing 'First Name'), 'Last Name \*' (containing 'Last Name'), and 'Date Of Birth \*' (containing 'MM/DD/YYYY'), followed by a blue 'Search' button.



# Telligen Provider Portal – Adding a New Review



- The member(s) matching the criteria entered will populate
- Select the appropriate member
  - Click on any of the data fields in blue to access the member information or to start a new review for the member.

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID \*      Date Of Birth \*      Search

TEMP000000100323      01/03/1978

OR

First Name \*      Last Name \*      Date Of Birth \*      Search

First Name      Last Name      MM/DD/YYYY

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
TEMP000000100323	Wilson	Stephanie		01/03/1978	Female

Show 10 entries      Showing 1 to 1 of 1 entries      Previous 1 Next



# Adding a Member to Qualitrac

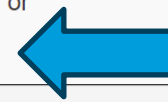


If you search for a patient and they are not found in Qualitrac, you can click “Add Member.”

<b>Member ID *</b> <input type="text" value="Member ID"/>	<b>Date Of Birth *</b> <input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Search"/>	OR	<b>First Name *</b> <input type="text" value="Lacey"/>	<b>Last Name *</b> <input type="text" value="Dalton"/>	<b>Date Of Birth *</b> <input type="text" value="05/05/1974"/>	<input type="button" value="Search"/>
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Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
<b>Member Not Found.</b> Try searching again or <input type="button" value="Add Member"/>					

Show  entries Showing 0 to 0 of 0 entries [Previous](#) [Next](#)



# Adding a Member to Qualitrac cont.



You will need to complete this screen with the member information. After this is completed, you will be taken to the Member Hub.

Add Member ✕

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Demographics

<b>First Name *</b> <input type="text" value="Lacey"/>	<b>Middle Name</b> <input type="text"/>	<b>Last Name *</b> <input type="text" value="Dalton"/>
<b>Client *</b> <input type="text" value="MARYLAND"/>	<b>Birth Date *</b> <input type="text" value="05/05/1974"/>	<b>Gender *</b> <input type="text" value="Female"/>

Identifiers

<b>Social Security Number *</b> <input type="text" value="333-33-3333"/>	<b>Member Id *</b> <input type="text" value="N/A"/>
<b>Relationship To Subscriber *</b> <input type="text" value="Self"/>	

Contact Information

<b>Address Line 1 *</b> <input type="text"/>	<b>Address Line 2</b> <input type="text"/>
<b>City *</b> <input type="text"/>	<b>State *</b> <input type="text"/>
<b>Phone</b>	<b>Phone Type</b>




# Telligen Provider Portal – Adding a new review






## ▪ The Member Hub:


- The Telligen Provider Portal allows you to view information related to this member based on rights of your role.
- You will be able to see their contact information
- You will be able to see any reviews that have been submitted for them on behalf of your organization.

 Lacey Dalton View Member Details

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 Member ID: TEMP000000100808       Date of Birth: 05/05/1974       Phone Number: (443) 555-5555      Client: MARYLAND

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 Utilization Management View Cases + Add

Hiding canceled cases. Show



# Telligen Provider Portal – View Member Details



- Clicking on the **View Member Details** box opens the window to provide the user with more information for the member.

Lacey Dalton View Member Details

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**Member ID:** TEMP000000100808      **Date of Birth:** 05/05/1974      **Phone Number:** (443) 555-5555      **Client:** MARYLAND

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<b>Phone</b> <u>Home:</u> <u>Cell:</u> (443) 555-5555 ★ <u>Work:</u> <u>Other:</u>	<b>Mailing Address</b> , <b>Physical Address</b> 321 Some Place Nowhere, MD 21251	<b>Preferred Contact Information</b>  <b>Method</b>  <b>Gender Identity</b>  <b>Notes</b>	<b>Language</b>  <b>Pronouns</b>
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View Even More Member Details



# Telligen Provider Portal – Utilization Management Panel



The **Utilization Management Panel** will contain all information related to all UM reviews submitted for the member on behalf of your organization or those that were shared with your organization through the provider visibility panel. Use the  button to start a new request.

Lacey Dalton [View Member Details](#)

Member ID: TEMP000000100808    Date of Birth: 05/05/1974    Phone Number: (443) 555-5555    Client: MARYLAND

### Utilization Management

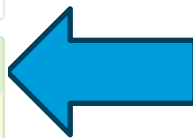
[View Cases](#) [+ Add](#)

Hiding canceled cases. [Show](#)

Show  entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
No data available in table										

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)



# Telligen Provider Portal – Required sections

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The following panels will be required for your request:

- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**

We will review each of these sections



# Telligen Provider Portal – Add New Request



To begin a new request, fill in the **Authorization Request** panel.

- Date will prepopulate with the current date

### Authorization Request

<b>Date Request Received *</b> 06/14/2022 12:41 pm	<b>Review Type *</b> <input type="text"/>	<b>Place of Service *</b> <input type="text"/>	<b>Type of Service *</b> <input type="text"/>
<b>Timing *</b> <input type="text"/>			

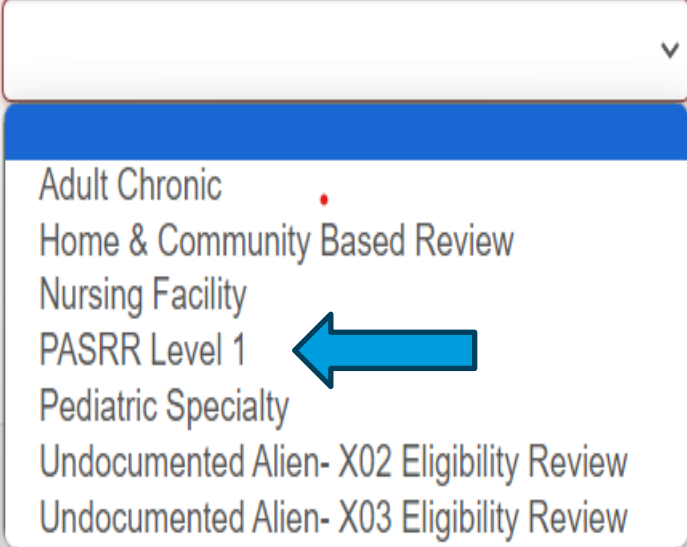




# Authorization Request Panel- Review Type

- Enter the **Review Type**: This is where you will select the type of review you are requesting.
  - The review appropriate for this review type is **PASRR Level 1**

Review Type \*  Review Type is a required field



Adult Chronic

Home & Community Based Review

Nursing Facility

PASRR Level 1

Pediatric Specialty

Undocumented Alien- X02 Eligibility Review

Undocumented Alien- X03 Eligibility Review

# Authorization Request Panel cont.



- **Place of Service:** This is where you will select the place where care is being given.
- **Type of Service:** This is the type of service being requested.
- **Timing:** This is where you will select Prospective, Concurrent or Retrospective
- Select **Add New Request** to complete the process.
  - If the request was entered in error, you can select Cancel to remove the request

### Authorization Request

<b>Date Request Received *</b> 07/22/2024 11:52 am	<b>Review Type *</b> PASRR Level 1	<b>Place of Service *</b> Inpatient Hospital	<b>Type of Service *</b> Nursing Facility
<b>Timing *</b> Prospective			

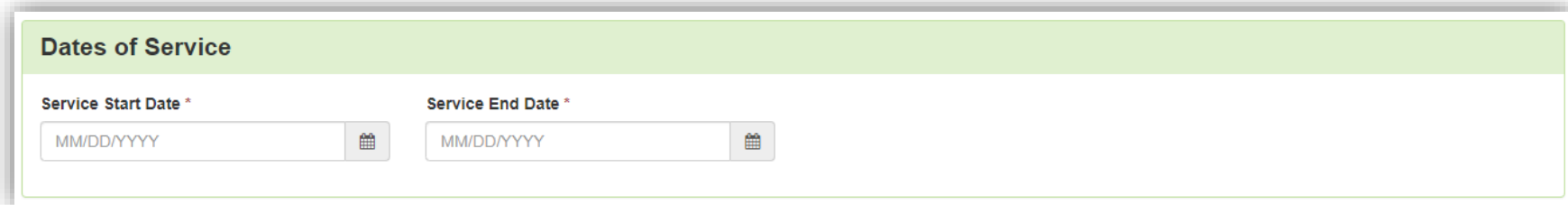
- **Prospective** – This is a review timing that is submitted prior to any services starting or before any type of inpatient stay. The requested start date must be in the future.  
*This will be the timing you use for PASRR submission.*
- **Concurrent** – This is the first review that is submitted if services have started. The requested start date should be the day of the request.
- **Retrospective** – This is a review timing that is submitted after all services have been provided. The start date and the discharge/end date should both be prior to the request date.



# Dates of Service Panel

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- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Dates of Service Panel** is used to enter the Service Start Date and the Service End Date



The screenshot shows a web form titled "Dates of Service" with a light green header. Below the header, there are two input fields. The first field is labeled "Service Start Date \*" and contains the placeholder text "MM/DD/YYYY" followed by a calendar icon. The second field is labeled "Service End Date \*" and also contains the placeholder text "MM/DD/YYYY" followed by a calendar icon.



# Coverage Panel



- The **Coverage Panel** will detail information about the member's eligibility.
- The Medicare Indicator and Third-Party Liability will default to No/Not Supplied unless there is information from MMIS stating that the member has Medicare or other insurance.

## ⚠ Member Not Eligible

This member appears to either not meet eligibility requirements or has multiple coverage plans. We cannot confirm eligibility for the entire span of care. Please provide rationale for continuing with this request.

Group	Section	Plan	Start Date	End Date
No Coverage Found				
<b>Medicare Indicator *</b>		<b>Third Party Liability *</b>		<b>EPSDT Indicator *</b>
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Eligibility Comment *</b>				
<input type="text"/>				

## Coverage Panel cont.

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- There is an Eligibility comment box where you can enter information related to the member's eligibility.
- This will also allow the submitter to override lack of eligibility for those member's whose eligibility may be at a future date and the request is being submitted in advance.

**Medicare Indicator \***

**Third Party Liability \***

**EPSDT Indicator \***

Yes  No



**Eligibility Comment \***




# Providers Panel: Physician and Provider Information



- **Providers:** This section requires information related to who is ordering and providing the care:
  - *Ordering Provider*- The person or Organization ordering the care
  - *Treating Facility* – The **organization** providing the care

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility *			.			Not Supplied		
Ordering Provider *						Not Supplied		

 click the Add button on each box to fill in the necessary provider information



# Entering Physician and Facility Information



- Clicking **+ Add** will open a search box. You can search by entering an NPI number or by filling in any of the information boxes provided if the NPI is not known.
- Once you have entered the necessary information, click search to locate the physician or facility you are looking for.

Dashboard / Task Queue / Member Hub / Request / Provider Selection Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ?	Other ID Number ?	Last / Organization Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	Wyoming ▼	<input type="text"/>	<input type="text"/>







# Entering Physician and Facility Information



- Clicking search will return **all** results that meet your entered criteria.
- Click the blue hyperlink in the provider's name to view additional details.
- Check the provider details before selecting, validating the correct provider and the taxonomy ID aligns to the services being requested

Taxonomy				
Primary	Taxonomy	State	License Number	Source
PRIMARY	282N00000X - General Acute Care Hospital			Application
PRIMARY	282N00000X - General Acute Care Hospital			NPPES


- Use the green plus box next to the name to select the provider/facility that you need for the review.


Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
 MARYLAND GENERAL HOSPITAL INC	1669565180				827 Linden Ave Baltimore, MD, 21201	(410) 225-8000	General Acute Care Hospital	NPPES



# Entering Physician and Facility Information



- You will see the physician's name or facility name and information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the  button to search and find a new physician/facility for the one that was deleted.

Providers						
Type	Name	NPI	Address	Phone	Primary Taxonomy	
Treating Physician	 JACKSON, ALLEN		Clinic #: 1 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	



# Provider Organization Visibility Panel

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- **Provider Organization Visibility:** This box is required, allowing you to share this review with everyone in your organization.


The screenshot shows a web interface element titled "Provider Organization Visibility" with a help icon. Below the title, the user's name "Wilson, Stephanie, User" is displayed. A dropdown menu is open, showing the selected organization "ST LUKE'S REGIONAL MEDICAL CENTER".



# Diagnosis Panel



- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- You will use the  button to add a new diagnosis to the panel.
- You can enter as many diagnoses as needed.
- You do have the ability to reorder or prioritize the diagnoses using the drag and drop feature.

Diagnosis							
Seq.	Code	Description	Final Dx	POA	NOS	Action	
No Diagnoses Supplied							



# Procedure Panel



The procedure panel is completed by default. It will automatically populate the procedure for the Level 1 PASRR.

## Procedures

+ Add

Seq.	Code	Description	NOS	Modifiers	Qty.	Frequency	Cost	Action
1	T2010	PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN			1 unit(s)			 



## Assessment

### Reason For PASRR 1 Submission

#### Please provide the Credentials of Person Submitting The Level 1 Screening \*

- Qualified Mental Health Provider(LCSW, Psych RN, LPC, etc.)
- Other

#### Reporting status change/ Other reason for submitting level I \*

- Pre-admission
- Admitted without PASRR
- Resident initially admitted under exempted hospital discharge (EHD); needs longer NF stay
- Resident initially admitted under other categorical/advance group determination reasons for convalescent care, emergency/protective services, acute delirium, or respite care; needs longer NF stay
- Missing documentation
- Existing Level 2 no longer represents individual's current condition or new diagnosis/diagnoses found after admission
- MH diagnosis clarification – (EXAMPLE: Conflicting diagnosis)
- Recent in-patient psychiatric hospitalization, or emergency department evaluation (without admission) including suicidal/homicidal ideation or increase in psychotic behavior – within the last 3 months
- Discovery of possible I/DD condition not previously known
- Transfer from NF to NF
- Other reason for submitting Level 1

## PASRR Assessment cont.

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- The PASRR assessment in Qualitrac is new.
- It has additional questions that ensure the correct information is collected.
- The assessment contains skip logic to ensure only the questions needed are answered.



# PASRR Assessment cont

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Telligen does **NOT** perform Level II assessments in Maryland, and these 2 areas are not required and can be skipped.

Who should the Telligen scheduling team contact to schedule the level 2 Assessment (If Applicable)

Name

Additional Scheduling Contact Information

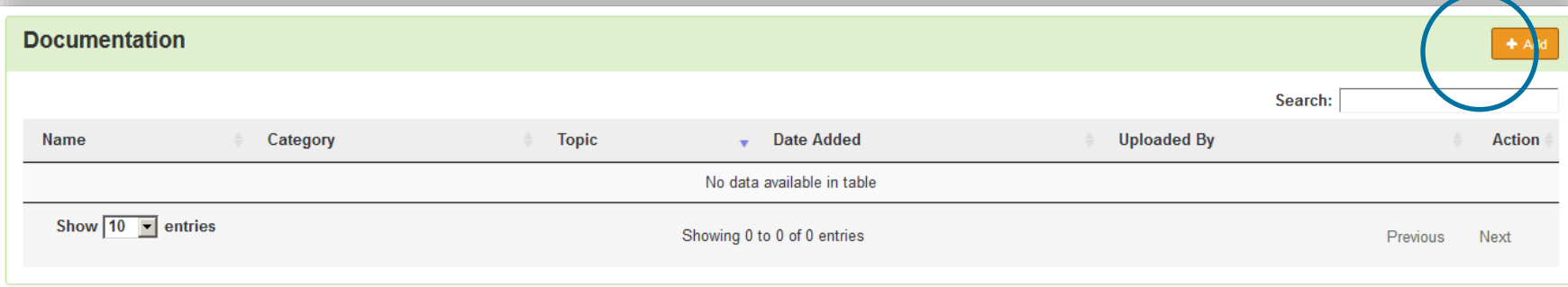
Additional Name





# Documentation Panel

- **Documentation Panel** is the final panel on the page to submit the review.
- This is where you will upload the Exempted Hospital Discharge form or a copy of the patient's face sheet.



Documentation

+ Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Show 10 entries

Showing 0 to 0 of 0 entries

Previous Next



# Documentation Panel cont.



- **Category:**
  - select from the drop down the type of document that you are attaching.
- **Topic:**
  - Select from the drop-down type of document being attached.
- Click Upload to attach the information to the review.
- **NOTE:** This can be repeated as many times as necessary to get all relevant documentation added.

**i File Upload Restrictions**

- Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls,xlsx, txt, xps, csv
- Size: Less than or equal to 300 Mb

Drop a file here or [Click here](#) to Upload

- 1288 Form
- 257 Form
- 3871b Form
- 401 Letter
- Appeal Request
- Consent
- Criteria & Policy (internal use only)
- Exempt Hospital Discharge (EHD) Documentation**
- PASRR Level 1
- PASRR Level 2
- PR Outcome (3rd Party)
- QT2.0 Migration
- Clinical



# Exempted Hospital Discharge (EHD)



- The Exempted Hospital Discharge form is required for all EHD PASRRs. It must be completed and uploaded to the Documentation Panel.
- A physician must sign it.
- It can be found at <http://telligenmd.Qualtrac.com> located in Forms.

## Physician Certification of Need for Nursing Facility Services

Applicant Information		
First Name:	Last Name:	M.I.:
Date of Birth:		
Name of Hospital Discharging From:		
Exempted Hospital Discharge		
Exempted discharge means:		
1. The applicant is being admitted to a nursing facility after receiving acute inpatient care at the hospital; <b>AND</b>	<input type="checkbox"/>	Yes <input type="checkbox"/> No
2. The applicant requires nursing facility care for the condition for which they received care in the hospital; <b>AND</b>	<input type="checkbox"/>	Yes <input type="checkbox"/> No
3. The attending physician, upon signing this document has certified to the nursing facility that the applicant is likely to require less than thirty (30) days of nursing facility services.	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>Note:</b> If you answered "No" to any of the above questions, the individual is not eligible for an Exempted Hospital Discharge according to 42 CFR 483.106(b)(2). Please continue with the Level I screen and Level II Evaluation if needed.		
Attending Physician Signature:	Date:	



# Completing your Review



- Once all the panels have been filled out, click Continue in the bottom right of the page to complete the review.

**Documentation** + Add

Show  entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
<a href="#">Exempted Hospital Discharge Form-May 2023</a>	Exempt Hospital Discharge (EHD) Documentation		07/22/2024	kreedprovider	

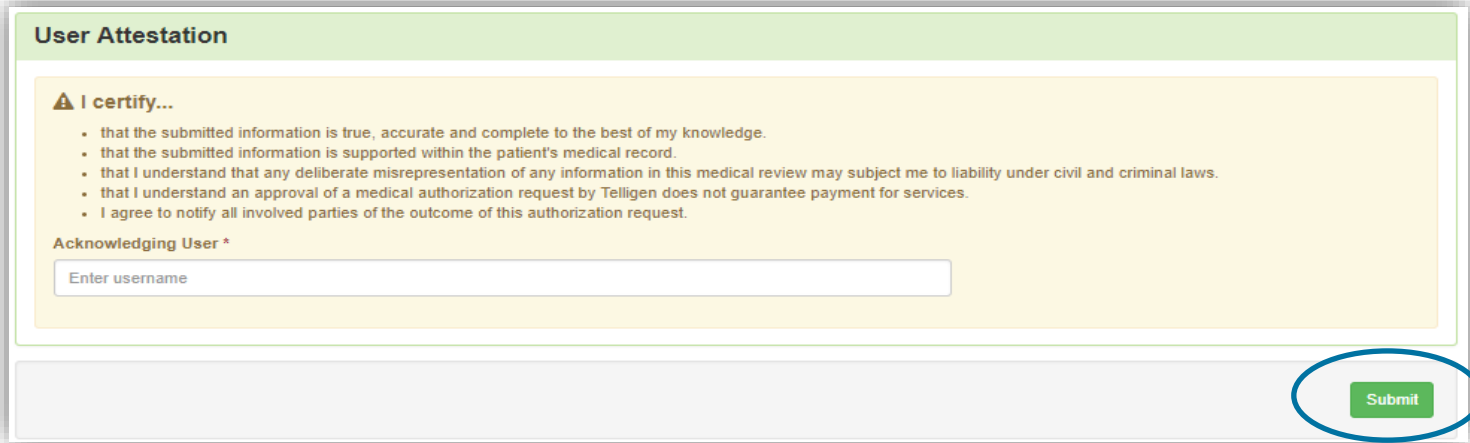
Showing 1 to 1 of 1 entries Previous  Next

📄 Continue



# Attestation

- The last piece of submission is to enter your **Username** in the attestation section



**User Attestation**

**⚠ I certify...**

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

**Acknowledging User \***

Enter username

**Submit**

- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing

## **ⓘ Error saving your Request**

There was an error with the following panel(s):

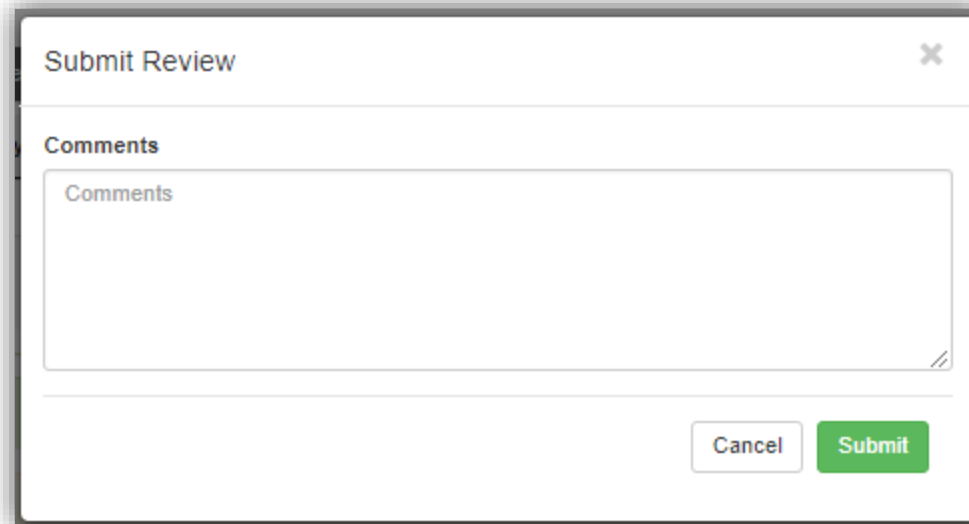
- **Documentation** - You must have one or more documents



# Comments

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- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- **This is not required to complete the review.**

A screenshot of a 'Submit Review' modal form. The form has a title bar with 'Submit Review' and a close button (X). Below the title bar, there is a section labeled 'Comments' containing a large text input area with the placeholder text 'Comments'. At the bottom right of the form, there are two buttons: a 'Cancel' button and a green 'Submit' button.

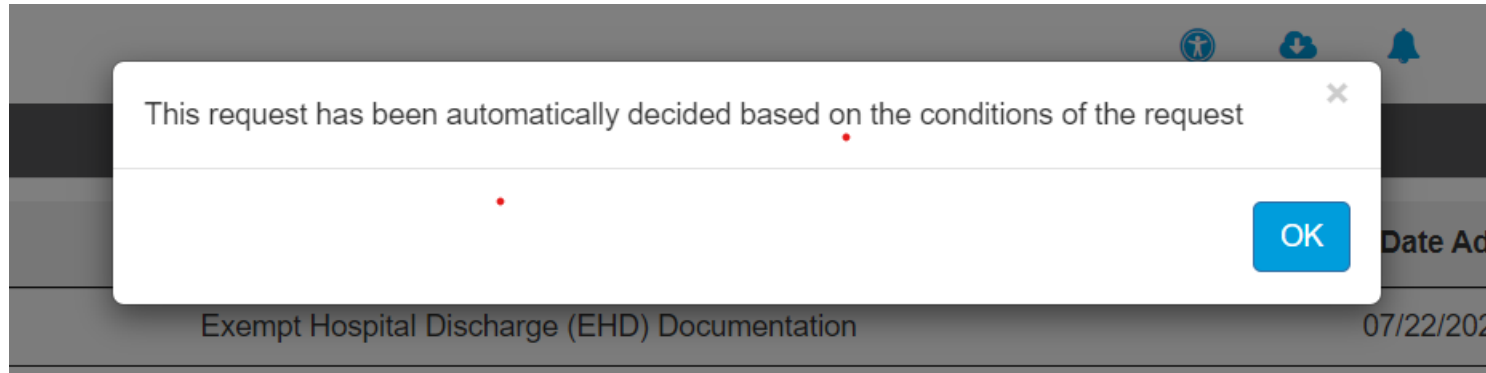
# PASRR Level 1 – Auto Approval

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The review will be automatically approved if the PASRR meets all requirements for an exempted hospital discharge or a Level 1.

You will see the following message:



# PASRR Level 1 Auto Approvals



For PASRR Level 1s that are auto-approved, you will see the determination in the Member Hub.

**Utilization Management** View Cases + Add

Hiding canceled cases. Show

Show  entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	35835	35847	PASRR Level 1	Prospective		JOHNS HOPKINS HOSPITAL	07/23/2024		Auto Approved (Provisional Admission)	...





# PASRR Level 1 Auto Approvals cont



You can also find the outcome on the “cases” tab.

Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Case Status	Outcome
35835	TEMP000000100808	Dalton	Lacey	PASRR Level 1	Prospective	07/22/2024 12:39 pm	Complete	Auto Approved



# Level 1 – Not Auto Approved



If the PASRR Level 1 is not auto-approved, you will be taken through MCG.

Click on Document Clinical

**Patient :** TEMP000000100808 **Name :** Dalton, Lacey **DOB :** 5/5/1974 **Gender :** Female

▼ show more

**Authorization :** EPS-00041483 **Type :** Admission authorization **Status :** NoDecisionYet

▼ show more

**Diagnosis Codes :** F01.51(ICD-10 Diagnosis) *primary* **Procedure Codes :** T2010(CPT/HCPCS) *primary*

**Diagnosis Code:** F01.51 (ICD-10 Diagnosis)

**Description :** VASC DEMENTIA WITH BEHAVIORAL DIST

🔍 Document Clinical

✓ Submit Request

# Level 1 PASRR – Not Auto Approved



Click on No Guideline Applies and enter a comment.

Click on Save.

Click on Submit Request.

**Diagnosis Code:** F01.51 (ICD-10 Diagnosis)  
**Description :** VASC DEMENTIA WITH BEHAVIORAL DIST

No Guideline Applies

PASRR Level 1 submission.

975 characters left for notes.

Share this window

Save Cancel

✓ **Diagnosis Code:** F01.51 (ICD-10 Diagnosis) show more

**Description :** VASC DEMENTIA WITH BEHAVIORAL DIST

Submit Request

# PASRR Level 1 Determination



For PASRRs that are not auto-approved, they will be approved with one of three reasons, which will indicate if a Level II is needed.

RC Recommendation	
Outcome *	Approved
Outcome Reason *	
Authorization Number	
Start Date *	

- Level II Needed
- No Level II Required
- Provisional Admission



# PASRR Level 1 Determination cont



You can find the outcome for the PASRR level 1 determination on the Outcome screen or in the Member hub.

**Utilization Management** View Cases + Add

Hiding canceled cases. Show

Show  entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	35840	35852	PASRR Level 1	Prospective		JOHNS HOPKINS HOSPITAL	07/25/2024		Approved (Level II Needed)	...



# Level of Care Submission Updates

# Updates to Levels of Care

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- The biggest impact on the levels of care is for the nursing facilities.
- Facilities will get reminders when their continued stay reviews are due.
- For this to happen, the TREATING FACILITY must be updated.
  
- Telligen understands that an acute hospital may not know which facility the patient is being transferred to at the time of the request.
- Acute care providers will have **one week** to update the provider after the level of care is approved.



# Updating the Treating Facility



- Select the case from the cases tab. This will take you directly to the review.

Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Case Status	Outcome
34229	1543931374	Jackson	Moe	Nursing Facility	Prospective	06/14/2024 04:32 pm	Discharge Information Required	Approved





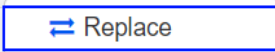


# Updating the Treating Facility cont



- Scroll down to the Treating Facility pane and click on the ellipses.
- Click replace.

## Providers

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	 FUTURE CARE CHESAPEAKE	1174527055	Clinic #: 00 305 College Parkway Arnold, MD, 21012					
Ordering Provider	 FUTURE CARE CHESAPEAKE	1174527055	Clinic #: 00 305 College Parkway Arnold, MD, 21012					 



# Updating the Treating Facility cont



- Search for the new provider and click the add button.



**Providers** ← Back


NPI Number  Other ID Number  Organization Name

City  State  Zip Code  Taxonomy

Search using NPPES  ON Search

Show  entries Search:

Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
 FUTURE CARE IRVINGTON LLC	1285638908	4004507	4004507		Clinic #: 00 Addr: 22 S Athol Street Baltimore, MD, 21229			Provider File



# Provider Visibility



In the provider visibility panel, click edit and then click the dropdown to give the new provider visibility to the level of care. Then click submit.

**Provider Organization Visibility** ?

Reed, Kim, User

[Edit](#)

A blue arrow with the number '1' inside, pointing upwards to the 'Edit' button.

**Provider Organization Visibility** ?

Reed, Kim, User

[Cancel](#) [Submit](#)

A blue arrow with the number '2' inside, pointing left towards the dropdown menu.  
A blue arrow with the number '3' inside, pointing upwards to the 'Submit' button.

