



Developmental Disabilities Administration
(DDA) Provider Portal System and Service
Billing Guide
Version 4.0

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Common Terms

Adjustment	This falls under the Service Modification (SM) umbrella, when a service needs to be edited or an additional service needs to be added to a service date and there is a closed claim for that date, the agency will need to adjust the claim to submit the edit or new service by submitting an adjustment.
Admin Provider	The admin provider role is used by agency administrators. This role can create and edit staff profiles and manage all billing functions. The admin provider is able to add additional admin providers.
Agency Provider	An organization that employs and manages staff providers for the purpose of providing services to people who need assistance with Activities of Daily Living (ADLs).
Billing Provider	The billing provider role is used to manage billing. Billing providers are not able to create or edit staff profiles. This role is assigned by the admin provider.
Claim	A combination of one or more services bundled together based on shared agency provider number, participant Medicaid (MA) number, procedure code, and date of service. Services are bundled into claims and submitted to MMIS nightly.
DSP/Staff Provider	The staff provider (DSP) administers services to the participant according to the POC. The staff provider/DSP must clock in and out for every service provided using the EVV Mobile app or IVR telephone system if the app is not unavailable.
EVV	Federal law requires that Maryland use electronic visit verification (EVV) to verify data elements for certain services. EVV refers to technology that electronically verifies that services are delivered at the right time, to the right place to the right person.
EVV Mobile App	This is one of the primary methods that Maryland uses to adhere to the state required EVV system use for personal Assistant Services. This is a mobile application that the DSP will use to clock in and out for EVV services.
Exception	An exception is a failure of validation that prevents a claim from generating. Services with exceptions will remain in a pending status in the LTSS <i>Maryland</i> Provider Portal until the issue is resolved.
ISAS Telephone EVV	This is one of the methods that Maryland uses to adhere to the state required EVV system use for personal Assistant Services. This is a phone-based system that the DSP will use to clock in and out for EVV services.
IVR Telephone System	A telephone based call-in/clock-out system. While the EVV app is the preferred method, the IVR call-in system is an option when the app is not available.
Missing Time Request	This falls under the Service Modification (SM) umbrella and occurs when a agency needs to submit a manual clock in and/or out and there is no claim for the date of service
MMIS	Medicaid Management Information system (MMIS). MMIS is the state's Medicaid claims payment system.
Non-EVV	Services that do not require an EVV system to clock in and out for services.
OTP Device	A One Time Passcode Device (OTP) is a time-synchronized device issued to some participants for use with clocking in and out.

Participant / Client	Refers to the person that is receiving services from an agency according to an active POC
Proc Codes	Medicaid waiver service billing code
Provider Portal	The Provider Portal (PP) is the LTSS <i>Maryland</i> billing management module for agency providers giving services in specific Home and Community Based Service (HCBS) programs.
Provider Program Director Role	Provider Program Directors are responsible for making decisions on service referrals. Provider Program Directors can view billing information but cannot enter or modify it.
Provider Program Staff Role	Provider Program Staff assist the Provider Program Director with reviewing service plan referrals before the Provider Program Director makes decisions on accepting or declining service referrals. Provider Program Staff can view billing information but not enter or modify it.
Remittance Advice (RA)	A report of Medicaid claims payments (and rejections). RA Number is the check number for the RA payment. This comes from Medicaid. RA Date is the date which the payment was completed in the Medicaid system. The provider agency will receive the payment sometime shortly after this date.
Service	A complete shift created when a staff provider/DSP clocks in and out
Service Modification	A Service Modification (SM) occurs any time a service needs to be manually entered, edited or voided. A modification can be submitted as a new service, as an edit to an existing service, or as an edit to a service with an associated claim. All SM's must reflect the EXACT date, time and reason for the modification. All modifications submitted that do not reflect accurate information can be considered fraudulent billing.

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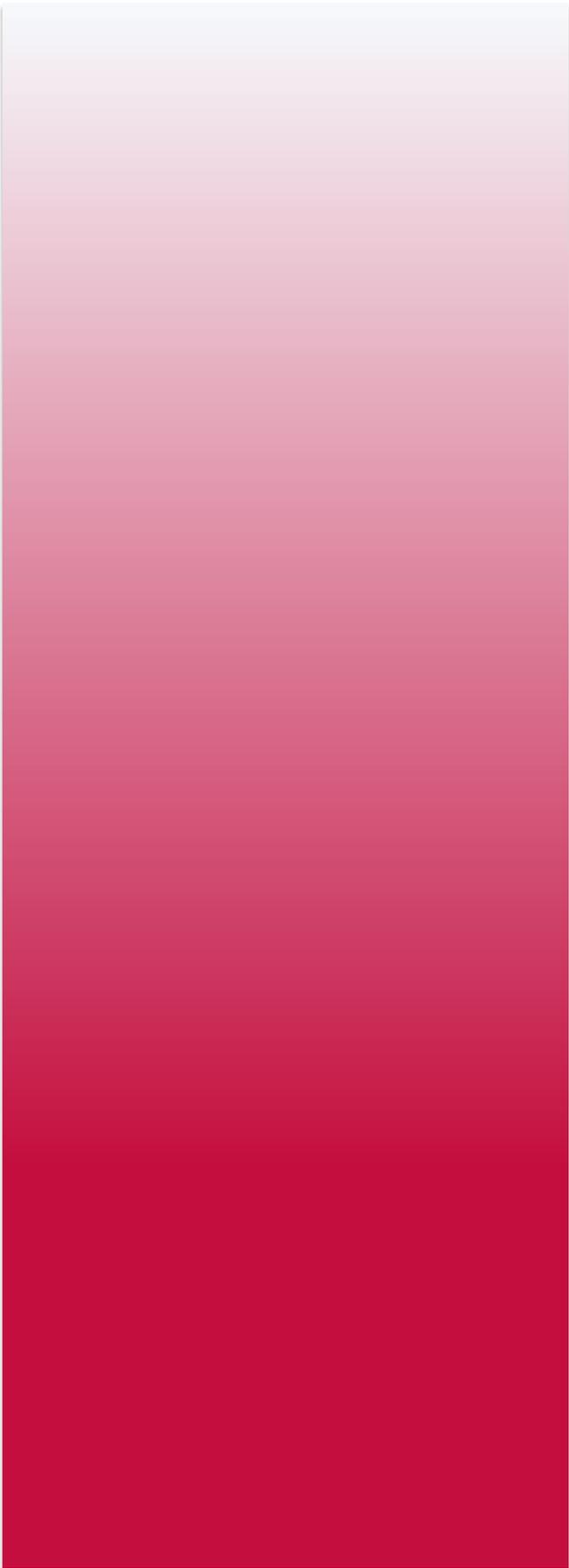
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Section 1: Introduction to the Provider Portal

This section covers everything you need to know to start using the Provider Portal. After reading this section you will know how to set-up an account within the Provider Portal, set-up staff accounts and navigate the Provider Portal.

What is the Provider Portal?

The Provider Portal (PP) is the LTSS*Maryland* billing management module for agency providers giving services in specific Home and Community Based Service (HCBS) programs. Within PP the agency provider can do the following:

- Manage Clients
- Manage Staff
- Manage Services Provided
- Manage Billing
- Manage Claims

The Provider Portal works in conjunction with the following systems:

- Medicaid Management Information system (MMIS): The state's Medicaid claims payment system. PP integrates directly with MMIS and serves as an administration and billing tool for services rendered by Providers who are associated with Long Term Care Agencies within the state of Maryland.
- LTSS*Maryland* System: Is a web-based, participant-centered system for service management and case management.
- LTSS Mobile EVV Application: The Maryland Department of Health's (MDH) Electronic Visit Verification mobile application for verifying home and community-based service delivery.
- The ISAS (In-home Support Assurance System) Telephone EVV: The Maryland Department of Health's (MDH) Electronic Visit Verification Phone based system for verifying home and community-based service delivery.

How to Register your Agency for a Provider Portal Account:

To register your Provider Agency to use the Provider Portal, you will need to contact the technical help desk at LTSSHelpDesk@LTSSMaryland.org or **1-855-463-5877** to create an administrator account.

You will need to provide the following information:

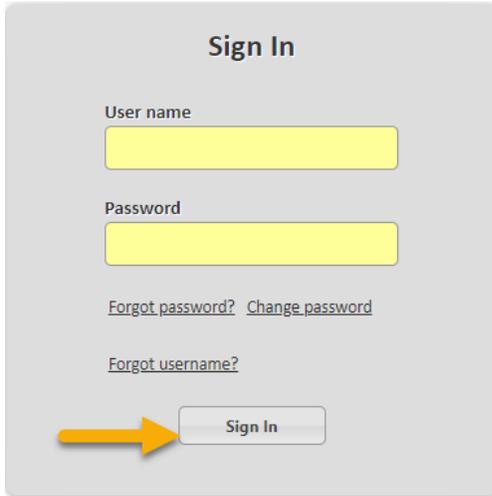
- Your name
- Your email addresses
- Provider Agency phone number
- Provider Agency name
- Provider Agency FEIN

Note: Your agency will only need to reach out to the help desk to create the first admin account for your agency. Once the admin account is created, the admin can create new accounts within the provider portal including other admin role accounts.

How to Login to the Provider Portal:

1. The Provider Portal website URL is <https://LTSSMaryland.org>.
2. Enter your Username and Password and click the Sign In button.

Important: For privacy purposes Do NOT share your username or password with anyone.



Sign In

User name

Password

[Forgot password?](#) [Change password](#)

[Forgot username?](#)

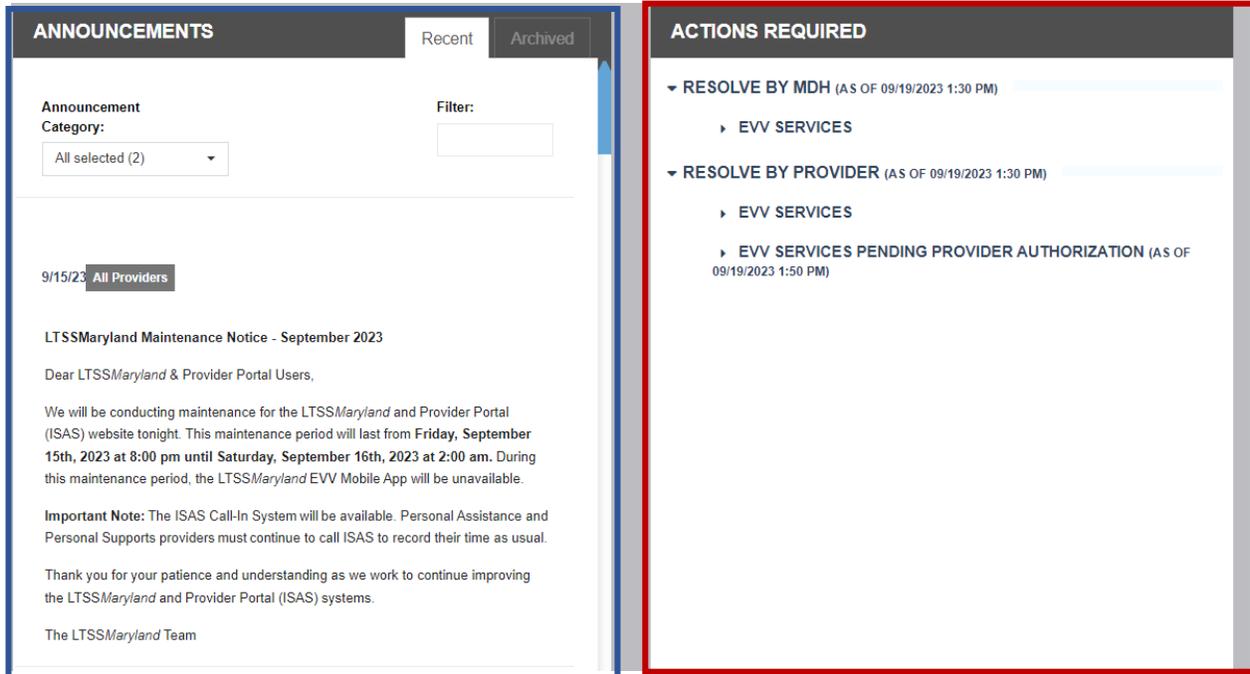
Navigating the Provider Portal:

When logging into the Provider Portal you will see a menu bar at the top of the screen. You will use this bar to navigate the website.



Home Tab:

This is the Provider Portal Landing page. Here you can find announcements from PBSO and pending tasks for the Provider Agency.



Announcements:

On the left-hand-side you will see “announcements.” PBSO will use this as a communication board to relay important information to your agency such as; important deadlines, system outages, training opportunities and much more so it's important to log in at least once a week to make sure you do not miss anything.

Actions Required:

On the right hand-side you will see a list of important actions. They are separated by who needs to take action to resolve the issue. The issue will pend until either MDH or your agency takes actions.

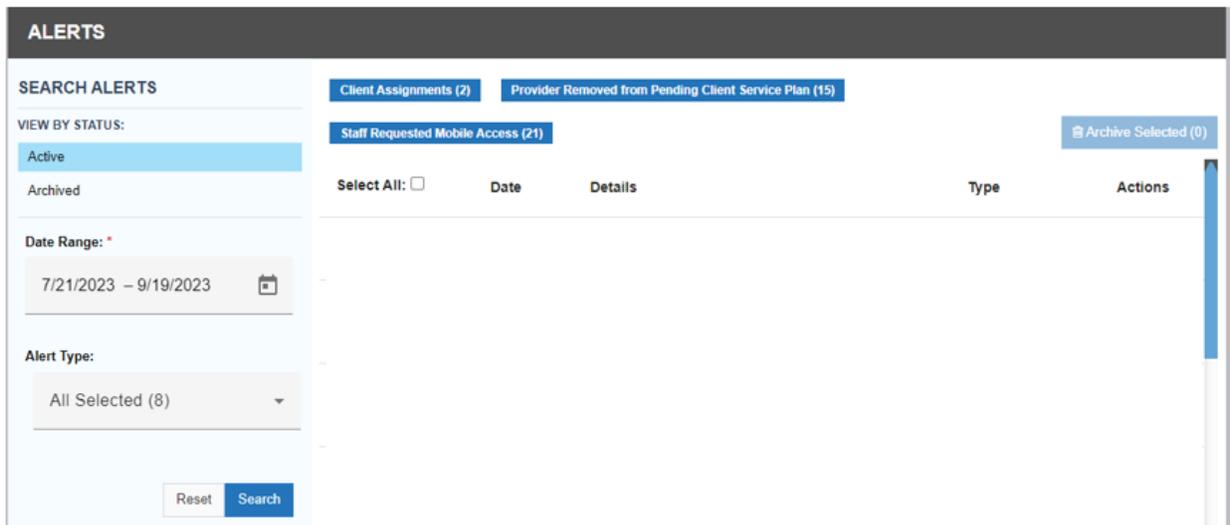
- **Service Plans Pending Acceptance:** Plans that require review and acceptance by the agency administrator or Provider Program Staff prior to the plan being approved by the RO
- **Redetermination due for client:** This section shows a count of client who are in need of upcoming waiver redeterminations. Providers can select the hyperlink to see a list of clients due for redetermination in the selected time frame. The provider can use this section as a point of reference to coordinate the redetermination process with the client CCS
- **Resolve by MDH:** These are services that were submitted for billing but are pending with an exception. These services will not close until MDH takes action.
- **Resolve by Provider:** These are services that were submitted for billing but are pending with an exception. These services will not close until your agency takes action.

- **EVV services Pending Provider Authorization:** These are services that the staff submitted manually through the EVV mobile app, meaning they forgot to clock in and/or out at the time of service so they manually submitted the service. Your agency will need to review the service before it is submitted for payment.
- **Duplicate Billing Entries:** This exception that occurs when more than one non-EVV service has been entered for the same date of service using the billing entries process. Both service for the date of services will enter a pending status until the duplicate is resolved. The services will pend until your agency resolves the exception.

Alerts Tab:

The Alerts tab contains important information that requires the agency’s immediate attention or information they should know. You can expect to find alerts for the following:

- **Client Assignment:** When a new client is assigned or unassigned to your agency or the client’s plan is edited
- **Client Losing MA Eligibility:** When a client has lost eligibility for receiving services funded by Medicaid
- **Client Losing Waiver Eligibility:** When a client has lost eligibility to receive waiver services
- **IVR Call Transactions:** A DDA Direct Service Professional (DSP) has used the ISAS telephone EVV to clock time for a client whose personal supports or respite 15-minute services are not yet turned on for billing through LTSS MD. If you see this alert, please contact the Regional Office for assistance
- **Staff Requested Mobile Access:** When a staff person requests access to the EVV mobile app. They must have permission from your agency before they can clock in and out through the app



Users see different alerts based on their user role

- All Administrators (Admin Providers) receive all alerts for the Provider Agency.
- Program Directors and Program Staff receive alerts on ending services on service plan and loss of waiver/program eligibility
- Billing staff receive alerts on loss of waiver/program eligibility, and when DSPs use the ISAS telephone EVV for clients for who Provider is not billing for EVV services through LTSS MD

Users may archive alerts that they have reviewed to clear it from the default alerts list

The screenshot shows the 'ALERTS' section of a software interface. On the left, there is a 'SEARCH ALERTS' sidebar with filters for 'VIEW BY STATUS' (Active, Archived), 'From Date' (06/13/2020), 'To Date' (08/12/2020), and 'Alert Type' (All selected (6)). The main area displays a table titled 'Client Assignments (4)' with a button to 'Archive Selected (1)'. The table has columns for 'Select All', 'Date', 'Details', 'Type', and 'Actions'. It lists four entries for 'Client Assignments' with dates ranging from 08/11/2020 to 08/11/2020. The first entry is selected with a checkmark.

Select All: <input type="checkbox"/>	Date	Details	Type	Actions
<input type="checkbox"/>	08/11/2020	Personal Supports service for Claude Training-Stiedemann ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	
<input type="checkbox"/>	08/11/2020	Personal Supports service for Paul Training-Flatley ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	
<input type="checkbox"/>	08/11/2020	Personal Supports service for Vanessa Training-Ralke ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	
<input checked="" type="checkbox"/>	08/11/2020	Personal Supports service for Pink Training-Paucek ends on 7/31/2020. Please contact the CCS Coordinator, if you have questions.	Client Assignments	

Services Tab:

The services tab contains all service information that has been billed for and entered into the provider portal.

There are 5 ways a service can enter the Provider Portal service tab:

- The EVV Mobile App
- The ISAS Telephone EVV
- Manually entered into the provider portal from a computer
- Uploaded through the Provider Upload API process (for non-EVV services only)
- Manual entry submitted by the staff through the EVV Mobile app that was approved by the agency

Service search options

Users can search for services using any of the below parameters in combination with the Service Date from and Service Date To fields to get the services with information that matches the search criteria.

- The search is limited to 1-year range. The "From-To" date cannot be more than one year apart

- “From-To” date cannot exceed 30 days without entering additional search information

Search Options:

- EVV or non EVV- This allows you to filter for only EVV services or Non-EVV services.
- Service Date From and Service Date to – Service date is the date the service is provided on. This parameter can be used to return services provided within a DOS range. The Service From and To Dates are defaulted to the date before the current date but can be modified to expand the range.
- Submission date from - to: this option allows you to search for services on the date they were submitted to Provider Portal.
- Service Type- Service type is the type of service provided. This parameter allows user to filter down to look for specific service types. By default, all services types for which the Provider has entered services for billing in the Provider Portal are selected.
- Service Status – Service status is the status that the service in. Allows to filter down services in a specific workflow status in the system.
- Exception Type –Exception type is the exception that is currently associated with the activity. All entered services are subject to validation to ensure they are within the defined and authorized services and limits according to the person’s PCP. If one or more validation checks fail, corresponding exceptions are assigned, and a claim is not created. This filter allows users to look for specific failures or exceptions so they can be resolved.
- Specific Client – This allows the user to filter for specific clients by
 - MA#
 - Name

- Client ID
- Provider- This allows the user to search by specific agency location or by a specific staff (DSP).

Advanced search options:

- Claim Status- This parameter is used to get services based on their status. Claims can have one of the following statuses. Multiple statuses can be selected.
 - Submitted to MMIS – services have passed the overnight checks, and a claim has been submitted to MMIS
 - Paid – The claim submitted to MMIS has been paid
 - Rejected – When MMIS returns remittance with no payment for the submitted claim, the claim status will be Rejected
 - None (No Status) – There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation
- Claim Type - This parameter is used to get services based on the type of claim created for it. Claims can have one of the below types. Multiple claims can be selected
 - Original – The Original or Initial claim submitted for the service, after the service is first entered and successfully clears the service validation
 - Adjustment- Claims created for modifications made to services after an original claim has been submitted to MMIS and either Paid or Rejected
 - Void- Claims that are reduced to 0 units
 - No claim- There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation
- RA No. (RA Number) – Allows search by the Remittance Advice Number received with a payment made by Medicaid to the Provider. Remittance Advice Number identifies all services paid with the associated check or payment (EFT).

Note: Service Date From and To fields that are required for other searches become optional when RA Number search is used (A) and the Submission Date parameters (B) are disabled for selection.
- ICN – Allows search by the Internal Control Number (ICN) received from MMIS. ICN is a 13-digit number assigned to each claim in Medicaid. As ICN identifies a single claim, entering an input parameter in the ICN field disables the other search fields within the search panel. *Note:* There is no ICN for state payment services
- Claim# – Allows search by the Claim Number assigned in Provider Portal for services billed to MMIS. The Claim# field is available when viewing services with a claim and can be used for internal communication within the Provider Agency or in communication with DDA

Search Results

After entering the search parameters described in the above section, the Search action in the search panel should be selected to view the Search results

SERVICE

Service Date From:* Service Date To:*

09/01/2023 09/14/2023

Submission Date From: Submission Date To:

Service Type:

All selected (3)

Service Status:

All selected (14)

Exception Type:

All selected (25)

CLIENT

Client ID/MA#:

Client Last Name: Client First Name:

PROVIDER

Reset Search

The Service search results will be defaulted to a listing of services grouped by the Client Name, in ascending alphabetical order. Selecting a Client Information card returns all services for the Client within the search parameters entered.

Provider Portal Home Services Clients Providers Reports Help Feedback Day_Admin User (On behalf of: Day_Admin User)

SERVICE & CLAIM SEARCH

CURRENT SEARCH FILTERS:
 Service Date From : 05/10/2019 Service Date To : 10/30/2019 Services : All Selected
 Service Status : Recorded, Provider in Progress, MDH in Progress, Pending Provider, Pending MDH, Ready, Closed, Not Authorized, Pending Claim Status : None, Submitted to MMIS, Paid, Rejected

CLIENT Filter by Last Name: All Total Count of Services : 22 Total Count of Services for Group by Client : 22 Group by Client Sort By: Date of Service

Client Name: **Doe, John**

ID # 1129831UJ105110
 MA # 66508441465

Services with Exceptions: 2
 Services: 22 Claims: 17

Client Name: Doe, John	LTSS ID # 1129831UJ105110	MA # 66508441465
Service Date: 08/01/2019	Claim Status: Paid	Claim Type: Original
Service Type: Employment Services - Discovery Milestone 1	Submission Date: 08/09/2019	Proc Code: W5654
Service Status: Closed	Provider #: 345678902	Provider FEIN: --
Units: 1	Provider Address: 333 First Street Test MD 21000	Provider Name: Employment Services Provider
Exceptions: 0	Total Billed: \$200.00	Total Paid: \$200.00
	Program: CP	Claim #: d9af9e42605442fba7f5368f80253876
	RA NO.: ZGS7Z6	Claim ICN: UPVGFJPPD21ZFQKOS I4P
	Staff Name: Day_Billing User	

< 1 > 1 of 1

Filter Search Results by Last Name

The user can filter By Last Name according to first letter of the Client's last name

CLIENT Filter by Last Name: All

Client Name: **Doe, John**

ID # 3659437OL761111
 MA # 10236511023

Services with Exceptions: 0
 Services: 1 Claims: 1

Client Name: **Doe, Jane**

ID # 2509173LA1650000
 MA # 23022543087

Services with Exceptions: 1
 Services: 3 Claims: 2

Filter by Last Name

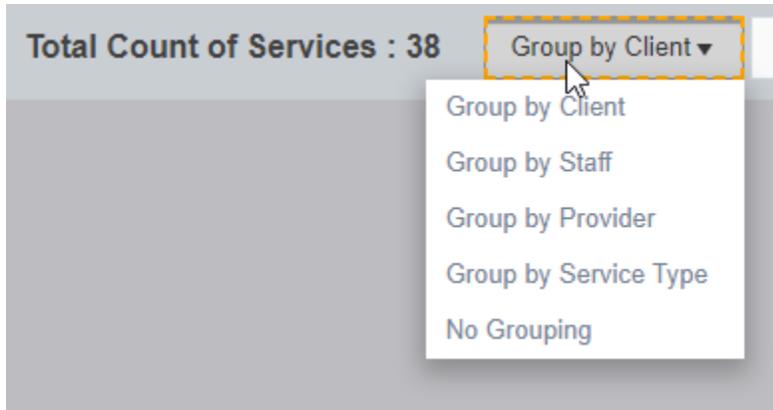
- All
- A - F
- G - L
- M - Q
- R - Z

Change Search Results Grouping

The default Client grouping of Service Search results can be modified to view the results in one of the following available grouped views

- Group by Provider to view results based on Provider#
- Group by Service Type to view results based on type of Service

- Group by Client return to Client grouping from one of the other views
- No Grouping to view results in descending order based on Service Date



Sort Search Results

Search results can be sorted by the following parameters



- Date of Service to view results in descending order based on Service Date.
- Client's Last Name to view results in ascending alphabetical order based on last name of client.
- Service Type to view results in ascending alphabetical order based on Type of Service.
- Claim Status to view results in ascending order based on status of the service's claim.

Client Tab:

Searching for Persons Receiving Services

Administrative, Billing, and Program staff from the Provider Agency can search for and view information including demographics, enrollment information, service plans, and other data about the persons they support in the "Client" tab in the LTSSMaryland Provider Portal. Each person has a "Client Profile" that displays information about the person. Provider Agencies are only able to search for and view persons that are actively receiving services or are approved for services in the future. Providers cannot modify the client profile.

The following search parameters are available to search for client profiles (See below screenshot listing all the search parameters):

- DOB – Person’s Date of Birth. This is a calendar selection that also accepts manual entry in

the format MM/DD/YYYY

- Phone# – Person’s phone number. Auto Formats to (###) ###-####
- Last Name – Person’s last name
- First Name – Person’s first name
- Client ID – Person’s unique LTSS identifier
- MA# – Person’s Medicaid number
- DDA Provider Portal User Manual
- Updated Oct. 2020
- Client Region – Assigned DDA Regional Office for the person (CMRO, ESRO, SMRO, WMRO)
- Enrolled Program – Person’s currently enrolled program
- Client MA Eligible –Yes/No (active Community Medicaid eligible or not)
- Jurisdiction – List of Maryland Counties
- Provider #/Provider Name – Provider Agency locations assigned to the provider staff. All assigned locations are available for selection from a dropdown. Multi-select is allowed
- Waiver Eligibility – Yes/No. Allows filtering on whether the person is currently enrolled in a waiver program or not

Client Information:

PERSON CENTERED PLAN - DETAILS ✕

CLIENT INFORMATION

Participant Name: Doe, John	Nickname / AKA: --	Date of Birth: 03/11/1933	Age: 86
Client ID: 3319311EB633110	MA#: 24818853343	Primary Phone#: --	Current Address: 87590 Gunnar Mountain, Apt. 892, South Stanfordsmouth, MD 55010

Meets Definition of Community Setting?
Yes

- > PLAN DETAILS
- > PLAN CONTACTS
- > SUMMARY
- > OUTCOMES
- > DETAILED OUTCOMES
- > SERVICE AUTHORIZATION
- > SIGNATURES
- > SERVICE PLAN WORKFLOW HISTORY
- > PROVIDER ACCEPTANCE WORKFLOW HISTORY

Plan Details

The Plan Details section shows the basic information of the plan:

- Program type – The program the person is enrolled in
- Meeting Date – The date the meeting was conducted to draft the PCP
- Annual PCP Date- The effective date of the Annual PCP. This gives an insight into when the Annual PCP is due
- Effective/End Date – The start and end dates of this PCP
- Plan Type – The type of the PCP (Initial/Annual/Revised)
- Is Urgent – If yes, then the PCP decisions are taken with urgent priority
- Monthly Monitoring required – Whether or not monthly monitoring is required is indicated in this field

PERSON CENTERED PLAN - DETAILS ✕

› CLIENT INFORMATION

✕ PLAN DETAILS

Program Type: CP	Meeting Date: 08/01/2019	Annual PCP Date: 07/01/2020	Create Date: 08/01/2019
Effective Date: 08/01/2019	End Date: --	Plan Type: Initial PCP	Is Urgent?: No
Monthly Monitoring Required? No			

› PLAN CONTACTS

› SUMMARY

› OUTCOMES

› DETAILED OUTCOMES

› SERVICE AUTHORIZATION

› SIGNATURES

› SERVICE PLAN WORKFLOW HISTORY

› PROVIDER ACCEPTANCE WORKFLOW HISTORY

Plan Contacts

Includes information on CCS contact person for the Service Plan.

PERSON CENTERED PLAN - DETAILS ✕

› CLIENT INFORMATION

› PLAN DETAILS

✕ PLAN CONTACTS

Role	Name	Contact Number	Email
CCS Coordinator	CCS Coordinator Location 11 - Location 11	(410) 555-5553	

› SUMMARY

› OUTCOMES

› DETAILED OUTCOMES

› SERVICE AUTHORIZATION

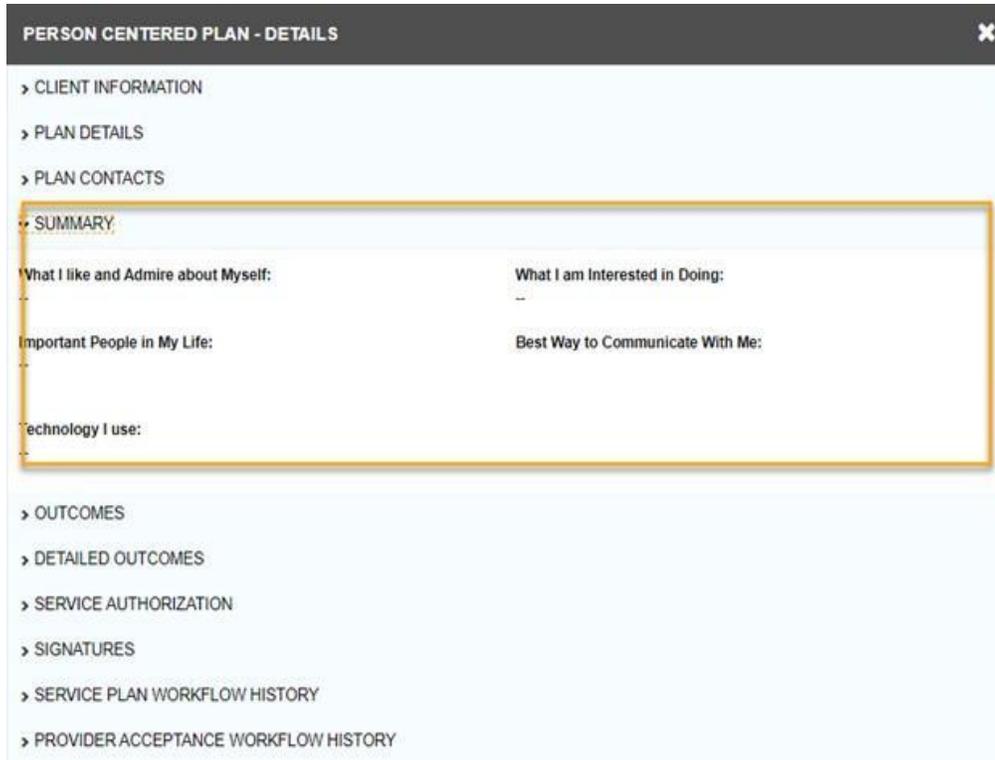
› SIGNATURES

› SERVICE PLAN WORKFLOW HISTORY

› PROVIDER ACCEPTANCE WORKFLOW HISTORY

Summary

This section includes information on the person including what they like and admire about them, and what they are interested in doing. It also includes information on the best way to communicate with the person.



The image shows a screenshot of a web application interface titled "PERSON CENTERED PLAN - DETAILS". The interface has a dark grey header with a close button (X) in the top right corner. Below the header is a list of expandable sections: CLIENT INFORMATION, PLAN DETAILS, PLAN CONTACTS, SUMMARY, OUTCOMES, DETAILED OUTCOMES, SERVICE AUTHORIZATION, SIGNATURES, SERVICE PLAN WORKFLOW HISTORY, and PROVIDER ACCEPTANCE WORKFLOW HISTORY. The "SUMMARY" section is currently expanded and highlighted with a yellow border. It contains five text input fields with the following labels: "What I like and Admire about Myself:", "What I am Interested in Doing:", "Important People in My Life:", "Best Way to Communicate With Me:", and "Technology I use:". Each field contains a few horizontal lines representing text input.

Outcomes

Includes outcomes of the services and the description of these outcomes.

PERSON CENTERED PLAN - DETAILS ✕

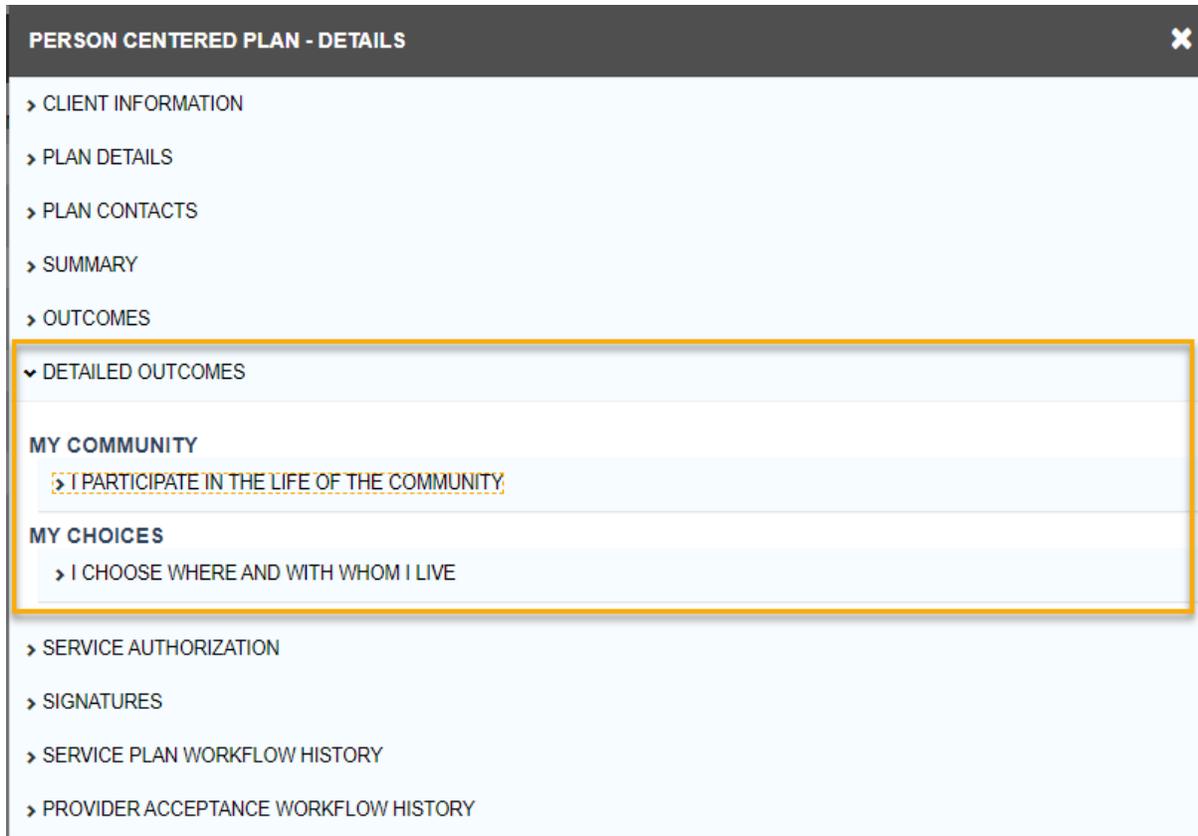
- > CLIENT INFORMATION
- > PLAN DETAILS
- > PLAN CONTACTS
- > SUMMARY
- ▼ **OUTCOMES**

Outcome Category	Outcome	Outcome Description	Requested Services
My Community	I participate in the life of the community	I will be involved in my community by volunteering at an Animal Rescue Center weekly.	
My Choices	I choose where and with whom I live	I will move into my own apartment this year	Residential transitioning to community living

- > DETAILED OUTCOMES
- > SERVICE AUTHORIZATION
- > SIGNATURES
- > SERVICE PLAN WORKFLOW HISTORY
- > PROVIDER ACCEPTANCE WORKFLOW HISTORY

Detailed Outcomes

Includes detailed description of the outcomes and which service/s these are associated with. Also describes how these outcomes of the associated services are important to/for the person in service.



Additional Information

More information about the assigned service can be found by clicking on the service name from the list of services. This opens a service view window (Refer to the screenshots below - Part1 and Part2), where the following information is available.

- Service Plan
- Service Information
- Provider Information
- Service Details

VIEW SERVICE ✕

Service Plan

Program Type: CP

I will self-direct services on this plan: No

Service Information

Service Category: All

Service Title: Day Habilitation 2:1 Staffing Ratio

Outcome(s) service is supporting: My Choices - I choose where and with whom I live

Frequency: Weekly

Scope (level of support, staffing ratio, reason for service): scope

VIEW SERVICE ✕

Provider Information

Provider Name: Day Care Center of Baltimore

Provider Number: 345678900

Location: 333 First Street, Test, MD 21000

Phone Number: 434434433

Service Details

Annual Service Cost: \$4,500.00

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
15	15	15	15	15	15	15	15	15	15	15	15

Service Authorization

Services that the person will receive through the Provider Agency, with authorized monthly units and cost across the plan year.

- Unit Based services - services which have units of hourly, monthly or 15-minute increments.
- Milestone Based services - are services that are authorized once a year.
- Upper Pay Limit (Cost-based) services - are services which have an associated cost with it every time the service is provided.

> DETAILED OUTCOMES

▼ SERVICE AUTHORIZATION

Plan Type & Effective Date	Billing Unit	Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions						
Initial - 08/01/2019	Hourly	Day Habilitation 2:1 Staffing Ratio - Day Care Center of Baltimore	15	15	15	15	15	15	15	15	15	15	15	15	\$4,500.00	N/A	N/A						
Initial - 08/01/2019	Hourly	Day Habilitation Small Group (2-5) - Day Care Center of Baltimore	30	30	30	30	30	30	30	30	30	30	30	30	\$9,000.00	N/A	N/A						
Initial - 08/01/2019	Hourly	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00	09/30/2019	Accept Decline						
Service Provider Plan Year Cost																							
Annual Waiver Plan Services Total:						\$19,500.00																	
DDA State Only Funded Services Total:						\$0.00																	
Service Provider Plan Year Cost:						\$19,500.00																	

> SIGNATURES

Signatures

Copy of signature page for any accepted services

PERSON CENTERED PLAN - DETAILS ✕

- > CLIENT INFORMATION
- > PLAN DETAILS
- > PLAN CONTACTS
- > SUMMARY
- > OUTCOMES
- > DETAILED OUTCOMES
- > SERVICE AUTHORIZATION

▼ SIGNATURES

Signature From	Signature Name	Provider	Signature Date	Signature Document	Updated Signature Needed
Provider	Day_Admin User	Day Care Center of Baltimore	09/26/2019	Day Habilitation 1-1 Staffing Ratio 345678900.pdf	No

- > SERVICE PLAN WORKFLOW HISTORY
- > PROVIDER ACCEPTANCE WORKFLOW HISTORY

Service Plan Workflow History

Shows the history of the service plan from creation to approval. Provider users can see the transition from “In Progress” to “Pending Regional Program Staff Review” to “Clarification Requested” status to “Approved” status.

▼ SERVICE PLAN WORKFLOW HISTORY

Action	By	Date	From Status	To Status
Approve	SMRO, regionalprogramsupervisor1	08/09/2019 01:44:25	Pending Regional Program Staff Review	Approved
Submitted	Coordinator, CCS	08/09/2019 01:43:46	In Progress	Pending Regional Program Staff Review

Provider Acceptance Workflow History

Shows the history of electronic service requests from the CCS to the provider and the provider's responses.

DDA Provider Portal User Manual

Updated Oct. 2020

- > PLAN CONTACTS
- > SUMMARY
- > OUTCOMES
- > DETAILED OUTCOMES
- > SERVICE AUTHORIZATION
- > SIGNATURES
- > SERVICE PLAN WORKFLOW HISTORY

▼ PROVIDER ACCEPTANCE WORKFLOW HISTORY

Action	Service and Provider	By	Date	From Review Status	To Review Status	Comments
Pending	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/23/2019 12:22:09	New	Pending Acceptance	
Accept	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	Admin Provider	09/13/2019 16:22:31	Pending Acceptance	Accepted by Provider (pending approval)	
Pending	Day Habilitation Small Group (2-5) - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/13/2019 16:22:17	New	Pending Acceptance	
Pending	Day Habilitation 2:1 Staffing Ratio - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/13/2019 16:21:01	New	Pending Acceptance	
Pending	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/13/2019 16:11:26	New	Pending Acceptance	

Contribution to Care worksheets

This will display the Contribution to Care (CTC) amount and allows for easier identification of CTC without having to request it from the CCS.

CLIENT PROFILE	Client LTSS ID #: ' ' MA#: Service Plan Program: Enrolled In: CP MA Eligible: Yes CP, AW																								
SERVICE PLANS	Waiver: DRW Current CTC Amount: \$1,096.00 Open in LTSS																								
INDIVIDUAL RECORD	CTC WORKSHEET History																								
CLIENT ATTACHMENTS	<table border="1"> <thead> <tr> <th>Effective Date</th> <th>End Date</th> <th>Create Date</th> <th>Program Type</th> <th>Status</th> <th>CTC Amount</th> <th>Active/Inactive</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>01/2024 ⓘ</td> <td>01/31/2024</td> <td>12/11/2023</td> <td>CP</td> <td>Completed</td> <td>01/2024 - \$1,132.00</td> <td>Active</td> <td>View Print </td> </tr> <tr> <td>01/2023 ⓘ</td> <td>01/31/2023</td> <td>12/06/2022</td> <td>CP</td> <td>Completed</td> <td>01/2023 - \$1,096.00</td> <td>Inactive</td> <td>View Print </td> </tr> </tbody> </table>	Effective Date	End Date	Create Date	Program Type	Status	CTC Amount	Active/Inactive	Actions	01/2024 ⓘ	01/31/2024	12/11/2023	CP	Completed	01/2024 - \$1,132.00	Active	View Print	01/2023 ⓘ	01/31/2023	12/06/2022	CP	Completed	01/2023 - \$1,096.00	Inactive	View Print
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01/2024 ⓘ	01/31/2024	12/11/2023	CP	Completed	01/2024 - \$1,132.00	Active	View Print																		
01/2023 ⓘ	01/31/2023	12/06/2022	CP	Completed	01/2023 - \$1,096.00	Inactive	View Print																		
CTC WORKSHEETS																									
COMMUNITY SETTINGS QUESTIONNAIRE																									

Community Settings Questionnaire

When a provider searches for a participants record through the Clients tab in Provider Portal and navigates inside that specific participants record, through the left navigation they will see a new option called 'Community Settings Questionnaire.' In this area the provider will be able to see a full history of both Residential and Day Community Settings Questionnaire forms that were completed for that participant in association to their specific provider location.

The page will contain two separate tables, one for the history of Residential CSQ and one for the history of Day CSQ for that participant.

CLIENT PROFILE	Client LTSS ID #: MA#: Service Plan Program: Enrolled In: CP MA Eligible: Yes CP, AW																								
SERVICE PLANS	Waiver: DRW Current CTC Amount: \$1,096.00 Open in LTSS																								
INDIVIDUAL RECORD	COMMUNITY SETTINGS QUESTIONNAIRE Expand All																								
CLIENT ATTACHMENTS	<p>▼ RESIDENTIAL</p> <table border="1"> <thead> <tr> <th>Create Date</th> <th>Last Modified</th> <th>Last Modified by</th> <th>Meets Definition of a Community Settings</th> <th>Determined By</th> <th>Program Group</th> <th>Residential Address</th> <th>Status</th> <th>Active</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>07/11/2022</td> <td>12/29/2022</td> <td></td> <td>Compliant</td> <td></td> <td>DDA Programs</td> <td></td> <td>Submitted</td> <td>Active</td> <td>View Print</td> </tr> </tbody> </table>	Create Date	Last Modified	Last Modified by	Meets Definition of a Community Settings	Determined By	Program Group	Residential Address	Status	Active	Actions	07/11/2022	12/29/2022		Compliant		DDA Programs		Submitted	Active	View Print				
Create Date	Last Modified	Last Modified by	Meets Definition of a Community Settings	Determined By	Program Group	Residential Address	Status	Active	Actions																
07/11/2022	12/29/2022		Compliant		DDA Programs		Submitted	Active	View Print																
CTC WORKSHEETS																									
COMMUNITY SETTINGS QUESTIONNAIRE	<p>▼ DAY</p> <table border="1"> <thead> <tr> <th>Create Date</th> <th>Last Modified</th> <th>Last Modified by</th> <th>Meets Definition of a Community Settings</th> <th>Determined By</th> <th>Program Group</th> <th>Provider Name</th> <th>Provider Number</th> <th>Provider Location</th> <th>Status</th> <th>Active</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>12/14/2020</td> <td>12/14/2020</td> <td></td> <td>Compliant</td> <td>System</td> <td>DDA Programs</td> <td></td> <td></td> <td></td> <td>Submitted</td> <td>Active</td> <td>View Print</td> </tr> </tbody> </table>	Create Date	Last Modified	Last Modified by	Meets Definition of a Community Settings	Determined By	Program Group	Provider Name	Provider Number	Provider Location	Status	Active	Actions	12/14/2020	12/14/2020		Compliant	System	DDA Programs				Submitted	Active	View Print
Create Date	Last Modified	Last Modified by	Meets Definition of a Community Settings	Determined By	Program Group	Provider Name	Provider Number	Provider Location	Status	Active	Actions														
12/14/2020	12/14/2020		Compliant	System	DDA Programs				Submitted	Active	View Print														

Manage Staff Assignment in the client Profile

Administrators can manage the participants assigned to their staff's LTSSMaryland EVV Mobile app accounts directly in Provider Portal.

1. Locate client within the Client tab of the provider portal
2. Navigate to the **Staff Assignments** tab on the left side of the Client Information page.

CLIENT PROFILE

Client LTSS ID #: MA#: Service Plan Program: Enrolled In: **MDC,CO** MA Eligible: **Yes**

Waiver: **OAH** Current CTC Amount: [Open in LTSS](#)

CLIENT PROFILE Expand All

- > CLIENT DEMOGRAPHIC OVERVIEW
- > ADDRESS TO RECEIVE SERVICES
- > WAIVER/PROGRAM ENROLLMENT STATUS
- > CURRENT ASSIGNMENTS
- > CLIENT OTP
- > REPRESENTATIVES
- > INSURANCE AND BENEFITS

STAFF ASSIGNMENTS

On this page, you will see information about any staff currently assigned to that participant.

STAFF ASSIGNMENTS						
MOBILE APP STAFF ASSIGNMENTS						
Edit Staff Assignments						
Staff Name	Provider	Date Assigned	Phone Number	Email	Assigned By ↑	
Stacy Staff	ABC Agency	11/28/2023	1111111111	fake@fake.com	John Administrator	

3. Use the **Edit Staff Assignments** button to open a pop-up window that will let you edit the staff assignments.

EDIT STAFF ASSIGNMENTS

SELECTED LOCATION
Fake Provider - 111111111 ▾

STAFF FILTER
Ex. John, Smith, etc

AVAILABLE STAFF [Select All](#) [Unselect All](#)

Stacy Staff	<input type="checkbox"/>
George Staff	<input type="checkbox"/>
Maria Staff	<input type="checkbox"/>
Karen Staff	<input type="checkbox"/>
Felicia Staff	<input type="checkbox"/>

Add
>
<
Remove

SELECTED STAFF [Select All](#) [Unselect All](#)

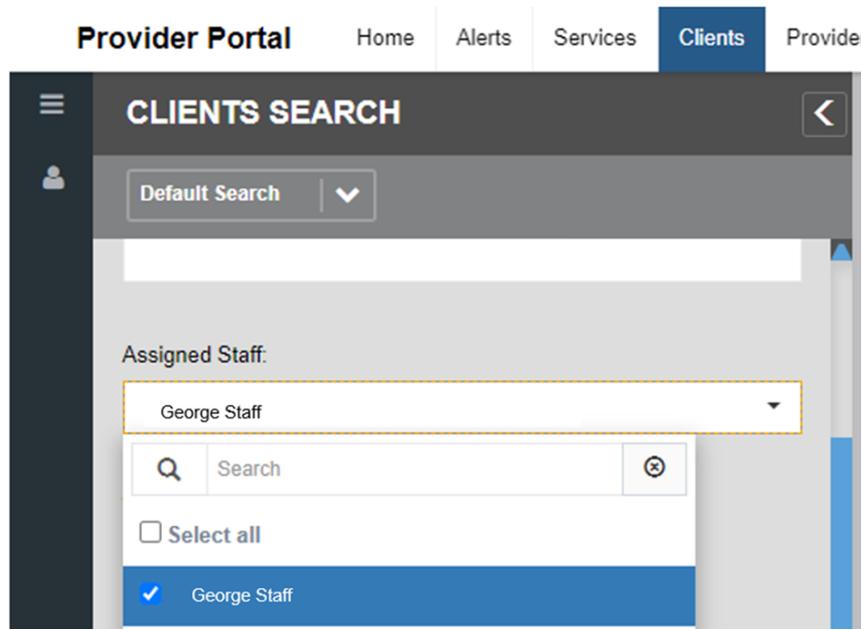
Jason Staff	<input type="checkbox"/>
Mark Staff	<input type="checkbox"/>
John Staff	<input type="checkbox"/>

Cancel **Save**

Available Staff (left side) **and** Selected Staff (right side) are both listed. You may select any staff you wish to assign or unassign, utilize the Add (>) and Remove (<) buttons in the middle of the screen to change the staff's assignment.

If you don't see a staff listed, try changing the agency location under **Selected Location** at the top left.

4. If you go back to the Client search tab, you will also find a new search field. Use the **Assigned Staff** search parameter to look for participants assigned to any of your staff.



Providers Tab:

Provider Portal Roles

1. Admin Provider Role

Admin Providers are responsible for the agency's administrative tasks. This user role can perform all functions for the Provider Agency in the LTSSMaryland Provider Portal, including creating new staff profiles, activating and deactivating staff profiles, managing all billing functions, and accepting service referrals. An existing administrator can create and designate other staff as administrators.

2. Provider Role

The Billing Provider role manages billing processes. The Billing Provider is not able to create or edit staff profiles. This role is set up by the Admin Provider.

3. Staff Provider Role

Staff Providers are Direct Support Professionals (DSPs) who provide Personal Supports and Respite 15-minute services to people. For the Provider Agency to bill for Personal Supports services requiring an Electronic Visit Verification (EVV), each DSP must use the Integrated Voice Response (IVR) system and

have a staff profile in LTSSMaryland Provider Profile, with the Staff Provider role. This role is set up by the Admin Provider.

4. Provider Program Director Role

Provider Program Directors are responsible for making decisions on service referrals. Provider Program Directors can view billing information but cannot enter or modify it. This role is set up by the Admin Provider.

5. Provider Program Staff

Provider Program Staff assist the Provider Program Director with reviewing service plan referrals before making decisions on accepting or declining service referrals. Provider Program Staff can view billing information but not enter or modify it.

Provider Role Based Access

	Access LTSS Provider Portal	Create Modify Staff Profiles	Bill For Services	Accept Services	Access Person's Information
Admin Provider	Yes	Yes	Yes	Yes	Yes
Billing Provider	Yes	No	Yes	No	Yes
Staff Provider	No	No	No	No	No
Provider Program Director	Yes	No	No	Yes	Yes
Provider Program Staff	Yes	No	No	No	Yes

Creating a Staff Profile

Provider Agency designated administrative staff, with the Admin Provider role, can create a new staff profile to enable staff to access the Provider Portal or the ISAS Telephone EVV. Following steps describe the process of creating a new Staff Profile.

Note: All information entered for every Staff profile must be true and accurate.

1. Go to the 'Providers' tab in the Provider Portal
2. Click the staff icon on the left

Navigation: Home Page -> Providers -> Left Nav Menu -> 'Staff' icon.



0. Click the "Create New Staff" box on the upper right.



0. A "New Staff Profile" page is displayed.

NEW STAFF PROFILE ✕

1
2
3
4
5

Role Selection Demographics Employment Contact Review & Submit

Agency: **Personal Home Care Agency**

Location(s): *

Role(s): *

5. Agency Field is pre-populated with your provider agency's name.

6. Location(s) is a required field. Select the sites that the new user will be assigned to by clicking to check the box for the relevant sites in the drop-down menu in the Location(s) field. Multiple Sites can be selected. (Note: All Sites in the Provider Agency are selected by Default).

NEW STAFF PROFILE ✕

1
2
3
4
5

Role Selection Demographics Employment Contact Review & Submit

Agency: **Personal Home Care Agency**

Location(s): *

Role(s): *

Location(s): *

- Select all**
- Personal Home Care Provider, 765765401
123 Main St i

7. Role(s) is a required field that defines the permissions for the staff whose profile is being created. Staff can have more than one role assigned to them by selecting the checkboxes next to the appropriate Role

NEW STAFF PROFILE ✕

1
2
3
4
5

Role Selection
Demographics
Employment
Contact
Review & Submit

Agency: **Personal Home Care Agency**

Location(s): * All selected (1) ▾

Role(s): *

▾

- Select all
- Admin Provider
- Billing Provider
- Staff Provider
- Provider Program Director
- Provider Program Staff

← Previous
Next →

8. Once all the required information is entered, click “Next.”

9. When creating staff profiles for Admin Provider, Billing Provider, Provider Program Director and Provider Program Staff roles, fill in at least the staff person’s First Name and Last Name in the Demographic tab, these are the required fields.

NEW STAFF PROFILE ✕

1
2
3
4
5

Role Selection
Demographics
Employment
Contact
Review & Submit

Prefix: First Name: * Middle Name: Last Name: * Suffix:

Gender: Gender ▾ SSN: Date of Birth:

Fluent Language(s): None selected ▾ Other Language:

Cancel
← Previous
Next →

10. When creating staff profiles for DSPs or Staff Provider roles, fill in the staff person’s First Name and Last Name, SSN, Date of Birth and Fluent Languages in the Demographic tab. These are the required fields.

NEW STAFF PROFILE ✕

✓
2
3
4
5

Role Selection
Demographics
Employment
Contact
Review & Submit

Prefix: First Name: * Middle Name: Last Name: * Suffix:

Gender: SSN: * Date of Birth: *

Fluent Language(s): * Other Language:

11. In the Employment tab, the required fields are Business Title (organization’s business title for the staff), Employment Type (select one of the options) and Staff Effective Start Date (Staff’s original start date. Can be today’s date, a past date or a future date).

NEW STAFF PROFILE ✕

✓
✓
3
4
5

Role Selection
Demographics
Employment
Contact
Review & Submit

Business Title: *

Staff Effective Start Date: *

Employment Type: *

- Full Time
- Contractor
- Part Time
- N/A

12. In the Contact tab, enter the Contact Type, Phone # and email address.

NEW STAFF PROFILE ✕

✓
✓
✓
4
5

Role Selection
Demographics
Employment
Contact
Review & Submit

Type: * Phone #: * Ext. #: Primary Phone Notes:

Email Address: * Confirm Email Address: *

An email address is also required to create staff profiles. If a Staff provider doesn't have an email address enter the agency's email address.

1. Review all the entered information, make changes if necessary and submit.

Manage Staff Assignments in the Staff Profile

1. Search for a staff using the **Providers** tab at the top of the Provider Portal. In their staff profile select **Edit**.
2. Click on the **Edit Assignments** button (hyperlink) to see the same pop-up window with participants currently assigned to that staff. Use this page to add or remove participants from the staff profile.

MOBILE APP INFORMATION

<p>Requested Access? Yes</p>	<p>Allowed Access? <input style="width: 100%; height: 20px;" type="text" value="Yes"/></p>
---	--

Mobile App Login Email: ⓘ

[Edit Assignments](#)

Has access to MTR?

Edit Assignments within the Staff Management Page

1. Navigate to the **Providers** section in Provider Portal and use the button on the left that looks like a bulleted list to find the **Staff Management** page

The screenshot shows the 'STAFF MANAGEMENT' page. The header is dark with the title 'STAFF MANAGEMENT' and a back arrow. A left sidebar contains several icons: a home icon, a calendar icon, a people icon, a checklist icon, and a bulleted list icon which is highlighted with a red box. The main content area has a light gray background and contains the following fields: 'Agency: *' with a text input field, 'Location: *' with a dropdown menu, 'Staff First Name:' with a text input field, and 'Staff Last Name:' with a text input field.

2. The **Staff Management** page, currently used to enable or disable MTR entry in the EVV app, has a new feature allowing assignment or unassignment of participants to your staff

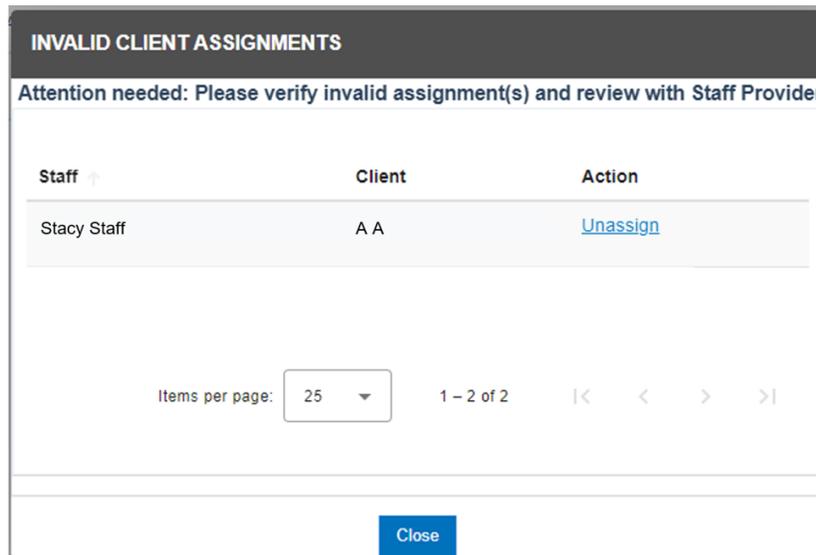
The screenshot shows the 'STAFF MANAGEMENT' page with a table of staff assignments. The table has columns for 'Client Assignments', 'Staff Name', 'Actions', and 'Issues'. A row for 'Stacy Staff' is visible with an 'Edit Assignments' link and an 'Enabled' status. The page also shows a sidebar with the 'STAFF MANAGEMENT' form and a top navigation bar with various menu items.

3. Click **Edit Assignments** next to the staff you wish to manage, or use the checkboxes to Assign and Unassign to multiple staff at once.

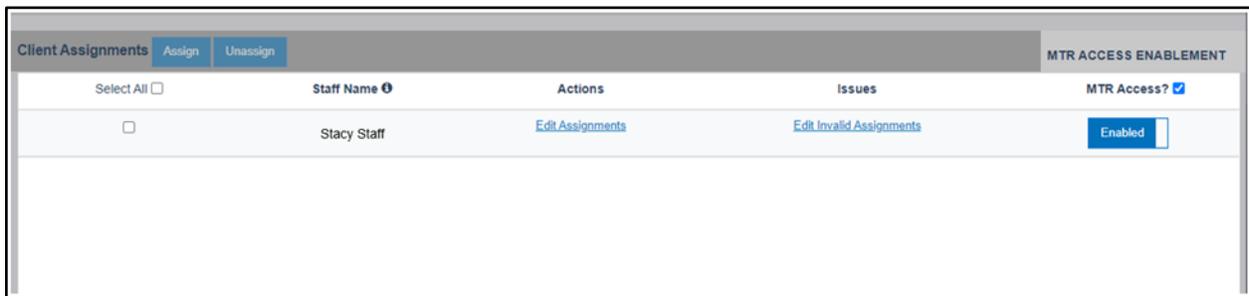
4. Clicking on Edit Assignments will open the edit staff assignment window (step 2 in Manage Staff Assignment in the Client Profile above) Available Staff (left side) **and** Selected Staff (right side) are both listed. You may select any staff you wish to assign or unassign, and use the Add (>) and Remove (<) buttons in the middle of the screen to change the staff's assignment.
 1. If you don't see a staff listed, try changing the agency location under **Selected Location** at the top left.

Resolve Assignment conflicts within the Staff Management Page

1. Under the Issues column, you may see a button that says Edit Invalid Assignments. This appears if your staff has a participant assigned to their EVV app account that your agency no longer serves.



You can use this button to remove any invalid staff



2. Use the Issues search parameter to look for any staff that have invalid assignments to review

The screenshot shows the 'Provider Portal' interface with a navigation menu at the top containing 'Home', 'Alerts', 'Services', 'Clients', and 'Provider'. The main content area is titled 'STAFF MANAGEMENT' and contains several form fields: 'Agency: *' with a text input containing 'ABC Agency'; 'Location: *' with a dropdown menu showing 'ABC Agency: 111111111 800 Fake Street'; 'Staff First Name:' with a text input containing 'Stacy'; 'Staff Last Name:' with a text input containing 'Staff'; 'Staff has access to MTR:' with a dropdown menu showing 'Select All'; and 'Issues:' with a dropdown menu showing 'Yes'. A dashed orange box highlights the 'Issues:' dropdown menu.

Reports Tab:

The reports tab contains a list of reports that assists with daily service monitoring and billing management. All report data can be exported into one of the following formats:

- Word
- Excel
- PDF
- TIFF file
- MHTML (web archive)
- CSV (comma delimited)
- XML file with report data

There are 2 types of reports in the Provider Portal and they are defined by the frequency of which the data is updated within the system.

- Real Time - Displays the most up to date information with a refresh of data every 30 minutes.
- Nightly - Information is updated overnight for what was true the previous day and will not display updates to information made on today's date.

REPORTS			
Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
DDA - Provider Portal	DDA State Payment Report	Real Time	View
Plan of Services	Plan of Service - Approved Plans History Report	Real Time	View
Plan of Services	Plan of Service - Current Approved Plans Report	Real Time	View

Your agency will only see reports containing information to programs your agency provides services to.

Help Tab:

The help tab contains links to training resources and important contact information. All information listed in the tab can also be found on the MDH Website: <https://health.maryland.gov>.

Batch Processes tab:

The Batch process tab is to be used by DDA providers to upload the batch correction file generated from the DDA Residential Rate Discrepancy Report. This is to correct claims for residential services that indicated the wrong Number of People Authorized against the number of people billed.

Feedback Tab:

The feedback tab allows you to report system technical issues to the technical team. To report a new issue, you will select “create” and report the issue you are having. Please be as detailed as possible when reporting the issue

Provider Portal Home Alerts Services Clients Providers Reports Stock Language Help OTP Batch Processes Feedback Laura Cisneros

ANNOUNCEMENTS

Announcement Category: All selected (9) Category of Service: All selected (19)

12/15/23 Home Health

HH Providers!

Welcome to the Provider Portal! We appreciate all of your hard work over the past few weeks to launch. Our teams have sent several messages with helpful information.

We maintain a number of resources to help you and your staff understand how to use EVV and the P system as you continue acclimating to this new billing process.

The PBSO and Division of Nursing Services (DONS) units have posted several training videos and a [training site](#) under Private Duty Nursing and Home Health. We hope these training materials will help you understand the system, policies, and procedures.

Our [EVV training resource page](#) has specific training materials to learn how to use EVV. Use this page for you and your clinical staff on mobile app account creation, clocking in and out, and other important information about the telephone EVV system. We encourage all providers to review the webpage and share appropriate social media posts.

Please remember to watch out for emails from our team. Over the last several weeks we have continued to send reminders. If you missed the original message or need a refresher, use the below links to find our previous messages.

Past messages from the PBSO:

- December 15th: [How to Use Reports to Manage Business](#)
- December 4th: [Private Duty Nursing EVV Billing is Live](#)
- November 30th: [Monthly Provider Portal Post](#)
 - This has more information on a new method for managing mobile app participants
- November 29th: [Reminder PDN and HH Billing is Launching](#)

ACTIONS REQUIRED

Client POS has no ISAS Service

Contact MDH ISAS

USER FEEDBACK

Date Reported: 12/19/2023

Staff Name: Laura Cisneros

Agency: MDH

Error Url: <https://tss.health.maryland.gov/tssv2/Provi>

Type of Concern:* System Error

Severity:* Urgent

To help us diagnose the cause of this issue and improve this software please provide as much information as possible.

Error Message:* Describe the error you are seeing. Provide specific details. Please also include your expected results.

Comments: Please list the steps you took to cause this error to happen. This is helpful for our technical team to pinpoint how and when the problem happens.

Close Send

This tab is only to report technical concerns. For billing and policy issues please reach out to MDH directly.



Section 2: Plan Acceptance & Client Management

This section covers client management within the Provider Portal. After reading this section you will know how to accept service referrals, decline service referrals, track accepted service pans, view the client's profile and community setting questionnaire.

Accepting Service Referrals

Through the Person-Centered Planning process, the Coordination of Community Services (CCS) provider works with the person to identify Provider Agencies for services outlined in the person's Service Plan. To complete the service referral, the CCS documents the Providers selected by the person in the service plan and refers it to the provider for acceptance. All identified Provider Agencies must accept the service referral prior to final Service Plan approval by the DDA.

Service is Referred for acceptance (or declining) from the Provider in the following situations:

- When a new person is referred
- When authorized units or cost of services change in a Revised PCP
- When a new service is added for the person in a revised PCP
- When an Annual PCP is completed.

Providers are required to either accept or decline a service referral within 5 business days.

After 5 business days, Providers will no longer be able to review or decide on the service referral. At this time, the person in service may choose to modify the referral, resend the service referral or identify another Provider.

Service Referral Notifications

Provider designated program and administrative staff are notified of new service referrals from the CCS through the Actions Required section of the *LTSSMaryland* Provider Portal Home Page. Service referral notifications are categorized by number of days before they expire, as detailed below:

- *Due Today* – service referrals expiring today
- *Due Tomorrow* – service referrals expiring today or tomorrow
- *Due in 5 days* – service referrals expiring anytime within the next five business days (cumulative)

ACTIONS REQUIRED (AS OF 9:00AM 09/27/2019)

▼ SERVICE PLANS PENDING ACCEPTANCE

Plans Pending Acceptance	Counts
Due Today	0
Due Tomorrow	1
Due in 5 Days	1

RO Approved/Denied/Pending Plans	Counts
RO Approved Service Plans in the last Seven days	0
RO Denied Service Plans in the last Seven days	0
Provider Accepted Service Plans Pending Approval	2
Provider Accepted Service Plans Pending RO	0

Clicking on each count redirects the provider to a list of service referrals due within the indicated time period. From here services can be reviewed, accepted or declined.

Accepting a Pending Service Request

Provider designated Program and Administrative staff can accept service referrals, by the following steps:

1. See Service Notifications
2. From the Service Plan results page, review the service plan information

SERVICE PLAN SEARCH RESULTS - 1														Sort By: None ▼		
Name: DOE, JOHN		Client ID: 3319311EB633110		Program Type: CP		Status: In Progress										
Effective Date: 08/01/2019		End Date: --		Active: No		Decision Date: --										
Plan Type: Initial PCP														A	View	
Service	Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions
B Day Habilitation 1:1 Staffing Ratio	Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00	09/30/2019	Accept Decline

0. Click on the “View” (A) button to review the Service Plan in detail. The user can also look at the individual service by clicking on the service name, for example Day Habilitation 2:1, by clicking on the name(B).

0. Services can be accepted in two ways:

Updated Oct. 2020

- Click on the Accept link on the service line from the Service Plan Search Results page.

SERVICE PLAN SEARCH RESULTS - 1 Sort By: None ▾

Name: **DOE, JOHN** Client ID: **3319311EB633110** Program Type: **CP** Status: **In Progress**
Effective Date: **08/01/2019** End Date: **--** Active: **No** Decision Date: **--**
Plan Type: **Initial PCP** [View](#)

Service	Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions
Day Habilitation 1:1 Staffing Ratio	Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00	09/30/2019	Accept Decline

- Click on the Accept link from the services in the Service Authorization section inside the service plan view.

PERSON CENTERED PLAN - DETAILS ✕

- ▶ CLIENT INFORMATION
- ▶ PLAN DETAILS
- ▶ PLAN CONTACTS
- ▶ SUMMARY
- ▶ OUTCOMES
- ▶ DETAILED OUTCOMES
- ▼ SERVICE AUTHORIZATION

Plan Type & Effective Date	Billing Unit	Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions
Initial - 08/01/2019	Hourly	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00	09/30/2019	Accept Decline

0. The signature page opens. Review service details in the signature page.

MARYLAND DEPARTMENT OF HEALTH

Provider Signature Page

Plan Information

Name: John Doe

Nickname/Also Known As:

LTSS ID#: 3319311EB633110

Plan Type: Initial PCP

Plan Create Date: 09/13/2019

Annual PCP Date: 07/01/2020

Assigned CCS Coordinator: CCS Coordinator

This plan only contains services for the CP waiver program and is subject to DDA approval. Funding and access to CP services for John Doe is contingent upon John Doe maintaining eligibility for the program.

Attestation

By signing this plan, I certify that on behalf of Day Care Center of Baltimore:

- ✓ If approved by the DDA, I agree to provide the services requested, as indicated below, and per policy and regulation.
- ✓ I agree with the contents of the plan, including its documents of John Doe's needs and goals.
- ✓ I understand that the individual is free to choose from any qualified provider for the services.
- ✓ If there are restrictions in the plan, then John Doe, or his or her legal guardian or surrogate decision-maker, has consented to them per policy and regulation.
- ✓ I will follow, and ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.
- ✓ I am authorized to make these attestations on behalf of Day Care Center of Baltimore.

Services

Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost
Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00
Scope: scope													Frequency: Monthly

0. Read the electronic signature acknowledgement and click checkbox (1) to authorize electronic signature.
0. Click 'Sign' (2) to add your electronic signature.
0. Click 'Accept' (3) to formally accept the service. Once a service is accepted, the action cannot be canceled. If changes are needed, Providers will need to coordinate with the person and CCS to make the updates.

Attestation

By signing this plan, I certify that on behalf of Day Care Center of Baltimore:

- ✓ If approved by the DDA, I agree to provide the services requested, as indicated below, and per policy and regulation.
- ✓ I agree with the contents of the plan, including its documents of John Doe's needs and goals.
- ✓ I understand that the individual is free to choose from any qualified provider for the services.
- ✓ If there are restrictions in the plan, then John Doe, or his or her legal guardian or surrogate decision-maker, has consented to them per policy and regulation.
- ✓ I will follow, and ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.
- ✓ I am authorized to make these attestations on behalf of Day Care Center of Baltimore.

Services

Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost
Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00
Scope: scope													Frequency: Monthly

1

I am signing this Agreement electronically. I understand that it is unlawful to knowingly submit false information to the MDH. I agree that my electronic signature is the legal equivalent of my manual signature on this Agreement. I consent to be legally bound by this Agreement's terms and conditions. I also agree that no certification authority or other third-party verification is necessary to validate my E-Signature and that the lack of such certification or third-party verification will not in any way affect the enforceability of my E-Signature or any resulting contract between myself and MDH.

Day_Admin User
Day_Admin User - Day Care Center of Baltimore 2019-09-27 02:11:52 PM

2

3

Sign

9. After completing the acceptance, the signature page closes, and a copy of the signature page becomes available to view from the 'Signatures' section within the service plan details.

Declining a Pending Service Request

Provider designated Program and Administrative staff can decline service referrals, by the following steps:

1. See Service Notifications
2. Services can be declined in two different ways
3. Click on Decline link on the service line from the Service Plan Search Results page

SERVICE PLAN SEARCH RESULTS - 1 Sort By: None ▾

Name: DOE, JOHN	Client ID: 3319311EB633110	Program Type: CP	Status: In Progress
Effective Date: 08/01/2019	End Date: --	Active: No	Decision Date: --
Plan Type: Initial PCP			View

Service	Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions
Day Habilitation 1:1 Staffing Ratio	Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00	09/30/2019	Accept Decline

Updated Oct. 2020

4. Click on the Decline link from the services in the Service Authorization section inside the service plan view.

PERSON CENTERED PLAN - DETAILS ✕

- ▶ CLIENT INFORMATION
- ▶ PLAN DETAILS
- ▶ PLAN CONTACTS
- ▶ SUMMARY
- ▶ OUTCOMES
- ▶ DETAILED OUTCOMES
- ▼ SERVICE AUTHORIZATION

Plan Type & Effective Date	Billing Unit	Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions
Initial - 08/01/2019	Hourly	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	\$6,000.00	09/30/2019	Decline

Service Provider Plan Year Cost	
Annual Waiver Plan Services Total:	\$6,000.00
DDA State Only Funded Services Total:	\$0.00
Service Provider Plan Year Cost:	\$6,000.00

5. A comment is required when declining services. Providers can use the Comments box to communicate necessary changes to the CCS and request an updated service referral to be set back. Providers can also use this opportunity to communicate the reason for denial to the CCS. For example, when Day Program capacity is reached, and additional persons cannot be accepted.

Filtering Service Plan Results

Results can be filtered using the filter criteria described in this section. In addition, users can navigate directly to the service plan search page and search for service plans by choosing one or more available filter criteria.

Navigation: Home Page - > Clients - > Left Nav Menu - > 'Search Service Plans' icon.

The search results are described for each of the filter/search criteria specified below.

The screenshot shows the 'Provider Portal' interface. At the top, there is a navigation bar with links for Home, Services, Clients, Providers, Reports, Help, and Feedback. Below this is a 'SERVICE PLAN SEARCH' section with a left sidebar containing a 'Service Plans Icon' highlighted in yellow. The main search area has fields for 'Client Last Name' and 'Client First Name'. To the right, the search results are displayed under the heading 'SERVICE PLAN SEARCH RESULTS - 1'. The results show: Name: DOE, JOHN; Client ID: 3319311EB633110; Effective Date: 08/01/2019; Plan Type: Initial PCP; End Date: --. Below the results is a table with columns for Service, Provider, and months (Aug, Sep, Oct, Nov).

- Client Last Name, Client First Name – Search for service plans by the person’s first or last name
- Service Type – Search for service plans by selecting one or more service types from the dropdown list
- Site Address – If one of the service types selected is ‘Supported Living’, the ‘Site Address’ field is enabled and allows the provider to filter to one or more sites
- Provider #/Name – Search for service plans by selecting one or more assigned provider location numbers/names from the dropdown list
- Review Status – Search for service plans by current status (this field allows only one selection)

Updated Oct. 2020

- Pending Acceptance: Service plans with services pending acceptance by the provider
- Declined by Provider: Service plans with services that been declined by the provider
- Accepted by Provider (pending approval): Service plans with services accepted by the provider, pending CCS submission to the Regional Office
- Pending RO: Service Plans (PCPs) awaiting the Regional Office review and approval. These services have been accepted by the provider and submitted by the CCS
- RO Approved: Service Plans (PCPs) approved by Regional Office
- RO Denied: Service Plans (PCPs) denied by the Regional Office
- Due Date – This field is enabled when review status ‘Pending Acceptance’ is selected

- Due Today – Service referrals expiring today
- Due Tomorrow – Service referrals expiring today or tomorrow
- Due in 5 Days – Service referrals expiring within the next five business days

SERVICE PLAN SEARCH

Client Last Name: Client First Name:

Service Type: All selected (55) ▼

Provider #/Name: All selected (201) ▼

Site Address: ⓘ

Review Status: Pending Acceptance ▼

Due Date: ▼

Due Today
Due in 1 Day
Due in 2-5 Days

Reset Search

- Decision Date From and To – These date fields are enabled when review status 'RO Approved' or 'RO Denied' is selected and allows the provider to search for approved/denied plans within a specific date range. (Refer to below screenshot for RO Approved)

SERVICE PLAN SEARCH

Client Last Name:

Client First Name:

Service Type: All selected (55) ▼

Provider #/Name: All selected (201) ▼

Site Address: ⓘ

Review Status: RO Approved ▼

Decision Date From:

Decision Date To:

Reset Search

Tracking Accepted Service Plans

Status of service plans that have been accepted can be tracked from the Actions Required section of the Home page. The following counts are available and clicking the count redirects the user to the service plans list page, where further filtering is possible.

- RO Approved Service Plans – Count of Service Plans approved by the Regional Office
- RO Denied Service Plans – Count of Service Plans denied by the Regional Office
- Provider Accepted Service Plans Pending Approval – Count of Provider accepted service plans pending CCS submission of the service plan to the Regional Office

- Provider Accepted Service Plans Pending RO – Count of Provider accepted service plans pending decision by the Regional Office

ACTIONS REQUIRED (AS OF 9:00AM 09/27/2019)

▼ SERVICE PLANS PENDING ACCEPTANCE

Plans Pending Acceptance	Counts
Due Today	0
Due Tomorrow	0
Due in 5 Days	0

RO Approved/Denied/Pending Plans	Counts
RO Approved Service Plans in the last Seven days	1
RO Denied Service Plans in the last Seven days	0
Provider Accepted Service Plans Pending Approval	12
Provider Accepted Service Plans Pending RO	4

Clicking on each count redirects you to view the service referrals accepted by the provider and is currently with the CCS, RO or Approved.

Provider Portal Home Alerts Services Clients Providers Reports Help Feedback Hima Puranam (On behalf of: 200Loc AdminProvider) Account

SERVICE PLAN SEARCH

Client Last Name: Client First Name:

Service Type:
 All selected (55) ▼

Provider #/Name:
 All selected (201) ▼

Site Address:

SERVICE PLAN SEARCH RESULTS - 4

Sort By: None ▼

Name: Client ID: 18397; Program Type: CP Status: Pending Regional

Effective Date: 05/16/2019 End Date: -- Active: No Program Staff Review

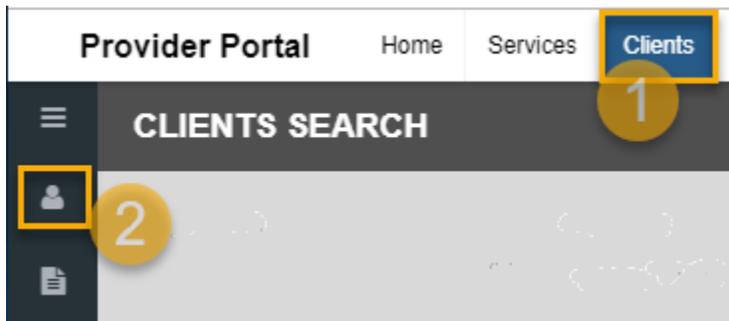
Plan Type: Initial PCP Decision Date: -- [View](#)

Service	Provider	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Annual Service Cost	Due Date	Actions
Supported Living	Performance Test Location 20	12	13	14	12	14	13	12	15	12	12	15	\$57,600.00	05/23/2019	Accepted

Searching for Persons Receiving Services

Administrative, Billing, and Program staff from the Provider Agency can search for and view information including demographics, enrollment information, service plans, and other data about the persons they support in the “Client” tab in the LTSSMaryland Provider Portal. Each person has a “Client Profile” that displays information about the person. Provider Agencies are only able to search for and view persons that are actively receiving services or are approved for services in the future. Providers cannot modify the client profile.

Navigate to the Client Search Page: Home Page -> Clients -> Left Nav Menu -> ‘Clients’ icon.



The following search parameters are available to search for client profiles (See below screenshot listing all the search parameters):

- DOB – Person’s Date of Birth. This is a calendar selection that also accepts manual entry in the format MM/DD/YYYY
- Phone# – Person’s phone number. Auto Formats to (###) ###-####
- Last Name – Person’s last name
- First Name – Person’s first name
- Client ID – Person’s unique LTSS identifier
- MA# – Person’s Medicaid number
- Client Region – Assigned DDA Regional Office for the person (CMRO, ESRO, SMRO, WMRO)
- Enrolled Program – Person’s currently enrolled program
- Client MA Eligible –Yes/No (active Community Medicaid eligible or not)
- Jurisdiction – List of Maryland Counties
- Provider #/Provider Name – Provider Agency locations assigned to the provider staff. All assigned locations are available for selection from a dropdown. Multi-select is allowed
 - Waiver Eligibility – Yes/No. Allows filtering on whether the person is currently enrolled in a waiver program or not

CLIENTS SEARCH

Date of Birth:  Phone #:

Last Name: First Name:

Client ID: MA #:

Client Region: Enrolled Program:

Client MA Eligible: Jurisdiction:

Provider # /Provider Name:

Waiver Eligibility:

After entering the desired parameters, click 'Search' to filter the results. The below screenshot displays a sample of search results that match the entered criteria.

The screenshot shows the 'CLIENTS SEARCH' interface. On the left is a search filter panel with the following fields: Date of Birth, Phone # (with a calendar icon and '(555) 555-5555'), Last Name, First Name, Client ID, MA #, Client Region (dropdown: All selected (5)), Enrolled Program (dropdown: All selected (9)), Client MA Eligible (dropdown: All selected (2)), Jurisdiction (dropdown: All selected (25)), Provider # / Provider Name (dropdown: All selected (1)), and Waiver Eligibility (dropdown: All selected (2)). A yellow arrow points to the 'Search' button. The main area is titled 'CLIENT RESULTS - 1' and shows a 'Sort By' dropdown. The search results for 'Amelie Wilkinson' (ID #: 2829232MA165120) are displayed with the following details: MA#: 17560642284, Date of Birth: 08/22/1952, POS/PCP Program: CP, Jurisdiction: Baltimore City, Enrolled Program: CP, Client Region: WMRO, MA Eligible: Yes, and Primary Phone#: (795) 869-8596. A 'Details' button is visible next to the phone number. A yellow callout bubble with the text 'SAMPLE SEARCH RESULTS' points to the results area.

Viewing a Person's LTSS Profile

After searching for persons, the LTSS profile information of the person can be viewed by clicking 'Details' on the person's record.

This is a close-up of the client information section from the previous screenshot. It shows the following data: Last Name: Wilkinson, First Name: Amelie, ID #: 2829232MA165120. Below this, the details are organized into four columns: MA#: 17560642284, Date of Birth: 08/22/1952, POS/PCP Program: CP, Jurisdiction: Baltimore City, Enrolled Program: CP, Client Region: WMRO, MA Eligible: Yes, and Primary Phone#: (795) 869-8596. A yellow arrow points to the 'Details' button located to the right of the phone number.

The 'Client Information' window opens with the following sections. Each section is expandable and collapsible.

CLIENT INFORMATION FOR WILKINSON, AMELIE

CLIENT PROFILE Client LTSS ID #: 2829232MA165120 Current MA#: 17560642284 POS/PCP Program: CP Enrolled In: CP MA Eligible: Yes Waiver: DRW

SERVICE PLANS

CLIENT PROFILE Expand All

- > CLIENT DEMOGRAPHIC OVERVIEW
- > ADDRESS TO RECEIVE SERVICES
- > WAIVER/PROGRAM ENROLLMENT STATUS
- > CURRENT ASSIGNMENTS
- > REPRESENTATIVES

- Client Demographic Overview – Includes the persons’ demographic information, like date of birth, phone number, and if the person has a guardian
- Address to receive Services – Provides the person’s address
- Waiver/Program Enrollment Status – Includes the person’s waiver and program enrollment information
- Current Assignments – Includes contact information of all assigned contacts for the person’s service plan
- Representatives – Includes contact and relationship information of the person’s authorized Representatives

CLIENT PROFILE Expand All

▼ CLIENT DEMOGRAPHIC OVERVIEW

Client Name: **Wilkinson, Amelie** MA#: 17560642284 Current Address: 28137 Darien Cliff, Apt. 516, Darbyland, MD 54849 DOB: 08/22/1952

Age: 67 Primary Phone #: (795) 869-8556 Guardian of Person:

▼ ADDRESS TO RECEIVE SERVICES

Address Type: Full Address: Meets Definition of Community Setting?: **YES** Home Setting:

Lives with Family: **No**

▼ WAIVER/PROGRAM ENROLLMENT STATUS

POS/PCP Type: **Initial PCP** POS/PCP Effective Date: **03/01/2019** Annual PCP Date: **03/01/2020** Financial Redetermination Date:

- > RECENT PROGRAM HISTORY
- > SPECIAL PROGRAM CODE

▼ CURRENT ASSIGNMENTS

Assignment Type	Date Assigned	Staff Name	Agency	Phone Number	Email
EDD Case Manager	08/09/2019	dewscasemanager1 EDD	DEWS - EDD (Default All Jurisdictions)	(410) 715-6539	dummy@tssdomain.com
Regional Program Staff	08/09/2019	regionalprogramstaff1 WMRO		(410) 715-6539	dummy@tssdomain.com
CCS Coordinator	08/09/2019	ccscoordinator3 CCSS	CCS Provider 5 - CCS Provider 5 Location	(410) 715-6539	dummy@tssdomain.com

▼ REPRESENTATIVES

Representative Name	Date of Birth	Relationship	Guardian of	Power of Attorney Over	Representative Payee	Primary Caregiver	CFC Representative	Phone Number
No data available								

Viewing a Person's Service Plans

From the person's Client Information window, providers can view service plans by clicking on the Service Plans tab on the left. Select 'Detail' on a service plan to view the details.

1. Click 'Details' on a person's record.



CLIENT RESULTS - 1 Sort By ▼

Last Name: **Wilkinson** First Name: **Amelie** ID #: **2829232MA165120**

MA#: **17560642284** POS/PCP Program: **CP** Enrolled Program: **CP** MA Eligible: **Yes**
Date of Birth: **08/22/1952** Jurisdiction: **Baltimore City** Client Region: **WMRO** Primary Phone#: **(795) 869-8596**

[Details](#)

Note: A yellow arrow points to the 'Details' button.

2. Select Service Plans menu on the left. A List of approved service plans for the person provided by your provider agency is displayed.

3. Click 'Details' to view details of a service plan. The following sections are available in the service plan.



CLIENT INFORMATION FOR WILKINSON, AMELIE ✕

CLIENT PROFILE Client LTSS ID #: **2829232MA165120** Current MA#: **17560642284** POS/PCP Program: **CP** Enrolled In: **CP** MA Eligible: **Yes**
Waiver: **DRW**

SERVICE PLANS

Program Type	Date Created	Service Plan Type	Effective Date	End Date	Status	Active	Actions
CP	03/01/2019	Initial PCP	03/01/2019		Approved	Active	Details

Note: A yellow box with '1' highlights the 'SERVICE PLANS' menu item on the left. A yellow box with '2' highlights the 'Details' button in the Actions column.

CLIENT INFORMATION FOR WILKINSON, AMELIE

CLIENT PROFILE	Client LTSS ID #: 2829232MA165120	Current MA#: 17560642284	POS/PCP Program: CP	Enrolled In: CP	MA Eligible: Yes
			Waiver: DRW		

SERVICE PLANS

PERSON CENTERED PLAN - DETAILS [Back to List](#) [Expand All](#)

- > CLIENT INFORMATION
- > PLAN DETAILS
- > PLAN CONTACTS
- > SUMMARY
- > OUTCOMES
- > DETAILED OUTCOMES
- > SERVICE AUTHORIZATION
- > SIGNATURES
- > SERVICE PLAN WORKFLOW HISTORY
- > PROVIDER ACCEPTANCE WORKFLOW HISTORY

412.1 ms

The Service Plan that is being viewed can also be printed by using the “Print” action on the details page. This action opens the Service Plan as a pdf that can then be printed.

PERSON CENTERED PLAN - DETAILS [Back to List](#) [Print](#) [Expand All](#)

- > CLIENT INFORMATION
- > PLAN DETAILS
- > PLAN CONTACTS
- > SUMMARY
- > OUTCOMES
- > DETAILED OUTCOMES
- > SERVICE AUTHORIZATION
- > SIGNATURES
- > SERVICE PLAN WORKFLOW HISTORY
- > PROVIDER ACCEPTANCE WORKFLOW HISTORY



Viewing Client Attachments

From the person’s Client Information window, providers can view client attachments by clicking on the Client Attachments tab on the left.

1. Click ‘Details’ on a person’s record.

CLIENT RESULTS - 1 Sort By ▼

Last Name: **Wilkinson** First Name: **Amelie** ID #: **2829232MA165120**

MA#: **17560642284** POS/PCP Program: **CP** Enrolled Program: **CP** MA Eligible: **Yes**
 Date of Birth: **08/22/1952** Jurisdiction: **Baltimore City** Client Region: **WMRO** Primary Phone#: **(795) 869-8596**

Details

2. Select Service Plans menu on the left. A List of attachments for the person provided by your provider agency is displayed.

Provider Portal Home Ale

CLIENT INFORMATION FOR BAY

- CLIENT PROFILE
- SERVICE PLANS
- INDIVIDUAL RECORD
- CLIENT ATTACHMENTS**
- CTC WORKSHEETS
- COMMUNITY SETTINGS QUESTIONNAIRE

0. View the resulting client attachments that were uploaded by the user’s agency

File Name	Type	Sub-Category Type	Created Date*	Comments	Status	Actions
DSAT 5.22.23.xlsx	DDA Provider Documents	Detailed Service Authorization Tool (DSAT)	06/13/2023 01:19 PM		Active	Edit Delete
Facesheet 2023.pdf	DDA Provider Documents	Other	06/13/2023 01:19 PM	Explanation: Facesheet	Active	Edit Delete
SHX 2023.pdf	DDA Provider Documents	Other	06/07/2023 11:33 AM	Explanation: Social History	Active	Edit Delete
PSN 2023.pdf	DDA Provider Documents	Other	06/07/2023 11:32 AM	Explanation: Preferences/Strengths/Needs	Active	Edit Delete
goal #2 2023.pdf	DDA Provider Documents	Other	06/07/2023 11:20 AM	Explanation: residential goal form #2	Active	Edit Delete
goal #1 2023.pdf	DDA Provider Documents	Other	06/07/2023 11:20 AM	Explanation: residential goal form #1	Active	Edit Delete
ERP 2023.pdf	DDA Provider Documents	Other	06/07/2023 11:18 AM	Explanation: Residential emergency response plan	Active	Edit Delete
abilities 2023.pdf	DDA Provider Documents	Assessments	06/07/2023 11:18 AM	Explanation: abilities assessment	Active	Edit Delete
45day nursing.pdf	DDA Provider Documents	Other	06/07/2023 11:15 AM	Explanation: 45- day nursing assessment	Active	Edit Delete
DDA SIP 2023.pdf	DDA Provider Documents	Service Implementation Plan (SIP)	06/07/2023 10:57 AM		Active	Edit Delete

Adding Client Attachments

From the person's Client Attachments tab, providers can add client attachments to the participant's LTSS profile by clicking "Add New Attachment"

1. Click 'Add New Attachment' on a person's client attachments record.



2. Choose the file you would like to attach

Note: Make sure the file name is appropriate for the document you are uploading

3. Leave the Category as the default

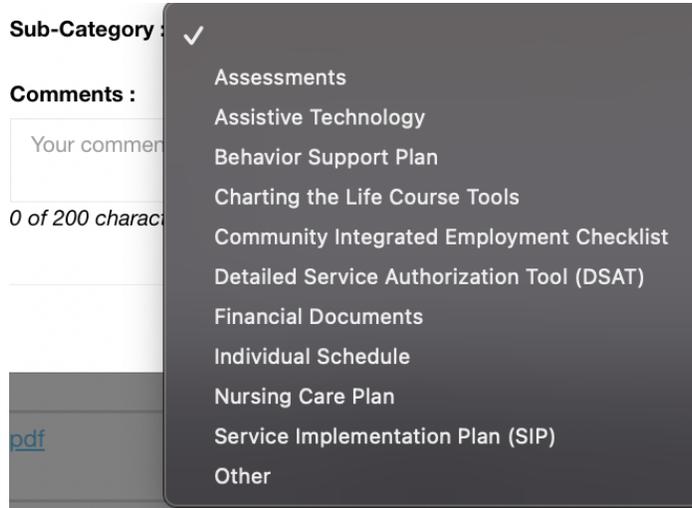
4. Select the appropriate Sub-Category

- Assessments
- Assistive Technology
- Behavior Support Plan
- Charting the Life Course Tools
- Detailed Service Authorization Tool (DSAT)
- Financial Documents
- Individual Schedule
- Nursing Care Plan
- Service Implementation Plan (SIP)
- Other
 - Other has a mandatory comment required

5. Enter comments as needed

- a. Selecting the "Other" Subcategory makes the comment field mandatory for submission

6. Click Save to upload the document



Edit Client Attachments

From the person's Client Attachments tab, providers can edit client attachment comments by clicking "Edit"

1. Click Edit to modify the comments on the uploaded file

Actions

Edit

Delete

0. Enter the comment you would like to make on the file
0. Click 'Yes' to save the comment or 'No' to cancel the change

A screenshot of a web form titled 'EDIT CLIENT ATTACHMENT'. The form contains the question 'Do you want to edit this comment?' followed by a 'Comment:' label and a text input field. Below the input field is a character count '0 of 200 character limit'. At the bottom right of the form, there are two buttons: 'YES' and 'NO'.

Delete Client Attachments

From the person’s Client Attachments tab, providers can permanently remove client attachment comments by clicking “Delete”

1. Click ‘Delete’ to remove the file
2. Click Yes to delete the file or No to cancel

CONFIRMATION

Do you want to delete this record ?

Contribution to Care worksheets

From the person’s Client Information window, providers can view contribution to care (CTC) information by clicking on the CTC Worksheets tab on the left. This will display the Contribution to Care (CTC) amount and allows for easier identification of CTC without having to request it from the CCS.

- CLIENT PROFILE
- SERVICE PLANS
- INDIVIDUAL RECORD
- CLIENT ATTACHMENTS
- CTC WORKSHEETS**
- COMMUNITY SETTINGS QUESTIONNAIRE

1. Click ‘Details’ on a person’s record.

CLIENT RESULTS - 1 Sort By ▼

Last Name: **Wilkinson** First Name: **Amelie** ID #: **2829232MA165120**

MA#: 17560642284	POS/PCP Program: CP	Enrolled Program: CP	MA Eligible: Yes
Date of Birth: 08/22/1952	Jurisdiction: Baltimore City	Client Region: WMRO	Primary Phone#: (795) 869-8596



- Select the CTC Worksheets menu on the left. A list of CTC worksheets for the person provided by your provider agency is displayed.

CTC WORKSHEET							
Effective Date	End Date	Create Date	Program Type	Status	CTC Amount	Active/Inactive	Acti
06/2023 ⓘ	06/30/2023	05/26/2023	CP	Completed	06/2023 - \$319.00	Active	View

- Clicking the View hyperlink will show the participant's complete CTC Worksheet

Actions

[View](#) [Print](#) 

CTC Calculation - Monthly Income and Expenses

Effective Date:	06/2023
Monthly Income	
1. Earned Income (\$)	\$0.00
2. Other Income (\$)	\$0.00
3. Pension Income (\$)	\$0.00
4. Social Security Income (\$)	\$0.00
5. SSDI (\$)	\$1,234.00
6. UnEarned Income (\$)	\$0.00
7. Veteran Benefits (\$)	\$0.00
8. Total Income (\$)	\$1,233.00
Monthly Expenses	
9. Current SSI Fbr (\$)	\$914.00
10. Dependent Allowance (\$)	\$0.00
11. Family Maintenance Allowance (\$)	\$0.00
12. Guardian Allowance (\$)	\$0.00
13. Medical Expense (\$)	\$0.00
14. Personal Needs (\$)	\$0.00
15. Residential Maintenance (\$)	\$0.00
16. Spousal Allowance (\$)	\$0.00
17. Total Expenses (\$)	\$914.00
18. Individual's Contribution to Cost of Care (\$)	\$319.00

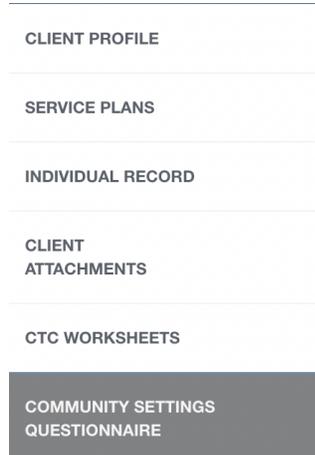
- Clicking the Print hyperlink will allow the user to print the document for their records

Actions

[View](#) [Print](#) 

Community Settings Questionnaire

This area contains a full list of participants who are associated with/assigned to the agency and the latest information on the Residential and Day Community Settings Questionnaire completed for the participants associated with the agency. The status will show if the agency is State Compliant or Non-Compliant. If the provider wishes to view the details on the questionnaire, they can click the View link under the Actions column. When viewing the results of a Community Settings Questionnaire, the provider can see the specific questions and items that they were compliant versus non-compliant on. If the provider wants to see the details on the questionnaire, the provider will click the 'View' link located under the 'Actions' column to see further details.



1. Click 'Details' on a person's record.

CLIENT RESULTS - 1 Sort By ▼

Last Name: **Wilkinson** First Name: **Amelie** ID #: **2829232MA165120**

MA#: **17560642284** POS/PCP Program: **CP** Enrolled Program: **CP** MA Eligible: **Yes**
 Date of Birth: **08/22/1952** Jurisdiction: **Baltimore City** Client Region: **WMRO** Primary Phone#: **(795) 869-8596**



2. Select the Community Settings Questionnaire menu on the left. The page will contain two separate tables, one for the history of Residential CSQ and one for the history of Day CSQ for that participant.

COMMUNITY SETTINGS QUESTIONNAIRE Collapse All ✕

▼ RESIDENTIAL

Create Date	Last Modified	Last Modified by	Meets Definition of a Community Settings	Determined By	Program Group	Residential Address	Status	Active	Actions
02/09/2023	02/09/2023	Abell	Compliant	System	DDA Programs	1234 Main. LANE, WOODSTOCK, MD, Baltimore, 21163	Submitted	Active	View Print

▼ DAY

Create Date	Last Modified	Last Modified by	Meets Definition of a Community Settings	Determined By	Program Group	Provider Name	Provider Number	Provider Location	Status	Active	Actions
11/15/2022	12/16/2022	Keller, Erik	Compliant	System	DDA Programs	Agency 1	123456789	1234 Main Street, Columbia MD 21044	Submitted	Active	View Print

0. Click 'View' to view details of a Residential or Day CSQ.

Actions

[View](#) [Print](#) 

0. Clicking the Print hyperlink will allow the user to print the document for their records

Actions

[View](#) [Print](#) 

Section 3: EVV Services

This section covers everything you need to know to start billing for EVV services within the Provider Portal. After reviewing this section, you will know how to clock in and out for services, how to submit manual services and how to edit services within the provider portal. You will also learn the policies your agency must follow when billing for EVV Services.

What is EVV?

Federal law requires that Maryland use Electronic Visit Verification (**EVV**) to verify data elements for personal assistance services:

- Type of service performed
- Participant receiving the service
- Date of the service
- Location of the service
- Individual providing the service
- Time the service begins and ends

In order to comply with the 21st Century Cures Act LTSSMaryland programs use the EVV Mobile Application and an Interactive Voice Response (IVR) system branded as the In-Home Supports Assurance System (ISAS).

All DSP's must clock in and out at the start and end of each service to record the services and receive payment. The DSP will clock in and clock out using one of the following:

- Their personal phone along with the EVV Mobile application
- The participant's phone (this number will be assigned to the participant profile in LTSSMaryland by the Support Planner)
- Any phone along with the One-Time Password (OTP) device

DSPs may **NOT** use their personal phones to clock in and out through ISAS telephone EVV unless accompanied with an OTP device and approved by the CCS.

LTSSMaryland Mobile EVV Application

The LTSSMaryland EVV Mobile Application allows all Direct Service Professionals (DSPs) for Personal Supports and Personal Supports Enhanced services to clock in and out using an application on their phone.

The LTSSMaryland EVV Mobile Application is the primary entry method for all EVV services going forward. The transition period for this change is 2023. The app is currently live and any times entered through the app will record in the system. The app is designed to be used by:

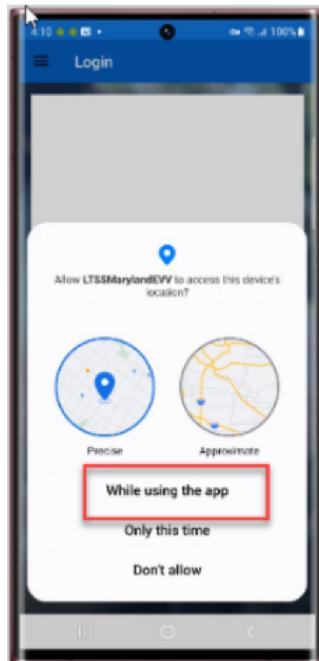
- Staff Providers/Aides
- Direct Support Professionals (DSPs)

Installing, Creating & Managing Accounts

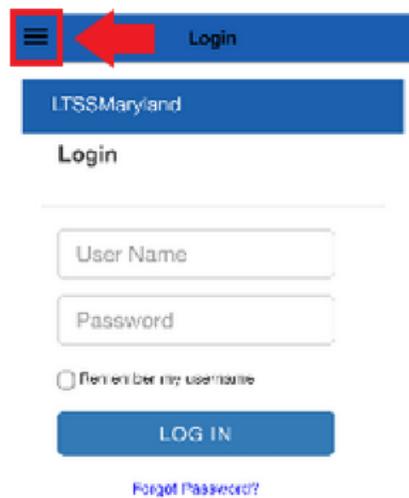


- On your phone, navigate to the application store (Google Play Store for Android devices, App Store for Apple iOS devices)
 - **Note:** Tablet devices such as iPads are not supported
- Search for LTSSMaryland EVV
- Download the app to your phone

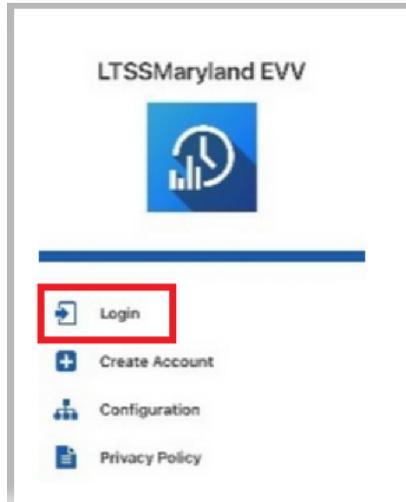
- When you open the app for the first time, you may receive a message to enable location services
 - Select the *While using the app* option (note: The app only records location when clocking/out and will not record location when the app is not in use)



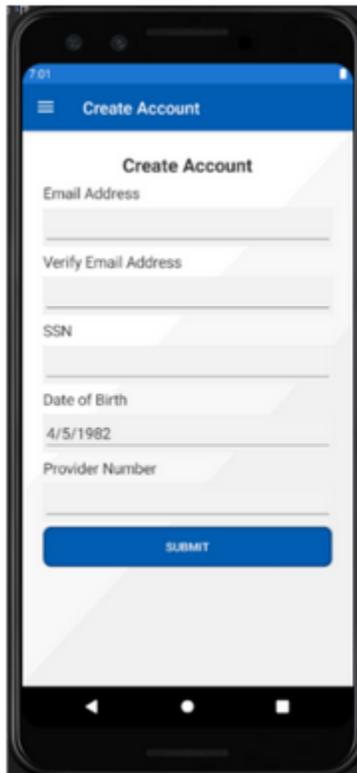
- Open the app, and click the menu bar in the upper left screen



- From the menu, select **Create Account**



- In the Create Account screen, enter the required information
 - Email and verify email
 - Social Security Number
 - Date of Birth
 - Provider Number
 - 1. If you work with multiple provider locations, enter one here. The system will find the other locations for you.



- Click **Submit**

- The system will validate the information and provide one of the following messages:
 - If the information was validated:
 - “Your account has been sent for approval. Once approved you will receive an email to create your password.”
 - Your agency administrator will need to complete the next step in the Provider Portal system
 - If the information was not validated:
 - “Your account cannot be created, please contact your supervisor for help.”
 - Your agency administrator can contact MDH LTSSHelpDesk@LTSSMaryland.org for assistance

Creating your Password

Once you have successfully created your account within the *LTSSMaryland* EVV App, and your supervisor has reviewed your request and given permission to use the app:

You will receive an email notifying you that your account is created. The email will direct you to verify your account and create a password

- The email will be sent to the email address you entered when creating your account in the app
1. Log into your email and notice you have two emails from identity@mdthink.maryland.gov

If you do not see the emails, check your junk folder and verify that your supervisor has given you permission to use the app in the Provider Portal online system

The first email will have the subject line:

“Account Registration Notification”

This email will provide your account Login ID, which will be your email address

The second email will have the subject line:

“Account Activation Notification”

This email will have an activation link

To activate your account, please click on the link below

[Activation Link \[identity.mymdthink.maryland.gov\]](https://identity.mymdthink.maryland.gov)

0. Click the Activation Link in the email
0. You will be redirected to the myMDTHINK Account Activation site

myMDTHINK Account Activation

Password Policy Rules

The new password must not contain your Username.
The new password must be a combination of letters, numbers, and special characters.
The new password must contain at least Two:

- Uppercase letters.
- Lowercase letters.
- Numbers.
- Special characters. (~!@#\$\$%^*._+=[\|/]:;?.)

The new password must be between Fourteen (14) but not exceed twenty (20) characters long.
The new password cannot contain blank space (the Space Bar key).
The new password cannot be any one of the previous twenty four (24) passwords and cannot be a password that has been used in the last twelve months.
The new password must differ from your previous password by at least two (2) characters.

Email/Username:*

Enter New Password:*

Show/Hide Password

Confirm Password:*

Show/Hide Password

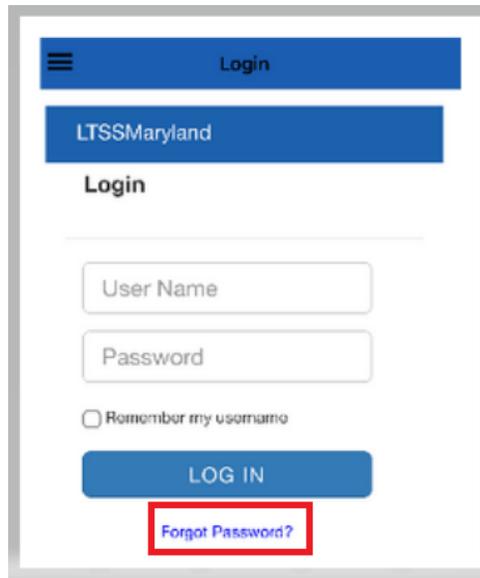
Submit

0. Create a password that meets the password requirements
0. Click **Submit**
0. Your LTSS*Maryland* EVV App account is now ready!

Password Reset

If you forget your password, you can ask to reset it on the Login Screen of the app

1. Select **Forgot Password?**

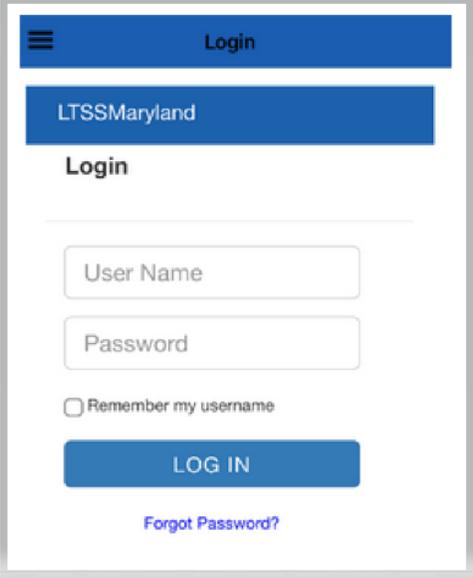


0. On the Forgot Password screen, enter in your email and click on the **Forgot Password** button. You will receive an email with a passcode.
0. Enter the passcode into the app and click **Submit Passcode**. You will be redirected to the password reset screen.
0. Enter your new password and confirm, then click **Submit**
0. Your password is now updated. Navigate back to the *LTSSMaryland* EVV App and log in with the new password.

Logging In and Using the *LTSSMaryland* EVV app

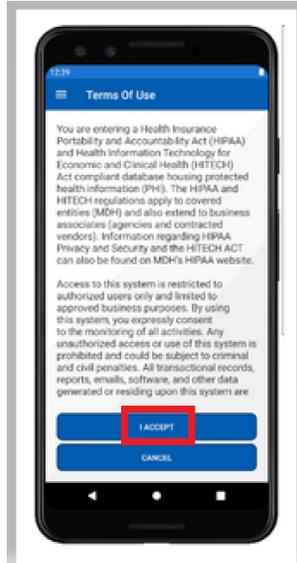
Logging into the App for the First Time

1. Open the *LTSSMaryland* EVV App
2. On the Login Screen, enter your email address and password
3. Click **Log In**
 - Tip: If you select **Remember my username**, the app will fill in your username each time you use the app



The screenshot shows the login interface of the LTSSMaryland EVV App. At the top, there is a blue header with a hamburger menu icon on the left and the word "Login" in the center. Below the header is a blue bar with the text "LTSSMaryland". Underneath, the word "Login" is displayed in bold. The form contains two input fields: "User Name" and "Password". Below these fields is a checkbox labeled "Remember my username". At the bottom of the form is a blue button with the text "LOG IN" in white. Below the button is a link that says "Forgot Password?" in blue text.

0. If this is your first-time logging into the *LTSSMaryland* EVV App on your device, you will be prompted to accept to the Terms of Use
 - Read the information and click **"I Accept"** if you accept the terms of use
 - Click the **Cancel** button to return you to the Login Screen



0. If you accept the Terms of Use, you will be directed to the landing page. Each time you log in from now on you will be taken directly to the landing page

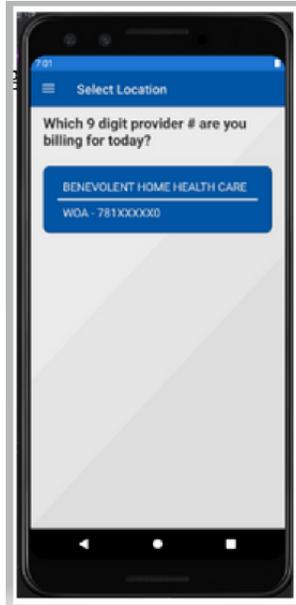
Clocking In and Out with the LTSSMaryland EVV app

When you log into the app you will be directed to the landing page

The landing page will list all provider locations available to you. Each location will show the following information:

- Agency Name
- Program Offered
- Provider MA Number

1. Start by selecting the provider/location name you will be working under



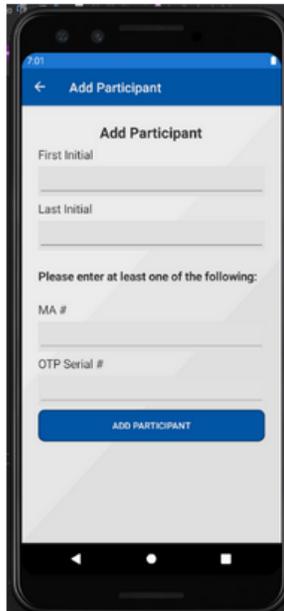
0. Next, you will be directed to the Participant Select page, which will show a list of all the participants you have added to your list in the app
 - You can add or remove participants from this list at any time, see instructions below
0. Select the Participant you will be working with
 - Participants are identified by their First and Last initial, and the last 4 digits of their MA number



If you do not see your participant listed, you can add them by selecting the **Add Participant** button at the bottom of the page

- Enter the required information:

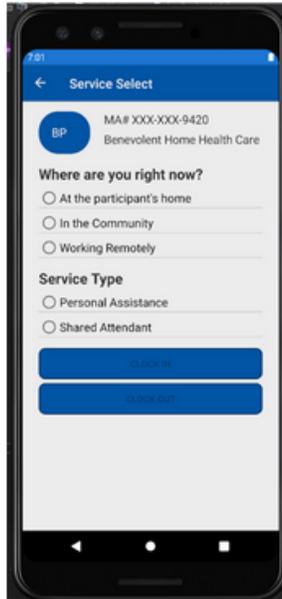
- First Initial of the Participant
- Last Initial of the Participant
- Participant's MA number
 - If you do not know the participant's MA number, you may enter the Serial Number located on the back of the participant's OTP device, if assigned
- Click the **Add Participant** button
- You will be directed back to the Participant Select page
- Select the Participant you will be working with



0. After selecting your participant, the Service Select screen will appear
 - You may click the back arrow button on the upper left screen if you need to change your selection
0. Answer the first question based on where you are:

“Where are you right now?”

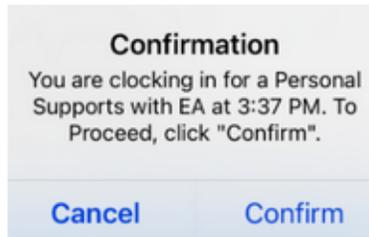
 - At the participant's home
 - In the Community
 - Working Remotely - only for select programs



- 5A. If your participant has an OTP device assigned to them, and you select *In the Community*, a new box labeled *Please enter your OTP* will appear
- Enter the 6-digit OTP code in the app



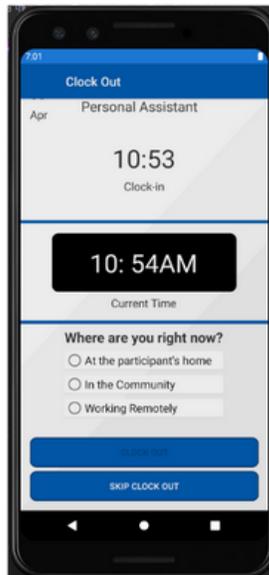
0. Next, select the Service Type you are providing to the participant
 - All available services associated with the provider location will display. Select the service you will be providing for your participant
0. Finally, select **Clock In** if you are clocking in for the service
 - A verification message will pop up
 - Select **Confirm** if the information is correct
 - Your clock in will be accepted, and you will be directed to the Easy Access Clock Out Page
 - Select **Cancel** if the information is not correct



- 7A. Select **Clock Out** if you are clocking out for this service
- A verification message will pop up
 - Select **Confirm** if the information is correct
 - Your clock out will be accepted, and you will be directed to the landing page
 - Select **Cancel** if the information is not correct

Easy Access Clock Out Page

- If you are currently clocked in for a service, when you log back into the app you will be taken directly to the Easy Access Clock Out Page
 - At the top you will see the participant's initials, MA#, your Provider Name/Location, and Service Type
 - Below that you will see the clock in date and time
 - At the bottom you will see the current time and clock out options
- When you are ready to clock out, answer the question: "Where are you right now?"
 - At the participant's home
 - In the Community
 - Working Remotely - only for select programs



- 2A. If your participant has an OTP device assigned to them, and you select *In the Community*, a new box labeled *Please enter your OTP* will appear
- Enter the 6-digit OTP code in the app

- Select the **Clock Out** button
 - A verification message will pop up
 - Select **Confirm** if the information is correct
 1. Your clock in will be accepted, and you will be directed to the Easy Access Clock Out Page
 - Select **Cancel** if the information is not correct

If you do not want to clock out, you have two options:

- If you did not clock out at the end of your shift, click the *Skip Clock Out* button
 - You will receive a confirmation message
 - Click **Continue** to be taken to the landing page
 - Click **Cancel** to return to the Easy Access Clock Out page

- If you want to use other features in the app, but are not yet ready to clock out, click the X button in the upper right corner of the screen to be taken to the landing page
 - The next time you log in to the app you will return to the Easy Access Clock Out Page

Managing Participants in the LTSSMaryland EVV app

Add Participant Page

1. The *LTSSMaryland* EVV App allows you to add all of your participants onto the Participant Select page. There are two ways to do this. You may select **Add Participant** from the Participant Select page, or you may use the Add Participant option in the main menu.
 2. After logging into the *LTSSMaryland* EVV App, click the menu button in the upper left corner.
-
0. Select **Add Participant**.

 0. The Add Participant screen will open.



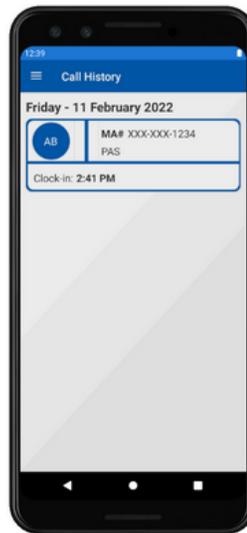
0. Select the location for the Participant to be listed under
 - Enter the required information:
 - First Initial of the Participant
 - Last Initial of the Participant
 - Participant's MA number
 - If you do not know the participant's MA number, you may enter the Serial Number located on the back of the participant's OTP device, if assigned
0. Click the **Add Participant** button
 - The Participant will be added under the provider location, and will be available for your next clock in
0. Click **Cancel** to go back to make changes

If you do not see your participant listed, you can add them by selecting the Add Participant button at the bottom of the clock-in page.

- The Add Participant screen will open.
- Enter the required information:
 - First Initial of the Participant
 - Last Initial of the Participant
 - Participant's MA#
 - If you do not know the participant's MA number, you may enter Serial Number located on the back of the participant's OTP device, if assigned
- Click the **Add Participant** button
- You will be directed back to the Select Participant Select page with the client added as an option.
- Select the Participant you will be working with.

Service History Screen

- The LTSS*Maryland* EVV App allows you to view the last 30 days of clock in and out records entered on the app
 - Note: This will not display services entered through other methods, such as through the toll-free telephone-based system or services manually entered by the agency.
- Click the menu button on the upper left corner
- Select **Call History**



- The Call History page will display the last 30 days of clock in and out records. The most recent records will display at the top
- Information that will display includes:
 - Service Date
 - Participant initials and MA#
 - Service Type
 - Clock In/Out Time

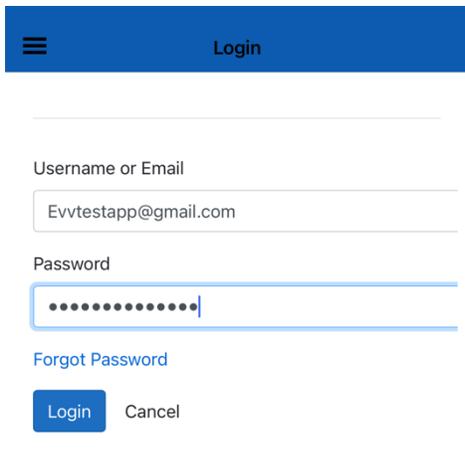
EVV App Entered MTRs

If a DSP forgets to clock in and/or out at the time of service, the DSP can submit the clock in/out as a Missing Time Request (MTR). Services can only be submitted up to 7 days from the date of service all services exceeding 7 days must be submitted by the agency as an MTR.

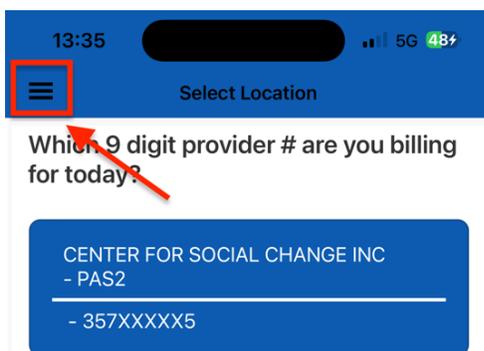
How to submit an App MTR

The DSP should clock in and out through the app in real time and should not rely on app MTRs as they are still held to all SM policies and can result in non-payment. However, in the event that the DSP forgets or is unable to use the app in real time they can submit an MTR through the app once your agency has granted them access.

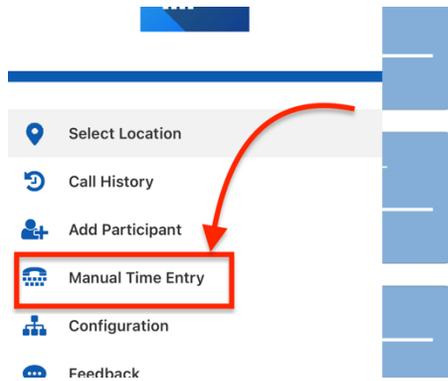
1. Log into the LTSS*Maryland* EVV mobile application, as you would to submit a real time clock in/out.



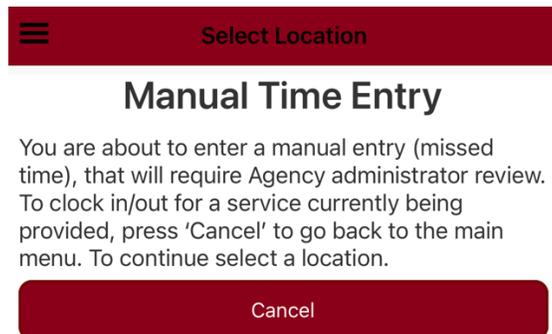
2. Navigate to the main menu by pressing the menu button (three lines) in the upper left and corner.



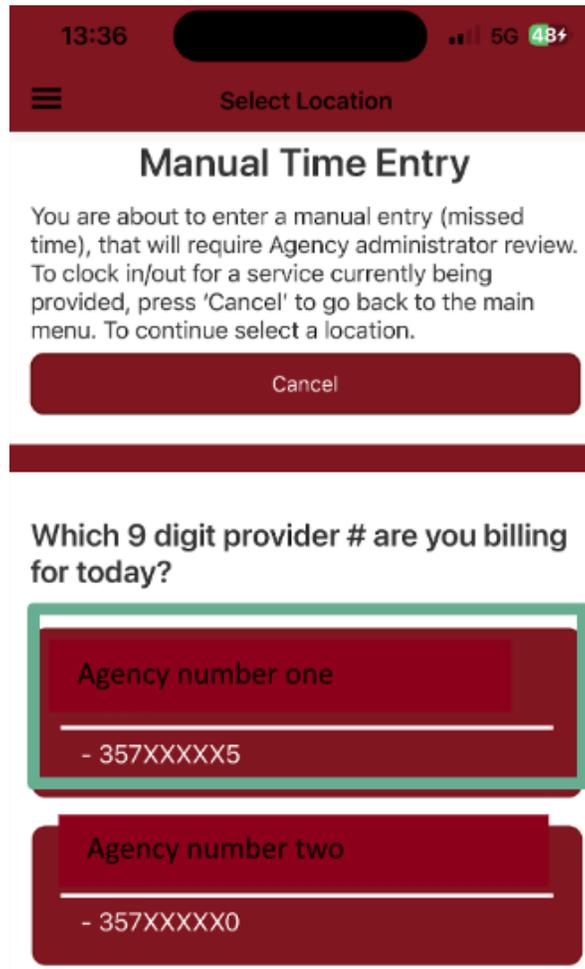
3. Select the “Manual Time Entry” menu option.



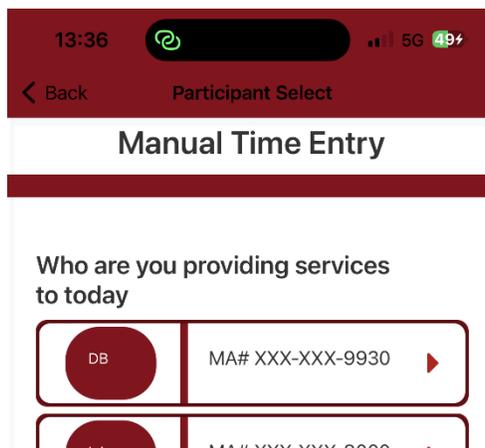
4. The screen will now turn red this is how you know you are in (MTR) submission area of the app. Pressing the cancel button will bring you back to the real-time clock in/out pages



5. Select agency



6. Select participant



7. Select service type being provided

13:39 5G 51%

< Back Service Select

ZB MA# XXX-XXX-3100
Agency One

Date
7/28/2023

Time
1:39 PM

Where did this service occur?
 At the participant's home
 In the Community

Manual Entry Reason
Select Manual Entry Reason

Service Type
Intensive Individual Support Services (IISS)
Respite Care

8. Select location of the service

13:39 5G 51%

< Back Service Select

ZB MA# XXX-XXX-3100
Agency One

Date
7/28/2023

Time
1:39 PM

Where did this service occur?
 At the participant's home
 In the Community

Manual Entry Reason
Select Manual Entry Reason

Service Type
Intensive Individual Support Services (IISS)
Respite Care

9. Tap the **Date field** and a date picker or calendar will pop up. Select the date of service and press **Done**.

The screenshot shows a mobile application form with the following fields and options:

- DB** (in a red circle) MA# XXX-XXX-9930 Agency One
- Date** field: 7/24/2023
- Time** field: 1:40 PM
- Where did this service occur?**
 - At the participant's home
 - In the Community
- Manual Entry Reason** field: Forgot to Clock In/Out

A date picker overlay is shown at the bottom, displaying a list of dates from April 21, 2020, to October 27, 2026. The date **July 24, 2023** is highlighted. A **Done** button is visible in the top right corner of the date picker.

10. Tap the **Time field** and a time picker will pop up. Select the time of service and press **Done**.

ZB MA# XXX-XXX-3100
 Agency One

Date
 7/24/2023

Time
 8:40 AM

Where did this service occur?
 At the participant's home
 In the Community

Manual Entry Reason
 Select Manual Entry Reason

Done

05	37
06	38
07	39
08	40
09	41
10	42
11	43

11. Tap the **Manual Entry Reason**. Select the reason that closely matches your reason for manual entry and press **Done**.

ZB MA# XXX-XXX-3100
 Agency One

Date
 7/28/2023

Time
 1:39 PM

Where did this service occur?
 At the participant's home
 In the Community

Manual Entry Reason
 Phone Unavailable

Service Type
 Intensive Individual Support Services (IISS)

Done

Forgot to Clock In/Out
 Busy with Participant
Phone Unavailable
 Clock In/Out Attempt Did Not Work
 In Community With No OTP Device
 OTP Issue

12. After entering the Manual Time Entry information, the Clock In and Clock Out buttons will become available. Select clock in or out depending on the shift you are submitting.

Manual Entry Reason
Forgot to Clock In/Out

Service Type
Personal Assistant
Shared Attendant

Clock In

Clock Out

13. A confirmation page will appear. Review the information to make sure it is correct, and press confirm to complete your shift, or cancel to go back to edit any errors.

1:40 PM

Where did this service occur?
 At the participant's home
 In t

Manu
Forgot

Confirmation
You are entering a Manual Time Entry clocking in for a Personal Assistant with DB at 1:40 PM. To Proceed, click "Confirm".

Cancel Confirm

Service Type
Personal Assistant
Shared Attendant

Admin Provider Processes

Creating an account for Staff Providers in the Provider Portal

Provider Administrators must give their Staff Providers permission to use the LTSS*Maryland* EVV Mobile App before they can begin to clock in and out for services using the app

1. Log in to the Provider Portal on your computer
2. Navigate to the Provider Tab
3. Search for and find your staff
4. Click **View** to navigate to the staff profile page
5. Click the **Edit** button in the lower right corner
6. Under the Mobile App Information section, update the “**Allowed Access?**” dropdown menu to **Yes**

MOBILE APP INFORMATION

Requested Access?	Allowed Access?
Yes	Yes

The Mobile App Login Email box will display. Enter in the email address the Staff Provider will use to access their LTSS*Maryland* EVV app account

- Note: This must be an email account that the staff can access to set up their credentials

MOBILE APP INFORMATION

Requested Access?	Allowed Access?
No	Yes

Mobile App Login Email: ⓘ

0. Click **Save** in the lower right corner

The Staff Provider will receive two emails from identity@mdthink.maryland.gov

The emails will allow them to setup their account and password

- **Important:** The Staff Provider must set up their new password promptly, or the email link will expire
 - If this occurs, the staff should navigate to the app Login Screen and click the **Forgot Password?** button to receive a new email to set up their password

Important Information:

1. If the Staff Provider is not associated with a location that is allowed access to the *LTSSMaryland* EVV App, upon clicking **Save** you will receive the following message:
“User doesn't have location available for mobile app use”
0. If the email address entered is already in use by another Staff Provider, you will receive the following message:
“Username or Email Address has been used by another user”

Granting Access to the *LTSSMaryland* EVV App Via Alerts

Provider Administrators can grant access to the *LTSSMaryland* EVV App for Staff Providers who have requested access in the *LTSSMaryland* EVV App

1. When a Staff Provider successfully completes the account creation process in the app, their Provider Administrators will receive an alert in the Provider Portal
2. From the Alerts tab in Provider Portal, locate the *Staff Requested Mobile Access* alert click **Details**

Select All: <input type="checkbox"/>	Date	Details	Type	Actions
<input type="checkbox"/>	04/01/2022	Samantha Weaver requested access to the EvvCore mobile application on 04/01/2022.	Staff Requested Mobile Access	Details

0. You will be directed to the staff profile. Click **Edit** in the lower right corner
0. Change "Allow Access" to 'yes' under Mobile App Information?

Note:

- If you would like to deny their access request, select “No” in the “Allowed Access?” box
- Provider Admins may also pre-approve accounts to the *LTSSMaryland* EVV app prior to the Staff Provider creating an account using the above steps.

Removing Access to the *LTSSMaryland* EVV App

Provider Admins can remove access to the *LTSSMaryland* EVV App for a Staff Provider

1. Log in to the Provider Portal on your computer
2. Navigate to the Provider Tab
3. Search for and find your staff
4. Click **View** to navigate to the staff profile page
5. Click the **Edit** button in the lower right corner
6. Under the Mobile App Information section, update the “**Allowed Access?**” dropdown menu to **No**

MOBILE APP INFORMATION

Requested Access?

Yes

Allowed Access?

No
▼

1. Click *Save*
2. If the Staff Provider attempts to log into the *LTSSMaryland* EVV App they will no longer see your agency/locations in the app

Important Note:

- If a Staff Provider is deactivated in the Provider Portal, they will no longer be able to log in using the app.
- If you reactivate a Staff Provider, you will also need to reset Allowed Access to Yes if they are to use the app. Access to the *LTSSMaryland* EVV app is NOT automatically reinstated.

Denying a Request for Access

Provider Admins can deny access to the *LTSSMaryland* EVV App

1. When the administrator receives an Alert requesting access to the app, the administrator can ignore the alert and archive it if they do not wish to grant access to the Staff Provider

Updating a Staff Provider’s Email

Provider Administrators can update the Staff Provider email address for receiving a password reset email. However, administrators cannot update the email used to log in to the *LTSSMaryland* EVV App directly. To update the email address used to log in to the app, an email must be sent to the Help Desk at LTSSHelpDesk@LTSSMaryland.org.

LOGIN INFORMATION

Allow Login?

Login Name:	Login Email:
<input type="text" value="test.test234"/>	<input type="text"/>

MOBILE APP INFORMATION

Requested Access?	Allowed Access?
No	<input type="text" value="Yes"/>

Mobile App Login Email: ⓘ

Phone Requirements

The *LTSSMaryland* EVV App supports both Android and Apple iOS smartphones. Below are the lowest versions of software that are capable of running the app. Any software version newer than those listed below can access the app

Android Devices

- The minimum supported version on any Android device is 9.0 (API Level 28) or later

Apple iOS Devices

- iPhone 6S, or newer, using iOS 13.7 or later
- iPhone 5S, 6, or 6 Plus, using iOS 12.5.3 or later
- iPads are *not* currently supported

Location Services

To use the LTSS*Maryland* EVV App, location services must be enabled while using the app. The app will not track location information while the app is closed

- Android Devices
 - Go to Settings > Location
 - Find the LTSS*Maryland* EVV App in the list
 - Select **“Allow only while using the app”**
- Apple iOS Devices
 - Go to Settings
 - Find the LTSS*Maryland* EVV App in the list
 - Under Location, select **While Using App**

Data Services

To use the LTSS*Maryland* EVV App, cellular data or a Wi-Fi connection must be enabled. If neither cellular data or Wi-Fi services are available, the Staff Provider must use the toll-free telephone IVR system to clock in and out

New Version Requirements

If a new version of the LTSS*Maryland* EVV App is released, you must download the new version prior to logging in

System Maintenance

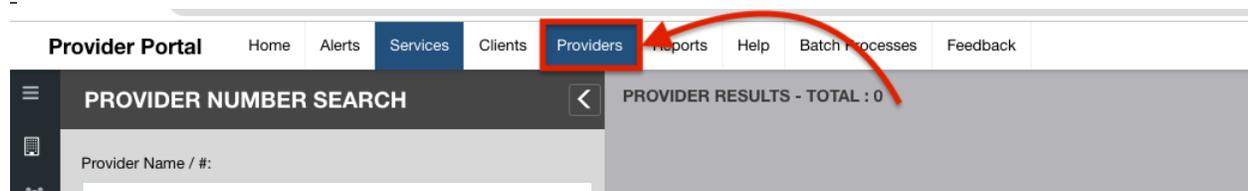
For regularly scheduled monthly maintenance periods, the LTSS*Maryland* EVV App may not be available for use. If at any time the app is not functioning as expected the Staff Provider must use the toll-free telephone IVR system to clock in and out

DSP App MTR Set-up

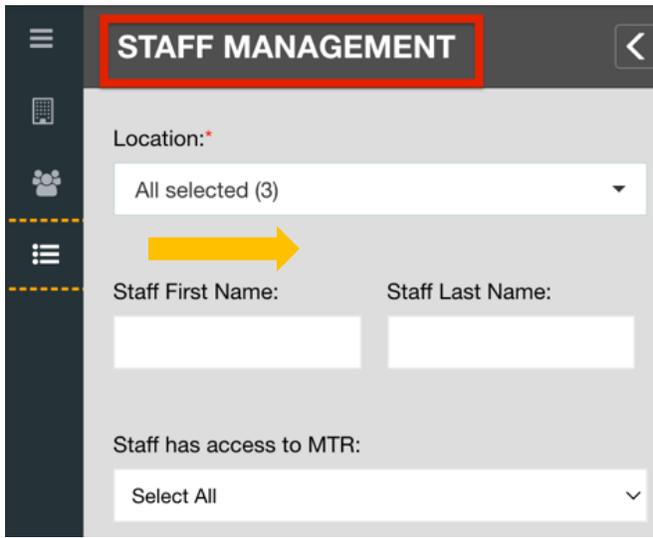
Agency administrators can allow or disallow missing time requests (MTRs) to be submitted by the staff via the app in the provider portal.

Note: by default, all staff are allowed MTR access.

1. Go to the provider’s tab



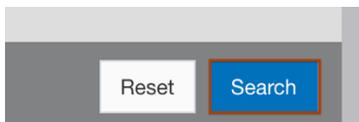
2. From the left panel select the staff management icon to open the staff management page



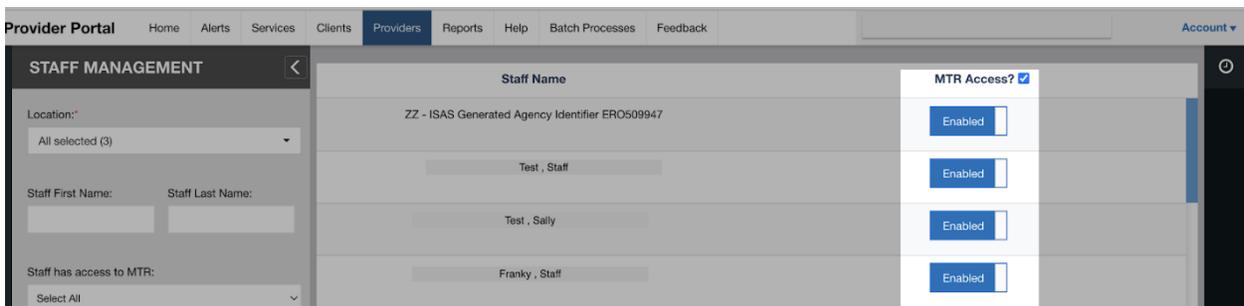
3. You can search for your staff by location, name, their staff access status and press search to generate a list of staff to manage.



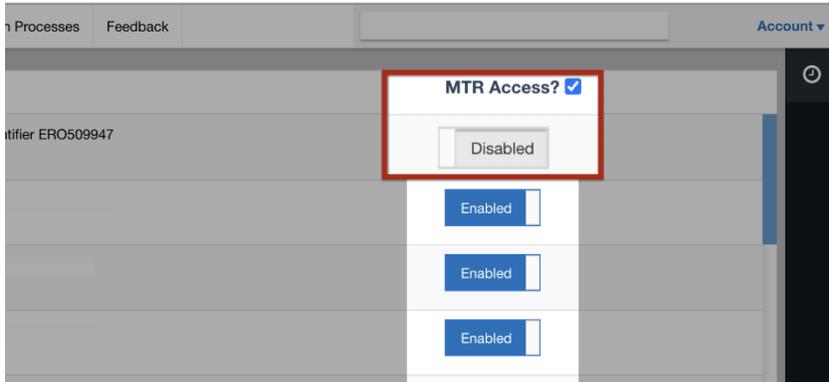
Or you can press the search button without selecting any search criteria to generate a full list of all staff.



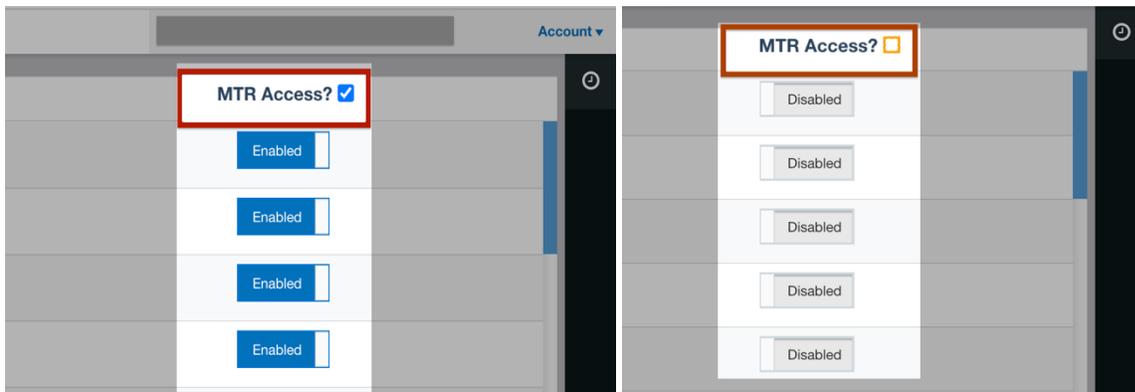
4. Staff's ability to submit MTRs will automatically be enabled



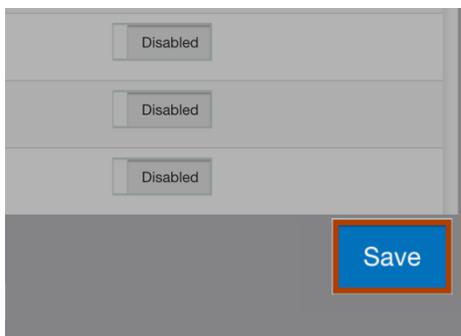
5. You can enable or disable the ability for a staff member to enter MTRs in the app by toggling the switch next to their name.



6. Alternatively, if you want to turn on/off access to all staff listed uncheck or check the box next to the MTR access?



7. Once the edits are complete, press the save button in the bottom right corner to save your edits.



Reviewing App MTR Approval

- Once the DSP has entered a missing time request (MTR) from the mobile application, you, as the agency administrator, will need to authorize the request prior to MDH review.
- Your agency is responsible to make sure the MTR follows all SM policies including making sure the staff select the correct category and all required category information is submitted at the time of agency submission.
- Once your agency has authorized the MTR, MDH will review it according to standard MTR review policy and procedures.
- When a provider submits a manual time entry via the application, the service will go into a status of **“Needs Provider Authorization.”**
To review and authorize the submission please follow the steps outlined below.

1. Log into LTSS*Maryland* Provider Portal. On the homepage under the action required section, look for the section “EVV Services Pending Provider Authorization.” Select the count number.

ACTIONS REQUIRED	
▼ RESOLVE BY MDH (AS OF 10/12/2023 3:30 PM)	
▶ EVV SERVICES	
▼ RESOLVE BY PROVIDER (AS OF 10/12/2023 3:30 PM)	
▶ EVV SERVICES	
▼ EVV SERVICES PENDING PROVIDER AUTHORIZATION (AS OF 10/12/2023 3:52 PM)	
Activity Status	Counts
▶ Needs Provider Authorization	0

2. Selecting the number hyperlink will open a new page listing all services that need agency administrator review.

Provider Portal Account

Sort By: Date of Service

Total Count of Services: 9 Download as CSV

Service Date	Start Time	End Time	Service Type	Service Status	Proc Code	Provider FEIN	Provider #	Provider	Client
07/25/2023	1:19 PM	1:20 PM	Personal Assistant Services	Needs Provider Authorization	--				
07/25/2023	1:00 PM	2:00 PM	Personal Supports (DDA)	Needs Provider Authorization	--				

3. Select the date hyperlink on the left to open a service for review

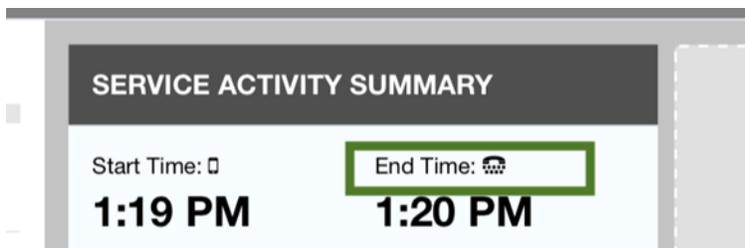
Provider Portal

Total Count of Services: 9

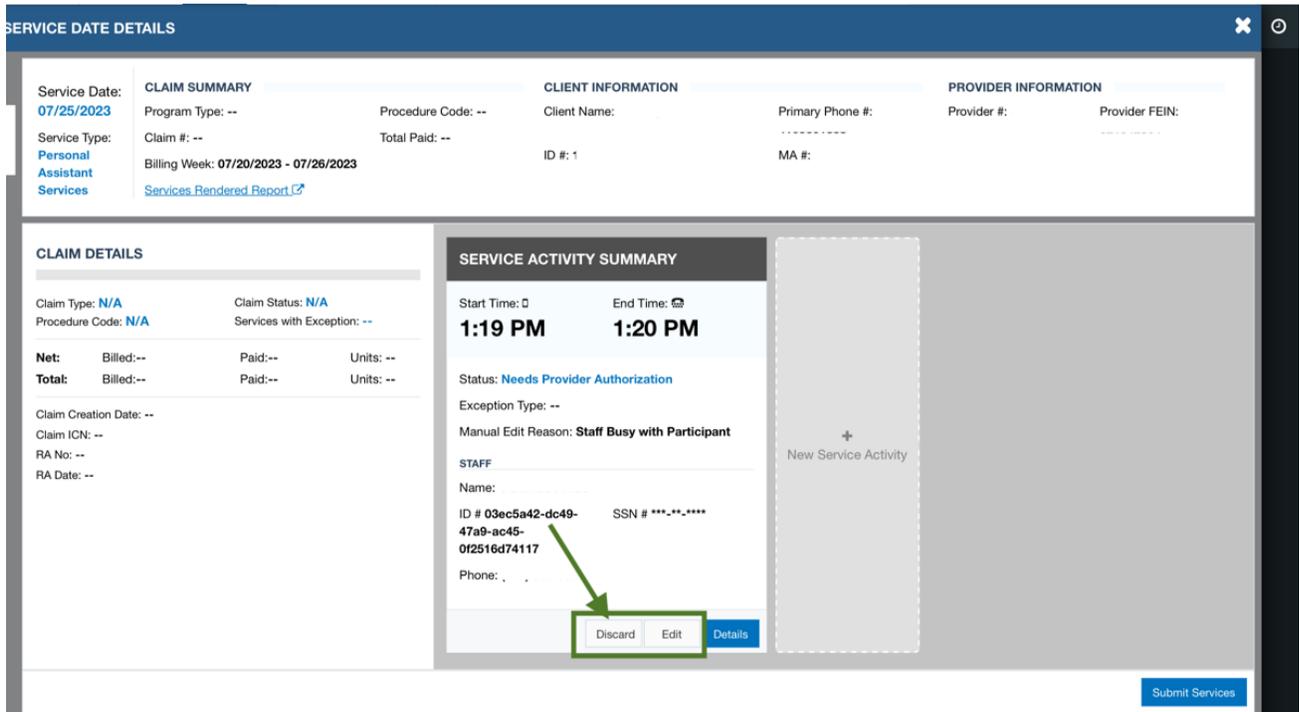
Service Date	Start Time	End Time	Service Type	Service Status	Proc Code
07/25/2023	1:19 PM	1:20 PM	Personal Assistant Services	Needs Provider Authorization	--

This will open a details page. From this page you can review the service submitted by the staff from the mobile application.

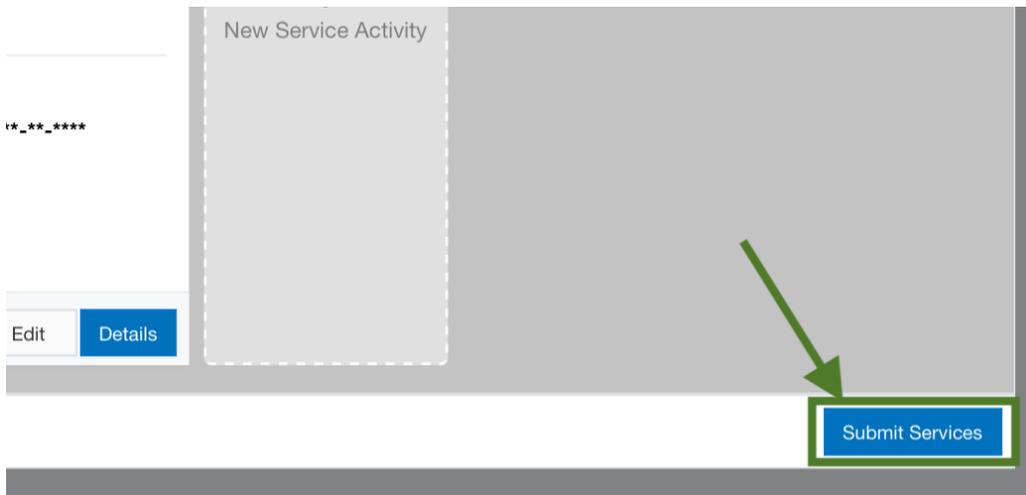
The phone and keyboard icon will indicate that the service was entered via the app



4. Review the time entered. You can choose to edit the times or discard the service from the details page.



5. Once you review the service you can press the Submit Services button in the lower right corner to submit the service to MDH for review.



The In-home Supports Assurance System (ISAS) Phone EVV

All Direct Service Professionals (DSPs) for Personal Supports, Personal Supports Enhanced and Respite 15-minute service must use the LTSSMaryland EVV Mobile App to clock in and out for all services provided. If the Mobile app is unavailable the DSP can use The ISAS Phone EVV to clock in and out for services. DSPs must have a staff profile created in Provider Portal with a "Staff Provider" role and an SSN

to be able to use the ISAS Phone EVV so the Provider Agency can get paid for the service. **DSPs may NOT use their personal phones to clock in and out through the ISAS Phone EVV unless accompanied with an OTP device and approved by the Participant's CCS Coordinator.**

Calling the ISAS Phone EVV

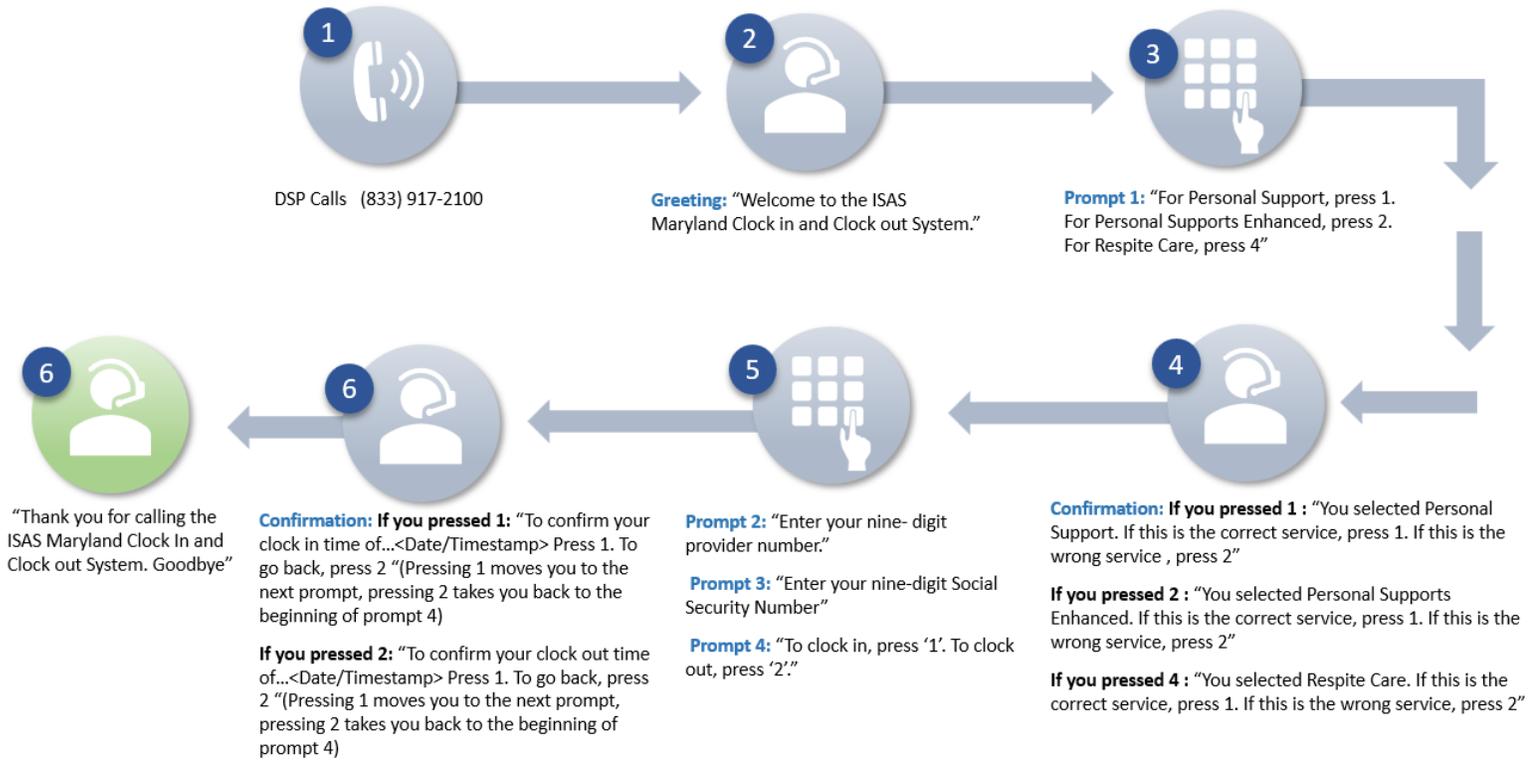
To clock in and out through the ISAS Phone EVV the DSP should call **(833) 917-2100**. DSPs will need the following information when they clock in or out through the ISAS Phone EVV. It is the Provider Agency's responsibility to ensure all DSPs have the following information prior to providing services to recipients and are fully trained on how to use the system:

- The ISAS Phone EVV phone number to call
- Participant's Medicaid (MA) number (if needed)
- Agency Provider number
- Staff Provider (DSPs) Social security number
- OTP device ID (if assigned)

DSPs must listen to the prompts and enter the correct information all the way until the END prompt, which will say "Goodbye". **If the DSP hangs up before they hear "goodbye" the time will NOT record.**

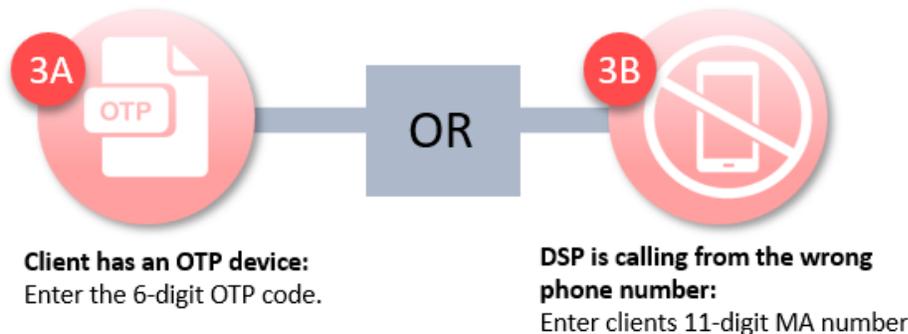
The ISAS Phone EVV Prompt Walk Through

Below is an outline of the verbal prompts in the ISAS Phone EVV. It is the Agency Administrator's responsibility to ensure that the Staff Provider is familiar with the ISAS Phone EVV prior to providing services.



These options will only occur if the DSP is doing one of the following:

- Calling from a phone number that is not linked to the client profile (This is against program policy and all times entered will be subjected to review)
- The DSP is using an OTP device to clock in/out



One Time Passcode Device (OTP)



What is an ITP device?

A One Time Passcode Device (OTP) is a time-synchronized device issued to a Participant by the Participant's CCS coordinator. The OTP device has been designed to assist DSPs in recording clock in/out times. Not all participants will have an OTP device in their homes. However, if they do, the Staff Providers are required to use it with every clock in and clock out. OTP devices are solely distributed by the CCS directly to Participants.

OTP Program Policy:

OTP devices must ALWAYS remain with the participant to whom it has been assigned. It is considered fraudulent behavior for a DSP to take the OTP device out of the participant's possession.

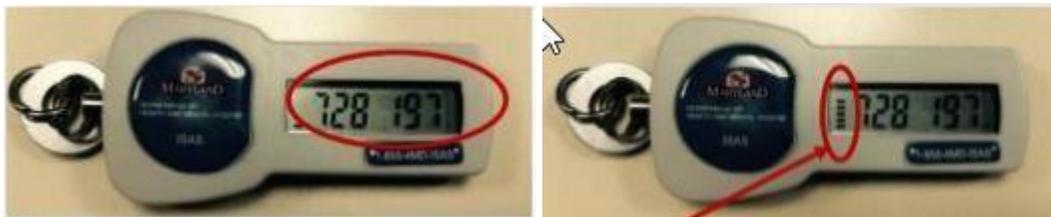
When is an OTP device assigned?

OTP devices will only be issued under the following conditions:

1. Person does not have a reliable phone that the Staff Provider can use
2. More than one Person lives in the same household & shares a phone
3. The Person often receives Personal Supports and Respite 15-minute service in the community

Note: Effective 10/1/23, Respite 15-minute non-EVV service will transition to Respite 15-minute EVV service. Respite providers must contact the participant's CCS coordinator if there is not an available OTP device and the participant requires one for the reasons stated above.

How to use an OTP device



- The OTP device will generate a new six-digit code every 60 seconds. This code is synchronized to a specific time within the IVR system.
- The bars located on the left of device will indicate when the code will change:
 - A new bar will be added every 10 seconds
 - A new passcode will appear after the device has displayed 6 bars or 60 seconds has passed.
- If an OTP device is assigned, the user will hear the following phrase when they clock in and clock out through the ISAS telephone EVV: "Enter the 6-digit OTP passcode". When the user hears this phrase, they should look at the number on the device and key it in on the phone.

OTP Device and Multiple Programs

If a participant receives services from multiple programs and an OTP device is assigned, the DSP must use the OTP device for all programs provided. If the DSP notices an OTP device and was not informed, they should immediately contact their agency and the agency can reach out to the CCS for more information. One device will be used across all programs.

EVV Billing:

SU	M	T	W	TH	F	S
				1		
				2		

The workweek is defined as starting on Thursday and ending on Wednesday (11:59 PM). Agency providers are paid weekly for services provided between Thursday and Wednesday. One paycheck may also include payments for approved Missing Time Requests and Adjustments with dates of service that fall outside of the workweek.

Service vs. Claim in EVV

Service:

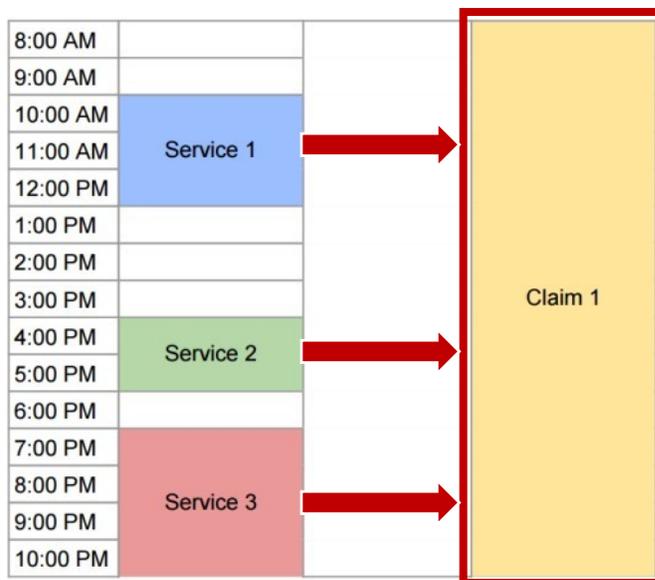
A clock-in and one clock-out pair makes a Service.

Example: Jane clocked in at 7am and clocked out at 8am. Her hour-long shift is called a “service”

Claim:

One or more services that share the following information are bundled together during the nightly process to make a claim:

- Date of Service
- Provider Number
- Client LTSS ID/ Client MA Number
- Service Type (Personal Supports, Personal Supports Enhanced or Respite 15 minute)



Overnight Service Midnight Split

As of April 12, 2024 any overnight shift will be split into two claims at midnight. This means hours are counted by day and are no longer tied to the clock in date.

EXAMPLE: If the shift is 10PM-1AM – The system will split the shift into 2 services
10PM-11:59 PM and 12:00 AM- 1AM

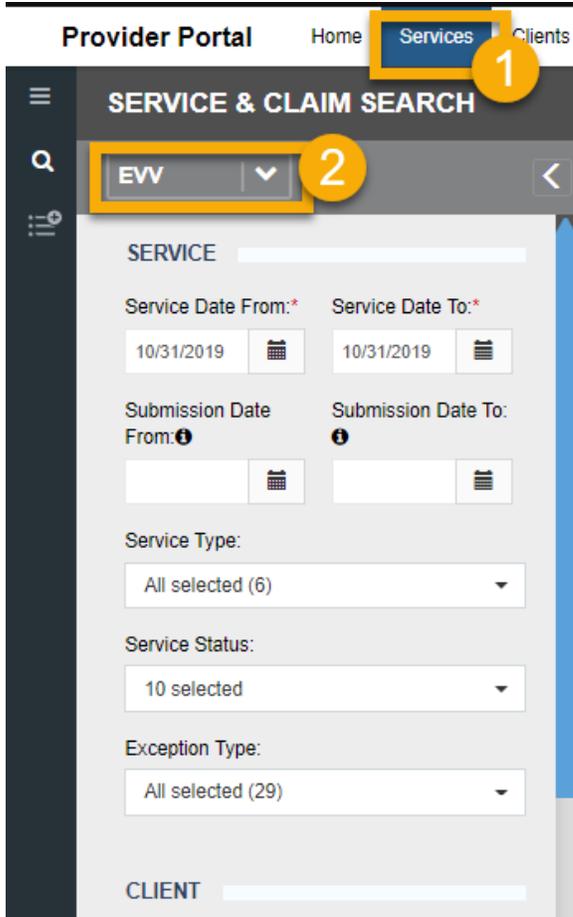
Service and Claim Search

Providers with below roles can view the entered services and claims information for the Provider Agency.

- Admin Provider
- Billing Provider
- Provider Program Director
- Provider Program Staff

Services and Claims is located in the 'Services' area (1) and selecting 'EVV' above the search panel (2).

Navigation: Home Page -> Services -> Left Nav Menu -> 'Search Services' icon  -> EVV



Provider Portal Home **Services** Clients

SERVICE & CLAIM SEARCH

EVV

SERVICE

Service Date From:* 10/31/2019 Service Date To:* 10/31/2019

Submission Date From: Submission Date To:

Service Type: All selected (6)

Service Status: 10 selected

Exception Type: All selected (29)

CLIENT

Services can be looked up by entering either the Service, Provider, Person or Claim & Remittance information. Most searches require a Date of Service (DOS) range entered through the Service Date From and To fields, with a combination of other optional inputs.

Search by Service Information

Users can search for services using any of the below parameters in combination with the Service Date From and Service Date To fields to get the services with information that matches the search criteria (See above screenshot).

- a. The search is limited to 1-year range. The From and To date cannot be more than one year apart
- b. Service Date From and Service Date to – Service date is the date the service is provided on. This parameter can be used to return services provided within a DOS range. The Service From and To Dates are defaulted to the date before the current date but can be modified to expand the range.
- c. Submission Date From and Submission Date to – Submission date is the date the Service was submitted by the provider. This parameter can be used to return services entered between the date ranges.
- d. Service Type – Service type is the type of service provided. This parameter allows user to filter down to look for specific service types. By default, all services types for which the Provider has entered services for billing in the Provider Portal are selected. Refer to Appendix A for a list of all DDA services
- e. Service Status – Service status is the status that the service in. allows to filter down services in a specific workflow status in the system. Refer to Appendix C for the workflow status meanings and transitions.
- f. Exception Type –Exception type is the exception that is currently associated with the activity. All entered services are subject to validation to ensure they are within the defined and authorized services and limits according to the person’s PCP. If one or more validation checks fail, corresponding exceptions are assigned, and a claim is not created. This filter allows users to look for specific failures or exceptions so they can be resolved.

Search by Client Information

Services can be searched for by using any of the below parameters in combination with the Service Date From and Service Date To fields, to get the services with information that matches the search criteria.

- . Client ID/MA# - Allows searching for services using Person’s LTSS Client ID/MA#
- . Client Last Name - Allows searching for services using Person’s Last Name
- . Client First Name - Allows searching for services using Person’s First Name



The screenshot shows a search interface with the following elements:

- A header label "CLIENT" followed by a long, empty text input field.
- A label "Client ID/MA #:" followed by a single-line text input field.
- Two labels, "Client Last Name:" and "Client First Name:", each followed by a single-line text input field.

Search by Provider Information

Services can be searched for by using any of the below parameters in combination with the Service Date From and Service Date To fields to get the services with information that matches the search criteria.

- a. Provider#/Name – Allows searching for services with the Provider #/Name for the provider who provided the service
- b. Staff First and Last Name – Allows searching for services with the DSP's name

A screenshot of a search form titled "PROVIDER". It features a search bar at the top. Below it, there are three input fields: "Provider # / Name:", "Staff Last Name:", and "Staff First Name:". The "Staff Last Name" and "Staff First Name" fields are positioned side-by-side.

Search by Claim and Remittance Information

The Advanced Search feature under 'Services and Claims' Search allows providers to search for entered services based on claim and remittance information, such as Claim ICN and RA Number from MMIS, and Claim Status, Number and Type in Provider Portal.

A screenshot of the "SERVICE & CLAIM SEARCH" interface. The top left shows a dropdown menu with "EW" selected. Below this are input fields for "Client Last Name:" and "Client First Name:". A "PROVIDER" section follows with fields for "Provider # / Name:", "Staff Last Name:", and "Staff First Name:". At the bottom of this section is a button labeled "> ADVANCED SEARCH OPTIONS". A purple arrow points from this button to a detailed view of the "ADVANCED SEARCH OPTIONS" section. This section is titled "ADVANCED SEARCH OPTIONS" and contains a "CLAIM" search bar. Below the search bar are two dropdown menus: "Claim Status:" (with "All selected (4)" selected) and "Claim Type:" (with "All selected (4)" selected). Below these are input fields for "RA NO:" and "ICN:". At the bottom of the section is a "Claim #:" input field. A yellow arrow points to the "CLAIM" search bar, and a yellow box highlights the "CLAIM" section.

a. Claim Status – This parameter is used to get services based on their status. Claims can have one of the following statuses. Multiple statuses can be selected.

1. Submitted to MMIS – Services have passed the overnight checks and a claim has been submitted to MMIS
1. Paid – The claim submitted to MMIS has been paid
1. Rejected – When MMIS returns remittance with no payment for the submitted claim, the claim status will be Rejected
1. None (No Status) – There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation

b. Claim Type - This parameter is used to get services based on the type of claim created for it. Claims can have one of the below types. Multiple claims can be selected

- I.Original – The Original or Initial claim submitted for the service, after the service is first entered and successfully clears the service validation
- II.Adjustment- Claims created for modifications made to services after an original claim has been submitted to MMIS and either Paid or Rejected
- III.Void- Claims that are reduced to 0 units
- IV.No claim- There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation

C. RA No. (RA Number) – Allows search by the Remittance Advice Number received with a payment made by Medicaid to the Provider. Remittance Advice Number identifies all services paid with the associated check or payment (EFT)

Note: Service Date From and To fields that are required for other searches become optional when RA Number search is used (A) and the Submission Date parameters (B) are disabled for selection

d. ICN – Allows search by the Internal Control Number (ICN) received from MMIS. ICN is a 13-digit number assigned to each claim in Medicaid. As ICN identifies a single claim, entering an input parameter in the ICN field disables the other search fields within the search panel. Note: There is no ICN for state payment services

e. Claim# – Allows search by the Claim Number assigned in Provider Portal for services billed to MMIS. The Claim# field is available when viewing services with a claim and can be used for internal communication within the Provider Agency or in communication with DDA

After entering the search parameters described in the above section, the Search action in the search panel should be selected to view the Search results

Search Results

After entering the search parameters described in the above section, the Search action in the search panel should be selected to view the Search results

Service Date From: 10/30/2019 Service Date To: 10/30/2019

Submission Date From: Submission Date To:

Service Type: All selected (10)

Service Status: 9 selected

Exception Type:

Reset Search

The Service search results will be defaulted to a listing of services grouped by the Client Name, in ascending alphabetical order. Selecting a Client Information card returns all services for the Client within the search parameters entered.

SERVICE & CLAIM SEARCH

CURRENT SEARCH FILTERS: Client ID/MA #: 2779112DM935110 Service Status : New, Ready, Closed, Needs Authorization, Not Authorized, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH

Claim Status : All Selected

CLIENT Filter by Last Name TOTAL COUNT OF SERVICES: 35 TOTAL SERVICES FOR SELECTED CLIENT: 30 New Activity Group by Client Sort By:

Client Name: **Franklin, George**

ID # 2779112DM935110
 MA # 20000000000
 Services with Exceptions: 16
 Services: 35 Claims: 2

Client Name: Franklin, Ben ID # 2779112DM935110 MA # 20000000000					
Service Date:	Claim Status:	Claim Type:	Total Billed	Total Paid	RA NO.:
10/02/2019	N/A	N/A	--	--	--
Service Type:	Manual Submission Date	Proc Code:	Program:	Claim #	Claim ICN:
Personal Supports (DDA)	10/29/2019			--	--
	Provider #	Provider FEIN	Provider Address:	Provider Name	Performance Test
	555570300	906473503	Location1 Street Bowie MD 21046	Location 0	
Start Time	End Time	Service Status	Staff Name	Exception Type	
11:15 AM	12:15 PM	Needs Authorization	BillingProv11 TS	--	
4:10 PM	7:10 PM	Needs Authorization	BillingProv11 TS	--	

Details

Client Name: Franklin, Ben ID # 2779112DM935110 MA # 20000000000

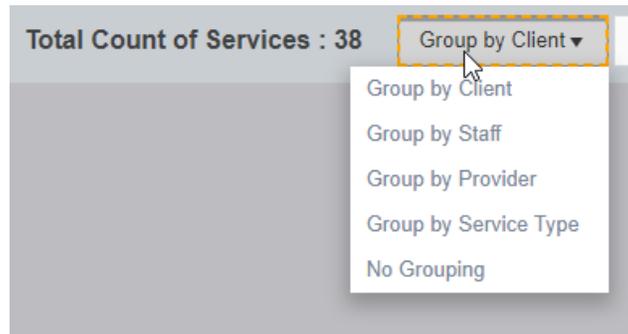
Service Date:	Claim Status:	Claim Type:	Total Billed	Total Paid	RA NO.:
	N/A	N/A			

< 1 > 1 of 1

Change Search Results Grouping

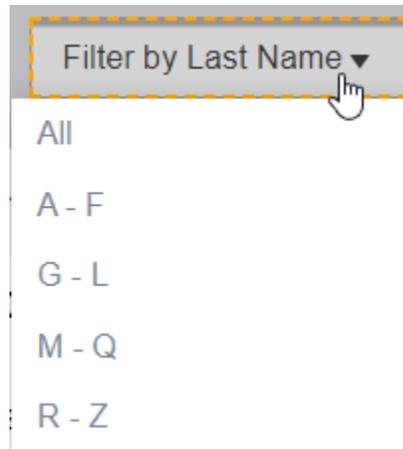
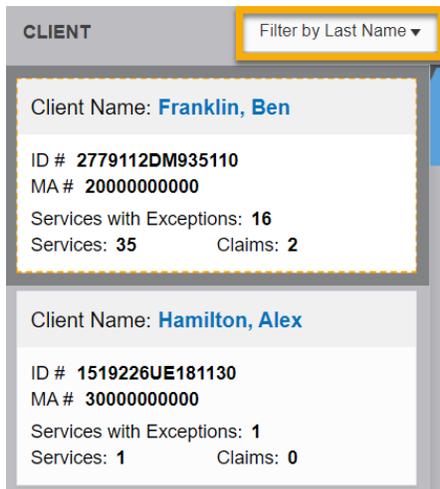
The default Client grouping of Service Search results can be modified to view the results in one of the following available grouped views

- Group by Provider to view results based on Provider#
- Group by Staff to view results based on Staff (DSP)
- Group by Service Type to view results based on type of Service
- No Grouping to view results in descending order based on Service Date
- Group by Client return to Client grouping from one of the other views



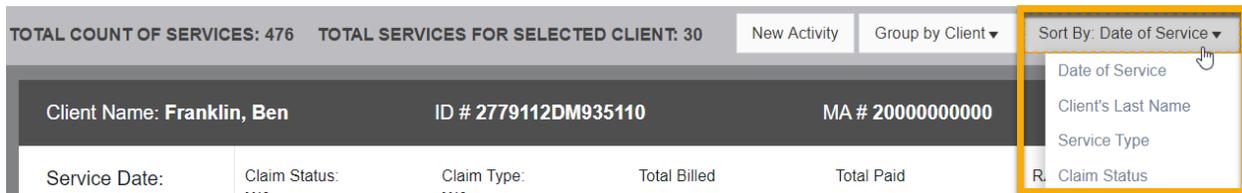
Filter Search Results by Last Name

Filter By Last Name according to first letter of the Client's last name



Sort Search Results

Search results can be sorted by the following parameters



The screenshot shows a search results interface. At the top, there are two summary statistics: "TOTAL COUNT OF SERVICES: 476" and "TOTAL SERVICES FOR SELECTED CLIENT: 30". To the right of these are two buttons: "New Activity" and "Group by Client". A dropdown menu is open, showing "Sort By: Date of Service" with a list of options: "Date of Service", "Client's Last Name", "Service Type", and "Claim Status". Below the summary, there is a client information bar with "Client Name: Franklin, Ben", "ID # 2779112DM935110", and "MA # 20000000000". Below this is a table with columns: "Service Date:", "Claim Status:", "Claim Type:", "Total Billed", and "Total Paid".

- Date of Service to view results in descending order based on Service Date
- Client's Last Name to view results in ascending alphabetical order based on last name of client
- Service Type to view results in ascending alphabetical order based on Type of Service
- Claim Status to view results in ascending order based on status of the service's claim

Service Date Detail View

The service date details page will display all information regarding services rendered to a client on a service date and the service's associated claims. Agency administrators and billing staff can enter Service Modifications on the service date details page.

10/02/2019 SERVICE DATE DETAILS

DETAILS

CLIENT PROFILE

CLAIM SUMMARY

Service Date: 10/02/2019

Program Type: --

Procedure Code: --

Claim #: --

Service Type: Personal Supports (DDA)

Authorized Services Report

CLIENT INFORMATION

Client Name: Franklin, Ben

ID #: 2779112DM935110

Primary Phone #: 1231231234

MA #: 20000000000

PROVIDER INFORMATION

Provider #: 555570300

Provider FEIN: 906473503

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: N/A

Procedure Code: N/A

Claim Status: N/A

Services with Exception: --

Net:	Billed: --	Paid: --	Units: --
Total:	Billed: --	Paid: --	Units: --

Claim Creation Date: --

Claim ICN: --

RA No: --

RA Date: --

SERVICE ACTIVITY SUMMARY

Start Time: 11:15 AM

End Time: 12:15 PM

Status: Needs Authorization

Exception Type: --

Manual Edit Reason: OTP Issue

Comment: 1. Sample Reason 2. Sample Reason 3. Sample Reason

STAFF

Name: BillingProv11 TS

ID #: 1419ab37-9393-4eea-8599-a9b4fe9cfbef

SSN #: ***-**-2222

Discard Edit Details

SERVICE ACTIVITY SUMMARY

Start Time: 4:10 PM

End Time: 7:10 PM

Status: Needs Authorization

Exception Type: --

Manual Edit Reason: Forgotten Clock In/Out

Comment: Sample comment

STAFF

Name: BillingProv11 TS

ID #: 1419ab37-9393-4eea-8599-a9b4fe9cfbef

SSN #: ***-**-2222

Discard Edit Details

New Service Activity

The Service Date Details page is comprised of 3 sections

- a. Service Header – This section includes the Date of Service, Service Type, Recent Claim Information, Client Information and Provider Information and Claim information along with the Client’s information and Provider Information.
- b. Claim Details – If the Services have a claim created, the Claim Details tile displays information on the claim such as Billed and Paid Amounts and Units, ICN, Remittance Number, and Remittance Date
- c. Service Details – Each individual shift of service provided by the Agency’s staff are displayed as ‘Service Activity Summary’ cards

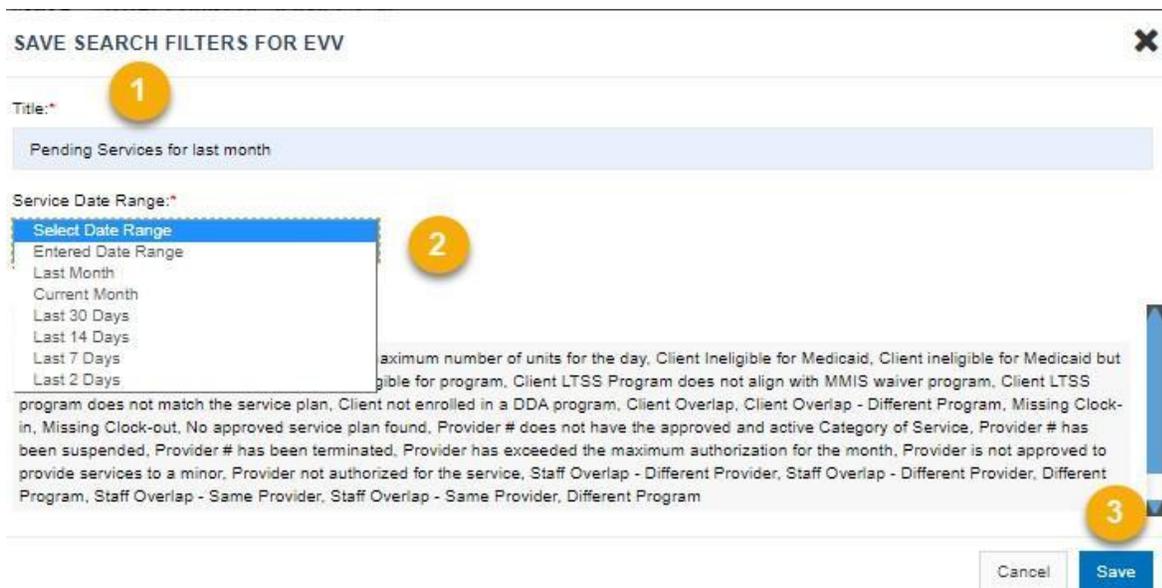
Saved Searches

Providers are able to save up to 5 combinations of commonly used Service search filters, using the “Save Search” button on the Search Results page.



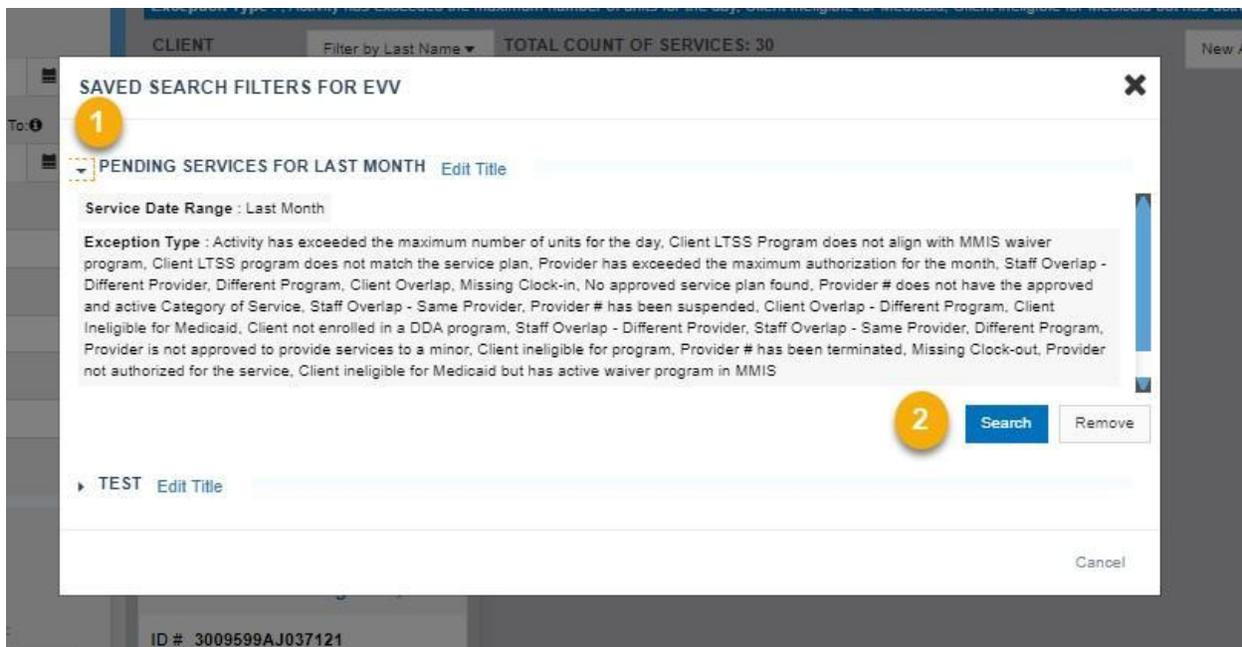
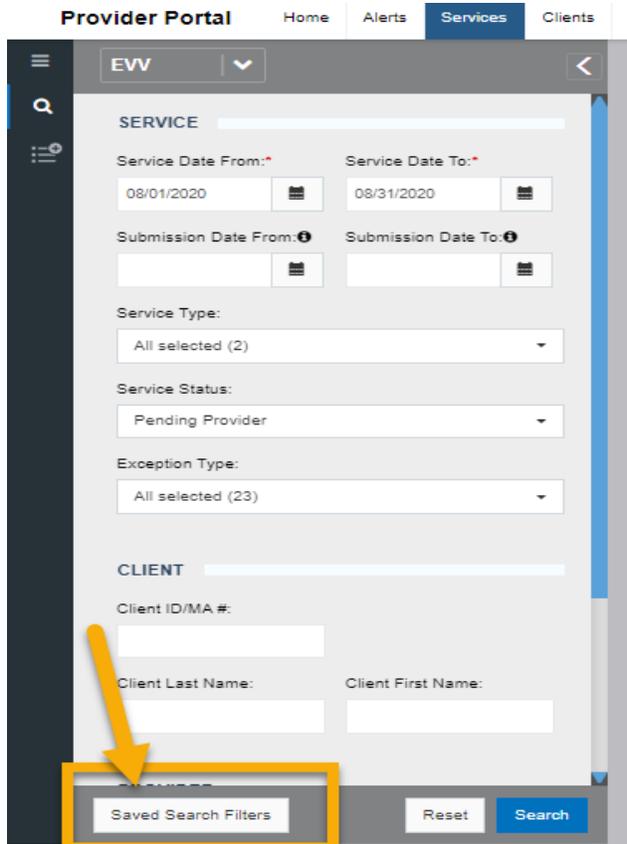
On the pop-up that displays, take the below steps:

1. Enter a Title for the search combination
2. Select a Service Date Range from the Available options
3. Save the Search



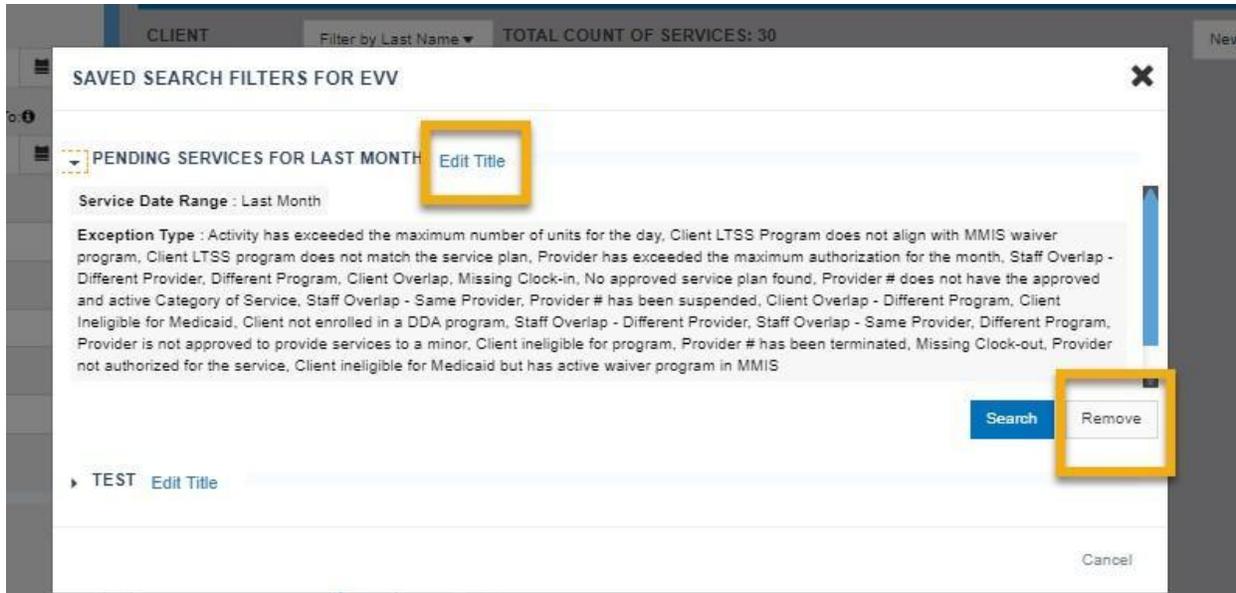
Performing a New Search from Saved Search Parameters

Saved Search Filters can be used anytime to complete a new search by selecting the Saved Search Filters on the bottom of the Search Panel and selecting the search to perform from the list of saved parameters.



Alternatively, users can remove a saved search from this popup using the “Remove” action or edit the title of a Saved Search using the “Edit Title” action. Search combinations that are not required anymore,

or those that was incorrectly added can be removed, and a new Search combination can be saved in its place (up to a maximum of 5 searches).



Service Modification (SM)

A Service Modification occurs any time a service needs to be modified/ changed within the Provider Portal. A modification can be submitted as a new service, as an edit to an existing service, or as an edit to a service with an associated claim. All SM's must reflect the EXACT date, time, and reason for the modification. All modifications submitted that do not reflect accurate information can be considered fraudulent billing and will be subject to investigation.

The following users can complete service modifications -

- Admin Provider
- Billing Provider

Different types of SMs:

1. Missing Time Request (MTR): If a staff provider is unable to or forgot to Clock in AND/OR out for a service the agency can submit a manual submission in the Provider Portal called a Missing Time Request (MTR).
2. Adjustment: If a service has an associated closed claim for that date, but the agency finds an error or missing services (The staff did not clock in and out), the agency can adjust the claim and submit an edit to the existing service or an entirely new service for that day.

Service Modification Deadlines

Missing Time Request (MTR): All Missing Time Requests must be submitted within 30 days of the date the service was provided. MTRs will not be accepted after the deadline.

Example:

September MTR Due Dates						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10/1	10/2	10/3	10/4	10/5	10/6	10/7
09/01/23 MTRs Due	09/02/23 MTRs Due	09/03/23 MTRs Due	09/04/23 MTRs Due	09/05/23 MTRs Due	09/06/23 MTRs Due	09/07/23 MTRs Due
10/8	10/9	10/10	10/11	10/12	10/13	10/14
09/08/23 MTRs Due	09/09/23 MTRs Due	09/10/23 MTRs Due	09/11/23 MTRs Due	09/12/23 MTRs Due	09/13/23 MTRs Due	09/14/23 MTRs Due
10/15	10/16	10/17	10/18	10/19	10/20	10/21
09/15/23 MTRs Due	09/16/23 MTRs Due	09/17/23 MTRs Due	09/18/23 MTRs Due	09/19/23 MTRs Due	09/20/23 MTRs Due	09/21/23 MTRs Due
10/22	10/23	10/24	10/25	10/26	10/27	10/28
09/22/23 MTRs Due	09/23/23 MTRs Due	09/24/23 MTRs Due	09/25/23 MTRs Due	09/26/23 MTRs Due	09/27/23 MTRs Due	09/28/23 MTRs Due
10/29	10/30	10/31				
09/29/23 MTRs Due	09/30/23 MTRs Due	10/01/23 MTRs Due				

Adjustment: These SM's can be submitted 364 days after the service date. MDH is unable to pay any services entered via the LTSS/Provider Portal system after 364 days have passed since the original Date of Service. All billing entries must be complete within this time to comply with Medicaid's 1 year billing limit. Keep in mind all SMs will be manually reviewed and researched, please submit all SM's with enough time for revision. MDH recommends at least 7-14 days before the 364-day cut off.

In-Progress SMs

The Agency is responsible for entering and submitting all SMs prior to the deadline. In-Progress SMs have not been submitted and will be held to policy deadlines.

Exception Type	Pending	In-Progress	Total
Staff Overlap - Same Provider	17	0	17
Missing Clock-in	15	0	15
Missing Clock-out	30	1	31

Service Modification Revision Process

All Service Modifications (SM) will be reviewed by PBSO. SM's that do not follow policy will not be approved. MDH allows DSPs to have 6 unexcused SM's a month. Unexcused means the DSP did not clock in/out due to fault of the DSP or agency or the reason for the SM was researched and found unverifiable or inaccurate. Unexcused SM's will receive 1 or 2 points in the system:

Service Modification: Personal Supports 2:1

For Personal Supports 2:1 service, both staff have to have reached the 6-point limit before further pointed requests for that month are denied payment.

That is, the PS2:1 service must have at least a 12-point total, 6 points for each staff on each of the two service entries, before services will be denied payment.

1 POINT	Missing Clock in
1 POINT	Missing clock out
2 POINT	Missing clock in and out

If a DSP receives 6 points all other unexcused SMs for the month will be disapproved and not paid.

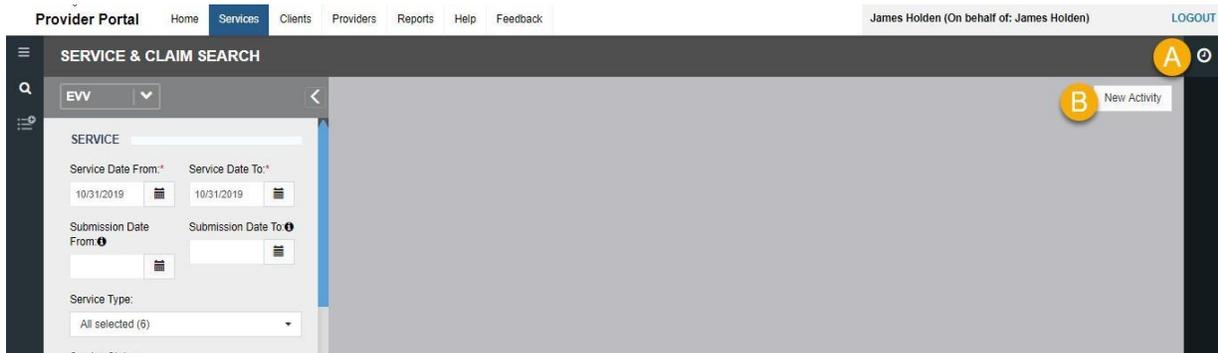
If a Service Modification is researched and is considered excused meaning the reason for the missed clock in and/or out is considered out of the DSPs or agency's control, the SM will **NOT** be pointed and will be approved.

Note: Some SMs may receive points prior to research, this is to expedite payment to the agency After the SM is researched and if it is found excusable the point(s) will be removed. The agency will not need to contact the PBSO team regarding SM points. The agency should only contact PBSO if a SM was disapproved for exceeding the 6 monthly allowed points and they would like to contest.

Entering a Full Missing Time Request (MTR)

If the DSP forgets or is unable to clock in AND out for services your agency can submit the services manually as a missing time request (MTR).

In the Services tab, there are two ways for adding a full MTR:



- a. Click on the clock icon located in the upper corner on the right panel

Navigation: Home Page - -Services -- Clock icon

A screenshot of a web form titled 'ENTER NEW MISSING TIME REQUEST'. The form contains several input fields: 'Service Date: *' with the value '11/12/2019', 'Service Type: *' with a dropdown arrow, 'Client MA #/LTSS ID *', and 'Provider Name / # *'. At the bottom, there are two buttons: 'Cancel' and 'Check for Existing Services'. A yellow arrow points from a clock icon in the top right corner of the form area to the 'Service Date' field.

- b. In the Service & Claim Search page, Click on “New Activity” button on the upper right- hand corner

Navigation: Home Page -- Services --New Activity (button)



Whichever option you choose you then must do the following:

1. Enter the required information to ensure there is not an existing service for the specific time/date or a closed claim, and click on 'Check for Existing Services'

ENTER NEW MISSING TIME REQUEST ✕

Service Date: *	Service Type: *
<input type="text" value="10/04/2023"/>	<input type="text"/>
Client MA #/LTSS ID *	Provider Name / # *
<input type="text"/>	<input type="text"/>

- a. If a service exists for the client on this date, you will receive the following message. Click on the Hyperlink to view details of the existing services to add or modify times

Service exists for the entered combination. Please review or edit your clock in and out times from the [Claim Detail Page](#)

Cancel

Check for Existing Services

b. If there are no pre-existing services for the client on this date, you will be prompted to complete the service information

No existing services found for this date. Please enter the additional service information below.

SERVICE INFORMATION

Start Time: 

End Time: 

Next day Clock-out

Manual Entry Reason: * 

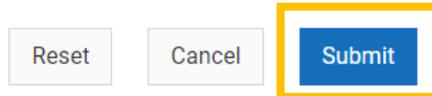
IVR Call#:

Comment: *

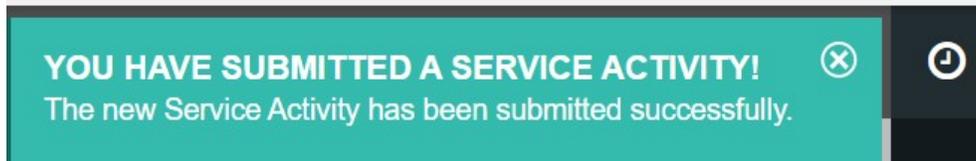
The following information will need to be entered:

Note: It is considered fraudulent billing to submit incorrect information. All information is manually reviewed by an MDH employee and invalid information can result in nonpayment.

- Service start time
- Service end time
- Manual entry reason – This is a drop down, choose the reason that best fits the situation. Please review the SM Category guide for assistance.
- IVR Call# (If the DSP attempted to call the ISAS phone EVV the PH# they used)
- Comment – information that can further explain the situation
- Staff name (DSP that provided the service)



Once the information is accurately entered and submitted, a notification will appear in the upper right-hand corner:



Personal Supports 2:1- MTR

When entering missing time requests for Personal Supports 2:1 the user will have to create two service tiles, one for each staff.

- The user will use the clock icon to enter the full MTR and A yellow alert reminds the user that PS 2:1 requires two service tiles.

ENTER NEW MISSING TIME REQUEST ✕

Service Date: *

Service Type: *

Client MA#/LTSS ID *

Provider Name / # *

No existing services found for this date. Please enter the additional service information below.

You are entering a service for Personal Supports 2:1, you will need to enter a second service activity for the same time and different staff to create a valid pair of activities.

SERVICE INFORMATION

Start Time:

End Time: Next day Clock-out

Manual Entry Reason: *

IVR Call#:

Comment: *

Provider:
 Day Hab - 2C, Employment Services - 2I, CL Enhanced Supports - 2A, CL Group Home (CSR Compliant) - 2T, CL Group Home - 2B, Personal Supports - 2O, Career Exploration - 2E, CDS - 2H
 Test Street 1
 Baltimore MD 20103

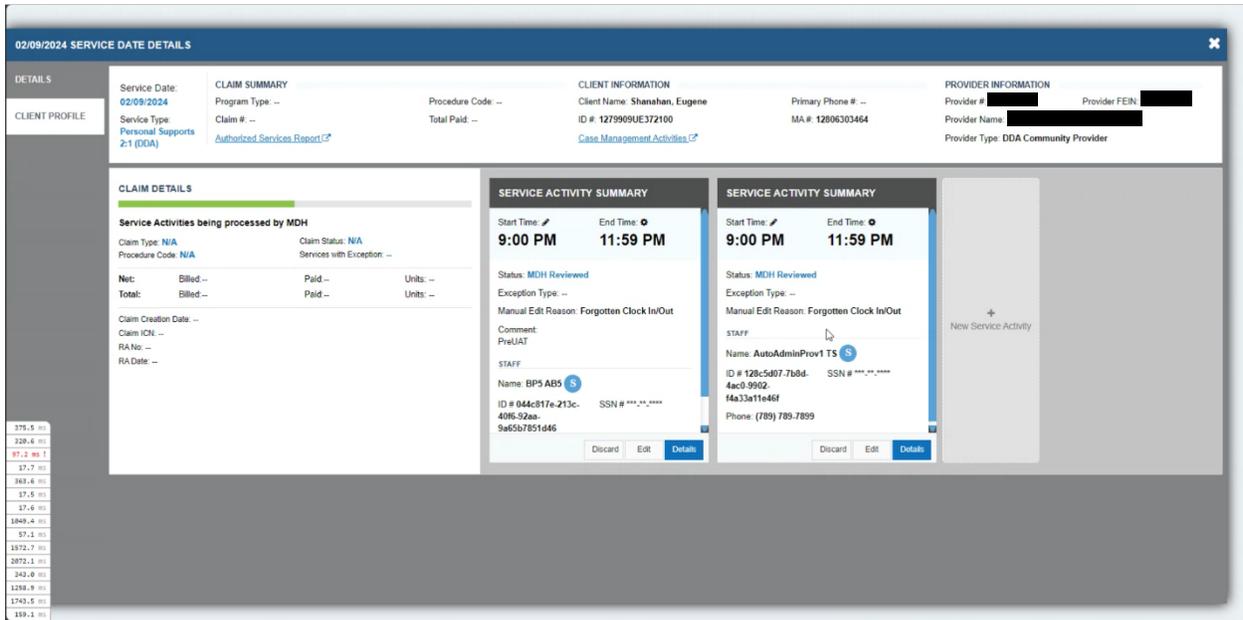
Client Name:

Staff Name: *

2. To submit the second service the user will have 2 options

- Clock icon: the user can use the clock icon again and submit the second service the same way as the first.
- The user will use the services search to find the created entry and add on the second service through the services tab.

Here is an example of what a properly matched 2:1 service with two different staff providing services at the same time for the same participant would look like in the system.



Note: Services do not have to perfectly match, however, service entries must differ by no more than 7 minutes across clock ins and clock outs.

For example, if clock in for S1 = 3:00 PM and S2 = 3:10 PM, and clock out for S1 = 4:00 PM and S2 = 4:03 PM, the exception will be triggered because the overall time difference equals more than 7 mins.

Entering a Partial Missing Time Request (MTR)

If the DSP forgets or is unable to clock in OR out for services your agency can submit the missing clock-in or out time manually as a missing time request (MTR).

1. Review the “Resolve by Provider” header under Actions Required section. This area will notify the agency of all missing times that need to be resolved
2. Select either Missing clock in or Missing clock out by clicking on the blue number count

RESOLVE BY PROVIDER

EVV SERVICES

Exception Type	Pending	In-Progress	Total
Provider not authorized for the service	30	0	30
Staff Overlap - Same Provider	28	0	28
Client LTSS Program does not align with MMIS waiver program	59	0	59
Provider has exceeded the maximum authorization for the month	73	0	73
Missing Clock-out	119	0	119

3. All open missing clock ins or outs (dependent on your selection) will appear in the Search results. Click on a tile with a client name to view all Services for the client with a missing clock in or out.

Client Name: **Franklin, Ben**

ID # **1649299LC730120**
MA # --

Services with Exceptions: **9**
Services: **9** Claims: **0**

4. Click on “Details” to open the service date details

Client Name: Franklin, Ben		ID # 1649299LC730120		MA # --	
Service Date: 01/01/2019	Claim Status: N/A	Claim Type: N/A	Total Billed --	Total Paid --	RA NO.:
Service Type: Personal Supports (DDA)	Proc. Code:	Program:	Claim # --	Claim ICN: --	
	Provider # 555570300	Provider FEIN 906473503	Provider Address: Location1 Street Bowie MD 21046	Provider Name Performance Test Location 0	
Start Time	End Time	Service Status	Staff Name	Exception Type	
9:00 AM	--	New	Staff Provider1	Missing Clock-out	

[Details](#)

5. Click “Edit” on the Service for which missing time has to be entered

CLAIM DETAILS

To-Do for Provider

Claim Type: **N/A** Claim Status: **N/A**
Procedure Code: **N/A** Services with Exception: **1**

Net:	Billed: --	Paid: --	Units: --
Total:	Billed: --	Paid: --	Units: --

Claim Creation Date: --
Claim ICN: --
RA No: --
RA Date: --

SERVICE ACTIVITY SUMMARY

Start Time: **8:00 AM** End Time: --

Status: **New**
Exception Type: **Missing Clock-out**
Manual Edit Reason:

STAFF

Name: **Admin200 Provider**
ID # **2625** SSN # *****-**-******
Phone: **(111) 111-1111**

+
New Service Activity

6. Enter the missing clock in (or out) information:

- a. If the clock out time is after midnight, you will need to select the “Next Day Clock- out” box

SERVICE ACTIVITY SUMMARY

Start Time: * 📞 8:00 PM ⌚

End Time: * 1:00 AM ⌚

Next day Clock-out

Status: **Provider In Progress**

Exception Type: **Missing Clock-out**

Manual Edit Reason: * Forgotten Cloc ▾

The following information will need to be entered:

Note: It is considered fraudulent billing to submit incorrect information. All information is manually reviewed by an MDH employee and invalid information can result in nonpayment.

- Service start time
- Service end time
- Manual entry reason – This is a drop down, choose the reason that best fits the situation. Please review the SM Category guide for assistance.
- IVR Call# (If the DSP attempted to call the ISAS phone EVV the PH# they used)
- Comment – information that can further explain the situation
- Staff name (DSP that provided the service)

SERVICE ACTIVITY SUMMARY

Start Time: * 📞 8:00 AM ⌚

End Time: * [] ⌚

Next day Clock-out

Status: **Provider In Progress**

Exception Type: **Missing Clock-out**

Manual Edit Reason: * [] ▾

IVR Call #: []

Comment: *
Your comment here..

Cancel Save

7. Once the information is accurately entered, click the Save button

SERVICE ACTIVITY SUMMARY

Start Time: * 📞 8:00 AM ⌚

End Time: * ✎ 4:05 PM ⌚

Next day Clock-out

Status: **Provider In Progress**

Exception Type: --

Manual Edit Reason: * ▾

Comment: *

1. Sample comment
2. Sample comment
3. Sample comment

STAFF

8. Then, click “Submit Services” button

Note: The service must be submitted in order to be reviewed by MDH. Services that are not fully submitted are still subjected to policy deadlines.

SERVICE ACTIVITY SUMMARY

Start Time: 📞 **8:00 AM** End Time: ✎ **4:05 PM**

Status: **Provider In Progress**

Exception Type: **Missing Clock-out**

Manual Edit Reason:

Comment:
1. Sample comment 2. Sample comment 3. Sample comment

STAFF

Name: **Admin200 Provider**
ID # **2625** SSN # ****-**-****
Phone: **(111) 111-1111**

9. This confirmation will pop up in the upper right-hand corner:

YOU HAVE SUBMITTED ALL SERVICE ACTIVITY! 
Please wait 5 to 10 business days for MDH's review.

Discarding a Service

1. Select the Discard button on the service tile

SERVICE ACTIVITY SUMMARY

Start Time: -- End Time:  **2:40 AM**

Status: **New**

Exception Type: **Missing Clock-in**

Manual Edit Reason:

STAFF

Name:

ID # SSN # ***-**-****

Phone:

2. When discarding a service, you will need to enter the reason you are discarding the service. Please be clear and use the exact reason for the service discard.

NOTE: You cannot discard a service with a claim, rather you will need to VOID the service.

DISCARD SERVICE ACTIVITY

Discarding this service will lock Service Group from further edits. Do you want to proceed?

Comment: *

Discarding: Personal Supports 2:1

If the user discards a service tile, they will get a warning. The user will either need to discard the second tile as well OR will need to submit a new service for the claim to go through. Otherwise, the remaining service tile will pend in exception.

DISCARD SERVICE ACTIVITY

Are you sure you wish to discard this Service Activity, discarding this service will lock Service Group from further edits and this activity is paired with another activity which will either have to be re paired or discarded?

Adjusting a Claim

Once a Service has been processed MMIS (i.e. Paid or Rejected), users may still have the need to make changes to the Service. Such changes are referred to as “Adjustments”. Examples of adjustments include:

- Modifying the duration of an existing Service, adding a new Service to the claim, and/or voiding a Service
- Voiding one / more Services in a claim will negate the payment received for its duration in the claim
- Voiding all Services in a claim will negate the payment received for the entire claim.

Following Providers roles can adjust EVV Services:

- Admin Provider
- Billing Provider

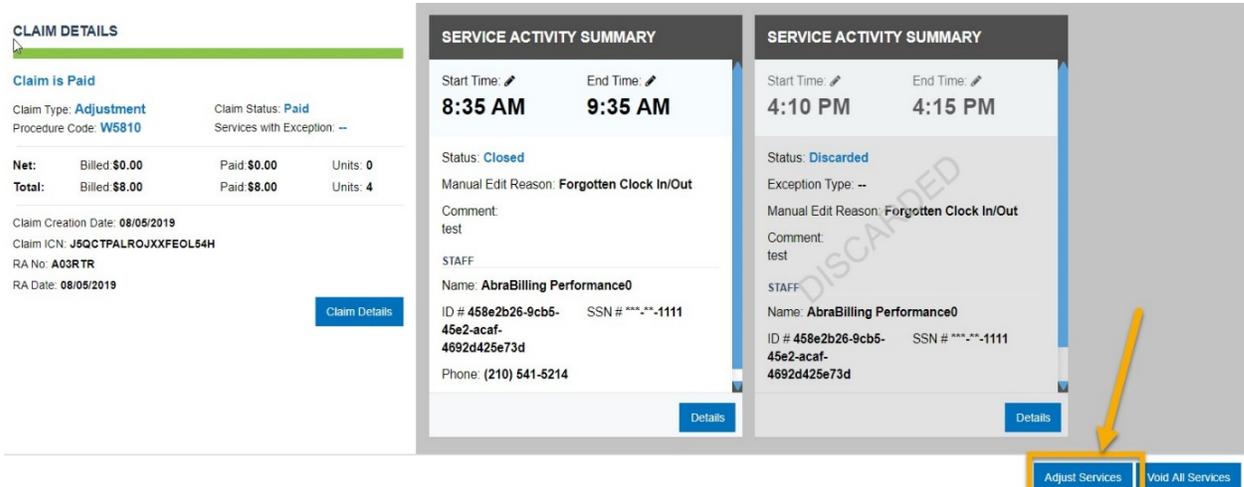
Adjusting a Service with a Claim

Navigation: Home Page -- Services --Search EVV Services with Paid or Rejected Claims -- Select a Service on Search results -- Details

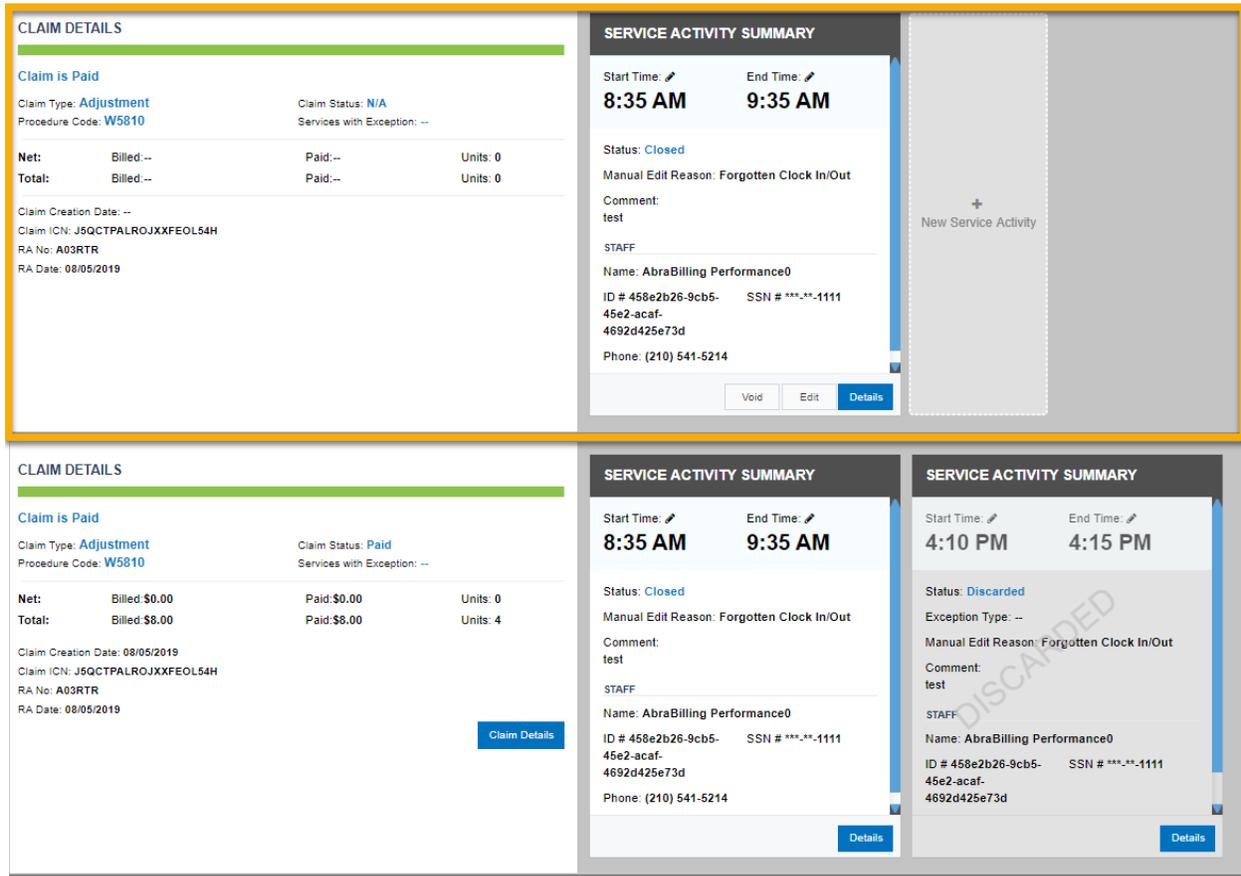
1. Navigate to the Services tab and search for the claim by entering the relevant search criteria.
2. Click the Details button on the desired Service search results panel from the search results

The screenshot displays the MMIS system interface. At the top, there are search filters: Client ID/MA # 3989988HC032120, Service Status Closed, and Claim Status None, Paid, Rejected, Open, Ready, Not Submitted to MMIS. Below this, a summary bar shows Client Name: Jackson, Andrew, ID # 3989988HC032120, MA # 10000000000, and a total count of 5 services with 3 selected. The main content area shows detailed information for a service on 04/16/2019, which is a 'Personal Supports (DDA)' service. It includes fields for Claim Status (Paid), Claim Type (Adjustment), Total Billed (\$10.00), Total Paid (\$10.00), RA NO. (A03RTR), Manual Submission Date (06/02/2019), Proc Code (W5810), Program (CP), Claim # (74213c1b02b34626a2d9889), and Claim ICN (J5QC TPALROJXXFEOL54H19578ebtb). It also lists Provider # (55570300), Provider FEIN (906473503), and Provider Address (Location1 Street Bowie MD 21046). A table below shows the service start and end times (8:35 AM to 9:35 AM) and its status (Closed). A 'Details' button is highlighted with a yellow box and an arrow pointing to it.

3. Click on Adjust Services button

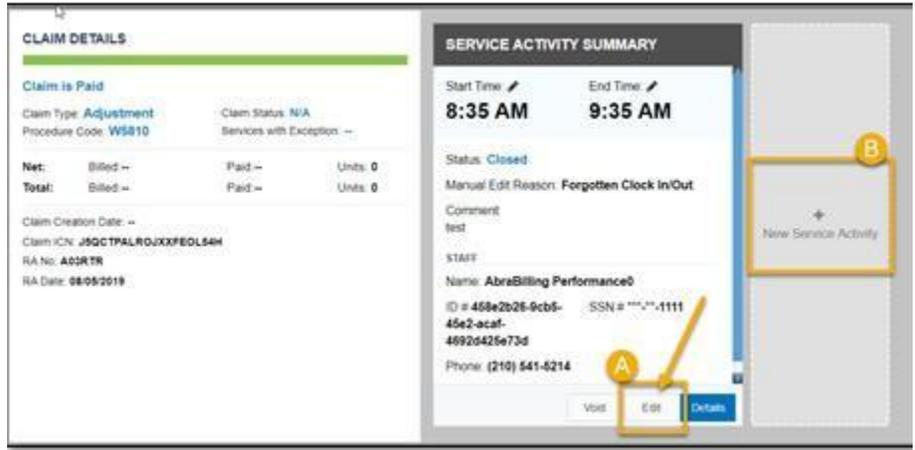


1. System will create a new claim details row that appears above the ones already there in the system. Users can make Adjustments in this row. The old claim will move to the row below.



1. There are two options to Adjust, based on user's needs. User can perform one or both options, as necessary
 - To modify the times of an existing Service, select "Edit" button in the Service

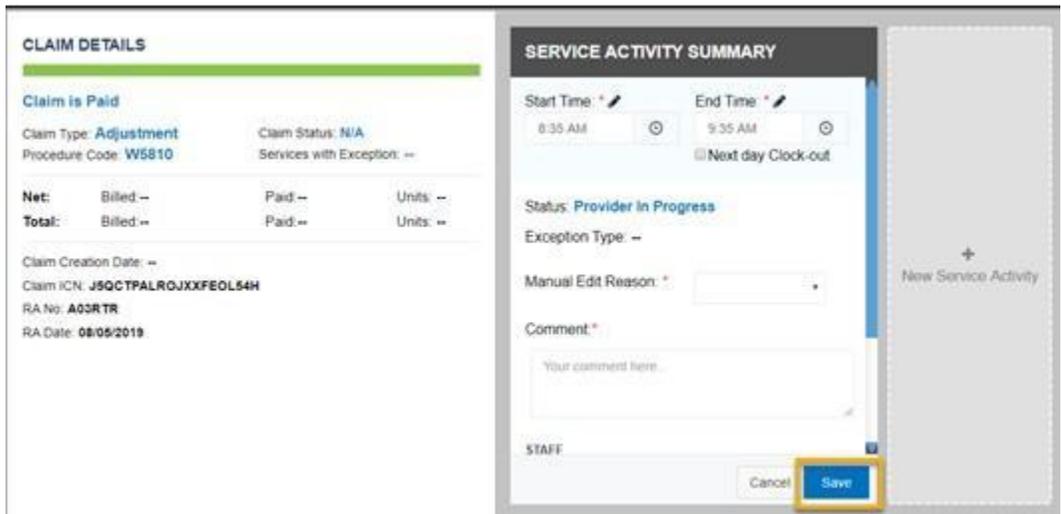
- a. To enter a new full service, select “New Service Activity”



Adjustment by Editing a Service:

1. Once Edit is selected, user can update any of the following values in the Service:
 - . Start Time
 - . End Time
 - . Specify whether the End time is in the following calendar day
2. User has to enter comments before “saving” the changes
 - . Choose comments for Manually Editing the Service
 - . Enter Comments explaining the reason for the change

.Note: Follow the format specified in the Service Modification guide while entering comments



User MUST click the “submit Service” button after you are done with the changes. DDA cannot review the services until you have submitted the service. Save is NOT the same as SUBMIT

The screenshot shows a web interface with two main panels. The left panel, titled 'CLAIM DETAILS', includes a 'To-Do for Provider' section with 'Claim Type: Adjustment' and 'Procedure Code: W5810'. It also has a table with columns for 'Net', 'Billed', 'Paid', and 'Units'. The right panel, titled 'SERVICE ACTIVITY SUMMARY', shows 'Start Time: 8:35 AM' and 'End Time: 10:35 AM'. The status is 'Provider In Progress', which is highlighted with a yellow box. Below the status are fields for 'Exception Type', 'Manual Edit Reason: Other', and a 'Comment' box containing 'Sample Comments - Increased clock out time by an hour.' The staff information includes 'Name: AbraBilling Performance0' and 'ID # 458e2b26-9cb5-45e2-acaf-16071195a73d'. At the bottom right, a blue button labeled 'Submit Services' is highlighted with a yellow box and an arrow pointing to it from the left.

This screenshot is similar to the one above, showing the 'SERVICE ACTIVITY SUMMARY' form. The status is now 'Needs Authorization', highlighted with a yellow box. The form is surrounded by a green border. The 'Submit Services' button is no longer visible in this view.

Adjustment by Adding a New Service / Shift:

1. Once user clicks on “New Service Activity”, a new “Service Activity Summary” tile will be created

CLAIM DETAILS

To-Do for Provider

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **W5810** Services with Exception: --

Net:	Billed:--	Paid:--	Units: --
Total:	Billed:--	Paid:--	Units: --

Claim Creation Date: --
 Claim ICN: --
 RA No: --
 RA Date: --

SERVICE ACTIVITY SUMMARY

Start Time: **8:35 AM** End Time: **10:35 AM**

Status: **Provider In Progress**
 Exception Type: --
 Manual Edit Reason: **Other**
 Comment: Sample Comments - Increased clock out time by an hour.

STAFF

Name: **AbraBilling Performance0**
 ID # **458e2b26-9cb5-45e2-acaf-16024425a73d** SSN # *****-**-1111**

Buttons: Void, Edit, **Save**

Submit Services

2. Enter data in all the required fields, including Manual Edit Reason and Comment in the format specified in the specified in the Service Modification guide while entering comments
3. Click Save to save (1) the new Service to the system

CLAIM DETAILS

To-Do for Provider

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **W5810** Services with Exception: --

Net:	Billed:--	Paid:--	Units: --
Total:	Billed:--	Paid:--	Units: --

Claim Creation Date: --
 Claim ICN: --
 RA No: --
 RA Date: --

SERVICE ACTIVITY SUMMARY

Start Time: **8:35 AM** End Time: **10:35 AM**

Status: **Provider In Progress**
 Exception Type: --
 Manual Edit Reason: **Other**
 Comment: Sample Comments - Increased clock out time by an hour.

STAFF

Name: **AbraBilling Performance0**
 ID # **458e2b26-9cb5-45e2-acaf-16024425a73d** SSN # *****-**-1111**

Buttons: Void, Edit, **Details**

SERVICE ACTIVITY SUMMARY

Start Time: **4:45 PM** End Time: **5:45 PM**

Status: **Provider In Progress**
 Exception Type: --
 Manual Edit Reason: **OTP Issue**
 IVR Call #:
 Comment: 1. Sample Comment
 2. Sample Comment

Buttons: Cancel, **Save**

Submit Services

4. User MUST click the "Submit Service" (2) button after you are done with the changes. DDA cannot review the services until you have submitted the service. Save is NOT the same as SUBMIT

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **W5810** Services with Exception: --

Net:	Billed:--	Paid:--	Units: --
Total:	Billed:--	Paid:--	Units: --

Claim Creation Date: --
 Claim ICN: --
 RA No: --
 RA Date: --

SERVICE ACTIVITY SUMMARY

Start Time: **8:35 AM** End Time: **10:35 AM**

Status: **Needs Authorization**

Exception Type: --

Manual Edit Reason: **Other**

Comment:
Sample Comments - Increased clock out time by an hour.

STAFF

Name: **AbraBilling Performance0**

ID # **458e2b26-9cb5-45e2-acaf-4602d425e73d** SSN # *****-**-1111**

Void Edit Details

SERVICE ACTIVITY SUMMARY

Start Time: **4:45 PM** End Time: **5:45 PM**

Status: **Needs Authorization**

Exception Type: --

Manual Edit Reason: **OTP Issue**

Comment:
1. Sample Comment 2. Sample Comment 3. Sample Comment

STAFF

Name: **AbraBilling Performance0**

ID # **458e2b26-9cb5-45e2-acaf-4602d425e73d** SSN # *****-**-1111**

Discard Edit Details

+
New Service Activity

Voiding a Service with a Claim

1. Locate the claim through the “Service and Claim Search” menu located within the Services tab
2. Once the claim is identified, click Adjust Services button located on the bottom of the tile. In the new row that appears, click Void on the service.

CLAIM DETAILS

Claim is Paid

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **W5810** Services with Exception: --

Net:	Billed:--	Paid:--	Units: 0
Total:	Billed:--	Paid:--	Units: 0

Claim Creation Date: --
 Claim ICN: **7GH8C2CUZZKHFLERT6Y**
 RA No: **A03RTR**
 RA Date: **08/05/2019**

SERVICE ACTIVITY SUMMARY

Start Time: **5:00 AM** End Time: **7:00 AM**

Status: **Closed**

Manual Edit Reason: **Forgotten Clock In/Out**

Comment:
test

STAFF

Name: **Admin Provider Hinds**

ID # **9174c358-560e-4071-8ff6-34dd5e3cf275** SSN # *****-**-2222**

Phone: **(222) 222-2222**

Void Edit Details

SERVICE ACTIVITY SUMMARY

Start Time: **8:00 AM** End Time: **8:30 AM**

Status: **Closed**

Manual Edit Reason: **Forgotten Clock In/Out**

Comment:
test

STAFF

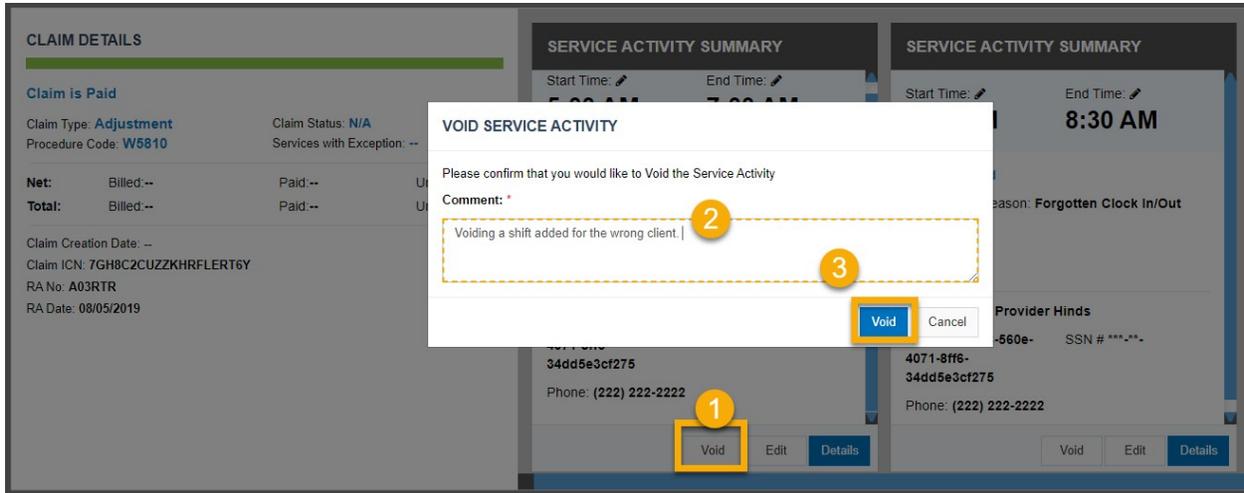
Name: **Admin Provider Hinds**

ID # **9174c358-560e-4071-8ff6-34dd5e3cf275** SSN # *****-**-2222**

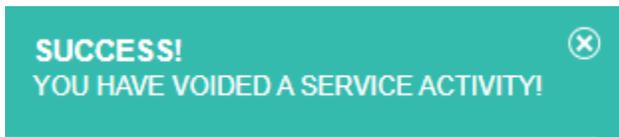
Phone: **(222) 222-2222**

Void Edit Details

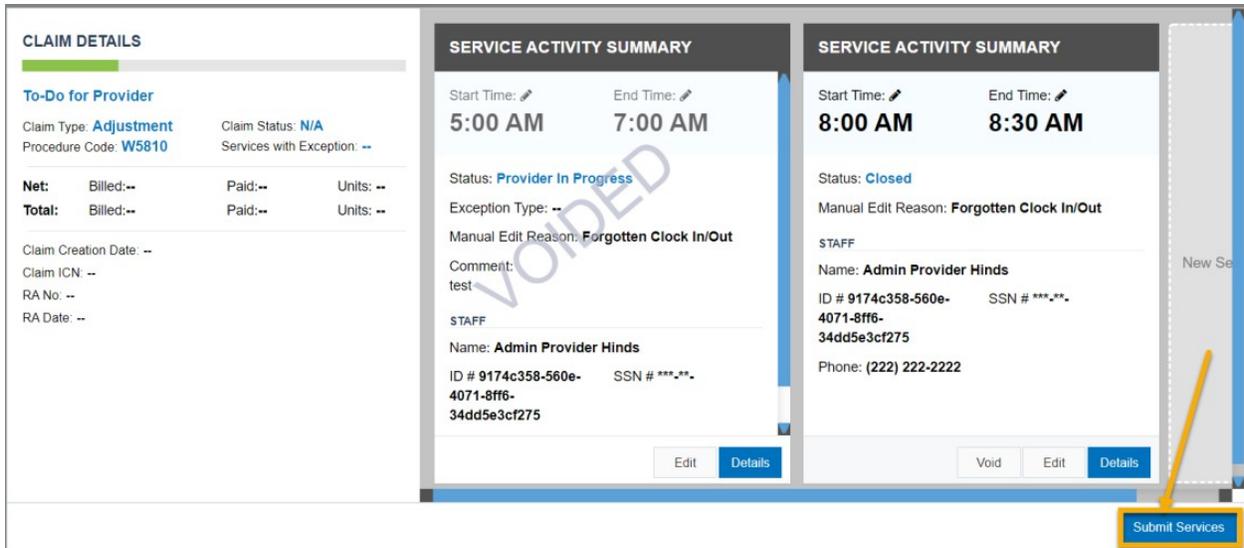
3. Enter comments in the pop up that appears and click “Void” button



4. System displays a confirmation message



5. Submit the Service after it has been Voided



1. Once submitted, status of the Service(s) will change. System will pick the Services for claim creation and the usual process will be followed.

.When creating an adjustment claim, system determines if the modifications made on Service(s) result in a change in units from the previous claim. For example, Provider modifies

service duration of 2 hours 30 mins to 2 hours 45 mins. Once the change is approved and validated that it is within the authorized units for the month, an adjustment claim is submitted to MMIS to bill for the difference in amount for the additional 15 minutes of time (1 unit) on the service.

.When user voids one or more Services in a claim that has multiple Services, it usually results in a net reduction in units in the adjustment claim. So, the system

will submit an adjustment claim to MMIS for negating the units previously paid. For example, if there were 3 one-hour services/shifts entered for a date and paid, and Provider voids one of the services as it was wrongly inputted, an adjustment claim is submitted to MMIS to reduce billing for the amount corresponding to one-hour or 4 units (since EVV services are billed in increments of 15 minutes)

iii.The next section describes how all services to a person on a service date can be voided.

Voiding all Services in a Claim

If claim was wrongly submitted when service was not rendered to a person on a date, Provider can void the entire payment for that person for a date of service by following the below sequence of steps.

1. Locate the claim through the “Service and Claim Search” feature available in the Services tab
2. In the “Service Date Details” page, click “Void All Services” button in the latest claim row.

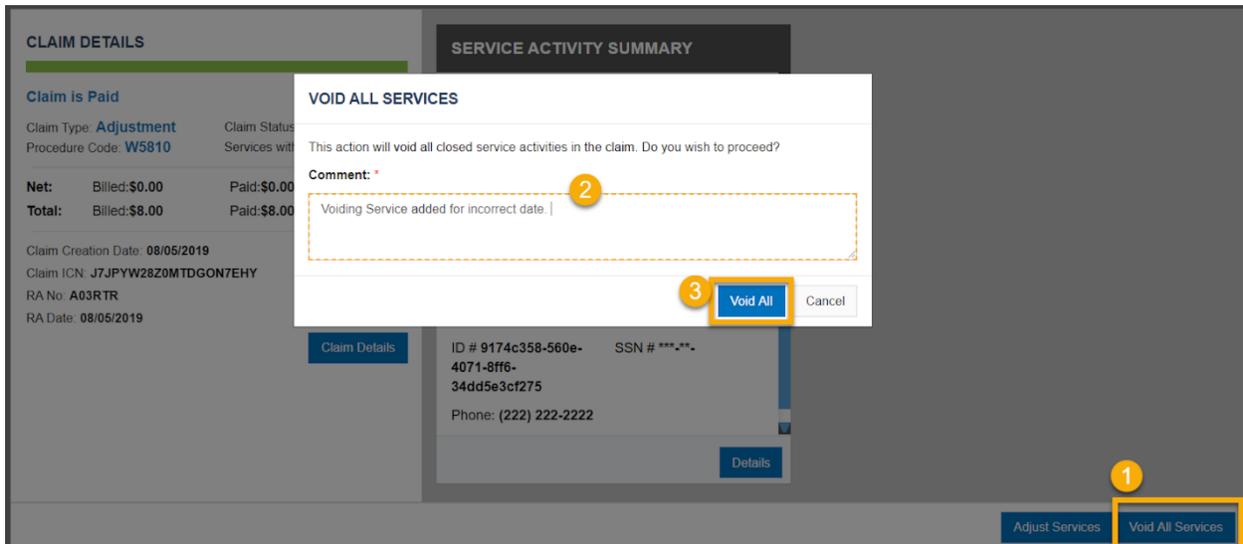
. Users with the Admin Provider and Billing Provider roles can void services

The screenshot displays two main panels: 'CLAIM DETAILS' on the left and 'SERVICE ACTIVITY SUMMARY' on the right. The 'CLAIM DETAILS' panel includes a green bar at the top with the text 'CLAIM IS PAID'. Below this, it shows 'Claim Type: Adjustment' and 'Procedure Code: W5810'. A table summarizes billing: 'Net: Billed:\$0.00, Paid:\$0.00, Units: 0' and 'Total: Billed:\$8.00, Paid:\$8.00, Units: 4'. The 'SERVICE ACTIVITY SUMMARY' panel shows 'Start Time: 5:00 AM' and 'End Time: 6:05 AM', with a status of 'Closed' and a manual edit reason of 'Forgotten Clock In/Out'. A 'Void All Services' button is highlighted in the bottom right corner of the interface.

1. Enter Comments in the pop up that the system displays
2. Click “Void All” button.

.When creating an adjustment claim, system determines if the modifications made on Service(s) result in a change in units from the previous claim

.When you “Void all Services” in a claim, it results in the units becoming zero in the adjustment claim. So, the system will submit an adjustment claim to MMIS for zero units, so that the payment received earlier could be negated



Voiding overnight Services with a claim

In order to void an overnight service with associated claims, you will need to void both split services.

EXAMPLE:

If the shift is 10PM-1AM – The system will split the shift into 2 services
10PM-11:59 PM and 12:00 AM- 1AM

The user would need to void BOTH service 10PM-11:59 PM and 12:00 AM- 1AM

Service Modification (SM) Reason

When submitting SMs, the Agency Administrator and Billing Staff must submit a valid MTR Reason. The reason selected must reflect the actual reason the DSP was unable to clock in and/or out. All SMs are manually reviewed and researched by MDH. If MDH is unable to verify the reason submitted for the SM the SM will not be approved or paid.

SERVICE INFORMATION

Start Time: *

End Time: * Next day Clock-out

Manual Entry Reason: *

IVR Call#:

Comment: *

Manual Entry Reason: *

- Forgotten Clock In/Out
- Staff Busy with Participant
- Participant Phone Problems
- ISAS Call Incomplete
- Staff in Community with Participant
- OTP Issue
- Correcting Staff Clock In/Out Error
- Emergency Situation
- ISAS Call-In System Outage
- New or Substitute Staff
- Other
- Legacy Service Activities

Service Modification (SM) Category Reason Guide

The SM category guide was designed to assist the agency when submitting service modifications (SM). All SM are manually reviewed and researched for accuracy. SM submitted with inaccurate information will not be approved. In order to expedite the revision process please review the SM guide and select the reason category that best fits the situation and provide all required information. Some categories require that the agency reaches out to the CCS and inform them of the situation, this step cannot be skipped. MDH can only verify this information with the CCS.

If the admin is approving a EVV App MTR, the admin must include all required information in the comments before approving and submitting for review.

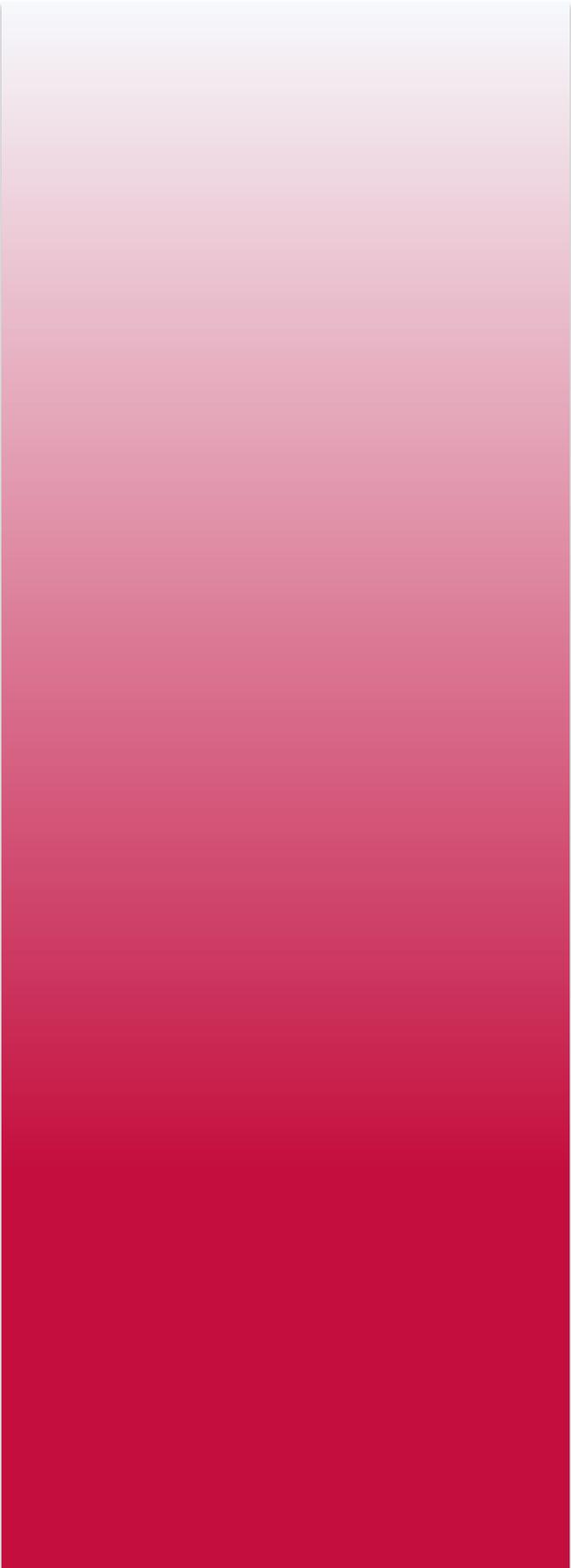
1

First Select the reason for the SM from the category drop-down menu in the provider portal. Use this guide to help you determine the best reason that matches why the DSP did not clock in/out.

2

You must include the required information within the comment section of the Service Modification

Category	Definition	Write info. in comments section
Forgot to clock in/out	DSP forgets to use the system	No additional information is required
Staff Busy with Participant	DSP was busy with client duties and could not use the system	
New or Substitute Staff	New or substitute DSP did not know how to use the system or did not have the proper information to use the system	
ISAS Call-in System Outage	A notification will be sent to all agencies during an outage	
Correcting Staff Clock in/out Error	DSP made an error when using the system that affected the clock in/out. Example: Selected wrong service, clock in/out instead of out/in, etc.	
ISAS call incomplete	DSP said they clocked in/out but there is no record in the provider portal	
Participant Phone Problems	Client phone: Broken, out of minutes, missing, no reception	1. Date your agency notified the CCS of the issue 2. Name of the CCS that was notified
OTP Issue	OTP: Broken, Missing, waiting on new device	
Emergency Situation	Emergency that prevented DSP from using the system: Client had to go to hospital, House fire	1. Date your agency notified the CCS of the issue 2. Name of the CCS that was notified 3. Explain the incident
Other	1. A unique situation that is not covered in the other categories.	Explain the incident
	2. The DSP is deaf or hearing impaired and manual entries have been authorized.	Staff is deaf or hard of hearing
	3. DSP provided remote services	List services that were provided remotely
	4. Live in Caregiver- Exemption	Caregiver exempt from using EVV clock in/out



Section 4: Non-EVV

This section covers everything you need to know to start billing for non-EVV services within the Provider Portal. After reviewing this section, you will know how to directly enter services into the Provider Portal, upload services into the Provider Portal and edit service that were submitted to the Provider Portal.

Billing for Non-EVV Services

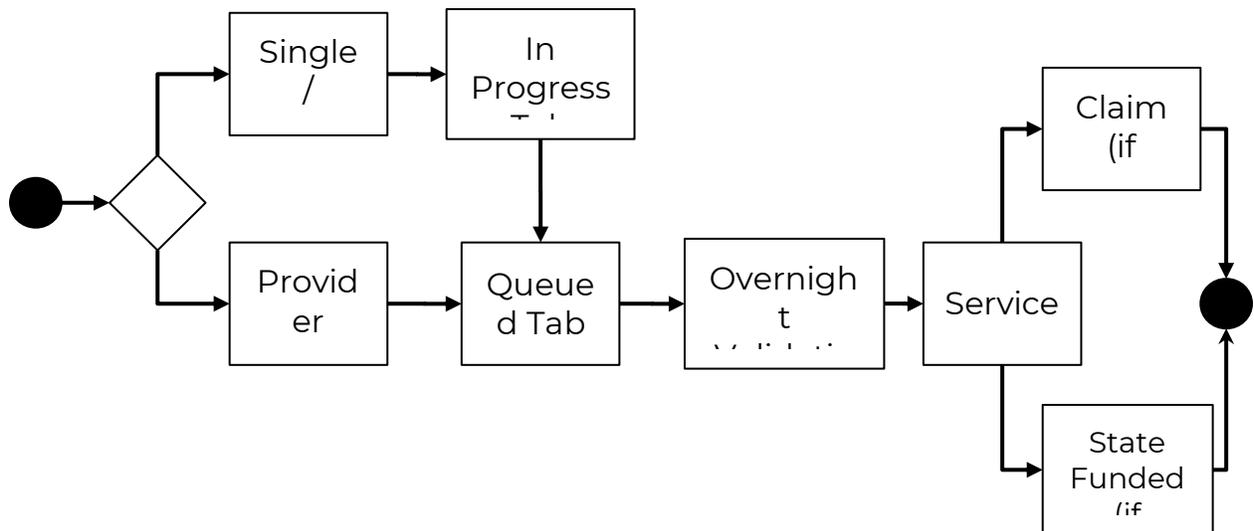
The Billing Entries' left menu option within the 'Services' Tab allows administrative and billing staff from Provider Agencies to bill for services that do not require an electronic visit verification. The units or costs of services provided on the same date of service, need to be added together and billed at one time in a batch process.

Navigation: Home Page -> Services Tab -> Left Nav Menu -> 'Billing Entries' icon 

Providers with the below roles can create billing entries

- Admin Provider
- Billing Provider

Billing Entries capture the details of the provided service including the person receiving service, provider location, date, service type and the units or cost of services. They are then converted to claims billed to Medicaid or made available on the State Payment report for state reimbursement.



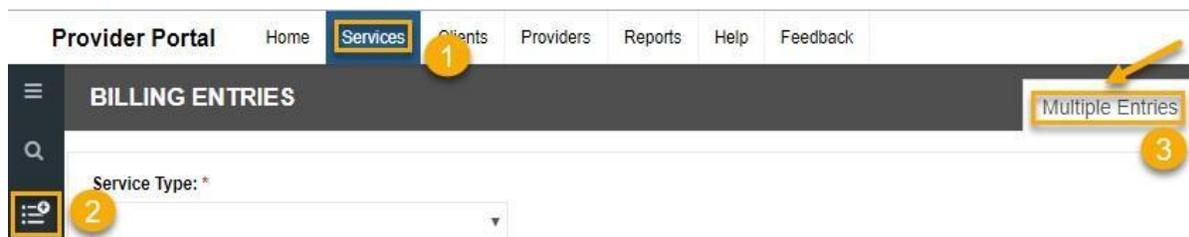
Creating Multiple Billing Entries

Providers with the below roles can create, save and submit multiple billing entries for each service type.

- Admin Provider
- Billing Provider

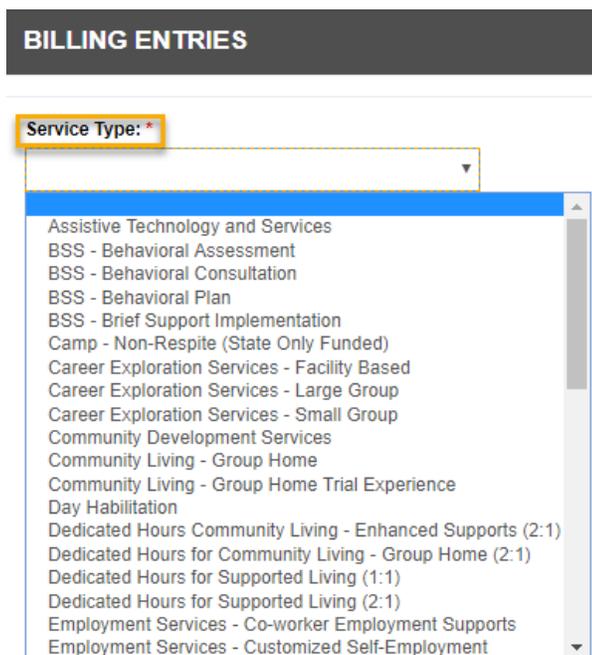
The Multiple Entries Form allows Providers to enter billing for one or more persons receiving a service across multiple locations within your agency, for a specified time period.

Navigation: Home Page -> Services Tab -> Left Nav Menu -> 'Billing Entries' icon  -> Multiple Entries



1. Select Service Type

- Select the service type from the Service type dropdown. Only services that the Provider Agency Location is authorized to provide will populate in this selection. Billing can be entered for only one service at a time



2. Date of Service – This parameter varies based on the Service type selected. Dates entered cannot go

back more than 1 year from today’s date

- i. For services with a Monthly unit, a From Month and To Month of Service can be entered to bill for multiple months. If you are only billing from one month, you can enter the same month in From and To. You can only bill for months that are in the past

The screenshot shows a form titled "BILLING ENTRIES" with a "Multiple Entries" button in the top right. The "Service Type:" dropdown is set to "Employment Services - Co-worker Employment". Two input fields, "From Month of Service:" and "To Month of Service:", are highlighted with orange boxes. Each field has a calendar icon to its right.

- ii. To bill a range of services with Daily, Hourly, Quarter-Hourly units, or Upper pay limit service, a From Date of Service and To Date of Service can be entered. Example: Respite Daily, Day Habilitation, Transportation services, etc.

The screenshot shows the "BILLING ENTRIES" form with "Service Type:" set to "BSS - Brief Support Implementation". Two input fields, "From Date of Service:" and "To Date of Service:", are highlighted with orange boxes. Each field has a calendar icon to its right.

- iii. To bill for services that are typically provided once at a time, a single Date of Service should be entered. Example: Assistive Technology and Services, Transition Services, Behavioral Assessment, etc.

The screenshot shows the "BILLING ENTRIES" form with "Service Type:" set to "BSS - Behavioral Assessment". A single input field, "Date of Service:", is highlighted with an orange box and has a calendar icon to its right.

3. Provider Name/Number

- Lists the Provider Sites/Number(s) authorized to provide the selected service for the Provider Agency on that Date of Service. The list of available Provider locations displayed in the dropdown is dependent on the date of service selected. For site-based services all site MA numbers are available for selection
- i. This list of available Provider/Site locations is based on the Provider Numbers authorized for providing the selected service on dates entered

Provider/Site#:* 

Select all

999999901 - Donnager
9755 Patuxent Woods Drive, Suite 300, Columbia, MD 21046

999999900 - Rocinante
332 Knowles Lane, Kensington, MD 20853

4. Select the Day of Week – Within the selected date range, the ‘Day of the week’ field can be used to
 - pick only the Days in which the service was provided
 - The default selection of days is based on the service type selected. If the service is defined to also be provided on weekends, then the default selection will show all the default days selected
 - User is able to make changes to the Days of week selected by unchecking the checkbox

Days of Week:*

Sun
 Mon
 Tues
 Wed
 Thur
 Fri
 Sat

5. Select Participants - Populates a list of all persons receiving the services within the entered date range. This list is populated based on the person having an approved PCP with the provider number authorized to provide the selected service in the entered date range
 - All persons can be selected by using the “Select All” option or
 - One or more person(s) can be selected by checking or unchecking the person’s name in the Available Clients list. Once a person is selected, they are added to the Selected Clients list
 - Billing Entries will be created only for the persons in Selected Clients list
 - A count of persons selected will be displayed in the drop-down

Participants: * ←

2539898LE257120 - Elsie Breitenberg - 13117733662

Available Clients

Search

Select all

2539898LE257120 - Elsie Breitenberg - 13117733662

3979521AJ808110 - Jaqueline Schulist

Selected Clients

2539898LE257120 - Elsie Breitenberg - 13117733662

- If user tries to create billing entries for clients that do not meet the input parameters, system throws an error with a message similar to 'The selected clients do not have service authorizations that meet the input criteria.' System does not create billing entries for those clients

BILLING ENTRIES

Multiple Entries

INPUT ERROR
The selected clients do not have service authorizations that meet the input criteria.

Service Type: *
Employment Services - Co-worker Employ

From Month of Service: *
09/2019

To Month of Service:
10/2019

Provider/Site#:
All selected (1)

Participants: *
2589968AR750000 - John Doe

Reset Create Billing Entries Save Entries Submit Entries

- If there are no participants available for the specified input criteria, then the system displays a message in the Participants dropdown saying "None available for the input criteria"

BILLING ENTRIES

Multiple Entries Single Billing Entry Queued In Progress Duplicates

Service Type: *
Employment Services - Follow Along Supp

From Month of Service: *
09/2019

To Month of Service:
10/2019

Provider/Site#:
All selected (1)

Participants: *
None available based on input criteria

Reset Create Billing Entries Save Entries Submit Entries

- After entering all the above inputs, select Create Billing Entries to create a billing entry for each date of service authorized for the selected clients in the entered date range

Note:

1. The maximum limit of entries generated per page is 200 entries
2. The maximum entries that can be created is 5000 entries

The screenshot shows a web form with the following fields and controls:

- Service Type:** Assistive Technology and Services
- From Date of Service:** 05/01/2019
- To Date of Service:** 05/10/2019
- Provider/Site#:** All selected (2)
- Days of Week:** Sun, Mon, Tues, Wed, Thur, Fri, Sat (all checked)
- Participants:** All selected (5)
- Buttons:** Reset, Create Billing Entries (highlighted with an orange arrow), Save Entries, Submit Entries

The generated list of billing entries has the properties below:

- Date of Service
- DOW (Day of Week)
- Client ID
- Client MA #
- First Name
- Last Name
- Provider
- Units/Cost of Service/Item
 - Units – for unit-based services based on the Service type selected in input
 - Cost of Service/Item – for cost-based services based on Service type selected in input.
- Actions – Allows deletion of an entry that should not be billed. This can be used when a person did not receive service on a specific date, or other reasons when service was not provided to the client on the date of service or has already been billed

If Service Type selected is a service type which has a Retainer fee option for example “Community Living -Group home”, then the output options are shown below:

- Date of Service
- DOW (Day of Week)
- Client ID
- Client MA #
- First Name
- Last Name
- Provider
- Units/Cost of Service/Item –
 - Units – for unit-based services based on the Service type selected in input
 - Cost of Service/Item – for cost-based services based on Service type selected in input.
- Number of people authorized
- Actions – Allows deletion of an entry that should not be billed. This can be used when a person did not receive service on a specific

date, or other reasons when service was not provided to the client on the date of service or has already been billed

- Retainer Fee – If the option was chosen on the DOS, the Admin/Billing provider can select this option

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Day)	Actions
09/10/2019	Tues	2289774EK923120	10101010222	Abraham	MaxVal-State	284068311 - DDA Billing Location 1	<input type="text"/>	Delete

Retainer Fee:

For each date of service to a client, you must enter the units (Screenshot below) or cost of service (Screenshot below) provided, depending on the selected service type. User can tab down the list for entry of units or cost, by using the Tab key.

BILLING ENTRIES (60) Unit/Cost Error (0) Provider Error (0)

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Hour)	Actions
09/01/2019	Sun	2069016ER730121	45656777722	Rebecca	Kbs1	284068311 - DDA Billing Location 1	<input type="text"/>	Delete
09/01/2019	Sun	2289774EK923120	10101010222	Abraham	MaxVal-State	284068311 - DDA Billing Location 1	<input type="text"/>	Delete

BILLING ENTRIES (3) Unit/Cost Error (0) Provider Error (0)

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Cost of Service/Item	Actions
10/01/2019	Tues	3009555EJ677121	24485203003	Jessie	Training-Harris		\$ <input type="text"/>	Delete
10/02/2019	Wed	3009555EJ677121	24485203003	Jessie	Training-Harris		\$ <input type="text"/>	Delete
10/07/2019	Mon	3009555EJ677121	24485203003	Jessie	Training-Harris		\$ <input type="text"/>	Delete

For residential services, you must also enter the number of people authorized at the site after selecting the number of units and cost of services:

BILLING ENTRIES (4) Unit/Cost Error (0) Provider Error (0)

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Day)	Number of People Authorized	Actions
06/01/2023	Thur	99999AA9999	11111111	John	Dooley	222222 - Agency 1	<input type="text"/>	<input type="text"/>	Delete

Retainer Fee:

In case more than one site is authorized for the same service for a client in a month, as is the case during transitions, the specific provider# for the service date should also be selected.

The screenshot shows a search and filter interface. At the top, there are several dropdown menus and input fields: 'Category of Service:' (DDA Services), 'Source:' (All selected (3)), 'Created From Date:' (Created From Date), 'Created To Date:' (Created to date), and 'Created By:' (All selected (3)). To the right of these fields are three buttons: 'Follow Up', 'Submit' (highlighted with a yellow arrow), and 'Filter'. Below the filters, there are two tabs: 'Source: All Selected' and 'Created By: All Selected'. The main part of the screenshot is a table with the following columns: Date of Service, Service Type, Provider Name/Number, Units / Cost, Client Name, Created Date-Time, and Follow Up. Two rows are visible in the table, both with 'Yes' in the 'Follow Up' column.

Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
11/1/18	Community Living - Group Home Retainer Fee	Performance Test Location 0 555570300	1	L, J	Jun 17, 2019 3:52:08 PM	Yes
10/31/18	Community Living - Group Home	Performance Test Location 0 555570300	1	L, J	Jun 17, 2019 3:51:14 PM	Yes

Once all the entries are complete, they can be saved for further review within the Provider Agency or submitted for billing.

Saving Multiple Billing Entries

“Save Entries” action can be used to save entries for further review. This is dependent on your Agency’s billing policy or process.

The screenshot shows a form for creating billing entries. At the top, there are several dropdown menus and input fields: 'Service Type:' (Assistive Technology and Services), 'From Date of Service:' (05/01/2019), 'To Date of Service:' (05/10/2019), and 'Provider/Site#:' (All selected (2)). Below these fields are two sections: 'Days of Week:' (Sun, Mon, Tues, Wed, Thur, Fri, Sat) and 'Participants:' (All selected (5)). To the right of these sections are four buttons: 'Reset', 'Create Billing Entries', 'Save Entries' (highlighted with a yellow arrow), and 'Submit Entries'. Below the buttons, there are two checkboxes: 'Unit/Cost Error (0)' and 'Provider Error (0)'. The main part of the screenshot is a table with the following columns: Date Of Service, DOW, Client ID, Client MA#, First Name, Last Name, Provider, Cost of Service/Item, and Actions. Two rows are visible in the table, both with 'Delete' buttons in the 'Actions' column.

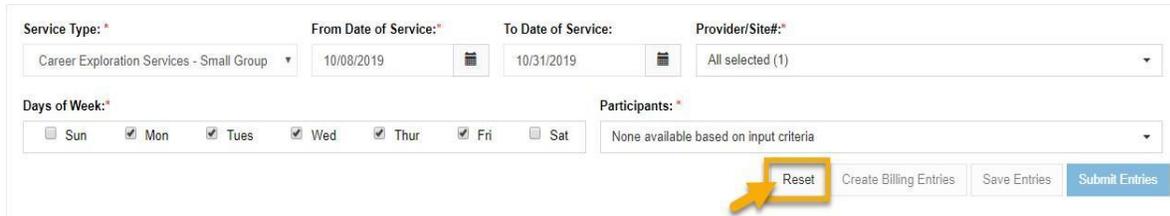
Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Cost of Service/Item	Actions
05/01/2019	Wed	2129412OC329110	50612248076	Connie	Emser	999999900 - Rocinante	\$	Delete
05/01/2019	Wed	3419317AC375100	67158608563	Cassie	Schaefer	999999900 - Rocinante	\$	Delete

The user is not allowed to make any modification to the below input criteria,

1. Service Type
2. From/To Date of Service
3. Provider/Site#
4. Days of the week

5. Participants

If the user wishes to make a change, he would have to click the Reset button to reenter all the input criteria.

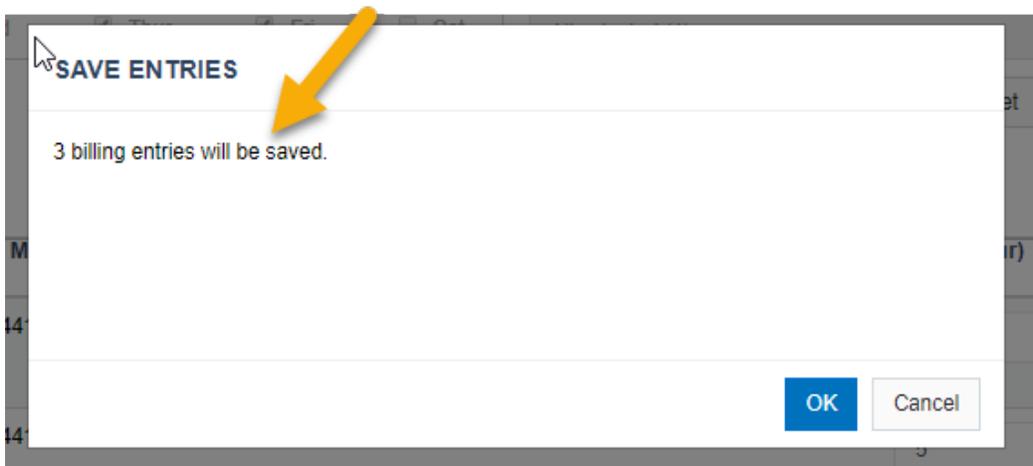


The screenshot shows a form with the following fields: Service Type (Career Exploration Services - Small Group), From Date of Service (10/08/2019), To Date of Service (10/31/2019), and Provider/Site# (All selected (1)). Below these are Days of Week (Sun, Mon, Tues, Wed, Thur, Fri, Sat) and Participants (None available based on input criteria). At the bottom right, there are buttons for Reset, Create Billing Entries, Save Entries, and Submit Entries. A yellow arrow points to the Reset button.

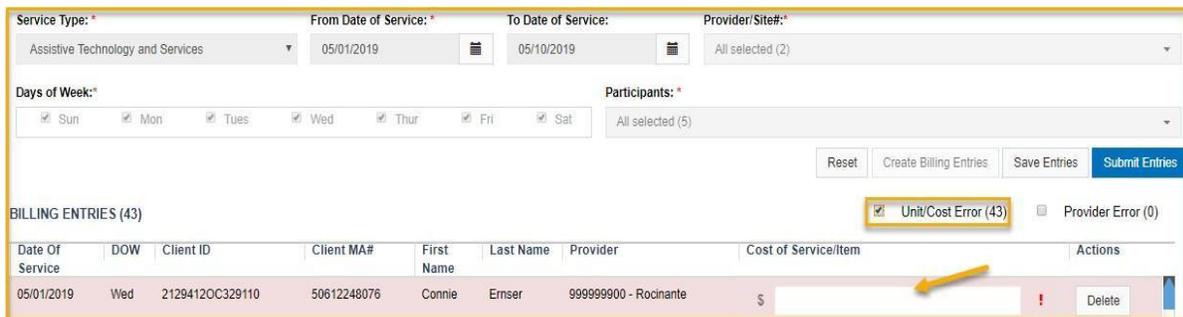
Upon selecting “Save Entries” action, entries are checked for the errors below:

- Entered units exceeds the maximum allowed for a day for the service
- Entered cost exceeds the maximum allowed for the service
- Entries with units or cost not entered
- Entries with a Provider number not selected, where applicable

All billing entries that pass the check are saved for future review and user is notified on the number of entries that were saved.



Entries that fail the check are retained on the list and are not saved. A count of errors and filter option is available to narrow down the list to display only records with errors so they can be easily identified and corrected. Once corrected, the entries can be saved by selecting the “Save Entries” action again.



The screenshot shows the "BILLING ENTRIES (43)" list with a filter for "Unit/Cost Error (43)". The table has columns: Date Of Service, DOW, Client ID, Client MA#, First Name, Last Name, Provider, Cost of Service/Item, and Actions. A yellow arrow points to the "Unit/Cost Error (43)" filter.

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Cost of Service/Item	Actions
05/01/2019	Wed	2129412OC329110	50612248076	Connie	Ernser	999999900 - Rocnante	\$	Delete

Saved entries are not processed for billing. Provider should submit the entries for the services to be picked up for pre-claim validation processing and subsequent claim submission.

Submitting Multiple Billing Entries

This section describes how completed billing entries on the 'Multiple Billing Entry' form can be submitted directly to be moved to a queue for overnight pre-claim validation processing and billing.

The "Submit Entries" action is available above the list of generated billing entries and allows the user to submit the billing entries to the queued list of billing entries for processing.

The screenshot shows the 'Multiple Billing Entry' form with the following filters and controls:

- Service Type:** Day Habilitation
- From Date of Service:** 06/02/2019
- To Date of Service:** 06/30/2019
- Provider/Site#:** All selected (2)
- Days of Week:** Sun (unchecked), Mon (checked), Tues (checked), Wed (checked), Thur (checked), Fri (checked), Sat (unchecked)
- Participants:** All selected (3)
- Buttons:** Reset, Create Billing Entries, Save Entries, **Submit Entries** (highlighted with a yellow arrow)

Below the filters is a table of billing entries:

Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Hour)	Actions
06/03/2019	Mon	1739740EV116100	56877525526	Velva	Anderson	999999901 - Donnager (9755 Patuxent Woods Drive)	1	Delete

The user is not allowed to make any modification to the below input criteria,

1. Service Type
2. From/To Date of Service
3. Provider/Site#
4. Days of the week
5. Participants

If the user wishes to make a change, he would have to click the Reset button to reenter all the input criteria.

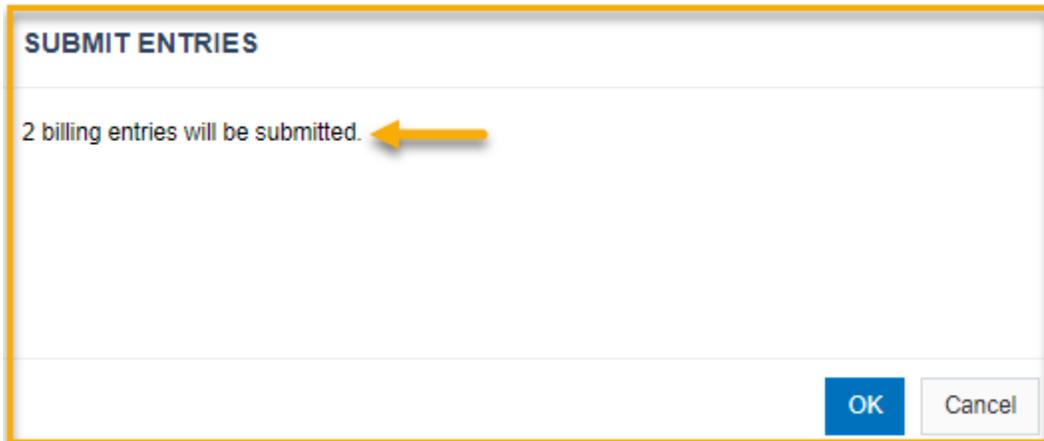
The screenshot shows the 'Multiple Billing Entry' form with the following filters and controls:

- Service Type:** Career Exploration Services - Small Group
- From Date of Service:** 10/08/2019
- To Date of Service:** 10/31/2019
- Provider/Site#:** All selected (1)
- Days of Week:** Sun (unchecked), Mon (checked), Tues (checked), Wed (checked), Thur (checked), Fri (checked), Sat (unchecked)
- Participants:** None available based on input criteria
- Buttons:** **Reset** (highlighted with a yellow arrow), Create Billing Entries, Save Entries, Submit Entries

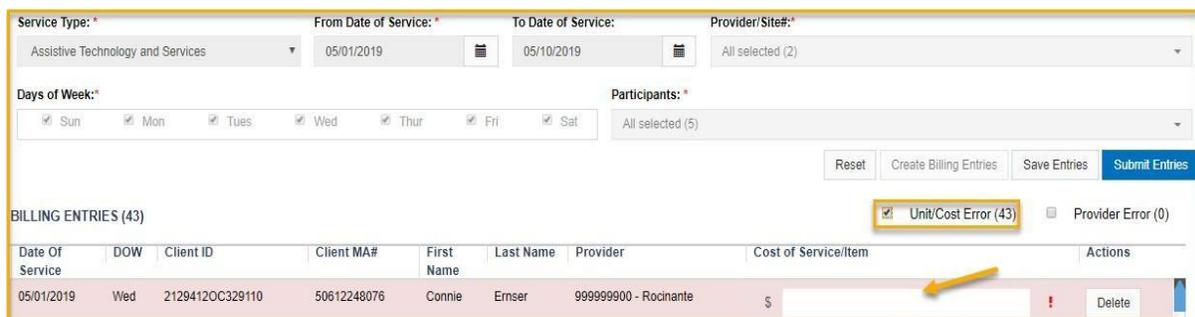
Upon selecting this action, entries are checked for the below errors:

- Entered units exceeds the maximum allowed for a day for the service
- Entered cost exceeds the maximum allowed for the service
- Entries with units or cost not entered
- Entries with a Provider# not selected, where applicable

All billing entries that pass the check are included in the queue up for overnight pre-claim validation processing and billing, and user is notified on the number of entries submitted.



Entries that fail the check are retained on the list and are not submitted. A count of errors and filter option is available to narrow down the list to display on records with errors so they can be easily identified and corrected. Once corrected, the entries can be submitted by selecting the “Submit Entries” action again.



Submitted Billing Entries can be viewed in the Queued Tab of the Billing Entries page until they are picked up in an overnight process to be converted into services which are then processed for billing. Once Billing Entries are converted to Services, they are no longer visible on the Queued Tab, but can be searched and viewed through the Search Services page.

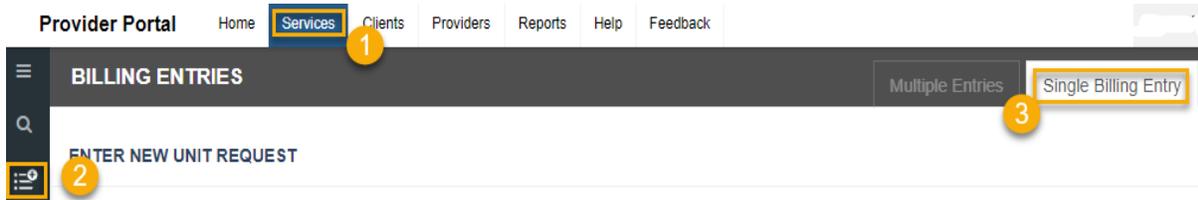
Creating a Single Billing Entry

This section describes how administrative and billing staff submit one billing entry at a time. This feature services these purposes:

- Create and save or submit one billing entry at a time
- To allow the Provider Agency to bill one date of service at a time

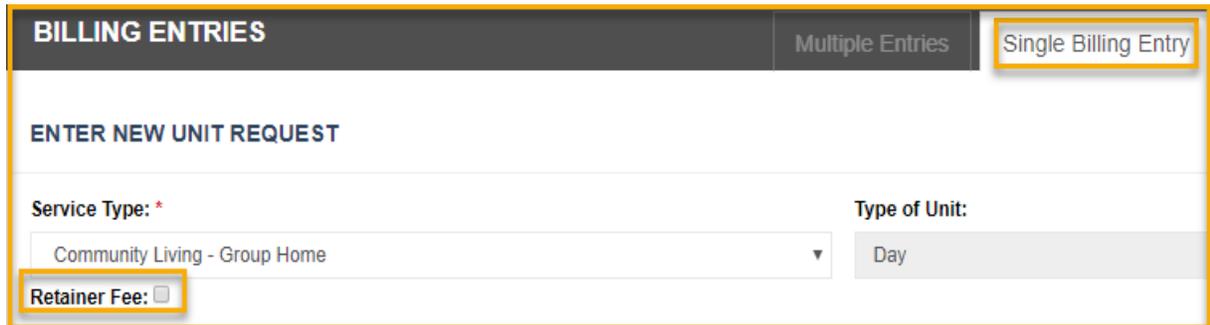
This is useful for missed entries or services that are only billed on one date. Example: Milestone services or assistive devices.

Navigation: Home Page -> Services Tab -> Left Nav Menu -> 'Billing Entries' icon  -> Single Billing Entry



The Single Billing Entry tab requires the following inputs:

1. Select Service Type
 - Based on the Service type selected, the Type of unit is auto populated (1)
 - For Residential services like Group Home and Enhanced Supports – there is an additional user input to identify Retainer Fee services which enables providers get paid for services when client is not available



BILLING ENTRIES Multiple Entries Single Billing Entry

ENTER NEW UNIT REQUEST

Service Type: * Community Living - Group Home Type of Unit: Day

Retainer Fee:

2. Date of Service
 - Based on the Date of Service entered, the Day of the Week is auto populated (2)
3. Provider/ Site #
4. Enter Client ID/ MA #- Client ID/MA# must be entered exactly
 - Based on the Provider selected for the Date of Service and Service type, the user has to enter the Client ID/MA# exactly and the dropdown shows the matching client found (3)

ENTER NEW UNIT REQUEST

Service Type: * Employment Services - On-going Job Supports	Type of Unit: Hour
Date of Service: * 08/01/2019	Day of Week: Thursday
Provider/Site#: * [Redacted]	Client ID/MA #/Name: * 24485203003 3009555EJ677121 - Training-Harris, Jessie - 24485203003
Client First Name: [Redacted]	

- If the Client ID is not correctly entered, then the system displays an error message that says “Client Not Found” as shown in the below screenshot

Provider/Site#: * 555570320 - Performance Test Location 20 - Location1 Street	Client ID/MA #/Name: * 1509276LE709111 <small>Client not found.</small>
---	--

5. Client First Name and Client Last Name will populate based on the Client ID/MA # that was entered

Provider/Site#: * 555570320 - Performance Test Location 20 - Location1 Street	Client ID/MA #/Name: * 1509276LE709110
Client First Name: Elisa	Client Last Name: Wolf
Units: *	

6. Units or Cost (depending on the service type selected)

- Units can be entered if the selected service type is a Unit based service
- Cost can be entered if the selected service type is a Cost based service

Provider/Site#: * 555570320 - Performance Test Location 20 - Location1 Street	Client ID/MA #/Name: * 1509276LE709110
Client First Name: Elisa	Client Last Name: Wolf
Units: * 3	
Client First Name: Karley	Client Last Name: Steuber
Cost: * \$ 30.00	

Reset Save Submit

Note: If provider is not listed on an active PCP for the Date of Service, only the person’s initials will be displayed. This will allow a provider to complete past billing for person’s the agency is no longer serving.

Once the user has reviewed the entries for accuracy, the Submit or Save action can be selected to save the entry for further review or submit the entry to be queued for overnight billing.

Save Single Billing Entry

“Save Entries” action can be used to save entries for further review. This is dependent on your Agency’s billing policy or process.

The screenshot shows the 'Single Billing Entry' form. The 'Save' button is highlighted with a yellow box, indicating the action to be taken.

Once all information is supplied and you click ‘Save’, the system displays a success confirmation message that the entry has been saved and can be viewed in the ‘In Progress’ tab

The screenshot shows the success confirmation message: "SUCCESS! Billing Entry successfully saved".

Submit Single Billing Entry

This section describes how completed billing entries on the ‘Single Billing Entry’ form can be submitted directly to be moved to a queue for overnight pre-claim validation processing and billing by clicking the ‘Submit’ button.

BILLING ENTRIES Multiple Entries Single Billing Entry Queued In Progress Duplicates

ENTER NEW UNIT REQUEST

Service Type: * Type of Unit:

Date of Service: * Day of Week:

Provider/Site#: * Client ID/MA #/Name: *

Client First Name: Client Last Name:

Units: *

Reset Save **Submit**

Once all information is supplied and you click 'Submit', the system displays a success confirmation message that the entry has been submitted and can be viewed in the 'Queued' tab.



Provider Upload

The provider upload API is another way for a provider agency to create Billing Entries in the Provider Portal platform. It's an HTTP based API that different provider apps and systems can use programmatically to POST Billing Entries. Further information about the provider upload API requirements and processes should navigate to the LTSS Provider Billing API Details in the Providers section of DDA's website here: <https://health.maryland.gov/dda/Pages/providers.aspx>

Important Notes:

1. Using the provider upload API process does not replace the need to navigate into Provider Portal for report usage, viewing and resolving exceptions, and other actions.
2. The Provider Upload will only allow the creation of original non-EVV service activities. It cannot be used to create non-EVV services nor to make adjustments or voids to existing claims.

View Submitted Entries for Billing in the Queued Tab

Administrative and Billing Staff from a Provider Agency (with the below roles)

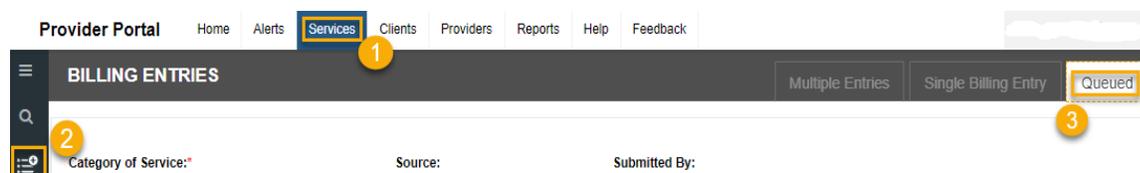
- Admin Provider
- Billing Provider

can access the 'Queued' Tab in the Billing Entries Page to view billing entries submitted on a day for all locations they are authorized for. Billing entries submitted from both 'Multiple Entries' and 'Single Billing Entry' tabs can be found in this 'Queued' tab. Queued Tab shows only the entries submitted on the current date, as the queued entries are processed for billing every night. The entries that are processed overnight are no longer visible on the Queued Tab, but can be accessed from the Services Search Page.

Provider Uploaded Entries:

Billing entries entered into the system via the 'Provider Upload' API mechanism are also recorded and displayed in the 'Queued' tab. This will be the third 'Source' type in the field dropdown. These are billing entries that are electronically submitted to the *LTSSMaryland* Provider Portal via the upload API. This information is retrieved from the Provider Agency application without logging into the Provider Portal application. These entries are also pending overnight validation like the entries from the multiple and single-entry tabs.

Navigation: Home Page - > Services - > Left Nav Menu - > 'Billing Entries' icon  - > Queued



The following filters are available to view billing entries in the Queued Tab. (See screenshot below listing all filter criteria):

Category of Service: DDA Services	Source: All selected (3)	Submitted By: All selected (2)	<input type="checkbox"/> Show only multiple entries for a date	Filter
--------------------------------------	-----------------------------	-----------------------------------	--	--------

- Category of Service: User can select the type of service – For Providers providing only DDA services, this input will be selected as ‘DDA Services’ by default)
- Source: User can select the source type – Single Entry, Multiple Entry, Provider Upload. Single and Multiple Entry options are used to filter to entries created through the respective forms and Provider Upload option can be used to filter to entries submitted through the automatic upload process
- Submitted by: The dropdown lists all billing or administrative staff that have submitted billing entries displayed on this page, and can be used to filter to view entries submitted by one or more staff
- Show only Multiples for Date: Billing entries with same parameters – Service Type, Date of Service, Provider Number and Client ID entered on the same date are listed when this filter option is selected. Billing Entries are tagged as ‘Active’ or ‘Duplicate’ where Active entries are the latest entries that will be processed for billing and the Duplicate entries are older

entries with the same parameters as the ‘Active’ entry. The duplicate entry will not be processed into a claim and will be sent to the ‘Duplicates’ tab in the overnight billing process. This has also been explained in a separate section below (Refer to [Section 7.11](#))

Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Submitted Date-Time	
5/1/19	Active	Community Living - Group Home	Performance Test Location 0 555570300	1	Smith, John	Oct 28, 2019 4:09:07 PM
5/1/19	Duplicate	Community Living - Group Home	Performance Test Location 0 555570300	1	Smith, John	Oct 28, 2019 4:07:00 PM

Billing entry records on the Queued Tab display the following parameters (see screenshot below) as entered when they were created and submitted from the Multiple and Single Billing Entry Tabs or the Provider Upload referenced above.

	5/1/19	Active	Community Living - Group Home	Performance Test Location 0 555570300	1	Smith, John	Oct 28, 2019 4:09:07 PM
1	Day	Type of Unit	Client LTSS ID	Client MA#	Source	Submitted By	
	Wednesday	Day	2289568OD186101	89028038231	Multiple	200Loc AdminProvider	

The icon lets the user expand the billing entry to view more fields on the record.

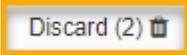
- Date of Service: Date the service was rendered
- Service Type: The type of service rendered
- Provider Name/Number: Provider Location name and number where the service was rendered
- Units/Cost: Number of units or cost associated with the service rendered
- Number of residents
- Client Name: Name of the client for whom the service was rendered
- Submitted Date-Time: The date and time the billing entry was submitted for the service

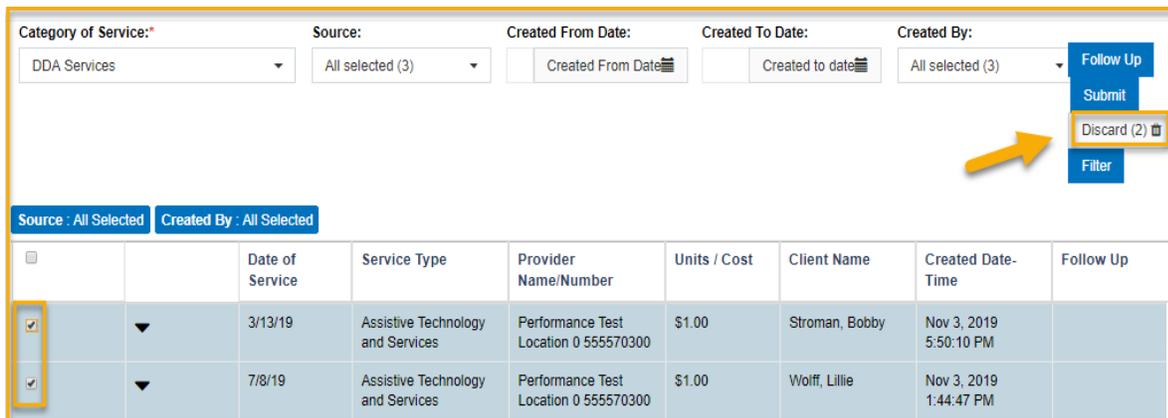
- Day: The day of the week the service was rendered
- Type of Unit: The billing unit of the service type
- Client LTSS ID: Client LTSS identifier
- Client MA#: Client Medicaid Number
- Source: Mode of entry of the billing entry – Single entry, Multiple entry or Provider Upload
- Submitted By: The staff submitting the billing entry

Discarding Queued Billing Entries:

If there are any reasons why an entry has to be discarded. Examples:

- Billing entries for days when the client was not rendered services,
- Billing entries with incorrect information
- Duplicate Billing entries

If any of the submitted and queued billing entries are found to be invalid or with errors, providers can select one or more billing entries and click on the 'Discard'  button to delete the entries.



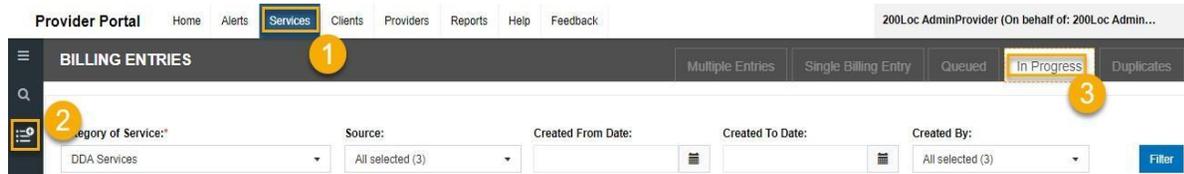
The screenshot shows a web interface for managing billing entries. At the top, there are several filter sections: 'Category of Service:' (DDA Services), 'Source:' (All selected (3)), 'Created From Date:' (Created From Date), 'Created To Date:' (Created to date), and 'Created By:' (All selected (3)). To the right of these filters are buttons for 'Follow Up', 'Submit', 'Discard (2)' (highlighted with a yellow box and an arrow), and 'Filter'. Below the filters, there are two status indicators: 'Source : All Selected' and 'Created By : All Selected'. The main part of the interface is a table with the following columns: a checkbox, a dropdown arrow, 'Date of Service', 'Service Type', 'Provider Name/Number', 'Units / Cost', 'Client Name', 'Created Date-Time', and 'Follow Up'. Two rows of data are visible, both with their checkboxes selected. The first row is for 'Stroman, Bobby' on '3/13/19' and the second is for 'Wolff, Lillie' on '7/8/19'. Both rows have a service type of 'Assistive Technology and Services' and a provider of 'Performance Test Location 0 555570300'.

<input type="checkbox"/>	▼	Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
<input checked="" type="checkbox"/>	▼	3/13/19	Assistive Technology and Services	Performance Test Location 0 555570300	\$1.00	Stroman, Bobby	Nov 3, 2019 5:50:10 PM	
<input checked="" type="checkbox"/>	▼	7/8/19	Assistive Technology and Services	Performance Test Location 0 555570300	\$1.00	Wolff, Lillie	Nov 3, 2019 1:44:47 PM	

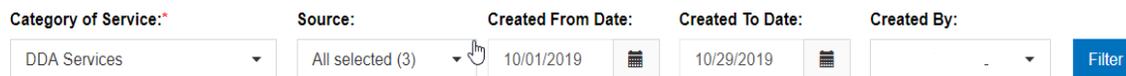
Reviewing and Submitting Saved Billing Entries in In Progress Tab

Administrative and Billing Staff from a Provider Agency can access the 'In Progress' Tab in the Billing Entries Page to view billing entries saved on a day for all locations they are authorized for. Billing entries saved from both 'Multiple Entries' and 'Single Billing Entry' tabs can be found in this 'In Progress' tab.

Navigation: Home Page -> Services -> Left Nav Menu -> 'Billing Entries' icon  -> In Progress



Upon navigation, all saved billing entries are displayed, which can be further filtered by applying one of more of the following filters:



- Category of Service: User can select the type of service – For Providers providing only DDA services, this input will be selected as ‘DDA Services’ by default
- Source: User can select the source type – Single Entry, Multiple Entry
- Created From Date/ Created To Date: Date range to filter billing entries based on when they were entered and saved
- Created By: The dropdown lists all staff that have saved billing entries, which are available on this page

Note: Provider Uploaded entries will NOT show up in the In-Progress tab as they will directly be moved to the ‘Queued’ tab.

Billing entry records display the following parameters, as entered and saved from the Single or Multiple Billing Entry Tabs.

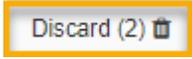
	Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
	6/3/19	Day Habilitation	Rocinante 999999900	1	Anderson, Velva	Oct 31, 2019 2:28:55 PM	
	Day	Type of Unit	Client LTSS ID	Client MA#	Source	Created By	Comments
	Monday	Hour	1739740EV116100	56877525526	Single	James Holden	

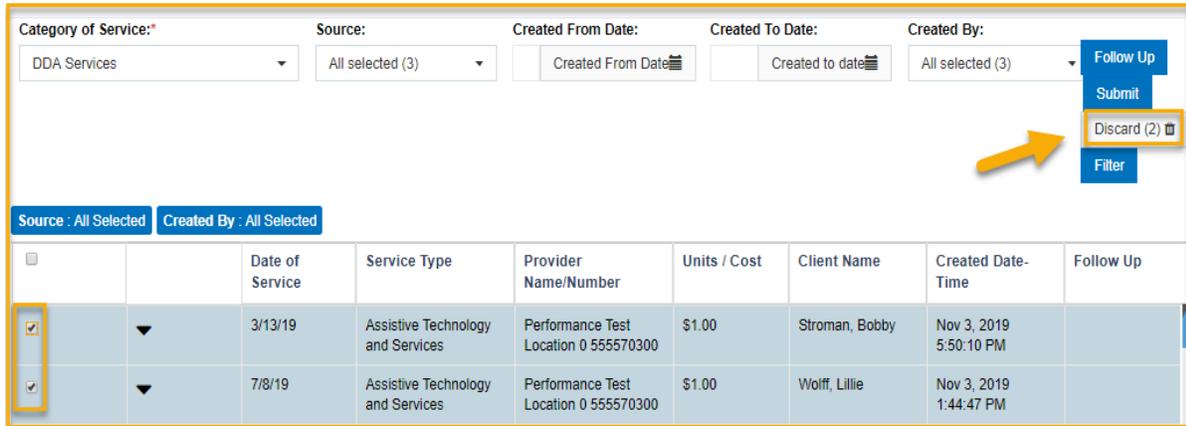
The icon lets the user expand the billing entry to view more fields on the record.

- Date of Service: Date the service was rendered
- Service Type: The type of service rendered
- Provider Name/Number: Provider Location name and number where the service was rendered
- Units/Cost: Number of units or cost associated with the service rendered
- Client Name: Name of the client for whom the service was rendered
- Created Date-Time: The date and time the billing entry was saved
- Follow up: This flag lets users to tag billing entries that need further review
- Day: The day of the week the service was rendered

- Type of Unit: The billing unit of the service type
- Client LTSS ID: Client LTSS identifier
- Client MA#: Client Medicaid Number
- Source: Mode of entry of the billing entry – Single entry or Multiple entry
- Created By: The staff saved the billing entry
- Comments: This option lets users to add comments to billing entries when the 'Follow-up' flag is tagged for further review

Discard Billing Entries:

If any of the saved billing entries are found to be invalid or with errors, users can select one or more billing entries and click on the 'Discard' button  to delete the entries. Billing entries for days when the client was not rendered services, billing entries with incorrect information are some examples that could be discarded.

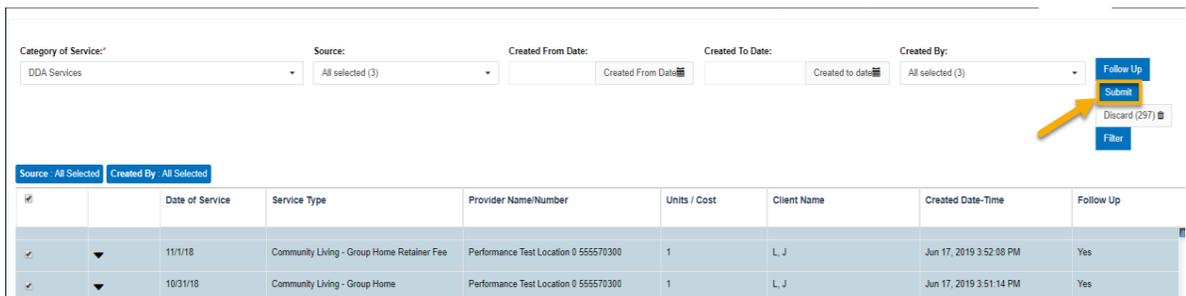


The screenshot shows a web interface for managing billing entries. At the top, there are several filter dropdowns: 'Category of Service:' (DDA Services), 'Source:' (All selected (3)), 'Created From Date:', 'Created To Date:', and 'Created By:' (All selected (3)). To the right of these filters are buttons for 'Follow Up', 'Submit', 'Discard (2)', and 'Filter'. A yellow arrow points to the 'Discard (2)' button. Below the filters, there are two buttons: 'Source: All Selected' and 'Created By: All Selected'. The main part of the interface is a table with the following columns: a checkbox, a dropdown arrow, 'Date of Service', 'Service Type', 'Provider Name/Number', 'Units / Cost', 'Client Name', 'Created Date-Time', and 'Follow Up'. Two rows in the table have their checkboxes checked, indicating they are selected for discarding. The first selected row has a date of 3/13/19 and the second has a date of 7/8/19. Both rows are for 'Assistive Technology and Services' at 'Performance Test Location 0 555570300' with a cost of \$1.00.

<input type="checkbox"/>		Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
<input checked="" type="checkbox"/>	▼	3/13/19	Assistive Technology and Services	Performance Test Location 0 555570300	\$1.00	Stroman, Bobby	Nov 3, 2019 5:50:10 PM	
<input checked="" type="checkbox"/>	▼	7/8/19	Assistive Technology and Services	Performance Test Location 0 555570300	\$1.00	Wolff, Lillie	Nov 3, 2019 1:44:47 PM	

Submit Billing Entries:

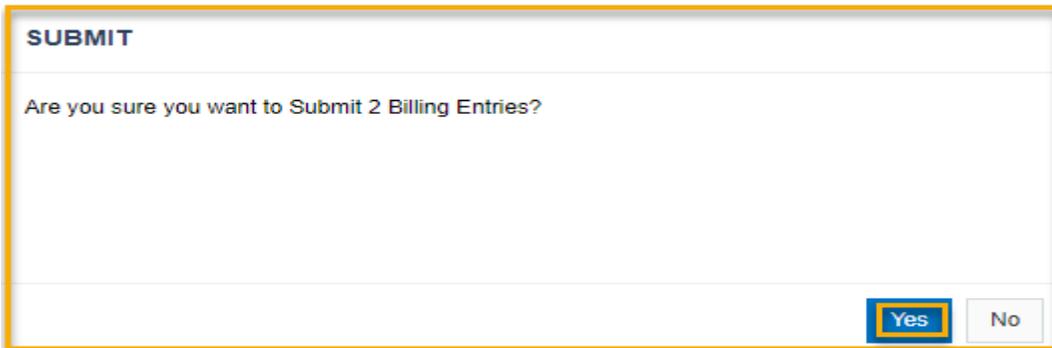
Staff can submit billing entries from the 'In Progress' tab directly by selecting one or more entries and clicking on the 'Submit' button.



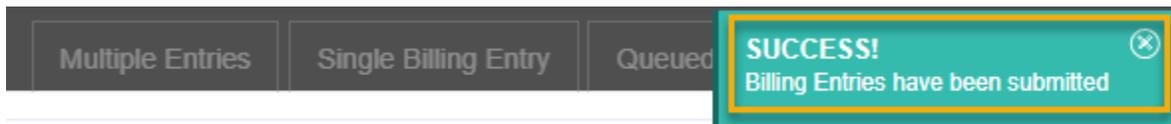
The screenshot shows the same web interface as above, but with three entries selected in the table. The 'Discard (297)' button is visible, indicating that many entries are currently discarded. A yellow arrow points to the 'Submit' button. The table has the following columns: a checkbox, a dropdown arrow, 'Date of Service', 'Service Type', 'Provider Name/Number', 'Units / Cost', 'Client Name', 'Created Date-Time', and 'Follow Up'. Three rows are selected (checkboxes checked). The first selected row has a date of 11/1/18 and the other two have dates of 10/31/18. The service types are 'Community Living - Group Home Retailer Fee' and 'Community Living - Group Home'.

<input checked="" type="checkbox"/>		Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
<input checked="" type="checkbox"/>	▼	11/1/18	Community Living - Group Home Retailer Fee	Performance Test Location 0 555570300	1	L, J	Jun 17, 2019 3:52:08 PM	Yes
<input checked="" type="checkbox"/>	▼	10/31/18	Community Living - Group Home	Performance Test Location 0 555570300	1	L, J	Jun 17, 2019 3:51:14 PM	Yes

Staff must confirm the submit action by clicking 'Yes' in the following pop-up.



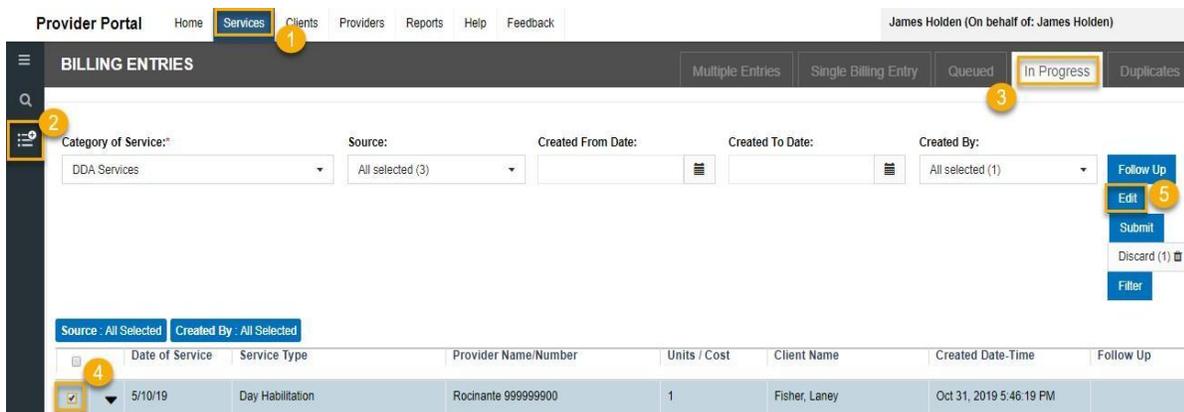
System displays a confirmation message upon successful submission.



Edit a Saved Billing Entry before Submitting

Administrative or Billing Staff can make changes to the saved billing entries from the In-Progress Tab by selecting one billing entry at a time and clicking on the 'Edit' button  to make changes.

Navigation: Home Page -> Services -> Left Nav Menu -> 'Billing Entries' icon  -> In Progress tab -> Select one or more Billing Entries -> Edit 



After selecting edit, the billing entry opens with the editable fields below:

1. Date of Service: change the date of service of the billing entry to correct the date
2. Provider/Site#: change the Provider# the billing entry is created for, if the service was rendered at a different site.
3. Units: change the Units/Cost of the billing entry. The field is restricted by the defined limits for the service on the billing entry and will throw an error if user enters a value that is greater than the defined limit.

The screenshot shows a form titled "EDIT BILLING ENTRY" with a close button (X) in the top right corner. The form contains the following fields:

- Service Type:** Community Living - Group Home
- Date of Service:** 05/02/2019 (highlighted with callout 1)
- Day of Week:** Thursday
- Source:** Multiple
- Client LTSS ID:** 2289568OD186101
- Client MA#:** 89028038231
- Client First Name:** John
- Client Last Name:** Smith
- Provider/Site#:** 555570300 - Performance Test Location 0 - Location1 Street (highlighted with callout 2)
- Provider Name:** Performance Test Location 0
- Units:** 1 (highlighted with callout 3)
- Created By:** 200Loc AdminProvider

At the bottom right, there are "Cancel" and "Submit" buttons.

Once the fields have been updated, user clicks on 'Submit' button to submit the billing entry for further processing. Submitted billing entries are moved from the 'In Progress' tab to the 'Queued Tab'.

Flagging a Saved Billing Entry for Follow-up

Providers with below roles review saved billing entries from the 'In-Progress' tab, can flag and add follow-up comments to billing entries that can be viewed by other staff including the staff who created the billing entries.

- Admin Provider
- Billing Provider

Users can select one or more billing entries and click on the 'Follow Up' button  to add comments to the billing entry.

Provider Portal Home **Services** Clients Providers Reports Help Feedback James Holden (On behalf of: James Holden)

BILLING ENTRIES Multiple Entries Single Billing Entry Queued **In Progress** Duplicates

Category of Service: DDA Services Source: All selected (3) Created From Date: Created To Date: Created By: All selected (1)

Follow Up Submit Discard (2) Filter

Source: All Selected Created By: All Selected

	Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
<input checked="" type="checkbox"/>	5/10/19	Day Habilitation	Rocinante 999999900	1	Fisher, Laney	Oct 31, 2019 5:46:19 PM	
<input checked="" type="checkbox"/>	5/9/19	Day Habilitation	Rocinante 999999900	1	Fisher, Laney	Oct 31, 2019 5:46:19 PM	

Comments are required to be entered and will be applied to all selected billing entries. User clicks on 'Submit' to save the comments.

ENTER FOLLOW UP COMMENTS ✕

Comments: *

Comments will be applied to all the selected entries.

Cancel Submit

The entered comments can be viewed on the billing entry where the 'Follow Up' flag is set to 'Yes' and the comments are listed under the 'Comments' field.

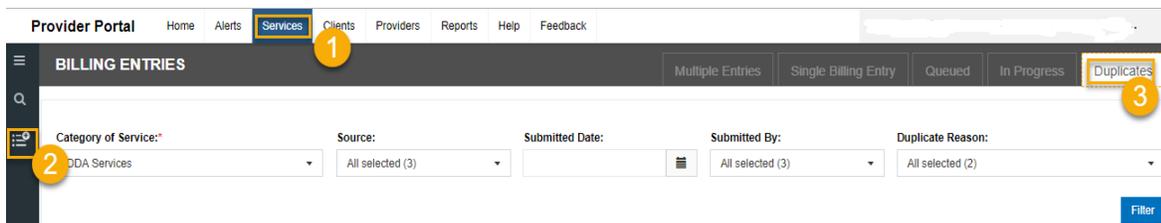
Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Created Date-Time	Follow Up
5/2/19	Community Living - Group Home	Performance Test Location 0 555570300	1	Smith, John	Oct 28, 2019 10:29:42 PM	Yes
Day Thursday	Type of Unit Day	Client LTSS ID 2289568OD186101	Client MA# 89028038231	Source Multiple	Created By 200Loc AdminProvider	Comments test comment

View Duplicate Billing Entries in the Duplicates Tab.

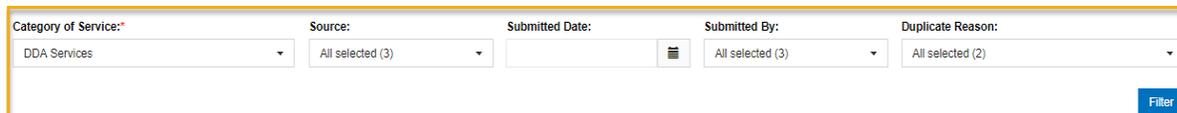
Providers submit billing entries each day and the billing process converts them to Services as the first step. If billing is entered for the same person, date of service, provider# and service type more than once, they are dropped as a “Duplicate” and are not converted into services. The claims for these services are summed up to the day before entry so they can be billed at one time in a batch process.

The dropped entries can be viewed from the ‘Duplicates’ Tab

Navigation: Home Page -> Services -> Left Nav Menu -> ‘Billing Entries’ icon  -> Duplicates



The following filters are available to view billing entries (See screenshot below listing all filter criteria):



- Category of Service: User can select the type of service – For Providers providing only DDA services, this input will be selected as ‘DDA Services’ by default
- Source: User can select the source type – Single Entry, Multiple Entry, Provider Upload. Single and Multiple Entry options are used to filter to entries created through the respective forms and Provider Upload option can be used to filter to entries submitted through the automatic upload process
- Submitted Date: Date field to filter duplicate billing entries for a specific date
- Submitted By: The dropdown lists all staff that have submitted billing entries displayed on this page
- Duplicate Reason: This dropdown field lists the two duplicate reasons stated above – ‘Replaced with Subsequent Entry’ and ‘Existing Service’. This allows user to filter the billing entries by each reason.

The two types of duplicate reasons are

1. Replaced with Subsequent Entry: These are duplicates entered on the same day. For instance, if the provider entered more than one billing entry for the same service rendered on the same

day, the latest entry will be retained for processing and the older entries will be marked as a duplicate

2. Existing Service: These are duplicate billing entries of previously billed services that were entered and processed by the system. This means that a 'Service' exists that matches the newly entered billing entry. In this case, the newly entered billing entry will be marked as a duplicate

Billing entry records display the following parameters (See screenshot below):

Date of Service	Service Type	Provider Name/Number	Units / Cost	Client Name	Submitted Date-Time	Duplicate Reason
▲ 10/7/19	Environmental Modification	Performance Test Location 0 555570300	\$1.00	Doe, John	Oct 22, 2019 4:51:17 PM	Existing Service
Day Monday	Type of Unit Upper Pay Limit	Client LTSS ID 2799994RT814120	Client MA# 55544433322	Source Multiple	Submitted By 200Loc AdminProvider	

The  icon lets the user expand the billing entry to view more fields on the record.

- Date of Service: Date the service was rendered
- Service Type: The type of service rendered
- Provider Name/Number: Provider Location name and number where the service was rendered
- Units/Cost: Number of units or cost associated with the service rendered
- Client Name: Name of the client for whom the service was rendered
- Submitted Date-Time: The date and time the billing entry was submitted for the service
- Duplicate Reason: One of the two duplicate reasons associated with the billing entry
- Day: The day of the week the service was rendered
- Type of Unit: The billing unit of the service type
- Client LTSS ID: Client LTSS identifier
- Client MA#: Client Medicaid Number
- Source: Mode of entry of the billing entry – Single entry, Multiple entry or Provider Upload
- Submitted By: The staff submitting the billing entry

Manage Entered Services and Claims for Non-EVV Services

In the LTSS*Maryland* Provider Portal, service refers to an individual service delivered to a person.

For non-EVV services, it's the Service rendered by the Provider to a person, billed as total units or cost for a time period:

- Services rendered on a date for Daily, Hourly and Quarter-Hourly
- Service provided on a one-time basis for Milestone
- Individual cost of items for Upper Pay Limit

All users in the Provider Agency having access to the LTSS*Maryland* Provider Portal with the below roles are able to search and view information on billed services for the Agency:

- Admin Provider

- Billing Provider
- Provider Program Director
- Provider Program Staff

Searching for Entered Services

Providers with below roles can view the entered services and claims information for the Provider Agency.

- Admin Provider
- Billing Provider
- Provider Program Director
- Provider Program Staff

Navigation: Home Page -> Services -> Left Nav Menu -> 'Search Services' icon -> Non-EVV

The screenshot shows the 'Provider Portal' interface. At the top, there is a navigation bar with 'Home', 'Services', 'Clients', 'Providers', 'Reports', and 'Help'. A search icon is highlighted with a yellow circle '1'. Below the navigation bar is a dark header with 'SERVICE & CLAIM SEARCH' and a search icon highlighted with a yellow circle '2'. A dropdown menu is set to 'Non-EVV' and highlighted with a yellow circle '3'. The search form contains fields for 'SERVICE', 'Service Date From', 'Service Date To', 'Submission Date From', and 'Submission Date To', each with a calendar icon.

Services can be looked up by entering either the Service, Provider, Person or Claim & Remittance information. Most searches require a Date of Service (DOS) range entered through the Service Date From and To fields, with a combination of other optional inputs as detailed below.

Search by Service Information

Users can search for services using any of the below parameters in combination with the Service Date From and Service Date To fields to get the services with information that matches the search criteria.

- The search is limited to 1-year range. The From and To date cannot be more than one year apart

SERVICE & CLAIM SEARCH

Non-EVV

SERVICE

Service Date From: 10/21/2019

Service Date To: 10/21/2019

Submission Date From:

Submission Date To:

Service Type: 54 selected

Service Status: 9 selected

Exception Type:

Reset Search

- A. Service Date From and Service Date to – Service date is the date the service is provided on. This parameter can be used to return services provided within a DOS range. The Service From and To Dates are defaulted to the date before the current date but can be modified to expand the range.
- B. Submission Date From and Submission Date to – Submission date is the date the billing entry was submitted by the provider. This parameter can be used to return services entered between the date ranges.
- C. Service Type – Service type is the type of service provided. This parameter allows user to filter down to look for specific service types. By default, all services types for which the Provider has entered services for billing in the Provider Portal are selected. Refer to Appendix A for a list of all DDA services

- D. Service Status – Service status is the status that the service in. Allows to filter down services in a specific workflow status in the system. Refer to [Appendix B](#) for the workflow status meanings and transitions.
- E. Exception Type –Exception type is the exception that is currently associated with the activity. All entered services are subject to validation to ensure they are within the defined and authorized services and limits according to the person’s PCP. If one or more validation checks fail, corresponding exceptions are assigned, and a claim is not created. This filter allows users to look for specific failures or exceptions so they can be resolved.

Search by Client Information

Providers with the below roles can search for services for clients that belong to their agency location, using any of the below parameters in combination with the Service Date From and Service Date To fields, to get the services with information that matches the search criteria.

- Admin Provider
- Billing Provider
- Provider Program Staff
- Provider Program Director

- . Client ID/MA# - Allows searching for services using Person’s LTSS Client ID/MA#
- . Client Last Name - Allows searching for services using Person’s Last Name
- . Client First Name - Allows searching for services using Person’s First Name

The image shows a screenshot of a search form titled "CLIENT". The form contains three input fields: "Client ID/MA#:", "Client Last Name:", and "Client First Name:". Each field is represented by a white rectangular box with a light gray border. The labels are in a dark blue font.

Search by Provider Information

Users can search for services using any of the below parameters in combination with the Service Date From and Service Date To fields to get the services with information that matches the search criteria.

- A. Provider#/Name – Allows searching for services with the Provider #/Name for the provider who provided the service
- B. Agency FEIN/Name – Allows searching for services with the provider’s agency FEIN or the name of the Provider Agency.

- C. Staff Name – Allows searching for services with the DSP’s name, where a DSP name has been entered along with the service. This input is available now for Environment Assessments completed for persons in CO programs and is not applicable to DDA Non-EVV services, at this time
- D. Staff SSN/ID -- Allows searching for services with the DSP’s LTSSMaryland Staff Profile Identifier or SSN, where a DSP name has been entered along with the service. This input is available now for Environment Assessments completed for persons in CO programs and is not applicable to DDA Non-EVV services, at this time

The image shows a search form titled "PROVIDER" with a search bar. Below the search bar are four input fields arranged in a 2x2 grid:

- Top-left: Provider # / Name: [input field]
- Top-right: Agency FEIN / Name: [input field]
- Bottom-left: Staff Name: [input field]
- Bottom-right: Staff SSN/ID: [input field]

Search by Claim and Remittance Information

The Advanced Search feature under ‘Services and Claims’ Search allows providers to search for entered services based on claim and remittance information, such as Claim ICN and RA Number from MMIS, and Claim Status, Number and Type in Provider Portal.

SERVICE & CLAIM SEARCH

Non-EVV

ADVANCED SEARCH OPTIONS

CLAIM

Claim Status: All selected (4)

Claim Type: All selected (4)

RA NO: []

ICN: []

Claim #: []

- A. Claim Status – This parameter is used to get services based on their status. Claims can have one of the following statuses. Multiple statuses can be selected.
- Submitted to MMIS – services have passed the overnight checks and a claim has been submitted to MMIS
 - Paid – The claim submitted to MMIS has been paid
 - Rejected – When MMIS returns remittance with no payment for the submitted claim, the claim status will be Rejected
 - None (No Status) – There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation
- B. Claim Type - This parameter is used to get services based on the type of claim created for it. Claims can have one of the below types. Multiple claims can be selected
- Original – The Original or Initial claim submitted for the service, after the service is first entered and successfully clears the service validation

- Adjustment- Claims created for modifications made to services after an original claim has been submitted to MMIS and either Paid or Rejected
 - Void- Claims that are reduced to 0 units
 - No claim- There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation
- C. RA No. (RA Number) – Allows search by the Remittance Advice Number received with a payment made by Medicaid to the Provider. Remittance Advice Number identifies all services paid with the associated check or payment (EFT).

Note: Service Date From and To fields that are required for other searches become optional when RA Number search is used (A) and the Submission Date parameters (B) are disabled for selection.

- D. ICN – Allows search by the Internal Control Number (ICN) received from MMIS. ICN is a 13-digit number assigned to each claim in Medicaid. As ICN identifies a single claim, entering an input parameter in the ICN field disables the other search fields within the search panel. Note: There is no ICN for state payment services
- E. Claim# – Allows search by the Claim Number assigned in Provider Portal for services billed to MMIS. The Claim# field is available when viewing services with a claim and can be used for internal communication within the Provider Agency or in communication with DDA

Search Results

After entering the search parameters described in the above section, the Search action in the search panel should be selected to view the Search results

SERVICE & CLAIM SEARCH

Non-EVV

SERVICE

Service Date From: Service Date To:

Submission Date From: Submission Date To:

Service Type:

Service Status:

Exception Type:

The Service search results will be defaulted to a listing of services grouped by the Client Name, in ascending alphabetical order. Selecting a Client Information card returns all services for the Client within the search parameters entered.

Provider Portal Home Services Clients Providers Reports Help Feedback Day_Admin User (On behalf of: Day_Admin User)

SERVICE & CLAIM SEARCH

CURRENT SEARCH FILTERS:
 Service Date From : 05/10/2019 Service Date To : 10/30/2019 Services : All Selected
 Service Status : Recorded, Provider in Progress, MDH in Progress, Pending Provider, Pending MDH, Ready, Closed, Not Authorized, Pending Claim Status : None, Submitted to MMIS, Paid, Rejected

CLIENT Filter by Last Name: All Total Count of Services : 22 Total Count of Services for Group by Client : 22 Group by Client Sort By: Date of Service

Client Name: **Doe, John**

ID # 1129831UJ105110
 MA # 66508441465

Services with Exceptions: 2
 Services: 22 Claims: 17

Service Date: 08/01/2019	Claim Status: Paid	Claim Type: Original	Total Billed: \$200.00	Total Paid: \$200.00	RA NO.: ZGS7Z6
Service Type: Employment Services - Discovery Milestone 1	Submission Date: 08/09/2019	Proc Code: W5654	Program: CP	Claim #: d9af9e42605442fba7f5368f80253876	Claim ICN: UPVGJFPPD21ZFQKOS I4P
Service Status: Closed	Provider #: 345678902	Provider FEIN: --	Provider Address: 333 First Street Test MD 21000	Provider Name: Employment Services Provider	Staff Name: Day_Billing User
Units: 1	Exceptions: 0				

< 1 > 1 of 1

Users may Filter, Group, or Sort search results.

Filter Search Results by Last Name

- Filter By Last Name according to first letter of the Client's last name

CLIENT Filter by Last Name: All

Client Name: **Doe, John**

ID # 3659437OL761111
 MA # 10236511023

Services with Exceptions: 0
 Services: 1 Claims: 1

Client Name: **Doe, Jane**

ID # 2509173LA1650000
 MA # 23022543087

Services with Exceptions: 1
 Services: 3 Claims: 2

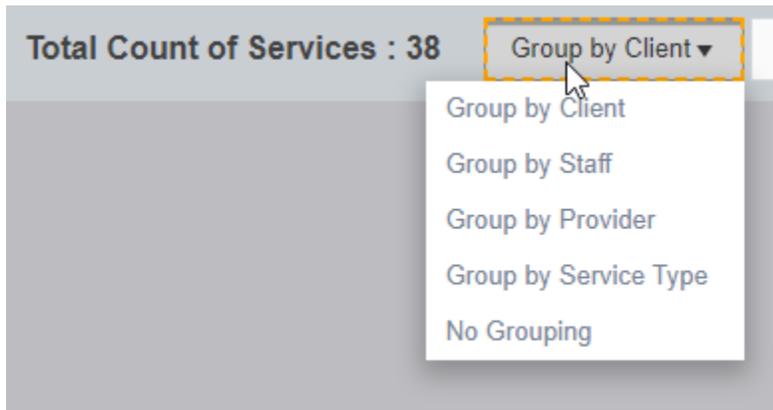
Filter by Last Name

- All
- A - F
- G - L
- M - Q
- R - Z

Change Search Results Grouping

The default Client grouping of Service Search results can be modified to view the results in one of the following available grouped views

- Group by Provider to view results based on Provider#
- Group by Service Type to view results based on type of Service
- Group by Client return to Client grouping from one of the other views
- No Grouping to view results in descending order based on Service Date



Sort Search Results

Search results can be sorted by the following parameters



- Date of Service to view results in descending order based on Service Date.
- Client's Last Name to view results in ascending alphabetical order based on last name of client.
- Service Type to view results in ascending alphabetical order based on Type of Service.
- Claim Status to view results in ascending order based on status of the service's claim.

Viewing Details of a Non-EVV Service

Upon Searching for services, and clicking on the tile for the Client, all the services for the client which match the search criteria, shows up on the screen. These are the primary service details, selecting the detail action on a displayed service opens a pop-up window with more information on the service. The service date details page has the following sections (A) Service Date Header (B) Claim Details and (C) Service Details

The screenshot displays a service details page with the following sections:

- (A) Service Date Header:** Contains fields for Service Date (02/25/2019), Service Type (Career Exploration Services - Facility Based), Program Type, Procedure Code, Client Name (B, G), ID # (169990TAGMY6110), MA #, Primary Phone #, Provider # (555570400), and Provider FEIN. A link for 'Authorized Services Report' is also present.
- (B) Claim Details:** Shows Claim Type (N/A), Claim Status (N/A), Procedure Code (N/A), and a table for billing information:

Net:	Billed:--	Paid:--	Units:--
Total:	Billed:--	Paid:--	Units:--

 It also includes Claim Creation Date, Claim ICN, RA NO, and RA Date.
- (C) Service Details:** Features tabs for Activity, Comments, and Workflow History. It shows Status (Pending), EXCEPTIONS (2), and a message: 'Client not enrolled in a DDA program' and 'No approved service plan found'. There are 'Discard' and 'Edit' buttons at the bottom right.

Exceptions – Will display all the exceptions associated with the service The Service Details popup is organized into 3 sections.

A. Service Header – This section includes the Date of Service, Service Type, Recent Claim Information, Client Information and Provider Information and Claim information along with the Client’s information and Provider Information. Information includes -

1. Client Name - Displays the full name of the person receiving service
2. Program Type – The DDA program that the person was enrolled in on the date of service [Refer [Appendix G](#) for details on what constitutes an enrolled program]
3. LTSS ID – Unique client ID in LTSS for the person
4. MA# - Medicaid Number of the person, if one is available
5. Service Date -The date on which Service has been provided
6. Service Type - The type of service rendered Units/Cost of Service –
7. Total Paid: The Total Paid amount for the service rendered
8. Provider # - The DDA Medicaid number of the provider
9. Provider Name – The name associated with the provider number for the service
10. Provider Address – The address of the provider that provided the service
11. Provider FEIN – The FEIN of the agency

B. Claim Details – If the Service has a claim created, the Claim Details tile displays information on the claim such as Billed and Paid Amounts and Units, ICN, Remittance Number, and Remittance Date. These fields will be populated only for claims paid by Medicaid and will not be populated for DDA State Funded services Information includes –

1. Claim Type – denotes whether the claim is original, adjustment or void claim; N/A when claim does not exist or if the service is state funded
2. Claim Status – denotes if the claim is submitted to MMIS awaiting payment, or if it is Paid or Rejected; N/A when claim does not exist or if the service is state funded
3. Total Billed – Total claim amount billed to MMIS for the rendered service; Blank when claim does not exist or if the service is state funded
4. Total Paid – Total payment received for the rendered service; Blank when there is no associated payment from Medicaid, or if the service is state funded
5. Total Units – Total Units for the service
6. Net Billed – Difference between the amount previously billed to Medicaid and the adjusted amount after a claim update; i.e., additional amount requested in an adjustment or amount to be deducted in a negative adjustment; Blank when claim does not exist
7. Net Paid - Difference between the amount previously paid by Medicaid and the adjusted amount paid after a claim update; Blank when claim does not exist
8. Net Units – Difference in units between the previously paid claim and the updated claim
9. Claim Creation Date – The date claim was created and submitted to MMIS
10. ICN – Internal Control Number of each claim in MMIS
11. RA NO- Remittance (Check) Number of the payment received from Medicaid
12. RA Date – Date the payment was received from Medicaid

C. Service Details -- The Service Details comprises of three tabs - Service, Comments and Workflow History tab

- Activity tab shows the units/cost of service and the current service status, along with any exceptions identified on the service. A service is created for each entered service, which is subsequently converted into a claim
- Comments Tab displays the comments entered by the users accessing the service (Refer to Screenshot4)
- Workflow History tab shows the workflow transitions on the service from creation to current status

Activity Exceptions **Comments** Workflow History

DDA HQ ddaadmin1 DDAHQ - 07/18/2019

nh

DDA HQ ddaadmin1 DDAHQ - 07/18/2019

<Bypass Exception: Client Has Exceeded Maximum Allowable Meaningful Day Services for Week>: Provider Name will be paid for these services via that state only process since services were provided to the individual and Provider Name couldn't have reasonably known that the individual exceeded the weekly limit. Exception has been bypassed.

Activity Comments **Workflow History**

Date Time	Activity Status	Units	Last Updated By	Modification Source	Comments/Reason
08/04/2019 at 9:52PM	Pending	1	System Administrator	Overnight Process	
08/01/2019 at 3:24PM	Recorded	1	Venkateswaran, Vijay 	Overnight Process	

Editing a Service

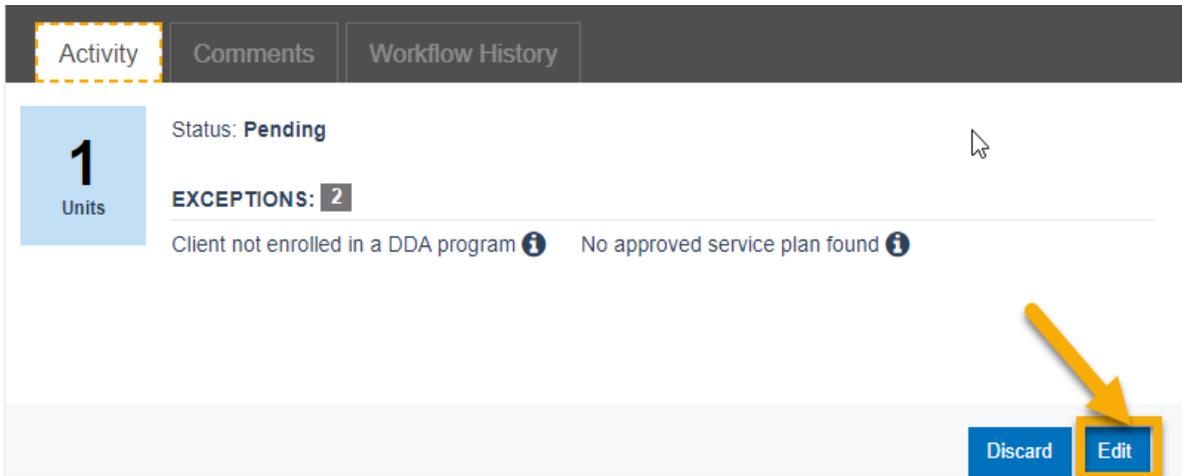
This section describes how services can be modified after they are entered. A billing entry that is created for the services rendered by Providers is first converted to a Service in the overnight billing process, before performing service validation and creation of claims to submit to MMIS. When a service is

created, it is in a 'Recorded' status and when the service fails validation checks, it is put in a 'Pending' status (Refer to [Appendix B](#) for service status workflows). A service in a 'Recorded' or 'Pending' status can be modified through the "Edit" action in the Service Details page. Providers with the below listed roles can edit a service:

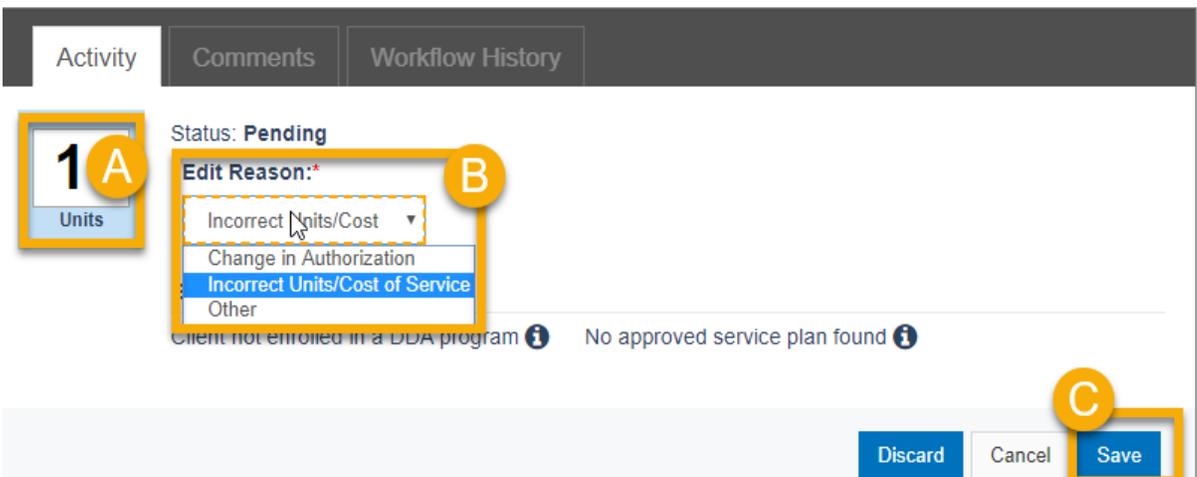
- Admin Provider
- Billing Provider

Navigation: Home Page -> Services -> Left Nav Menu -> 'Search Services' icon  -> Non-EVV  Click on Client Name tile  Click on Details  Edit

1. Select Edit in the Service Date Details page



2. Modify the Units or Cost
3. Enter a valid Edit reason by selecting from the dropdown options
4. Click Save



Discarding a Service

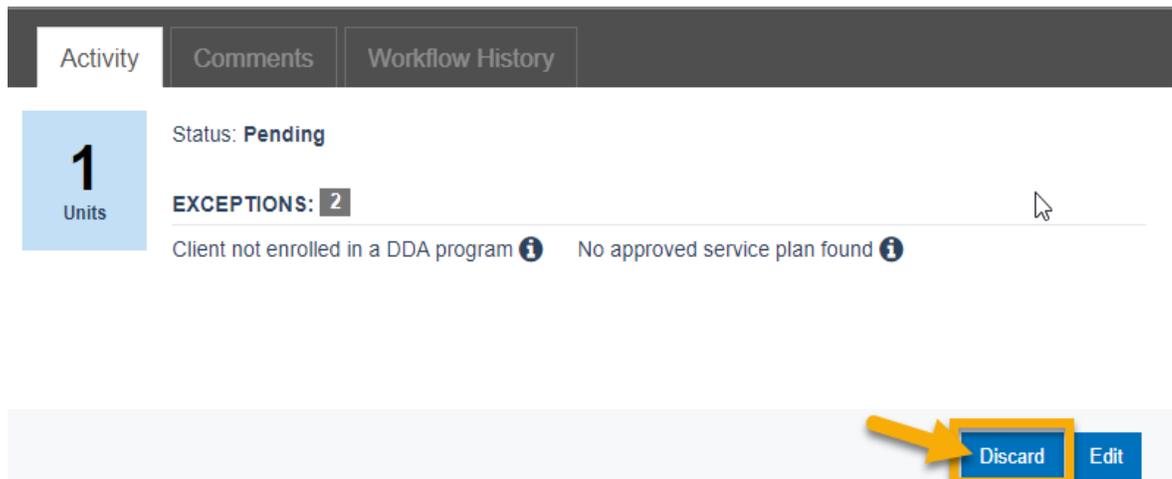
Providers with the below listed roles can view discarded services or discard a service which is in “Recorded” status or “Pending” status (Refer [Appendix B](#) for service statuses). Selecting “Discard” button allows providers to discard a service, with the reason or comment entered.

- Admin Provider
- Billing Provider

Navigation: Home Page - > Services - > Left Nav Menu - > ‘Search Services’ icon  - > Non-EVV 

Click on Client Name tile  Click on Details  Discard

1. Select “Discard” from Service Date Details page



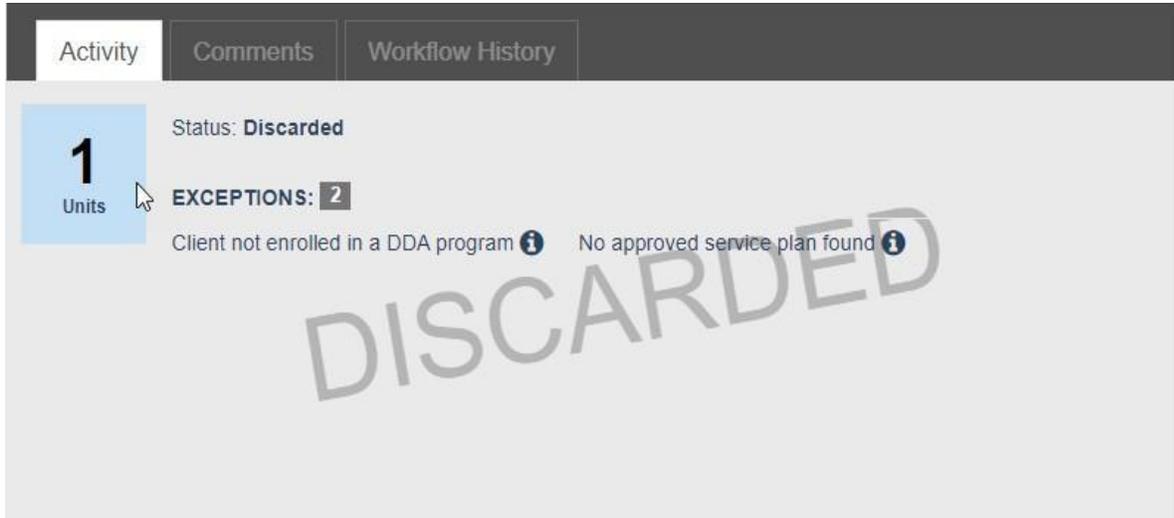
The screenshot shows the 'Activity' tab selected in a dark header bar. Below the header, there is a blue box with the number '1' and the word 'Units'. To the right, the status is 'Pending'. Below that, it says 'EXCEPTIONS: 2'. Further down, there are two informational messages: 'Client not enrolled in a DDA program' and 'No approved service plan found'. At the bottom right, there are two buttons: 'Discard' and 'Edit'. A yellow arrow points to the 'Discard' button.

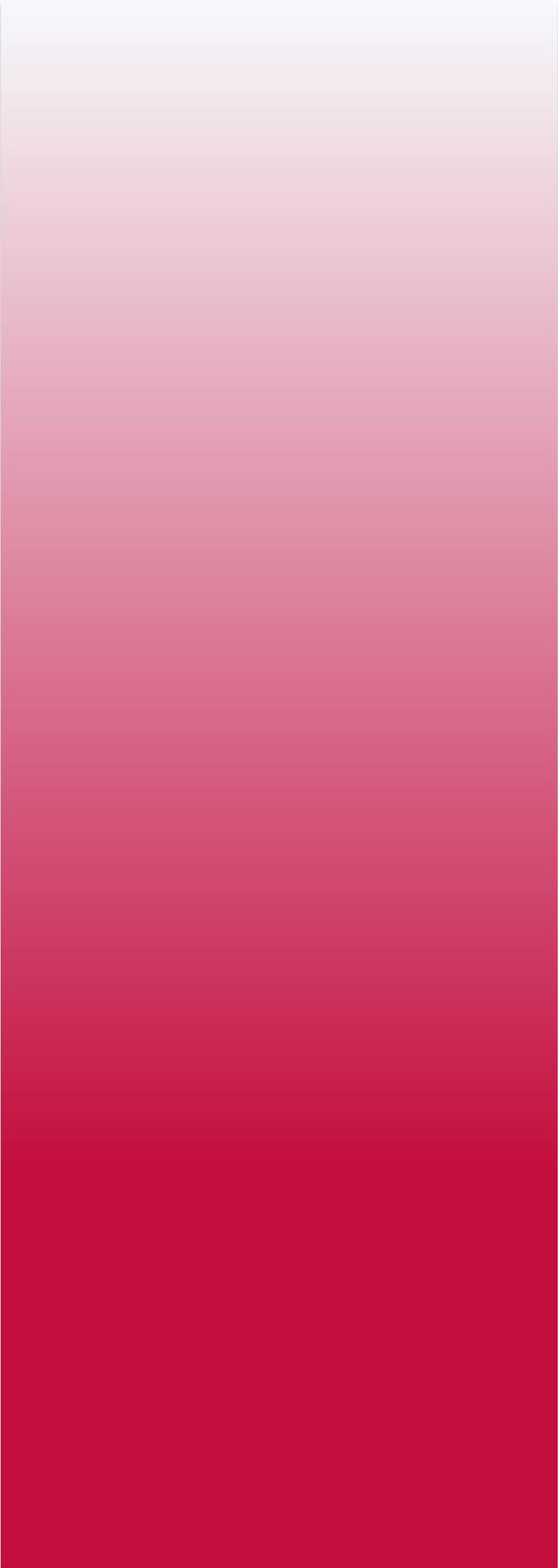
2. A confirmation pop-up window is presented to confirm the discard. Enter a reason from the available options and select discard or click cancel to cancel the action



The screenshot shows a confirmation pop-up window titled 'DISCARD ACTIVITY *'. The window asks 'Are you sure you wish to discard this Activity?'. There is a dropdown menu labeled 'Reason for Discard: *' with a list of options: 'Billed for the wrong site', 'Change in authorization', 'Duplicate payment', 'Incorrect cost of service', 'Incorrect date of service', 'Incorrect service type', 'Recipient did not receive service', and 'Other'. At the bottom right of the pop-up, there are two buttons: 'Discard' and 'Cancel'. The background shows the same 'Service Date Details' page as in the previous screenshot, but it is dimmed.

3. Once discarded, no further changes are allowed on the service and it becomes grayed out with a "Discarded" watermark applied across the details





Section 5: Provider Portal Exceptions

This section covers everything you need to know to resolve services that are pending with an exception. After reviewing this section, you will know what each exception means, how to resolve services that are pending with a provider exception and who to contact to resolve services that your agency cannot resolve.

An exception is a failure of validation that prevents a claim from generating. Services with exceptions will remain in a pending status in the LTSS*Maryland* Provider Portal until the issue is resolved. Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment. This section will review the different exception types and what role your agency should play in the resolution process.

There are four categories of exceptions in the Provider Portal:

- Provider-Based Exceptions
- Authorization-Based Exceptions
- Eligibility-Based Exceptions
- Billing Exceptions

Exceptions Policy

Service exceptions must be resolved before a claim can be submitted for payment. **Exceptions must be resolved and processed within one year from the date of service.** Otherwise, the billing entries cannot be paid by the LTSS*Maryland* system.

When there are too many exceptions in Provider Portal, some billing activities will not be able to be processed in the overnight job and can be stuck in exceptions for a longer period than necessary or otherwise miss the billing cycle.

1. In order to reduce system processing load, **pending** services may be disapproved by MDH.
 - . Services pending exceptions longer than 90 days and are **not actively being resolved** will be disapproved by MDH.
2. Disapproved activities will be removed from the count in the Actions Required section of the Provider Portal Homepage.
3. Disapproved activities can be found using the “Service & Claim Search” and the Services Rendered Reports for activities that were “Not Authorized.”
4. If after disapproval the issue is resolved (i.e., eligibility and/or PCP updated), the billing activity may be re-entered and submitted by your agency for payment.
 - . Activities can be submitted up to one year from the original date of service through Provider Portal.
 - . Providers should contact MDH if they have any questions about these **disapproved** services.

Provider-Based Exceptions

Category of Service (COS) Code Issues

Provider # does not have the approved and active Category of Service (COS)

1. Each service is associated with a COS. A COS code is assigned to a provider's Medicaid number when they first apply to provide services
2. A COS code is required to be assigned to a provider number in order for billing to be processed
3. This exception occurs if the provider providing the service does not have an active COS span matching the COS of the service being billed for that date.
 - . Example: A COS span of 2/1/2022-12/31/9999 will not be billable if the date of service was 1/1/2022 as this occurred outside of the span's effective date range
2. Providers should verify that the provider number used to bill the service is correct and is active.

Provider is not approved to provide services to a minor

1. Providers authorized to provide services to children must meet additional qualification requirements.
2. These Providers are set up in LTSSMaryland with a 2T COS.
3. This exception occurs if the Service Activity is for a person less than or equal to 18 years old on the Date of Service (DOS), and the Provider who provided the services does not have the 2T category of service.
4. Providers should verify that the provider number used to bill the service is correct and has the 2T COS. See "How To Check" below.

How to Check

Providers can view their COS codes by doing the following:

1. Go to the Providers Tab in Provider Portal
2. Search for the specific provider location
3. All the COS codes associated with this location will be displayed

Note: If there are multiple COS codes, please click the (+) symbol to expand the list

1. Clicking the blue Details button will bring you to the Provider Details page (below), which will provide the COS codes and the date span they are active for.

Note: The start date must be on or prior to the start of services and the end date should be later than the service date (generally you will see 12/31/9999 as the end date).

COS	COS Description	Spans Start Date	Spans End Date
2E	Licensed DDA Vocational Services	07/01/2019	12/31/9999
2H	DDA Approved Community Development Services	07/01/2019	12/31/9999
2I	DDA Approved Employment Service	07/01/2019	12/31/9999
2J	DDA Approved Family Supports Provider	07/01/2019	12/31/9999

Resolution Pathways

- **Provider number Listed on PCP does not have the proper COS code:**
 1. Contact your RO Provider Services liaison to investigate.
 2. If they determine your agency should be providing the service and are eligible for the code, they will work to add the COS code to your agency's account.

B. Provider number used to bill is correct, PCP has the wrong provider number:

1. please contact the person's CCS to determine if a PCP revision is needed to update the provider number.
2. If the CCS determines that a revised PCP is needed to update the provider number, the CCS will follow guidance in the Person-Centered Plan Development and Authorization guidance specific to PCP revisions. CCS can also reference the LTSS manual related to updating the provider number in the PCP.
3. Please contact the DDA Regional Office if a revised PCP cannot be created.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Provider Number Issues

A provider's Medicaid number may be suspended or terminated due to:

1. Noncompliance with the state regulations (COMAR 10.09.36 General Medical Assistance Provider Participation Criteria) or the Medicaid Provider Agreement.
2. Evidence of fraud, waste, abuse; or
3. Non-compliance with the federal community setting rule.

In the event the provider's number is terminated for cause, Maryland Medicaid sends a formal letter to the provider.

Provider # has been suspended

1. If the Provider providing the service has an Enrollment Status that is Suspended in *LTSSMaryland* (Enrollment Status code: 51 to 60) as of the Date of service, then this exception is assigned.
2. Providers should verify that the provider number used to bill the service is correct and is active.

Provider # has been terminated

1. If the Provider providing the service has an Enrollment Status = Terminated (Enrollment Status: 66 – 73) as of the Date of service, then this exception is assigned.
2. Providers should verify that the provider number used to bill the service is correct and is active.

How to Check

Providers can view their provider number by doing to following:

1. Search for the service in Provider Portal
2. Go to the Service Details Tab
3. Look at the Provider # field towards the top right corner of the screen

- If the provider number is incorrect, please discard the service and rebill under the correct number
- If the provider number is correct, continue to the next step

Provider Portal Home Alerts Services Clients Providers Reports Help Feedback

05/26/2020 SERVICE DATE DETAILS

DETAILS	Service Date: 05/26/2020	CLAIM SUMMARY	Procedure Code: --	CLIENT INFORMATION	PROVIDER INFORMATION
	Service Type: Personal Supports (DDA)	Program Type: DDA State Funded Claim #: -- Authorized Services Report	Total Paid: --	Client Name: Training-Abbott, Libbie ID #: 30095901687122 Client Service Plan	Provider #: 730013100 Provider FEIN: 520575305

1. Go to the Providers Tab to search for the provider number information.
2. Providers can then check the enrollment status of that provider number by searching for the location, clicking the blue details button and finding the enrollment status on the right of the screen.
 - Type 36 means that the location is active.
 - If you have the “Provider # has been suspended” exception, the number will instead be between 51 to 60
 - If you have the “Provider # has been terminated” exception, the number will instead be between 66 to 73

Provider Portal Home Alerts Services Clients Providers Reports Help OTP Feedback

PROVIDER DETAILS

PROVIDER PROFILE

AGENCY INFORMATION

Agency Name: _____ Status: Active

LOCATION INFORMATION

Location Name: _____ Program Type: _____ Provider Type Code: 90

Provider FEIN: 526055211 Provider Number: 887276300 List of Speciality Codes: _____

Enrollment Status: 36 - Active - Pay (Federal and State)

COS	COS Description	Spans Start Date	Spans End Date
2E	Licensed DDA Vocational Services	07/01/2019	12/31/9999
2H	DDA Approved Community Development Services	07/01/2019	12/31/9999
2I	DDA Approved Employment Service	07/01/2019	12/31/9999
2J	DDA Approved Family Supports Provider	07/01/2019	12/31/9999

Resolution Pathways

- . **The provider number used to bill the service matches the authorization on the PCP:**
 1. Contact your RO Provider Services liaison to investigate the suspension or termination, and
 2. If possible, take steps to reactivate the provider number.
- B. Wrong Provider Number Billed:**
 1. Please discard the service, and

2. Rebill under the correct number.
- C. Provider number used to bill is correct, PCP has the wrong provider number:**
 1. Please contact the person's CCS to determine if a PCP revision is needed to
 1. update the provider number.
 2. If the CCS determines that a revised PCP is needed to update the provider number, the CCS will follow guidance in the Person-Centered Plan Development and Authorization guidance specific to PCP revisions. CCS can also reference the LTSS manual related to updating the provider number in the PCP
 3. Please contact the DDA Regional Office if a revised PCP cannot be created.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Authorization-Based Exceptions

Not Authorized Exceptions

Provider not authorized for the service

1. If the Provider's staff selected the wrong service type when clocking in and out or submitting the billing entry, then this exception is assigned.
2. If the wrong Provider number was used in the PCP, then this exception is assigned.
3. If the wrong service type was listed on the PCP and your staff did bill under the system-expected service type, then this exception is assigned.
4. If the PCP that lists this service/site is not yet approved and active, then this exception is assigned.
5. If your agency is not listed to provide the service, then this exception is assigned.

Site Not Authorized

1. If the Provider’s staff selected the wrong service type when clocking in and out or submitting the billing entry, then this exception is assigned.
2. If the wrong Provider number was used in the PCP, then this exception is assigned.
3. If the wrong service type was listed on the PCP and your staff did not bill under the system-expected service type, then this exception is assigned.
4. If the PCP that lists this service/site is not yet approved and active, then this exception is assigned.
5. If your agency is not listed to provide the service, then this exception is assigned.

How to Check

1. Go to the service tile that has the billing exception and note the Service Type and Provider Number used to bill.

Service Date: 05/28/2022	CLAIM SUMMARY Program Type: -- Claim #: -- Authorized Services Report	Procedure Code: -- Total Paid: --	CLIENT INFORMATION Client Name: Jane Test ID #: 123456789 Case Management Activities	Primary Phone #: MA #: 123456789 Client Service Plan	PROVIDER INFORMATION Provider #: 987654 Provider FEIN: 1234 Provider Name: Provider Provider Type: DDA Community Provider
------------------------------------	---	--------------------------------------	--	---	--

0. Next, run an Authorized Services Report to verify the service type and provider number listed on the PCP.

Provider Portal			
REPORTS			
Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
DDA - Provider Portal	Authorized Clients Report	Real Time	View
DDA - Provider Portal	DDA Authorized Services Report	Nightly	View
DDA - Provider Portal	DDA Services Rendered Report	Real Time	View
DDA - Provider Portal	DDA State Payment Report	Real Time	View View DDA S
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

fill out the required information for the Authorized Services Report

- Select “Monthly” for services that have a monthly authorization or “Annual” for annual allotments,
- Select the plan year and desired month(s)

4. Select the location, participant, and other information as desired

Service Date: **05/31/2022**

Service Type: **Personal Supports (DDA)**

CLAIM SUMMARY

Program Type: **CP**

Claim #: --

[Authorized Services Report](#)

Note: You can also access a version of the report for a specific participant by clicking on the hyperlink contained on the participant's service tile that has the exception directly

5. View the output and verify the provider number, authorization period, authorized service type, and the units dedicated to the service.

1. Verify provider #		2. Verify Time Period		3. Verify Service Type		4. Verify # of Units	
Provider Location	Service Plan	Service Plan	Service Plan	Unit	Authorized		
Number	Program	Period	Service	Type	Units		
12345	CP	05/01/2022 - 05/31/2022	Personal Supports	15 minute increment	528		

6. View the Plan Details

- Please select the participant’s name (blue hyperlink) on the left side of the report. It will redirect you to the PCP the system is using to verify services for this time period.

Client ID	Client Name	Client MA #	Agency Name	Provider Location Name	Provider Location Number	Service Plan Program	Service Plan Period	Service Plan Service	Unit Type	Authorized Units
1234567890	John Testclient	1234567890	Agency	Agency	12345	CP	05/01/2022 - 05/31/2022	Personal Supports	15 minute increment	528

- Check the effective date (plan start date),
- Check the plan creation date (the date the CCS first created the plan),
- Check the Annual PCP date (the billing end date for the plan),
- Check the relevant signature documents attached to the PCP

▼ PLAN DETAILS

Program Type: CP	Meeting Date: 11/18/2021	Annual PCP Date: 01/12/2023	Create Date: 10/18/2021
Effective Date: 01/12/2022	End Date: --	Plan Type: Annual PCP	Is Urgent?: No

PERSON CENTERED PLAN - DETAILS

- › CLIENT INFORMATION
- › PLAN DETAILS
- › PLAN CONTACTS
- › SUMMARY
- › OUTCOMES
- › DETAILED OUTCOMES
- › SERVICE AUTHORIZATION
- › SIGNATURES

This information will help to provide additional context to the plan to determine if this is the PCP you were expecting to be billing against.

Resolution Pathways

. **Wrong Service Type Billed**

1. If the wrong type of service was billed, discard the service and re-enter it under the correct service type.
2. For EVV Services (Personal Supports), please select **“Correcting staff clock in and out”** as the category and enter a comment stating the wrong service type was entered.

B. Wrong Provider Number Billed

1. If the wrong provider number was used, discard the service, and
2. Re-enter it under the correct service type.

C. Wrong Provider Number on PCP

1. Please contact the person’s CCS to determine if a PCP revision is needed to update the provider number.
2. If the CCS determines that a revised PCP is needed to update the provider number, the CCS will follow guidance in the Person-Centered Plan Development and Authorization guidance specific to PCP revisions. CCS can also reference the LTSS manual related to updating the provider number in the PCP.
3. Please contact the DDA Regional Office if a revised PCP cannot be created

D. Unexpected PCP Being Checked

1. If the PCP being used to check the authorization is not the plan you expected, the PCP is likely not yet approved and active.
2. Please reach out to the CCS for expected approval timelines or any other clarifications.
3. Once the expected PCP is approved, services will drop their exceptions and proceed through the normal billing process.

E. Authorization found but does not extend throughout the plan year

1. There are times when the PCP authorizes services for a limited duration based on the assessed needs (i.e. 6 months) even though the plan is approved for the whole plan year.
2. You must make sure you are matching the cost detail or authorization when billing.
3. If there has been a change in the assessed need, please reach out to the CCS to discuss a revised PCP.
4. The CCS will discuss identified needs with the person and their team, and as necessary may update the PCP to reflect that change in need. The CCS will follow guidance in the Person-Centered Plan Development and Authorization guidance specific to PCP revisions. CCS can also reference the LTSS manual related to PCP revisions.

F. Authorization Not Found

1. If you are unable to find any evidence of your agency’s authorization, please contact the CCS if you know your agency was scheduled to provide services.
2. The CCS will review and provide you with additional information regarding the services that were accepted by the agency during the creation of the PCP.

3. If the agency's services need to be added to the PCP, the CCS will discuss with the person and their team a PCP revision to add the service and agency moving forward. The CCS will follow guidance in the Person-Centered Plan Development and Authorization guidance specific to PCP revisions. CCS can also reference the LTSS manual related to PCP revisions.

G. Authorization verified but exception still exists

1. If the PCP was approved after the services were billed, you may need to re-run the services if the services are older than 30 days.
 - . This can be accomplished by selecting Edit (don't make unit changes), then Save and Submit.
 - . This will force the system to revalidate the service activity.
2. If this step does not work, reach out to the CCS.
 - . They will verify if there was a service-specific end date assigned to the service.
 - . If so, and it is determined that the service should still be provided, a revised PCP may need to be created. The CCS will follow guidance in the Person-Centered Plan Development and Authorization guidance specific to PCP revisions. CCS can also reference the LTSS manual related to PCP revisions.
 - . Please contact the DDA Regional Office if a revised PCP cannot be created.

0. You may also reach out to the PBSO team at mdh.ltssbilling@maryland.gov for additional assistance if you continue to have concerns.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

No Approved Service Plan

No Approved Service Plan Found

This exception means that the participant did not have an approved and active plan on the date of service. This can occur for a few reasons.

1. The effective date of the authorized plan is set to a date after the billed date of service;
2. The participant has a gap period between plan authorizations; and
3. The participant is not authorized for any services.

How to Check

1. View the service tile to verify the date of service for the billing attempt.

<p>Service Date: 05/28/2022</p> <p>Service Type: Community Living - Group Home</p>	<p>CLAIM SUMMARY</p> <p>Program Type: -- Procedure Code: --</p> <p>Claim #: -- Total Paid: --</p> <p>Authorized Services Report</p>	<p>CLIENT INFORMATION</p> <p>Client Name: Jane Test</p> <p>ID #: 123456789</p> <p>Case Management Activities</p>	<p>PROVIDER INFORMATION</p> <p>Primary Phone #: MA #: 123456789</p> <p>Provider #: 987654 Provider FEIN: 1234</p> <p>Provider Name: Provider</p> <p>Provider Type: DDA Community Provider</p>
---	--	---	--

2. Run the Authorized Clients Report by clicking on the blue hyperlink

Provider Portal Home Alerts Services Clients Providers **Reports** Help Feedback

REPORTS	
Category	Name
Claims	Provider Portal Claims Report
Claims	Remittance Advice Report
DDA - Provider Portal	Authorized Clients Report
DDA - Provider Portal	DDA Authorized Services Report
DDA - Provider Portal	DDA Services Rendered Report
DDA - Provider Portal	DDA State Payment Report
EVV - Provider Portal	EVV Services Overlap Report
EVV - Provider Portal	EVV Services Rendered Report
EVV - Provider Portal	OTP Assignment Report

3. After the report generates, search for the participant. If the participant is found on the list, click on the blue hyperlink found under the Client ID column to go to the detailed view of the report

Client ID	Client Name	Service Plan Type	Enrolled Program
1234567890	Jane Testclient	Revised PCP	CS

3. View the report output for the authorized services.

4. Look to the rightmost side of the report to verify the start and end dates of the plan.

Service Plan Type	PCP Program	Enrolled Program	Special Program Code (SPC)	SPC Start Date	SPC End Date	Service	Authorized for the Current Month	Start Date on the Current / Future Plan	End Date on the Current / Future Plan
Revised PCP	CS	CS	CSW - DD Community Supports Waiver	11/23/2021	12/31/9999	Community Development Services Group (1-4)	Y	03/07/2022	
Revised PCP	CS	CS	CSW - DD Community Supports Waiver	11/23/2021	12/31/9999	Personal Supports	Y	03/07/2022	

Check the start / end date of the PCP

Resolution Pathways

Authorization not found

1. If you are unable to find any evidence of your agency's authorization, please contact the CCS if you know your agency was scheduled to provide services.
2. The CCS will review and provide you with additional information regarding the services that were accepted by the agency during the creation of the PCP.

3. If the agency's services need to be added to the PCP, the CCS will discuss with the person and their team a PCP revision to add the service and agency moving forward. The CCS will follow guidance in the Person Centered Plan Development and Authorization guidance specific to PCP revisions. CCS can also reference the LTSS manual related to PCP revisions.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

B. Authorization is after the date of service

1. If the start date of the plan is for the future, then the billing is not authorized during this time.
2. Please discard the entry and do not provide/bill for services prior to the plan's authorization.
3. If you have further questions in this regard, please contact the CCS to clarify the start date for services and assistance. The CCS can review the Service Authorization section of the PCP with the provider.
4. Additionally, if there is an unmet need and the team needs to meet and discuss how to meet that need, please contact the CCS to help coordinate a conversation. The CCS will discuss with the person and their team a PCP revision to add the service and agency moving forward.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Multiple supported living sites authorized

Multiple supported living sites authorized for the same provider on the service plan

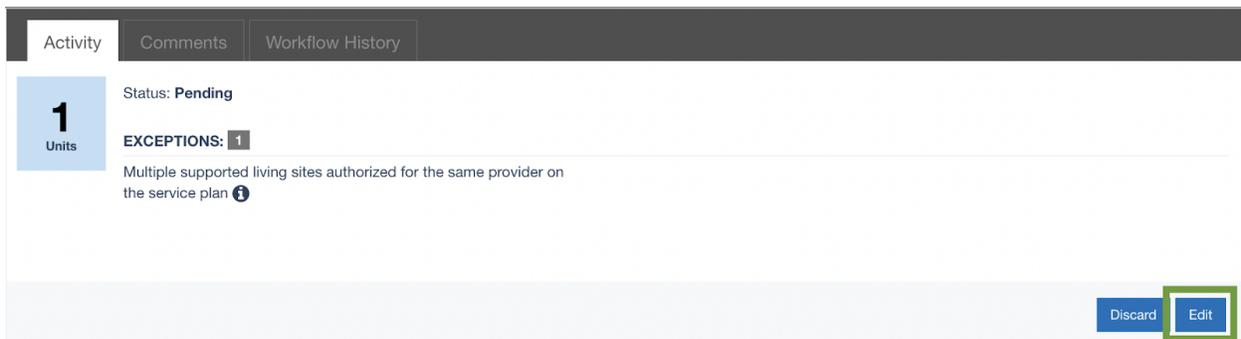
1. This exception indicates that the Supported Living billing entry lacks an indicator for which site location the billing entry should be attributed to.

How to Check

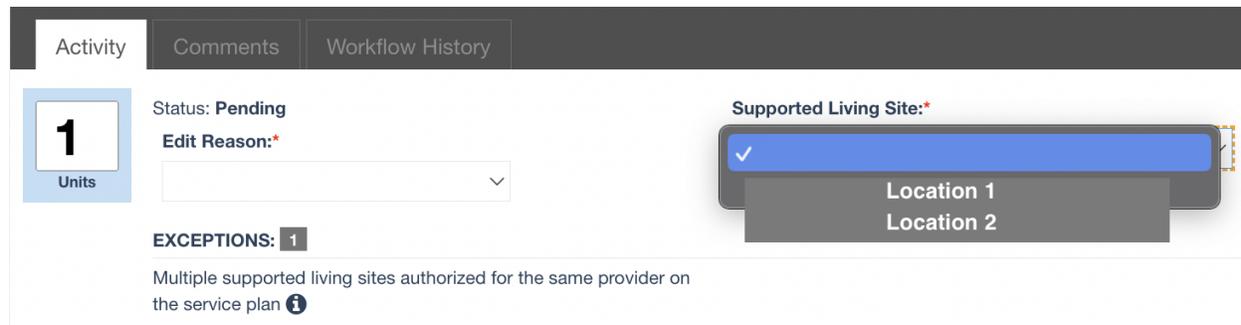
“How to Check” is not applicable for this exception type. The presence of this exception means you should proceed to the Resolution Pathway section of this document.

Resolution Pathway

1. Select Edit on the service tile

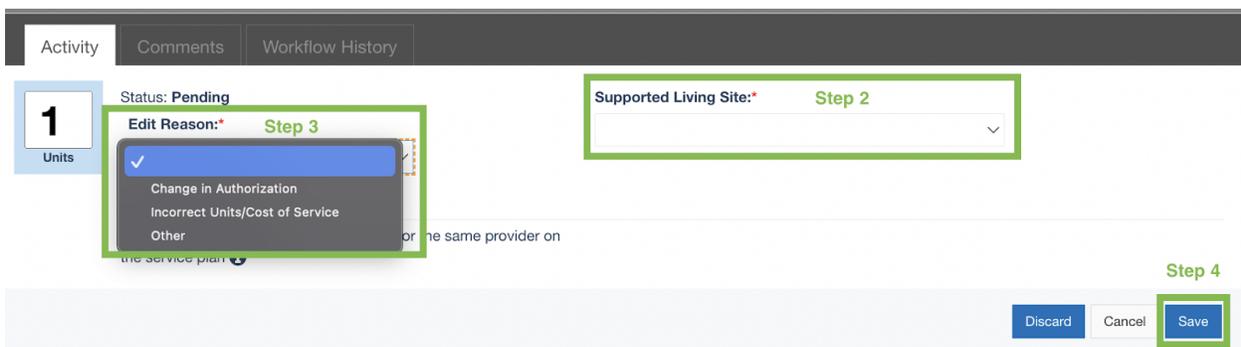


2. Select the desired location



3. Select the Edit Reason

4. Select Save and Submit to MDH for the billing to process



Eligibility-Based Exceptions

Client LTSS Program does not match the service plan

1. This exception occurs when the participant’s program enrollment does not match the program listed on the PCP.

- This can be seen by looking at the participant's Special Program Code (SPC) and Enrolled Program fields and comparing them against the active plan.
 - Community Pathways: DRW or DRM
 - Community Supports: CSW or CSM
 - Family Supports: FSW or FSM

How to Check

Option One:

- Run the Authorized Clients report
- View the PCP Program and SPC fields.
- Notice the mismatch between the two fields

Option Two:

Authorized Client Summary Report

Client ID	Client Name	Service Plan Type	Enrolled Program	PCP Program	Special Program Code (SPC)	SPC Start Date	SPC End Date
000000003	Justin Test3	Revised PCP	CS	CP	CSW - DD Community Supports Waiver	11/15/2021	12/31/9999
000000004	Charles Test4	Annual PCP	CS	CS	CSW - DD Community Supports Waiver	07/01/2021	12/31/9999

- Go to the client profile details
- View the Enrolled Programs column against the POS/PCP Program
- Notice the mismatch between the two fields

Last Name: Test5		First Name: Paul		ID #: 000000005	
MA#:	POS/PCP Program: CS	Enrolled Program: CP	MA Eligible: Yes		
Date of Birth:	Jurisdiction: Baltimore City	Client Region: CMRO	Primary Phone#:		
OTP Device Assigned: No	OTP Serial Number: N/A				

[Details](#)

Resolution Pathways

PCP Program does not match the participant's enrolled program

- Check with the CCS to ensure that the program selected on the PCP is correct.
 - It may be that an error was made and a new PCP that reflects the correct program needs to be created.

2. The participant may be transitioning from one program to another. If so, once they are fully enrolled the services will drop this exception and proceed through the normal billing process.
 - Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.
2. Once their eligibility or PCP information updates (as applicable) then the services will drop the exceptions and proceed through the normal billing process.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Client Ineligible for Program

This exception occurs when the participant is missing a program enrollment in their profile. This can be seen by looking at the participant's Special Program Code (SPC), ensuring one is present, and checking the span dates (must be current).

A. Special Program Code Field Is Blank

1. If the Provider's staff bills for a service for an individual that is not enrolled in a DDA program, then this exception is assigned.
2. To bill for Waiver services, the individual must have a DDA related Special Program Code.

B. Special Program Code End Date Prior to Date of Service

1. If the Provider's staff bills for a service after the individual has an end date prior to the service delivery, then this exception is assigned.
2. The Special Program Code should not have an end date prior to the date of service in order for the claim to be processed.
3. Note: An end date of 12/31/9999 is typical for billing and will not result in an exception.
4. Note: If a participant is transitioning from Community Pathways to State Funded, a participant's activities will automatically convert to state funded. This exception type should not appear for this scenario.

C. Special Program Code Start Date Is After the Date of Service

1. If the Provider's staff bills for a service before the program enrollment date, then this exception is assigned.
2. The Special Program Code should not have a start date for after the date of service.
3. The individual must be enrolled in a DDA program.

How to Check

Option One

1. Run the Authorized Clients report
2. View the SPC fields.

Authorized Client Summary Report

Client ID	Client Name	Service Plan Type	Enrolled Program	PCP Program	Special Program Code (SPC)	SPC Start Date	SPC End Date
000000001	Vanessa Test1	Annual PCP	CP	CP			
000000002	Andrea Test2	Revised PCP	CS	CS	CSW - DD Community Supports Waiver	07/12/2021	12/31/9999

Option Two

1. Search for the participant in the Client Search section
2. Click details

Last Name: Test	First Name: Johnny1	ID #: 0987654321	
MA#: 00000000	POS/PCP Program: CS	Enrolled Program: CS	MA Eligible: Yes
Date of Birth: 1/1/0001	Jurisdiction: Prince George's	Client Region: SMRO	Primary Phone#:
OTP Device Assigned: Yes	OTP Serial Number:		
Re-Determination Due Date: --			

Details

0. View the Special Programs section.

CLIENT PROFILE Expand All

> CLIENT DEMOGRAPHIC OVERVIEW
> ADDRESS TO RECEIVE SERVICES
▼ WAIVER/PROGRAM ENROLLMENT STATUS

POS/PCP Type: Revised PCP
 POS/PCP Effective Date: 01/24/2022
 Annual PCP Date: 07/01/2022
 Financial Redetermination Date: 01/01/9999

> RECENT PROGRAM HISTORY
> SPECIAL PROGRAM CODE

Special program:	Start Date	End Date
No data available		

Resolution Pathway

- **SPC Is Missing/Blank or the SPC has a conflicting start/end date**
 1. The information will need to be researched and remediated as applicable.
- EDD may need to update the participant’s profile accordingly.
 2. Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.
 3. Once their eligibility information updates (as applicable) then the services will drop the exceptions and proceed through the normal billing process.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Client Not Enrolled in a DDA Program

This exception occurs when a participant's Overall Decision Form (ODF) is missing or expired. The ODF is a required form to be filed in LTSS in order for billing to be successful in Provider Portal.

- . Approved Overall Decision Form (ODF) Missing
 1. If the Provider's staff bills for a service when there is no approved ODF, then this exception is assigned.
 2. An approved enroll overall decision form (ODF) is required.
- B. Approved Overall Decision Form (ODF) Future Disenrolled Date
 1. If there is a future disenroll overall decision form that is effective before the billed Date of Service, then this exception is assigned

How to Check

Option One:

1. Run the Authorized Clients report

Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
DDA - Provider Portal	Authorized Clients Report	Real Time	View
DDA - Provider Portal	DDA Authorized Services Report	Nightly	View
DDA - Provider Portal	DDA Services Rendered Report	Real Time	View
DDA - Provider Portal	DDA State Payment Report	Real Time	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

2. View the Enrolled Program field for the participant.
3. If it is blank, it means that there is no approved enroll ODF associated with this participant

Authorized Client Summary Report				
Client ID	Client Name	Service Plan Type	Enrolled Program	PCP Program
00000000	Johnny Test1	Annual PCP		CP
00000001	Jenny Test2	Revised PCP	CS	CS

Option Two:

1. Search for the client under the Client Details
2. Look at the summary results for the participant
3. If the Enrolled Program has "- -" it means that the participant is not properly enrolled.

Last Name: Test		First Name: Johnny1		ID #: 0987654321
MA#: 00000000	POS/PCP Program: CS	Enrolled Program: --	MA Eligible: Yes	
Date of Birth: 1/1/0001	Jurisdiction: Prince George's	Client Region: SMRO	Primary Phone#:	
OTP Device Assigned: Yes	OTP Serial Number:			
Re-Determination Due Date: --				

[Details](#)

Resolution Pathway

Enrolled Program is Blank

1. If the enrolled program is missing, it means that an enrollment ODF has not been entered for this participant by EDD.
2. Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.
3. Once the appropriate overall decision is made, the services will drop that exception and proceed through the normal billing process.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Client LTSS Program does not align with MMIS waiver program

If there is a DDA Waiver Special Program Code (SPC) but there is a mismatch in the LTSS Overall Decision form, then this exception is assigned to the service activity.

Note: If the participant is State Funded, please ignore this exception. This exception regularly appears when a State Funded activity has another exception such as Provider Exceeds, Overlaps, Provider Not Authorized and so on. In that case, it is actually the other exception that should be pursued and then this exception will resolve on its own.

How to Check

1. Run the Authorized Clients report
2. View the Enrolled Program and SPC fields.
3. Verify this is not a State Funded Individual
4. Notice the mismatch between the Enrolled Program, PCP Program, and SPC columns

Resolution Pathways

Authorized Client Summary Report

Client ID	Client Name	Service Plan Type	Enrolled Program	PCP Program	Special Program Code (SPC)	SPC Start Date	SPC End Date
2000000006	Darren_Test6	Annual PCP	CS	CP	DRW - DD Community Pathways Waiver	08/01/2019	12/31/9999
2000000007	Anai_Test7	Annual PCP	CP	CP	DRW - DD Community Pathways Waiver	07/01/2011	12/31/9999

A. Mismatch - LTSS Program does not align with MMIS waiver program

- If the LTSS Program does not align with MMIS waiver program, the information will need to be researched and remediated as applicable.
 - The PCP/ODF created may be of the wrong program type OR
 - EDD may need to update the participant's enrollment accordingly.
- Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.
- Once their eligibility information updates (as applicable) then the services will drop the exceptions and proceed through the normal billing process.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Other Exceptions Present - State Funded Participant:

If the participant is State Funded, please ignore this exception. This exception regularly appears when a State Funded activity has another exception such as Provider Exceeds, Overlaps, Provider Not Authorized and so on. In that case, it is actually the other exception that should be pursued and then this exception will resolve on its own.

Client Ineligible for Medicaid

This exception occurs in the following situations:

- The participant was never MA eligible
 - Note: They may still be pending enrollment*
- B. The participant lost MA eligibility
- B. The participant's MA eligibility information is missing from LTSS/MMIS

How to Check

"How to Check" is not applicable for this exception type. The presence of this exception means you should proceed to the Resolution Pathway section of this document.

Resolution Pathway

- **Client is not eligible for Medicaid**

1. If the exception is created because the person is not eligible for Medicaid, the information will need to be researched and remediated as applicable.

- EDD may need to update the participant's enrollment accordingly upon receiving proper documentation.

2. Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.
3. Once their eligibility information updates (as applicable) then the services will drop the exceptions and proceed through the normal billing process.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Client ineligible for Medicaid but has active waiver program in MMIS

If a participant is not MA Eligible but has an active DDA SPC span, then this exception is assigned to the service activity. A participant cannot be in the Waiver without also having MA eligibility.

How to Check

“How to Check” is not applicable for this exception type. The presence of this exception means you should proceed to the Resolution Pathway section of this document.

Resolution Pathway

- **Participant is ineligible for Medicaid but has an active SPC**

1. The information will need to be researched and remediated as applicable.

- EDD may need to update the participant's enrollment accordingly.

2. Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.

3. Once their eligibility information updates (as applicable) then the services will drop the exceptions and proceed through the normal billing process.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Billing Exceptions

Exceeded Maximum Authorization

A. Provider has exceeded the maximum authorization for the month

1. If the Provider's staff enters units that exceed the maximum authorization for the month, then this exception is assigned.
2. This exception indicates that the billing entry partially or fully exceeded the monthly authorization for that period.

B. Provider has exceeded the maximum authorization

1. If the Provider's staff enters units that exceed the maximum annual authorization, then this exception is assigned.
2. This exception indicates that the billing entry partially or fully exceeded the authorization for that period.

How to Check

1. Go to the Reports section on Provider Portal and select the Authorized Services Report.
2. Fill out the required information
 - o Select Monthly for services that have a monthly authorization or Annual for annual allotments
 - o Select the plan year and desired month(s)
 - o Select the location, participant information and other information as desired

Service Plan Authorization Period*	<input type="checkbox"/> <Select a Value> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annual	Service Plan Year*	<input type="text"/>	<input type="button" value="View Report"/>
Service Plan Month*	<input type="text"/>	Service Plan Program Type*	<input type="text" value="CP, CS, DDA State Funded, FS"/>	
Agency Name/FEIN	<input type="text"/>	Provider Locations*	<input type="text"/>	
Service Plan Service*	<input type="text"/>	Client ID/MA#	<input type="text"/>	
Client SSN#	<input type="text"/>	Client Name	<input type="text"/>	
Client Region*	<input type="text"/>	Requested Adjustment*	<input type="text"/>	

Note: You can also access a version of the report for a specific participant by clicking on the hyperlink contained on the participant's service tile that has the exception directly seen below.

Service Date:

05/31/2022

Service Type:

Personal Supports
(DDA)

CLAIM SUMMARY

Program Type: CP

Claim #: --

[Authorized Services Report](#)

View the output and verify the following:

- Provider number
- Authorization period - pay attention to the date range!
- Authorized service type
- Units dedicated to the service
- Purple Section: Units already paid/sent to MMIS
- Purple Section: Remaining balance
- Orange Section: Units attempted to bill

1. Verify provider #		2. Verify Time Period		3. Verify Service Type		4. Verify # of Units		5. Verify # of units already paid and balance		6. Compare to attempted billed against the remaining balance		
Provider Number	Location	Service Plan Program	Service Plan Period	Service Plan Service	Unit Type	Authorized Units	Billed		Entered			
							Services Units	Balance (Authorized - Services Entered)	Services Units/Cost	Balance (Authorized - Services Entered)	Count of Services with Exceptions	
887278300	CP		05/01/2022 - 05/31/2022	Personal Supports	15 minute increment	528	492		29	538	(8)	1

Resolution Pathways

A. Partially exceeded

If the pending service partially exceeds the authorization, please reduce the billed service. This can be accomplished by doing the following:

1. Select the “Edit” button on the service tile
2. Reduce the service units/cost to be within the authorization
3. Enter whatever comments that may be required for the edit
4. Hit Save
5. Hit Submit

B. Fully exceeded

1. If the service fully exceeds the PCP, the service cannot be paid.
2. Please discard the service to remove it from your home dashboard.

C. Exceeded authorization but a new PCP is pending approval

1. If you are aware of a new PCP pending approval that will increase the units, services will remain pending that exception until the plan is approved and active. Once this occurs the system will drop the exception in the overnight job.
2. No further system action is required.
3. Please reach out to the CCS for updates on PCP approval.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Client Exceeded Maximum Units for the Day/Week

Meaningful day and Dedicated Hours services have a limit pre-set by the service definitions. Participants cannot exceed the daily/weekly limit across all services of that same type when combined. When billing entries exceed the limit, your agency must reduce the services accordingly in order to be paid.

A. Client has exceeded maximum allowable Dedicated Hours for the day

1. Each service has a maximum number of allowable hours that can be billed daily in *LTSSMaryland*. (See chart below)
2. This exception occurs if the provider providing the service has exceeded the maximum allowable Dedicated Hours for the day across all dedicated hour service types.
3. Providers should verify the number of hours billed for the day for each service type billed on that day of service.

B. Client has exceeded maximum allowable Meaningful Day services for the day

1. Meaningful Day services have a maximum number of allowable hours that can be billed daily in *LTSSMaryland*. (See chart below)
2. This exception occurs if the provider providing the service has exceeded the maximum allowable Meaningful Day services for the day across all meaningful day service types.
3. Providers should verify the number of hours billed for the day for each service type billed on that day of service.

C. Client has exceeded maximum allowable Meaningful Day services for the week

1. Meaningful Day services have a maximum number of allowable hours that can be billed weekly in *LTSSMaryland*. (See chart below)
2. This exception occurs if the provider providing the service has exceeded the maximum allowable Meaningful Day services for the week across all meaningful day service types.
3. Providers should verify the number of hours billed for the day for each service type billed on that day of service.

The below tables review the hour limitations in the service definitions for Meaningful Day and Dedicated Hours services.

Combined Meaningful Day Limits				
Service Type	Daily Hour Limit	Daily Unit Limit	Weekly Hour Limit	Weekly Unit Limit
<ul style="list-style-type: none"> ● Employment Services - Ongoing Job Supports alone 	16 hours	64 units	112 hours	448 units
Without Employment Services - Ongoing Job Supports in day/week <ul style="list-style-type: none"> ● Employment Services - Job Development 	8 hours	32 units	40 hours	160 units

<ul style="list-style-type: none"> Community Development Services (CDS) CDS Staffing ratio Day Habilitation Services Small and Large group Day Habilitation Services Staffing Ratio Career Exploration (CE) 				
Combination of meaningful day services AND Ongoing Job Supports	16 hours *no more than 8 hours of non-Ongoing job supports services	64 units *no more than 32 units of non-Ongoing job supports services	112 hours *no more than 40 hours of non-Ongoing job supports services	448 units *no more than 160 units of non-Ongoing job supports services

Combined Dedicated Hour Limits		
Service Type	Daily Limit Time	Daily Limit Units
<ul style="list-style-type: none"> Dedicated Hours for Community Living - Group Home (1:1) AND (2:1) Dedicated Hours Community Living - Enhanced Supports (1:1) AND (2:1) Dedicated Hours for Supported Living (1:1) AND (2:1) 	24 hours	96 units

How to Check

1. Run the DDA Services Rendered Report
2. View all the meaningful day or dedicated hour services already billed for the day or week
3. Count the number of units in the Units/Cost/Service Duration column for the period (Day or Week)

Resolution Pathways

- **Partially exceeded:**
If the pending service partially exceeds the authorization, please reduce the billed service. This can be accomplished by doing the following:
 1. Select the "Edit" button on the service tile
 2. Reduce the service units/cost to be within the authorization
 3. Enter whatever comments that may be required for the edit
 4. Hit Save
 5. Hit Submit

B. Fully exceeded

1. If the service fully exceeds the service limit, the service cannot be paid.
2. Please discard the service to remove it from your home dashboard by selecting the discard button on the service tile

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Activity has exceeded the maximum number of units for the day & 24-hour error

Maximum units for the day

1. Each service has a maximum number of allowable hours that can be billed daily in *LTSSMaryland*. (See chart above)
2. This exception is assigned to the Service activity group when the combined units is greater than the daily cap limit set on the service definition.
3. For example, Personal Supports services are limited to 96 units (24 hours) in a single day of service.
4. Service activity groups that exceed this authorization will throw this exception and will require providers to split the services before billing can proceed.

B. 24 Hour Error

1. Each service has a maximum number of allowable hours that can be billed daily in *LTSSMaryland*. (See chart above)
2. This is not an exception, but rather an error alert that will prevent you from submitting a manual service activity.
3. In this case, the provider is attempting to submit a Missing Time Request (MTR) when the service spread is over 24 hours.
4. When you do so, you will see the red error alert seen here and will be prevented from submitting the service group to MDH.

Example: EVV Max Units

This service spread from 8:37 AM - 8:57 AM +1 is 24 hours and 20 minutes or 97 units in length. This exceeds the daily service maximum by 1 unit and must be reduced.

SERVICE ACTIVITY SUMMARY	SERVICE ACTIVITY SUMMARY	SERVICE ACTIVITY SUMMARY
Start Time: 🕒 8:37 AM	End Time: 🕒 11:25 PM	Start Time: 🕒 11:25 PM
End Time: 🕒 11:27 PM		Start Time: 🕒 11:28 PM
End Time: 🕒 8:57 AM +1		
Status: Pending Provider		
Exception Type: Activity has exceeded the maximum number of units for the day		
Manual Edit Reason:		
STAFF		
Name:		
ID # 🆔 SSN # ***-**-****		
Phone:		
Details	Details	Details

Example: EVV 24 Hour Error

This service spread is from 9:02 AM - 3:01 PM +1 (a nearly 30-hour spread). When the provider attempted to save and submit this service group, the red error message appeared.

SERVICE ACTIVITY SUMMARY	SERVICE ACTIVITY SUMMARY	SERVICE ACTIVITY SUMMARY
Start Time: 🕒 9:02 AM	End Time: 🕒 3:01 PM	Start Time: 🕒 3:02 PM
End Time: 🕒 11:00 PM		Start Time: 🕒 11:00 PM
End Time: 🕒 3:01 PM +1		
Status: Provider In Progress		
Exception Type: Missing Clock-out		
Manual Edit Reason: Forgotten Clock In/Out		
Comment: Employee forgot to clock out		
STAFF		
Name: ██████████		
ID # 0c21424b-6ad7-4755-b8d2-db7bec6db058 SSN # ***-**-9423		
Discard	Edit	Details

ERROR		
The entered time limit exceeds the 24-hour daily limit. Please correct the entered time on Service activities to continue		

Resolution Pathways: EVV

EVV Service Billing Correction: Single Day

If the service group is in a Pending Provider status, do the following:

1. Note the spread of the services.
 - The last clock-out time for the next day must be less than the first clock-in time for the prior day. I.e. with an 8:37 AM clock in, the last clock out must be no greater than 8:36 AM the next day if the services were continuous throughout the day.
 - Additionally, view the total units for the services. They must be less than or equal to 96 units for the day (including the services that go past midnight into the next day if in the same claim group).
2. Edit the service tile(s) you wish to reduce
3. Save and submit the service(s) to MDH
4. Enter the remaining time as a Missing Time Request or Adjustment for the next day with the category of Correcting Staff Clock-in/Out error

B. EVV Service Billing Correction: Multiple Days

1. If the participant consistently has full day and overnight personal supports, please attempt to have your staff clock out and back in at midnight so the services will split across multiple days of service.
2. Otherwise, you may have to make adjustments across multiple days as seen below.

Example:

January 1: 9:00 AM - 9:01 AM +1

January 2: 9:02 AM - 1:01 AM +1

January 3: 1:02 AM - 10:00 PM

This is going to also result in the 24 hour error / Maximum units for the day as January 1 now has 268 units associated to it since service was continuous across the 3 days without a midnight break to split the DOS.

Example Fix: Make the following adjustments/missing time requests

January 1: 9:00 AM - 11:59 PM

January 2: 12:00 AM - 9:01 AM and 9:02 AM - 11:59 PM

January 3: 12:00 AM - 1:01 AM and 1:02 AM - 10:00 PM

C. Ready or Pending MDH Billing Correction:

If you are unable to edit the last service for the day in order to resolve the 24-hour error due to the tiles being locked from edits, please reach out to PBSO to resolve the issue at mdh.ltssbilling@maryland.gov as soon as possible.

Resolution Pathway: Non-EVV

Non-EVV Service Pending Provider Billing Correction

If the service group is in a Pending status, do the following:

1. Note the number of units entered for the service and compare to the maximum authorized for the service type,
2. Edit the service tile you wish to reduce, and
3. Save and Submit the service to MDH.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Personal Supports 2:1 - Missing 2nd Shift

This exception indicates that no matched shift exists for the PS2:1 service entered. A second shift must be entered on the same day for the same participant to clear this exception.

Missing 2nd Shift Exception due to Discard

If the user discards an activity, they will get a warning. The user will either need to discard the second tile if billed in error OR submit a new one for the claim to go through. Otherwise, the remaining service tile will pend in the Missing 2nd Shift exception

Missing 2nd Shift Exception due to staff forgot/unable to clock in/out

If the 2nd staff is unable to clock in/out or forgot, the service will pend in the Missing 2nd Shift exception. To resolve this, simply submit a missing time request by adding a second shift

Personal Supports 2:1 - shifts have mismatched service times

This exception indicates that, while two PS2:1 shifts have been entered, the time difference between the shifts is 7.5 minutes or more.

The shifts must differ by less than 7.5 minutes for this exception to be cleared.

Resolution:

If the staff both clocked in/out successfully but they did not clock in/out within 7.5 minutes of each other, it will pend the Personal Supports 2:1 - shifts have mismatched service times exception. To resolve this, please edit one or both service tiles so that they match or are within 7.5 minutes of each other.

Overlaps

MDH only authorizes payment for one service per client at a time. When EVV service times overlap, this is considered double billing and is against MDH policy. The purpose of resolving overlap service exceptions is to remove the possibility of double billing for a service by adjusting the provider clock in or out times.

Types of Overlaps - Agency Resolves

A. Client Overlap – Same Agency

1. If two or more staff providers from the same agency were clocked in for the same participant at the same time, this exception will be assigned.

Example:

- Staff A. worked from 11am-3pm and staff B. worked from 2pm-7pm.
- There is an overlap of 1 hour. Your agency will need to fix both services accordingly.
- Resolution Option: Reduce staff A's shift by 1 hour for 11PM-1:59PM

B. Staff Overlap - Same Provider

1. If a staff provider is clocked in for more than one participant at the same time for the same agency, then this exception will be assigned.

C. Staff Overlap - Same Provider, Different Program:

1. If a staff provider is clocked in for more than one program at the same time for the same agency, then this exception will be assigned.
2. *Note: This only applies to provider agencies that are both DDA and Personal Assistance Services (PAS) providers.*

Types of Overlaps - MDH Resolves

A. Staff Overlap - Different Provider:

Overlaps with service provided by the same staff through a different agency as they work for more than one provider.

B. Client Overlap - Different Provider

Overlaps with another service provided to the participant by another agency as the participant receives care from more than one provider.

C. Client Overlap - Different Program

Overlaps with another service provided to the client by the same provider but for a different program and agency.

Staff Overlap - Different Program

D. Overlaps with another service provided by the same staff within the same provider for a different program

How to Check

Option One: EVV Services Overlap Report

One way to find overlaps is to run an EVV Services Overlap Report. Select the date range and how the services overlap - either by staff or by client and run the report. The output will show all the overlaps that have not yet been resolved. Those services with a Resolve under the actions column are available for your agency to correct. Click the blue Resolve hyperlink and it will bring you to the impacted service tile.

Select the date range and how the services overlap - either by staff or by client and run the report.

Service Date From (mm/dd/yyyy)*	<input type="text" value="5/1/2020 12:00:00 AM"/>	Service Date To (mm/dd/yyyy)*	<input type="text" value="6/1/2020 12:00:00 AM"/>
Agency Name/FEIN	<input type="text"/>	Provider Locations*	<input type="text"/>
Staff Name	<input type="text"/>	Staff SSN #	<input type="text" value="Not available for input"/>
Client Name	<input type="text"/>	Client ID/MA#	<input type="text"/>
Client SSN#	<input type="text" value="Not available for input"/>	Client Region*	<input type="text" value="Not available for input"/>
Service*	<input type="text" value="Personal Supports (DDA), Personal"/>	Service Status*	<input type="text" value="New, Ready, Closed, Needs Authori"/>
Service Overlap by*	<input type="text" value="Staff - same agency"/>		

Services with a Resolve under the actions column are available for your agency to correct. Click the blue Resolve hyperlink and it will bring you to the impacted service tile.

Staff Name	Service Date	Provider		Client Name	Client ID	Client MA#	Program	Service Overlap				Start Time	End Time	Actions
		Name	Number					Service	Service Status	Exception Type				
Provider Staff	05/05/2020		623822300	Training-John, Naomi	3009666AN007121	0956687068	CP	Personal Supports (DDA)	Closed		5/5/2020 12:30 PM	5/5/2020 1:00 PM		
	05/05/2020		623822300	L, T	3009677AL787121		CP	Personal Supports (DDA)	Provider In Progress		5/5/2020 12:30 PM	5/5/2020 1:15 PM		
	05/06/2020		623822300	Training-Renege, Abija	3009692AJ257121	75500617076	DDA State Funded	Personal Supports (DDA)	Provider In Progress	Client LTSS Program does not align with MMIS waiver program. Staff Overlap - Same Provider.	5/26/2020 12:10 PM	5/26/2020 1:10 PM		
	05/26/2020		623822300	Training-Kammer, Sydney	3009680Y9607121	11648527733	DDA State Funded	Personal Supports (DDA)	Pending Provider	Client LTSS Program does not align with MMIS waiver program. Staff Overlap - Same Provider.	5/26/2020 12:30 PM	5/26/2020 1:00 PM	Resolve	
	05/26/2020		623822300	Training-John, Naomi	3009666AN007121	0956687068	CP	Personal Supports (DDA)	Pending Provider	Provider has exceeded the maximum authorization for the month. Staff Overlap - Same Provider.	5/26/2020 12:30 PM	5/26/2020 1:00 PM	Resolve	
	05/26/2020		623822300	Training-Smith, Lucas	3009605AL217121	08266307821	CP	Personal Supports (DDA)	Pending Provider	Provider has exceeded the maximum authorization for the month. Staff Overlap - Same Provider.	5/26/2020 12:30 PM	5/26/2020 1:00 PM	Resolve	
Provider Staff	05/26/2020		623822300	Training-Schmeler, Chandler	3009698HC487121	50462653842	DDA State Funded	Personal Supports (DDA)	Pending Provider	Client LTSS Program does not align with MMIS waiver program. Staff Overlap - Same Provider.	5/26/2020 12:30 PM	5/26/2020 1:00 PM	Resolve	

Option Two: Homepage

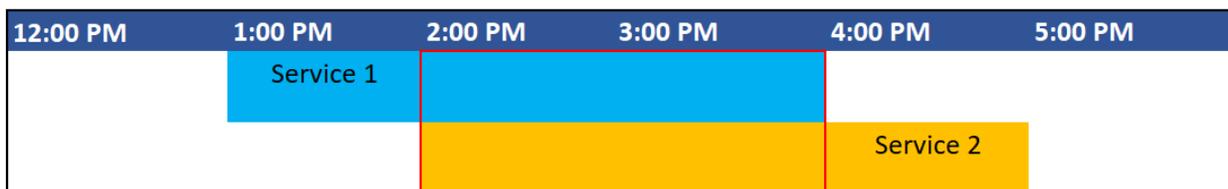
Another option is to locate the overlaps through the Provider Portal homepage under the Actions Require Resolve By Provider section. Simply click the blue numbers hyperlink to get to the list of overlaps that need to be resolved by your agency.

ACTIONS REQUIRED			
▼ REDETERMINATION DUE FOR CLIENTS (AS OF 06/02/2022 2:41 PM)			
Redetermination Due In	Counts		
Clients with Re-Determination due in 30 days	0		
Clients with Re-Determination due in 60 days	2		
Clients with Re-Determination due in 90 days	2		
▼ RESOLVE BY MDH (AS OF 06/02/2022 2:30 PM)			
▼ EVV SERVICES			
Exception Type	Counts		
Staff Overlap - Different Provider	1		
▼ RESOLVE BY PROVIDER (AS OF 06/02/2022 2:30 PM)			
▼ EVV SERVICES			
Exception Type	Pending	In-Progress	Total
Activity has exceeded the maximum number of units for the day	3	0	3
Client Overlap	1	1	2
Missing Clock-in	4	0	4
Missing Clock-out	22	2	24
No approved service plan found	2	2	4
Provider has exceeded the maximum authorization for the month	144	1	145
Provider not authorized for the service	3	0	3
Staff Overlap - Same Provider	1	0	1

Overlap Examples

Client Overlap between two or more staff

The service overlaps by 2 hours (2pm-4 pm)



If the shift above is overlapping across programs or agencies (Pending MDH), MDH will remove all parts of the shift that overlap to prevent double billing. For the example above, this means that Service One will end at 2PM and Service Two will begin at 4PM. No one will be paid for the overlapping time.

If the overlap is pending provider as the staff both belong to the same agency (Pending Provider), you should cut the service to however is most accurate, bearing in mind that there should be no time that is shared between your staff.

Staff Overlap over two or more participants

The service overlaps by 3 hours (1PM-4PM)

12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM
Participant (service 1)					
				Participant (service 2)	

How you resolve this overlap depends on what was accurate. For example, if the staff actually stopped providing services to participant 1 at 1 pm, then edit the service to end at 1Pm and leave service 2 as is.

Surrounded Overlap, any overlap type

12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM
Service 1					
	Service 2				

When a service overlaps to the point that a service is surrounded, you should cut the service as follows:

Option 1:

Discard one service if it was billed in error

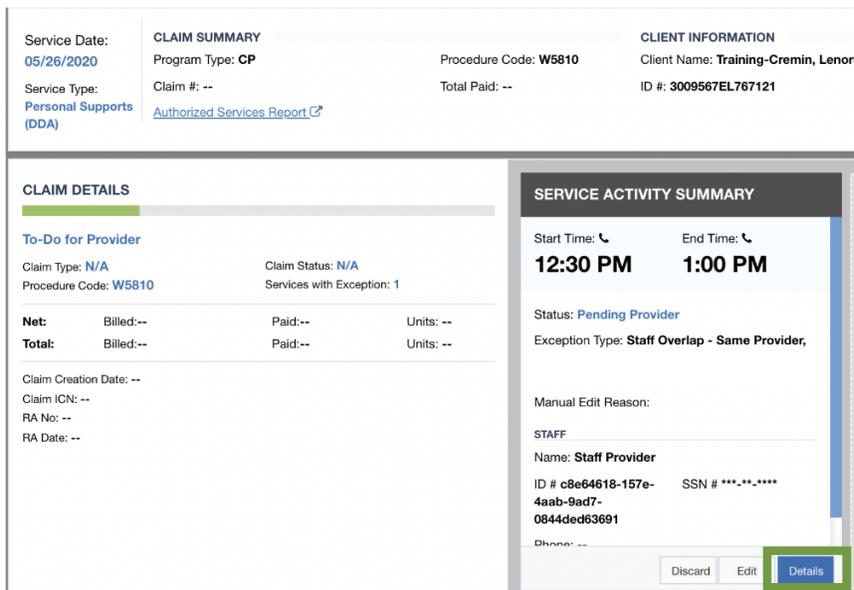
Option 2:

- Service 1: Reduce to 12PM – 12:59 PM
- Service 2: Keep service 1PM - 4 PM as is
- Service 3: Add a 4 PM – 6 PM on a new service tile next to Service 1

How to Resolve

Reduce or Discard Service Entries

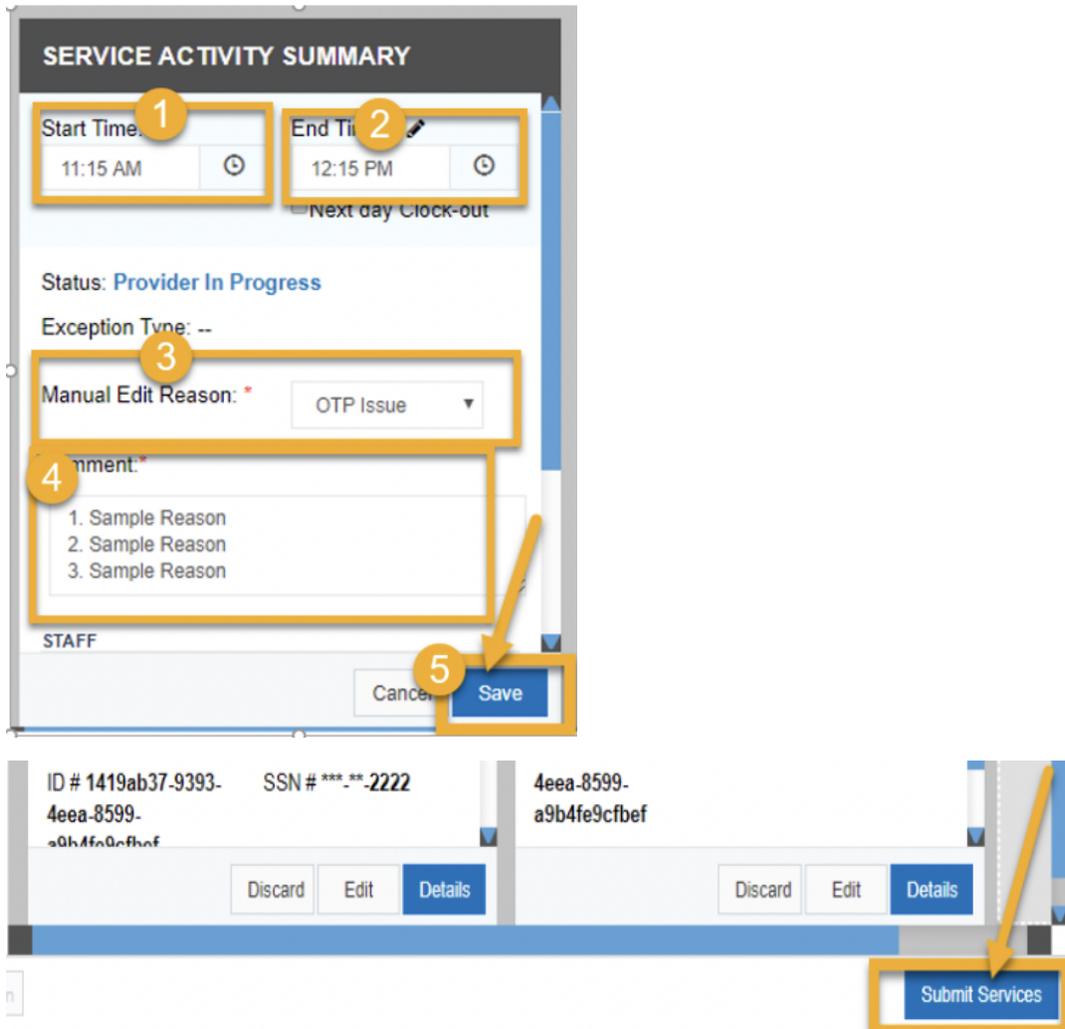
1. Once you find an overlap either through the Overlap Report or the Actions Required section of the homepage, click on the service hyperlink to go directly to the service tile.
2. Then, click on the blue Details button.



3. While in the service tile, you will see another hyperlink for View Overlap Service. Click on the hyperlink to navigate to the other service that overlaps with this entry.
4. After viewing the two (or more) overlapping services, decide how you would like to reduce / discard service entries.

Reduce Time:

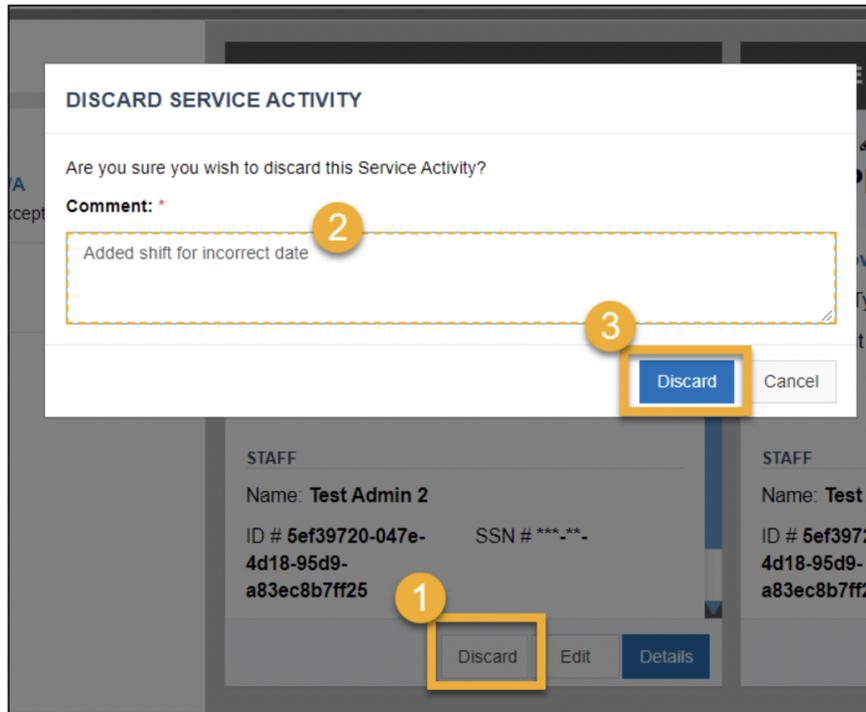
- Hit the Edit button on the service tiles
- Modify the time to remove the overlap
- Hit Save
- Hit Submit



Discard Time:

- Hit the Discard button on the tile you wish to remove from billing consideration
- Add a comment about why you wish to discard the service
- Hit Discard
- The service is now discarded

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.



Rejected Residential Claims

Reduced/Rejected MMIS Claims for Residential Services due to Cost of Care

Residential services may be rejected from MMIS in the following situation:

1. Participants with Cost of Care (CTC) contribution expectations for residential services are required to contribute funds towards their care. When these billing activities are approved and submitted to MMIS, MMIS will reject them if the participant has not reached their monthly CTC cap.

This is not an exception, but rather expected functionality in Provider Portal as MMIS is not responsible for paying that portion of the service cost.

How to Check

Option One: View the Claim Tile

1. Search for the individual service using the Services Search tab
2. View the tile under the Claim Details
3. View the Cost of Care line above the Claim Creation Date
4. You will see if the service has a Cost to Care requirement from MMIS if there is a dollar value associated with it.

- In cases where the participant owes as much or more as the service cost, it will show as Rejected as the claim status, and will have a CTC equal to the billed amount for the date of service on the Cost to Care line.
- Partially paid services from MMIS will show as paid on the service tile. However, there will be a CTC amount noted on the Cost to Care line. This occurs when the participant's CTC amount is less than the cost of the service for that date.
- Once it is paid off for the month, the CTC field will be blank for the rest of the month. The total paid will remain the same for this service as this is the total amount billed/owed to your agency.

Example:

In the example below, the participant is expected to contribute \$123.78 for this date of service, and it is a partial payment.

Service Date:
03/02/2022

Service Type:
**Community Living
- Group Home**

CLAIM SUMMARY

Program Type: **CP** P

Claim #: T

[Authorized Services Report](#)

CLAIM DETAILS

Claim is Paid

Claim Type: **Original** Claim Status: **Paid**

Procedure Code: **W5600**

Net:	Billed: \$561.81	Paid: \$561.81	Units: 1
Total:	Billed: \$561.81	Paid: \$561.81	Units: 1

Cost To Care: **\$123.78**

Claim Creation Date: **03/09/2022**

Option Two: View the Remittance Advice Report

1. Run the Remittance Advice Report for the applicable date of service to see the Cost to Care expectation.
 2. Depending on how much the participant is expected to contribute, it will reduce the payment from MMIS.
- In cases where the participant owes as much or more as the service cost, it will show as Rejected as the claim status.

. Partially paid services from MMIS will show as Paid with a CTC amount indicated in the Cost To Care column. The total paid from MMIS will be reduced after considering the CTC.

. Once it is paid off the CTC field will be blank for the rest of the month. The total paid from MMIS will remain the same as the total cost of service.

Example:

Line 1: When the participant owes as much or more as the service cost, it will show as Rejected as the claim status, with the participant’s CTC displayed.

Line 2: Partially paid services will show as “paid” with a partial CTC balance.

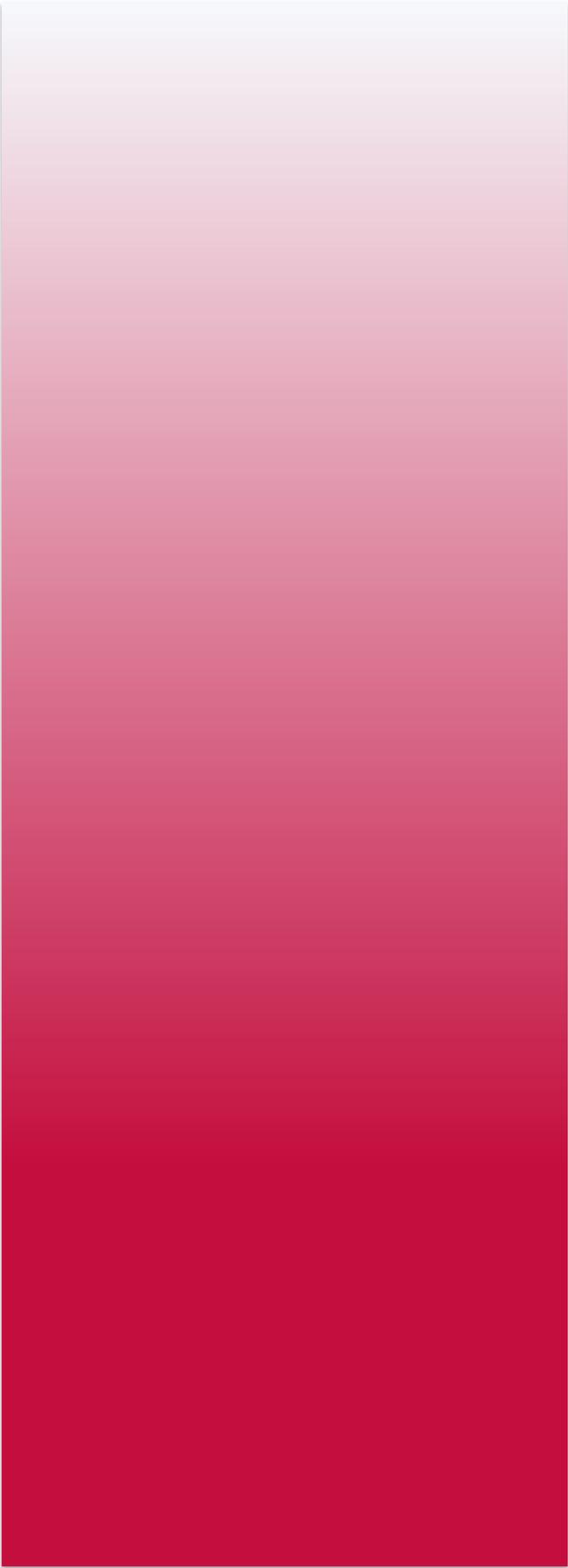
Line 3: Once the participant’s CTC is exceeded, the CTC field will be blank for the rest of the month.

Remittance Advice Detail Report

Claim Status	Cost To Care	Net Paid Amount	Net Billed Amount	Net Units	Total Paid Amount	Total Billed Amount
Rejected	\$561.81	\$561.81	\$561.81	1	\$561.81	\$561.81
Paid	\$123.78	\$561.81	\$561.81	1	\$561.81	\$561.81
Paid		\$561.81	\$561.81	1	\$561.81	\$561.81

Resolution Pathway

“Resolution Pathway” is not applicable for this rejection. The system is working as designed. Rejected/reduced activities will need their balance paid through the CTC process if there is a CTC deduction assigned to the claim.



Section 6: State Invoice Process and Reports

This section covers everything you need to know to start billing for State Funded services. After reviewing this section, you will know how to submit billing for State Funded services, how to modify State Funded services and who to contact regarding payment for State Funded services.

What is the State Invoice Process

Sometimes, services are not eligible for payment by Medicaid, but may be paid by the State. A service is eligible for State payment in the following four (4) situations. Note: Not all non-waiver services are eligible for DDA State-Funded Payment. (Refer to the [Appendix H](#) for the invoice process for state only payments via LTSS Maryland)

1. Person has a DDA State Funded program enrollment, either through a Court Order Form or through loss of CP waiver eligibility
2. The Service is of a type that is only state funded
3. Person is receiving services through an emergency situation plan (ESP) due to urgent needs, while awaiting waiver enrollment
4. Services provided to a person by more than one Provider has exceeded the waiver limit, but DDA has determined that the additional services were required by the person

The Provider Portal automatically determines if a service is eligible for payment by the state based on the above four conditions, provided the service cleared the authorization and eligibility checks in the overnight processing.

A service that has cleared all other exception checks and has been determined to be eligible for payment from the State is put in the “State Payment Eligible” status.

At the end of every month, all services added or modified in that month for the Provider Agency and have been found to be eligible for state payment, are bundled together to create the Monthly State Invoice for the Provider. This can be viewed and printed for submission to the state by running the State Payment Report once the month has passed.

After a service addition or modification has been included in the State Payment Report, the service status is then updated to “State Payment Reported”.

Follow the below steps for the State Invoice Process:

1. Go to the Reports Menu in the *LTSSMaryland* Provider Portal and select to view the DDA State Payment Report

REPORTS

Category	Name
Claims	Provider Portal Claims Report
Claims	Remittance Advice Report
EVV - Provider Portal	EVV Services Overlap Report
EVV - Provider Portal	EVV Services Rendered Report
EVV - Provider Portal	OTP Assignment Report
DDA - Provider Portal	DDA Authorized Services Report
DDA - Provider Portal	DDA - Contribution to Care Report
DDA - Provider Portal	DDA - Services Rendered Report Advanced
DDA - Provider Portal	DDA State Payment Report
DDA - Provider Portal	DDA Services Rendered report
DDA - Provider Portal	Authorized Clients Report
DDA - Provider Portal	DDA Residential Rate Discrepancy Report

2. Run the report for the previous month

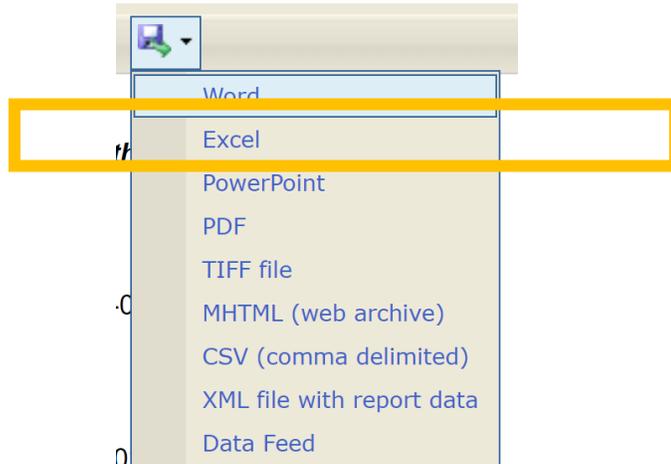
Reporting Year Reporting Month

Agency

3. Review all information including total amounts and individual service details.

Category	FY 2024	FY 2023	FY 2022
Original	\$10316.13	N/A	N/A
Adjustments	(\$75.12)	N/A	N/A
Recoveries	N/A	N/A	N/A
Total Invoice Amount	\$10241.01	N/A	N/A

- Export report to excel. This creates an invoice (first sheet on the excel) that can be printed.



- Print the invoice and sign at the bottom

DDA State Payment Report

Category	FY 2024	FY 2023	FY 2022
Original	\$10316.13	N/A	N/A
Adjustments	(\$75.12)	N/A	N/A
Recoveries	N/A	N/A	N/A
Total Invoice Amount	\$10241.01	N/A	N/A

Bill to Address:

MDH/DDA
 201 W. Preston St. 4th Floor
 Baltimore, MD 21201

"I certify by my signature that the data in this invoice represents the state-only eligible activities for the month of the report. If we identify any issues with the activities included on this invoice, we will adjust them in the system for reconciliation on future invoices."

Signature of Provider(Blue ink): _____

Name:
 Title: ADMINISTRATIVE ASSISTANT
 Date:
 Email:

6. Submit the invoice to DDA:

Once completed, the signed invoice and supporting documentation should be emailed electronically to: Accounts_payable.dda@maryland.gov

DDA will process and remit payment via EFT if the provider is setup to receive EFT payments. If not, the provider will receive a paper check via mail.

Searching and Viewing Services that are flagged for State Payment

Services in the “State Payment Eligible” and “State Payment Reported” statuses can be searched for and viewed in the same way as services in any other status.

The Service Status search filter allows Providers to look-up all services either determined to be State Payment Eligible and awaiting to be included in the next State Invoice, or to look-up services that have been reported in a previous State Payment Invoice.

The screenshot shows the 'Provider Portal' interface with the 'Services' tab selected. The search filters are as follows:

- Service:** A search bar with the text 'EWV' and a dropdown arrow.
- Service Date From:** A date field containing '05/01/2020' with a calendar icon.
- Service Date To:** A date field containing '09/20/2020' with a calendar icon.
- Submission Date From:** An empty date field with a calendar icon.
- Submission Date To:** An empty date field with a calendar icon.
- Service Type:** A dropdown menu showing 'All selected (2)'.
- Service Status:** A dropdown menu showing 'State Payment Eligible, State Payment Reported'.
- Exception Type:** An empty field.

A yellow arrow points to the 'Service Status' dropdown menu.

Client Name: Training-Anderson, Keegan		ID # 3009565EK017121	MA # 48241048844		
Service Date: 06/05/2020	Claim Status: N/A	Claim Type: N/A	Total Billed: --	Total Paid: --	RA NO.:
Service Type: Personal Supports (DDA)	Proc Code: --	Program: DDA State Funded	Claim #: --	Claim ICN: --	
	Provider #: 293561100	Provider FEIN: 128958868	Provider Address: 1234 Test Street Baltimore MD 21286	Provider Name: Test Training Agency 3	
Start Time	End Time	Service Status	Staff Name	Exception Type	
12:30 PM	1:00 PM	State Payment Reported	Staff Providera54a3d	--	

Upon Searching for services, and clicking on the “Details” action, the Service Date Details page shows up-to-date information on when the service was reported on the State Payment Report, in the “Last State Payment Reported Month” field. Claim Type, Claim Status and Proc code are Not Applicable to State Paid Services since there is no Medicaid claim associated with a State Payment.

06/05/2020 SERVICE DATE DETAILS

DETAILS

SERVICE AUTHORIZATION

Service Date: 06/05/2020	CLAIM SUMMARY Program Type: DDA State Funded Procedure Code: -- Claim #: -- Authorized Services Report	CLIENT INFORMATION Client Name: Training-Anderson, Keegan Primary Phone #: -- ID #: 3009565EK017121 MA #: 48241048844
-----------------------------	--	---

STATE PAYMENT DETAILS

Service(s) reported for State Payment

Claim Type: N/A Claim Status: N/A
 Procedure Code: N/A Services with Exception: --
 Last State Payment Reported Month: **August 2020**

SERVICE ACTIVITY SUMMARY

Start Time: 12:30 PM End Time: 1:00 PM

Status: **State Payment Reported**

Exception Type: --

Manual Edit Reason:

STAFF

Name: Staff Providera54a3d
 ID # d37240c8-7a7c-4e9c-96ab-9428b3f85159 SSN # ***.**-

Note: The service and claim statuses are not updated once the State has paid the Provider for the service, as unlike the Medicaid claim remittance information, the state remittance information does not come back to the LTSSMaryland Provider Portal

Modifying State Payment Services

Services in a State Payment Eligible and State Payment Reported status may be modified by the following Provider users

- Admin Provider
 - Billing Provider
1. An EVV service in “State Payment Eligible” or “State Payment Reported” status can be modified as an EVV Service Modification. Once the service is modified and submitted by the Provider it will go into a “Needs Authorization” status and needs to be approved again by MDH and clear all the overnight checks again before the modified service can be determined as State Payment Eligible again.
 2. A Non-EVV service in “State Payment Eligible” or “State Payment Reported” status can be modified as a Non-EVV Service Modification. Once the service is modified and submitted by the Provider it will go into a Recorded status and clear all the overnight checks again before the modified service can be determined as State Payment Eligible again.
 3. Modifications to a service that was previously included in a Monthly State Invoice goes through as adjustments as the payment needs to be increased or deducted from the original amount.
 4. Once a Service is reported in a State Invoice and has the “State Payment Reported” status, it may not be discarded anymore, if it was entered incorrectly. The service needs to be voided by using the void action on the service date detail page, to be able to deduct the payment from the next month’s invoice.

The screenshot displays two panels. The left panel, titled 'STATE PAYMENT DETAILS', shows service information: 'Service(s) reported for State Payment', 'Claim Type: N/A', 'Claim Status: N/A', 'Procedure Code: N/A', 'Services with Exception: --', and 'Last State Payment Reported Month: August 2020'. The right panel, titled 'SERVICE ACTIVITY SUMMARY', shows 'Start Time: 12:30 PM' and 'End Time: 1:00 PM', 'Status: State Payment Reported', 'Exception Type: --', 'Manual Edit Reason: STAFF', 'Name: Staff Providera54a3d', 'ID # d37240c8-7a7c-4e9c-96ab-9428b3f85159', and 'SSN # ***-**-****'. A yellow arrow points to the 'Void' button at the bottom right of the right panel.

State Payment Report

The DDA State Payment Report is a Monthly report that allows Provider users to report on services that are eligible for State Payment and print an invoice of the total amounts to submit to DDA for reimbursement from the State. All services entered or modified in a month requiring payment or payment adjustments are consolidated in the monthly report, available after the end of the month.

Example: The State payment report for services entered or modified in May 2019 will become available on June 1 2019.

This report would include services for all locations/sites associated with the Provider Agency. The below Provider roles can view and export the State Payment Report

- Admin Provider
- Billing Provider

Input Parameters:



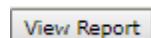
Reporting Year: 2023
Reporting Month: September
Agency: <Select a Value>
View Report

Reporting Year - Specify report year

Reporting Month - list of months in selected year, single select only

Agency - Select Agency name and FEIN from dropdown, single select only

Once input parameters are entered, scroll to the right end of the page and click 'View Report'

 to generate the report. Output File.

There are three sections in this report:

- Original – Services that were newly entered in the reporting month. Services in the original report may have a date of service in the reporting month or date of service in past months, since services for a date can be entered up for to a year
- Adjustment – Services previously invoiced to the state but were modified in the reporting month. Shown as 2 records in the detail output, one line for reducing payment for the old amount and one line for payment for the new amount determined by the modified service units.
- Recoveries – For those services that were previously included in a State Payment Invoice, but the person retroactively gained waiver eligibility in the reporting month so has been/will be paid

by Medicaid. The amount invoiced to the state will be deducted on the month that person's waiver eligibility was updated

Category	FY 2024	FY 2023	FY 2022
Original	\$10316.13	N/A	N/A
Adjustments	(\$75.12)	N/A	N/A
Recoveries	N/A	N/A	N/A
Total Invoice Amount	\$10241.01	N/A	N/A

Output Parameters for Original Services:

- Provider Name
- Provider Number
- Group ID
- Activity Date
- Last Modified Date
- Client ID
- Service Name
- Units
- Amount
- Reasons for State Only

Original Activities										
Total Records: 10										
Provider Name	Provider Number	Group ID	Activity Date	Last Modified Date	Client Name	Client ID	Service Name	Units	Amount	Reasons for State Only
DDA Community Provider1	750395899	41	05/08/2019	05/31/2019	WeeklyMax, Abraham	2319190AR495100	Career Exploration Services - Facility Based	8	\$240.00	Enrolled in State Funded program

Output Parameters for Adjustment Services:

- Provider Name
- Provider Number
- Group ID
- Activity Date
- Last Modified Date
- Client ID
- Service Name
- Units
- Last Reported Month
- Amount

- Reasons for State Only

Date Created: 11/8/2019 3:35:03 PM

Note: Please Export as Excel to print the invoice.

DDA State Payment Report

Adjustment Activities

Total Records: 6

Provider Name	Provider Number	Group ID	Activity Date	Last Modified Date	Client Name	Client ID	Service Name	Units	Last Reported Month	Amount	Reasons for State Only
DDA Community Provider1	750395899	38	03/07/2019	06/20/2019	WeeklyMax, Abraham	2319190AR495100	Career Exploration Services - Facility Based	-8	05/31/2019	(\$240.00)	Enrolled in State Funded program

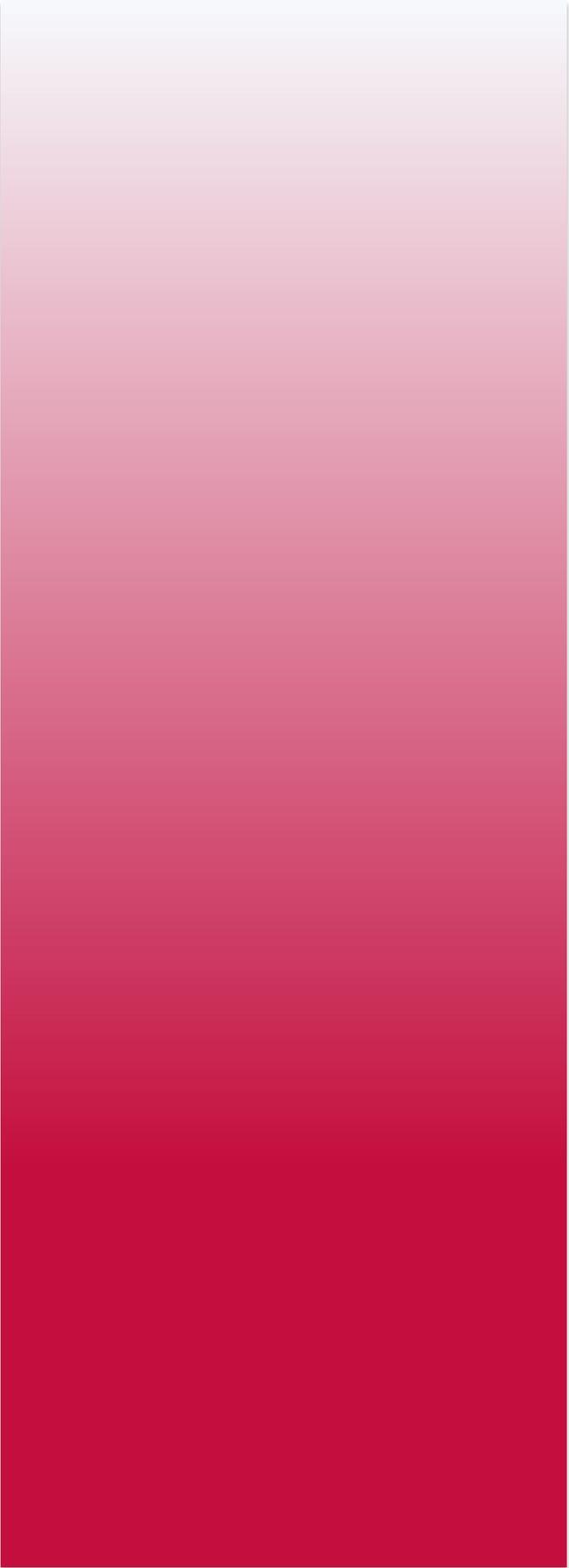
Output Parameters for Recoveries Services:

- Provider Name
- Provider Number
- Group ID
- Activity Date
- Last Modified Date
- Client ID
- Service Name
- Units
- Recovery Amount
- Last Reported Month
- RA NO
- Claim ICN
- Claim Creation Date
- Original Claim ID
- Original Claim Amount

Medicaid Eligible Activities previously reported for State Payment

Total Records: 1

Provider Name	Provider Number	Group ID	Activity Date	Last Modified Date	Client Name	Client ID	Service Name	Units	Recovery Amount	Last Reported Month	RA NO	Claim ICN	Claim Creation Date	Original Claim ID	Original Claim Amount
DDA Community Provider1	787654344	35	01/07/2019	07/11/2019	Boyer, Kelle	3290365EK681211	Community Development Services 1.1 Staffing Ratio	2	\$14.00	07/31/2019	BPQJG1	RNTV267059VR0733X900	07/23/2019	claim115ca513-d6ca-4668-8206-3ab560-ab56d	\$14.00

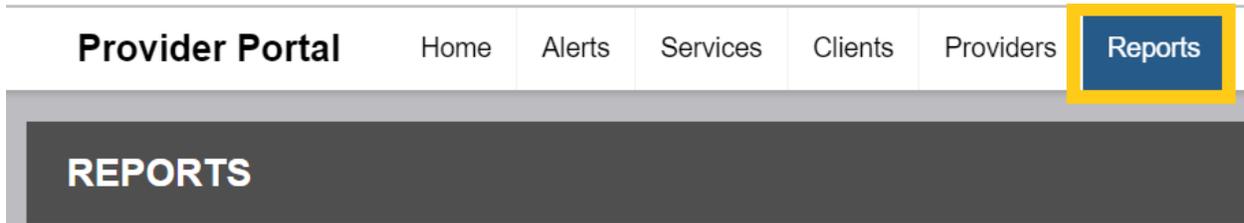


Section 7: Provider Portal Reports

This section covers everything you need to use the reports within the Provider Portal. After reviewing this section, you will know how to use the reports within the Provider Portal to help manage billing and daily monitoring.

The Provider Portal contains reports that will help with daily monitoring and billing management. These reports can be found within the reports tab of the provider portal

Navigation: Home Page - > Reports



Data Frequency

There are 2 types of reports in the Provider Portal, and they are defined by the frequency of which the data is updated within the system.

- Real Time - Every 30 mins
- Nightly - After Overnight Processing

REPORTS			
Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Claims	HDM and EA Claims Report	Real Time	View

There are 2 types of reports:

1. **Payment Related Reports:** These reports will help your agency with managing your billing.
2. **Authorization and Exceptions Related Reports:** These reports will help you track your agency's assigned participants and troubleshoot service exceptions due to authorization or other service-related issues.

Payment Related Reports:

EVV Services Rendered Report:

The EVV Services Rendered Report allows a Provider user to run Reports that display all billed services for a specific time frame. This report can be used as a tool to help monitor EVV service clock in and outs and Service Modification- Missing Time Requests.

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing

Provider Input Parameters:

Service Date From (mm/dd/yyyy)*	<input type="text" value="12/20/2023 12:00:00 AM"/>	Service Date To (mm/dd/yyyy)*	<input type="text" value="12/20/2023 12:00:00 AM"/>	<input type="button" value="View Report"/>
Service Program Type*	<input type="text" value="Unknown, AW, BI, CFC, CO, CPAS, I"/>	Service*	<input type="text" value="Brain Injury Virtual Support, Daily P"/>	
Agency Name/FEIN	<input type="text"/>	Provider Locations*	<input type="text" value="All Locations"/>	
Exception Type*	<input type="text" value="No Pending reason, Client Ineligible"/>	Staff Name	<input type="text"/>	
Staff SSN#	<input type="text"/>	Client ID/ MA#	<input type="text"/>	
Client SSN#	<input type="text"/>	Client Name	<input type="text"/>	
Service Activity Status*	<input type="text" value="New, Ready, Closed, Needs Authoriz"/>	Client Region*	<input type="text" value="N/A, CMRO, ESRO, SMRO, WMRO"/>	
Report Data*	<input type="text" value="Service Activity Detail (Comments)"/>	Requested Adjustment*	<input type="text" value="Yes, No"/>	
Weekly POS Hours	<input type="text" value="Yes"/>	EVV App Location	<input type="text" value="N/A, At the participant's home, In th"/>	

- Service Date From and To – Enter specific dates to view services rendered
- Agency Name/FEIN - Enter name of Agency or FEIN#
- Provider Locations - Drop-down list of all assigned locations, allows multi-select
- Service Program Type - Drop-down of Program types, allows multi-select
- Service - Dropdown list of all assigned Service Types, allows multi-select
- Exception Type - Dropdown list of all exception types, allows multi-select
- Client ID/MA# - Enter Client Identifier
- Client Name - Enter Client Name
- Service Activity Status - Dropdown list of all service statuses, allows multi-select

Once input parameters are entered, scroll to the right end of the page and click 'View Report'

to generate the report.

DDA- Services Rendered Report

Similar to the EVV Services Rendered Report, The DDA Services Rendered Report allows a Provider user to run Reports specific to the DDA services, to view accurate metrics and oversight of the implementation of the services provided by DDA Provider locations. This report would include all services rendered by Provider agency locations that are Waiver services (CPW, CSW, and FSW) as well as DDA State Funded Services

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing

Provider Input Parameters:

Service Date From (mm/dd/yyyy)*	<input type="text" value="1/31/2019 12:00:00 AM"/>	Service Date To (mm/dd/yyyy)*	<input type="text" value="10/31/2019 12:00:00 AM"/>
Agency Name/FEIN	<input type="text" value="PERF TEST AGENCY"/>	Provider Locations*	<input type="text" value="Location1 Street - 555570300, Locati"/>
Service Program Type*	<input type="text" value="Unknown, CP, CS, FS, DDA State Fun"/>	Service*	<input type="text" value="Assistive Technology and Services, BS"/>
Exception Type*	<input type="text" value="No Pending reason, Activity has exce"/>	Client ID/MA#	<input type="text"/>
Client SSN#	<input type="text" value="Not available for input"/>	Client Name	<input type="text"/>
Service Activity Status*	<input type="text" value="Closed, MDH In Progress, MDH Review"/>	Client Region*	<input type="text" value="Not available for input"/>

- Service Date From and To – Enter specific dates to view services rendered
- Agency Name/FEIN - Enter name of Agency or FEIN#
- Provider Locations - Drop-down list of all assigned locations, allows multi-select
- Service Program Type - Drop-down of Program types, allows multi-select
- Service - Dropdown list of all assigned Service Types, allows multi-select
- Exception Type - Dropdown list of all exception types, allows multi-select
- Client ID/MA# - Enter Client Identifier
- Client Name - Enter Client Name
- Service Activity Status - Dropdown list of all service statuses, allows multi-select

Once input parameters are entered, scroll to the right end of the page and click 'View Report'

to generate the report.

Output File:

DDA Services Rendered Report

Search Criteria:

Service Date From: 01/31/2019
 Service Date To: 10/31/2019
 Agency Name/FEIN: PERF TEST AGENCY
 Provider Locations: 200 Locations were selected in the input, click + to see all
 Service Program Type: Unknown; CP; CS; FS; DDA State Funded
 Service: 58 Services were selected in the input, click + to see all
 Exception Type: 29 Exception Types were selected in the input, click + to see all
 Client ID/MA#:
 Client SSN#: Not available for input
 Client Name:
 Service Activity Status: Closed, MDH In Progress, MDH Reviewed, Needs Authorization, New, Not Authorized, Pending, Pending MDH, Pending Provider, Provider In Progress, Ready, Recorded
 Client Region: Not available for input
 Total Records: 697

Service Date	Agency Name	Provider Name	Provider Number	Client Name	Client ID	Client MA #	Program	Service	Service Status	Unit Type
01/31/2019	PERF TEST AGENCY	Performance Test Location 0	Location1 Street - 555570300	A, H	3699933PA983110			Rent - Individual Support (State Only Funded)	Pending	Month

Units/Cost/Service Duration	Exception Type	Reason for Manual Entry	Service Activity Comments
1 Units	Client not enrolled in a DDA program; No approved service plan found		

Output Parameters:

- Service Date
- Service
- Agency Name
- Service Status
- Provider Name
- Unit Type
- Provider Number
- Units/Cost/Service Duration
- Client Name
- Exception Type
- Client ID
- Reason for Manual Entry
- Client MA #
- Service Activity Comments
- Program

DDA- Services Rendered Report -Advanced

Similar to the DDA Services Rendered Report the advanced report provides more filter options, it also allows the agency to manage staff EVV App submitted MTRs.

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing

Provider Input Parameters:

Year*	<input type="text" value="2023"/>	Quarter*	<input type="text" value="Quarter 4"/>	<input type="button" value="View Report"/>
Month*	<input type="text" value="October, November, December"/>	Service*	<input type="text" value="Assistive Technology and Services, E"/>	
Agency Name/FEIN	<input type="text"/>	Provider Locations*	<input type="text" value="All Locations"/>	
Staff Name	<input type="text"/>	Staff SSN #	<input type="text"/>	
Client Name	<input type="text"/>	Client ID/MA #	<input type="text"/>	
Show Comments*	<input type="text" value="Yes"/>	Requested Adjustment*	<input type="text" value="N/A, Yes, No"/>	
EVV App Location*	<input type="text" value="N/A, At the participant's home, In th"/>			

- Year
- Quarter- The year is divided into 4 quarters the user can select a specific quarter to view
- Month
- Service
- Agency Name/FEIN
- Provider Locations
- Staff Name
- Staff SSN#
- Client Name
- Client ID/MA #
- Show Comments
- Request Adjustment
- EVV App Location

Output Parameters:

- Client Name
- Client ID
- Client MA#
- Provider Name
- Provider Number
- Service Name
- Month/Year
- Plan Allowed Units/Cost
- Billed Units/Cost

Provider Portal Claims Report

The Provider Portal Claims Report enables Provider users to view all claims that have been submitted to MMIS, Paid or Rejected and follow-up if required. This report will NOT include DDA State Funded services.

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing Provider

Input Parameters:

Submission Date From (mm/dd/yyyy)*	<input type="text" value="11/12/2019 12:00:00 AM"/>	Submission Date To (mm/dd/yyyy)*	<input type="text" value="11/12/2019 12:00:00 AM"/>	<input type="button" value="View Report"/>
Service Date From (mm/dd/yyyy)*	<input type="text" value="NULL"/>	Service Date To (mm/dd/yyyy)*	<input type="text" value="NULL"/>	
Agency Name/FEIN	<input type="text" value="DDA Community Provider1"/>	Provider Locations*	<input type="text" value="Test Street 1 -"/>	
Program Type*	<input type="text" value="CP, CS, FS"/>	Service*	<input type="text" value="Assistive Technology and Services"/>	
Claim Status*	<input type="text" value="Submitted to MMIS, Paid, Rejected"/>	Client SSN#	<input type="text" value="Not Available for Input"/>	
Client ID/MA#	<input type="text" value=""/>	Client Name	<input type="text" value=""/>	
Client Region*	<input type="text" value="Not available for input"/>			

- Submission Date From and To - Enter specific dates of service submission
- Service Date From and To - Enter specific Service Dates
- Agency Name/FEIN - Enter name of Agency or FEIN#
- Provider Locations - Drop-down list of all assigned locations, allows multi-select
- Program Type - Drop-down of Program types, allows multi-select
- Service - Dropdown list of all assigned Service Types, allows multi select
- Claim Status - Dropdown list of all claim statuses, multi select allowed
- Client ID/MA# - Enter Client Identifier
- Client Name - Enter Client Name

Once input parameters are entered, scroll to the right end of the page and click 'View Report'

[View Report](#) to generate the report.

Service Date	Client ID	Client MA#	Client Name	Provider #	Provider Name	Service	Program	Claim Submission Date	Claim ICN
08/21/2019	3249907EL470121	12748163208	Eel Lexie			W2142 Personal Supports - Enhanced	CP	11/04/2019	
10/03/2019	1369497RT008110	12883357047	Paucek Trey			W2142 Personal Supports - Enhanced	CP	11/04/2019	I9SQ7SWMAZ9PYAT7Y1R1

Output File continued:

Claim Type	Claim Status	Net Paid Amount	Net Billed Amount	Net Units	Total Paid Amount	Total Billed Amount	Total Units	Claim Denial Reason
Original	Submitted to MMIS	\$0.00	\$13.10	2		\$13.10	2	
Original	Paid	\$6.55	\$6.55	1	\$6.55	\$6.55	1	

Output Parameters:

- Service Date
- Claim Type
- Client ID
- Claim Status
- Client MA#
- Net Paid Amount
- Client Name
- Net Billed Amount
- Provider #
- Net Units
- Provider Name
- Total Paid Amount
- Service
- Total Billed Amount
- Program
- Total Units
- Claim Submission
- Date
- Claim Denial Reason
- Claim ICN

Remittance Advice Report

The Remittance Advice Report allows Provider users to view the total Paid or Rejected amounts for Claims that have been submitted for services performed so that the Providers can reconcile their billing with the payments received. The report lists Claims associated with the Remittances based on the filters for RA (check) number, RA (check) dates and Service/Claim dates.

Once your agency has been paid, this report can help you reconcile your billing. Your agency can use this report to do the following:

- Further understand the payment your agency received by comparing service claims paid within the check you received
- Help your agency understand what DSP services were paid within the check your agency received
- If the check you received is higher or lower than anticipated this report can help you better understand the payment you received

Input Parameters:

Filter By	<Select a Value> ▾	RA No	<input type="text"/>	<input type="button" value="View Report"/>
RA Year	<input type="text"/>	RA Date	<input type="text"/>	
Service Date From (mm/dd/yyyy)	<input type="text"/> <input type="checkbox"/> NULL	Service Date To (mm/dd/yyyy)	<input type="text"/> <input type="checkbox"/> NULL	
Agency Name/FEIN	<input type="text" value="DDA Community Provider1"/>	Provider Locations	<input type="text"/>	
Service Category	<input type="text" value="DDA Services"/>	Service	<input type="text" value="Assistive Technology and Services"/>	
Claim Status	<input type="text" value="Paid, Rejected"/>	Client ID/MA#	<input type="text"/>	
Client Name	<input type="text"/>	Client SSN	<input type="text" value="Not available for input"/>	
Report Output	<Select a Value> ▾			

- Filter By - Choose if the Report needs to be filtered by RA No, RA Year/Date or Service Dates
- RA No - Enter specific Remittance advice Number (Check Number) for a Claim
- RA Year/Date - Enter specific Remittance advice Dates for a Claim
- Service Date From and To - Enter specific Service Dates
- Agency Name/FEIN - Enter name of Agency or FEIN#
- Provider Locations - Drop-down list of all assigned locations, allows multi-select
- Service Category -
- Service - Dropdown list of all assigned Service Types, allows multi select
- Claim Status - Dropdown list of all claim statuses, multi select allowed
- Client ID/MA# - Enter Client Identifier
- Client Name - Enter Client Name
- Report Output - Choose between 'Summary Report' and 'Detail Report' output versions –
- single select

Once input parameters are entered, scroll to the right end of the page and click 'View Report' to generate the report.

Output File: When Summary Report is selected in the Report Output option

Remittance Advice Summary Report

Search Criteria:

Filter By: Service Dates

RA No: N/A

RA Year: N/A

RA Date: N/A

Service Date From: 1/24/2019

Service Date To: 10/31/2019

Agency Name/FEIN: PERF TEST AGENCY

Provider Locations: 200 Locations were selected in the input, click + to see all

Service Category: DDA Services; ISAS

Service: 100 Services were selected in the input, click + to see all

Claim Status: Paid; Rejected

Client ID/MA#:

Client Name:

Client SSN#: Not available for input

Report Output: Summary Report

Total Records: 73

RA No	RA Date	Provider #	Provider FEIN	Provider Name	Paid Amount	Rejected Amount
1NBGEZ	04/17/2019	555570300	906473503	Performance Test Location 0	\$16.00	\$0.00

Output Parameters:

- RA No
- Provider Name
- RA Date
- Paid Amount
- Provider #
- Rejected Amount
- Provider FEIN

Output File: When Detail Report is selected in the Report Output option

Remittance Advice Detail Report



Search Criteria:

Filter By: Service Dates
 RA No: N/A
 RA Year: N/A
 RA Date: N/A
 Service Date From: 6/5/2019
 Service Date To: 11/12/2019
 Agency Name/FEIN:
 Provider Locations: All Locations
 Service Category: Coordination of Community Services; DDA Services
 Service: 96 Services were selected in the input, click + to see all
 Claim Status: Paid, Rejected
 Client ID/MA#:
 Client Name:
 Client SSN#:
 Report Output: Detail Report

Total Records: 20

Service Date	Client Id	Client MA#	Client Name	Agency Name	Provider #	Provider Name	Provider Address
06/24/2019	3899996LA292120	12345678905	Hickie, Alejandra	PERF TEST AGENCY	555570300	Performance Test Location 0	Location1 Street Bowie Maryland 21046
06/12/2019	1039449AS752121	23025698547	Kulas, Sanford	PERF TEST AGENCY	555570300	Performance Test Location 0	Location1 Street Bowie Maryland 21046

Service	Program	RA NO	RA Date	Claim Submission Date	Claim ICN	Claim Type	Claim Status	Net Paid Amount	Net Billed Amount	Net Units
Personal Supports - W5810	CP	NQUZ2V	07/01/2019	06/25/2019	43FRJUM9GLJZ3WA5UPVM	Original	Paid	\$4.00	\$4.00	1
Personal Supports - W5810	CP	CYRLP	06/25/2019	06/13/2019	0GUYI02M2R5NF3RB8TQ	Original	Paid	\$32.00	\$32.00	8

Total Paid Amount	Total Billed Amount	Total Units	Claim Denial Reason
\$4.00	\$4.00	1	
\$32.00	\$32.00	8	

Output Parameters:

- Service Date
- Claim Submission Date
- Client ID
- Claim ICN
- Client MA#
- Claim Type
- Client Name
- Claim Status
- Agency Name
- Net Paid Amount
- Provider #
- Net Billed Amount
- Provider Name
- Net Units
- Provider

- Address
- Total Paid Amount
- Service
- Total Billed Amount
- Program
- Total Units
- RA NO
- Claim Denial Reason
- RA Date

Net Paid vs. Total Paid:

Net Paid: Is the amount of funds associated with the RA# (Amount on check).

Total Paid: Is the amount of funds associated with the service claim. This amount can change if an adjustment was made to the original service claim.

Example:

In the original claim we see that the agency billed for 10 units and was paid \$57.50 for all units. The \$57.50 will appear on check RA# 741371 on 10/11/2023

CLAIM DETAILS				SERVICE ACTIVITY SUMMARY	
Claim Type: Original	Claim Status: Paid			Start Time: 🕒	End Time: 🕒
Procedure Code: W5519	Services with Exception: --			5:17 PM	7:45 PM
Net:	Billed: \$57.50	Paid: \$57.50	Units: 10	Status: Closed	Manual Edit Reason:
Total:	Billed: \$57.50	Paid: \$57.50	Units: 10	STAFF	SSN # ***-**-****
Claim Creation Date: 10/02/2023					
RA No: 741371					
RA Date: 10/11/2023					
Claim Details					

We then see that the agency made an adjustment to the claim and added a service. The net paid of \$80.50 is the amount paid for the new service (10 am - 5PM) this amount will be paid on check RA# 761697 on 10/25/2023 and the total billed combines both payments within the claim equaling \$138.00.

CLAIM DETAILS				SERVICE ACTIVITY SUMMARY		SERVICE ACTIVITY SUMMARY	
Claim is Paid				Start Time: 🕒	End Time: 🕒	Start Time: 🕒	End Time: 🕒
Claim Type: Adjustment	Claim Status: Paid			10:00 AM	5:00 PM	5:17 PM	7:45 PM
Procedure Code: W5519	Services with Exception: --			Status: Closed	Manual Edit Reason: New or Substitute Staff	Status: Closed	Manual Edit Reason:
Net:	Billed: \$80.50	Paid: \$80.50	Units: 14	Manual Edit Reason:	STAFF	SSN # ***-**-****	
Total:	Billed: \$138.00	Paid: \$138.00	Units: 24				
Claim Creation Date: 10/18/2023							
RA No: 761697							
RA Date: 10/25/2023							
Claim Details				Details		Details	

DDA State Payment Report

This report enables DDA provider agencies to bill for state funded activities. The Monthly State Payment Report shows activities grouped for people who do not have MA eligibility and whose claims will be paid by the state. It also shows adjustments to activities that result in increased or reduced claim amounts as well as recoveries expected by the state in case a person gains retroactive eligibility. New reports will generate on the 1st of the following month and will contain the activities that became eligible for state payment during that time. Eligible activities are those that entered State Payment Eligible status within the prior month. For example, if an activity entered the State Payment Eligible status on 5/15/23, it will be on the May 2023 report when it generates on June 1st. Provider agencies must be sure to download the report as an Excel file as this will generate the invoice that must be submitted to DDA for payment. Once downloaded, sign the invoice at the bottom of the first tab, and email the signed invoice and supporting documentation tabs to: Accounts_payable.dda@maryland.gov. DDA will process and remit payment via EFT if the provider is set up to receive EFT payments. If not, the provider will receive a paper check via mail.

Reporting Year	2019 ▼	Reporting Month	May ▼
Agency	PERF TEST AGENCY - 906473503 ▼		

- Reporting Year - Specify report year
- Reporting Month - list of months in selected year, single select only
- Agency - Select Agency name and FEIN from dropdown, single select only

Once input parameters are entered, scroll to the right end of the page and click 'View Report' to generate the report.

Output File:

There are three sections in this report

- Original – Services that were newly entered in the reporting month. Services in the original report may have a date of service in the reporting month or date of service in past months, since services for a date can be entered up for to a year
- Adjustment – Services previously invoiced to the state but were modified in the reporting month. Shown as 2 records in the detail output, one line for reducing payment for the old amount and one line for payment for the new amount determined by the modified service units.

- Recoveries – For those services that were previously included in a State Payment Invoice, but the person retroactively gained waiver eligibility in the reporting month so has been/will be paid by Medicaid. The amount invoiced to the state will be deducted on the month that person’s waiver eligibility was updated

Date Created: 11/8/2019 3:32:26 PM

Note: Please Export as Excel to print the Invoice.

DDA State Payment Report

Invoice Number: DDASF1905-0002
 Invoice Date: 11/08/2019
 Fiscal Year: 2019
 Reporting Period: May 2019
 Provider Agency Name: DDA Community Provider1
 FEIN: 253828083
 Address: Test Street 1, Baltimore, MD 20103
 Phone: 4444444444
 Service: DDA State Funded

Category	FY 2019	FY 2018	FY 2017
Original	\$1745.02	N/A	N/A
Adjustments	\$297.00	N/A	N/A
Recoveries	N/A	N/A	N/A
Total Invoice Amount	\$2042.02	N/A	N/A

Bill to Address:
 MDH/DDA
 201 W. Preston St. 4th Floor
 Baltimore, MD 21201

Output Parameters for Original Services:

- Provider Name
- Provider Number
- Group ID
- Activity Date
- Last Modified Date
- Client ID
- Service Name
- Units
- Amount

- Reasons for State Only

Original Activities										
Total Records: 10										
Provider Name	Provider Number	Group ID	Activity Date	Last Modified Date	Client Name	Client ID	Service Name	Units	Amount	Reasons for State Only
DDA Community Provider1	750395899	41	05/08/2019	05/31/2019	WeeklyMax, Abraham	2319190AR495100	Career Exploration Services - Facility Based	8	\$240.00	Enrolled in State Funded program

Output Parameters for Adjustment Services:

- Provider Name
- Provider Number
- Group ID
- Activity Date
- Last Modified Date
- Client ID
- Service Name
- Units
- Last Reported Month
- Amount
- Reasons for State Only

Date Created: 11/8/2019 3:35:03 PM
 Note: Please Export as Excel to print the invoice.

DDA State Payment Report

Adjustment Activities											
Total Records: 6											
Provider Name	Provider Number	Group ID	Activity Date	Last Modified Date	Client Name	Client ID	Service Name	Units	Last Reported Month	Amount	Reasons for State Only
DDA Community Provider1	750395899	38	03/07/2019	06/20/2019	WeeklyMax, Abraham	2319190AR495100	Career Exploration Services - Facility Based	-8	05/31/2019	(\$240.00)	Enrolled in State Funded program

Output Parameters for Recoveries Services:

- Provider Name
- Provider Number
- Group ID
- Activity Date
- Last Modified Date
- Client ID
- Service Name
- Units
- Recovery Amount
- Last Reported Month

- RA NO
- Claim ICN
- Claim Creation Date
- Original Claim ID
- Original Claim Amount

Medicaid Eligible Activities															
previously reported for State Payment															
Total Records: 1															
Provider Name	Provider Number	Group ID	Activity Date	Last Modified Date	Client Name	Client ID	Service Name	Units	Recovery Amount	Last Reported Month	RA NO	Claim ICN	Claim Creation Date	Original Claim ID	Original Claim Amount
DDA Community Provider1	787654344	35	8/17/2019	07/11/2019	Boyer, Kellie	3290365E661211	Community Development Services 1:1 Staffing Ratio	2	\$14.00	07/31/2019	EPQJG1	RNTV267059VROT33X900	07/23/2019	claim116ca513-ddca-4648-0286-3ab560db5b0d	\$14.00

Authorization and Exceptions Related Reports:

Authorized Clients Report

The Authorized Clients Report allows Provider users the ability to view all the clients they are currently providing services or authorized to provide services in the future for all the locations of their Agency. Providers will also be able to run Reports that are specific to one Provider location, so that they may have accurate metrics and oversight of the implementation of the number of clients being served at one single location.

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing Provider
- Provider Program Director

Provider Program Staff Input Parameters:

Agency Name/FEIN*	<input type="text" value="DDA Community Provider1"/>	Provider Locations*	<input type="text" value="Test Street 1 - 777702399, 444 Te"/>
COS Code*	<input type="text" value="2A - CL Enhanced Supports, 2B - C"/>	Service*	<input type="text" value="Assistive Technology and Services"/>
Report Type*	<input type="text" value="Authorized Client Summary Report"/>	Include Full Demographics	<input type="text" value="No"/>

- Agency Name/FEIN – Enter name of Agency or FEIN#
- Provider Locations – Dropdown list of all assigned locations, allows multi select
- COS Code – Dropdown list of all assigned COS codes, allows multi select
- Service - Dropdown list of all assigned Service Types, allows multi select
- Report Type – Dropdown list of summary report and detail report, allows single select

- Include Full demographics – Toggle ‘Yes’ or ‘No’ to view Client demographics information

Once input parameters are entered, scroll to the right end of the page and click ‘View Report’ to generate the report.

Output File: When Authorized Client Summary Report is selected in the Report Type

Authorized Client Summary Report

Search Criteria:
Agency Name/FEIN: DDA Community Provider1
Provider Locations: Test Street 1 - 777702399, 444 Test Way - 787654344, 999 Test Way - 750395899
COS Code: 2A - CL Enhanced Supports, 2B - CL Group Home, 2C - Day Hab, 2D - Day Hab (CSR), 2E - Career Exploration, 2F - Career Exploration (CSR), 2G - Behavioral Supports, 2H - CDS, 2I - Employment Services, 2J - Family Supports, 2L - Housing Supports, 2M - Nursing Services, 2N - OHCD, 2O - Personal Supports, 2P - Respite Services, 2Q - Shared Living, 2R - Supported Living, 2S - Remote Monitoring, 2T - CL Group Home (CSR Compliant)
Service: 58 Service(s) were selected in the input, click + to see all
Include Full Demographics: No

Total Records: 134

Client ID	Client Name	Service Plan Type	Enrolled Program	PCP Program	Special Program Code (SPC)	SPC Start Date	SPC End Date	Authorization Status	Future Authorization Start Date
1739740EV116100	Anderson, Velva	Initial PCP	CP	CP	DRW - DD Community Pathways	06/28/2017	06/28/2021	Active	

Future Authorization End Date	Financial Re-determination Date	CCS Agency	CCS Coordinator	CCS Coordinator Telephone	CCS Coordinator Email
	01/01/9999	CCS Provider 5	TestCcsStaffAllRoles, Chad		chad.auld@feisystems.com

Output Parameters:

- Client ID
- Authorization Status
- Client Name
- Future Authorization Start Date
- Service Plan Type
- Future Authorization End Date
- Enrolled Program
- Financial Redetermination Date
- PCP Program
- CCS Agency

- Special Program Code
- (SPC)
- CCS Coordinator
- SPC Start Date
- CCS Coordinator Telephone
- SPC End Date
- CCS Coordinator Email

Output File: When Authorized Client Detail Report is selected in the Report Type

Authorized Client Detail Report

Search Criteria:
Agency Name/FEIN: DDA Community Provider1
Provider Locations: Test Street 1 - 777702399, 444 Test Way - 787654344, 999 Test Way - 750395899
COS Code: 2A - CL Enhanced Supports, 2B - CL Group Home, 2C - Day Hab, 2D - Day Hab (CSR), 2E - Career Exploration, 2F - Career Exploration (CSR), 2G - Behavioral Supports, 2H - CDS, 2I - Employment Services, 2J - Family Supports, 2L - Housing Supports, 2M - Nursing Services, 2N - OHCDS, 2O - Personal Supports, 2P - Respite Services, 2Q - Shared Living, 2R - Supported Living, 2S - Remote Monitoring, 2T - CL Group Home (CSR Compliant)
Service: 58 Service(s) were selected in the input, click + to see all
Include Full Demographics: No
Total Records: 282

Client ID	Client Name	Provider Name	Provider Number	Service Plan Type	PCP Program	Enrolled Program	Special Program Code (SPC)	SPC Start Date	SPC End Date
1739740EV116100	Anderson_Velva	DDA Community Provider1	750395899	Initial PCP	CP	CP	DRW - DD Community Pathways Waiver	06/28/2017	06/28/2021

Service	Authorized for the Current Month	Start Date on the Current / Future Plan	End Date on the Current / Future Plan
Day Habilitation 2:1 Staffing Ratio	Y	06/01/2019	12/31/2019

- Client ID
- SPC Start Date
- Client Name
- SPC End Date
- Provider Name
- Service
- Provider Number
- Authorized for the Current Month
- Start Date on the Current/Future

- Plan
- Enrolled Program
- End Date on the Current/Future
- Plan
- PCP Program

DDA Authorized Services Report

"This report enables DDA Community Providers to review monthly or annually authorized services, service utilization, and remaining balance available to bill or billing overages. This report should be run when your agency has ""Provider has exceeded the maximum authorization"" or ""Provider Not Authorized"" related exceptions. It can also be used to determine service utilization levels and remaining balances in case billing activity entries were missed. When generating the report, users must indicate the plan authorization period of either Annual or Monthly and service plan year.

* Annually authorized services can only be pulled through the Annual option (i.e. Transportation)

* Monthly authorized services can only be pulled through the Monthly option (i.e. Personal Supports)

The generated report will display client information, provider information and location, service authorization periods, service type, authorized unit/cost, amount billed successfully and remaining balance, amount entered into Provider Portal with remaining balance and number of exceptions associated with that time period. Clicking the Billed or Entered number hyperlinks will bring the user to a detailed sub report that will show a breakdown of each individual activity and their statuses"

The DDA Authorized Services Report enables provider users to identify Current and past active service authorizations for DDA Clients for DDA EVV and Non-EVV services to view the authorized Units and the Billed or Entered Units by the Providers so that they can identify the performance of the Staff.

The users will have the ability to view a summary report of Authorized units, Billed and Entered units during a specific Authorized period to compare the number of units Billed or Entered against the Authorized units on the Service Authorization. Users can also view a detailed Services report to compare units Billed against the Authorized units on the Service Authorization.

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing Provider

- Provider Program Director
- Provider Program Staff

Input Parameters:

Service Plan Authorization Period*	Monthly	Service Plan Year*	2019
Service Plan Month*	January, February, March, April, May	Service Plan Program Type*	CP, CS, DDA State Funded, FS
Agency Name/FEIN	DDA Community Provider1	Provider Locations*	444 Test Way - 787654344, 999 Tes
Service Plan Service*	BSS - Behavioral Consultation, BSS	Client ID/MA#	
Client SSN#	Not available for input	Client Name	
Client Region*	Not available for input		

- Service Plan Authorization Period – Choose between Monthly or Annual report
- Service Plan Year – Specify plan year
- Service Plan Month – Dropdown of months in selected year, multi select allowed
- Service Plan Program Type – Dropdown of program types, allows multi-select
- Agency Name/FEIN – Enter name of Agency or FEIN#
- Provider Locations – Dropdown list of all assigned locations, allows multi select
- Service Plan Service – Dropdown list of all assigned Service Types, allows multi select
- Client ID/MA# - Enter Client Identifier
- Client Name – Enter Client Name

Once input parameters are entered, scroll to the right end of the page and click 'View Report'

to generate the report. Output File:

DDA Monthly Authorized Services Summary Report



Search Criteria:
Service Plan Authorization Period: Monthly
Service Plan Year: 2019
Service Plan Month: January, February, March, April, May, June, July, August, September, October, November
Service Plan Program Type: CP, CS, DDA State Funded, FS
Agency Name/FEIN: DDA Community Provider1
Provider Locations: 444 Test Way - 787654344; 999 Test Way - 750395899; Test Street 1 - 777702399
Service: 51 Services were selected in the input, click + to see all
Client Name:
Client ID / MA #:
Client SSN #: Not available for input
Client Region: Not available for input
Total Records: 1346

Client ID	Client Name	Client MA #	Agency Name	Provider Location Name	Provider Location Number	Service Plan Program	Service Plan Period	Service Plan Service	Unit Type
1039654ED595111	O'Hara, Dewayne	06554458236	DDA Community Provider1	DDA Billing Location 9	750395899	CP	05/16/2019 - 05/31/2019	BSS - Brief Support Implementation	15 minute increment

Output File continued:

Authorized Units	Billed		Entered		
	Services Units	Balance (Authorized - Services Entered)	Services Units/Cost	Balance (Authorized - Services Entered)	Count of Services with Exceptions
32	16	16	18	14	1

Output Parameters:

- Client ID
- Service Plan Service
- Client Name
- Unit Type
- Client MA#
- Authorized Units
- Agency Name
- Billed - Services Units
- Provider Location Name
- Billed - Balance (Authorized - Services Entered)
- Provider Location Number
- Entered - Services Units/Cost
- Service Plan Program

- Entered - Balance (Authorized - Services
- Entered
- Service Plan Period
- Entered - Count of Services with Exceptions

On selecting the count in the Billed Service Units or Entered Service units/cost or count of services with Exception, the user is redirected to the Detail report

Output File: DDA Authorized Services Detail Report

DDA Authorized Services Detail Report 

Total Records: 3

Client ID	Client Name	Provider Location Number	Service Date	Service Type	Service Status	Unit Type	Service Activity	Billed Units	Billed Amount	Claim Type	Claim Status
1039654ED595111	Dewayne, O'Hara	750395899	05/03/2019	BSS - Brief Support Implementation	Pending	15 minute increment	3 Unit(s)				
			05/15/2019	BSS - Brief Support Implementation	Pending	15 minute increment	3 Unit(s)				
			05/28/2019	BSS - Brief Support Implementation	Pending	15 minute increment	2 Unit(s)				

Output File continued:

Claim Level					State Payment	Exception
Claim Status	Total Paid	Claim ICN	RA Date	RA No	Month	Type
						Provider has exceeded the maximum authorization for the month
						Provider has exceeded the maximum authorization for the month
						Provider has exceeded the maximum authorization for the month

Output Parameters:

- Client ID
- Billed Amount
- Client Name
- Claim Type
- Provider Location
- Number
- Claim Status
- Service Date
- Total Paid
- Service Type
- Claim ICN
- Service Status
- RA Date
- Unit type

- RA No
- Service Activity
- Units/Cost
- State Payment Month
- Claim Level – Billed
- Units
- Exception Type

DDA Contribution to Care Report

The DDA Contribution to Care (CTC) report allows a Provider user to run Reports specific to the DDA services, to view participants who are responsible for a portion, depending on income, of their services. This report would include all participants who are responsible for contributing a determined amount towards their services (Community Living Group Home and Shared Living). Users can choose to view a detailed or summary report.

Provider Input Parameters:

Report	<Select a Value> v	Client ID / MA #	<input type="text"/>	View Report
Services	W5600 - Community Living - Group v	Program	CP v	
Start Date	<input type="text"/>	End Date	<input type="text"/>	

- Report value: Choose summary report or detailed report
- Services: Drop down list of all assigned service types (Defaults to all)
- Service Date: Enter specific date when services began
- End Date: Enter specific date when services ended
- Program: Drop down of all service types

Summary Output:

- Client Last Name
- Client First Name
- Client ID
- Client MA#
- Program
- CTC Amount in Span

Last Name	First Name	Client ID	Client MA#	Program	CTC Amount in Span
Grand Total					
	ROGER			CP	\$862.02

Detail Output:

- Service Date
- Agency Name
- Provider Name
- Provider Number
- Last name
- First Name
- Client ID
- Client MA
- Program
- Service Type
- Claim Status
- Claim ICN
- RA No
- RA Date
- Claim Total Cost
- Claim Amount Attributed to CTC
- Claim Amount Paid by MMIS

EVV Services Overlap Report

The EVV Services Overlap Report helps providers to view Overlapping services and correct the services so that they can be processed further for Claim submission. Based on the overlap being within or between agencies, it will be resolved by Provider or MDH, respectively. Services entered manually, through the ISAS telephone EVV, and through the EVV app can all be viewed in this report. The report will also show clock in/out information for the app, such as the staff's GPS location.

Providers have the ability to resolve overlapping Services with overlap either for the same staff or for the same client within their agency

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing Provider

Input Parameters:

Service Date From (mm/dd/yyyy)*	11/13/2019 12:00:00 AM	Service Date To (mm/dd/yyyy)*	11/13/2019 12:00:00 AM	View Report
Agency Name/FEIN	DDA Community Provider1	Provider Locations*	APPALACHIAN PARENT ASSOC, INC	
Staff Name		Staff SSN #	Not available for input	
Client Name		Client ID/MA#		
Client SSN#	Not available for input	Client Region*	Not available for input	
Service**	Personal Assistant Services, Shared	Service Status**	New, Ready, Closed, Needs Authoriz	
Service Overlap by*	<Select a Value>			

- Agency Name/FEIN - Enter name of Agency or FEIN#
- Provider Locations - Drop-down list of all assigned locations, allows multi-select
- Staff Name: Enter the Staff Name (DSP Name)
- Client Name - Enter Client Name
- Client ID/MA# - Enter Client Identifier
- Service - Dropdown list of all assigned Service Types, allows multi-select
- Service Activity Status - Dropdown list of all service statuses, allows multi-select
- Service Overlap by – Select if the results to be displayed are due to overlap of Staff or Client

Once input parameters are entered, scroll to the right end of the page and click 'View Report' to generate the report. Output File: Overlap by Staff – Same agency

EVV Services Overlap Report - Staff - same agency

Search Criteria:
Service Date From: 05/13/2019
Service Date To: 11/13/2019
Agency Name/ FEIN: DDA Community Provider1
Provider Locations: [Redacted] DDA Billing Location 4 - 787654344; DDA Billing Location 9 - 750395899
Staff Name:
Staff SSN#: Not available for input
Client Name:
Client ID / MA#:
Client SSN#: Not available for input
Client Region: Not available for input
Service: Personal Assistant Services, Shared Attendant, Personal Supports (DDA), Daily Personal Assistant Services, Daily Shared Attendant
Service Status: New, Ready, Closed, Needs Authorization, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH
Overlap By: Staff - same agency
Total Records: 19

Staff Name	Service Date	Provider		Client Name	Client ID	Client MA#	Program	Service Overlap	
		Name	Number					Service	Service Status
Admin55 AdminProv	05/25/2019	[Redacted]	777702399	Konopelski, Eugene	3299118UE398121	65425365488	CP	Personal Supports (DDA)	Closed
	05/25/2019	[Redacted]	777702399	Ritche, Adell	2859086DA685120	77154614001	FS	Personal Supports (DDA)	Pending Provider

Exception Type	Start Time	End Time	Actions
	5/25/2019 1:35 PM	5/25/2019 2:35 PM	
Staff Overlap - Same Provider;	5/25/2019 2:35 PM	5/25/2019 3:35 PM	Resolve

Output Parameters:

- Staff Name
- Service
- Service Date
- Service Status
- Provider Name
- Exception Type
- Provider
- Number
- Start Time
- Client Name
- End Time
- Client ID
- Actions
- Client MA #
- Program

Output File: Overlap by Client

EVV Services Overlap Report - Client

Search Criteria:
Service Date From: 03/01/2019
Service Date To: 03/02/2019
Agency Name/ FEIN: DDA Community Provider1
Provider Locations: [REDACTED]
Staff Name:
Staff SSN#: Not available for input
Client Name:
Client ID / MA#:
Client SSN#: Not available for input
Client Region: Not available for input
Service: Personal Assistant Services, Shared Attendant, Personal Supports (DDA), Daily Personal Assistant Services, Daily Shared Attendant
Service Status: New, Ready, Closed, Needs Authorization, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH
Overlap By: Client
Total Records: 2

Client Name	Client ID	Client MA#	Service Date	Provider			Program	Service
				Name	Number	Staff Name		
Lowe, Evan	3050857VE791211	12356488877	03/01/2019	[REDACTED]	777702399	Providerloc9_Admin	FS	Personal Supports (DDA)
			03/01/2019	[REDACTED]	777702399	Client_Reactivate-Current	FS	Personal Supports (DDA)

Service Overlap				
Service Status	Exception Type	Start Time	End Time	Actions
Ready		3/1/2019 9:30 AM	3/1/2019 10:30 AM	
Pending Provider	Client Overlap;	3/1/2019 9:30 AM	3/1/2019 11:30 AM	Resolve

Output Parameters:

- Staff Name
- Service
- Service Date
- Service Status
- Provider Name
- Exception Type
- Provider Number
- Start Time
- Client Name
- End Time
- Client ID
- Actions
- Client MA #
- Program

Note: selecting “Resolve” action in the output does not actually resolve the overlap. Provider is navigated to the service details page, from where they can view further service details and correct duration to fix the overlap.

DDA Residential Rate Discrepancy Report

This report is optimized so that you can download a correction file in a CSV format. The file will take the total # of participants billed for the site and update the “# of People Authorized” field to match. This file will then be used by your agency to correct all of the services in a batch action.

To run the report:

1. Go to the Reports Tab
2. Click View for the DDA Residential Rate Discrepancy Report

Category	Name	Data Frequency	Actions
Claims	Remittance Advice Report	Nightly	View
DDA - Provider Portal	Authorized Clients Report	Real Time	View
DDA - Provider Portal	DDA Authorized Services Report	Nightly	View
DDA - Provider Portal	DDA Residential Rate Discrepancy Report	Nightly	View
DDA - Provider Portal	DDA State Payment Report	Real Time	View
EW - Provider Portal	EW Services Overlap Report	Real Time	View
EW - Provider Portal	EW Services Rendered Report	Nightly	View
EW - Provider Portal	OTP Assignment Report	Real Time	View

3. Enter the service date range you desire to search for in the Service Date From and Service Date To fields

a. If desired, you may limit by provider location, service type, service status, but this is not required.

4. Click 'View Report'

The screenshot shows a web-based form for generating a report. It includes several input fields and dropdown menus:

- Service Date From: 11/20/2022 12:00:00 AM
- Service Date To: 12/20/2022 12:00:00 AM
- Agency Name/FEIN: (empty)
- Provider Locations: (empty)
- Service Program Type: Unknown, CP, DDA State Funded
- Service: Community Living - Enhanced Supp
- Client ID/MA#: (empty)
- Client Name: (empty)
- Service Activity Status: Ready, Pending, Closed, State Paym
- Client Region: Not available for input

 A 'View Report' button is located on the right side of the form.

5. Once downloaded, you may view the report. It will group the discrepancy by provider location, then service dates. You will be able to look at the “# of People Authorized” field entered and compare it to the “# of Participants Billed” at site. The default recommendation is to update the “# of People Authorized” field to match the number of participants your agency actually billed for.

Columns 1-10

Agency Name	Provider Name	Provider Number	Provider Address	Service Date	Program	Service	Service Status	Unit Type	Units/ Cost/Service Duration
Agency 1	Agency 1	1000001	123 Main Street, Baltimore MD	11/1/2022	CP	Community Living - Enhanced Supports	Ready	Day	1
				11/1/2022	CP	Community Living - Enhanced Supports Retainer Fee	Ready	Day	1
				11/1/2022	CP	Community Living - Enhanced Supports	Ready	Day	1

Columns 11-19

Claim Status	Claim Type	Total Billed	Total Paid	# Of People Authorized	# Of Participants Billed at Site	Client Name	Client ID	Client MA #
N/A	N/A	N/A	N/A	1	3	Fake, One	1000001	1000001
N/A	N/A	N/A	N/A	2	3	Participant, Two	1000002	1000002
N/A	N/A	N/A	N/A	1	3	TS, AutoStarkPCP01	1000003	1000003

You will be able to download a prepopulated report that you will use in the batch process method. Please navigate to the “To download ‘Residential Services Adjustment’ CSV batch file, click here” section of the report output.

DDA Residential Rate Discrepancy Report

To download "Residential Services Adjustment" CSV batch file, [click here](#)

Search Criteria:

Service Date From: 9/30/2023

Service End To: 10/30/2023

When downloaded as a CSV from the blue hyperlink, the excel file will display the basic information needed to update the activities:

OutPutColumn
4E6D7A24-B402-4D4F-A574-A6DC7D5D13C2 1 Incorrect Units/Cost of Service
A2A5DF1A-25B5-4227-8142-7B4372FDBE82 1 Incorrect Units/Cost of Service
FA21279C-F425-40F0-8E40-FEA4D71E8F9E 1 Incorrect Units/Cost of Service
4B1C403F-E49F-4E3E-ACD2-7C2D21A43553 1 Incorrect Units/Cost of Service
BC995781-EED7-4593-B8F5-DC404112AC1C 1 Incorrect Units/Cost of Service
288CD759-DA6B-493E-B5EE-17C2BA563704 1 Incorrect Units/Cost of Service
62E4B987-1701-448B-8D84-8C78CD14AA7B 1 Incorrect Units/Cost of Service
6B4AD2D1-96A3-4D17-880D-7D10357F90C9 1 Incorrect Units/Cost of Service
D25AA505-D30A-483F-85F9-586F01D3FD10 1 Incorrect Units/Cost of Service
90B6F075-B2BE-4E2C-A7B1-6B32BBF55057 1 Incorrect Units/Cost of Service
C1B53B65-1117-46B5-861E-691623270C99 1 Incorrect Units/Cost of Service

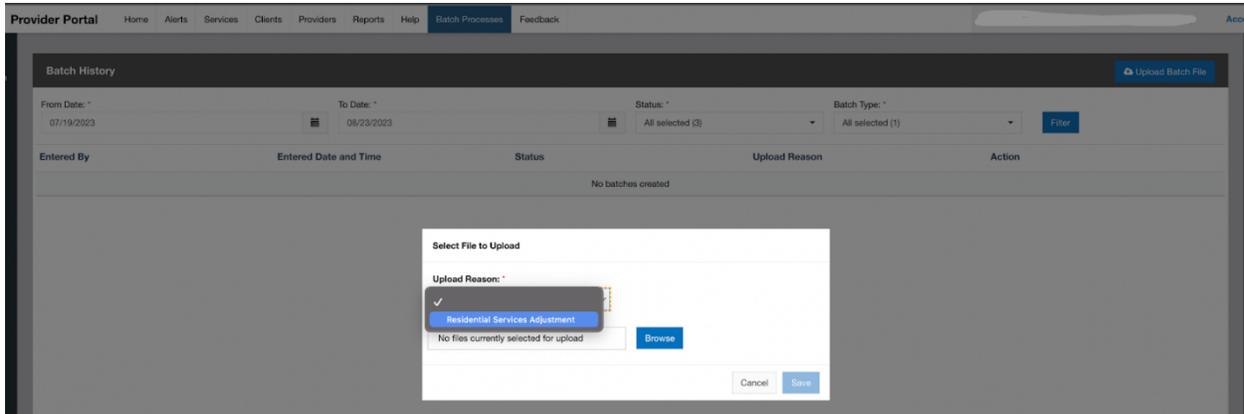
This information will be needed to correct the "Number of People Authorized" field to match the number of participants billed in the batch correction process. This includes the activity ID, # of People Authorized, and the adjustment reason.

Note: You are not expected to make any modifications to the CSV file.

Users then should use the Batch Processes tab of Provider Portal to upload the correction file.

Steps:

1. Click the Batch Processes tab of Provider Portal
2. Click Upload Batch File
3. Select Residential Services Adjustment as the Upload Reason
4. Click Browse to find the correction file
5. Click Save to upload the file, cancel to exit the screen instead
6. After the user hits Save the system will take the file and process it overnight.
 - . If you would like to cancel that upload, select Delete under the Actions column before the nightly job runs



EVV Mobile App Assignments Report

This new report will allow the user to see all assignments for their staff.

1. Navigate to the EVV Mobile App Assignment Report Under the reports tab in the Provider Portal.
1. If you are looking to have a full list of staff leave the client / staff name search criteria blank and press the view report this will return a full list of all staff/ client assignment
2. You can also search by specific staff or clients by filling in the Client ID/MA # or Staff Name section of the report.

Note: There are options to search for specific date spans of assignment, generally this will not be used but could be used if you are looking for historical staff/ client assignments.

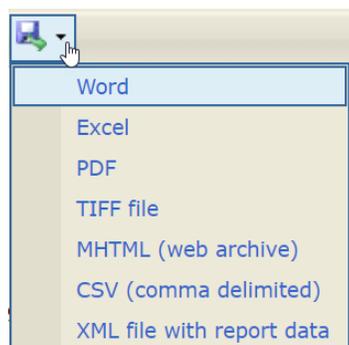
EVV Mobile App Assignments Report

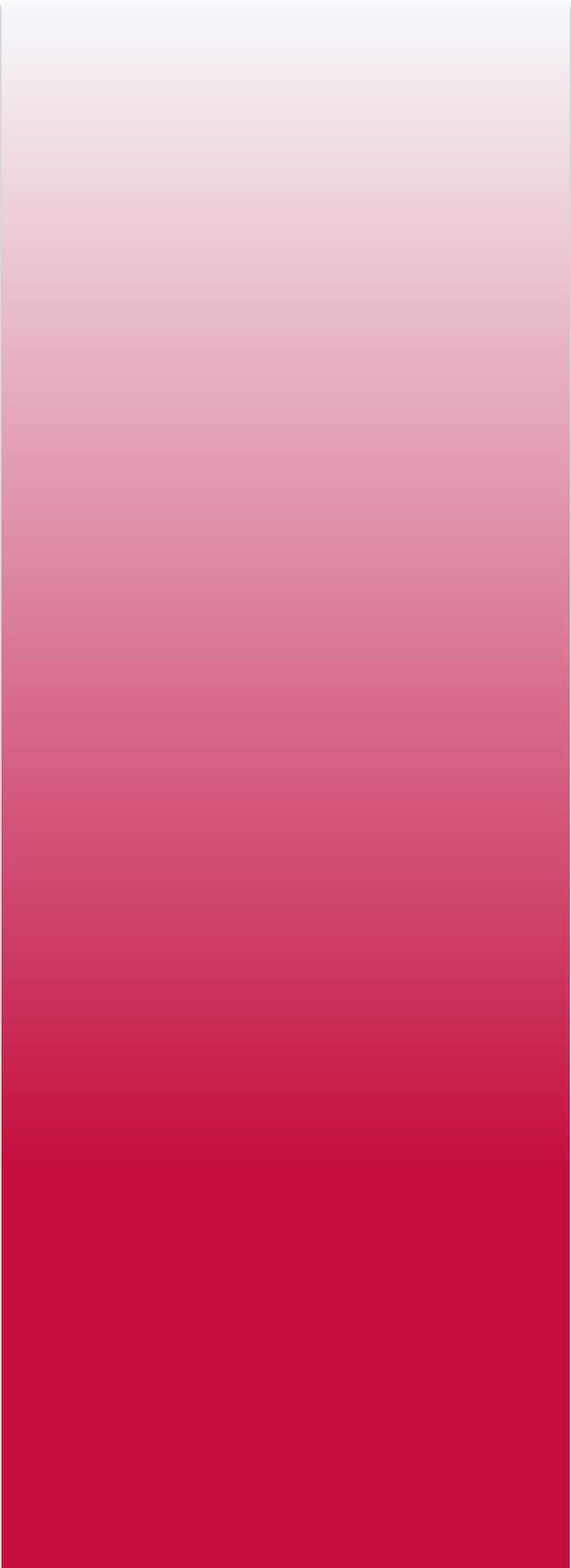
Filter By	<input type="text" value="All Current Assignments (no date filter)"/>	Date From	<input type="text"/>	<input checked="" type="checkbox"/> NULL	<input type="button" value="View Report"/>
Date To	<input type="text"/>	<input checked="" type="checkbox"/> NULL	Agency Name/FEIN	<input type="text" value="ABC Agency"/>	
Provider Locations	<input type="text" value="ABC Agency"/>	Client ID/MA #	<input type="text"/>		
Staff Name	<input type="text"/>	Issues	<input type="text" value="Yes, No"/>		

Export Report Output

Providers can download the output of any report by selecting the  icon in the navigation bar. The following export options are available

- Word
- Excel
- PDF
- TIFF file
- MHTML (web archive)
- CSV (comma delimited)
- XML file with report data





Section 8: Appendix:

This section contains helpful information, contacts and frequently asked questions to help you with daily management and billing.

1. System Icons

	<p>Location: Services Tab Description: This icon will take you to the service/claim search option</p>
	<p>Location: Services Tab Description: This icon will take you to the exception search option</p>
	<p>Location: Services Tab Description: This icon will take you to the clock in/out search option</p>
	<p>Location: Right Side navigation on every page Description: This icon when selected will allow you to enter full manual (MTR) services</p>
	<p>Location: Clients Tab Description: This icon will take you to the client search option</p>
	<p>Location: Services Tab- Service tile Description: This icon indicates that the staff used the ISAS telephone EVV to clock in/out</p>
	<p>Location: Services Tab- Service tile Description: This icon indicates that the Agency submitted a manual (MTR) service</p>
	<p>Location: Services Tab- Service tile Description: This icon indicates that the staff used the LTSSMaryland EVV Mobile app to clock in/out</p>
	<p>Location: Services Tab- Service tile Description: This icon indicates that the staff submitted an MTR via the app</p>

	<p>Location: Services Tab- Service tile</p> <p>Description: This icon indicates the service is an overnight service that was split</p>
	<p>Location: Providers Tab</p> <p>Description: This icon will take you to the provider search option where you can search for different agency locations</p>
	<p>Location: Providers Tab</p> <p>Description: This icon will take you to the staff search option where you can search for different staff</p>
	<p>Location: Providers Tab</p> <p>Description: This icon will take you to the staff search management option where you can manage staff for app MTR submission authorization</p>

2. Service Statuses

Service Status is a workflow status that identifies where an entry is currently in the billing process. A service can only have one status at a given time and following are the list of different Statuses in which a Service can exist:

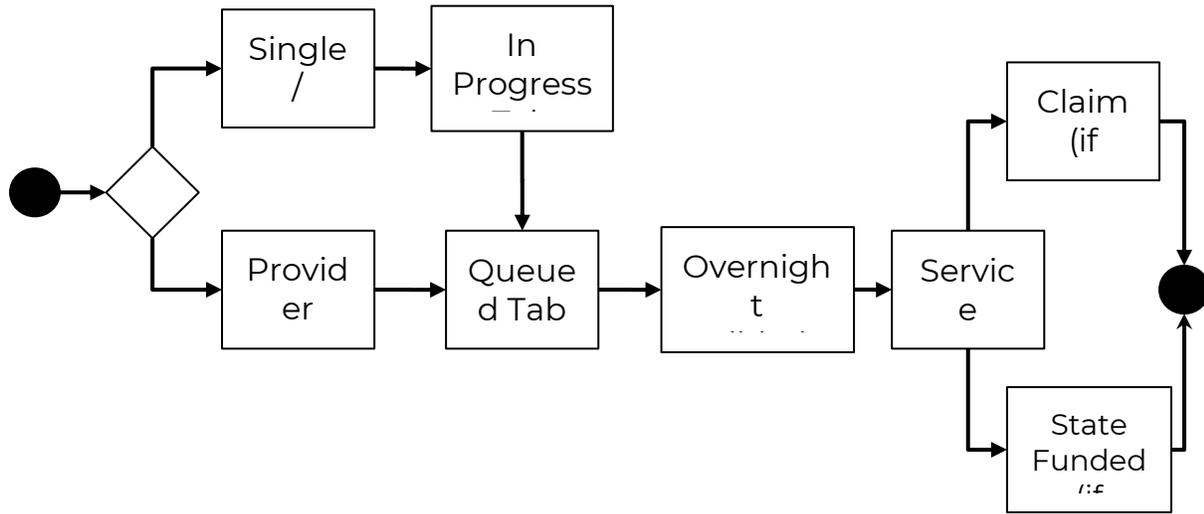
- **New:** A Service that has been added through an EVV system has the status of New. A service in this status indicates that it is ready to be processed through Claim creation, unless it is Missing a Clock-in or a Clock-out, which needs to be entered by the Provider before a claim can be submitted.
- **Needs Authorization:** This status indicates that the Provider has made a manual service modification but creating a new service, fixing a missing clock-in/out or modifying duration of a previously entered service, and has submitted the change for further review and claim creation. A Service in this status can be edited by Providers prior to MDH starting review.
- **Provider in Progress:** This status indicates that Provider is still working on the Service and has not submitted it to MDH for review. Provider can continue making further edits in this status and claim will not be created until the service is submitted by the Provider by selecting the “Submit Services” action
- **MDH in Progress:** This status indicates that the Service is currently being reviewed by MDH. Providers cannot make any changes to the services in this status
- **MDH Reviewed:** This status indicates that MDH has finished their Review and Approved the Service. This status indicates that service can be processed further for Claim creation. Provider cannot make changes to the Service in this status until a claim is created.

- **Pending Provider:** This status indicates that the service has failed one or more checks and exceptions are assigned to it. A service in this status will *not* be processed for claim creation and requires Provider to take action to resolve or clear the Exception for further processing
- **Pending MDH:** This status indicates that the service has failed one or more checks and exceptions are assigned to it. A service in this status will *not* be processed for claim creation and requires MDH to take action to resolve or clear the Exception for further processing.
- **Not Authorized:** This status indicates that the Service was not approved by MDH and cannot be processed further.
- **Discarded:** This status indicates that Provider has discarded the service and no further actions can be taken on the Service
- **Ready:** This is an intermediary status when the Services have passed all validations prior to claim creation and are ready to be picked up by Claim creation process
- **Closed:** This status indicates that the Service has a Claim created, and can only be modified by Adjusting the Claim after the Submitted Claim has been Paid or Rejected

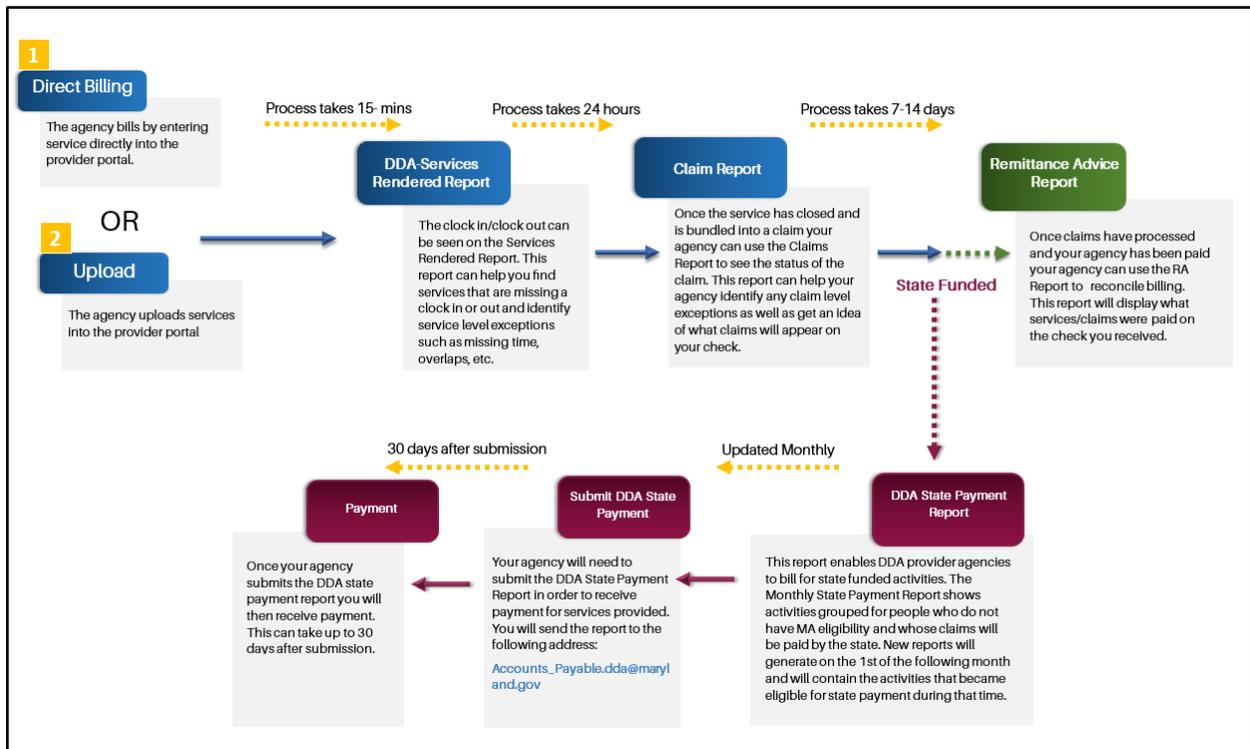
3. Claim Statuses

- **Submitted to MMIS:** A claim that has been sent from the Provider Portal to MMIS, and The Provider Portal is awaiting confirmation that the claim has been paid or rejected.
- **Paid:** A claim that was fully or partially paid by MMIS
- **Rejected:** A claim that was rejected and not paid by MMIS
- **Open:** A claim that needs resolution by provider to process
- **Ready:** The service is waiting for action by the system or by the provider to create a claim
- **Not submitted to MMIS:** Services that would result in a zero unit or duplicate claim that would be rejected by MMIS.

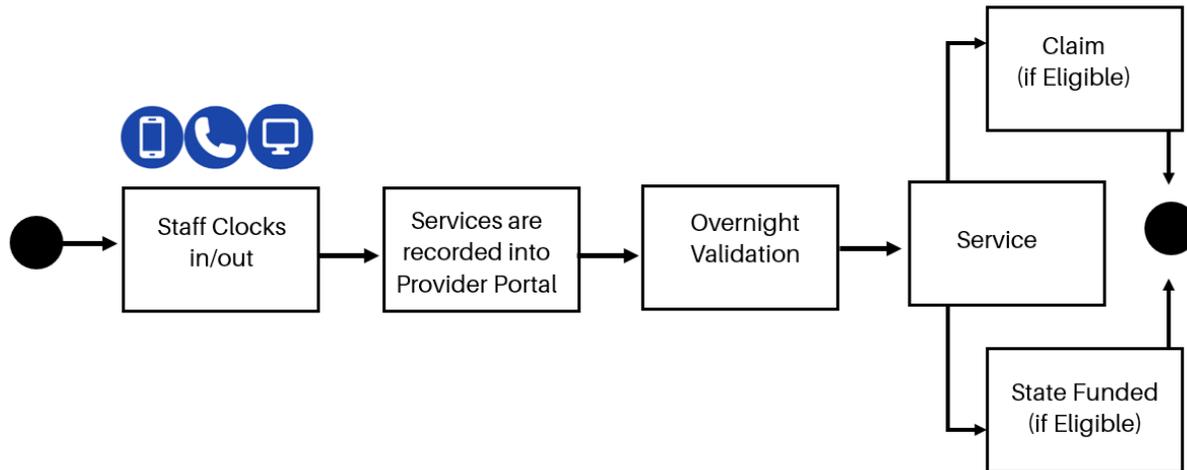
4. Non-EVV Billing Process



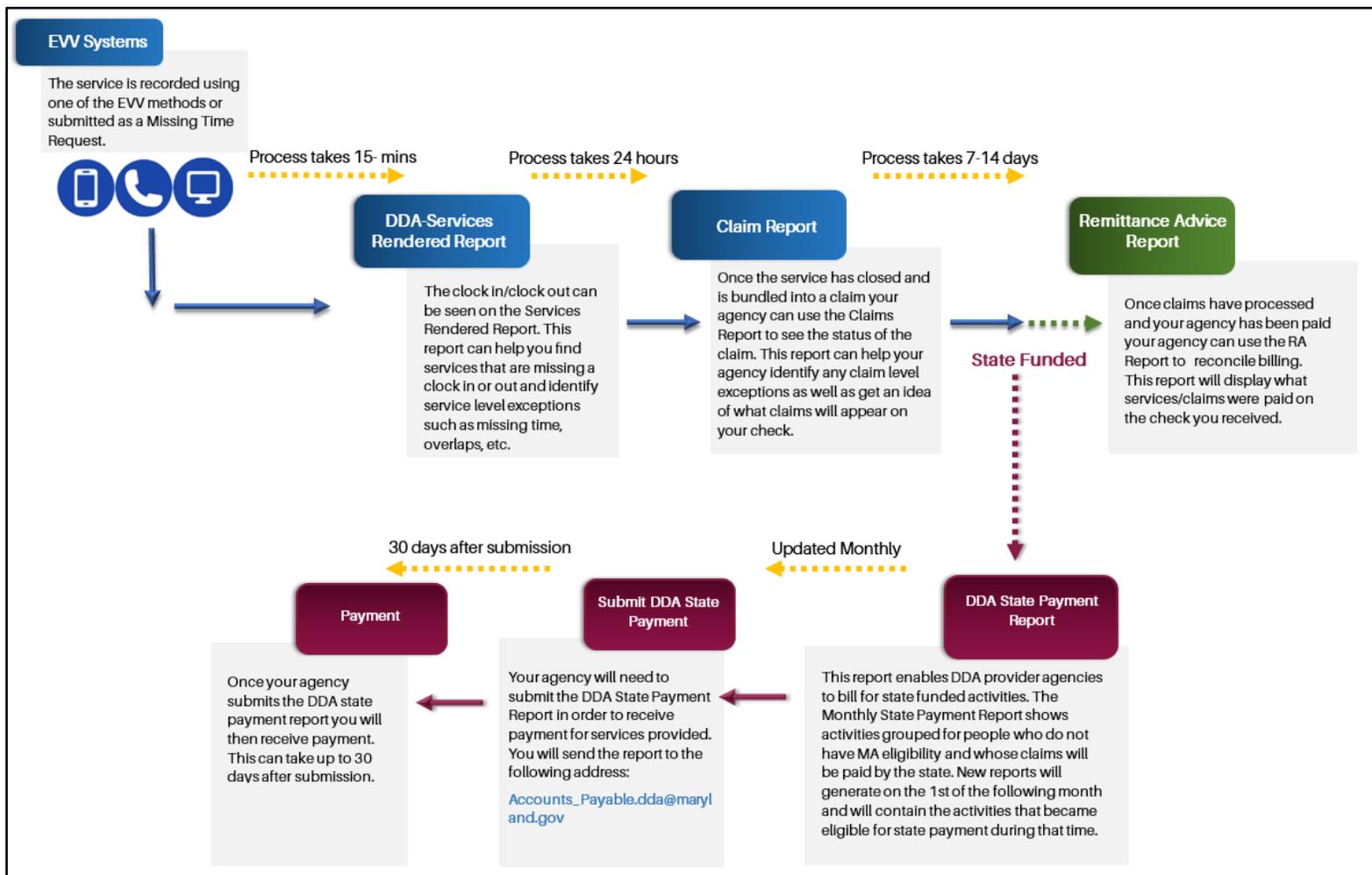
5. Non EVV Billing Reports Road Map



6. EVV Billing Process



7. EVV Billing Reports Road Map



8. Frequently Asked Questions

Q: We are a new agency and we need to set up a Provider Portal account/ I am locked out of my account. What do I do?

A: The agency should Contact the LTSS help desk at LTSSHelpDesk@Ltssmaryland.org or 1-855-463-5877

Q: Who do I contact if I have issues setting my staff up with the EVV Mobile App?

A: The agency should Contact the LTSS help desk at LTSSHelpDesk@Ltssmaryland.org or 1-855-463-5877

Q: When I try to enter my staff email address for the application it says that the email address is incorrect. What should I do?

A: This means the staff has already created an account, please leave this section blank and they staff should use the account information they submitted when creating the account.

Q: The participant's OTP/phone is broken/ missing, and the staff cannot clock in/out. What do we do?

A: The agency should contact the participant's CCS immediately to report the incident. The agency should also submit MTRs for all services the staff is unable to use the system.

Q: My staff clocked in and out, but the services are recording under a different participant. What should we do?

A: This happens when the phone number the staff is using is attached to a separate participant account. The agency should do the following:

1. Ensure the staff provider is using the phone number associated with the participant
2. If the staff is using the correct number, the agency should reach out to the CCS. The CCS can then contact MDH to resolve the issue.

Q: How long will it take for an MTR to be reviewed by MDH?

A: When an agency submits an MTR, it can take up to 10 business days from the date of submission for the PBSO team to review the request. However, it can take longer for resolution depending on the reason for the MTR.

Q: When is the monthly MTR deadline? Where is it listed in Provider Portal?

A: MTRs Are due 30 business days after the service date, MTRs will not be approved if they are submitted past that date. You can find reminders on homepage under announcements.

Q: The staff received points on an MTR even though we reported the MTR incident to the participant's

CCS.

A: In order to expedite payment to the agency, the PBSO team will point MTRs up to the 6 Missing time Policy. If a staff provider exceeds 6 points, the team will then investigate the situation and reevaluate all points that were assigned before rejecting a MTR. Agencies will only need to contact the PBSO team regarding points if a service has been rejected due to exceeding points and the agency would like to contest.

Q: When is the adjustment deadline?

A: Agencies can submit adjustments up to 364 days after the claim date of service, however the agency should allow 20 days for revision, ideally the adjustment should be submitted within 344 days.

Q: Our agency has received an Exception "Provider Not Authorized" for Respite, but are agency is approved for service in Provider Portal? What can we do to remove this exception?

Q: How can I tell which service payments are included with each check?

A: The agency can use the RA number and the Remittance Advice Report to verify services paid on each check. (Note: This excludes state funded services.)

Q: Why am I getting a hard stop in the system when trying to bill for a new service type: "You cannot enter billing for xxx service in LTSS Provider Portal until 12/31/9999"

A: If you are receiving this error, this means your agency is not yet turned on to bill that service type in LTSS for that provider number. Please reach out to your Regional Office Provider Relations Liaison for assistance and verification on which services your agency should bill for through LTSS.

Q: In order to generate an invoice for state funded services, do you first create billing entries in Provider Portal before generating the report?

A: All state funded services must be entered into Provider Portal and processed in the overnight queue to become claims before they can be generated on the DDA State Payment Report. Note that the DDA State Payment Report only shows services that are in status State Payment Reported.

Q: State funded services seem to be taking a longer time to process in Provider Portal than other services. Why?

A: The DDA State Payment Report used to view these services generates on the first of every month for every activity that went into a State Payment Eligible status in the prior month. Around this time, the system will convert all the previous month's services in a State Payment Eligible status to State Payment Reported.

Q: I sent in my invoice, but I have not received payment for state-funded services yet (more than 30 days)?

A: Please reach out to DDA Finance at accounts_payable.dda@maryland.gov for assistance.

Q: How can I bill for non-EVV services?

A: Non-EVV services can be billed in three main ways: single billing entry in Provider Portal, multiple billing entry, and provider upload of services through the API. Single and multiple billing entry are the most commonly used avenues for billing and can be accessed in Provider Portal by navigating to the Services Tab > Left Nav Menu > 'Billing Entries' icon > Single or Multiple Entries. Fill out service information just as if you were completing an MTR.

Q: I saved my non-EVV billing entries after creating them in the Provider Portal, but claims were not created and my agency has not been paid. What happened?

A: In order for claims to generate in Provider Portal, billing entries must be saved and submitted to pass into the overnight validation process to become a claim.

Q: I submitted my non-EVV billing entries but made a mistake. What can I do?

A: All non-EVV billing entries entered through the single and multiple billing entry process will enter the "queue" after submission to be processed in the overnight validation process. Providers will be able to delete services in the queue if the entries are inaccurate for the 12-24 hours before the overnight validation process occurs. After that, services can be adjusted or voided in Provider Portal.

Q: I entered a service for the incorrect participant / date / or service type but it has already been paid. What can I do?

A: All non-EVV service providers can void incorrect services by navigating to the claim, entering the detailed view, selecting "Adjust," and then selecting "Void." EVV service providers will navigate to the incorrectly billed service and select "Void." Upon voiding, a watermark will display on the claim indicating that it has been voided. Once voided, a 0-unit claim is sent to Medicaid in overnight billing, and the voided claim will be deducted from the Provider's next scheduled payment.

Q: Is there any way to adjust non-EVV residential services in large numbers if my agency made a mistake in the number of people authorized?

A: The batch process can be used to adjust large numbers of Residential Services if services were billed at the incorrect rate. The "Batch Process" refers to a new tab that will enable providers to upload a file to modify existing services entered in Provider Portal. Providers can upload the DDA Residential Rate Discrepancy Report correction file with the suggested "Number of People Authorized" change.

Q: What are CTC deductions and how do they work?

A: The Contribution to Care (CTC) deduction is an amount of money participants are expected to pay out

due to having too much in assets. CTC only impacts Residential Services and will be deducted from the first few billing entries entered for the given month.

9. Helpful Resources

[Electronic Visit Verification \(EVV\) for DDA Providers](#)

[LTSSMaryland Training Center](#)

[LTSSMaryland Provider Portal Training](#)

[MDH Training Site for EVV App](#)

[DDA FAQ](#)

[Provider Upload API Guide](#)

[DDA Provider Portal Exceptions Guide](#)

10. Helpful Contacts

Type of Issue	Department	Contact Information
Change of address or phone number	Provider Enrollment	https://eprep.health.maryland.gov/sso/login.do?
<ul style="list-style-type: none"> ● Billing policy questions ● Services not authorized ● Service exceptions ● Payment questions ● PBSO Policy questions 	LTSSMaryland Provider Billing Support Office (PBSO)	MDH.ltssbilling@maryland.gov 410-767-1719
<ul style="list-style-type: none"> ● New/ Registering for Provider Portal ● Unable to log into the Provider Portal ● technical issues with the Provider Portal ● EVV mobile app technical support ● Staff having trouble clocking in/out ● How to use the Provider Portal, EVV mobile app and the ISAS Telephone EVV 	Technical Help Desk	ltsshelpdesk@ltssmaryland.org 1-855-463-5877
<ul style="list-style-type: none"> ● OTP device issues ● Client phone not working ● PCP Units/Cost incorrect ● PCP units/cost need to be increased ● Client eligibility questions ● Client eligibility questions 	CCS agency	Specific to participant

11. LTSSMaryland Monthly Spotlight- Newsletter

PBSO will send out monthly newsletters to keep your agency up-to-date on issues and updates that may affect your agency. Make sure to keep your email address up-to-date in your staff and agency profile.

You can expect to see the following in the newsletters:

- **LTSSMaryland Monthly Spotlight**
 - System Updates
 - Upcoming Maintenance
 - System enhancements, technical issues and bugs
- **Provider Portal Newsletter**
 - Provider Portal technical issues and workarounds
 - Provider Portal updates
 - Important Announcements
 - Upcoming Trainings
 - New/updated guide information
 - Tips for success