



Medicaid Provider Services (MPS)

DDA Providers LTSS Maryland Billing Exceptions Guide

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Provider Portal: Exceptions Overview

Exceptions Definition

An exception is a failure of validation that prevents a claim from generating. Services with exceptions will remain in a pending status in the LTSSMaryland Provider Portal until the issue is resolved. Most exceptions can be resolved as noted in this guidance. 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:

1: Provider-Based Exceptions

Cause: Exceptions occur when there is a conflict with the provider setup in LTSSMaryland that prevents billing from taking place. This includes inactive/missing Category of Service (COS) code errors, provider Medicaid number suspension or termination.

- [Provider # does not have the approved and active Category of Service \(COS\)](#)
- [Provider is not approved to provide services to a minor](#)
- [Provider # has been suspended](#)
- [Provider # has been terminated](#)

2: Authorization-Based Exceptions

Cause: Exception occurs when there is an error in either the billing entry or the Person Centered Plan (PCP).

- [Provider not authorized for the service](#)
- [Site not authorized](#)
- [No approved service plan found](#)
- [Multiple supported living sites authorized for the same provider on the service plan](#)

3: Eligibility-Based Exceptions

Cause: Exception occurs when a participant is not fully enrolled in a DDA operated waiver or DDA's State funded program, or if there is a mismatch in eligibility information.

- [Client LTSS Program does not match the service plan](#)
- [Client ineligible for program](#)
- [Client LTSS Program does not align with MMIS waiver program](#)
- [Client ineligible for Medicaid](#)
- [Client ineligible for Medicaid but has active waiver program in MMIS](#)
- [Client not enrolled in a DDA Program](#)

4: Billing Exceptions

Cause: Exception occurs when there is a billing overage in Provider Portal.

- [Provider has exceeded the maximum authorization for the month](#)
- [Provider has exceeded the maximum authorization](#)

- [Client has exceeded maximum allowable Meaningful Day services for the day](#)
- [Client has exceeded maximum allowable Meaningful Day services for the week](#)
- [Client has exceeded maximum allowable Dedicated Hours for the day](#)
- [Activity has exceeded the maximum number of units for the day](#)
- [The entered time exceeds the 24-hour daily limit- alert](#)
- [Service Overlaps](#)

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.
 - a. 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.
 - a. Activities can be submitted up to one year from the original date of service through Provider Portal.
 - b. Providers should contact MDH if they have any questions about these **disapproved** services.

Provider Portal: Exceptions Review And Resolution

Section 1: Provider-Based Exceptions

1.1 Category of Service (COS) Code Issues

A. 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.
 - a. 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
4. Providers should verify that the provider number used to bill the service is correct and is active. See "How To Check" below.

B. 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 to 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

Provider Portal Home Alerts Services Clients **Providers** Reports Help OTP Feedback

PROVIDER NUMBER SEARCH < PROVIDER RESULTS - TOTAL : 3 Sort By ▾

Provider Name / #: All selected (3)

Status: All

Provider Attribute: DDA Community Provider

Category of Service: None selected

Agency Name:	Provider #:	Status:
Location Name:	Phone #: --	Active
Provider Attribute: DDA Community Provider	COS Codes: 2E - Career Exploration, 2H - CDS, 2I - Employment Services	Details
Agency Name:	Provider #:	Status: Active
Location Name:	Phone #: --	Active
Provider Attribute: DDA Community Provider	COS Codes: 2C - Day Hab	Details
Agency Name:	Provider #:	Status: Active
Location Name:	Phone #: --	Active
Provider Attribute: DDA Community Provider	COS Codes: 2C - Day Hab, 2H - CDS, 2J - Family Supports	Details

- 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).

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 Enrollment Status: 36 - Active - Pay (Federal and State)

Provider FEIN: 526055211 Provider Number: 887278300 List of Speciality Codes:

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

A. Provider number Listed on PCP does not have the proper COS code:

- Contact your RO Provider Services liaison to investigate.
- 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 can not be created.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

1.2 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.

A. Provider # has been suspended

1. If the Provider providing the service has an Enrollment Status that is Suspended in LTSS *Maryland* (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.

B. 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
 Program Type: DDA State Funded
 Claim #: --
 Procedure Code: --
 Total Paid: --
 Authorized Services Report

CLIENT INFORMATION
 Client Name: Training-Abbott, Libbie
 ID #: 3009599IL687122
 Primary Phone #: --
 MA #: 81873636485
 Client Service Plan

PROVIDER INFORMATION
 Provider #: 730013100
 Provider FEIN: 520575305

4. Go to the Providers Tab to search for the provider number information.
5. 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
 Enrollment Status: 36 - Active - Pay (Federal and State)

Provider FEIN: 526055211
 Provider Number: 887278300
 List of Speciality Codes: --

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

- A. 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 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 can not be created.

Note: Some exceptions are associated with incorrect billing or data entry errors and therefore not eligible for payment.

Section 2: Authorization-Based Exceptions

2.1 Not Authorized Exceptions

A. 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.

B. 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 Name: Provider Provider Type: DDA Community Provider Provider FEIN: 1234
-----------------------------	---	--------------------------------------	--	---	---

2. Next, run an Authorized Services Report to verify the service type and provider number listed on the PCP.

Provider Portal Home Alerts Services Clients Providers Reports Help Feedback		
REPORTS		
Category	Name	Data Frequency
Claims	Provider Portal Claims Report	Nightly
Claims	Remittance Advice Report	Nightly
DDA - Provider Portal	Authorized Clients Report	Real Time
DDA - Provider Portal	DDA Authorized Services Report	Nightly
DDA - Provider Portal	DDA Services Rendered Report	Real Time
DDA - Provider Portal	DDA State Payment Report	Real Time
EVV - Provider Portal	EVV Services Overlap Report	Real Time
EVV - Provider Portal	EVV Services Rendered Report	Nightly

3. 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 Plan Authorization Period* ✓ <Select a Value>
 Monthly
 Annual

Service Plan Month*

Agency Name/FEIN

Service Plan Service*

Client SSN#

Client Region*

Service Plan Year*

Service Plan Program Type* CP, CS, DDA State Funded, FS

Provider Locations*

Client ID/MA#

Client Name

Requested Adjustment*

[View 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

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 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 Number	Service Plan Program	Service Plan Period	Service Plan Service	Unit Type	Authorized 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

A. 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 can not 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.

- a. This can be accomplished by selecting Edit (don't make unit changes), then Save and Submit.
 - b. This will force the system to revalidate the service activity.
2. If this step does not work, reach out to the CCS.
 - a. They will verify if there was a service-specific end date assigned to the service.
 - b. 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.
 - c. Please contact the DDA Regional Office if a revised PCP can not be created.
3. You may also reach out to the MPS team at mdh.isashelp@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.

2.2 No Approved Service Plan

A. 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 #: Provider #: 987654 Provider FEIN: 1234</p> <p>Provider Name: Provider</p> <p>Provider Type: DDA Community Provider</p> <p>Client Service Plan</p>
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2. Run the Authorized Clients Report by clicking on the blue hyperlink

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

- 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

- View the report output for the authorized services.
- 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	

Resolution Pathways

A. Authorization not found

- 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.
- 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.

2.3 Multiple supported living sites authorized

A. 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

The screenshot shows a service tile with a dark header containing tabs for 'Activity', 'Comments', and 'Workflow History'. On the left, a blue box contains the number '1' and the word 'Units'. The main content area displays 'Status: Pending' and 'EXCEPTIONS: 1' with a sub-message: 'Multiple supported living sites authorized for the same provider on the service plan'. At the bottom right, there are two buttons: 'Discard' and 'Edit', with the 'Edit' button highlighted by a green border.

2. Select the desired location

The screenshot shows the service tile with the 'Edit Reason' dropdown menu open. The 'Supported Living Site' dropdown is also open, showing 'Location 1' and 'Location 2' as options. The 'Edit Reason' dropdown is currently empty. The 'Supported Living Site' dropdown has a checkmark next to the selected option. The 'Discard' and 'Edit' buttons are still visible at the bottom right.

3. Select the Edit Reason
4. Select Save and Submit to MDH for the billing to process

The screenshot shows the service tile with the 'Edit Reason' dropdown menu open, displaying options: 'Change in Authorization', 'Incorrect Units/Cost of Service', and 'Other'. The 'Supported Living Site' dropdown is also open, showing 'Location 1' and 'Location 2'. The 'Edit Reason' dropdown is currently empty. The 'Supported Living Site' dropdown has a checkmark next to the selected option. The 'Discard' and 'Cancel' buttons are visible at the bottom right, and the 'Save' button is highlighted by a green border.

Section 3: Eligibility-Based Exceptions

3.1 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.
2. 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:

1. Run the Authorized Clients report
2. View the PCP Program and SPC fields.
3. Notice the mismatch between the two 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
00000003	Justin Test3	Revised PCP	CS	CP	CSW - DD Community Supports Waiver	11/15/2021	12/31/9999
00000004	Charles Test4	Annual PCP	CS	CS	CSW - DD Community Supports Waiver	07/01/2021	12/31/9999

Option Two:

1. Go to the client profile details
2. View the Enrolled Programs column against the POS/PCP Program
3. Notice the mismatch between the two fields

Last Name: Test5	First Name: Paul	ID #: 00000005	
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

A. PCP Program does not match the participant's enrolled program

1. Check with the CCS to ensure that the program selected on the PCP is correct.
 - a. 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.
 - a. Contact the ISAS team for a status update at mdh.isashelp@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 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.

3.2 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			

3. View the Special Programs section.

Special program:	Start Date	End Date
No data available		

Resolution Pathway

A. 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.
 - a. EDD may need to update the participant's profile accordingly.
2. Contact the ISAS team for a status update at mdh.isashelp@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.

3.3 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.

- A. 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

Provider Portal		
Home	Alerts	Services
Clients	Providers	Reports
Help	Feedback	
REPORTS		
Category	Name	Data Frequency
Claims	Provider Portal Claims Report	Nightly
Claims	Remittance Advice Report	Nightly
DDA - Provider Portal	Authorized Clients Report	Real Time
DDA - Provider Portal	DDA Authorized Services Report	Nightly
DDA - Provider Portal	DDA Services Rendered Report	Real Time
DDA - Provider Portal	DDA State Payment Report	Real Time
EVW - Provider Portal	EVW Services Overlap Report	Real Time
EVW - Provider Portal	EVW Services Rendered Report	Nightly

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
000000000	Johnny Test1	Annual PCP		CP
000000001	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

A. 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 ISAS team for a status update at mdh.isashelp@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.

3.4 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

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
000000006	Darren Test6	Annual PCP	CS	CP	DRW - DD Community Pathways Waiver	08/01/2019	12/31/9999
000000007	Anai Test7	Annual PCP	CP	CP	DRW - DD Community Pathways Waiver	07/01/2011	12/31/9999

Resolution Pathways

A. Mismatch - LTSS Program does not align with MMIS waiver program

1. If the LTSS Program does not align with MMIS waiver program, the information will need to be researched and remediated as applicable.
 - a. The PCP/ODF created may be of the wrong program type OR
 - b. EDD may need to update the participant’s enrollment accordingly.
2. Contact the ISAS team for a status update at mdh.isashelp@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.

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.

3.5 Client Ineligible for Medicaid

This exception occurs in the following situations:

- A. The participant was never MA eligible
 - *Note: They may still be pending enrollment*
- B. The participant lost MA eligibility
- C. 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

A. 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.
 - a. EDD may need to update the participant’s enrollment accordingly upon receiving proper documentation.
- 2. Contact the ISAS team for a status update at mdh.isashelp@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.

3.6 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

A. Participant is ineligible for Medicaid but has an active SPC

1. The information will need to be researched and remediated as applicable.
 - a. EDD may need to update the participant’s enrollment accordingly.
2. Contact the ISAS team for a status update at mdh.isashelp@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.

Section 4: Billing Exceptions

4.1 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 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

- Select Monthly for services that have a monthly authorization or Annual for annual allotments
- Select the plan year and desired month(s)
- Select the location, participant information and other information as desired

Service Plan Authorization Period*	<input type="button" value="v <Select a Value>"/> <ul style="list-style-type: none"> Monthly Annual 	Service Plan Year*	<input type="text"/>	<input type="button" value="View Report"/>
Service Plan Month*	<input type="text"/>	Service Plan Program Type*	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	CLAIM SUMMARY
Service Type: Personal Supports (DDA)	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 Location Number	Service Plan Program	Service Plan Period	Service Plan Service	Unit Type	Authorized Units	Billed		Entered			Count of Services with Exceptions
						Services Units	Balance (Authorized - Services Entered)	Services Units/Cost	Balance (Authorized - Services Entered)		
887278300	CP	05/01/2022 - 05/31/2022	Personal Supports	15 minute increment	528	499		29	536	(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.

4.2 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: 	10 hours	40 units	40 hours	160 units
<ul style="list-style-type: none"> ● Employment Services - Job Development ● Community Development Services (CDS) ● CDS Staffing ratio ● Day Habilitation Services Small and Large group ● Day Habilitation Services Staffing Ratio ● Career Exploration (CE) 	8 hours	32 units	40 hours	160 units

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

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 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.

4.3 Activity has exceeded the maximum number of units for the day & 24-hour error

A. 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 an 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

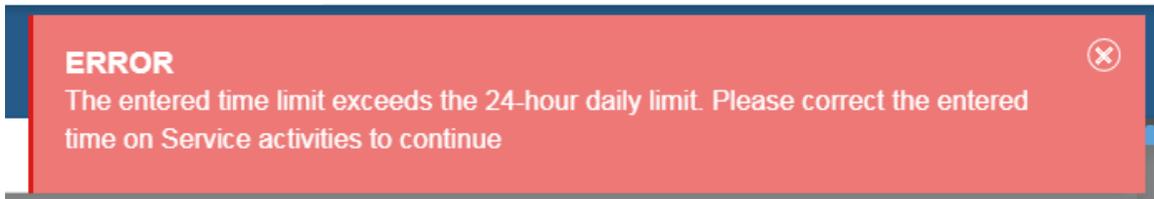
This service spread from 8:37 AM - 8:57 AM +1 is 24 hours and 20 minutes or 97 units in length. This exceeds the daily service maximum by 1 unit and must be reduced.

SERVICE ACTIVITY SUMMARY	SERVICE ACTIVITY SUMMARY	SERVICE ACTIVITY SUMMARY
Start Time: 🕒 8:37 AM	End Time: 🕒 11:25 PM	Start Time: 🕒 11:28 PM
End Time: 🕒 11:25 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 # <input type="text"/> SSN # <input type="text"/>		
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: End Time: 9:02 AM 3:01 PM	Start Time: End Time: 3:02 PM 11:00 PM	Start Time: End Time: 11:00 PM 3:01 PM +1
Status: Provider In Progress	Status: Ready	Status: Ready
Exception Type: Missing Clock-out	Exception Type: --	Exception Type: --
Manual Edit Reason: Forgotten Clock In/Out	Manual Edit Reason:	Manual Edit Reason:
Comment: Employee forgot to clock out	STAFF Name:	STAFF Name:
STAFF Name:	ID # 21f01421-db93-46fa-b952-b533629cfd5 SSN # ***-**-4205 Phone: (443) 847-4721	ID # 0c21424b-6ad7-4755-b8d2-db7bec6db058 SSN # ***-**-9423 Phone: (443) 275-3200
ID # 0c21424b-6ad7-4755-b8d2-db7bec6db058 SSN # ***-**-9423		
<input type="button" value="Discard"/> <input type="button" value="Edit"/> <input type="button" value="Details"/>	<input type="button" value="Details"/>	<input type="button" value="Details"/>



Resolution Pathways: EVV

A. EVV Service Billing Correction: Single Day

If the service group is in a Pending Provider status, do the following:

- 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).
- Edit the service tile(s) you wish to reduce
- Save and Submit the service(s) to MDH
- 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

- 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 ISAS to resolve the issue at mdh.isashelp@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.

4.4 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.

D. Staff Overlap - Different Program

Overlaps with another service provided by the same staff within the same provider for a different program

How to Check

1. 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" value=""/>
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" value=""/>
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					
		Name	Number					Service	Service Status	Exception Type	Start Time	End Time	Actions
Provider_Staff	05/05/2020	National Children's Center	623822300	Training-Johns, Naomi	3009566AN007121	05656887068	CP	Personal Supports (DDA)	Closed		5/5/2020 12:30 PM	5/5/2020 1:00 PM	
	05/05/2020	National Children's Center	623822300	L, T	3009577AL797121		CP	Personal Supports (DDA)	Provider In Progress		5/5/2020 12:30 PM	5/5/2020 1:15 PM	
	05/26/2020	National Children's Center	623822300	Training-Renquet, Alivia	3009592LA257121	75500617075	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	National Children's Center	623822300	Training-Kawner, Sydnee	3009590Y9607121	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	National Children's Center	623822300	Training-Johns, Naomi	3009566AN007121	05656887068	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	National Children's Center	623822300	Training-Smith, Lucas	3009505UL217121	08266367821	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	National Children's Center	623822300	Training-Schmeler, Chandler	3009598HC497121	50462653882	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

2. Option Two: Homepage

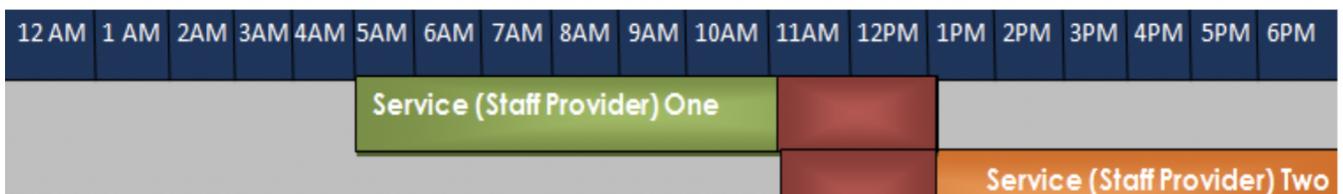
Another option is to locate the overlaps through the Provider Portal homepage under the Actions Require Resolve By Provider section. Simply click the blue numbers hyperlink to get to the list of overlaps that need to be resolved by your agency.

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

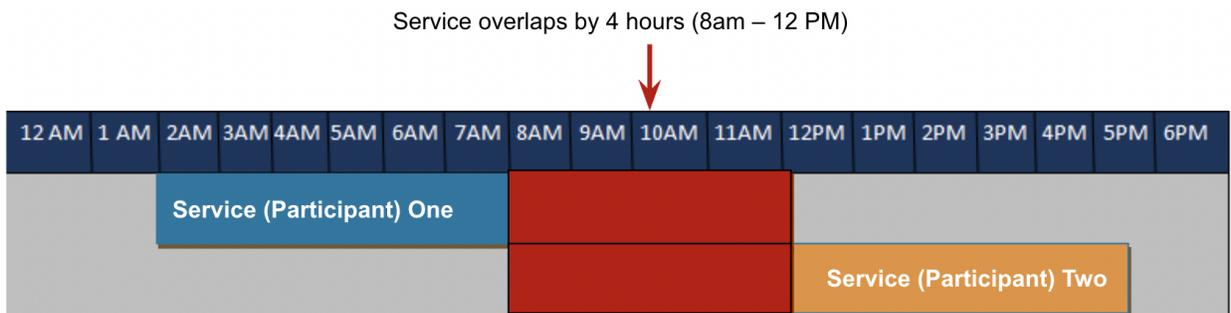
Service overlaps by 2 hours (11am – 1PM)



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 11AM and Service Two will begin at 1PM. No one will be paid for the overlapping time.

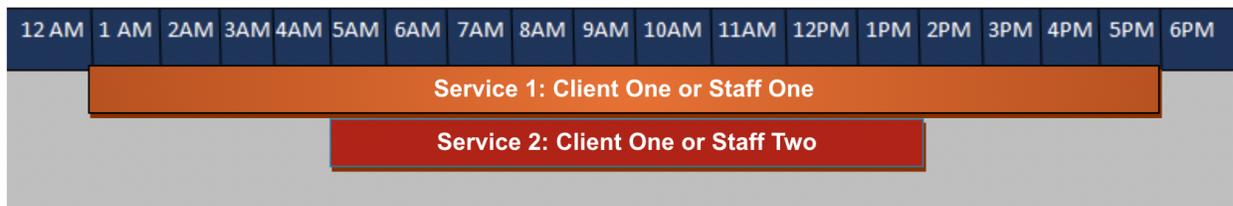
If the overlap is pending provider as the staff both belong to the same agency (Pending Provider), you should cut the service to however is most accurate, bearing in mind that there should be no time that is shared between your staff.

Staff Overlap over two or more participants



How you resolve this overlap depends on what was accurate. For example, if the staff actually stopped providing services to participant 1 at 12pm, then shorten the shift for participant 2 to begin at 12:01pm.

Surrounded Overlap, any overlap type



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 1 AM - 4:59 AM

Service 2: Keep service 5 AM - 2 PM as is

Service 3: Add a 2:01 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.

The screenshot displays a service tile with the following sections:

- CLAIM SUMMARY:** Service Date: 05/26/2020, Program Type: CP, Procedure Code: W5810, Claim #: --, Total Paid: --, Authorized Services Report (link).
- CLIENT INFORMATION:** Client Name: Training-Cremin, Lenore, ID #: 3009567EL767121.
- CLAIM DETAILS:** To-Do for Provider, Claim Type: N/A, Claim Status: N/A, Procedure Code: W5810, Services with Exception: 1. A table shows Net, Billed, Paid, and Units for both total and individual entries.
- SERVICE ACTIVITY SUMMARY:** Start Time: 12:30 PM, End Time: 1:00 PM, Status: Pending Provider, Exception Type: Staff Overlap - Same Provider, Manual Edit Reason, STAFF Name: Staff Provider, ID #, SSN #, and Phone #.

Buttons for Discard, Edit, and Details are visible at the bottom right.

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

The screenshot shows the SERVICE ACTIVITY SUMMARY form with the following fields and callouts:

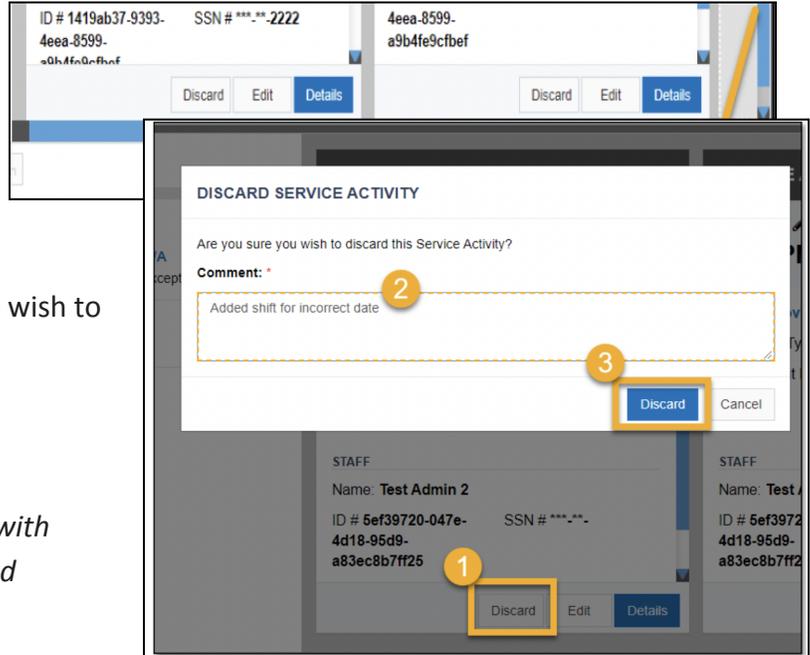
1. Start Time: 11:15 AM
2. End Time: 12:15 PM
3. Manual Edit Reason: * OTP Issue
4. Comment: *
1. Sample Reason
2. Sample Reason
3. Sample Reason
5. Save button

Other visible fields include Status: Provider In Progress, Exception Type: --, and STAFF information.

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.



Section 5: Rejected Residential Claims

5.1 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.
 - a. 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.
 - b. 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.
 - c. 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.

<p>Service Date: 03/02/2022</p> <p>Service Type: Community Living - Group Home</p>	<p>CLAIM SUMMARY</p> <p>Program Type: CP</p> <p>Claim #:</p> <p>Authorized Services Report</p>
CLAIM DETAILS	
Claim is Paid	
<p>Claim Type: Original Claim Status: Paid</p> <p>Procedure Code: W5600</p>	
Net:	Billed: \$561.81 Paid: \$561.81 Units: 1
Total:	Billed: \$561.81 Paid: \$561.81 Units: 1
<p>Cost To Care: \$123.78</p> <p>Claim Creation Date: 03/09/2022</p>	

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.

- a. In cases where the participant owes as much or more as the service cost, it will show as Rejected as the claim status.
- b. 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.
- c. 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.

Provider Portal: Additional Resources

Topic Area	Guide
Comprehensive user guide for navigating Provider Portal	Provider Portal User Manual for DDA Services
Service Modification Requirements for EVV Manual Billing Entries	DDA Service Modification Guide
Policy Guide for Billing EVV Services	DDA ISAS Policy Guide
Webinars	Electronic Visit Verification (EVV) ISAS Services Training

Contact Resources

Topic Area	Lead	Contact Information
<ul style="list-style-type: none"> * Billing Questions * Policy Questions * Participant Eligibility Exceptions 	ISAS Division	MDH.ISAShelp@maryland.gov 410-767-1719
<ul style="list-style-type: none"> * Technical Issues * How to Questions * ISAS Registration 	ISAS Help Desk	ltsshelpdesk@ltssmaryland.org 1-855-463-5877
<ul style="list-style-type: none"> * OTP Device Issues * Person Centered Plan Questions 	Coordinator of Community Services (CCS)	Specific to Participant
<ul style="list-style-type: none"> * Agency Change of Address/ PH# * Provider Enrollment 	Regional Provider Services Liaison	Specific to Agency. If you do not have a liaison appointed, please contact the appropriate Regional Provider Services Director. CMRO: https://health.maryland.gov/dda/Pages/cmro.aspx SMRO: https://health.maryland.gov/dda/Pages/smro.aspx WMRO: https://health.maryland.gov/dda/Pages/wmro.aspx ESRO: https://health.maryland.gov/dda/Pages/esro.aspx
<ul style="list-style-type: none"> * Register for Direct Deposit 	Maryland Comptroller	1-800-638-2937 410-260-7980 https://marylandtaxes.gov/divisions/gad/eft-program.php
<ul style="list-style-type: none"> * Missing Checks 	Check Tracing Unit	mdh.medicaidchecktracing@maryland.gov

Appendix: Specific Actions Overview

Note: These appendices **DO NOT** review any new information not previously covered in this guidance. This section is provided to consolidate all of the specific actions previously reviewed for your convenience.

Appendix A- Actions in Section 1: Provider-Based Exceptions

1A: How to verify Category of service (COS)

Providers can view their COS codes by doing to following:

1. Go to the Providers Tab in Provider Portal
2. Search for the specific location in the Provider Number Search panel, under this symbol:



- a. All the COS codes associated with this location will be displayed
3. All COS codes for each location are displayed in the search results

The screenshot displays the 'Provider Portal' interface. On the left is the 'PROVIDER NUMBER SEARCH' panel with filters for Provider Name / #, Status, Provider Attribute, and Category of Service. The main area shows 'PROVIDER RESULTS - TOTAL : 3'. Three results are listed, each with Agency Name, Location Name, Phone #, Provider Attribute, and COS Codes. The first result's COS Codes are highlighted with a green box and a plus sign icon.

NOTE: If there are multiple COS codes you will need to click the (+) symbol to expand the list

1. Click the blue details button to open the details page. This page will contain the COS codes and active date spans.

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** Enrollment Status: **36 - Active - Pay (Federal and State)**

Provider FEIN: **526055211** Provider Number: **887278300** List of Speciality Codes: _____

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

NOTE: The “Spans Start Date must be on or prior to the start of services and the “Spans End Date” should be later than the service date (generally you will see 12/31/9999 as the end date).

1B: How to verify the provider number

Providers can view their provider number by doing the following:

1. Search for the service in the Provider Portal Services tab
2. Go to the Service Details Tab
3. Look at the Provider # field towards the top right corner of the screen

Provider Portal Home Alerts Services Clients Providers Reports Help Feedback

05/26/2020 SERVICE DATE DETAILS

DETAILS

SERVICE AUTHORIZATION

Service Date: **05/26/2020**

Service Type: **Personal Supports (DDA)**

CLAIM SUMMARY

Program Type: **DDA State Funded**

Claim #: --

Procedure Code: --

Total Paid: --

CLIENT INFORMATION

Client Name: **Training-Abbott, Libbie**

ID #: **3009599IL687122**

Primary Phone #: --

MA #: **81873636485**

PROVIDER INFORMATION

Provider #: **730013100** Provider FEIN: **520575305**

How to view the provider number enrollment status

1. Go to the Providers Tab
2. Your agency can view all provider numbers associated with they agency or select a specific one from the drop-down menu

PROVIDER NUMBER SEARCH

Provider Name / #: **All selected (3)**

Status: **All**

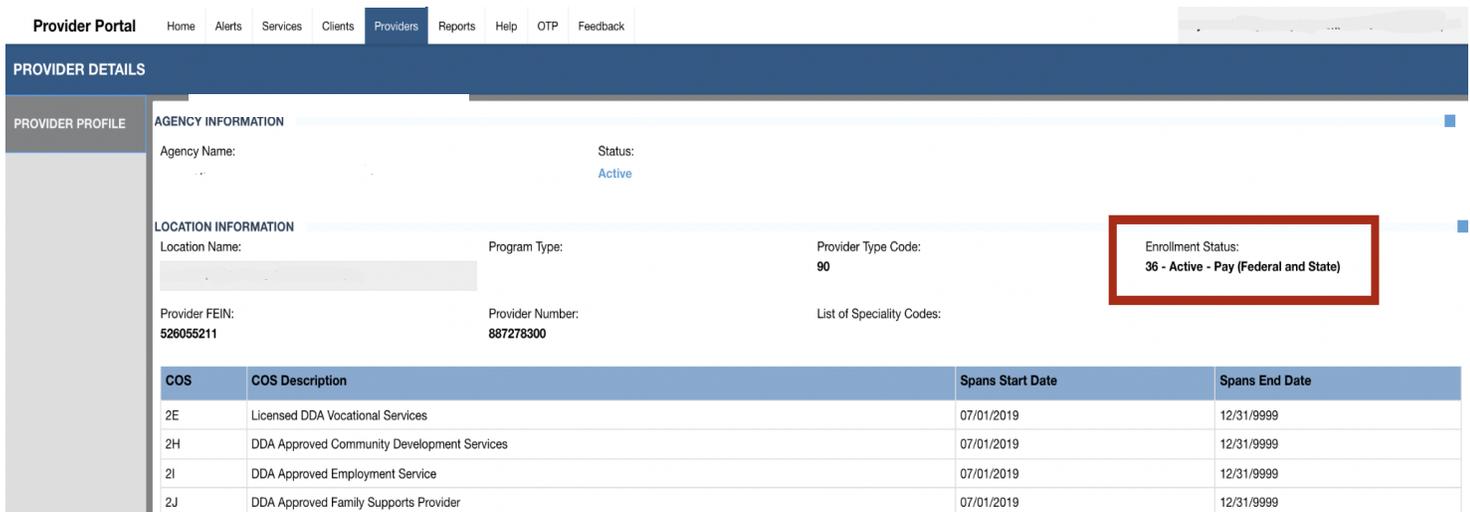
Provider Attribute: **Personal Assistance Services - Agency**

Category of Service: **None selected**

3. The user can see what provider numbers are active and inactive



4. Click the blue details button to view the enrollment status



- Type 36: Active location
- Type 51-60: Provider # has been suspended
- Type 66-73: Provider # has been terminated

Appendix B- Actions in Section 2: Authorization-Based Exceptions

2A: How to Edit a Service Location

1. Select Edit on the service tile

Activity | Comments | Workflow History

1
Units

Status: **Pending**

EXCEPTIONS: 1

Multiple supported living sites authorized for the same provider on the service plan ⓘ

Discard **Edit**

2. Select the desired location

Activity | Comments | Workflow History

1
Units

Status: **Pending**

Edit Reason:*

EXCEPTIONS: **1**

Multiple supported living sites authorized for the same provider on the service plan ⓘ

Supported Living Site:*

✓ Location 1
Location 2

3. Select the Edit Reason

4. Select Save and Submit to MDH for the billing to process

2B: How to Verify Service Authorization using the Authorized Client Report

1. View the service tile to verify the date of service for the billing attempt

Service Date: 05/28/2022 Service Type: Community Living - Group Home	CLAIM SUMMARY Program Type: -- Procedure Code: -- Claim #: -- Total Paid: -- Authorized Services Report	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
---	---	--	---	--

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		

- 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

- View the report output for the authorized services.
- 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	

2C: How to Verify Service Type and Provider number Authorized on the PCP using the Authorized Service Report

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 Name: Provider Provider Type: DDA Community Provider	Provider FEIN: 1234
-----------------------------	---	--------------------------------------	--	---	--	----------------------------

2. Run the Authorized Services Report to verify the service type and provider number listed on the PCP by clicking on the blue “view” hyperlink

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
EW - Provider Portal	EW Services Overlap Report	Real Time	View
EW - Provider Portal	EW Services Rendered Report	Nightly	View

3. 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 information and other information as desired

Service Plan Authorization Period*	<input type="button" value="v"/> <Select a Value> Monthly Annual	Service Plan Year*	<input type="text"/>	<input type="button" value="View Report"/>
Service Plan Month*	<input type="text"/>	Service Plan Program Type*	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"/>	

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 Number	Service Plan Program	Service Plan Period	Service Plan Service	Unit Type	Authorized Units		
12345	CP	05/01/2022 - 05/31/2022	Personal Supports	15 minute increment	528		

6. View the Plan Details

- 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.
- 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).

▼ 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

Appendix C: Actions in Section 3: Eligibility-Based Exceptions

3A: How to Verify if the participant's program enrollment matches the program listed on the PCP

Option one:

1. Run the Authorized Clients report
2. View the PCP Program and SPC fields

In this example notice the mismatch between the two 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
00000003	Justin Test3	Revised PCP	CS	CP	CSW - DD Community Supports Waiver	11/15/2021	12/31/9999
00000004	Charles Test4	Annual PCP	CS	CS	CSW - DD Community Supports Waiver	07/01/2021	12/31/9999

Option two:

1. Search for the participant in the Provider Portal Clients tab
2. View the Enrolled Programs column against the POS/PCP Program

In this example 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](#)

3B: How to Verify the Special Program Code (SPC) and SPC Date Span

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

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](#)

3. Click the Waiver/Program Enrollment Status and view the Special Program Code section

CLIENT PROFILE Expand All

> CLIENT DEMOGRAPHIC OVERVIEW

> ADDRESS TO RECEIVE SERVICES

▼ WAFER/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	

3C: How to Verify Participant's DDA Enrolled Program

Option One

1. Run the Authorized Clients report
2. View the Enrolled Program field for the participant
 - a. 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 Search
2. Look at the summary results for the participant
 - a. 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](#)

3D: How to Identify a SPC Mismatch Between LTSS and MMIS

1. Run the Authorized Clients report
2. View the Enrolled Program and SPC fields
3. Verify this is not a State Funded Individual (seen in the 'Enrolled Program' column)
4. Verify the information provided in the Enrolled Program, PCP Program, and SPC columns

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
000000006	Darren Test6	Annual PCP	CS	CP	DRW - DD Community Pathways Waiver	08/01/2019	12/31/9999
000000007	Anai Test7	Annual PCP	CP	CP	DRW - DD Community Pathways Waiver	07/01/2011	12/31/9999

Appendix D - Actions in Section 4: Billing Exceptions

4A: How to Review the Allowed Amount of Billable Service Hours and Hours Exceeding the Authorized Amount

1. Go to the Reports section on Provider Portal and select the Authorized Services 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
EVW - Provider Portal	EVW Services Overlap Report	Real Time	View
EVW - Provider Portal	EVW Services Rendered Report	Nightly	View

2. Fill out the required information
 - Select Monthly for services that have a monthly authorization or Annual for annual allotments
 - Select the plan year and desired month(s)
 - Select the location, participant information and other information as desired

Service Plan Authorization Period* Monthly Annual

Service Plan Year*

Service Plan Month*

Service Plan Program Type* CP, CS, DDA State Funded, FS

Agency Name/FEIN

Provider Locations*

Service Plan Service*

Client ID/MA#

Client SSN#

Client Name

Client Region*

Requested Adjustment*

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 Location	Service Plan	Service Plan	Service Plan	Unit	Authorized	Billed		Entered			Count of Services with Exceptions	
Number	Program	Period	Service	Type	Units	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	499	29	536	(8)	1		

Example

In this example we see that the agency is allowed to bill up to 96 units – they already billed for the allowed 96 units and have 0 units left – they entered 168 units- they have exceeded the allowed units by 72 and have 3 services pending with exceptions.

Authorized Units	Billed		Entered		
	Billed Units	Balance (Authorized - Services Entered)	Services Units/Cost	Balance (Authorized - Services Entered)	Count of Services with Exceptions
96	96	0	168	(72)	3

The agency will need to discard all service time that exceeds the allowed 96 units.

4B: Meaningful Day Hour Limit

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: 	10 hours	40 units	40 hours	160 units

<ul style="list-style-type: none"> ● Employment Services - Job Development ● Community Development Services (CDS) ● CDS Staffing ratio ● Day Habilitation Services Small and Large group ● Day Habilitation Services Staffing Ratio ● Career Exploration (CE) 	8 hours	32 units	40 hours	160 units
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4C: Dedicated Hour Limit

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