LTSSMaryland Provider Portal Reference and User Guide

Community Options / Community First Choice Programs

Contents

Common Terms and Definitions

Category	Term	Definition
User Roles & Personnel	**Admin Provider**	A user role in the Provider Portal that manages staff profiles and billing activities. Each user must have their own profile.
	Agency Administrator	A person responsible for the agency's administrative tasks.
	Billing Provider	A user role in the Provider Portal that manages billing activities but cannot manage staff profiles. Each user must have their own profile.
	Staff Provider	Employed by an agency provider. Provides personal care services to participants in the community.
	Participant	Any person enrolled in the CFC, CO, ICS, or CPAS programs. (Note: LTSS and ISAS systems may use the term "Client.")
	Support Planning Agency (SPA) or Support Planner (SP)	A caseworker who helps the participant choose and monitor their services.
Organizations & Regulations	**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).
	Maryland Department of Health (MDH)	The state agency responsible for public health issues in Maryland. MDH is led by a secretary who is a member of the governor of Maryland's cabinet.
	Code of Maryland Regulations (COMAR)	The official compilation of all administrative regulations issued by agencies of the state of Maryland. Agency providers are legally responsible for following this guidance.
	Medicaid Management Information System (MMIS)	The system used by the state of Maryland to adjudicate (pay or reject) claims.
Programs	**Community First Choice (CFC)**	A Home and Community Based Service program that uses the EVV system for billing to provide facility-level services to older adults and individuals with disabilities, allowing them to remain in their own homes. (COMAR 10.09.84)
	Community Options (CO)	A waiver program that uses the EVV system for billing. Its purpose is to provide facility-level services to older adults and individuals with disabilities, allowing them to remain in their own homes. (COMAR 10.09.54)

	Community Personal Assistance Services (CPAS)	A waiver program that uses the EVV system. It provides services to participants formerly in the Medical Assistance Personal Care (MAPC) program. Applicants must require an institutional level of care. (COMAR 10.09.20)
	Increased Community Services Program (ICS)	A Home and Community Based Services program that uses LTSSMaryland for billing. The ICS program has expanded financial eligibility requirements, allowing individuals to qualify with a higher level of income than the Community Options (CO) Waiver.
Service Types	**Personal Assistant Services (PAS)**	A service type provided to a single participant at a given time. The staff provider is authorized to bill for one participant at one time.
	Shared Attendant Services (SAS)	A service type provided when two participants are living together and choose to have one staff provider working with both participants at the same time.
	Daily Personal Assistant Services (DPAS)	MDH will pay a flat rate for each pre-authorized day of service over 12 hours if DPAS is listed for that day on the participant's plan of service.
	Emergency Service	Services provided to a participant during an emergency situation. Includes: Backup Services (by a substitute agency) and Emergency Services (above authorized hours, requiring support planner approval).
Billing & Claims	**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.
	Claim Types	Original: The first iteration of a claim. Adjustment: A claim that has been changed. Void: A claim that was reduced to zero units. No Claim: No claim has been created for this service(s).
	Plan of Service (POS)	A document that describes the participant's needs and goals and the services that MDH authorizes to meet them.
Service Management	**Service**	A complete shift created when a staff provider clocks in and out using the LTSS*Maryland* EVV system.
	One Time Password Device (OTP)	A time-synchronized device issued to participants to assist staff providers with recording their clock-in/out times through the EVV system.
	Exception	A service or claim that does not meet the system rules for processing. It pends until it is resolved.

	Service Modification (SM)	Occurs any time a service needs to be modified or changed. All SMs must reflect the exact date, time, and reason for the modification. Includes: Missing Time Request (MTR) (a manual submission for missed clock-in/out) and Adjustment (an edit to an existing service or a new one for a day with a closed claim).
Service Statuses	**New**	A new service has been created.
	Pending Provider	A service that generated an exception and needs review by the provider.
	Provider in Progress	The agency provider has started editing the service but has not yet submitted it.
	Needs Authorization	The service, missing time entry, or adjustment has to be approved by MDH.
	Needs Provider Authorization	The service needs review by the agency administrator or billing staff.
	Pending MDH	A service that generated an exception and needs review by MDH.
	MDH In Progress	A service that is under review by MDH.
	MDH Reviewed	MDH has reviewed and acted on an exception. This service is ready for the overnight process to become a claim.
	Not Authorized	A service that was manually entered by the provider administrator and was rejected by MDH.
	Ready	A service that is pending submission for payment.
	Closed	A complete service with a verified clock-in and a verified clock-out that has been submitted for payment.

LTSSMaryland Provider Portal: Background Information

Programs Currently Using LTSS*Maryland* EVV

- Community Options (CO) Waiver
- Community First Choice (CFC)
- Community Personal Assistance Services (CPAS)
- Increased Community Services Program (ICS)

The current preferred method for staff to clock in and out is the **EVV Mobile Application**; however, staff may also use the participant's phone or a personal phone alongside an OTP device for services.

The EVV Mobile Application was implemented to give staff providers the ability to clock in and out using their personal phones without needing an OTP device, particularly when providing care in the participant's home. The EVV Mobile Application captures clock-in and clock-out times and relays that information back to the EVV system. Staff can also submit their own Missing Time Requests through the EVV Mobile Application within seven days of the service date. These requests are then sent to agency administrators for review before being forwarded to MDH for processing. The EVV Mobile Application will be discussed in further detail later in the reference guide.

If staff do not have a smartphone or are not comfortable using the EVV Mobile App, they may continue to use the participant's phone (which is registered to them in their LTSS Profile) to clock in and out through the **IVR (Interactive Voice Response)** system. Staff must call into the system at the beginning and end of their shift to record their clock-in and clock-out times. The number for staff to call is 1-855-463-4727 (1-855-4MD-ISAS). The IVR system will be discussed in further detail later in the reference guide.

Staff will need to use an OTP device to clock in and out if any of the following apply:

- The participant does not have a phone number associated with them.
- There are multiple people in the same household with the same phone number.
- Care is being provided outside the participant's home.

As previously discussed, an **OTP device** is a time-synchronized device issued to participants by support planners to help staff providers record their clock-in and clock-out times through the ISAS system. Not all participants will have an OTP device in their homes. Staff will call into the IVR system (or use the EVV Mobile Application on their personal phone if providing services in the community) and enter the 6-digit number displayed on the OTP device. Please note that this number changes every 60 seconds. There are bars on the left side of the 6-digit code that count down in 10-second increments to alert you when the code is about to change.

Non-EVV services are services that do not use the system to clock in and out in real-time. The agency will submit these services to MDH for payment after they have been performed. Currently, two non-EVV services use the EVV system to record services: Environmental Assessments and Home Delivered Meals.

If you have questions or concerns about either of these services, please contact (insert appropriate email contact here).

EVV services are services that do use the EVV system to clock in and out in real-time. Staff providers should use one of the methods above to ensure they clock in and out at the time of service. The four EVV services that use the EVV system for the CO, CFC, CPAS, and ICS programs are Daily Personal Assistance Services, Daily Shared Attendant Services, Personal Assistance Services, and Shared Attendant Services (see Section 1.0.4).

1: Introduction

The basics of the EVV system, how to use the system and how to navigate the Provider Portal

1.0 Introduction: Getting Started

1.0.1 EVV System and the Provider Portal

All agency provider delivering services to participants within the CO, CFC, CPAS, and ICS programs are required to use EVV to clock in and out for all Personal Assistance services provided. Agency administrators will also use the Provider Portal, an online billing system, to manage daily billing.

1.0.2 Roles and Responsibilities Regarding the EVV system and the Provider Portal

Maryland Department of Health (MDH) – MDH monitors agency billing for programs required to use the EVV system to clock in and out for services. This helps promote accurate billing and enforces state and program policies. MDH can provide assistance with all billing issues agencies can't resolve themselves.

LTSS Technical Help Desk – The LTSS help desk assists with technical issues with the system and questions regarding the system. They assist with registering new agency accounts, account lock outs and questions on how to use the system.

Support Planner (SP) – The support planner will act as a liaison between the participant, PBSO and the personal assistance agency regarding certain billing issues that may affect the participant's wellbeing or are related to the participant's POS. Support planners have several important duties related to EVV, including:

- Creating the POS that determines the number of weekly services the agency should provide to the participant.
- Ensuring the participant has a working phone to allow the agency to clock in and out for services
- Providing an OTP device if the participant does not have a working phone (**Section 1.0)**
- Authorizing emergency hours through the POS, when needed. (**Section 3.0)**

Agency Admin – Agency admins monitor in home services, staff clock in/out and service billing for their agency. Agency admins are responsible for training their staff providers, submitting accurate billing information, and adhering to state and program policy.

Staff provider - Staff providers work for an agency and provide in-home services to participants. They must use the EVV system to clock in and out for all services provided. Staff providers must adhere to all state and program polices and provide services listed in the participant POS.

1.0.3 Registering an Agency Account

New agency administrators should **immediately** complete the following:

1. Watch the training webinars found at:
    - **General Provider Portal:** https://health.maryland.gov/mmcp/provider/Pages/ltssmaryland_providerportal.aspx
    - **EVV Training:** https://health.maryland.gov/mmcp/provider/Pages/ltssmaryland_EVV.aspx
2. Contact the LTSSMarlyand help desk at mdh.ltsshelpdesk@maryland.gov or **1-855-463-5877** to create an account and register their email address. The following information is needed:
    - Name
    - Email address
    - Agency phone number
    - Agency Provider Number
    - Agency's program eligibility

1.0.4 Service Types Billed through EVV

Personal Assistant Services (PAS)

Service type provided to a single participant at a given time, meaning that the staff provider is authorized to bill for one participant at a time.

Shared Attendant Services (SAS)

Service type provided when two participants are living together and choose to have one staff provider working with both participants at the same time. The agency must be authorized to provide shared attendant services on both participants' plans of service.

Daily Personal Assistant Services (DPAS)

DPAS is a service type for participants who need extensive assistance that will exceed the usual daily 12 hours or more. The service type will be determined by the support planner and listed on the participant's POS.

MDH will not pay the 15-minute unit rate for more than 12 hours per day. MDH will pay a flat rate for each pre-authorized day of service over 12 hours if there is a Daily Rate listed for that day on the Participant's POS. This means, participants should not receive more than 12 hours of service a day, unless they qualify for DPAS service. The agency will not be paid for hours that exceed the allowed 12 hours.

Daily Shared Attendant Services (DSAS)

DSAS is a service type for shared participants who need extensive assistance that will exceed the usual daily 12 hours or more. The service type will be determined by the supports planner and listed on the participant's POS.

Note: When a POS has both personal assistance services and daily rate personal assistance services, The POS will specify which days each service type should be provided. Billing may be affected if the provider agency bills for the wrong service on the wrong day.

1.0.5 When Should Providers Start Using the EVV system?

- ✓ Participant is enrolled in an eligible Medicaid coverage group and is fully enrolled in the CFC, CO, CPAS, or ICS program.
- ✓ Agency provider is enrolled as a type 76 Medicaid provider and is eligible to give services.
- ✓ The participant's POS has been approved by MDH and is in an active status.
- ✓ Agency receives an alert in the provider portal system they can begin services.

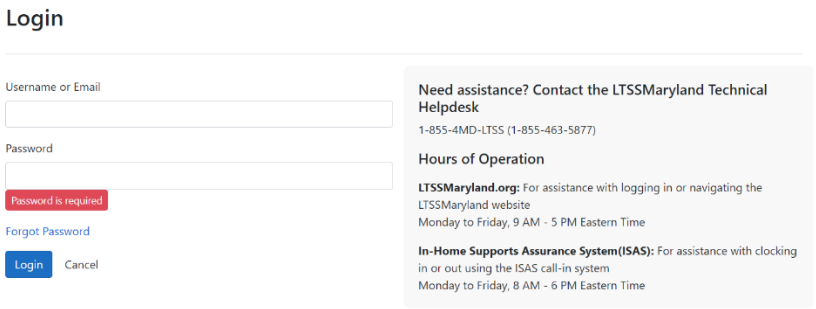
1.1 Introduction: Provider Portal

The Provider Portal is the billing management module of the LTSS*Maryland* online system for agencies providing services billed using EVV.

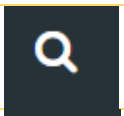
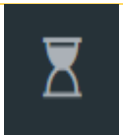
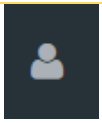
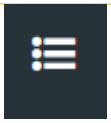
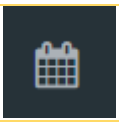
1.1.1 Accessing the Provider Portal

- The user can access the provider portal through the website ltss.health.maryland.gov
- Enter *'Username'* and *'Password'*
  -
  - 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 One:
  - Uppercase letters
  - Lowercase letters
  - Numbers
  - Special characters (~!@$^_+-={}][:;?,.)
  - The new password must be between Nine (9) but not exceed Fifteen (15) 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

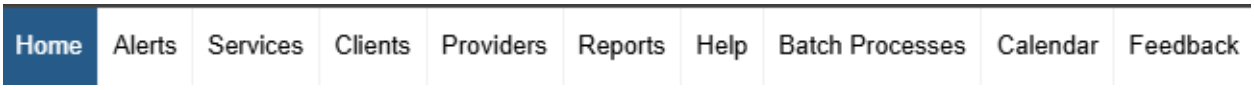
The new password must differ from your previous password by at least two (2) characters



1.1.2 Important Provider Portal Icons

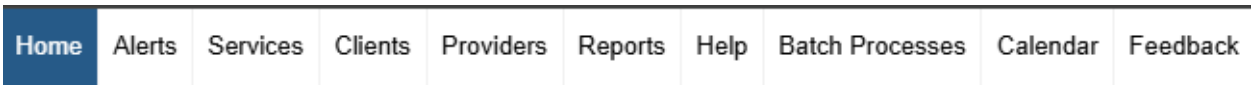
Icon	Location	Description
	**All Tabs**	**New Missing Time Request:** The user can use this icon as a shortcut to submit a full MTR.
	**Services**	**Services Search:** The user can use this icon to search for services or claims worked by agency staff
	**Services**	**Exception Search**: The user can use this icon to search for exceptions related to services or claims worked by agency staff
	**Services**	**Clock in/out search:** The user can use this icon to search for clock ins and outs within the past 72 hours worked by agency staff
	**Clients**	**Clients Search:** The user can use this icon to search for specific clients that their agency services or a list of all clients the agency services
	**Providers**	**Provider Number Search:** The user can use this icon to search for information regarding the agency.
	**Providers**	**Staff Search:** The user can use this icon to search for information regarding all agency staff.
	**Providers**	**Staff Management:** The user can use this icon to manage their staff that have access to the EVV Mobile Application
	**Help**	**Training Material:** The user can use this icon to locate all training information provided by MDH ISAS.
	**Help**	**Contact Information:** The user can use this icon to locate important contact information.
The below icons and pages are not used by PAS programs at this time and should be ignored.		
 **Batch: Batch History**	 **Calendar**	 **Calendar: Tasks**	 **Calendar: Templates**	 **Calendar: Task Types**

1.1.3 Navigation of the Provider Portal



The Provider Portal has 8 different sections indicated by tabs along the top of the page:

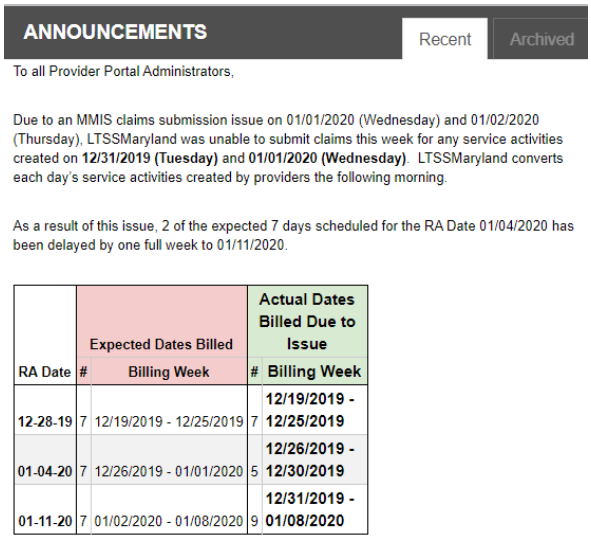
Home	The home page lists announcements and displays the agencies exceptions count. Here the user can find how many exceptions their agency needs to resolve.
Alerts	Alerts tab will display important notifications regarding Client Assignments and service plans.
Service	The service page is where the user can search for all services provided by their staff. This is also where the user can submit new services by selecting the "New Service Activity" clock icon in the upper right corner. Claims, exceptions, and Missing Time Requests are all found in the services tab.
Clients	The Clients tab allows the user to search for specific participant information. Here the user can view the participant's plan of service (POS).
Providers	The providers tab is where the user can view details for all provider numbers associated with the agency. It is also where the user can view, edit and create new profiles for the admin, Billing, and Staff provider user roles.
Reports	The reports tab contains links to all Provider Portal reports: Provider Portal Claims Report, Remittance Advice Report, EVV Services Overlap Report, EVV Services Rendered Report.
Help	The help tab contains links to additional materials, trainings, guides, webinars FAQs and contacts to assist the user.
Batch Process	The Batch Process tab is not used by PAS providers currently
Calendar	The Calendar tab is not used by PAS providers currently
Feedback	The feedback tab allows the user to give feedback to the LTSS technical helpdesk. This tab is generally used for reporting errors the user may encounter while navigating the system or for questions/ comments the user has about their experience using the system. Feedback only goes to the LTSS technical helpdesk and the feedback tool should not be used to request information about service or program specific policies or procedures. Any billing or program related questions/ comments should be directed to the PBSO Team at MDH through communication form



1.1.4 Home Page

1.1.4.1 Announcements

The *'Announcements'* section is used by MDH to publish important communication to agency providers. Users should review the *Announcements* section regularly to stay up to date on new communication from MDH.



	Expected Dates Billed		Actual Dates Billed Due to Issue	
RA Date	#	Billing Week	#	Billing Week
12-28-19	7	12/19/2019 - 12/25/2019	7	12/19/2019 - 12/25/2019
01-04-20	7	12/26/2019 - 01/01/2020	5	12/26/2019 - 12/30/2019
01-11-20	7	01/02/2020 - 01/08/2020	9	12/31/2019 - 01/08/2020

1.1.4.2 Actions Required

This section lists items that require an action either by the agency provider or by MDH. The list will include the following:

Resolve by Provider

- This area will list all exceptions that require agency provider resolution.

Resolve by MDH

- This area will list all exceptions that require MDH resolution.

Pending

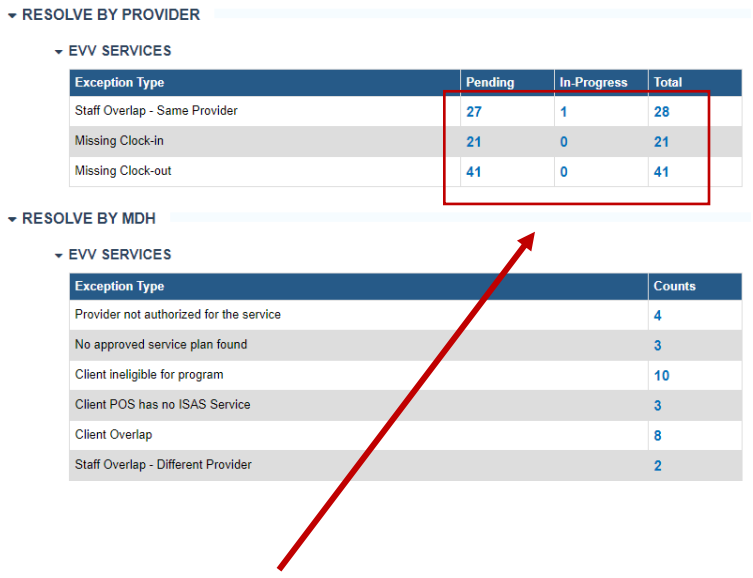
- Number of pending exceptions.

In-progress

- Number of exceptions that are currently in the process of being resolved by the provider but are not yet submitted.

Total

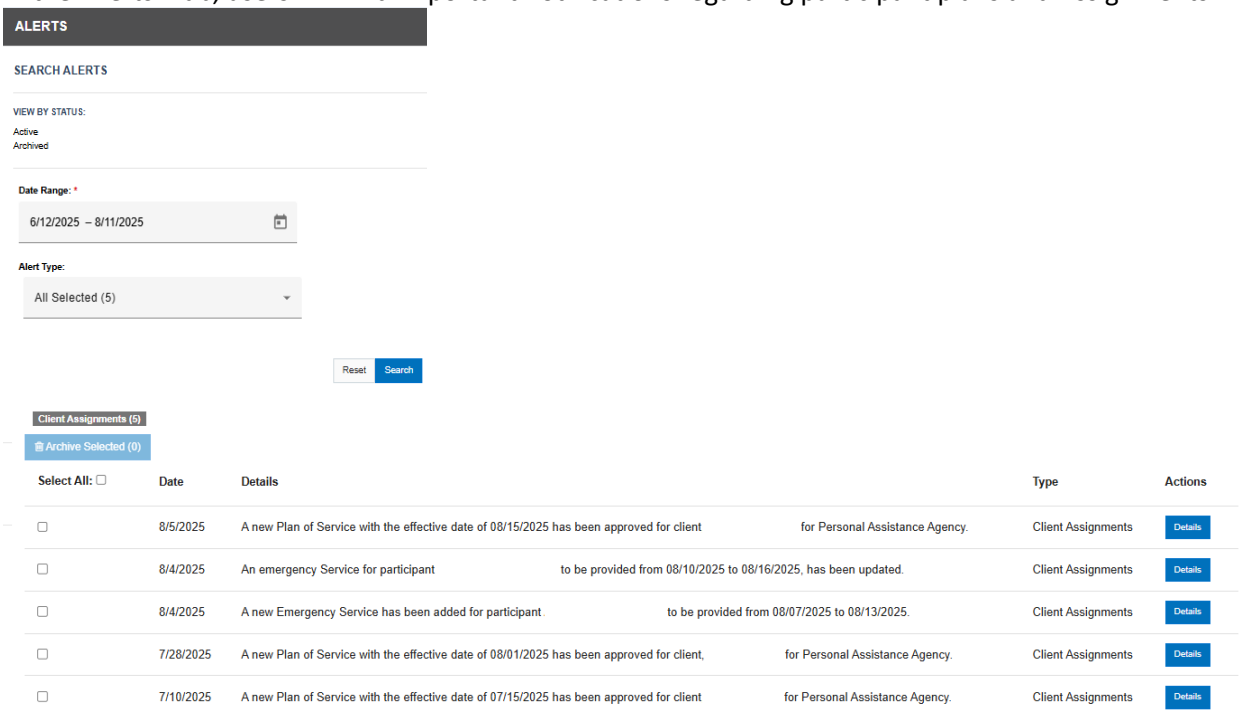
- Combined total of Pending exceptions and exceptions in-progress.



Hint: The user can click on the blue number hyperlink to pull up the exceptions.

1.1.5 Alerts Tab

In the *'Alerts'* Tab, users will find important notifications regarding participant plans and Assignments.



1.1.5.1 View Alerts

Users may filter and search alerts by: *Date, Status, or Alert Type:*

From Date

- Defaults to 60 days prior to the current system date
- Cannot be more than 60 days prior to the '*To Date'*

To Date

- Defaults to the current system date
- Cannot be more than 60 days from the '*From Date'*

View by Status

- Defaults to select *'Active alerts'* only
  - *'Active alerts'*: New alerts that have not been marked by the user as Archived
  - *'Archived alerts':* Alerts that have been acknowledge, reviewed, and marked as Archived by the user

Alert Type

- Defaults to the alert types that are applicable to the user and their agency location's authorized Provider Portal services

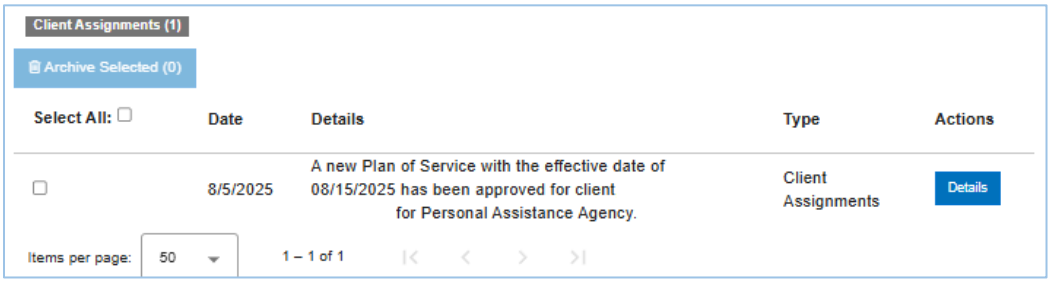
- Client Assignments
- Client Profile
- Offline Database Call Transaction Error
- Provider PCP Access
- Staff Requested Mobile Access

1.1.5.2 Client Assignments Alerts

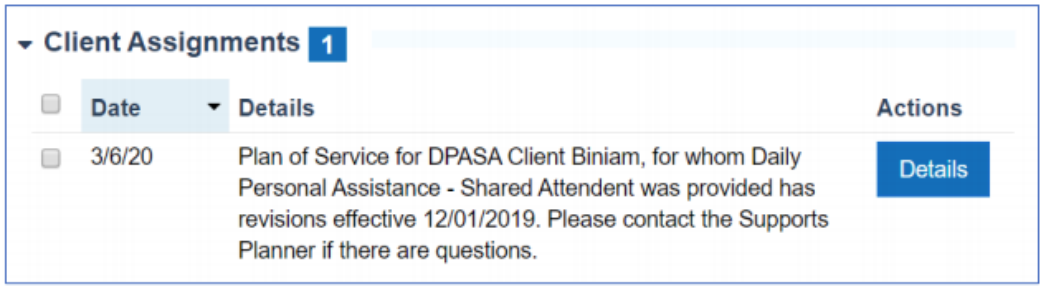
Admin and billing provider roles of locations that are authorized for services will receive notifications when:

NOTE: When a provisional POS is approved, the assigned provider(s) will not receive a Service Notification.

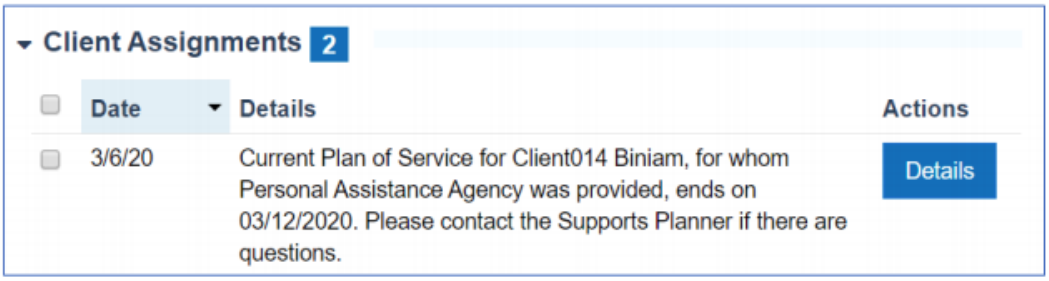
1. The provider is authorized for services in a participant's new plan of service.



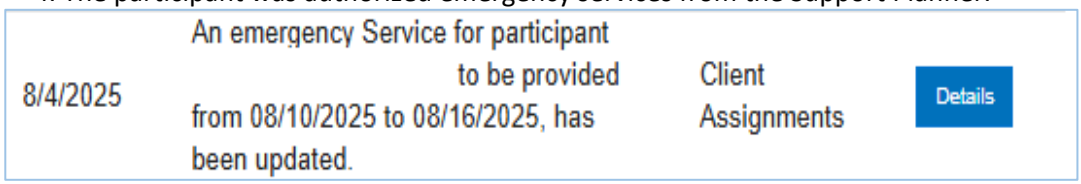
2. The services for which a provider is authorized have been revised.



3.The provider has been removed from a participant's POS or the POS is no longer active.

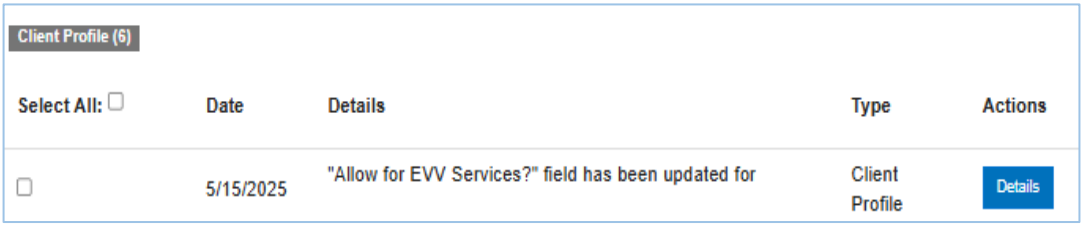


4. The participant was authorized emergency services from the Support Planner.



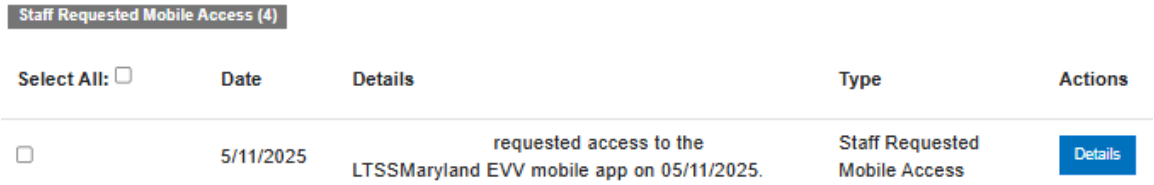
1.1.5.3 Client Profile Alerts

1. Admin and billing provider roles of locations that are authorized for services will receive notifications when:
    a. The participant's POS is updated to 'Allow for EVV Services' in their 'address to receive services' section



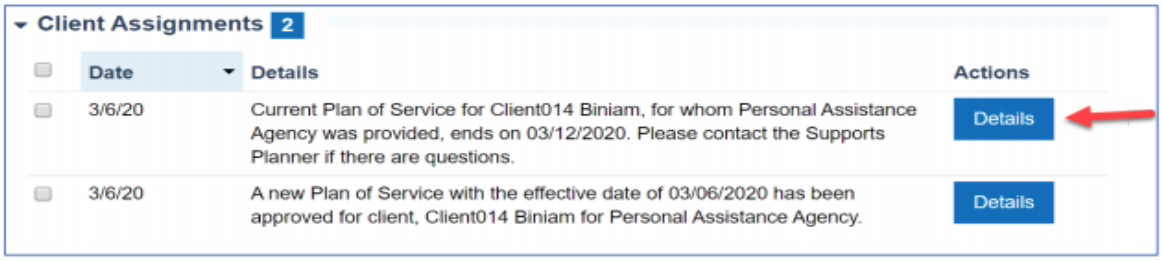
Staff Requested Mobile Access

2. Admin and billing provider roles of locations that are authorized for services will receive notifications when:
    a. Staff providers request access to the LTSS*Maryland* EVV Mobile App to clock in and out



1.1.5.4 Viewing Authorized Plans

The user can select the **Details** button to populate a new tab with the participant's client profile.

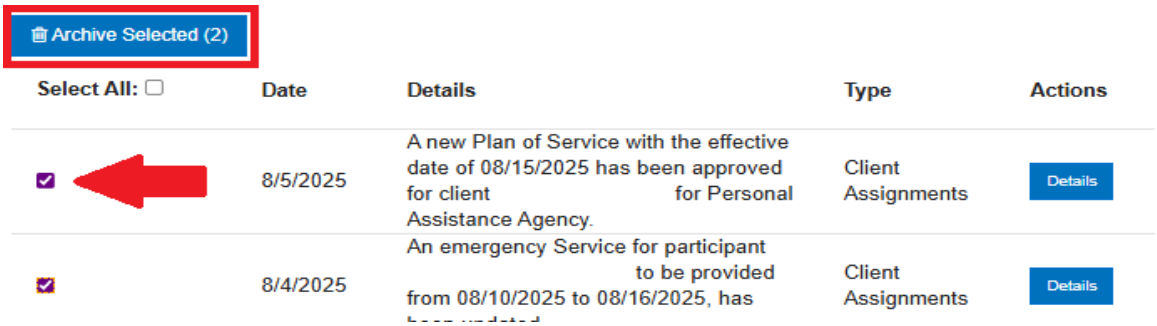


NOTE: Details button will only work if the participant is currently assigned to the agency

1.1.5.5 Archive Alerts

Users may archive alerts that are no longer needed on the Alerts page. Once archived, these alerts can be viewed by selecting and searching the Status, ***"Archived".***

1. Select the checkbox to the left of the desired alert message(s)
2. Click the '***Archive* Selected'** button



1.1.6 Services Tab

1.1.6.1Services Tab Guide for Providers

The **Services** tab is a powerful tool for finding specific services within the system. You can use it to search for all types of services, including those that are:

- Paid
- New and not yet paid
- In a state of exception
- Missing a time request

1.1.4.6.1 How to Search for Services

You can filter your search using the following parameters:

- **Dates & Status:** Search by a specific **Service Date**, **Service Type**, or **Service Status**. You can also search for services that have **exceptions**.
- **Client Information:** Find a service using the client's **LTSS ID/MA number** or their **first and/or last name**.

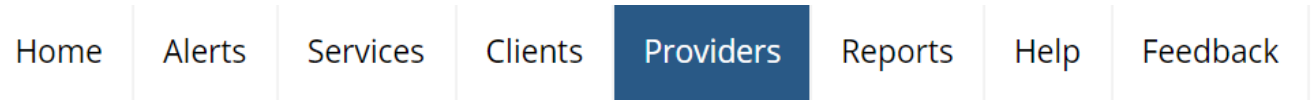
- **Provider & Staff Information:** Search by your **Provider Name, Number or FEIN** or the staff member's **first and/or last name**.
- **Claim Information:** Filter by **Claim Status**, **Claim Type**, **ICN**, **RA Number**, **Claim Number**, or if an **adjustment was requested**.

Tip: Once you have entered your search criteria, you can save the search to easily run it again later without re-entering all the information.
After you select **Search**, the results will appear as tiles. You can either select an individual service tile to view its details, or select **No Grouping** at the top right to see all the populated services in a list.

1.1. 6.2 What to Do with Search Results

Once you find the service you're looking for, you have a few options:

- **View Details:** Click the blue **Details** button on a service tile to open the **Service Details** page. From here, you can **discard** a service, **edit** it, or view more information. You can also **add a new service** to an already worked service, **change the service type**, or **submit the service to MDH** for review.
- **Enter a Missing Time Request:** If your search didn't return any results, you can select **New Activity** to create a complete **Missing Time Request** for the service.



1.1.7 Providers Tab

1.1.7.1 System Roles

Admin Provider Role

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.

Billing Provider Role

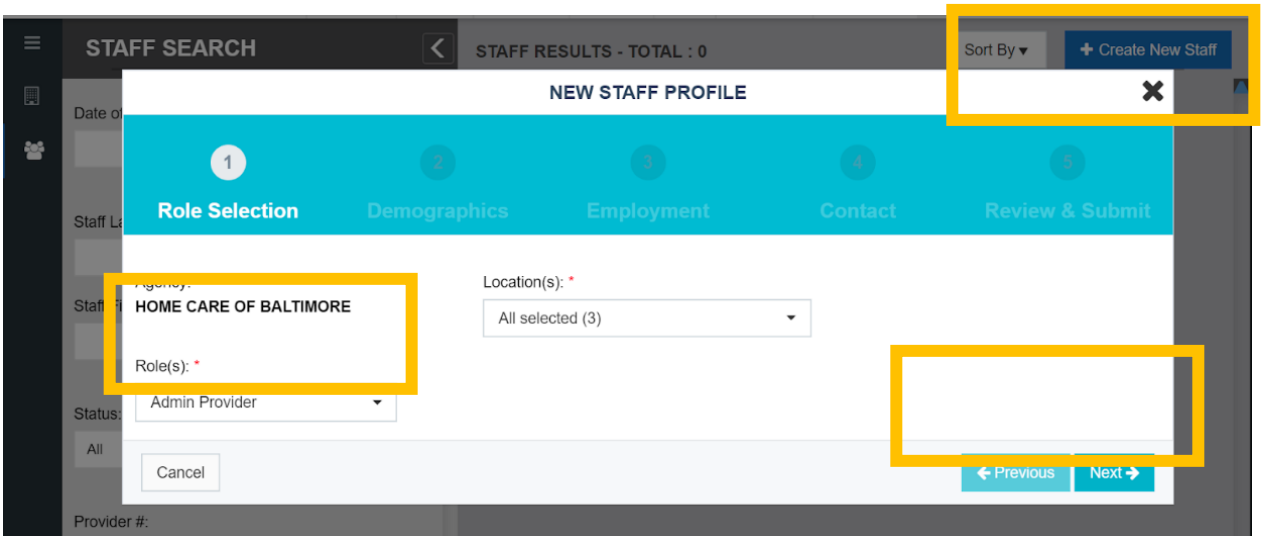
The billing provider role is used to manage billing. Billing providers are not able to create or edit staff profiles. This role is assigned by the admin provider.

Staff Provider Role

The staff provider must have a staff profile and be trained to use the EVV system before beginning service to participants. Agency administrators are responsible for entering accurate information into the staff profiles.
. Staff providers do not have access to Provider Portal.

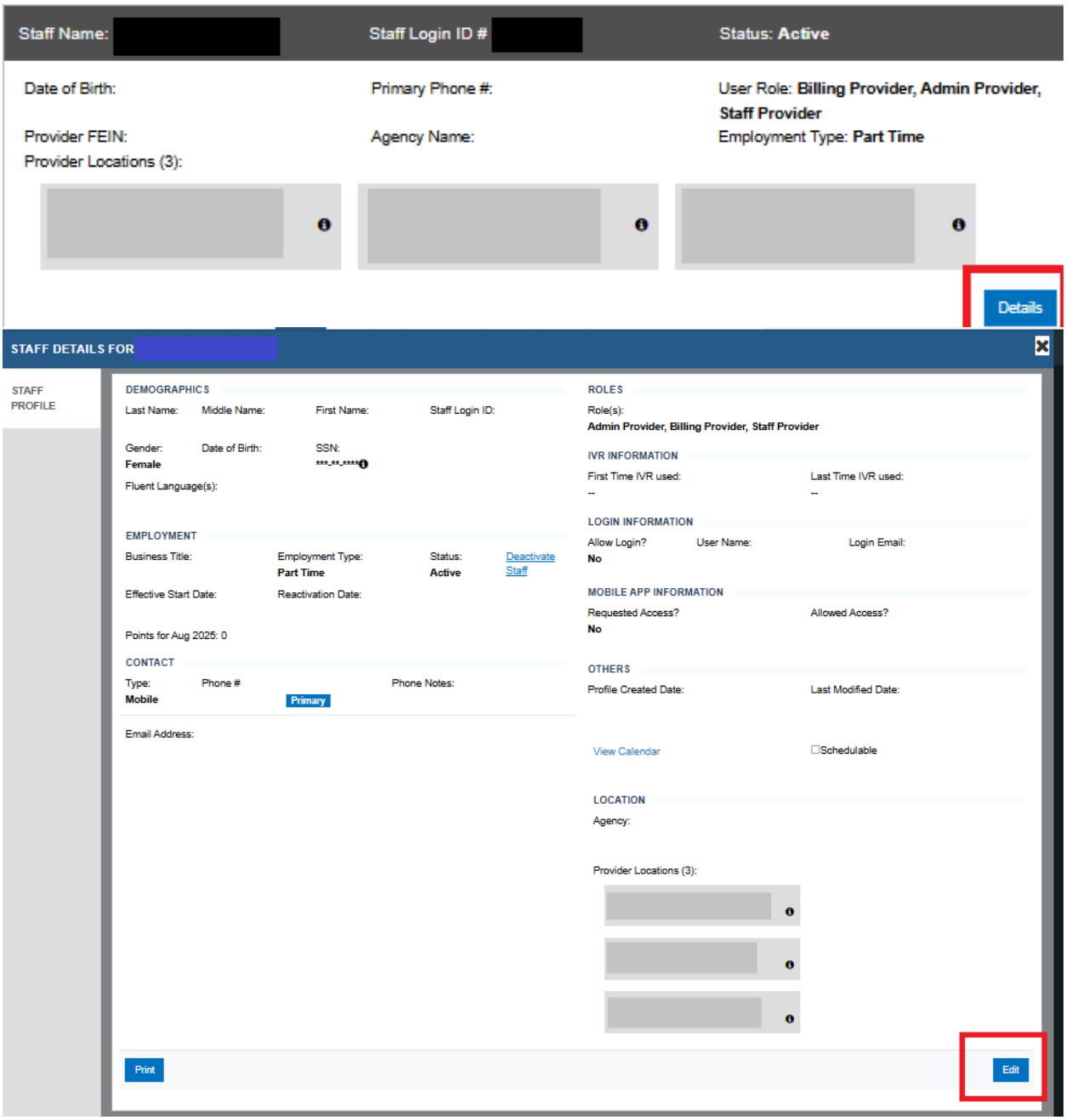
1.1.7.2 Creating Staff Profiles:

1. Go to the *'Provider'* tab in Provider Portal
2. Click the '*Staff'* icon on the left
3. Click the *"Create Staff"* box to the upper right
4. Enter the required information on each screen clicking through with the *"next"* button
5. Choose the appropriate system user role from the drop-down menu under *"Role(s)"*
6. *'Review'* and *'submit'*



1.1.7.3 Viewing and Editing Staff profiles

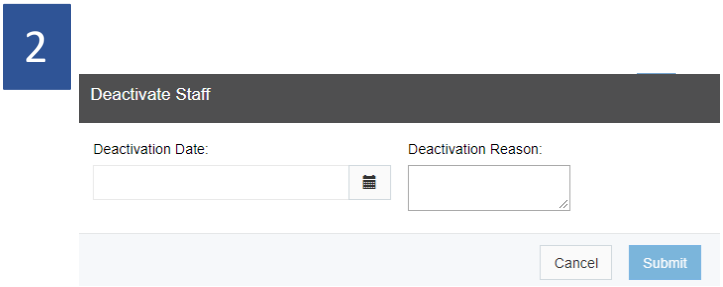
1. Go to the **Provider** tab in Provider Portal
2. Click the **Staff** icon to the left.
3. Search for Staff or to do a complete search of all staff click **search** on the staff search page
4. Select **Details** button to view Staff details
5. Select **Edit**



1.1.7.4 Deactivating/ Reactivating Staff

If a staff is terminated, quits, or is seasonal, agency administrators are responsible for deactivating the staff profile. Once the staff is deactivated, they will not show in a search of **active staff,** and no additional services can be submitted for this staff. **Make sure all services provided by the staff are completed prior to deactivation**. If the staff is rehired, the agency will need to reactivate the staff profile.

1. Go to the **Provider** tab in Provider Portal
2. Click the **Staff** icon to the left.
3. Search for **Staff**
4. Select **Details** button to view Staff details
5. Select **Deactivate Staff** or **Activate Staff** hyperlink and enter Deactivation/Reactivation Date and reason
6. Click **submit** button



1.1.7.5 Mobile App Information

Once your agency has completed our EVV Mobile App training course agency administrators will be able to begin allowing their staff providers to clock in and out using the Mobile App by changing 'Allow Access' to Yes under Mobile App Information.

1) Go to the 'Provider' Tab in Provider Portal
2) Click the Staff icon on the left
3) Search for Staff
4) Select 'Details' button to view Staff Details
5) Select 'Edit' in the bottom right corner
6) Select 'Yes' under 'Allowed Access' under Mobile App Information
7) Select a username
8) You can also assign clients to them in the app via Provider Portal by clicking on the Edit Assignments hyperlink, this allows the staff provider to not have to manually enter their clients into the app saving time and there are less errors to occur.
    a. Select which client(s) you would like to assign to this staff provider by selecting the client in the 'Available Clients' list
    b. Hit the 'Add>' button between the Available Clients and Selected Clients to move that specific client to the Selected Clients
    c. Once complete make sure to Save
9) Staff using the EVV Mobile App also have the ability to enter their own Missing Time Requests through the App within 7 days of date of service
    a. Under 'Has Access to MTR? Select 'Yes' or 'No'

i. Default is always Yes; however you can decide if you want the staff to have access or not. The staff will not get an alert if this is turned off so you will need to let them know they cannot submit Missing Time Requests through the App.

1.1.8 Clients Tab

1.1.8.1 Client Profiles

The user can search for and view information about participants in the *'Clients'* tab in the Provider Portal. The user will only be able to search for and view participants that are actively receiving services from their agencies with an active and approved POS. Users will not be able to edit the client profile.

- **Active POS:** An active Plan of Service is the POS that is effective today.
- **Approved POS:** An approved POS has been reviewed and approved by MDH but may not be active.

If an agency is currently listed as an agency provider on an active and approved POS for a participant:

- The user will be able to view the current active and approved POS for that participant
- The user will be able to view any inactive POS that list the agency for that participant

The user should use the client profile and POS in the Provider Portal as reference material but must still consult with the support planner before beginning or ending services for a participant.
The clients tab allows agencies to do the following:

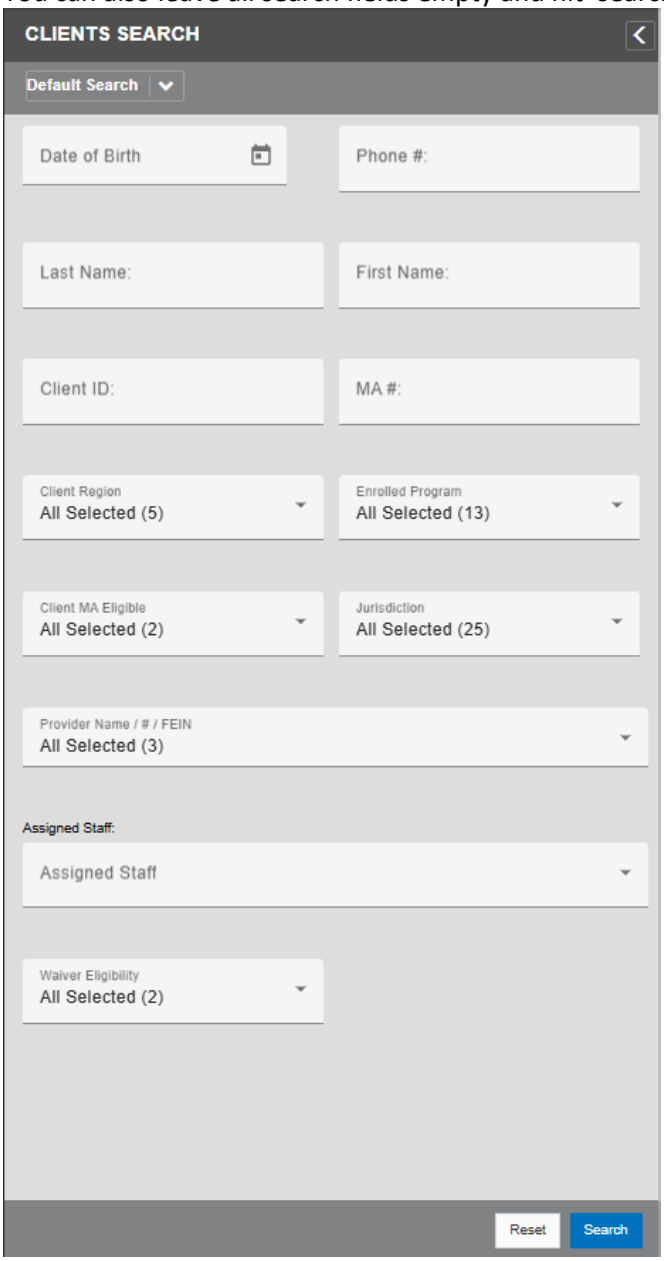
- Access the participant's profile
- View enrollment information for the participant
- Review the participant's service plan and authorized services
- Attach documents to the participant's profile

1.1.8.2 View Client Profile

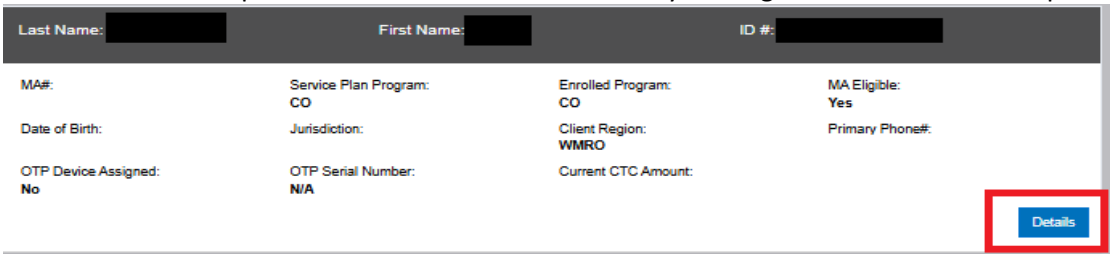
The following search parameters are available to search for client profiles
Date of Birth – Participant's Date of Birth. This is a calendar selection that also accepts manual entry in the format **MM/DD/YYYY**
Phone # – Participant's phone number (primary)
Last Name – Participant's last name
First Name – Participant's first name
Client ID – This is the unique LTSS Client ID assigned to each individual participant
MA # - Participant's Full Medical Assistance number
Enrolled Program – This is what Personal Assistance Program (CFC/CO/CPAS/ICS) the participant is enrolled in
Client MA Eligible – Is the participant MA eligible (Yes/No)
Provider Name/#/FEIN - This is pre populated based on your agency, if you have multiple agency locations you can select which location here

Assigned Staff – This is a list of staff that you can select to determine which participants they are assigned to
Waiver Eligibility – Is the participant waiver program eligible (Yes/No)

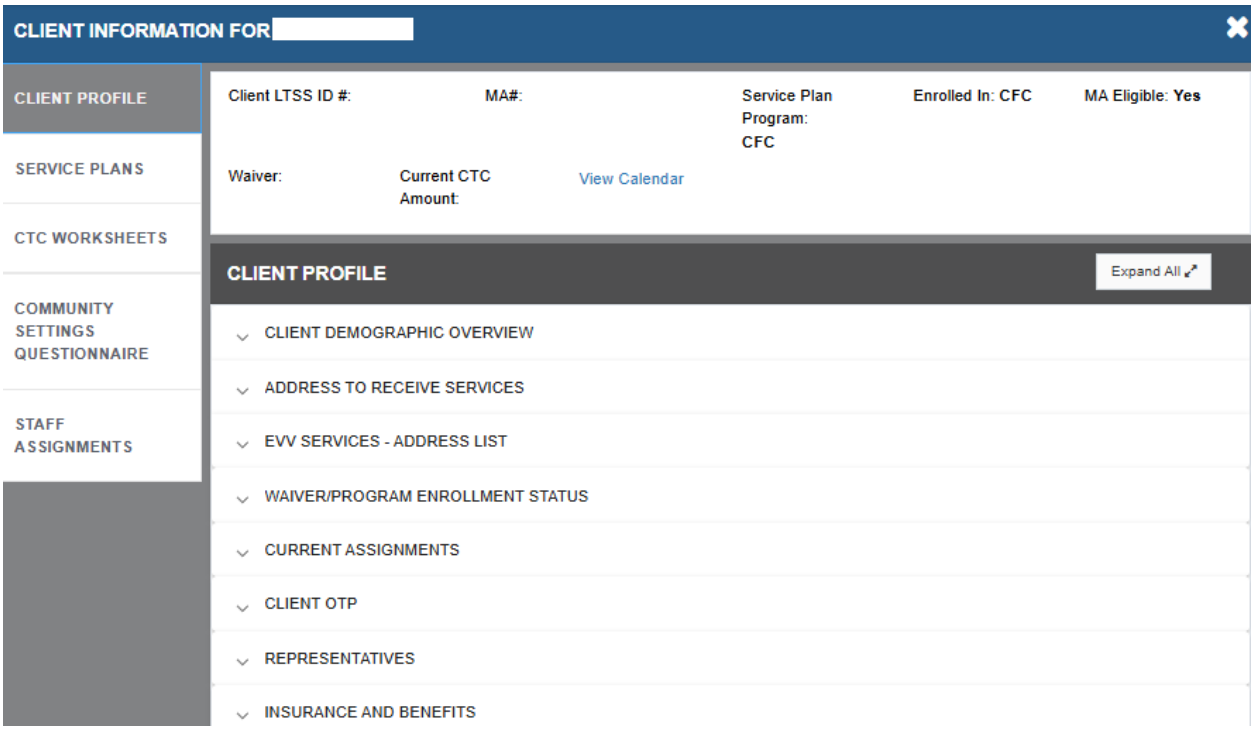
You can also leave all search fields empty and hit 'search' and get a list of all your current/active participants.



2. The client's LTSS profile information can be viewed by clicking **Details** on the client's profile.



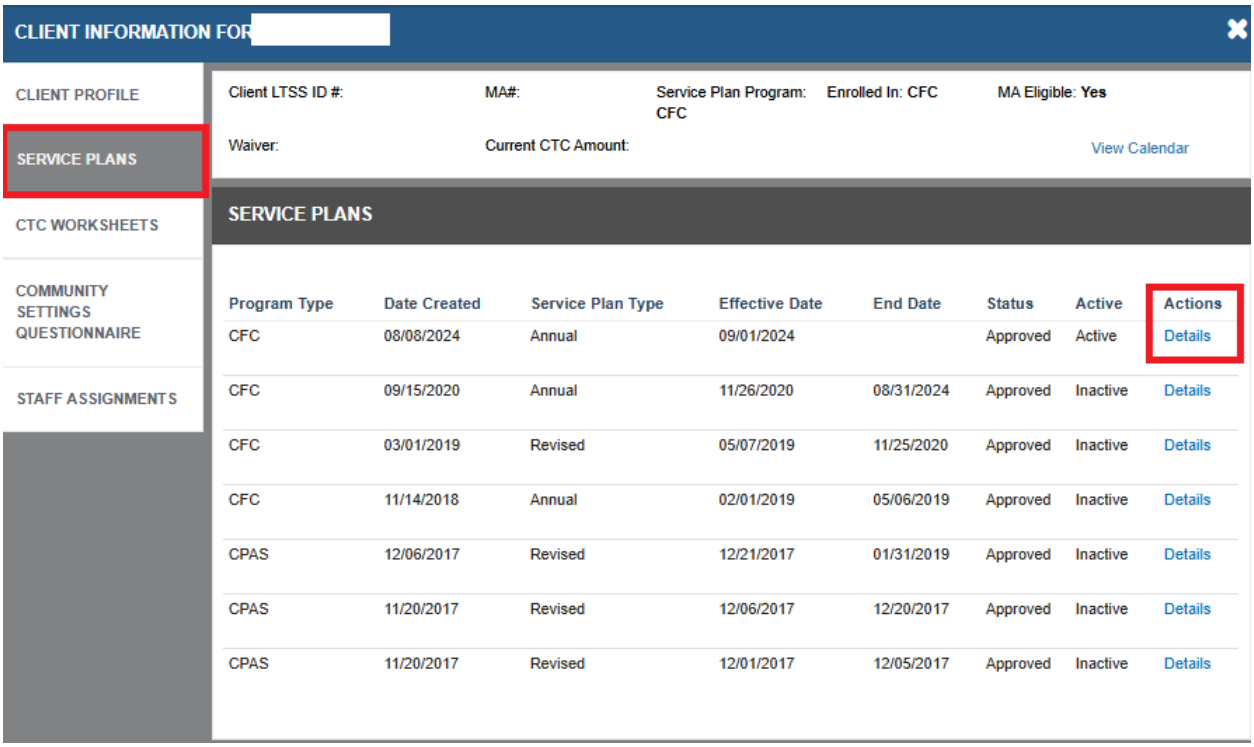
The user will be able to review the following information:



- **Client Demographic Overview –** Includes the person's demographic information, date of birth, phone number, and if the person has a guardian
- **Address to receive Services** – Provides the participant's address
- **EVV Services – Address List** – This is a list of all addresses associated with the participant (current and previous)
- **Waiver/Program Enrollment Status** – Includes the participant's waiver and program enrollment information
- **Current Assignments** – Includes contact information of all assigned contacts for the participant's service plan
- **Client OTP** – If the participant is assigned an OTP device this is where you will see the serial number
- **Representatives** – Includes contact and relationship information of the participant's authorized representatives
- **Insurance and Benefits** – This is where the participants insurance will be found if uploaded

1.1.8.3 Service Plan: Client Plan of Service (POS)

This section will list approved service plans for the participant provided by the user's agency. The user can click the details **hyperlink** to view details of a specific service plan.



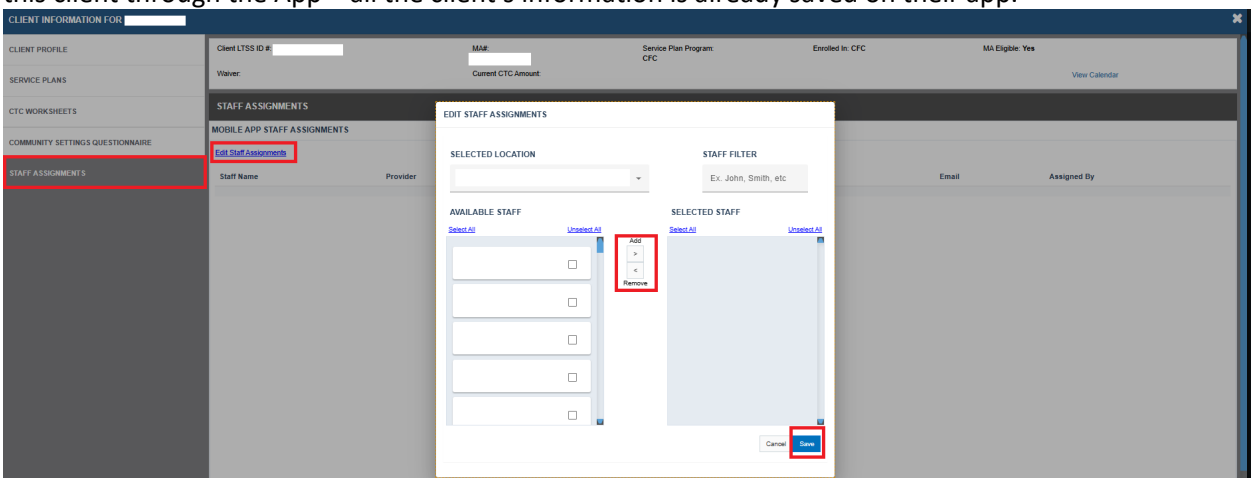
1.1.8.4 Staff Assignments

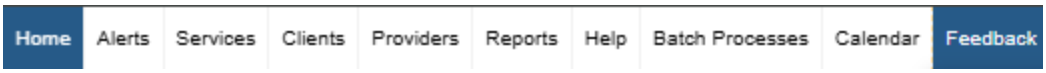
After your agency has completed EVV Mobile App Training through our training department at MDH you can assign participants to staff in their mobile app through Provider Portal.

Click ‘Edit Staff Assignments’

A list of all your available staff appear on the left

To assign them to a specific client – add them to the ‘selected staff’ box and hit ‘Save’ under that specific client’s Provider Portal profile. This way the next time the staff goes to clock in for this client through the App – all the client’s information is already saved on their app.

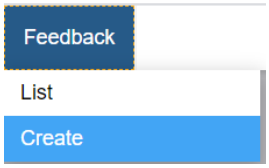




1.1.9 Feedback

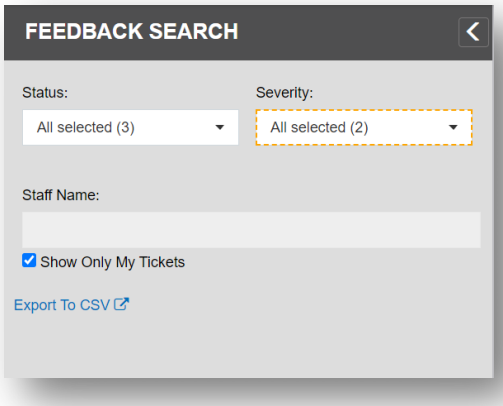
The feedback tab allows the user to give feedback to the LTSS technical helpdesk. Generally, this is used for reporting errors the user may encounter while navigating the system or for questions/ comments the user has about their experience using the system.

Feedback only goes to the technical helpdesk and the feedback tool should not be used to request information about service or program specific policies or procedures. Any billing or program related questions/ comments should be directed to the PBSO Team at MDH through our communication form. When selecting the feedback tab, the user will have 2 options from a drop down:



1.1.9.1 List

This area will store previously submitted feedback by the user.



- **Status**
  - **Pending** – Feedback submission that has yet to be resolved.
  - **In-Progress** – Feedback that is currently being worked on.
  - **Resolved**- Feedback that has been addressed and corrected by the LTSS Help Desk. If the feedback is in resolved status and you feel the feedback was not addressed correctly, please contact the PBSO team through the communication form
- **Severity**
  - Normal - This option should be used if there is an issue/comment/concern that is an annoyance but is not disrupting or impacting billing and/or daily operations.

    - Urgent - This option should be used if the issue is disrupting and impacting billing and/or daily operations. Please also notify the PBSO Team through the communication form.
- **Staff Name**
- **Show Only My Tickets-** If the user leaves this box unchecked, feedback submitted by all agency admins will be included in the search outcome.

Export to CSV -The user can export the search results into a CSV file.

After you search you can open the details of the feedback ticket by selecting 'Details' on any of the feedback results

1.1.9.2 Create

The user can create a new feedback ticket using this option.

- The following areas are auto populated:
    - **Date reported**
    - **Staff Name**
    - **Agency**
    - **Error URL**: The URL of the page the user is on when they select Feedback – Create option.

- **Type of concern:** The agency can select from the following in the drop down:
    - **System Error**
    - **Question/Comment**
    - **Unknown**

- **Severity**
    - **Normal –** This option should be used if there is an issue/comment/concern that is an annoyance but is not disrupting or impacting billing and/or daily operations.
    - **Urgent –** This option should be used if the issue is disrupting and impacting billing and/or daily operations. **Please also notify the PBSO Team** through **the communication form.**

When submitting feedback, the user should be as detailed as possible to help the technical desk determine the cause of this issue.

Example:

Error Message: I was trying to submit an MTR using the clock Icon. I received an error message *"Service could not be submitted, please try again"*

Comments: I selected the clock icon, verified there was no other service for that date for client ID 01010DR1010. The system verified there was not a service for that date. I filled out the required information and selected submit, I then received the error message. I exited out of the page and cleared cache. I tried 5 times but each time I receive the same message**.** I receive the message every time I hit submit.

1.2 Introduction: Billing with 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

All Staff providers must clock in and out of using the EVV call in system or LTSS*Maryland* mobile application at the start and end of each service to record the services and receive payment. The Staff provider will clock in and clock out using one of the following:

- LTSS*Maryland* Mobile Application
- EVV call in system

Note: If services are to be provided in the community or two participants have the same phone number and ONLY the EVV call in system is utilized an OTP device is needed, please speak with the assigned Support Planner to get one assigned to the participant.

1.2.1 One Time Passcode Device (OTP)

A One Time Passcode Device (OTP) is a time-synchronized device issued to some participants for use with EVV. If a participant has an OTP device, the device must be used to clock in and out for all LTSS*Maryland* programs the participant is enrolled in. **All staff who serve participants who are concurrently enrolled in multiple programs must share a device.** This includes staff providing the below services for a single participant:

Personal Assistance Services

- Community First Choice (CFC)
- Community Personal Assistance Services (CPAS)

Personal Supports Services

- Developmental Disabilities Administration Waivers

Private Duty Nursing and Home Health Services

- Rare and expensive Case Management (REM)
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Model Waiver

Intensive Individual Support Services and Respite Services

- Autism Waiver (AW)

Individual Supports Services

- Brain Injury Waiver (BI)

1.2.1.1 When should an OTP device be assigned?

- More than one participant lives in the same household and they share one phone.
    - For this case it is strongly advised that the staff use the LTSSMaryland EVV mobile application to reduce the need for OTP devices
- The participant often receives personal assistance services in the community.

1.2.1.2 Who will assign the OTP device?

OTP devices will be assigned by the participant's Support Planner. Agencies should contact the Support Planner if they feel the participant needs a device, a device is broken or missing, or they believe the device was assigned in error.

1.2.1.3 OTP Policy

MDH policy requires that the OTP device always remains in the participant's possession. The agency or the staff provider may not remove the device from the participant's procession under any circumstance. If a device is taken from the participant, this can be considered fraudulent activity, all the participant's services will be reviewed by MDH, and improper services may not be paid.

1.2.1.4 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 EVV call in 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 EVV call in system: **"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.
    - If using the EVV mobile application the application will request the OTP code to be typed in.

1.2.1.6 Multiple Programs

If a participant receives services from any CO, CFC, CPAS or ICS services and DDA, PDN, HH, BI, or AW programs and an OTP device is assigned, the staff provider must use the OTP device for all programs provided. If the staff notices an OTP device and was not informed, they should immediately contact their agency and the agency can reach out to the support planner for more information.

1.2.2 Common OTP issues

1.2.2.1 The OTP breaks or is missing

The agency administrator should report the incident to the participant's support planner as soon as possible. The agency will need to submit MTRs **(Section 2.0)** until the OTP device is replaced.

1.2.2.1 What if there are multiple participants using OTPs in the household?

If there are multiple participants in a household and multiple OTP devices, the staff needs to ensure they are using the device that is assigned to the specific

participant. Each device will have a specific serial code on the back. The serial code is assigned to a specific participant profile. We encourage staff to also mark their participant's specific device with their initials or a sticker to help differentiate between devices.
NOTE: For these cases the it is strongly advised that the staff use the LTSS*Maryland* EVV Mobile application

1.2.3 Unique Staff ID

To use the **IVR call-in system** or register for the **EVV Mobile Application**, the system must authenticate the staff member. This authentication can be done in one of two ways:

1. Using the Staff's Social Security Number (SSN)

- The SSN entered must **match the SSN listed on the staff member's profile**.

2. Using the Staff's Unique Staff ID

- This **unique ID** is a **system-generated number** that identifies the staff member across **all agencies**.
- It allows your staff to be authenticated in the **EVV system** without entering their SSN.

Note

- Staff employed by multiple agencies will use the **same Staff ID across all agencies**.
- For this to work, **staff must enter an accurate Social Security Number on their staff profile**.

If you change the SSN in the staff profile, a **new Staff ID may be issued**.
Be sure to provide the updated Staff ID to your staff if any profile changes or corrections occur.

How to Find the Staff ID

1. Navigate to the **Staff Profile**.
2. Locate the **Staff Login ID** — this appears **above the SSN field**.
3. Share this **Staff Login ID** with the individual staff member

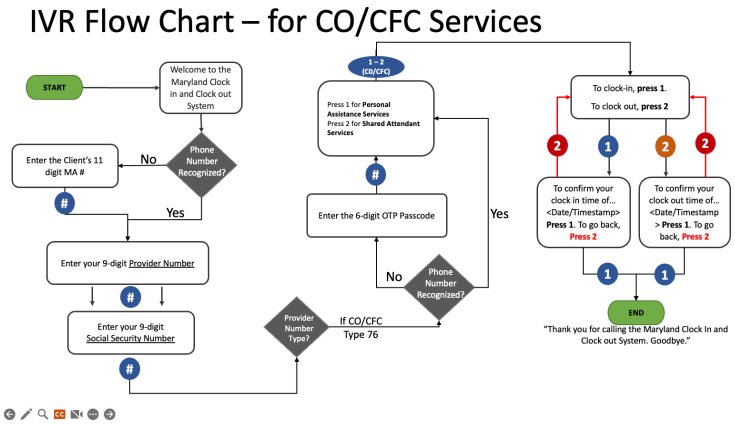
1.3 Using the IVR call in system

To clock in and out through the EVV call in system the staff provider should call **1-855-463-4727 (1-855-4MD-ISAS)**. It is the agency's responsibility to ensure all staff providers have a staff profile, are fully trained on how to use the EVV call in system, and have the following information prior to providing services:

- Participant's Medical Assistance (MA) number
- Agency provider number
- Their own Social security number or unique staff ID
- OTP device (if assigned)

Note: The agency administrator **MUST** create the staff provider Profile in LTSS prior to starting services. If the staff profile is not created and active, the staff provider will not be able to clock in and out using the EVV call in system. For more information regarding staff profiles please review (**Section 1.0).**

1.3.4 Instructions for using the IVR EVV Call in System



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

Call Flow Guide

Greeting:

"Welcome to the Clock In and Clock Out System."

Step 1: Enter the client **11-digit ID** or **9-digit OTP number**, then press the **# key.**

Prompt 1: Enter your **9-digit Provider MA Number.**

Prompt 2: Enter your **9-digit Social Security Number** or **8-digit Unique ID.**

Prompt 2B: *(If OTP is assigned)* Enter the **8-digit OTP password.**

Prompt 3 – Service Selection:

Type 76 (CO/CFC/CPAS)

Press 1 for Personal Assistance Services (or Daily Personal Assistance Services)

Press 2 for Shared Attendant Services (or Daily Shared attendant Services)

Prompt 4 (if not OTP assigned and phone number not assigned to the client):

"The phone number you are calling from is not listed on the Participant's Service Plan and no OTP has been issued. If you hang up and call from the correct phone number your call will be processed successfully. If you continue clocking in or out now, your time will be recorded but MDH will review the call and payment could be affected. To continue with this transaction, Press 1."

(You will only hear this message if you do not call from the Participant's phone and no OTP device is assigned.)

Prompt 4 (Confirmation):

"Once a selection is made from Prompt 2, then a confirmation prompt:

'You selected {Service Selected}. If this is the correct service, Press 1. If not, Press 2.'"

- Pressing 1 moves you to the next prompt.
- Pressing 2 takes you back to the beginning of Prompt 1.

Prompt 5:

"To clock in, press 1. To clock out, press 2."

- **If you press 1:**
  "To confirm your clock in time of <Date/Timestamp>, Press 1. To go back, Press 2."
  - Pressing 1 moves you to the next prompt.
  - Pressing 2 takes you back to the beginning of Prompt 4.
- **If you press 2:**
  "To confirm your clock out time of <Date/Timestamp>, Press 1. To go back, Press 2."
  - Pressing 1 moves you to the next prompt.
  - Pressing 2 takes you back to the beginning of Prompt 4.

Ending:
"Thank you for calling the Maryland Clock In and Clock Out System. Goodbye."
Important: Providers **must wait to hear the ending prompt** before hanging up. If they hang up early, shift times will **not** be recorded in IVR.

1.3.5 EVV Call-in System Error Messages

Staff may encounter one of the below error messages when clocking-in and out with the EVV call-in system. These error messages can help the agency have a better understanding of the issue and how it can be resolved.

Error Message	Explanation	Resolution
Staff is inactive	The staff member's profile is marked as inactive in the Provider Portal.	The staff member must contact their agency administrator to reactivate their profile.
OTP Not Assigned Menu	The phone number you're calling from isn't registered on the participant's plan.	Hang up and call again from the correct, registered phone number. If that number isn't registered, contact the support planner.
Multiple Client Match	The phone number you are using is linked to more than one client profile in the system.	The staff provider should contact the support planner to correct the issue.
Provider Type = 90	The provider number entered is for a DDA (Developmental Disabilities Administration) program, which isn't authorized for the specific services.	Ensure you've entered the correct provider number. If you have, contact the MDH LTSSIAS Phone Number at 1-888-917-4100.
Provider Number Ineligible	The agency provider number is not authorized to bill for the services being provided.	Verify the provider number is correct and authorized for the services. If so, contact your supervisor for help.

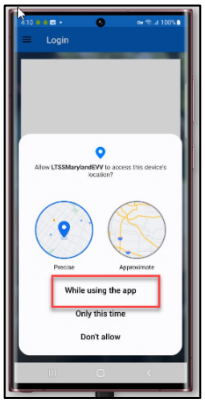
1.4 Using the LTSSMaryland Mobile EVV application

1.4.1 Installing, Creating & Managing Accounts

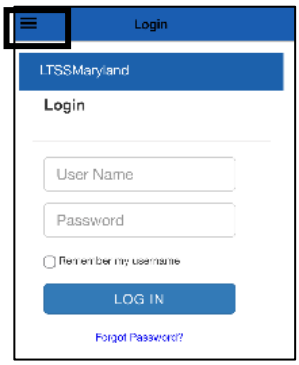
1.4.1.1 Download App and Create Account

1. 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 will not support the app
2. Search for LTSS*Maryland* EVV
3. Download the app to your phone

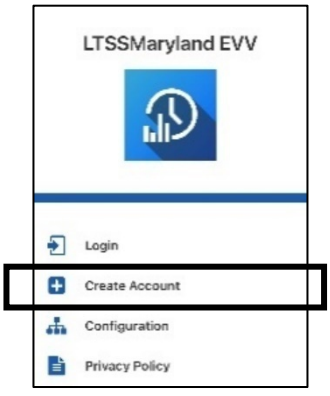
4. When you open the app for the first time, you may receive a message to enable location services
   - Select the *While using the app* option

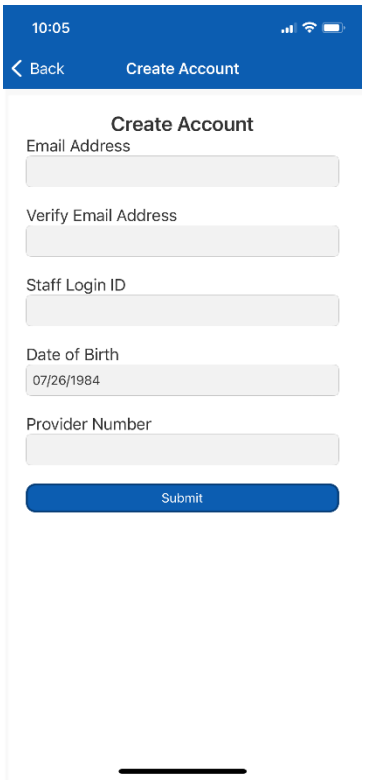


5. Open the app, and click the menu bar in the upper left screen



6. From the menu, select *Create Account*





7.In the Create Account screen, enter the required information

- Email and verify email
- Staff Login ID
- Date of Birth
- Provider Number

i. If you work with multiple provider locations, enter one here. The system will find the other locations for you

8.Click *Submit*

9.The system will validate the information and provide one of the following messages:

- If your 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 your information was not validated:
  - "Your account can not be created, please contact your supervisor for help."
  - Your agency administrator can contact MDH isashelpdesk@ltssmaryland.org for assistance

1.4.1.2 Creating your Password

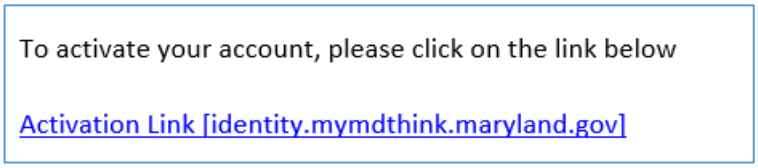
Once you have successfully created your account within the LTSS*Maryland* EVV App, and your supervisor has reviewed your request and given permission to use the app:
You will receive an email notifying you that your account is created. The email will direct you to verify your account and create a password

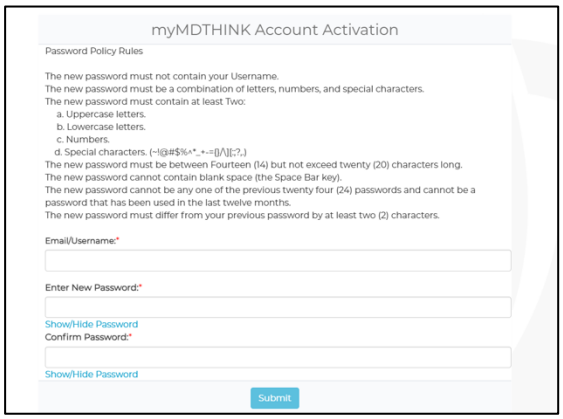
- The email will be sent to the email address you entered when creating your account in the app

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

2. Click the Activation Link in the email





3. You will be redirected to the myMDTHINK Account Activation site

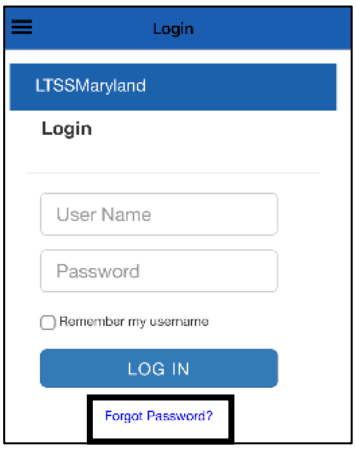
4. Create a password that meets the password requirements

5. Click *Submit*

6. Your LTSS*Maryland* EVV App account is now ready!

1.4.2 Forgot Password

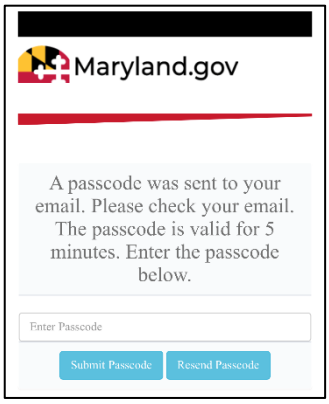
If you forget your password, you can ask to reset it on the Login Screen of the app



1. Select *Forgot Password?*

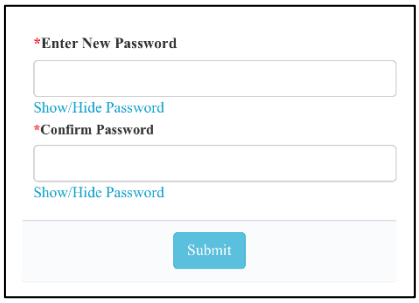
2. On the Forgot Password screen, enter the *Forgot Password* button

You will receive an email with a passcode



3. Enter the passcode into the app and click *Submit Passcode*
   You will be redirected to the password reset screen

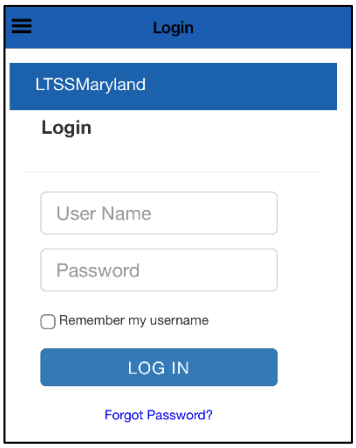
4. Enter your new password and confirm, then click *Submit*



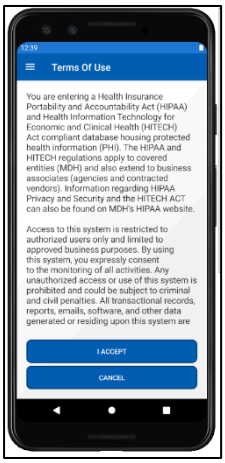
Your password is now updated. Navigate back to the LTSS*Maryland* EVV App and log in with the new password

1.4.3Logging In and Using the LTSS*Maryland* EVV App

1.4.3.1 Logging into the LTSS*Maryland* EVV App for the First Time



1. Open the LTSS*Maryland* 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

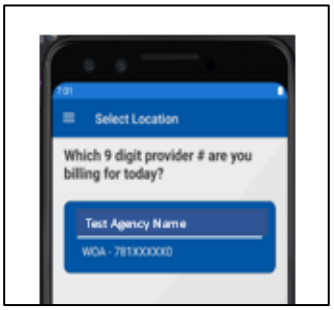


4. If this is your first-time logging into the LTSS*Maryland* EVV App on your device, you will be prompted to accept to the Terms of Use
- Read the information and click "*I Accept*" if you accept the terms of use
- Click the *Cancel* button to return you to the Login Screen

5. 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

1.4.3.2 Clocking In and Out with the LTSS*Maryland* EVV pp

1. When you log into the app you will be directed to the landing page
2. 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



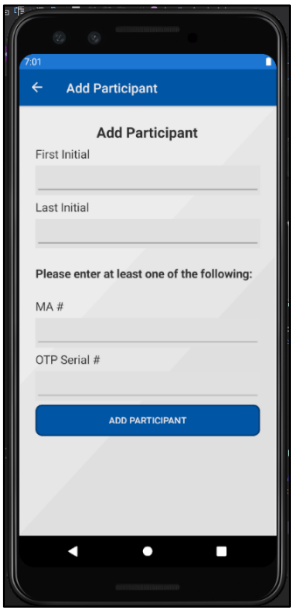
1. Start by selecting the provider / location name you will be working under

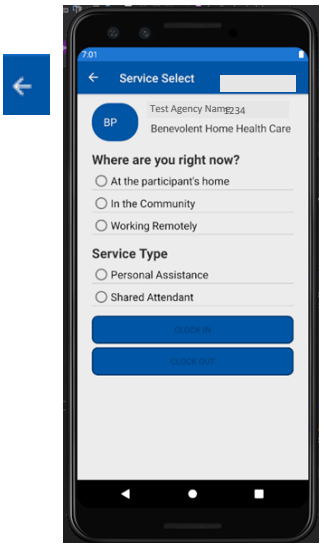
2. Next, you will be directed to the Participant Select page, which will show a list of
all the participants you have added to your list in the app
- You can add or remove participants from this list at any time, see instructions below

3. 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





4. After selecting your participant, the Service Select screen will appear
    - You may click the back arrow button on the upper left screen if to change your selection

5. Answer the first question based on where you are:
   "Where are you right now?"
    - At the participant's home
    - In the Community
    - Working Remotely – *Applicable only for the following services:*
        a. Intensive Individual Support Services (IISS)
        b. Personal Supports (DDA)
        c. Personal Supports Enhanced (DDA)
        d. Respite Care Services – 15 minutes (DDA)

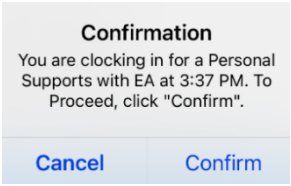
5A. If your participant has an OTP device assigned to them, and you select *In the Community*, a new box labeled *Please enter your OTP* will appear

- Enter the 6-digit OTP code in the app – *Applicable only for the following services:*
    a. Brain Injury Virtual Support
    b. Daily Personal Assistant Services
    c. Daily Shared Attendant
    d. HHA-CNA- 1 Participant
    e. HHA-CNA- 2 or More Participants
    f. HHA-CNA/CMT- 1 Participant
    g. HHA-CNA/CMT- 2 or More Participants
    h. Individual Support Services
    i. Intensive Individual Support Services (IISS)
    j. LPN-1 Participant
    k. LPN- 2 or More Participants
    l. Personal Assistant Services
    m. Personal Supports (DDA)
    n. Personal Supports Enhanced (DDA)
    o. Respite Care
    p. Respite Care Services – 15 minutes (DDA)
    q. RN-1 Participant
    r. RN- 2 or More Participants
    s. Shared Attendant

6. 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

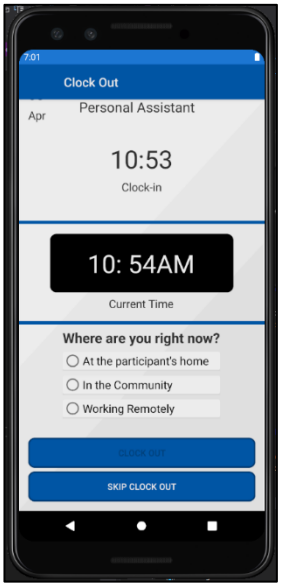
7. Finally, select *Clock In* if you are clocking in for the service
   - A verification message will pop up
   - Select *Confirm* if the information is correct
     - Your clock in will be accepted, and you will be directed to the Easy Access Clock Out Page
   - Select *Cancel* if the information is 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

1.4.3.3 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 – *Applicable only for the following services:*
    a. Intensive Individual Support Services (IISS)
    b. Personal Supports (DDA)
    c. Personal Supports Enhanced (DDA)
    d. Respite Care Services – 15 minutes (DDA)

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 – *Applicable only for the following services:*
     a. Brain Injury Virtual Support
     b. Daily Personal Assistant Services
     c. Daily Shared Attendant
     d. HHA-CNA- 1 Participant
     e. HHA-CNA- 2 or More Participants

f. HHA-CNA/CMT- 1 Participant
g. HHA-CNA/CMT- 2 or More Participants
h. Individual Support Services
i. Intensive Individual Support Services (IISS)
j. LPN-1 Participant
k. LPN- 2 or More Participants
l. Personal Assistant Services
m. Personal Supports (DDA)
n. Personal Supports Enhanced (DDA)
o. Respite Care
p. Respite Care Services – 15 minutes (DDA)
q. RN-1 Participant
r. RN- 2 or More Participants
s. Shared Attendant

- Select the *Clock Out* button
  - A verification message will pop up
  - Select *Confirm* if the information is correct
    i. 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

1.4.3 Manual Time Entry

The LTSSMaryland EVV app allows you to enter a missing clock in/out via the manual time entry process. Entries can only be made for the last seven days. To enter:

1. When you log into the app, from the menu select Manual Time Entry
2. The MTR landing page will list all provider locations available for manual time entry. Each location will show the following information:
   - Agency Name
   - Program Offered
   - Provider MA Number

3. Start by selecting the provider / location name for the manual time entry

4. 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

5. Select the Participant associated with the manual time entry
    - Participants are identified by their First and Last initial, and the last 4 digits of their MA number

6. 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:
        i. First Initial of the Participant
        ii. Last Initial of the Participant
        iii. Participant's MA number
            1. 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

7. 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

8. Answer the first question based on where you are:
   "Where are you right now?"
    - At the participant's home
    - In the Community
    - Working Remotely – *Applicable only for the following services:*
        a. Intensive Individual Support Services (IISS)
        b. Personal Supports (DDA)
        c. Personal Supports Enhanced (DDA)
        d. Respite Care Services – 15 minutes (DDA)

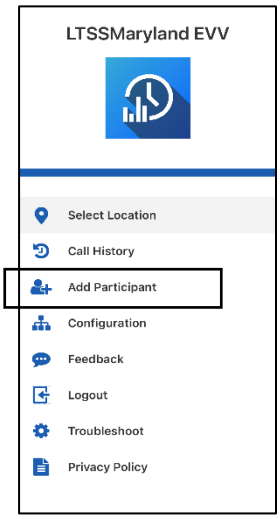
9. Next, select the Service Type you are providing to the participant
    - All available services associated with the provider location will display. Select the service you will be providing for your participant

10. Enter the date and time for the manual time entry
    - Entries must be within the last 7 days.

11. 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
        i. 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

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

1.4.4 Add Participant Page

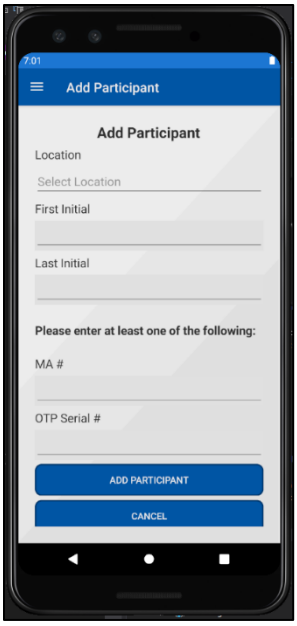


1. The LTSS*Maryland* EVV App allows you to add all your participants onto the Participant Select page. There are two ways to do this. You may select *Add Participant* from the Participant Select page, or you may use the Add Participant option in the main menu

2. After logging into the LTSS*Maryland* EVV App, click the menu button in the upper left corner

3. Select *Add Participant*

4. The Add Participant screen will open



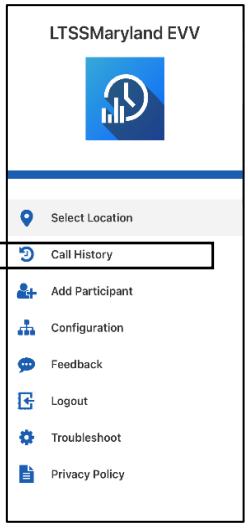
5. Select the location for the Participant to be listed under
    - Enter the required information:
        i. First Initial of the Participant
        ii. Last Initial of the Participant
        iii. Participant's MA number
            1. If you do not know the participant's MA number, you may enter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

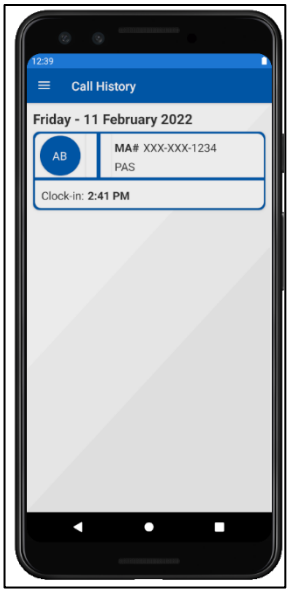
If you do not see your participant listed, you can add them by selecting the Add Participant button at the bottom of the clock-in page.

1. The Add Participant screen will open.
2. 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 Serial Number located on the back of the participant's OTP device, if assigned
3. Click the "Add Participant" button
4. You will be directed back to the Select Participant Select page with the client added as an option.
5. Select the Participant you will be working with

1.4.5 Service History Screen

1. 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 your administrator
2. Click the menu button on the upper left corner
3. Select *Call History*

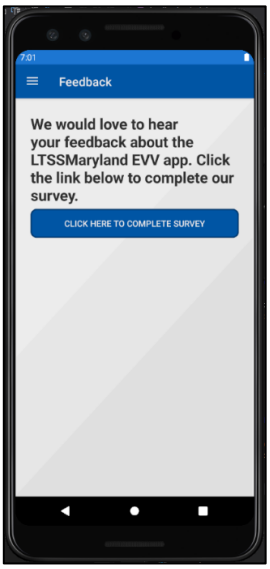




4. The Call History page will display the last 30 days of clock in and out records. The most recent records will display at the top
5. Information that will display includes:

- Service Date
- Participant initials and MA#
- Service Type
- Clock In/Out Time

1.4.6 Feedback Screen



1. The LTSS*Maryland* EVV App allows the user to provide feedback to MDH.
2. To access the feedback page, click menu button on the upper left corner
3. Select *Feedback*
4. On the Feedback screen, select *Click Here to Complete Survey*
5. You will be navigated to a screen where you can enter feedback
    - Please provide feedback related to the app
    - Note: Do not provide information regarding your participant, Concerns about participant safety or care, or other important Information that must be provided directly to your administrator

1.4.7 Removing a Participant from your Participant List

1. To remove a participant from your list, navigate to the landing page
2. Select the provider connected to the Participant

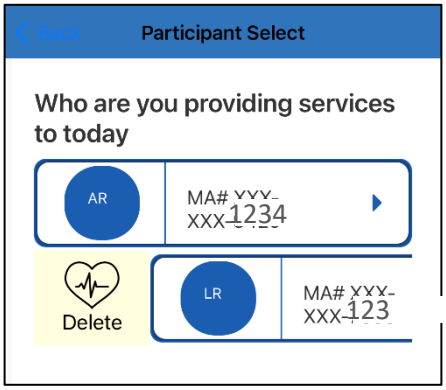
3. You will be directed to the Participant Select page

4. Find the Participant you wish to remove, press your finger on their label, and slide to the right. The red Delete option will display

5. Lift your finger and select *Delete*

6. A confirmation message will appear

7. Click *Yes* to remove
8. Click *No* to return to Participant Select screen



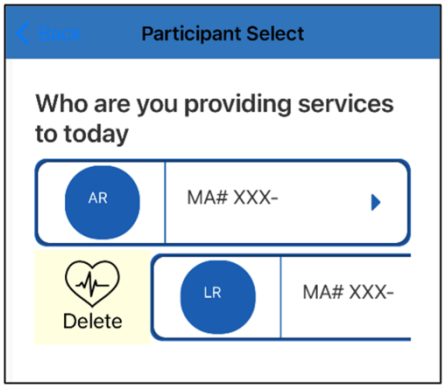
1.4.8 Updating a Participant from your Participant List

If a participant receives a new OTP device, or is given a new MA#, you will need to update them in the app before you can clock in

You must first delete the participant from your list, then add them again, so that the app will refresh their information

1. To update a participant from your list, navigate to the landing page

2. Select the provider connected to the Participant
    - You will be directed to the Participant Select page

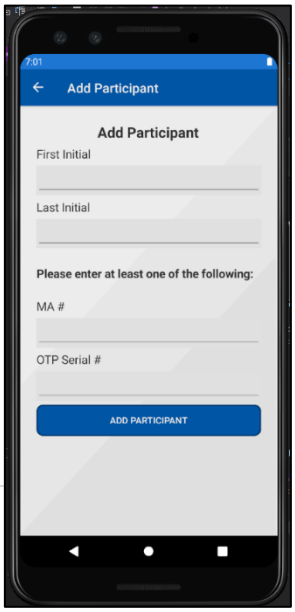


3. Find the Participant you wish to update, press your finger over their label and slide to the right. The Delete option will display

4. Click *Delete*

5. A confirmation message will appear
- Click *Yes*
- The Participant is now removed

Next, you must re-add the participant before you can clock in



1. Click the *Add Participant* button at the bottom of the page
2. The Add Participant screen will open
12. Enter the required information:
    - First Initial of the Participant
    - Last Initial of the Participant
    - Participant's MA number
        i. 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

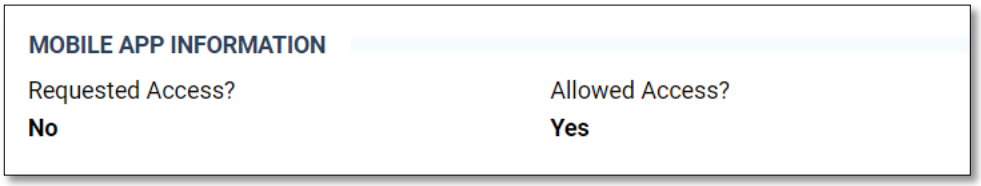
3. Click the *Add Participant* button
    - The Participant will be added under the provider location, and will be available for your next clock in

1.4.4 Provider Admin Processes

1.4.4.1 Creating Mobile Access in the Provider Portal

User can create mobile app accounts within the LTSS*Maryland* EVV Application, but Provider Administrators can also create the user account withing provider portal:

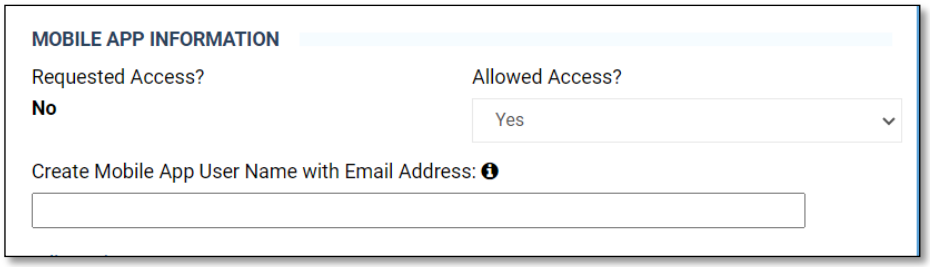
1. Log in to the Provider Portal on your computer
2. Navigate to the Provider Tab
3. Search for and find your staff
4. Click *View* to navigate to the staff profile page
5. Click the *Edit* button in the lower right corner
6. Under the Mobile App Information section, update the Allowed Access? Drop down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



7. The "Create Mobile App User name with Email Address" 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.
- The "Create Mobile App Username with Email Address" box will be displayed if the system does not find an existing active SSO account associated with the same valid SSN.



8. Click *Save* in the lower right corner

9. 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

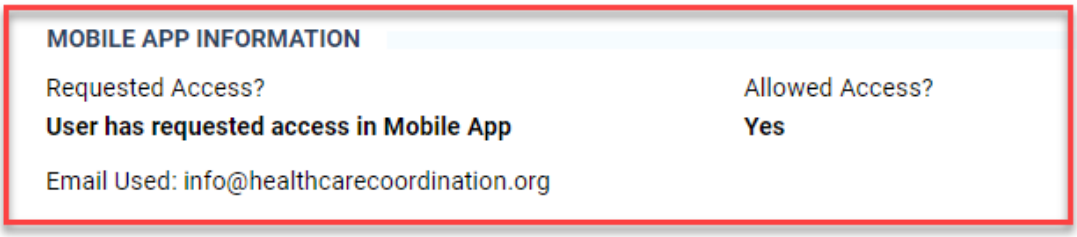
Important Information:

1. If the Staff Provider is not associated with a location that is allowed access to the LTSS*Maryland* EVV App, upon clicking *Save* you will receive the following message:
    - *User doesn't have location available for mobile app use*
2. 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
3. If there is an existing active SSO with the same valid SSN, the following two fields will be displayed to the user, populated with the most recent information from the Staff's primary account:
    - **Mobile App Login User Name**: *Displays the mobile app login user name of the staff account.*
    - **Mobile App Login Email**: *Displays the mobile app login email of the staff account.*

1.4.4.2 Granting Access for Staff Providers in the Provider Portal

When users create their account via the Mobile Application, 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? Drop down menu to *Yes*



7. Click *Save* in the lower right corner. The email address used by the client will not populate until you close the account record and re-open.

8. 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

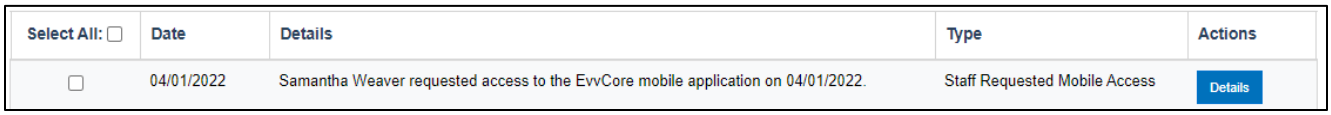
Important Information:

1. If the Staff Provider is not associated with a location that is allowed access to the LTSS*Maryland* EVV App, upon clicking *Save* you will receive the following message:
    - *User doesn't have location available for mobile app use*
2. 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

1.4.4.3 Granting Access to the LTSSMaryland EVV App Via Alerts

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



3. You will be directed to the staff profile. Click *Edit* in the lower right corner
4. Follow the directions in section 3.1 above to complete the process and save your changes

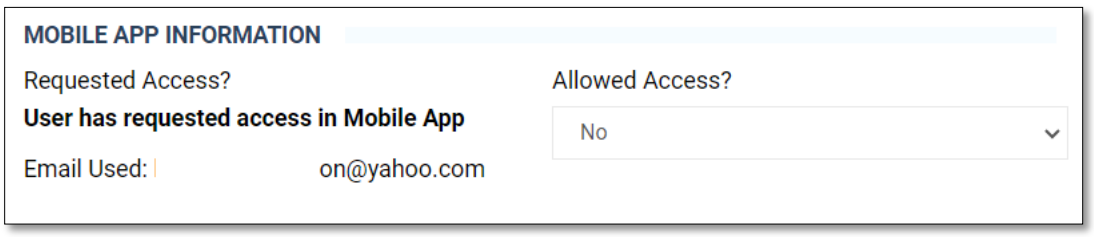
Note:

- 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 LTSS*Maryland* EVV app prior to the Staff Provider creating an account using the above steps.

1.4.4.4 Removing Access to the LTSS*Maryland* EVV App

Provider Admins can remove access to the LTSS*Maryland* 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? Drop down menu to *No*



1. Click *Save*

2. If the Staff Provider attempts to log into the LTSS*Maryland* 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 re-activate a Staff Provider, you will also need to reset Allowed Access to *Yes* if they are to use the app. Access to the LTSS*Maryland* EVV app is NOT automatically reinstated.

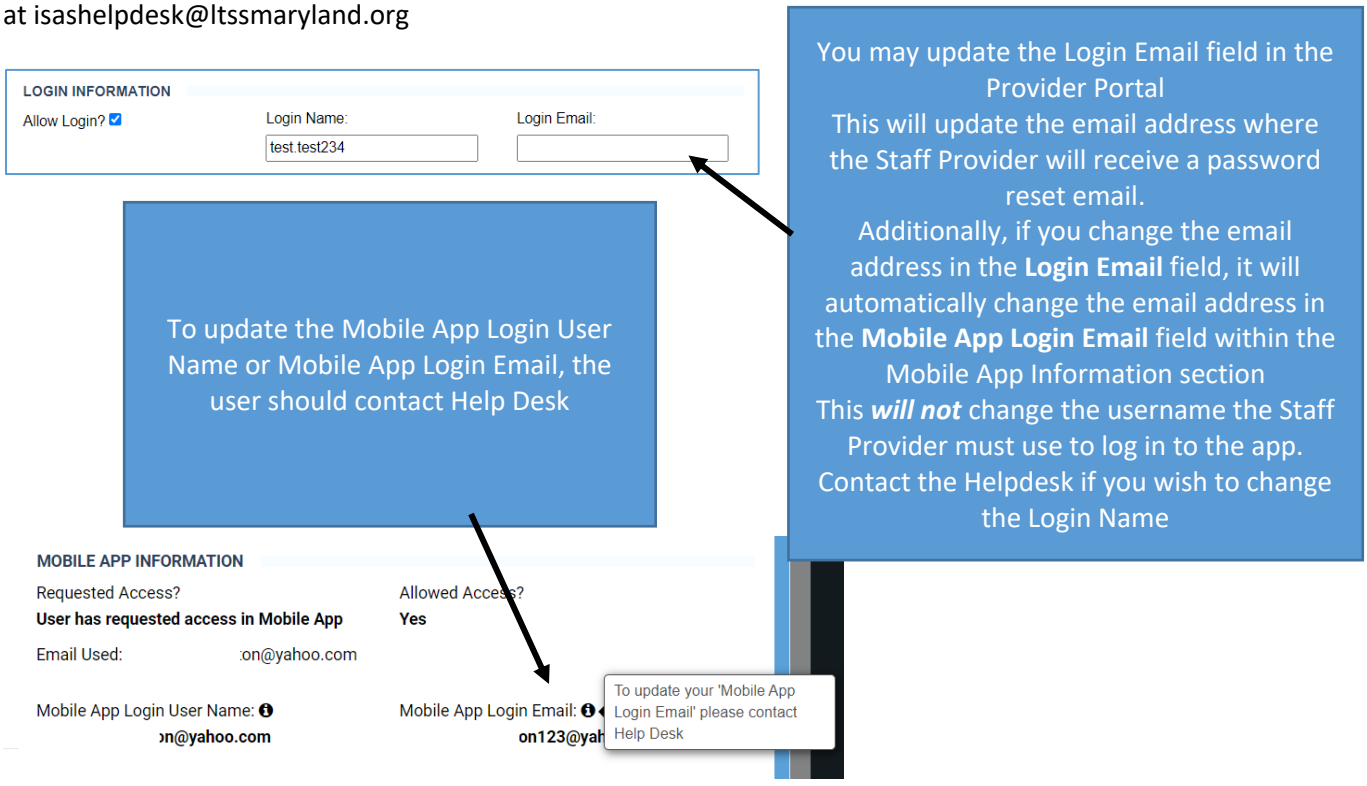
1.4.4.5 Deny a Request for Access

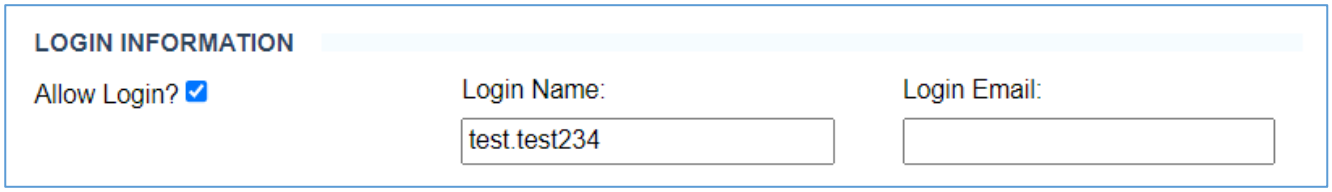
Provider Admins can deny access to the LTSS*Maryland* EVV App

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

1.4.4.6 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 LTSS*Maryland* 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 isashelpdesk@ltssmaryland.org





1.4.5 Smartphone Requirements

1.4.5.1 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*

1.4.5.2 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

1.4.5.3 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

1.4.5.4 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

2:Billing

Everything you need to know on how to bill for services through the Provider Portal and information on reports that can assist you with billing.

2.0 Provider Portal: Billing for Services

2.0.1 Billing Checklist:

The agency should follow this checklist to help prevent billing issues. The agency is required to learn and adhere to all state policies regarding billing.

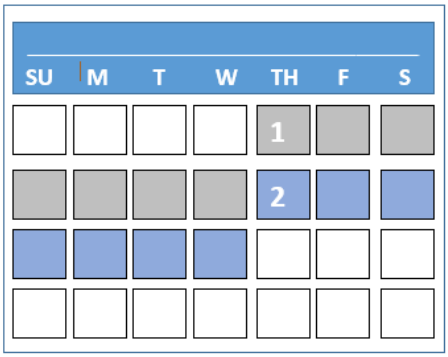
- ✓ **Activate Account-**Agency administrators are responsible for registering for a Provider Portal account with the Help Desk and setting up staff profiles in the Provider Portal.
- ✓ **Approved to Begin Services-**
  - The agency receives a Service Notification Alert in the Provider Portal with a start date.
  - The agency is listed on the participant's active POS.
  - The agency calls the EVS system to verify the participant's eligibility.
- ✓ **Determine Staff Schedule-** The agency determines the staff provider's schedule to meet the needs of the participant and to fit within the pre-authorized weekly hours, starting Thursday and ending Wednesday, listed in the participant's POS.
- ✓ **Train staff** – It is the agency's responsibility to ensure that staff are fully trained on how to use the ISAS system and have all needed information to clock in and out properly.
- ✓ **Clock-In and Out-** Staff provider uses the EVV to clock-in and out at the start and end of every shift.
- ✓ **Missing Clock in/out –** If the staff forgets to clock in and/or out for services or is unable to use the system for some reason, it is the agencies responsibility to submit the services manually prior to the monthly deadline. **Section 2.0** for more detail.

2.0.2 Direct Deposit

If an agency needs to register for direct deposit billing, they should download the gadx-10 form by going to:
http://comptroller.marylandtaxes.com/Vendor_Services/Accounting_Information/Electronic_Funds_Transfer/

To update Direct Deposit information, contact the comptroller's office: **1-800-638-2937 or 410-260-7980**

2.0.3 MDH Work week



MDH defines the workweek as starting on **Thursday and ending on Wednesday (11:59 PM)**. Agency providers are paid weekly for services provided between Thursday and Wednesday. The POS weekly billing limit is calculated based on services provided during this period.

One paycheck may also include payments for approved Missing Time Requests and Adjustments with dates of service that fall outside of the workweek. When an agency submits an MTR (**sub-section 2.1),** it can take up to 10 business days from the date of submission for the LTSSMaryland team to review the request and adjustments **(sub-section 2.1)** can take up to 20 days after the submission date. However, it can take longer for resolution depending on the reason for the service modification (SM)(sub**-section 2.1)**. If a SM is approved, the payment will be received within the pay period in which the SM was approved, rather than the service date pay period.

Reminder: Though it is sometimes out of the staff provider's control and they are unable to use the EVV systems due to certain circumstances, the quickest way a service will be paid is if the staff provider properly uses EVV to record every service.

It is the comptroller who issues payment, payment is issued the following Saturday – Monday (dependent on banks) of the following week the claim closed.

2.0.4 Daily Service Limit

Participants will not be able to receive more than 12 hours of care a day unless they qualify for Daily Personal Assistance Services (DPAS) listed on their POS. Agencies will not be paid for any service time that exceeds the clients daily allowed 12 hours, this includes approved extended emergency hours.

Example:

The staff provider worked a total of 17 hours. This means the agency will only be paid for 12 hours because 5 hours exceeded the daily limit.

2.0.5 Overnight Services

Services that cross the **midnight boundary** will be automatically divided into two distinct claims. The system will create a new claim at 12:00 AM, effectively splitting the original service into two parts.

Example

A staff member's shift runs from **10:00 PM on Thursday** to **10:00 AM on Friday**. The system will automatically:

1. **End the first claim at 11:59 PM** on Thursday.
2. **Begin a new claim at 12:00 AM** on Friday.

This results in two separate claims for that single shift:

- **Claim 1:** Thursday, 10:00 PM - 11:59 PM

- **Claim 2:** Friday, 12:00 AM - 10:00 AM

2.1 Service Modification

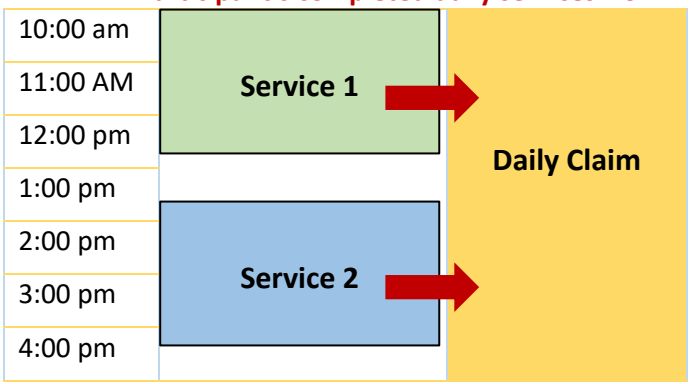
A Service Modification (SM) occurs any time a service needs to be modified/ changed. A modification can be submitted as a new service, as an edit to an existing service, or as an edit to a service with an associated claim. All SM's must reflect the EXACT date, time, and reason for the modification. All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

2.1.1A Different types of Service Modifications:

- **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).

- **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.

All Participant's completed daily services from 1 agency are combined nightly into 1 claim



2.1.1B When to submit an MTR or Adjustment

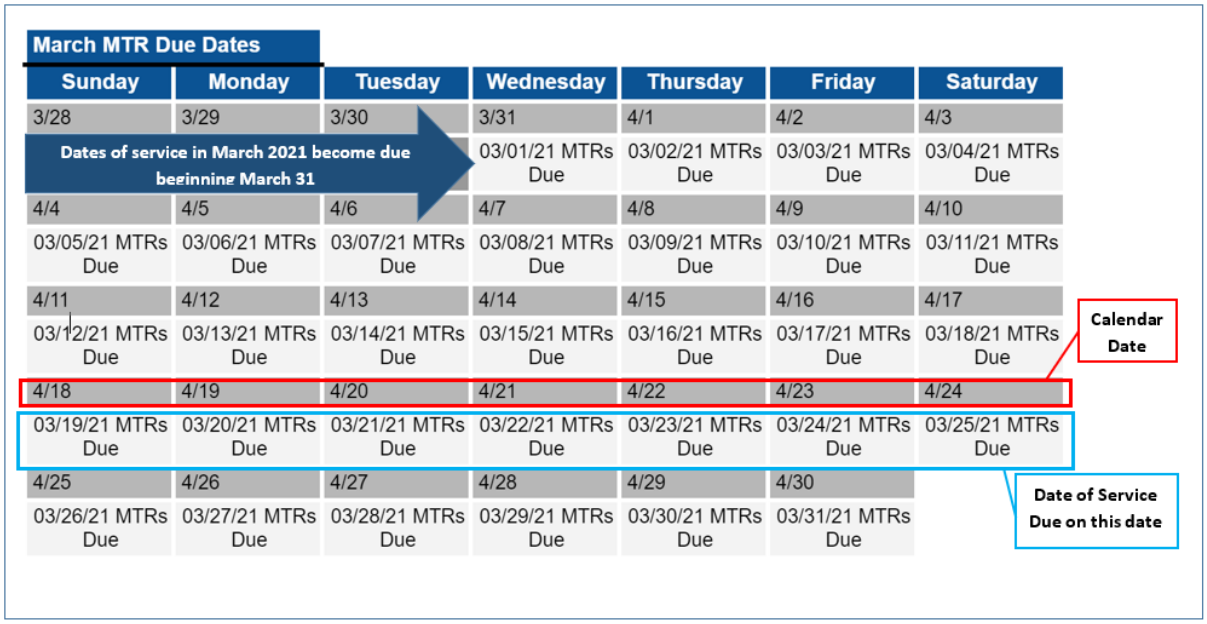
The Adjustment and MTR policies are solely based on whether there is a CLAIM or NO CLAIM for the specific date.

Does a claim exist on this date?	What are you doing?	SM Type
YES	Adding a New Service	Adjustment
YES	Editing Existing Claim	Adjustment
YES	Voiding a Service	Adjustment
NO	Adding a New Service	MTR
NO	Editing Existing Service	MTR

2.1.1C Service Modification Submission 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:



- **Adjustment and Staff Overlap - Same Provider:** These modification 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, so please submit all SM's with enough time for revision. MDH recommends at least 20 days before the 364-day cut off.

2.1.1D In-Progress Service Modifications

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

2.1.1E Service Modification Revision Process

All Service Modifications (SM) will be reviewed by MDH. SM's that do not follow policy will not be approved. MDH allows staff providers to have 4 unexcused SM's a month. Unexcused means the staff did not clock in/out due to fault of the staff 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:

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

If a staff provider receives 4 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 staffs 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 MDH LTSSMaryland team regarding SM points. The agency should only contact **MDH** if a SM was disapproved for exceeding the 4 monthly allowed points and they would like to contest.

2.1.2 Service Modification Category Guide

The agency will need to select a SM reason from the drop-down menu in the provider portal. Use this guide to help determine the best reason for the SM. Choosing the reason that best suits the incident will help the MDH

team better research the manual request and will speed up the revision process. The agency should also include information within the comment section in provider portal, if required.

MTR Reason	When to use this reason	Required MTR Info.
Forgot to clock in/out	Staff Forgot to use the system.	**N/A**
Staff Busy with participant	Staff was busy with participant duties and could not use the system.	
New or substitute staff	New or substitute staff 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 when an outage occurs.	
Correcting staff clock in/out error	Staff made an error when using the system that affected the clock in/out. **Example:** Selected wrong service, clock in/out instead of out/in, System confirmed wrong time.	
ISAS call incomplete	Staff said they clocked in/out but there is no record in the provider portal.	
Participant phone problems	Participant phone: Broken, out of minutes, missing, no reception.	Notify the Case Manager - Case manager should submit a case manager communication form
OTP issue	OTP: Broken, Missing, waiting on new device.	
Emergency situation	● Emergency that prevented staff from using the system: participant had to go to hospital, House fire.	● **Date SP was notified** ***NOTE* Request for emergency POS hours must be submitted to the supports planner and added to the clients POS**
Other	● Fixing an overlap ● A unique situation that is not covered in the other categories ● LIC Exemption	● **Resolved overlap** ● **Explain unique incident**

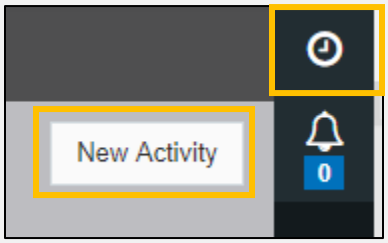
2.1.3 How to Submit a Full Service SM – Missing Time Request (MTR)

If the staff does not clock in **AND** out for a service and there is **not** a closed claim for that specific date you will need to submit a full-service MTR.

1. Verify if there is an existing service for that day

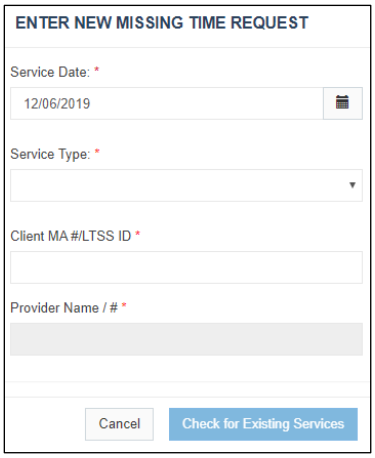
1.1

Go to the Services tab within the Provider Portal, Select either "New Activity" or the "clock" in the right-hand corner



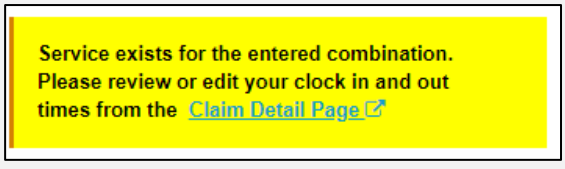
1.2

Enter the MTR information and verify that there is no existing service for that date.



1.2.A

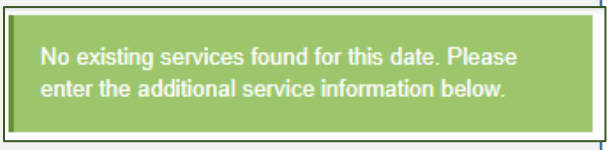
If there is an existing service for that date the following message will appear:



If there is an existing service for the date an Adjustment will need to be submitted **NOT** an MTR.

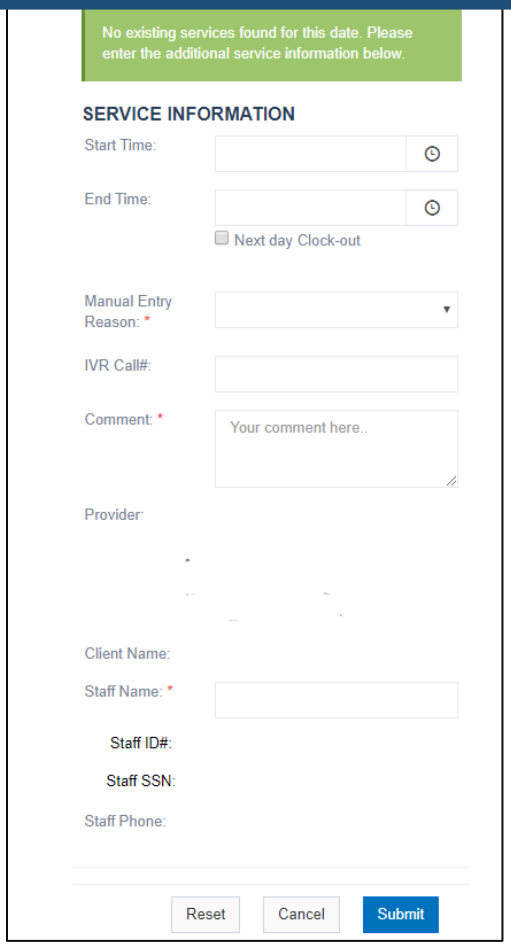
1.2.B

If there is NOT an existing service for that date the following message will appear:



Proceed to step 2

2. Enter the Full Service Missing Time Request



Fill in the service information:

- **Service start time**
- **Service end time** (**Note:** if it is an overnight service that proceeds into the next day, check the **"Next day clock-out"** box)
- **Manual entry reason**: Select from the drop down **(view SM category guide)**
- **IVR call#:** This is the number the staff generally uses to clock in and out for services. Providing the correct number the staff used to attempt to clock in and out will help ISAS verify the issue if staff was having issues using the system.
- **Comment:** Enter information if required **(view SM category guide)**
- **Provider** and **client** information will auto populate
- **Staff Name**: Start typing staff name and select staff name from list that will populate. (**Note:** If staff name is NOT appearing ensure that staff has an ACTIVE profile within the Provider Portal)
- **Staff ID** and **Staff SSN** will auto populate
- **Select "Submit"**

2.1.4 How to Submit a Partial Service SM- Missing Time Request (MTR)

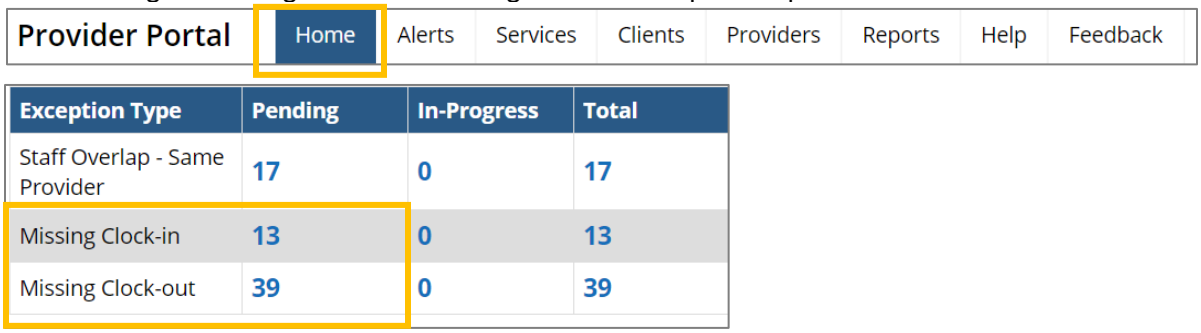
If the staff does not clock in **OR** out for a service and there is **not** a closed claim for that specific date you will need to submit a partial service MTR.

1. Locate the partial service

1.1

There are two ways to locate a partial service:

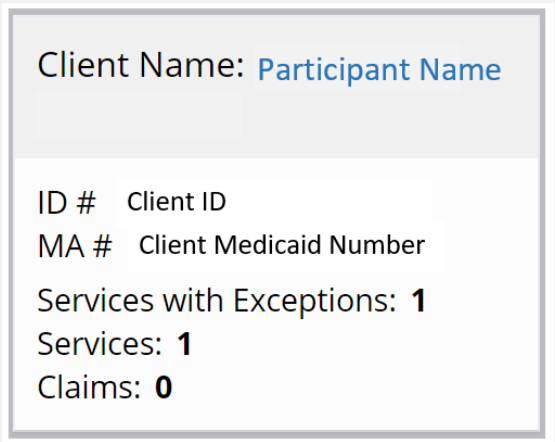
1. **Provider Portal Homepage – Actions Required:** Click on the numbers located in "Pending" in missing clock in or missing clock out to open the partial service



2. **Service Rendered Report – Advanced** (more information on **Section 4**)

1.2

Click on a specific participant tile to review further information



Take a Closer Look:

The user can sort the tiles to specific needs.

The user can submit a full service using this button.

The user can group tiles by client, staff or no grouping. Default: no grouping

The user can sort tiles by: Date of service, client's last name, service type or Claim status

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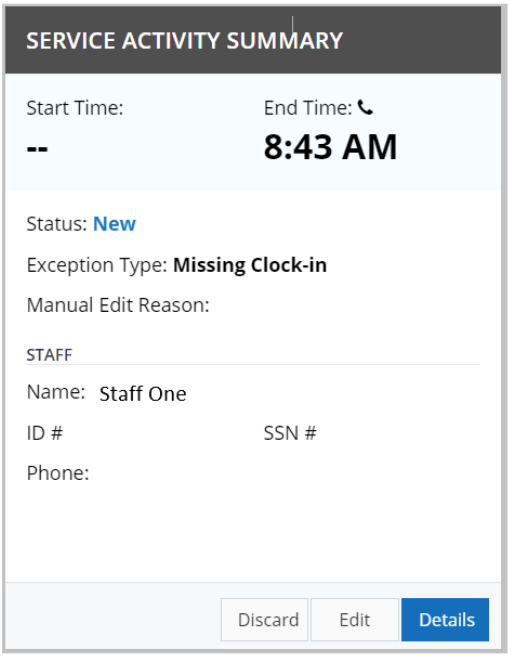
2. Choose a resolution option for the Partial Service

2.1 The user should select **"Details"** to view the service activity summary then should select one of the following options:



A. **Discard:** If the partial service is incorrect the user can choose to "Discard" the service.

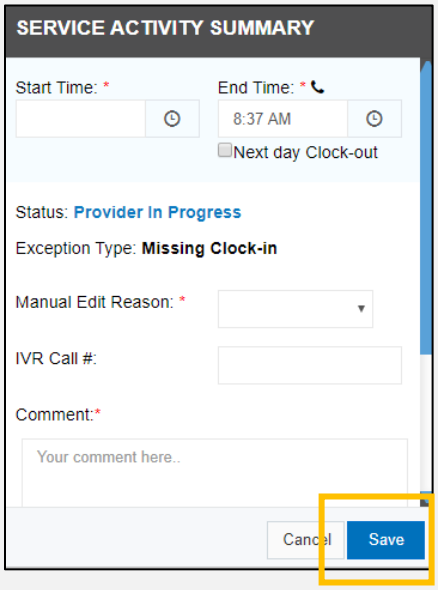
B. **Edit:** Allows the user to quickly edit the partial service.

C. **Details:** The user can view further details regarding the service and client within the details page:

- Service Details
- Client Profile
- Client POS
- The user can also edit the service with in the details page.

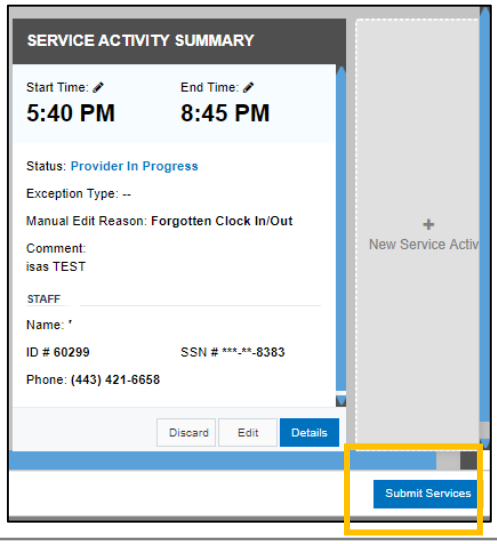
3. Enter the Partial Service Missing Time Request information and Submit

2.1 If the user selects to "Edit" the partial service, the user must then enter information regarding the MTR:



- **Enter Missing Time**
- **Manual Edit Reason:** Select the exact reason the staff was unable to clock in or out from the drop down **(view SM category guide)**
- **IVR call#:** This is the number the staff generally uses to clock in and out for services. Providing the correct number, the staff used to attempt to clock in and out will assist ISAS verify the issue if staff was having issues using the system.
- **Comment:** Enter information if required **(view SM category guide)**
- **Provider and client** information will auto populate
- **Staff Name:** Start typing staff name and select staff name from list that will populate. **(Note:** If staff name is NOT appearing ensure that staff has an ACTIVE profile within the Provider Portal)
- **Staff ID and Staff** SSN will auto populate
- **Select "Save"**

2.2 Once the user selects save, a "Submit" option button will appear in the MTR box.



NOTE:

Agencies must submit all services to MDH before the deadline in order for them to be reviewed. If the user does not submit the MTR and only saves it the MTR will stay in a service status of "Provider in Progress" and ISAS cannot review the MTR. Provider in Progress MTRs are still held to the deadline.

2.1.5 How to Discard a Service

If a service was entered incorrectly the user may need to discard the service.

1. Locate the service

1.1 The way to search for a service to discard depends on if it's a full service or partial service.

Full Service:

Note: A full service can only be discarded if it is pending an exception and not pending MDH. If the service has been fully submitted it must be voided.

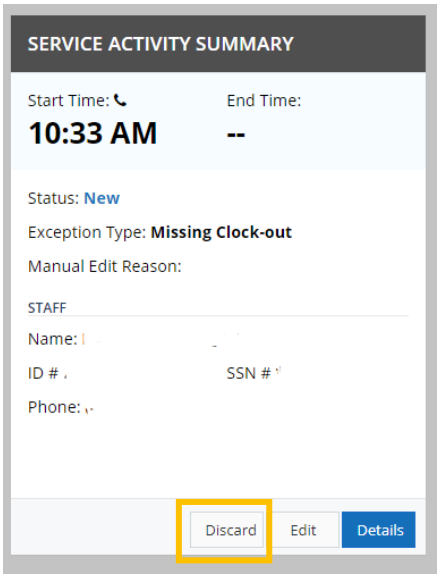
1. Service Tab in Provider Portal
2. Service Rendered Report – Advanced (**Section 4.0)**

Partial Service:

1. **Provider Portal Homepage – Actions Required:**
    a. **Pending (Missing clock in or out)**
    b. **In-Progress (Missing clock in or out)**
2. Service Tab in Provider Portal
3. Service Rendered Report – Advanced (**Section 4.0)**

2. Discard the service

2.1 Once the service is located, proceed to the "service date details" page. The user can choose to discard the service on this page or select details and discard the service on the details page.



Once the "discard" option is selected, the user will need to enter a comment. The user should enter the exact reason for the discard. Then select "Submit"

2.1.6 How to Edit a Service with an Associated Claim (Adjustment)

If a service has closed and there is a claim associated with the service and the agency needs to edit the service hours, the agency will need to submit an adjustment. This process is mostly common with emergency hours. See (**Section 3.0)** for more information regarding emergency hours.

1. Locate the service

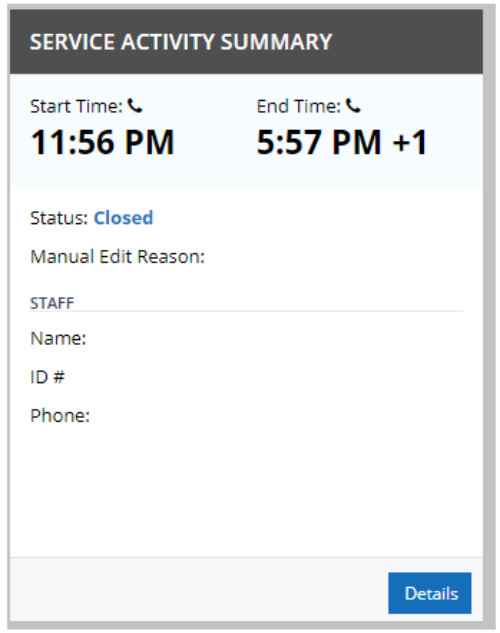
1.1

The user can locate the service one of two ways:

1. The Service Rendered Report- Advanced: More information on (**Section 4.0)**
2. The Service Tab

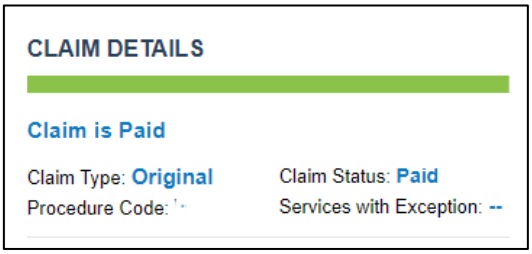
1.2

Once the service is located, proceed to the “service date details” page.

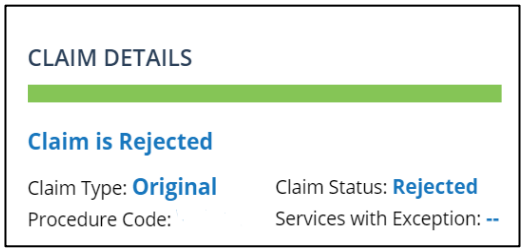


1.3 **Check Claim status:** There are 6 different statuses a claim can have. For information regarding all claim statuses refer to (**Section 4.0**).
In order to submit an adjustment, the claim must be in a PAID, NOT SUBMITTED TO MMIS or REJECTED status. This can take up to 14 days after the service was submitted.

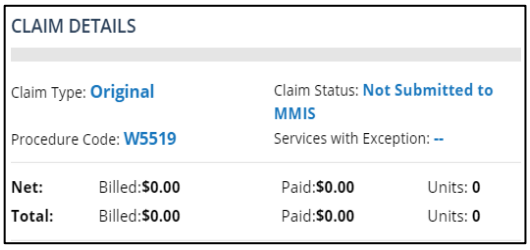
Take a Closer Look:



This means the claim was fully or partially paid by MMIS.

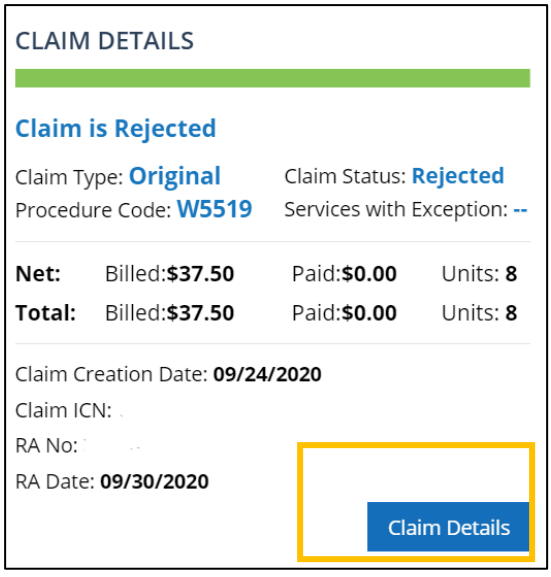


This means the claim was rejected by MMIS and was not paid.



This means the claim was not submitted to MMIS because it would have resulted in a zero-unit claim, which means zero funds would have been paid.
This is usually due to exceeding the monthly allowed POS service units.

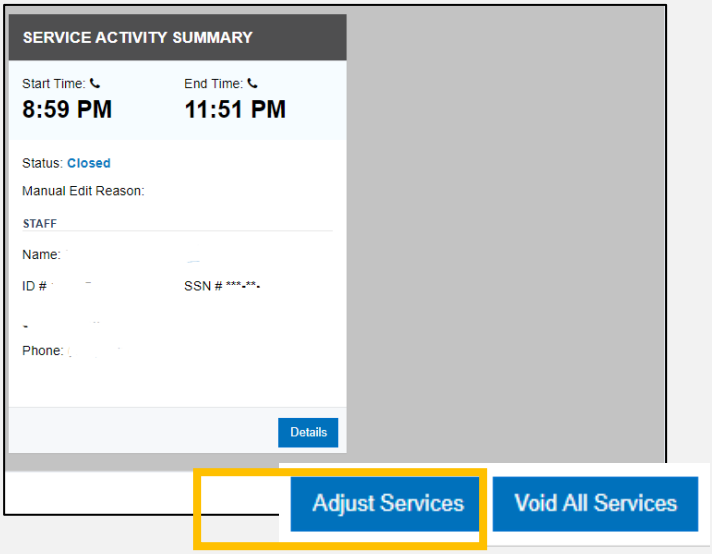
For more information regarding specific claim status the user can look at the claim details:



2. Edit the service

2.1

Select the “adjust services” button in the right-hand corner. This button will not appear until the claim is in “Paid” or “Rejected” status.

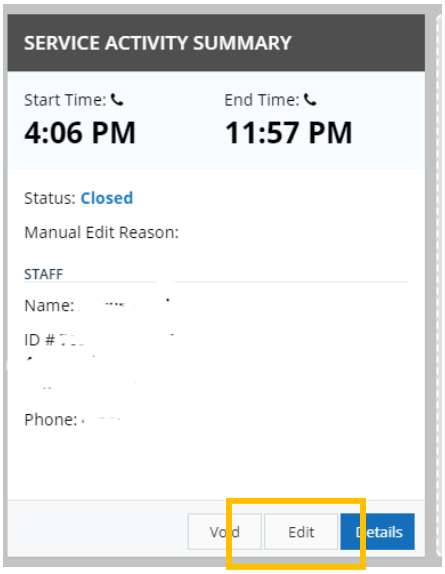


2.2

Edit the start time or end time to reflect the new time.

Emergency Hours Cut by the System:

For emergency backup hours that were cut by MMIS for exceeding the allowed POS hours, the user does not need to change the service start and end time. The user should use the appropriate drop-down category and comments. (**emergency situation-refer to section 3.0**) **then** save and submit.



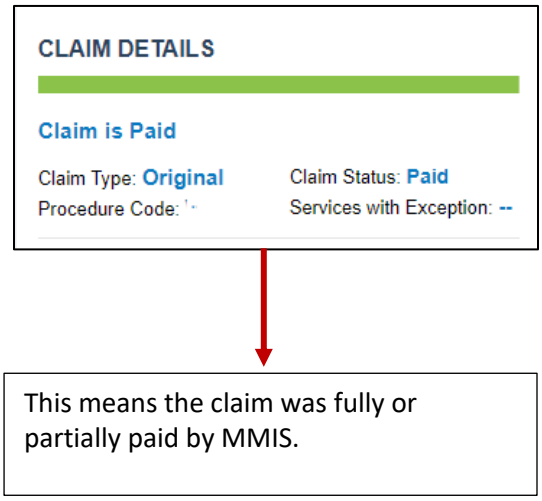
2.1.7 How to Add a Full Service to a Closed Claim (Adjustment)

If an agency needs to submit a full service for a specific date and there is already a closed claim for that date, the agency will need to submit an adjustment.

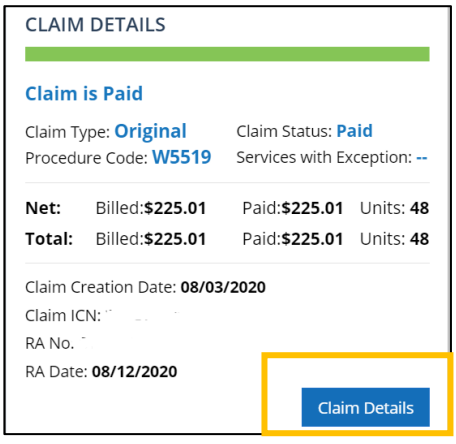
1. Check the Claim Status

Check Claim status: There are 6 different statuses a claim can have. For information regarding all claim statuses refer to (**Section 4.0)**
In order to submit a New Service adjustment, the Claim must have the status of PAID.

Take a Closer Look:

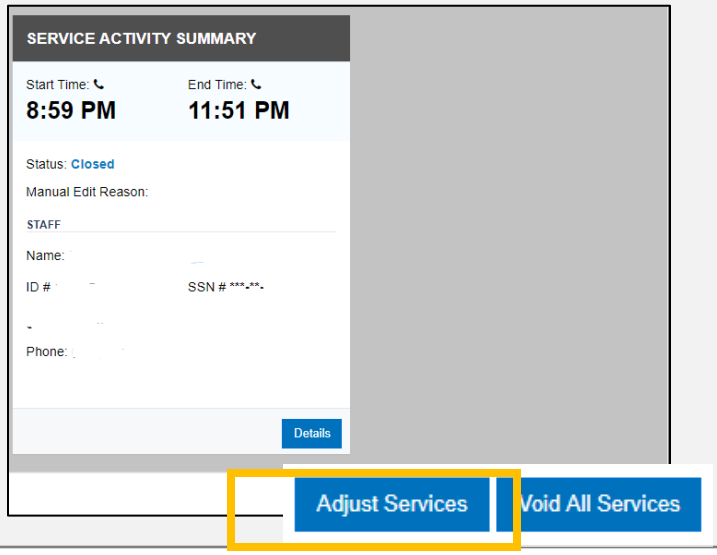


For more information regarding specific claim status the user can look at the claim details:

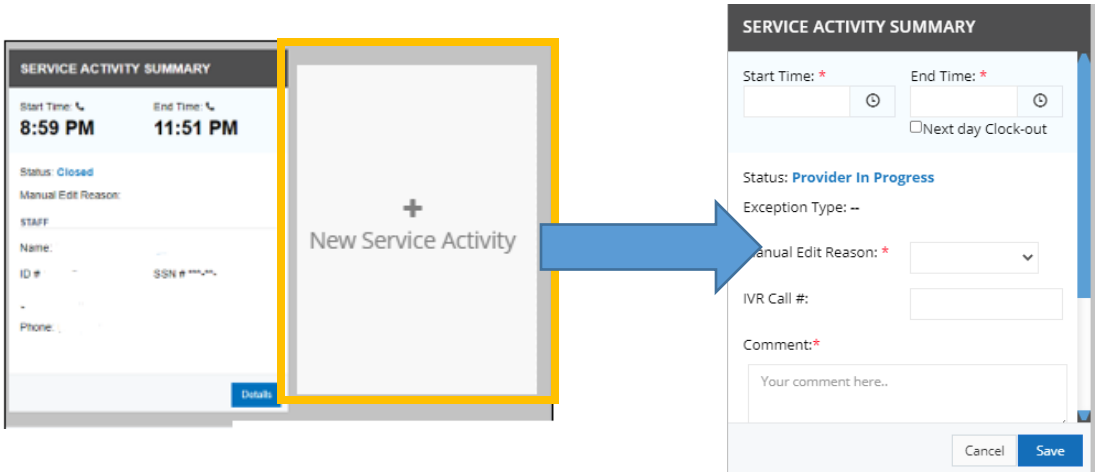


2. Enter new service

2.1 Select the “adjust services” button in the right-hand corner. This button will not appear until the claim is in “Paid” or “Rejected” status.



2.2 Select the “New Service Activity” Proceed to enter the missing time information. You must follow the SM category guide.



2.1.8 How to Void a claim:

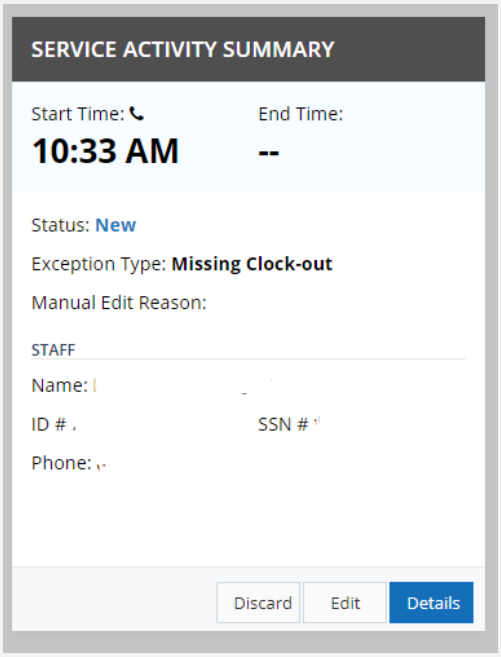
If there is an incorrect service in the system that has an associated claim, the agency will need to VOID the service.

1. Locate the service

1.1 The user can locate the service one of two ways:

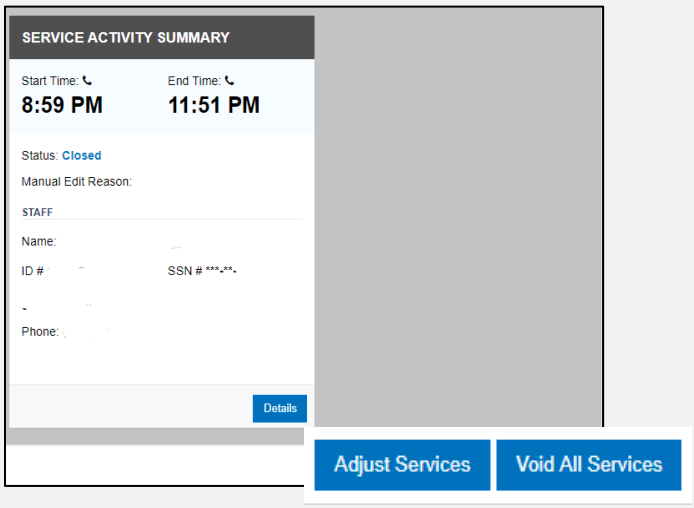
1. The Service Rendered Report- Advanced: More information (**section. 4.0)**
2. The Service Tab

1.2 Once the service is located, proceed to the “service date details” page.



2. Void the service

2.1 Select the “adjust services” button in the right-hand corner. This button will not appear until the claim is in “Paid” or “Rejected” status.



The user has the option to void one specific service or all services for the day.

2.1A

Void All Services

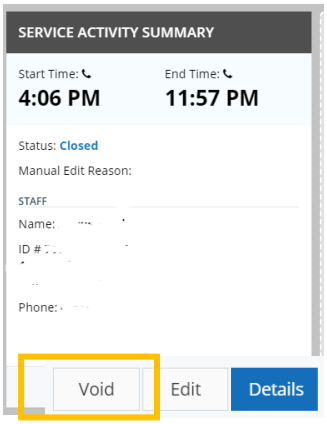
The user can void all services by selecting the “void all Services” button. The user should write the reason for the void in the comment box.

2.1B

Adjust Services

The user can void a specific service by selecting the “Adjust services” option.

Select a specific service to void – Select the void button. The user should write the reason for the VOID in the comment box.

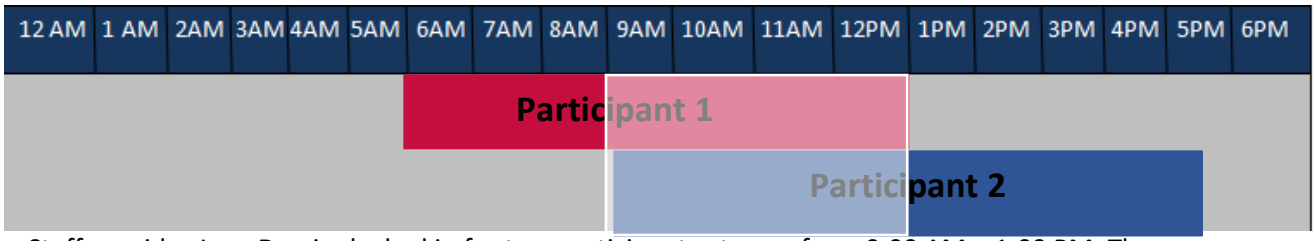


2.1.9 How to Resolve a Staff Overlap - Same Provider SM

Agencies are responsible for resolving this type of overlapping services. This occurs when a staff is clocked in for 2 different participants from the same agency at once. If the agency does not resolve the Overlap Exception, the agency will not be paid for the overlapping services. The agency must edit the services so that the services no longer overlap and submit the revisions to MDH for review and payment.

Example:

Staff: J. Doe **Agency:** Better Care

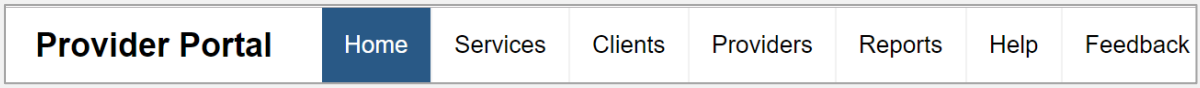


Staff provider Jane Doe is clocked in for two participants at once from 9:00 AM – 1:00 PM. The agency must resolve the overlap in order to receive reimbursement for the service.

1. Locate the Overlapping Services

Overlapping services can be located one of three ways:

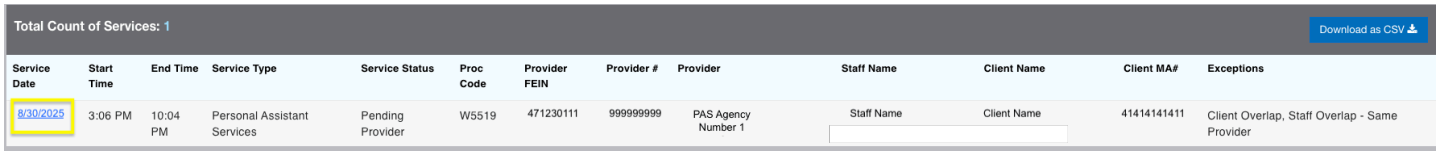
1. Overlap Report (**section. 4.0)** for more information
2. Service tab (**section. 1.0)** for more information
3. Home page – Actions Required – Resolve by Provider – Staff Overlap – Same Provider
    a. Click the blue number hyperlink to open overlapping service tiles



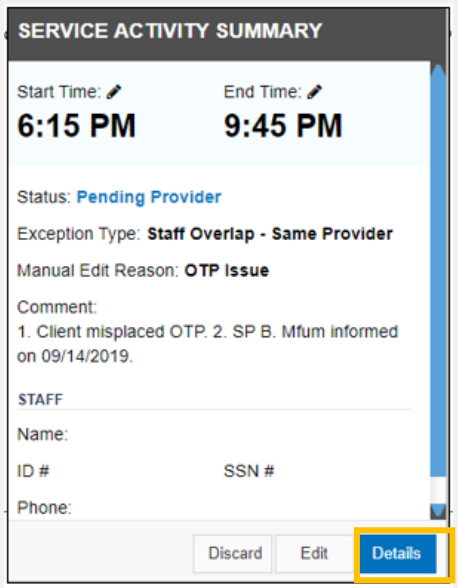
Exception Type	Pending	In-Progress	Total
Staff Overlap - Same Provider	17	0	17
Missing Clock-in	13	0	13
Missing Clock-out	39	0	39

1.2 Review the overlapping Services

Once the service is located, proceed to the “Service Date Details” Page by selecting the hyperlink date



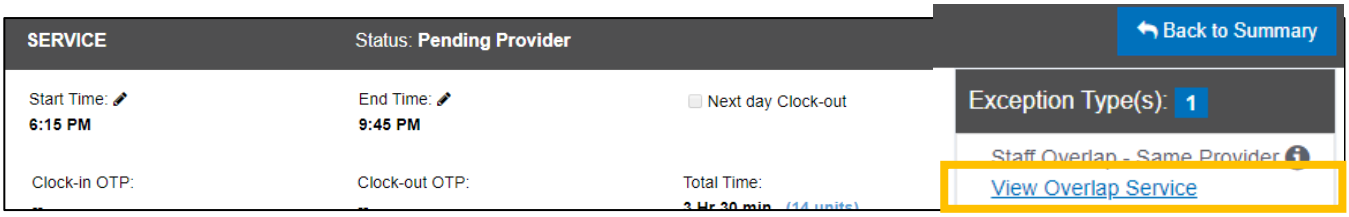
1.3



Click on a specific client tile – then select: “Details” to go to the service activity Summary.

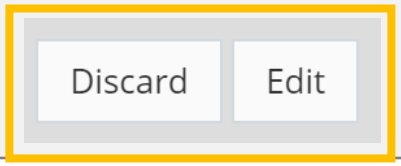
2. Viewing associated Overlap

Select the **view overlap service** link- this will open the other service that is overlapping in a new tab. Compare services side by side and decide how to resolve the overlap.



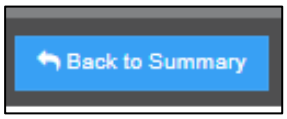
3. Resolve the overlapping Services

Located on the bottom right-hand corner, is the option to “Discard” the service or “Edit” the service time. This will appear in both tabs. If the “Edit” button is selected, the service will then open for editing. Agencies will need to submit a reason for the manual edit. The selected reason must follow the Service Modification (SM) category policy PG.___. Example*: “Other” from drop down – Comment: Resolving Overlap.* After entering the accurate time and the correct reasoning has been entered, click the “Save” button in the lower right-hand corner.



4. Submitting the Service

Click the “Back to Summary” button on the right-hand side.



Located on the bottom right hand of the summary page is a “submit” button, this button **MUST** be selected in order to submit the service for ISAS review. MDH cannot review the service unless the submit button is selected as the service will remain in a **Pending Provider** status.

3: Exceptions

What is an exception and steps you can take to resolve the exception?

3.0 Provider Portal: Exceptions

An exception is a failure of validation that prevents a claim from generating. The service will remain in a pending status in provider portal until the issue is resolved. Some exceptions need to be resolved by MDH, while others can be resolved by the agency. The list below describes every exception type and how it can be resolved.

3.0.1 Agency providers are responsible for preventing and resolving these types of issues:

These exceptions will pend with the claim status **To Do for Provider**:

- **Missing Clock In** – A staff provider fails to use the EVV call-in system to record the start of a service.
- **Missing Clock Out** – A staff provider fails to use the EVV call-in system to record the end of a service.
- **Staff Overlap - Same Provider**- This occurs when the staff provider is clocked in for more than one Participant at the same time.
- **Client Overlap – Different Program:** This occurs when your agency provides services for multiple programs (PAS and DDA for example) and your client is clocked in for more than one program you are providing services for at the same time.
- **Staff Overlap – Same Provider, Different Program:** This occurs when your staff person is clocked in for multiple programs your agency provides services for at the same time.
- **Provider # has been suspended -** The Provider MA number that was used to bill the service has an Enrollment Status that is Suspended Enrollment Status code: 51 to 60.
    - If the provider number that was used to bill was correct you will need to contact Provider Enrollment office at MDH at mdh.providerenrollment@maryland.gov
- **Provider # has been terminated -** The Provider MA number that was used to bill the service has an Enrollment Status that is Terminated Enrollment Status: 66 – 73.
    - If the provider number that was used to bill was correct you will need to contact Provider Enrollment office at MDH at mdh.providerenrollment@maryland.gov

IMPORTANT POLICY: All missing time exceptions pending in a "Provider in Progress" status are still held to the monthly deadline and all other MDH/PBSO policies.

3.0.2 Agency providers should contact the participant's Support Planner about these issues:

- **No Active POS Found for Client**– The participant does not have an active plan of service.
    - Possible causes:
        - The effective date of the POS is set to a later date
        - The POS had an end date in the past
        - The participant has a gap period between two plans
        - The participant is not authorized for any services or has no approved plan
- **Provider not authorized for the service**– The agency provider is not listed on the participants active Plan of Service.
    - Possible causes:
        - Your agency is not listed on the POS and you should not have billed
        - The POS you expected is not yet approved or active, or has expired
        - The wrong provider number is listed on the POS

        - Your staff selected the wrong provider number when clocking in
        - Your staff billed for the wrong participant
- **Client POS has no ISAS Service**- **Personal Assistant Services, Shared Attendant Services, Daily Personal Assistance Service or Daily Shared Attendant Service** is not listed on the participant's active plan of service.
- **Client ineligible for Medicaid**– The participant is not Maryland Medicaid eligible.
    - Possible causes:
        - The participant was never Medicaid eligible
        - The participant is possibly new and pending enrollment in Medicaid
        - There may be missing or delayed paperwork
        - The participant lost Medicaid eligibility
        - The participant's Medicaid eligibility information is missing from MMIS
- **Client ineligible for program -** The participant is not enrolled in one of the supported programs of CO, CFC, CPAS or ICS
- **No approved service plan found –** The participant does not have an approved POS on their account.

3.0.3 Providers may contact MDH via the contact form regarding these issues:

- **Shared Attendant Service not found in POS** – This occurs when "shared attendant services" is not listed on the participant's active POS. (Be sure your staff clocked in using the correct service type.)
- **No matching share attendant in plan of service** – This occurs when the participant has shared attendant services on their POS - but does not have a second participant connected to the service line or the connected participant doesn't have shared attendant services on their POS.
- **Overlap service found for a different provider** - This occurs when two Provider Agencies are clocked in for more than one participant at the same time.
- **Client Overlap – Same Agency** - This occurs when two or more staff providers were clocked in for the same participant at the same time.
- **Staff Overlap - Different Provider** - Overlaps with service provided by the same staff through a different agency as they work for more than one agency.
- **Client Overlap - Different Program** - Overlaps with another service provided to the participant through a different program and agency.
- **Staff Overlap - Different Program** - Overlaps with another service provided by the same staff through a different program.
- **Client Overlap** - Overlaps with another service provided to the participant by another agency.

3.1 Billing for Emergency Services

Emergency Service Guidelines

Emergency service occurs when a Support Planner (SP) approves a temporary increase in a participant's approved Plan of Service (POS) hours due to an urgent situation.

Key Rules:

- Emergency hours **must** be authorized on the POS by the participant's Support Planner.
- Emergency hours may **not** exceed **7 consecutive days**.
- If services need to continue beyond 7 days, the Support Planner must submit a **new POS** reflecting the increased hours.

Updating the POS:

- Support Planners must update the **Emergency Hours** section of the POS **before providing services** or **on the same day** services begin.
- Timely updates prevent payment delays and ensure the POS cap is adjusted to the new emergency hour limit.

Claims and Payment:

- If emergency hours are **not** added to the POS, claims will be capped at the original POS limit.
- Once the POS is updated, the agency administrator must **resubmit the capped claim as an adjustment** for payment at the higher limit.

Important Limitations:

- Support Planners can only add emergency hours for **the current day and future dates**—retroactive changes are not allowed.

For questions or assistance with submitting emergency hour additions, Support Planners should contact the Maryland Department of Health (MDH) using the **LTSSMaryland Billing Support Form**. HERE

3.2 Billing for Back-up Services

Back-up service occurs when an agency listed on the participants POS is unable to provide services during their scheduled time, so another agency substitutes care for them. **The substitute agency must be listed on the participants POS as either a primary agency or an emergency backup agency.**

The back-up agency (substitute agency) may not exceed the total allotted hours listed on the participant's POS.

Example:

Participant Allotted Weekly Hours: 20

W	TH	F	S	S	M	T
4	4	4				
			4	4	5	

Agency A Original

Agency B Back-up

Total hours provided	25

Agency B will not be paid for the 5 hours exceeding the participants POS.

Back-up Provider AND a Primary Agency on the POS

If your agency is a back-up provider and is also listed as a primary care agency on the participant's POS (Plan of Service), please be aware of the following:

- The system will automatically cap weekly hours based on the hours allocated in the participant's POS.
- If your agency is capped, you must submit an adjustment after the week has closed.
- Once the week is closed and the total hours are within the combined POS cap for your agency and the other primary agencies, payment will be issued.
- If the total allowed hours are exceeded, the claim will be reduced accordingly.

Example: An agency is approved to provide 10 hours of service a week but provides an additional 5 hours of back-up services.

- **Initial Cap:** The system will automatically cap the hours at 10.
- **Adjustment:** The agency will need to submit an adjustment for the 5 back-up hours that exceeded the initial cap. (section. 2.0).
- **Combined Cap:** If the total allowed hours for the participant are 15 (e.g., 10 for your agency and 5 for another primary agency), the system will increase the cap once the week is closed, allowing for the additional hours to be paid.

However, if your agency worked an additional 10 hours, and the total allowed hours are only 15, the service would exceed the cap by 10 hours, and the adjustment would be capped accordingly.

3.3 Client Eligibility

Losing Eligibility:

- If eligibility is lost, any service or claim for the participant will enter a pending exception of '**Client Ineligible for Program'** or **'Client Ineligible for Medicaid'** depending on what kind of eligibility they lost.
- If a participant loses eligibility, the provider may continue to provide services **at their own discretion**. It is the agency's right to determine if they want to take on the financial risk of doing so. If the agency chooses to continue services, the agency **MUST** clock in and out using the EVV system in order to be paid. If eligibility is restored the pended services will be paid.

- If an agency chooses to not take on the financial risk and discontinue services, they **MUST** coordinate with the participant's Support Planner **BEFORE** stopping services.

- **Participant Ineligible** exceptions will appear in the Exceptions tab and the Services Rendered reports.

- If the participant has entered an appeal, the provider will be paid as normal as long as the appeal was filed timely (i.e., claims will not be pended by the "participant ineligible" exceptions).

Regaining Eligibility:

- If the participant regains eligibility in MMIS between the 1st and the 15th of the month, the claims will pay automatically.

- If eligibility is regained in MMIS after the 15th of the month, the claims will appear as rejected in ISAS. These claims will need to be adjusted manually by MDH, and **the process can take 2 to 5 weeks.**

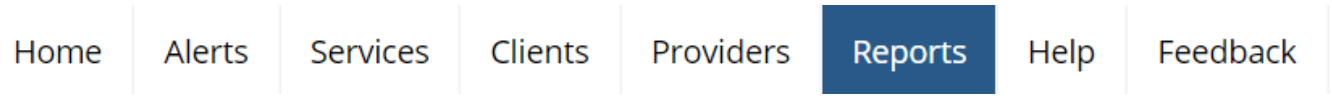
NOTE:

- The PBSO team and technical helpdesk do not determine participant eligibility. For all questions regarding participant eligibility, the agency should reach out to the participant's Support Planner for more information and assistance.
- The provider should verify participant eligibility for Maryland Medicaid benefits periodically by calling the Eligibility Verification System at **1-866-710-1447** or by going to the website, www.emdhealthchoice.org

4: Provider Portal Reports

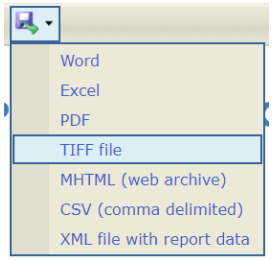
Reports your agency can use to assist with billing.

4.0 Provider Portal: Reports



The reports tab in the Provider Portal contains a list of reports that are designed to assist the agency with daily billing. It is up to the agency how they choose to use the information provided in the reports. All information within the reports can be downloaded in the following types of files:

- Word
- Excel
- PDF
- MHTML
- CSV
- XML



TIP: Due to the size and number of columns in the report, it is recommended that users export to Excel or CSV (comma delimited) for ideal formatting.

4.1 Report Summary

Report	Report Summary
Provider Portal Claims Report	The claims report is designed to help the agency easily determine the status of submitted claims.
Remittance Advice Report	The Remittance Advice (RA) Report contains information regarding agency payment status of services provided.
Advanced Claims Report	The Advanced Claims Report combines provides claims report and RA report allowing the provider a more comprehensive search for services billed and paid in provider portal * This report ONLY shows claims there can be multiple services in one claim
ISAS - Services Rendered Report Advanced (SRR-A)	The Service Rendered Report- Advanced will output information regarding services that were clocked in and out through the ISAS system. (Different lay out than SRR)
EVV Services Overlap Report	This report is designed to output the agencies current overlapping services.
EVV Services Rendered Report (SRR)	The Service Rendered Report will output information regarding services that were clocked in and out through the Provider Portal system. (Different lay out than SRR-A)

Current Approved Plans Report	This report is designed to output all current plan of services the agency is assigned to including active, recently inactive (Within 30 days) and soon to be active. The best use for this report is as a current client roster.
POS - Approved Plans History Report	This report is designed to output the agencies history of approved plan of services the agency has been and is currently assigned to including active and inactive. The best use for this report is for auditing purposes and historical information.

4.1 Common Report Terms

Service Date: The calendar date on which the service was provided to the client.

Submission Date: The date the claim or form was officially submitted for payment or processing.

Agency Name/FEIN: The legal name of the service provider or agency, along with its Federal Employer Identification Number (FEIN).

Program Type: The specific name of the program under which the services are being billed (e.g., Medicaid, Early Intervention, etc.).

Provider Locations: The physical address or designated site where the client received the service.

Service: A specific description of the work performed or the service rendered, often accompanied by a procedure or service code.

Staff Name: The full name of the employee or professional who delivered the service to the client.

Client ID/MA#: The unique identification number assigned to the client. This may be an internal ID or a Medical Assistance (MA) number.

Total Billed Amount: The full, original cost of the service being charged before any payments or adjustments.

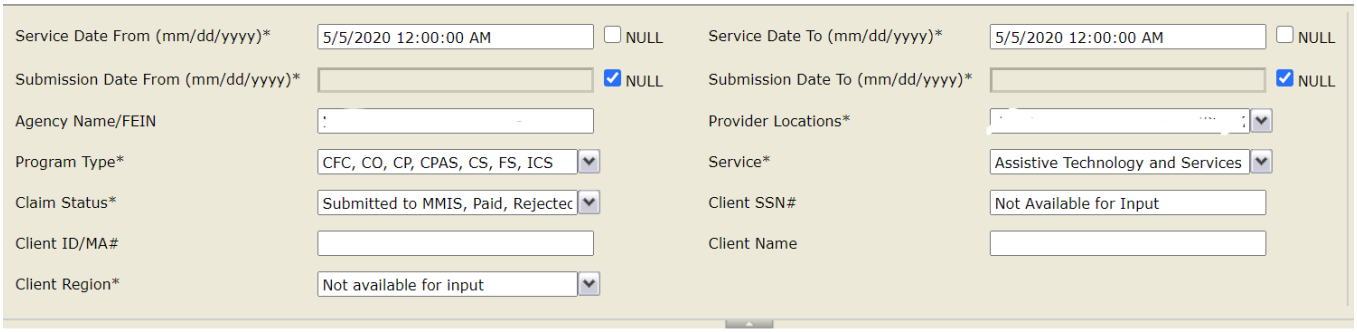
Net Paid Amount: The amount paid after any contractual adjustments, write-offs, or deductions have been subtracted from the billed amount.

Total Paid Amount: The final sum of money that was actually paid to the provider for the service.

RA (Remittance Advice): A document sent by a payer to a provider that explains the payment and any adjustments made.

4.2 Provider Portal Claims Report

The claims report is designed to help the agency easily determine the status of submitted claims.



Submitted to MMIS: A claim that has been sent from LTSSMaryland to MMIS, and LTSSMaryland is awaiting confirmation that the claim has been paid or rejected. (LTSSMaryland is updated with claim information on Wednesdays.) You will not be able to submit an adjustment on this claim until this status has changed

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

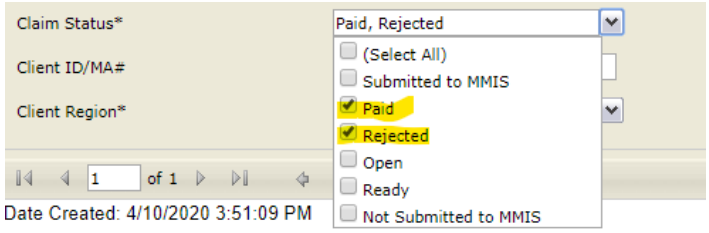
Ready: The service is waiting for action by the system or by the provider to create a claim

Not submitted to MMIS: Services that would result in a zero unit or duplicate claim that would be rejected by MMIS. Most common reason is the service exceeds the weekly allowed POS hours.

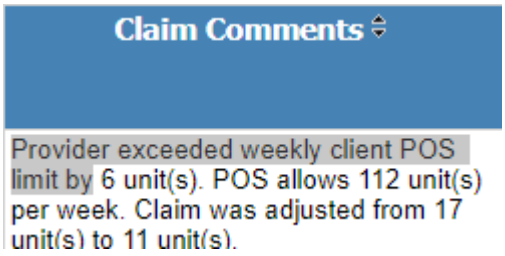
4.2.2 Claims Report and Automatic Adjustments

If a claim is reduced due to exceeding the participant's authorized POS hours, agencies may use the Claims Report to view all hours paid during a particular work week. Compare the total hours paid during the billing week (Thursday – Wednesday) to the authorized POS hours to understand how the reduction was calculated. In Provider Portal from the **Reports** tab open the **Provider Portal Claims Report**

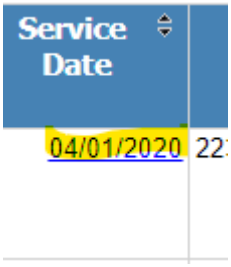
1. Fill in desired search parameters, date span
2. Change claim status to select only **Paid** and **Rejected**



3. Submit
4. Identify reduced shifts by reading **claim comments.** Service reduced by the POS cap will have the following language**. "Provider exceeded weekly client POS limit by…"**



5. Use the hyperlink under **service date** to navigate to the select service. See (**section 2.0)** how to submit adjustments.



4.3 Remittance Advice (RA) Report

The Remittance Advice (RA) Report contains information regarding agency payment status for services provided. The agency can choose to search by specific service dates or by assigned RA numbers, services with the same RA number will be grouped on the same check, a check can also contain services outside of the billing period such as approved SMs. (**section 2.0)**

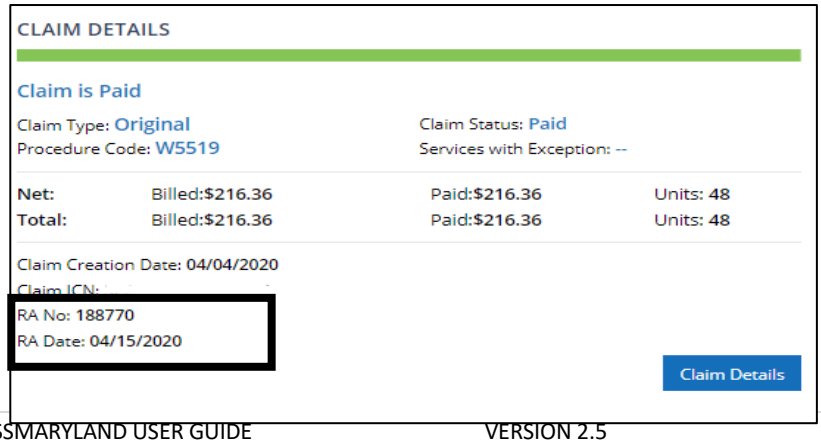
Note: The RA report takes a few days to update. Payment should be received by Saturday but the Report will not reflect payment until Wednesday.

4.3.1 RA Search Options

- **RA Number:** The agency can search by specific RA number. This search will output all services included with that specific RA #.

How to locate the RA Number:

The RA number can be found in the claim details in the service tab.



- **RA Date:** If agencies don't have a specific RA# but want to see what services were paid on a specific date they can use the RA date option.

Example: *"My agency received a check on 6/8/2020 but were not sure what services are included on that check"*

The report will output all service associated with that specific date's RA number.

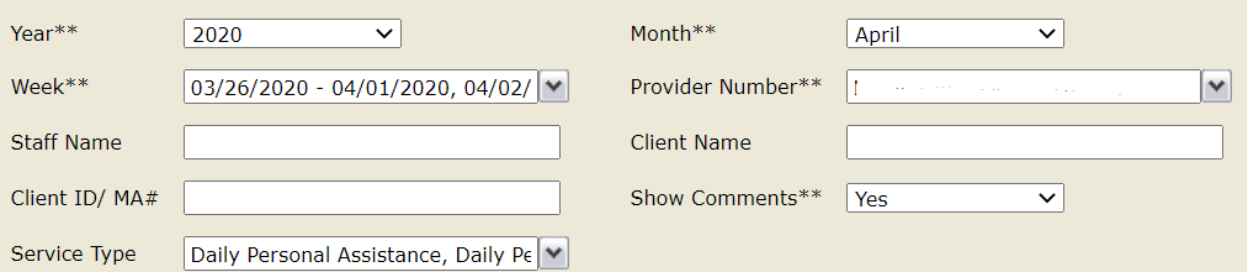
- **Service Date** : The agency can use this option if they want to view the RA status of a specific service date. This option is useful if there was an issue preventing a specific service date from processing regularly the agency can monitor the dates service payment through this option. The option can also be specific to a single participant.

Example: ***"****I submitted an MTR for service: J. Doe service date 5/13/2020 what check was this service paid on and when? "*

4.4 Service Rendered Report – Advanced (SRR-A)

The Service Rendered Report- Advanced will output information regarding services that were clocked in and out through the Provider Portal system.

This report outputs information based on billing week:



4.4.1 Information specific to SRR-A:

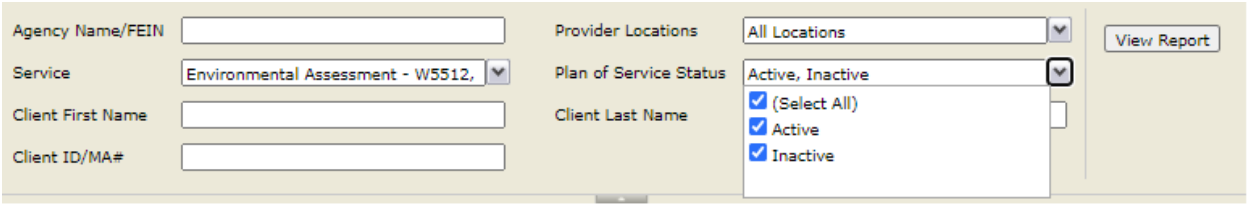
Weekly Hours	The number of hours allowed on the current active POS
Hours Worked	The current number of hours recorded (clocked in and out) in via the EVV systems **Note:** This is a hyperlink that will output detailed information regarding the service billing week.
Start time/End time	**Note:** If there is a missing start **OR** end time (not both) this is considered a partial service. This means the staff only clocked in for part of their service.
Service Initiation Source:	This will state the source of how the service was entered into the system by telephone or manually entered
Service status	• **New:** A new service has been created. This can be modified by MDH and providers. • **Pending Provider:** A service that generated an exception during nightly exception checks. This service will need review by the provider before it can be processed into a claim. Only applicable to Overlap by Same Staff – Same Agency. • **Provider in Progress:** Agency provider has started editing the service but has not yet submitted it to MDH for approval. • **Needs Authorization:** The service, missing time entry, or adjustment has to be approved by MDH.

	• **Pending MDH**: A service that generated an exception during nightly exception checks. This service will need review by MDH before it can be processed into a claim. • **MDH In Progress:** A service that is under review by MDH. • **MDH Reviewed:** MDH has reviewed and acted on an exception. This service is ready for the overnight process to become a claim. • **Not Authorized:** A service that was manually entered by the provider administrator and was rejected by MDH. • **Ready:** A service that is pending submission for payment. • **Closed:** A complete service with a verified clock-in and a verified clock-out. This service is submitted for payment.
Service Comment	This section contains important comments regarding the service **Example:** This service is approved but a penalty was applied. This penalty will count against the staff's 4 missing time allowance as outlined in the Policy Guide.
Service date/ Claims History	**Note:** These are both hyperlinks that will take you to the service details in provider portal

4.5 POS - Current Approved Plans Report

This report is designed to output all current plans of service the agency is assigned to including active, recently inactive (Within 30 days) The best use for this report is as a current client roster.

- **Active –** The POS is approved and active. The agency should be providing services to this client according to this POS.
- **Inactive –** The POS Is approved but is not currently active. The agency should only provide services according to the active POS, the agency should wait until the POS is in an active status to perform the services within it.



Once the user enters desired search parameters and selects View Report, the Current Approved Plans Report will display a list of participants with details associated to their approved POS.

4.5.1 Client ID Column

The client ID column contains a hyperlink, When the hyperlink is selected by the user, a new tab will open to the participant's record in Provider Portal.

PROVIDER		CLIENT					
Provider Location	Provider Number	Client ID	Client MA#	Client First Name	Client Last Name	MA Eligible	Enrolled Program
AdminHDMBiniamBaltimore	000000101	2110006LC201200	00000000012	Client036	Biniam	NO	
AdminHDMBiniamBaltimore	000000101	2110006LC101200	00000000007	Client031	Biniam	NO	
AdminHDMBiniamBaltimore	000000101	2110006LC101200	00000000007	Client031	Biniam	NO	

4.5.2 POS Type

- Displays the type of POS that has been approved: Initial, Annual, or Revised
- When the hyperlink is selected by the user, a new tab will open to the participant's record in Provider Portal

PLAN OF SERVICE				SERVICES			
POS Type	Active	Effective Date	End Date	Service Type	POS Service	MDH Approved Units	Frequency
Initial	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	5 items	15 weeks
Annual	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	5 items	5 weeks
Annual	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	14 items	52 weeks

4.5.3 Effective Date and End Date

- Date that the approved POS was effective or will be effective
- Date the approved POS will end - Blank if POS does not have an end date as of the current system date
- Column may be sorted in ascending or descending order by selecting the arrows within the

PLAN OF SERVICE				SERVICES			
POS Type	Active	Effective Date	End Date	Service Type	POS Service	MDH Approved Units	Frequency
Initial	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	5 items	15 weeks
Annual	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	5 items	5 weeks
Annual	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	14 items	52 weeks

4.5.4 MDH Approved Units

- The units that are approved by MDH for the associated POS service. The agency must follow the MDH approved units when providing care.
- Units x 4 = number of hours. **Example: 5 units x 4 = 20 hours**
- Column may be sorted in ascending or descending order by selecting the arrows within the column label

PLAN OF SERVICE				SERVICES			
POS Type	Active	Effective Date	End Date	Service Type	POS Service	MDH Approved Units	Frequency
Initial	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	5 items	15 weeks
Annual	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	5 items	5 weeks
Annual	Inactive	03/01/2020	03/01/2020	Community First Choice	Home Delivered Meals	14 items	52 weeks

4.6 POS - Approved Plans History Report

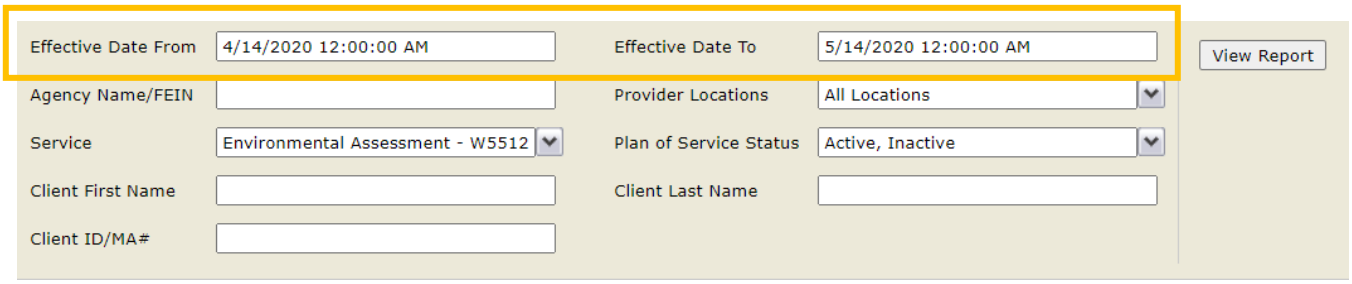
This report is designed to output the agencies history of approved plan of services the agency has been and is currently assigned to including active and inactive. The best use for this report is for auditing purposes and historical information.

Note: Though this report can output current approved POS information, the better tool to use for current POS information is Current Approved Plans Report

4.6.1 Effective Date From – To

- **Effective Date From**
  - Searches for approved plan of service based on their effective date
  - Defaults to 30 days prior to the current system date
- **Effective Date To**
  - Searches for approved plans of service based on their effective date
  - Defaults to the current system date
  - Date Range between Effective Date from and Effective Date To cannot exceed a one (1) year span; however, the user may search approved plan of service for previous Years

TIP: To view records for more than one (1) year, the user may create more than one report. Once they have exported each report, those files may be combined into one comprehensive report for multiple years.



Note: Hyperlinks in the output report will only appear if the POS is current. Historical POS will not contain a hyperlink.

4.7 EVV Services Overlap Report

This report is designed to output the agency's current overlapping services. The agency can use this report to assist in resolving Staff Overlap- Same provider or to follow up with the MDH LTSSMaryland team regarding overlaps the agency cannot resolve on their own.

The agency can search service overlap by:

- Staff Same Agency – Agency Can resolve themself
- Client – MDH resolves

The results will produce all overlapping services in pairs so the agency can see what services are overlapping.

Staff Name	Service Date	Provider		
		Name	Number	Client Name
Staff One	10/18/2020	Agency 1		Jane Doe
	10/18/2020	Agency 1		Jack Doe

The agency can also see overlapping time. Example:

Start Time	End Time	Actions
10/18/2020 10:00 AM	10/18/2020 2:00 PM	Resolve
10/18/2020 10:27 AM	10/18/2020 5:26 PM	

The agency can click on the blue hyperlink in **"Resolved"** to open the service details page and edit the service and resolve the overlap. Keep in mind overlapping time is considered double billing and is against program policy. The agency should remove all overlapping time.

5:Resources

Important Information about policies and procedures your agency is needs to know and resources that can better assist you.

5.0 Provider Portal and MDH Policies

For policies related to the CO/CFC/CPAS/ICS programs related to billing in Provider Portal please refer to the LTSS Provider Portal training page.
https://health.maryland.gov/mmcp/provider/Pages/ltssmaryland_providerportal.aspx

5.1 Contacts and Resources

▪ Billing Questions ▪ Policy Questions	**EVV Billing Assistance**	Communication Form – Link on Provider Portal Homepage
▪ Technical Issues with the EVV App, Provider Portal or the IVR system ▪ ▪ New Accounts and Password Issues ▪ Website Navigation Assistance	**Technical Help Desk**	mailto:mdh.ltssbilling@maryland.gov 1-855-463-5877
▪ OTP Device Issues ▪ Plan of Service Questions ▪ Client Eligibility Issues	**Support Planner**	Specific to each individual participant
▪ Agency Change of Address/PH# ▪ Provider Enrollment ▪ Provider Suspension/Termination exceptions	**MDH Provider Enrollment Unit**	mdh.providerenrollment@maryland.gov 410-767-5503 or 1-800-445-1159
▪ Register for Direct Deposit ▪ Missing Checks	**Maryland Comptroller**	1-800-638-2937 410-260-7980

5.1.1 HIPAA and PHI

When Communicating to MDH

DO NOT SEND	OK TO SEND
• **Participant's full Medicaid Number (MA)** • **Participant's full name** • **Screenshot containing PHI** • **Social Security Number**	• **LTSS Client ID (Preferred)** • **Last 4 digits of participant's MA Number** • **Participant's first initial** • **Participant's last name** • **Service Date** • **Description of issue** • **Link to service in LTSS*Maryland***

5.2 EVV System and Provider Portal FAQ

- **We are a new agency and we need to set up an account/ I am locked out of my account**

  The agency should Contact the Technical Help Desk at mdh.ltsshelpdesk@maryland.govmailto:mdh.ltssbilling@maryland.gov or **1-855-463-5877** **(Section 1.0)**

- **My staff was unable to clock in/out because they did not know how/did not have the proper information/ did not have a staff profile.**

  It is the Agency's responsibility to ensure all staff providers have a staff profile, are fully trained on how to use the EVV system, and have the proper information prior to providing services. Provider administrators will need to submit a missing time request for the staff. Manual services will be penalized according to policy if the staff is unable to clock in and/or out. (**Section 2.0)**

- **The participant's OTP/phone is broken/ Missing and the staff cannot clock in/out. What do we do?**

  The agency should contact the participant's Support Planner immediately to report the incident and have the Support Planner submit a communication form to the PBSO team outlining the issue and service date(s) affected. The agency should also submit MTRs for all services the staff is unable to use the system. (**Section 1.0 and 2.0)**

- **The client has an OTP, but the staff provider cannot call in due to poor reception in the area. What should we do?**

  We strongly encourage the use of the LTSS*Maryland* EVV Mobile application. The mobile application features an offline mode, enabling timely clock-in and clock-out procedures in areas with limited internet connectivity. If your agency has not attended one of our EVV Mobile App trainings or needs a refresher, click here for a list of training dates available.

- **My staff clocked in and out but the services are recording under a different participant**
  This happens when the phone number the staff is using is attached to a separate participant account in LTSS. 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 Support Planner. The Support Planner can then contact MDH to resolve the issue

- **How long will it take for an MTR to be reviewed by MDH?**

  When an agency submits an MTR, it can take up to 20 **business** days from the date of submission for review. However, it can take longer for resolution depending on the reason for the MTR**. (Section 2.0)**

- **When is the monthly MTR deadline? Where is it listed in Provider Portal?**

  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 the Provider Portal homepage under announcements. (**Section 1.0)**

- **When is the adjustment deadline?**

  Agencies can submit adjustments up to 364 days after the claim date of service, however the agency should allow 20 days for review, ideally the adjustment should be submitted within 344 days to ensure it is sent for payment in a timely manner. (**Section 2.0)**

- **How long will it take for an adjustment to be reviewed by MDH?**

  When an agency submits an adjustment, it can take up to 20 **business** days from the date of submission for the billing support team to review the request. However, it can take longer for resolution depending on the reason for the SM**. (Section 2.0)**

- **How can I tell which service payments are included with each check?**
  The agency can use the RA number and the Remittance Advice Report to verify services paid on each check. (**Section 4.0)**

- **The system is saying my client is pending not eligible for Medicaid/program, what does that mean?**

  The agency should reach out to the participant's Support Planner immediately for more information. **(Section 3.0)**

- **My staff's hours are being cut because the system says the service time overlaps with another provider/program. What can I do?**

  MDH is responsible for monitoring and enforcing EVV billing policy and resolution of system exceptions. We are required to reduce times for any service overlaps, as overlapping billing is not allowed by program policy. Please reach out to the support planner so that they may reach out to the other agencies SP or Case Manager and resolve the schedule issue.