2023

Brain Injury Administration

Billing for Brain Injury Services User Manual

Version 1.0

MARYLAND Department of Health

Table of Contents

Common Terms and Definitions

Agency Administrator – is how we refer to the people at your agency who manage your interactions with MDH, as selected by you and your agency.

Billing Entry - Entries made by providers for services rendered.

Billing Unit – is a billing term representing fifteen minutes of services for EVV services, and 1 Day for non-EVV services.

Case Manager – is the person who helps manage your participant's Medicaid enrollment.

Claim – a claim is created for each service rendered to a person by a provider for a date of service (for daily, hourly, quarter hourly services); month of service (for monthly services); completion of a single milestone (milestone services); or a cost accrual date (upper pay limit services).

Client or **Participant** – refers to the person for which your agency is providing services.

DOB – Date of Birth

DOS – Date of Service

EVV – Electronic Visit Verification, refers to technology that electronically verifies that services are delivered at the right time, in the right place, and to the right person. Required by the Federal Government as part of the 21st Century CURES Act for both agency and Self-Directed services.

Exceptions - Conditions that prevent a claim from being processed for payment.

FEIN – Federal Employee Identification Number.

ICN – Internal Control Number. Medicaid's Internal Claim Number.

IVR – Integrated Voice Response, is Maryland's telephone system used to clock in and out when the EVV app is unavailable. It is a toll-free phone line.

LTSS – Long Term Services and Supports.

LTSSMaryland EVV App – is Maryland's EVV clock in and out system that allows a staff provider to record times using an app on their smartphone.

LTSSMaryland – is the online portal used to access the Provider Portal. It is a website you use with your computer browser.

LTSS Program – A participant's program enrollment in LTSS.

MBE – Multiple Billing Entries, a term used to describe several billing entries created at the same time using corresponding system functionality.

MDH – Maryland Department of Health.

MTR – Missing Time Request; is a service modification entered manually in lieu of clocking in with the EVV system.

MMIS –Medicaid Management Information System.

MMIS Program: A participant's waiver program enrollment in Medicaid, determined by the Special Program Code that is set up in MMIS.

Non-EVV service – is a service that does not use EVV clock in/out. This service may be submitted through Provider Portal or Provider Upload functionality.

PHI – Protected Health Information.

POS – Plan of Service, is a plan detailing the services that a participant receives, the effective dates, etc.

Proc Codes - Medicaid waiver service billing code.

PBSO - Provider Billing Support Office - is the office at MDH that manages Maryland's EVV systems.

Provider Upload – is a way to create new single billing entry in Provider Portal by use of an API call, which can be done with help of special applications, web pages.

PP - Provider Portal, is a website where you can view and make edits to your billing information for your agency. It is connected to LTSSMaryland.

RA – Remittance Advice

RA Date – The check date or date on which payment for a claim was issued.

RA Number – Check Number associated with the payment for a claim.

SA – **Service Activity**, an individual service delivered to a participant.

Service Status – A workflow status that identifies where an entry is currently in the billing process.

SBE – Single Billing Entry – an entry in the system for an individual service delivered to a participant.

SSN – Social Security Number.

SPC – Special Program Code (denotes the program a person is in within Medicaid).

Staff Provider – Staff who work directly with participants.

1. Introduction to LTSS Provider Portal Brain Injury Billing

The *LTSSMaryland* Provider Portal is an interface for Long Term Care Providers to access information on persons in service, bill for the services provided, and ensure accurate and timely payment. The two types of program-based services are:

- BI Services Requiring Electronic Visit Verification (EVV) – where staff are required to record service start times (clock-in) and end times (clock-out) using one of the two EVV systems (IVR or App). A pair of clock-in and clock-out by a staff is matched and is automatically submitted for payment. The Provider Portal allows for providers to enter times manually where a call has been missed, up to an allowed number of times each month.
- BI non-EVV Services not requiring an Electronic Visit Verification, or Non EVV Services - are billed as Daily Unit based services with a maximum of 1 unit per day.
    - Different BI non-EVV services have different meanings for their Daily unit (for example 1 unit for Day Habilitation service is 4 hours or more). This is detailed in section 3 of this manual.

The *LTSSMaryland* Provider Portal also allows Provider Agency users to correct errors in billing, view and resolve billing issues, review, and electronically accept service referrals, be notified of important communication from Provider Billing Support Office, and manage staff access to the portal.

1.1. Accesses

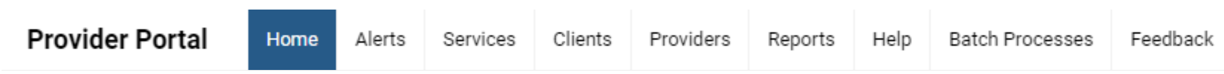
On the table below you can review what different User Roles can do in Provider Portal (PP), and who has access to it.

Role	Access Provider Portal	View Services and Claims	Edit Staff Profiles	Add or Modify Service Activities	Adjust or Void Services	Use Reports
Admin Provider	Yes	Yes	Yes	Yes	Yes	Yes
Billing Provider	Yes	Yes	No	Yes	Yes	Yes
BI Provider Admin	No	No	No	No	No	No

BI Provider Supervisor	**No**	**No**	**No**	**No**	**No**	**No**
BI Provider Staff	**No**	**No**	**No**	**No**	**No**	**No**
Staff Provider	**No**	**No**	**No**	**No**	**No**	**No**

1.2. Portal Navigation Guide

Along the top of the *LTSSMaryland* Provider Portal are the following menu options:



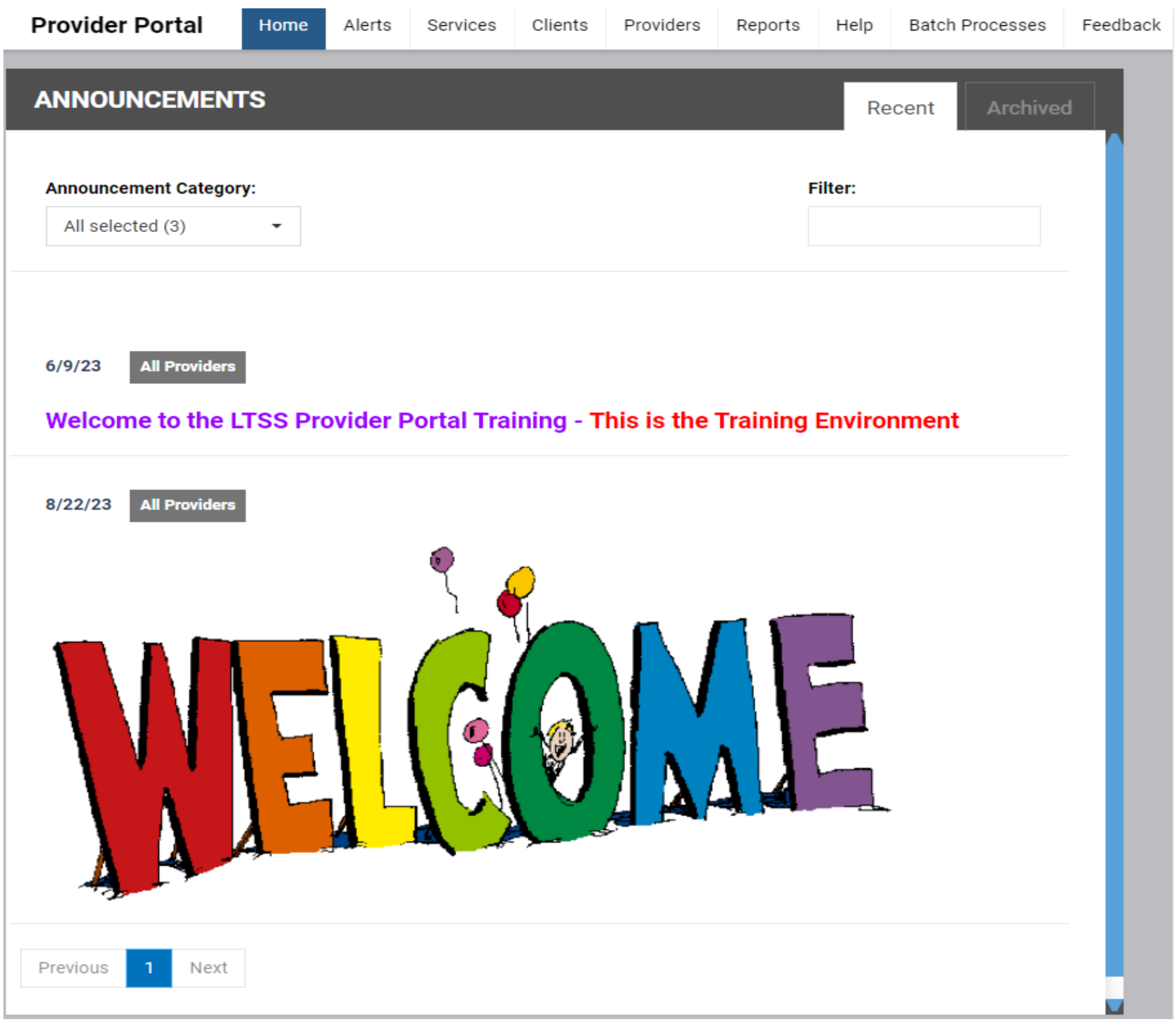
Tab	Functions
Home	Portal landing page; Displays announcements from Brain Injury, and pending tasks for the Provider Agency
Alerts	Alerts are notifications to providers of things that need to be addressed, so they can plan and manage their services
Services	Used to view and bill for services; search for specific exceptions; add multiple or single non-EVV billing entries (MBE, or SBE); search for clock-in and out submitted over the past 72 hours view service details; resolve billing issues; and view MMIS claims and payments
Clients	Access information on participants assigned to your agency for services; review and accept/decline service referrals
Providers	Create and manage accounts for staff requiring access to the Provider Portal and the EVV systems
Reports	Access to all reports
Help	Links to training material, FAQs, and Helpdesk and BI contact information
Feedback	Report system issues

1.3. Homepage

Upon logging into the *LTSSMaryland* Provider Portal you are presented with the Provider Portal Home page. The Home page has two sections: Announcements and Actions Required.

1.4. Announcements

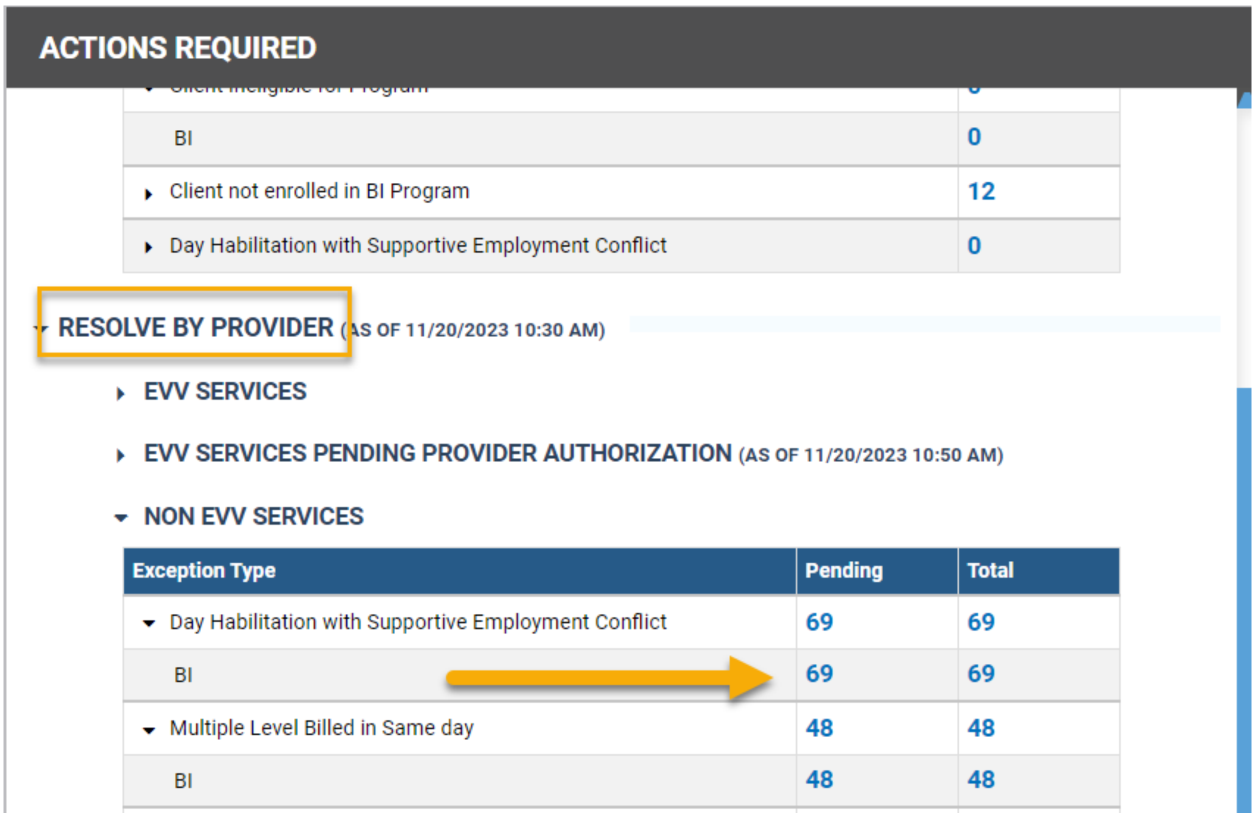
The 'Announcements' section is used by MDH to publish important communications. Review the Announcements section at every login to see if there is any new information.



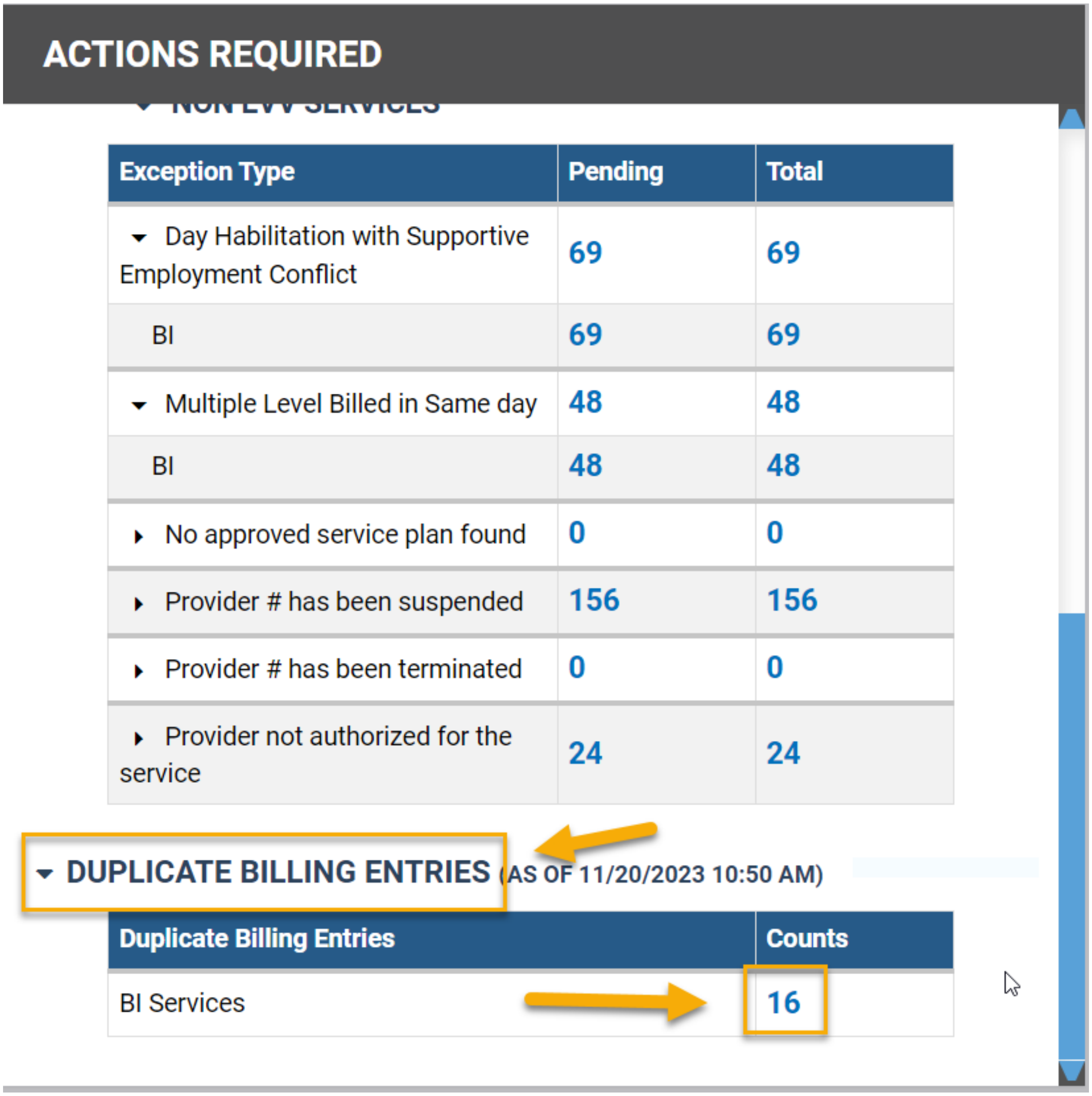
1.5. Actions Required

The Actions Required section allows providers to see all tasks that require their Provider Agency to take an action. Tasks are staff role-specific and show:

- Plans pending acceptance by the Provider Agency. The count of service plans pending acceptance is updated in real-time; that is, as you take the action to accept or decline a service request, it will disappear from your dashboard
- Plans accepted by the Provider but not yet approved for service
- Plans accepted by the Provider and either approved or denied in the past seven days
- Billing issues requiring resolution before claims can be submitted



On the bottom of the page providers can find the Duplicate Billing Entries section. The count reflects the number of duplicative services; upon clicking on the number, the system will redirect the user to the Duplicates tab of the Billing Entries module, where they can review duplicative services. (refer to the Section 3.1.4.).



ACTIONS REQUIRED

NON EVV SERVICES

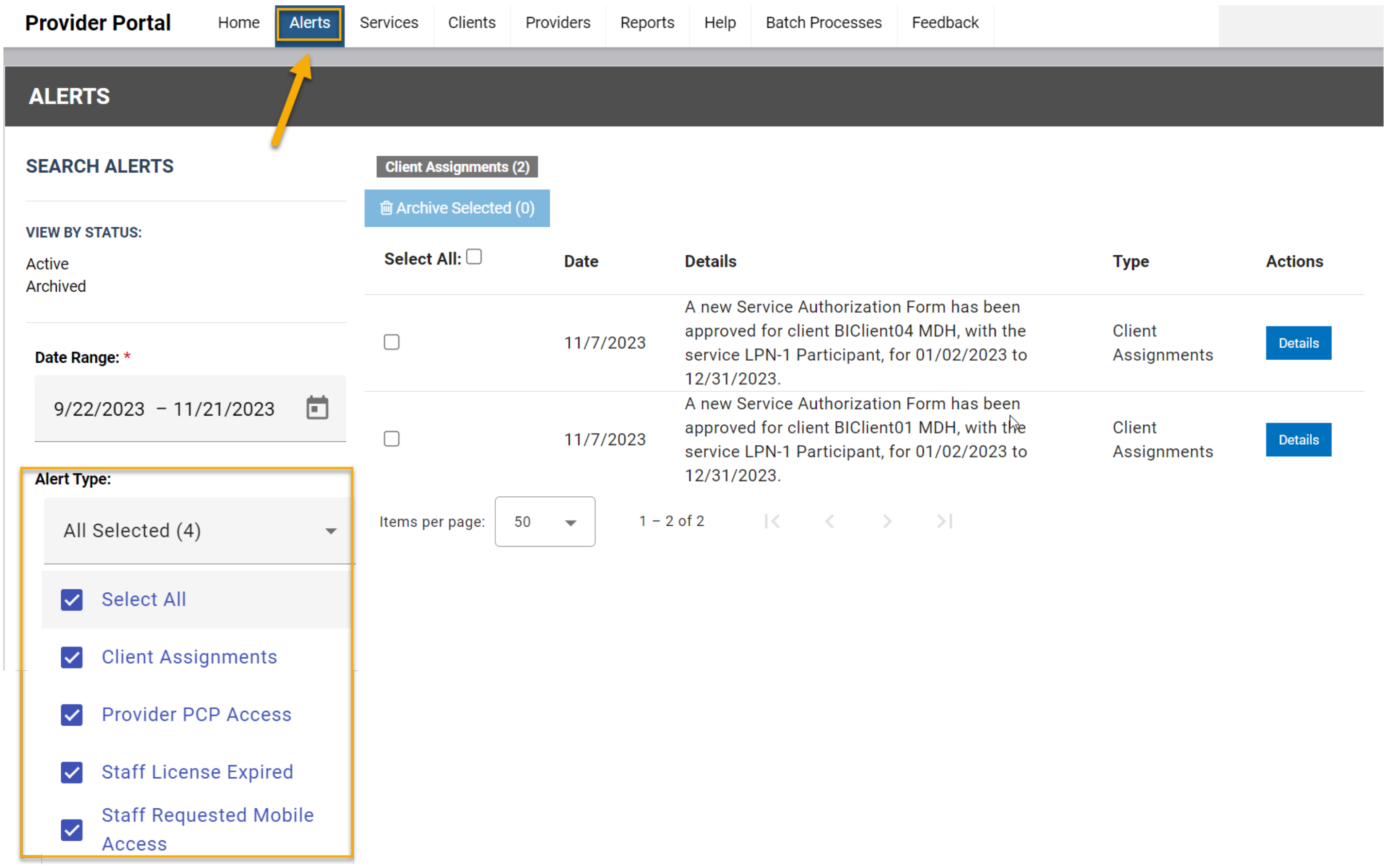
Exception Type	Pending	Total
Day Habilitation with Supportive Employment Conflict	69	69
BI	69	69
Multiple Level Billed in Same day	48	48
BI	48	48
No approved service plan found	0	0
Provider # has been suspended	156	156
Provider # has been terminated	0	0
Provider not authorized for the service	24	24

DUPLICATE BILLING ENTRIES (AS OF 11/20/2023 10:50 AM)

Duplicate Billing Entries	Counts
BI Services	16

1.6. Alerts

Alerts are a notification to providers of things that need their review, so they can plan and manage their services. View alerts by navigating to the Alerts tab at the top of the screen.



2. BI EVV Billing Entry to Service Activity

EVV service – Electronic Visit Verification is any service that uses the EVV clock in/out method to record a service activity.

2.1. BI EVV time submission.

2.1.1. OTP Submission

A One-Time Passcode Device (OTP) is a time-synchronized device issued to a participant by their BIAM Case Manager, or BIAM Administrator. The OTP device has been designed to assist Staff Providers in recording clock in/out times in the Provider Portal system, when needed. Not all participants will have an OTP device. However, if they do, the Staff Providers are required to use it with every clock in and clock out. OTP devices are solely distributed by the BIAM Case Manager/ BIAM Administrator directly to participants.

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

OTP devices will only be issued under the following conditions:

1. Participant does not have a reliable phone that the Staff Provider can use to clock in using the IVR system and the Staff Provider cannot use the EVV app to record their times.
2. More than one participant lives in the same household & shares a phone and the Staff Provider cannot use the EVV app to record their times.
3. The participant often begins or ends services while in the community.

If an OTP device is assigned, the Staff Provider will hear the following phrase when they clock in and clock out using the IVR system: "Enter the 6-digit OTP passcode". When they hear this phrase, they should look at the number on the device and enter the 6 digits into the phone. When using the EVV App, the user would enter the code into the app when clocking in or out in the community

In the picture below, the Staff Provider would enter **728 197**

Note: The number on the front of the device changes every 60 seconds. Staff Providers can tell if the number will change soon by looking at the bars to the left of the number. Each bar tells the Staff Provider that 10 seconds have passed. Staff Providers may wish to write down the OTP code before clocking in or out if they worry the code will change.

Note: OTP Devices must always stay with the participant. We recommend keeping the device attached to the refrigerator, on a keychain, or in a drawer. BIAM will educate the participant to ensure they are aware that the OTP device MUST always be kept in an easily accessible location and carried with them into the community if needed. If the participant misplaces the OTP device or the device is broken or malfunctioning, the Staff Provider or Agency Administrator must contact the participant's BIAM Coordinator to notify them.

2.1.2. IVR Submission

To clock in and out through the IVR system the staff provider should call (833) 735-3533. Staff Providers will need the following information when they clock in or out through IVR system. It is the Provider Agency's responsibility to ensure all Staff Providers have the following information prior to providing services to recipients and are fully trained on how to use the IVR system.

- Toll-free phone number to call (833) 735-3533
- Participant's Medicaid (MA) number
- Agency MA Provider Number
- Staff Provider's Social Security Number
- OTP Device (if assigned)

Staff Providers must listen to the IVR prompts and enter the correct information all the way until the GOODBYE prompt, which will say "Goodbye". Failing to do so will result in the service not being recorded.

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. This is a useful tool to assist with training Staff.

Greeting: "Welcome to the ISAS Clock in and Clock out System."

Prompt 1: "Enter your 9-digit Provider Number."

Prompt 2: "Enter your 9-digit Social Security Number."

Prompt 3A: If your Provider number is type 86 (BI) you will get the following prompts.

- Press 1 for **Individual Support Services**
- Press 2 for **Brain Injury Virtual Support**

Support

Prompt 3B -A: Sometimes required for BI (Required if staff provider is not calling from Participant phone and using an OTP device to authorize) "Enter the participants 9-digit OTP serial number.

Prompt 3B -B: "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 assigned)

Prompt 4: "Once a selection is made from prompt 2, then a confirmation 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 pressed 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)"

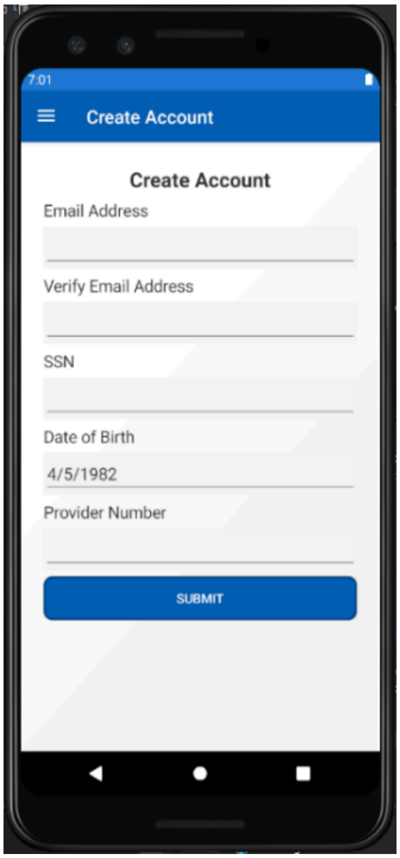
Ending: Thank you for calling the ISAS Maryland Clock In and Clock out System. Goodbye."

Note: Staff Providers MUST wait to hear the ENDING prompt before hanging up. If they do not wait, the shift times will not be recorded in ISAS IVR.

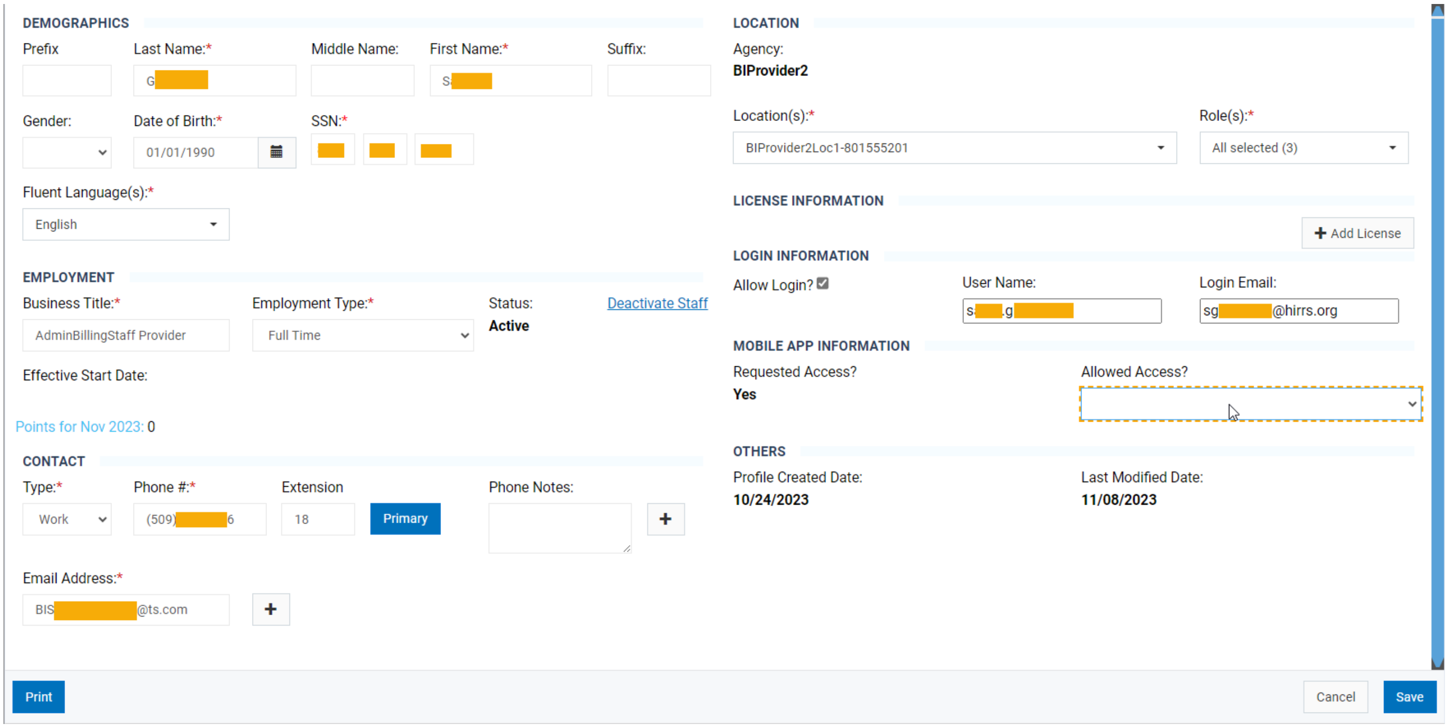
2.1.3. App Submission

Staff Providers can use LTSSMaryland EVV Mobile App to record their clock in and out times.

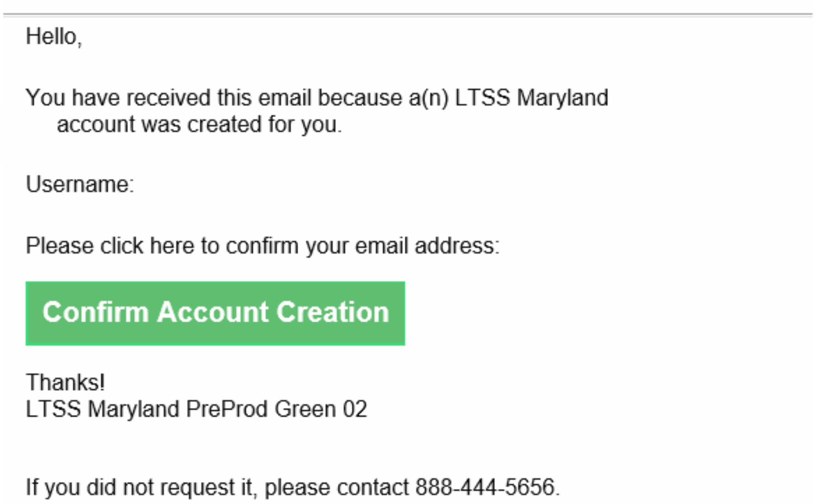
2. **Download the App and Create an Account**
   2.1. On your smartphone, navigate to where you download apps.
      2.1.1. iPhone: App Store
      2.1.2. Android: Google Play Store
3. **Search** for ***LTSSMaryland EVV***
4. Download the app to your phone
   4.1. Note: If you do not see the app listed, your phone may not support the app
5. Starts by creating account, unless your supervisor has already done so



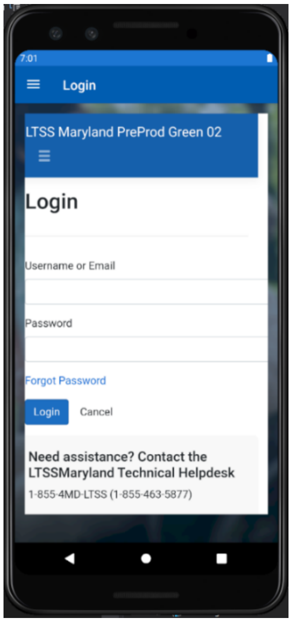
   5.1. The system will validate the information and If it was validated, user will receive the following message: "Your account has been sent for approval. Once approved you will receive an email to create your password"
   5.2. If not, then "Your account can not be created, please contact your supervisor for help. "
      5.2.1. This indicates the information entered does not match the employee profile in the Provider Portal. The Agency Administrator will need to verify the information in the employee profile in Provider Portal is accurate.
6. An Agency Administrator will review the request to create an account and allow permission to use the EVV APP in the employee profile in Provider Portal. To do so they would need to open the staff profile and click "Edit" in the lower right corner, on the drop-down under Mobile App Information select "Yes" for "Allowed Access?", click "Save". Provider Admin can Remove access at any time.

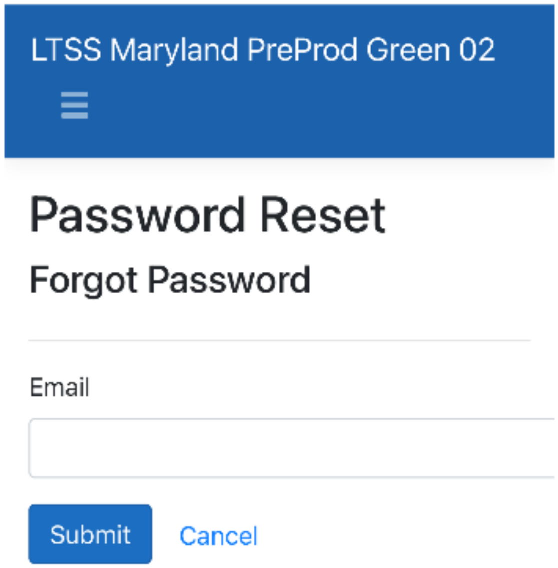


7. The app user will receive two emails notifying them that the account was created. Follow the prompt from the email to verify your account and create a password. Now the account is Ready.

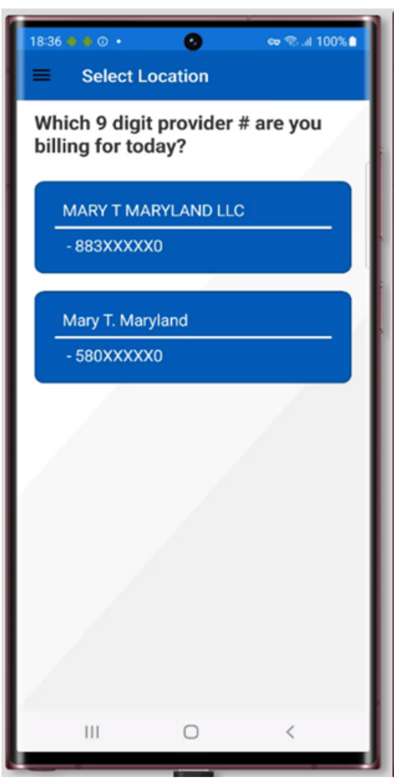


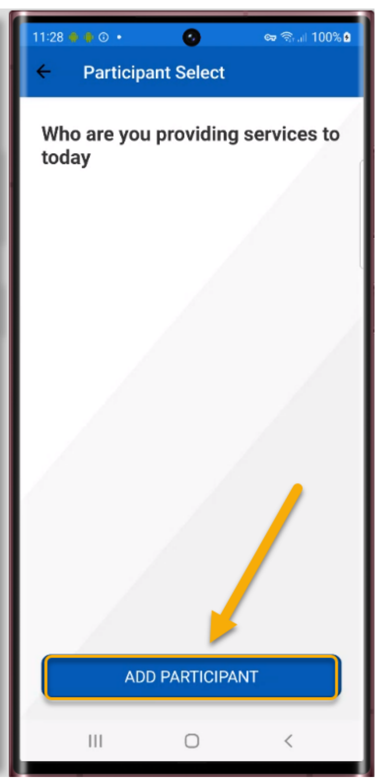
If the user forgets their password, they can reset it by using the “Forgot Password” option on the Login Screen. They will receive an email to set a new password.





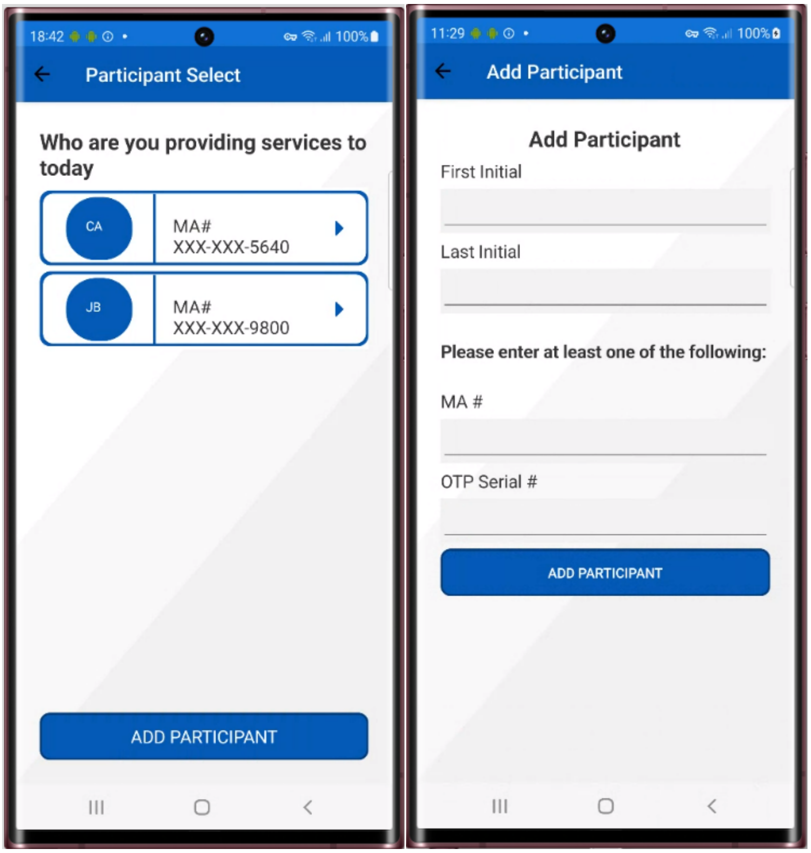
Upon the very first-time login into the App, the user will have to read and accept the Terms of Use. All other times when they are directed to the Landing Page. The Landing Page will list all the provider locations they can use to clock in within the LTSSMaryland EVV app. Each location will have the Name and Provider Number listed.



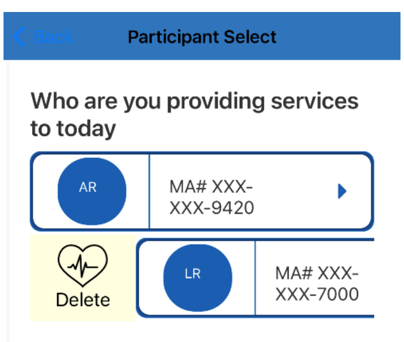


Select a location to view a list of Participants who receive services from this location. <u>Upon first login,</u> the user <u>will have no clients on this screen</u>, as they need to be added.

To add clients to the list, to the user must select the "Add Participant" button, fill out the requested information, and select Add Participant at the bottom of the screen. Once complete, the clients will appear on the Participant Select screen.



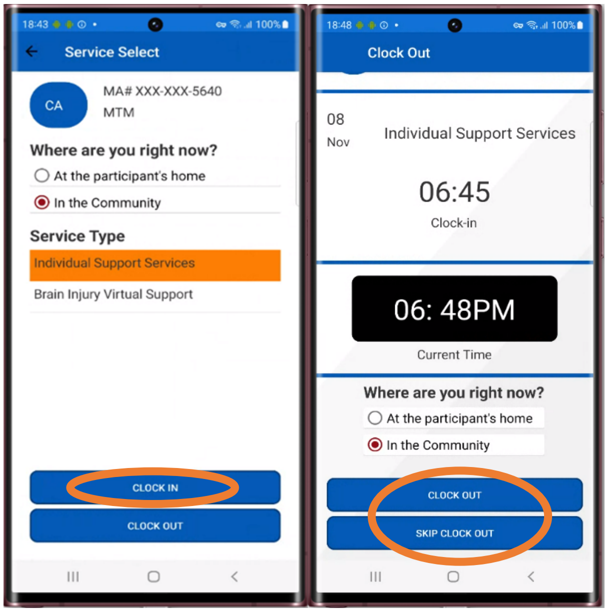
To remove a client - hold your finger over the participant tile and slide to the right to display a red Delete option. Select Delete to remove the client from your list.



The next screen in the clock in process allows the user to choose where they are at the time of clock in. They will select if they are At the participant's home or In the Community. If the client has an OTP device assigned to them, they will enter the 6-digit code if selecting the "In the Community" option.

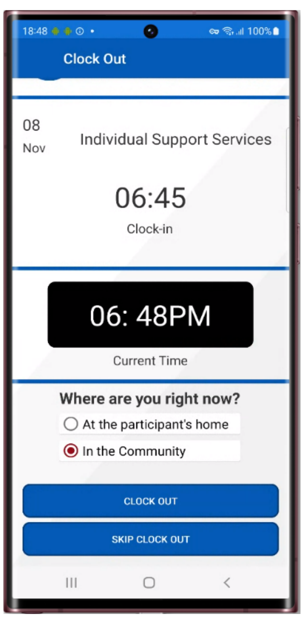
Then the user will select what type of service they are going to provide. For BI EVV, those are: Individual Support Services (ISS), and Brain Injury Virtual Support.

Then the user will select the "Clock In" button. Note: The user can also follow this process to Clock Out.



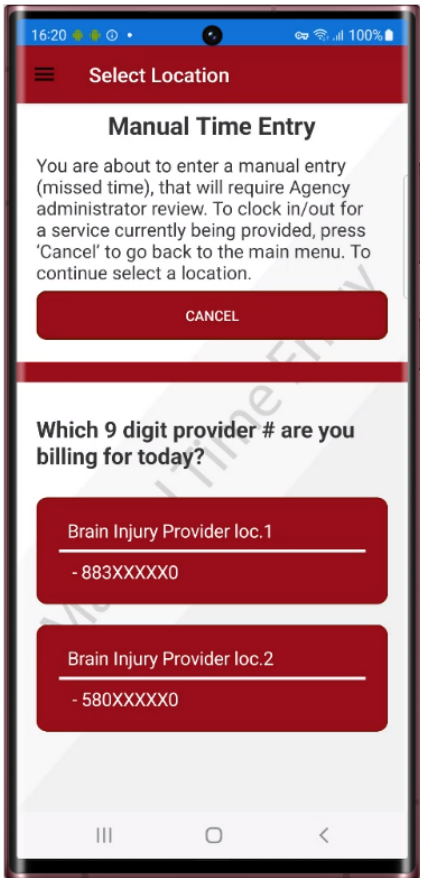
On the screen the user will see Client information at the top, below that the Date, type of service they had previously selected, and the time of the Clock In. Below that they will see the current time. When the user is ready to Clock Out they will select a response to the "Where are you Right Now?" prompt, and click the "Clock out" button.

The user can also select the "Skip Clock Out" button if they forgot to clock out at the appropriate time. The user can also select the round X button in the upper right corner to close out of the window and perform other tasks within the app. Closing the app and opening it again will direct the user back to the clock out screen.



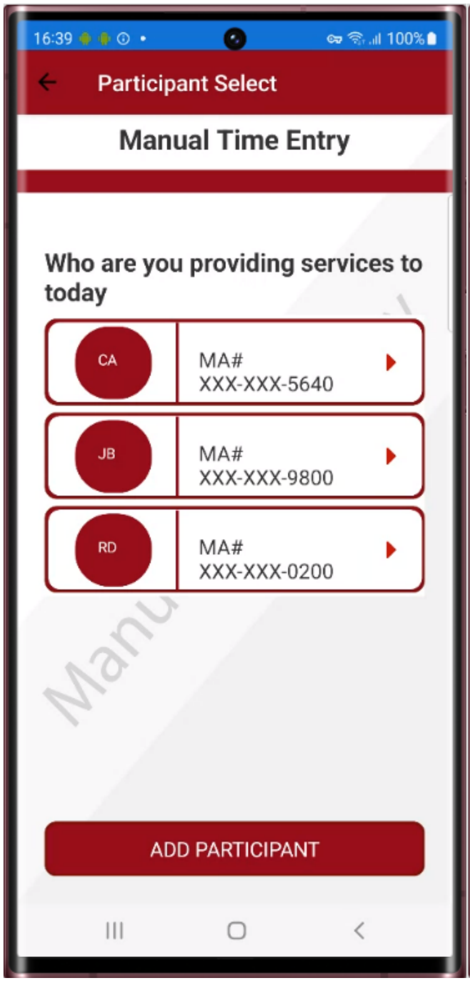
Manual Time Entry

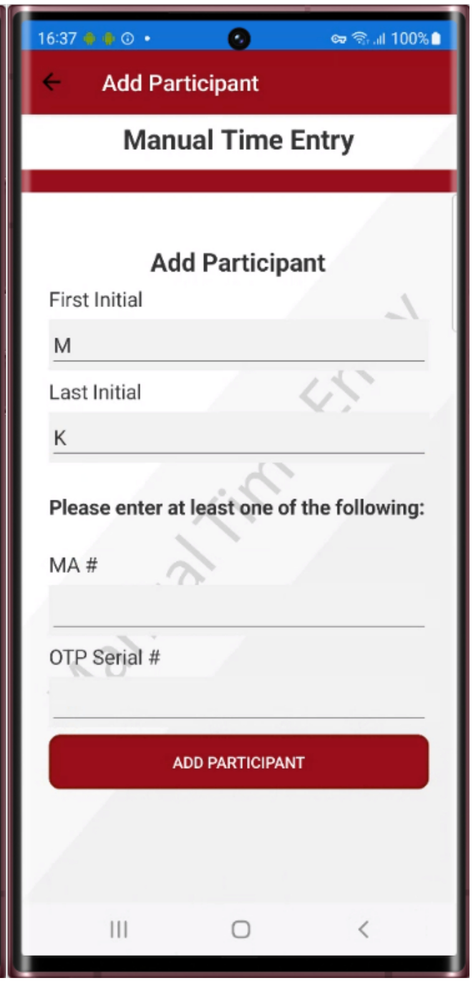
The App also allows users to enter a Missing Time Request (MTR) using Manual Time Entry option. They can access this option from the navigation menu, located in the upper left of the page (Three Lines).



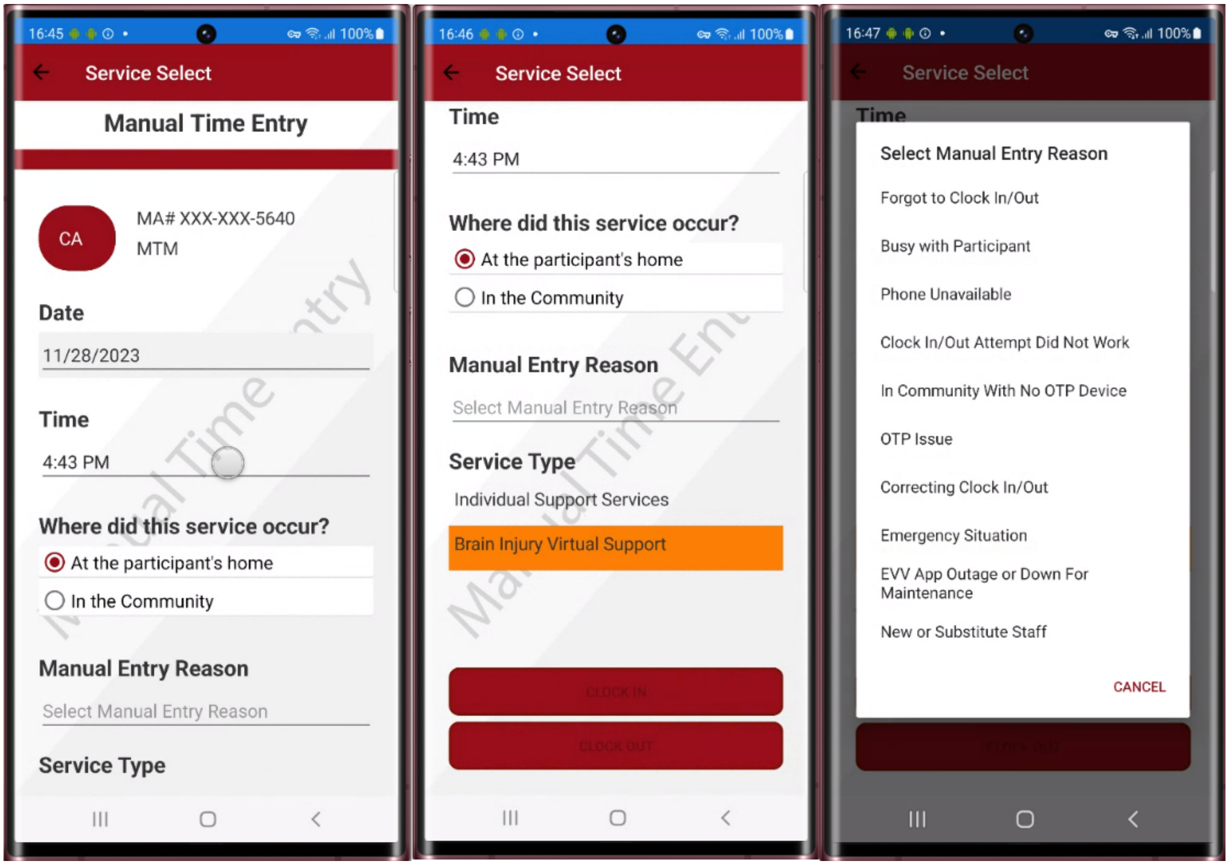
Here, the user will have the option to select the tile associated with the location they intend to bill for. The tiles will appear red, as opposed to blue, indicating that this is a service that occurred in the past.

After choosing the location, the user will select a participant. They will need to add their participant if they are not on the list (see below).



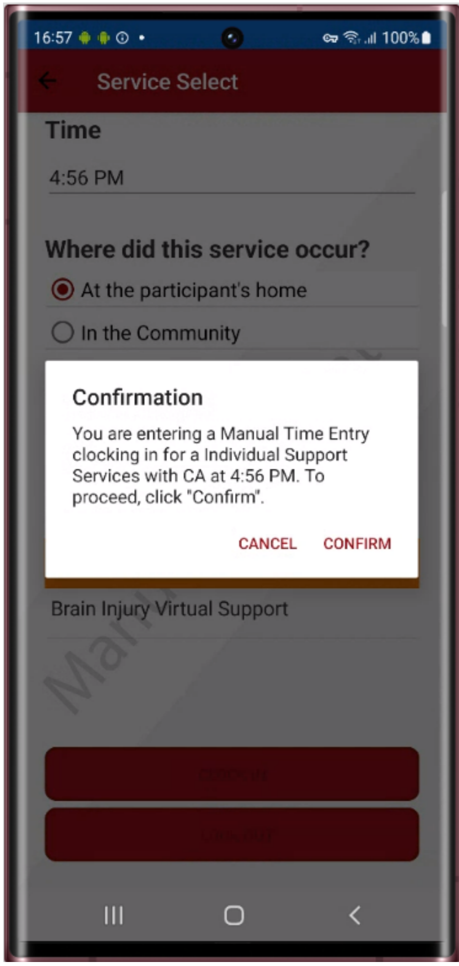


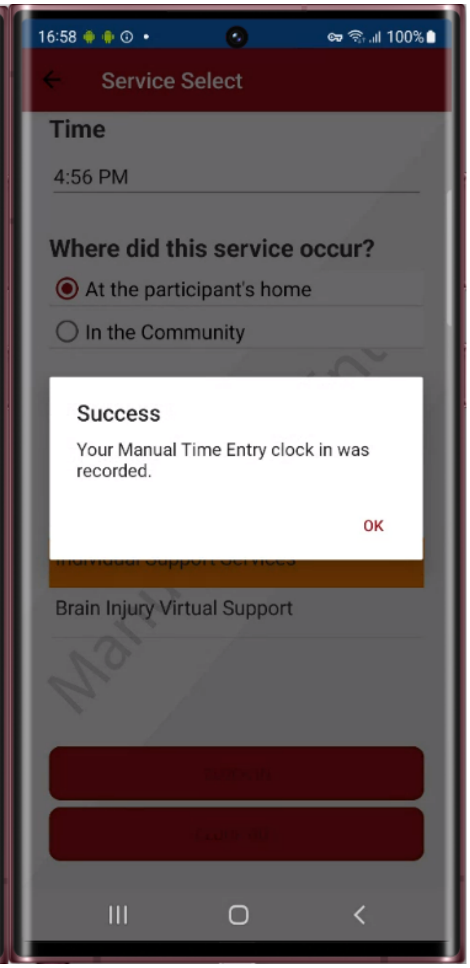
After selecting a participant, a new page opens for the user to input their missed Clock In or Clock Out time.



The user will need to select the date, time, and location where the service was provided, then they must select the Manual Entry Reason (see the screenshot above) and select the type of service provided.

Only after all of the information is entered will the Clock In and Clock Out buttons become available.





Upon selecting “Clock In” or “Clock Out” the user receives a Confirmation pop-up. The user must check and confirm that the new time entry information is correct. Upon selecting “Confirm” a success pop-up tells the user that their Clock In or Clock Out was recorded and sent to their agency for review.

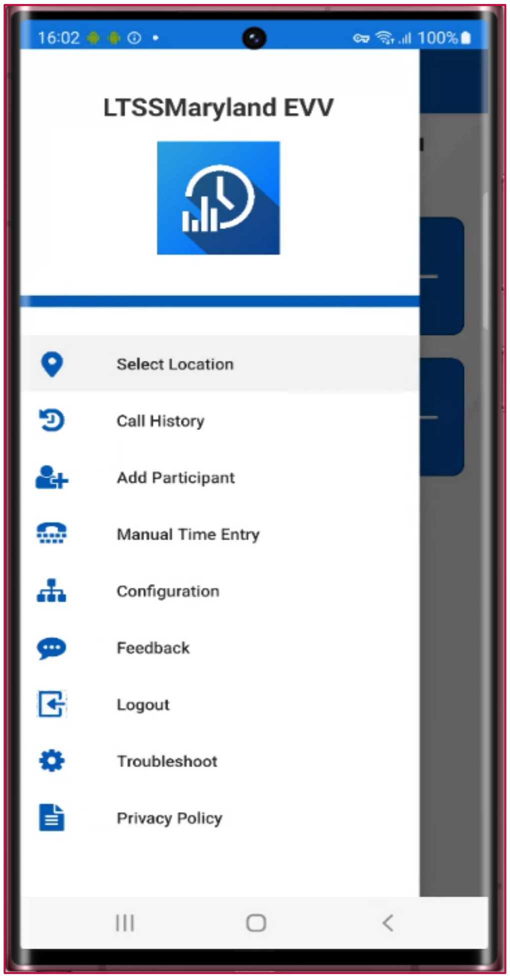
An Admin or Billing Provider must review and submit all MTRs within 30 days of the date of service. Staff Providers may only enter MTRs up to 7 days in the past. Missing Times more than 7 days in the past must be entered directly into the Provider Portal by an Admin or Billing provider.

Other Menu Options

There are other features available in the mobile App. Selecting the three horizontal lines in the upper left corner will open the menu.

Users have an option to:

- Select Location
    - This takes the user to the home page.
- View Call History.
        - The LTSSMaryland EVV App allows users to view the last 30 days of clock in and out records performed on the app
- Add Participant
    - Another way to add a client to the Participant Select page.
- Manual Time Entry
    - Enter an MTR
- Adjust Configurations
    - Technical Information
- Feedback
    - Provide feedback regarding the app.
- Logout
- Troubleshoot
- Privacy Policy



NOTE: Providers should clock in when they begin their shift, and they should clock out when they end their shift. They should clock out for any breaks and anytime they are not working, and clock back in again when they resume working. They do not need to clock out and back in again if they go with the client into the community.

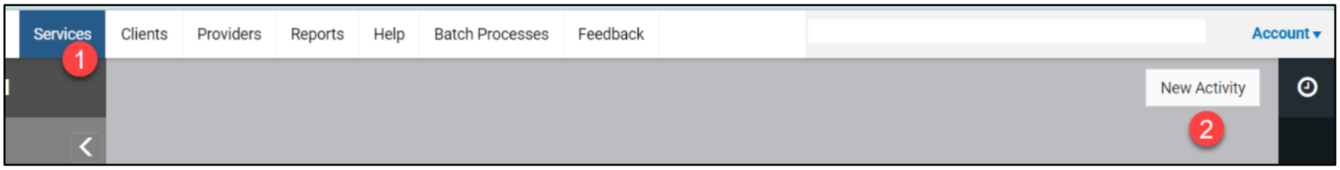
2.1.4. Website Submission

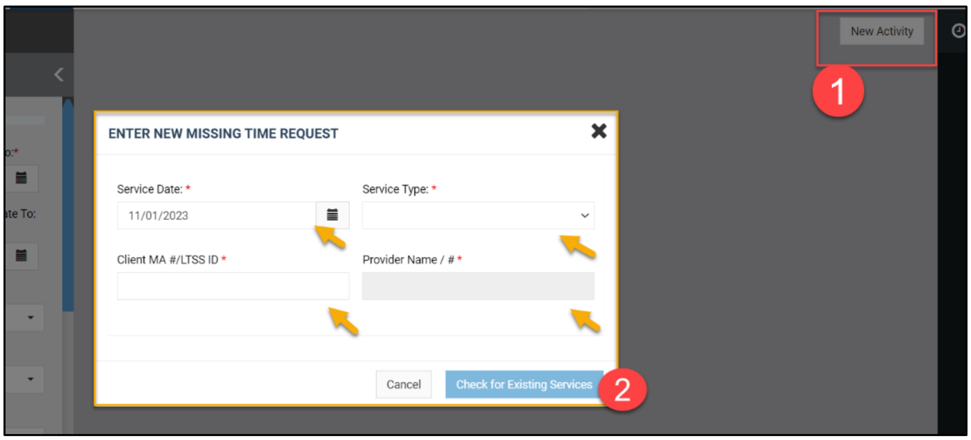
Agency Providers can manually add service activities through Provider Portal by selecting the Missing Time Request Clock Icon in the Quick Action Panel on the right side of the screen or by selecting New Activity on the Services tab.

Submitting an EVV Service Activity

Providers with the following user roles can submit a MTR in Provider Portal.

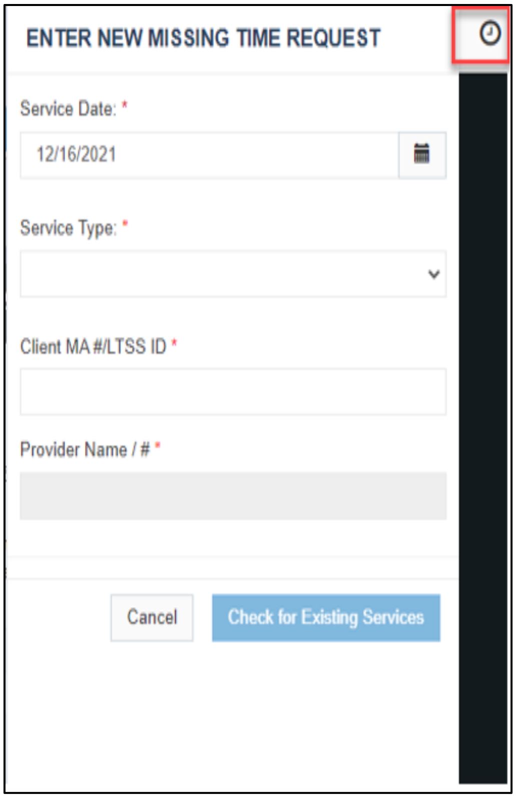
- Admin Provider
- Billing Provider



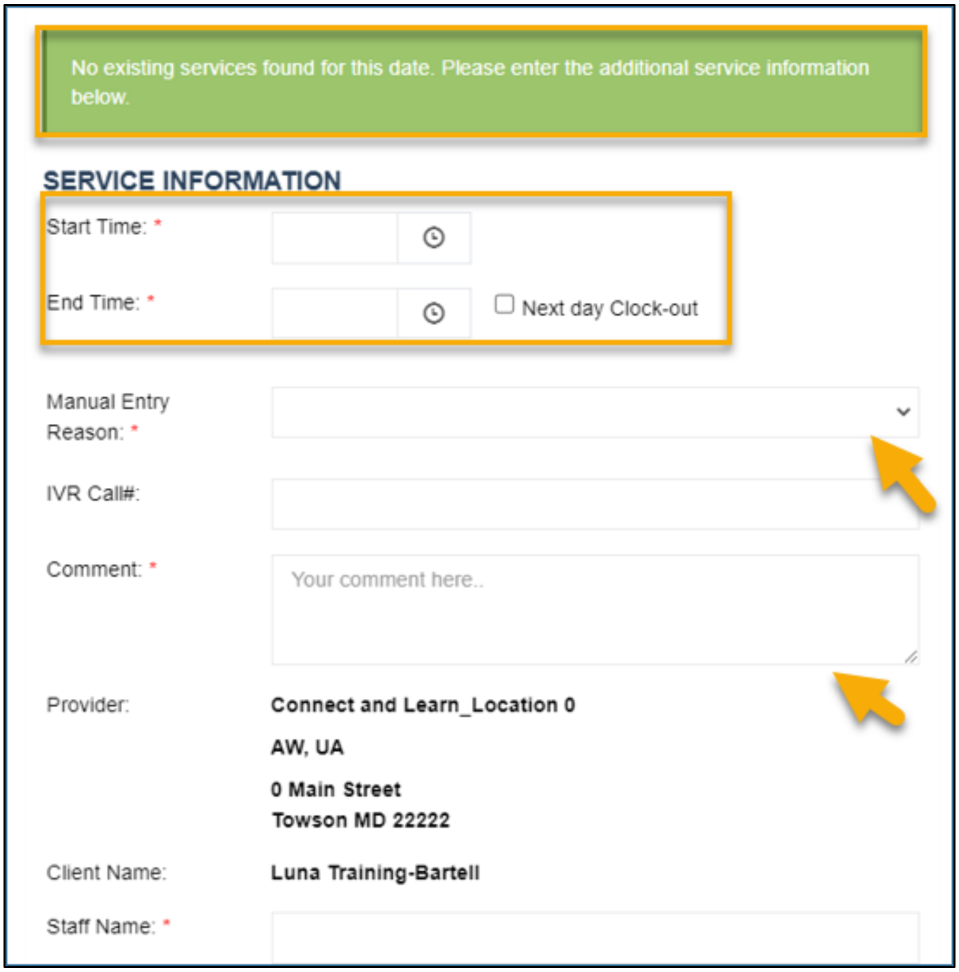


Navigation: Home Page Services Select "New Activity" or the Clock symbol on right navigation panel.

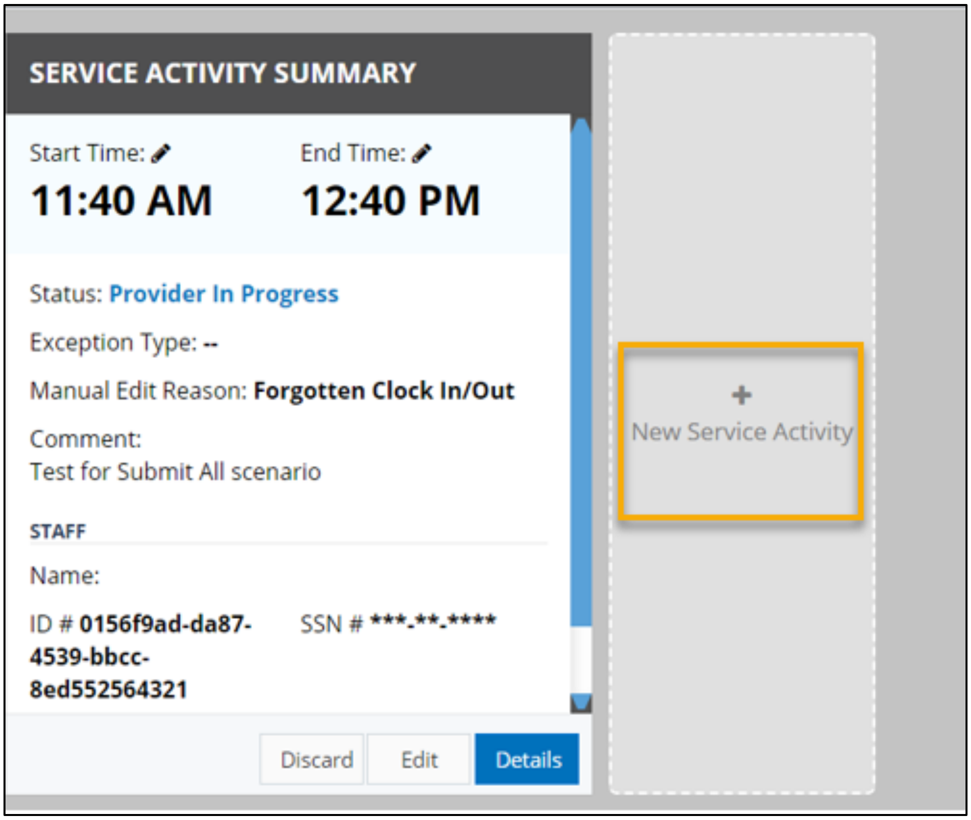
1. Enter the following service activity parameters:
    a. Service Date
    b. Service Type
    c. Client MA# or LTSS ID
    d. Provider Name/ #
2. Click on "Check for Existing Services" to query the system for other services with that search criteria that may already be existing in the system.



3. If there is no pre-existing service that matches your query, you can complete the rest of the information required and submit the service activity for review.

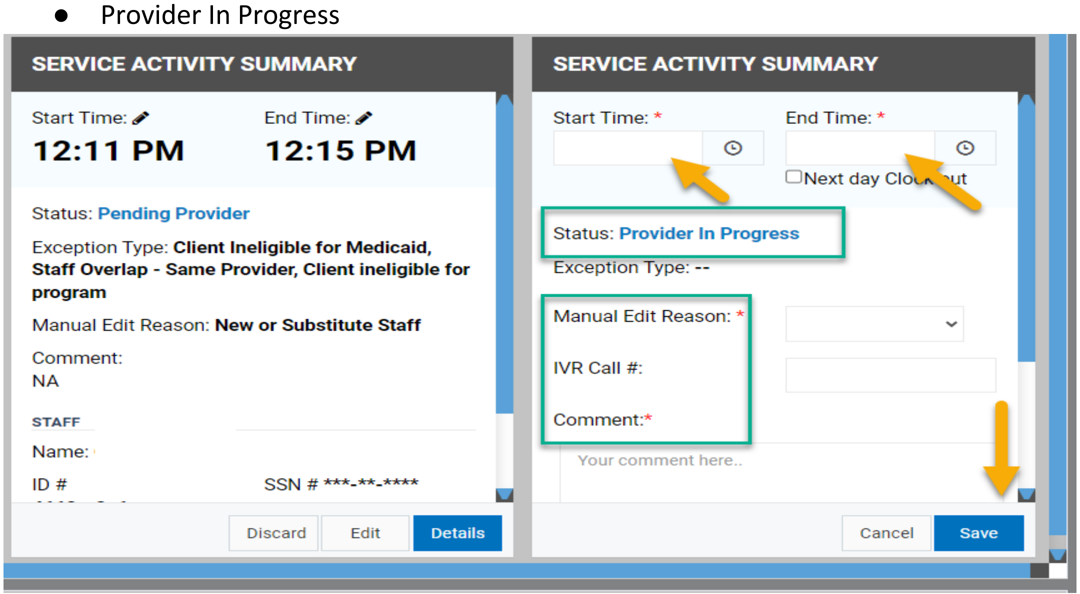


If a service already exists for the given query, go to the Service Summary page to add or edit service information. Users can add a new service activity by clicking the Adjust button in the lower right corner, then select the “New Service Activity” tile. Or Edit an existing service activity by selecting the Edit button.



Only services in the following workflow statuses can be Submitted by Providers

- Provider In Progress



Be sure to submit all changes when finished. Services that are Saved are not Submitted. The user must first Save, then Submit the service in order for it to be reviewed.

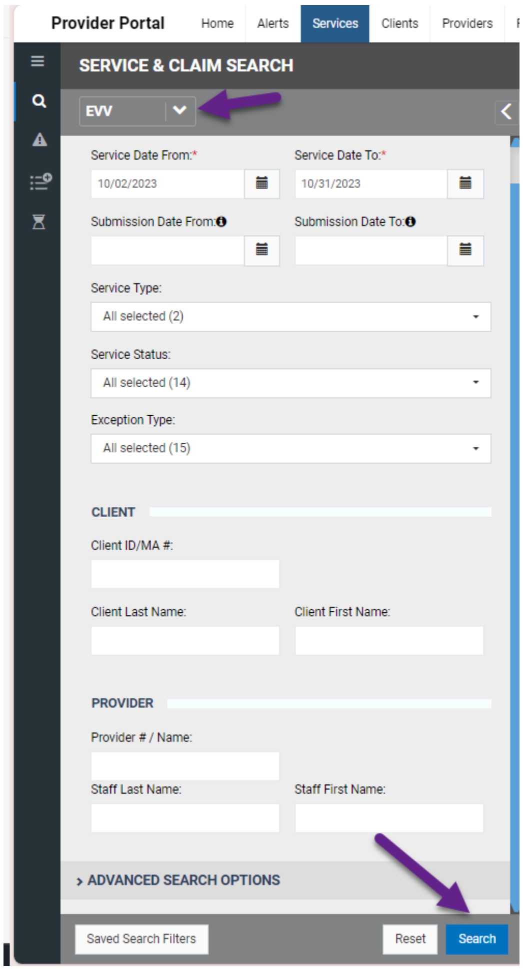
2.2. BI EVV Service Activity Review

2.2.1. Service Search

Search by Service Information

Users can search for services using any of the below parameters in combination with the *Service Date From* and *Service Date To* fields.

- The *From* and *To* dates cannot be more than one year apart



a. Service Date From, and Service Date To – the date the service was provided to the participant. This can be used to return services provided within a single date or a range of dates. The Service From and To Dates are defaulted to yesterday's date.
b. Submission Date From, and Submission Date To – the date the billing entry was Submitted by the provider.
c. Service Type – the type of service provided. This allows user to filter down to look for specific service types. By default, all service types for which the Provider has entered services for billing in the Provider Portal are selected.
d. Service Status – the status that the service is currently in. Allows the user to filter down services in a specific workflow status in the system.

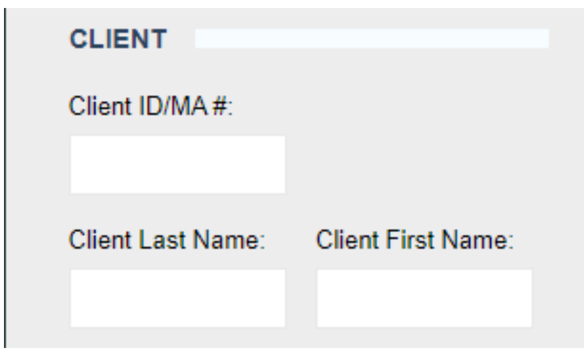
e. Exception Type – the exception that is currently associated with an activity. All services are subject to validation. If one or more validation checks fail, corresponding exceptions are assigned, and a claim is not created. This filter allows users to look for specific failures or exceptions so they can be resolved.

Search by Client Information

The following user roles can search for services associated with their agency location, using any of the below parameters in combination with the Service Date From and Service Date To fields.

- Admin Provider
- Billing Provider

a. Client ID/MA# - Allows searching for services using the participant's LTSS Client ID or MA number
b. Client Last Name - Allows searching for services using participant's Last Name
c. Client First Name - Allows searching for services using participant's First Name



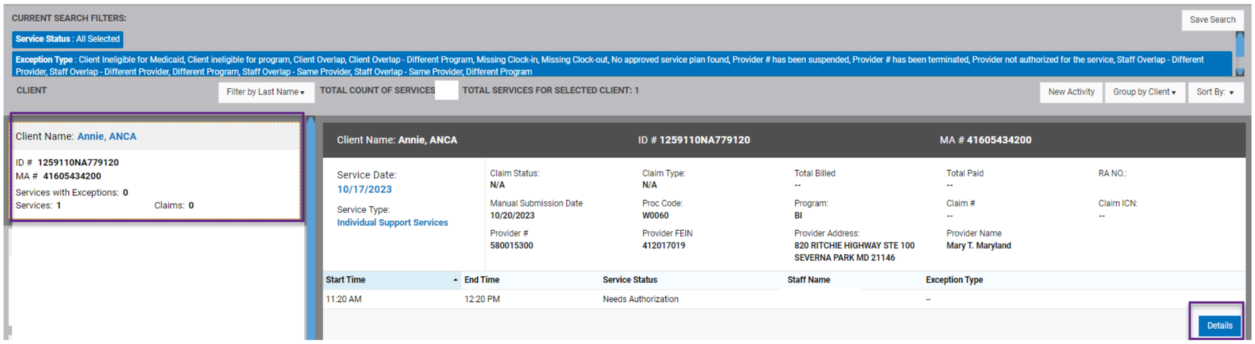
Search by Provider Information
Users can search for services using any of the below parameters in combination with the Service Date From and Service Date To fields.

a. Provider#/Name – Allows searching for services with the Provider Number or Name for the location that provided the service
b. Agency FEIN/Name – Allows searching for services with the provider's FEIN or the name of the Provider Agency.
c. Staff Name – Allows searching for services with the Staff Provider's name.
d. Staff SSN/ID -- Allows searching for services with the Staff Provider's *LTSSMaryland* Staff Profile Identifier or SSN.

Search by Claim & Remittance information

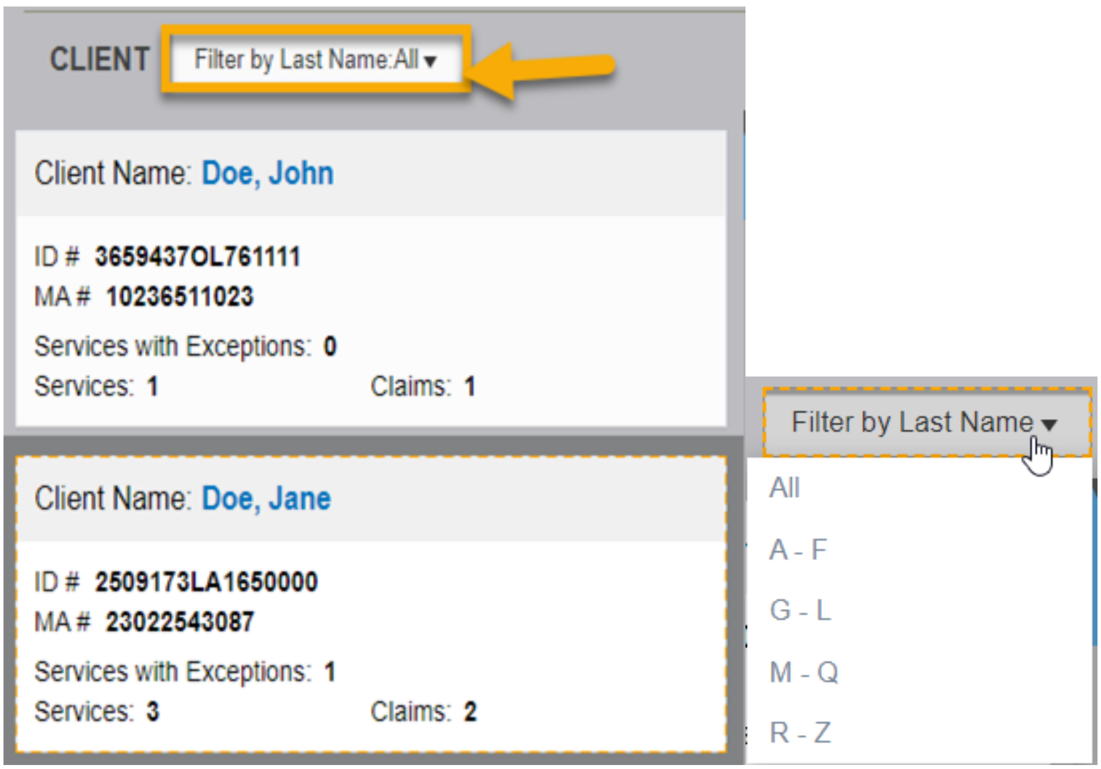
2.2.2. Service Details Review.

Upon Clicking Search, the user will be able to view the search results and may Filter, Group, or Sort search results. The results will be grouped into tiles on the left side of the screen.



Filter Search Results by Last Name

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



Change Search Results Grouping

The default grouping of Service Search results can be modified to:

- Group by Provider - to view results based on Provider Number
- Group by Service Type - to view results based on the type of Service
- Group by Client - return to the default Client grouping

- No Grouping - view results in descending order based on Service Date

2.2.3. Clock in/out Search

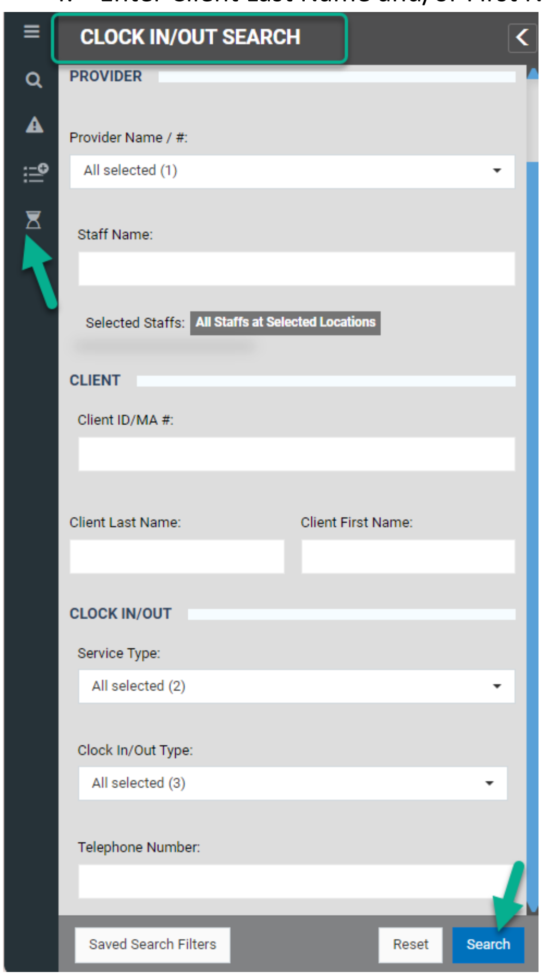
This section describes the Clock In/Clock Out search page in Provider Portal. Users can view services from within the past 72 hours.

Providers with the following roles have access to the Clock in/out Search page

- Admin Provider
- Billing Provider

Navigation: Home Page Services Select the hourglass symbol on left navigation.

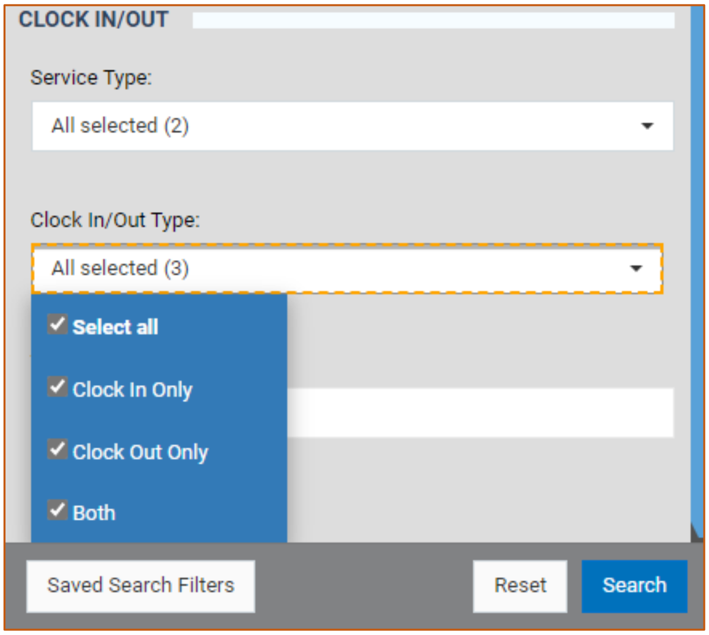
1. Select the Provider Name/#
2. Enter Staff Name, or
3. Enter Client ID/MA#, or
4. Enter Client Last Name and/or First Name



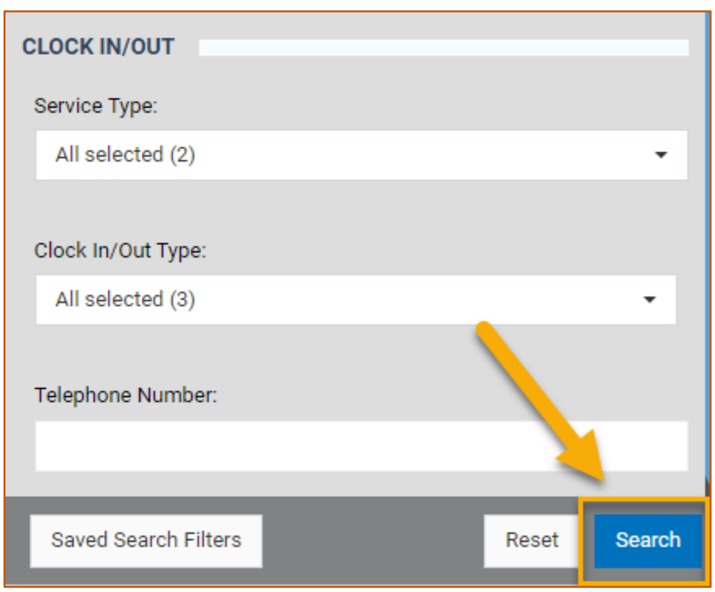
Clock In/Out:

1. At the top of the search page select a BI EVV Service Type:
   a. Brain Injury Virtual Support

   b. Individual Support Services
2. Select Clock In/Out Type
   a. Clock In Only
   b. Clock Out Only
   c. Both
3. Enter 10-digit Telephone number in the format; 000-000-0000 (Optional)



4. Click search to view results



Clock In/Out Search Results

Users can view the results of the clock in/out search from the Call Transactions table:

a. Provider #
b. Staff Name
c. Client Name
d. Client ID
e. Service: This column displays the service type
f. Service Status
g. Start Time
h. End Time
i. Source: This column shows if the service was recorded using EVV or entered manually
j. OTP used: This column will display "Yes" if an OTP was used, otherwise it will display "No"
Actions: This column will display the "View" button which the user can select to be taken to the Service Summary page

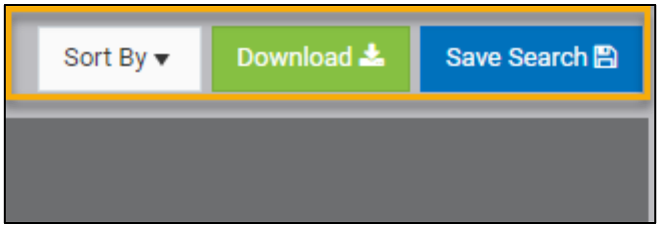
View Output screen below:

Provider #	Staff Name	Client Name	Client ID	Service	Service Status	Start Time	End Time	Source	OTP Used	Actions
580015300	Staff, Jonathan	Melissa, Laurie	3309770AL290110	Brain Injury Virtual Support	Ready	09/11/2023 2:50 PM	09/11/2023 10:57 PM	Clock In/Out	No	View
580015300	Staff, Jonathan	Melissa, Laurie	3309770AL290110	Brain Injury Virtual Support	Ready	09/10/2023 12:45 AM	09/10/2023 9:45 AM	Clock In/Out	No	View
580015300	EVV App, Melissa	Melissa, Laurie	3309770AL290110	Brain Injury Virtual Support	Ready	09/02/2023 9:50 PM	09/02/2023 10:50 PM	Clock In/Out	No	View
580015300	EVV App, Melissa	Melissa, Laurie	3309770AL290110	Brain Injury Virtual Support	Not Authorized	09/02/2023 9:50 PM	09/03/2023 7:50 AM	Clock In/Out	No	View
580015300	Starr, Patrick	Melissa, Laurie	3309770AL290110	Brain Injury Virtual Support	Ready	09/01/2023 3:45 PM	09/01/2023 4:45 PM	Clock In/Out	No	View

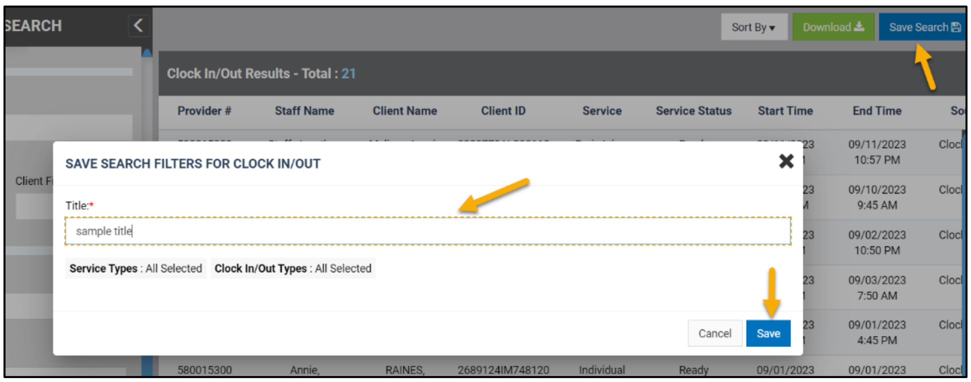
Display Sort Options, Download and Save Search

This section describes how the user can sort the display of the search results, download results, and save a search.

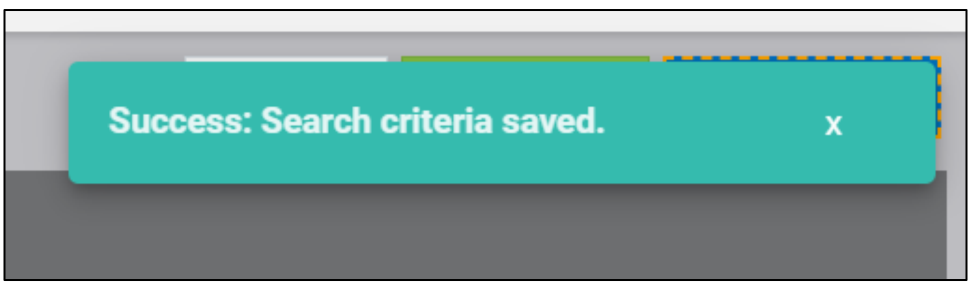
1. Sort By – a drop down menu displaying the following options:
   a. ***Start Time-*** The records will be sorted chronologically (Descending: Newest to Oldest), by the Start Time
   b. ***Staff-*** The records will be sorted and displayed alphabetically by the Staff Provider's Last Name, followed by Start Time (Descending: Newest to Oldest)
   c. ***Client-***The records will sort and display alphabetically by the Client's Last Name followed by Start Time (Descending: Newest to Oldest)
   d. ***Provider Number-*** The records will be sorted in Ascending Order by provider number, followed by Start time (Descending: Newest to Oldest)



2. Download- Provider can download the clock in/clock out search results, with the download containing more information than what is displayed on the screen when user selects to download in *CSV* format.
    a. Save Search- Provider can save up to 5 search criteria for future use.



3. When you click save, the search results will be saved, and a confirmation is displayed indicating success.



2.2.4. Service Activity management.

Editing a Service

This section describes how services can be modified. Users with the below roles can edit services:

- Admin Provider
- Billing Provider

Only services in the following workflow statuses can be edited by Providers:

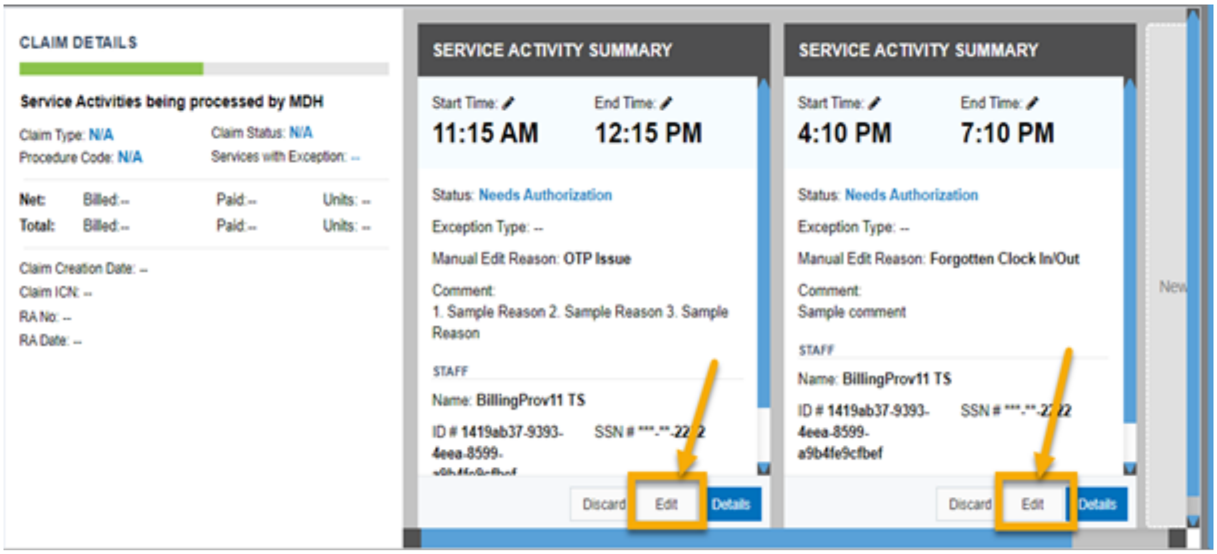
- New
- Provider In Progress

- Pending Provider
- Needs Authorization
- Closed

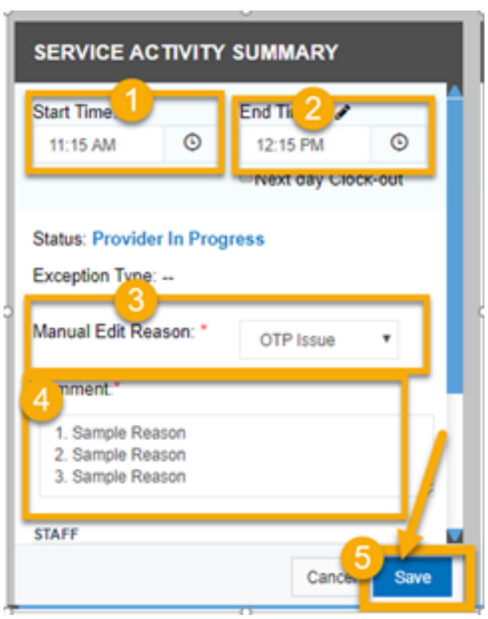
Note that services in a 'Closed' status have an associated claim to Medicaid..

Navigation: Home Page Services Search EVV Services Select a Service on Search results Details

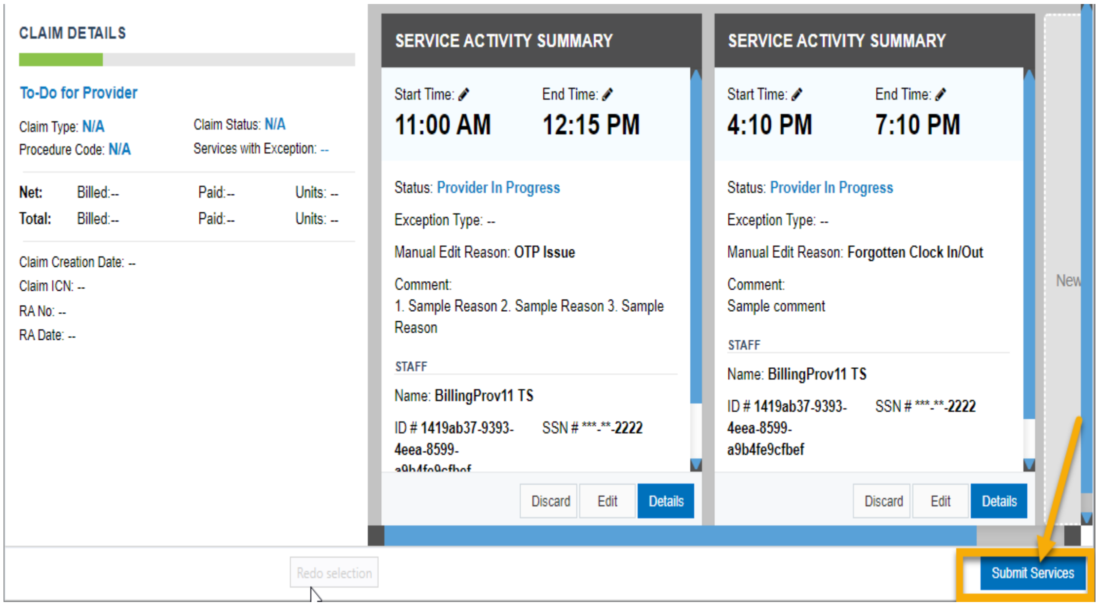
1. Select Edit on the Service from the Service Date Details page



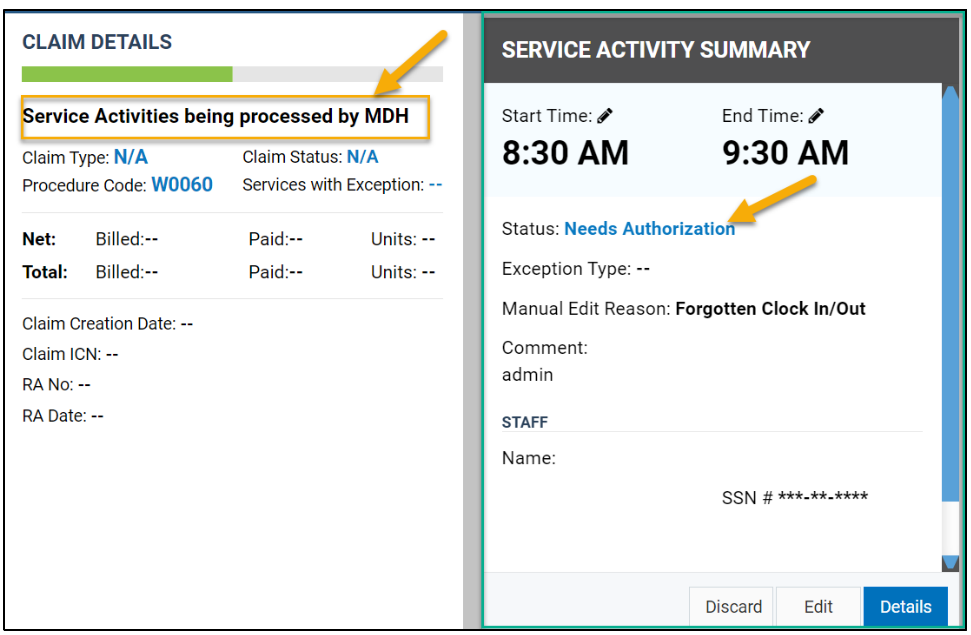
2. Modify the necessary information:
   a. Start time, End time
   b. Enter a Manual Edit reason by selecting from the dropdown options
   c. Enter comments as required
   d. Click on Save
   e. Click on Submit when ready to send to MDH for review



3. Located on the bottom right hand of the summary page is a “Submit Services” button. This button MUST be selected to submit the service for MDH for review



4. The service is now assigned a workflow status of “Needs Authorization” and is ready to be processed by MDH



Discarding a Service

Providers with below roles can discard a service to prevent it from being billed.

- Admin Provider
- Billing Provider

Only services in the following workflow statuses can be edited by Providers:

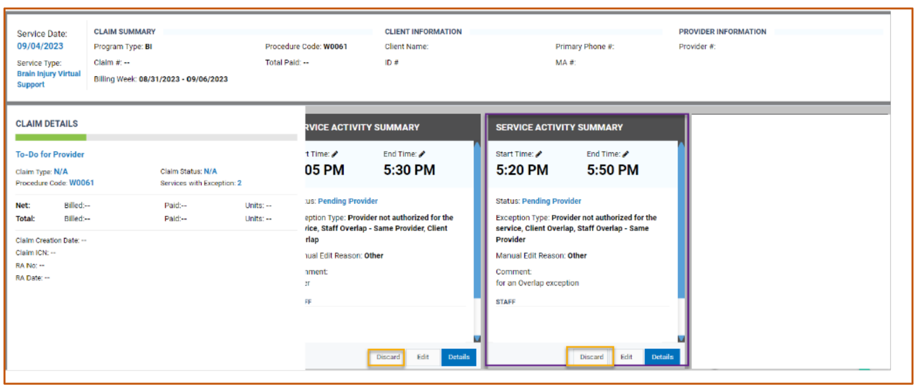
- New
- Provider In Progress
- Pending Provider
- Needs Authorization

Note that Discard is an option only available until a claim is processed for the service. Once billed to Medicaid, you will no longer see the Discard option and instead will see the Void option. Voiding a service is similar to Discarding a service.

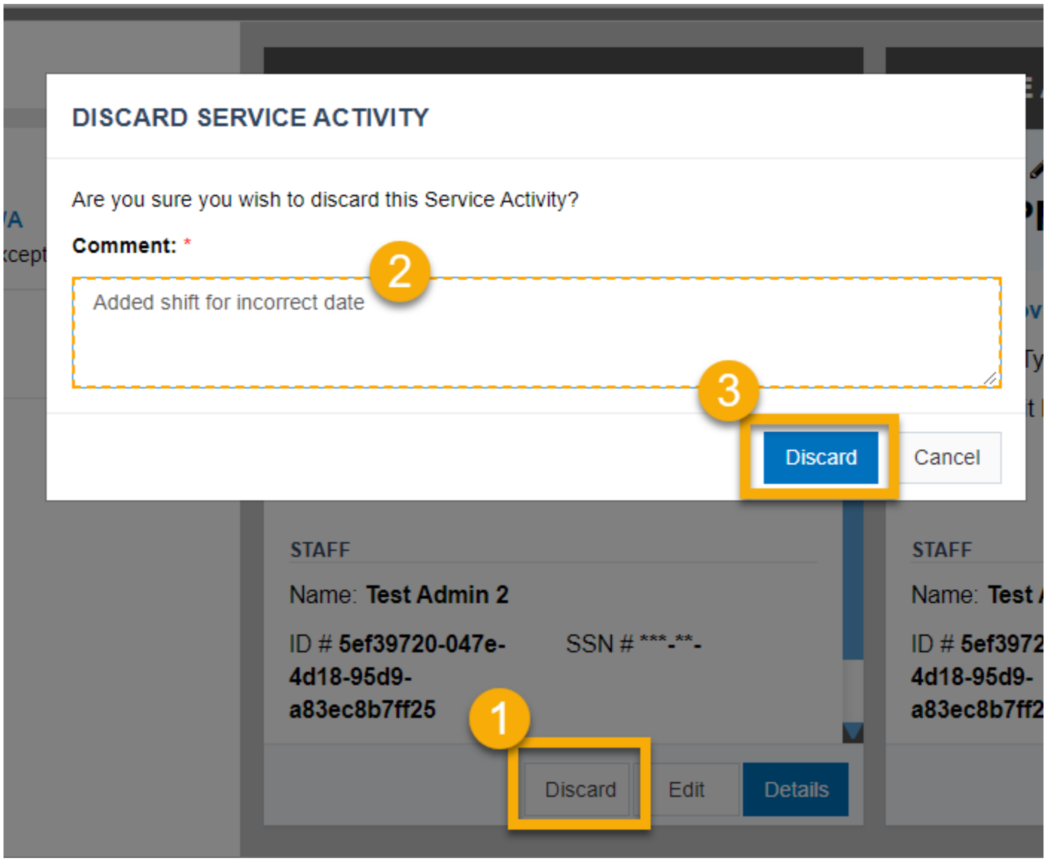
Navigation: Home Page Services Search EVV Services Select a Service on Search results Details Service summary

Discard an EVV service:

1. Navigate to the Service Date Detail page
2. Select the "Discard" button located on the bottom of the Service Activity Summary tile



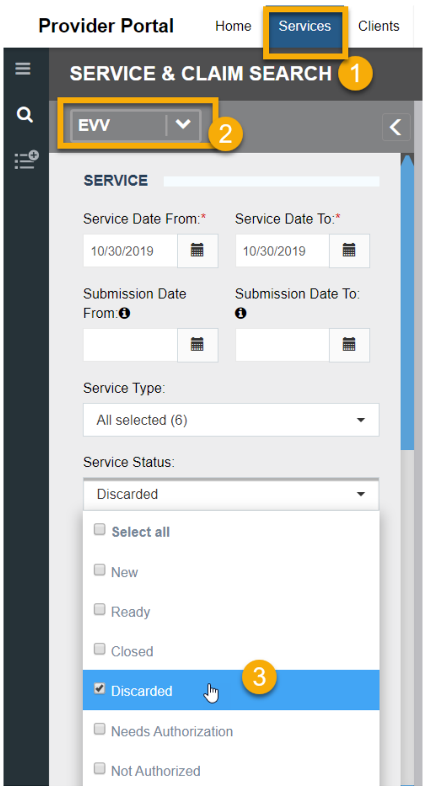
3. Enter a comment explaining why the service is being discarded



4. Select the "Discard" button
5. The service is now Discarded and the tile will turn a darker shade of gray with a watermark across it

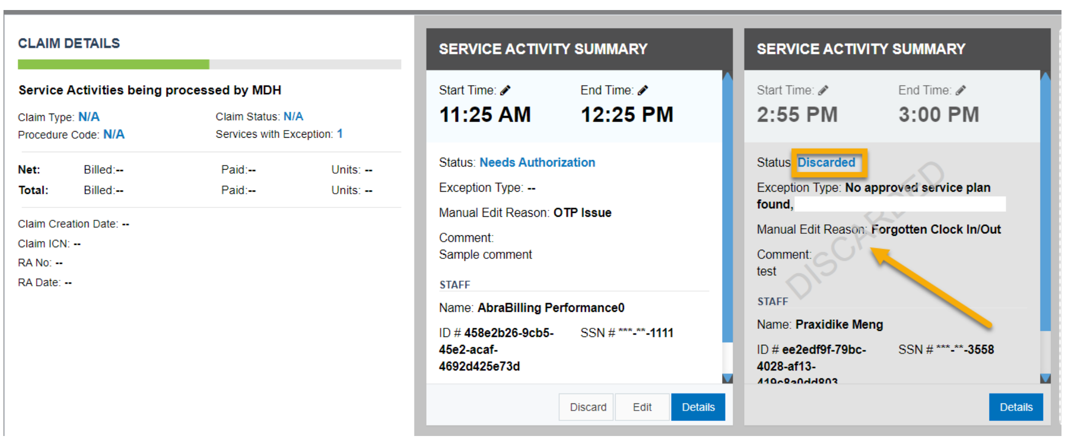
To view a discarded service

1. Within the "Service and Claims Search" section of the "Services" tab, in the drop down for "Service Status" select Discarded (This option will not be selected by default)
2. Select "Search"



3. Select "Details" from the Search results

4. The service summary page will display all services including the discarded service



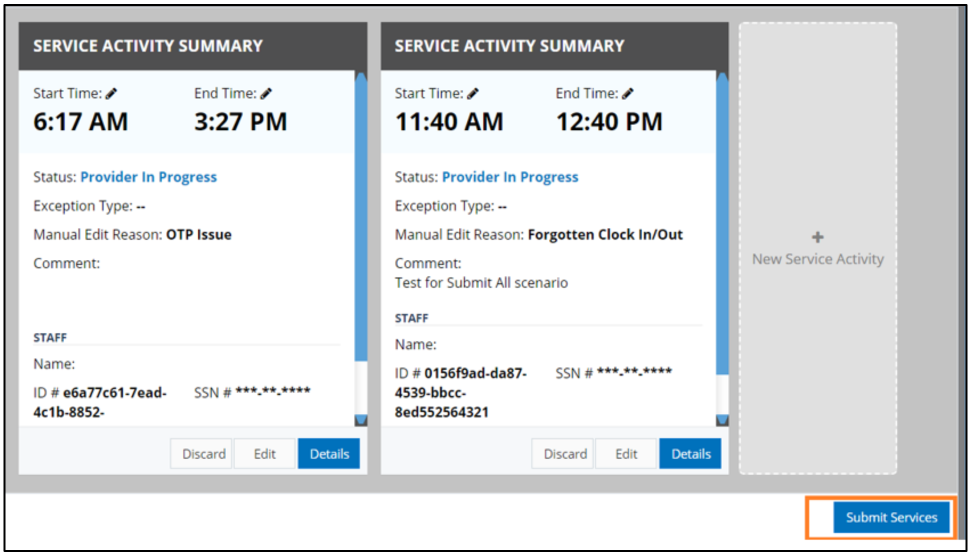
Submitting an EVV Service Activity

Providers with below roles can Submit a service to allow it to be billed

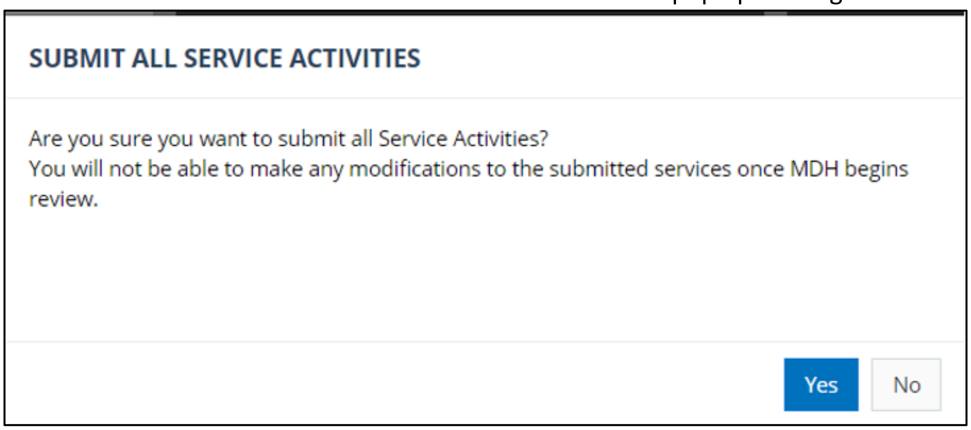
- Admin Provider
- Billing Provider

Only services in the following workflow statuses can be Submitted by Providers

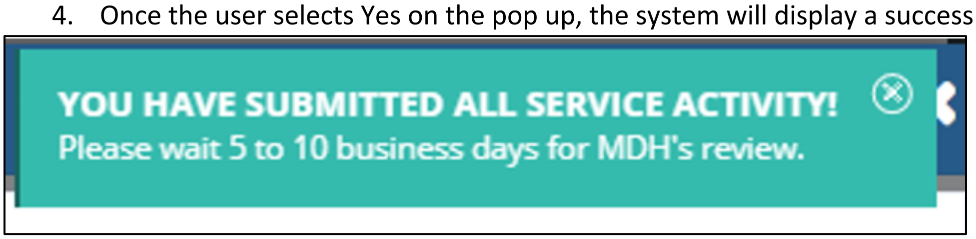
- Provider In Progress



1. Services that are Saved can be Submitted to MDH for review
2. The user selects the Submit button and receives a pop up message to confirm the submission .



4. Once the user selects Yes on the pop up, the system will display a success message banner



2.3. BI EVV Service Activity validation process

2.3.1. Review of different Service Activity statuses.

Service Status is a workflow status that identifies where an entry is currently in the billing process. A service can only have one status at a given time. The following are the Statuses in which an EVV Service can exist:

New: A Service that has been added through the EVV system has the status of New for the duration of the date it was entered. A service in this status indicates that it is ready to be processed through the Claim validation checks, unless it is Missing a Clock-in or a Clock-out, which needs to be entered by the Provider before a claim can be submitted.

Needs Authorization: This status indicates that the Provider has made a service modification by creating a new service, fixing a missing clock-in/out, or modifying the duration of a previously entered service, and has submitted the change for MDH to review. A Service in this status can be edited by Providers prior to MDH starting review.

Provider in Progress: This status indicates that the Provider has started making an edit to a service but is still working on the Service and has not submitted it to MDH for review. The provider can continue making further edits in this status and it will not be sent to MDH for review until the service is submitted by the Provider by selecting the “Submit Services” button.

MDH in Progress: This status indicates that the Service is currently being reviewed by MDH. Providers cannot make any changes to the services in this status.

MDH Reviewed: This status indicates that MDH has finished their Review and Approved the Service Modification. The provider cannot make changes to the Service in this status until a claim is created.

Pending Provider: This status indicates that the service has failed one or more validation checks and exceptions are assigned to it. A service in this status will *not* be processed for claim creation and requires the provider to take action to resolve the exception.

Pending MDH: This status indicates that the service has failed one or more validation checks and exceptions are assigned to it. A service in this status will *not* be processed for claim creation and requires MDH to take action to resolve or clear the exception for further processing.

Not Authorized: This status indicates that the Service Modification was not approved by MDH.

Discarded: This status indicates that the service was discarded, and no further actions can be taken on the Service.

Ready: This is an intermediary status when the Services have passed all validations but prior to claim creation.

Closed: This status indicates that the Service has a Claim created and can only be modified by Adjusting the services withing the Claim.

2.3.2. Exceptions Search

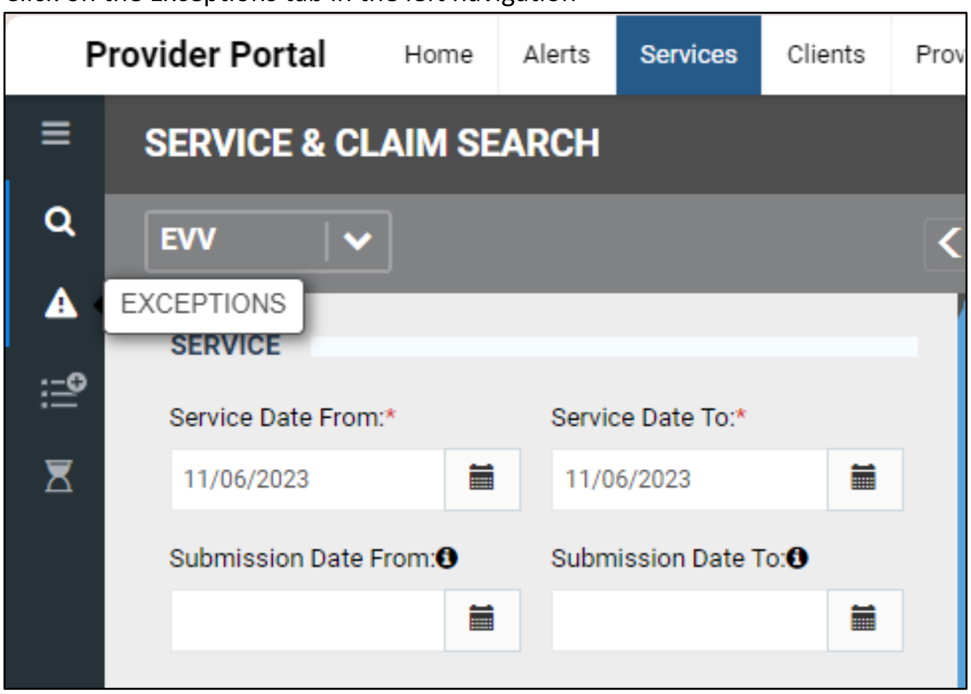
Exceptions are circumstances that prevent a service from becoming a Claim. A pre-claim check is performed on services to ensure the validity of the services being billed to MMIS. When a service fails a check, an exception is identified on the service. The service will be in a "pending status when an exception is identified and will stay in this status until the issue is resolved. There are many reasons for this to occur. Some issues need to be resolved by the Provider, while others require coordination with the BIAM or MDH.

Providers with the below listed roles can view and resolve applicable exceptions

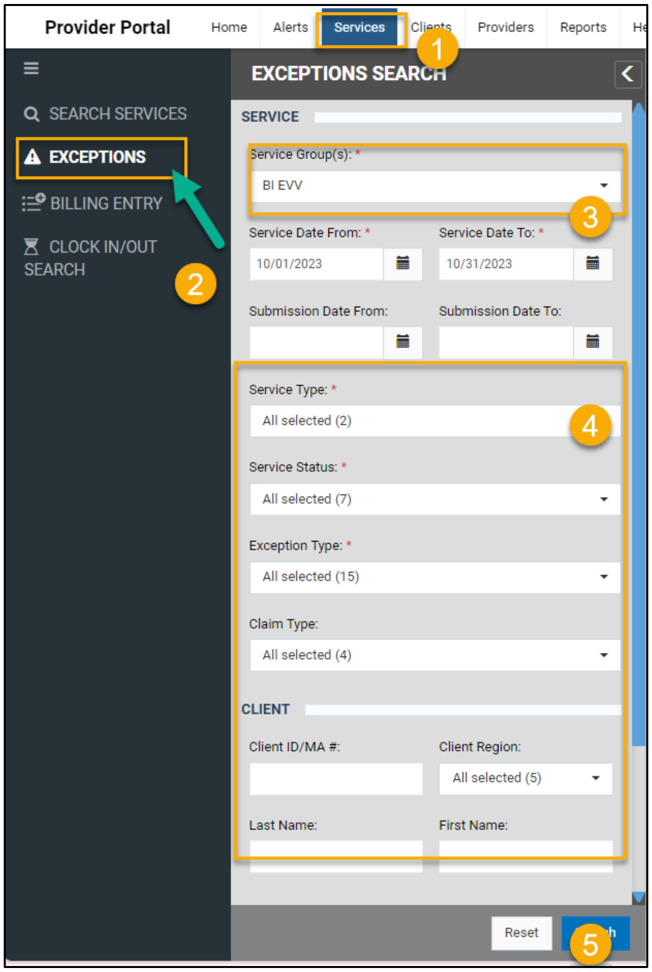
- Admin Provider
- Billing Provider

Providers can search for Service Activities with exceptions using the Exceptions Search Menu under the Services tab.

1. Navigate to the Services tab in Provider Portal
2. Click on the Exceptions tab in the left navigation



3. Select one of the following:
    a. EVV
    b. Non EVV



4. Enter the values for
    a. Service Date From and Service Date To
    b. Service Type
    c. Service Status
    d. Exception Type- The user may narrow down the exceptions to those you want to see in the results
5. Step 5; click search

The below sections describe each exception type and how it can be resolved.

2.3.3. Review of the EVV Exceptions for Brain Injury Services

EVV Exception Types

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

1. *Missing Clock In*: A Staff Provider failed to use the EVV system to record the start of a service but did record a Clock Out.
2. *Missing Clock Out*: A Staff Provider failed to use the EVV system to record the end of a service, but did record a Clock In.

3. *Staff Overlap - Same Provider*: This occurs when the Staff Provider is clocked in for more than one participant at the same time.
4. *Staff Overlap - Same Provider, Different Program*: This occurs when the Staff Provider is clocked in for more than one participant, each with a different program, at the same time.
5. *Client Overlap*: This occurs when two or more Staff Providers are clocked in for the same service for the same participant at the same time, through the same agency.

Agency Providers should contact the participant's BIAM Coordinator about these issues:

6. *No approved service plan found:* This occurs when the person receiving services does not have an Approved and Active Plan of Service on the Date of Service
7. *Provider not authorized for the service*: This occurs when the Agency provider is not on the Person's Plan of Service
8. *Client ineligible for Program:* This occurs when the participant receiving services does not have an active Brain Injury waiver program enrollment in LTSSMaryland on the date of service
9. *Client Ineligible for Medicaid:* This occurs when the participant does not have an active Medicaid code in MMIS

Agency Providers should contact the BI Office at MDH about these issues:

10. Provider # has been suspended
11. Provider # has been terminated

Agency Providers should contact the PBSO Team at MDH about these issues:

12. Staff Overlap - Different Provider
13. Client Overlap – Different Program
14. Staff Provider- Different Provider- Different Program: This occurs when the Staff Provider is clocked in for more than one Provider for a participant(s), each with a different program, at the same time.

2.3.4. Managing Service Activities with Exceptions

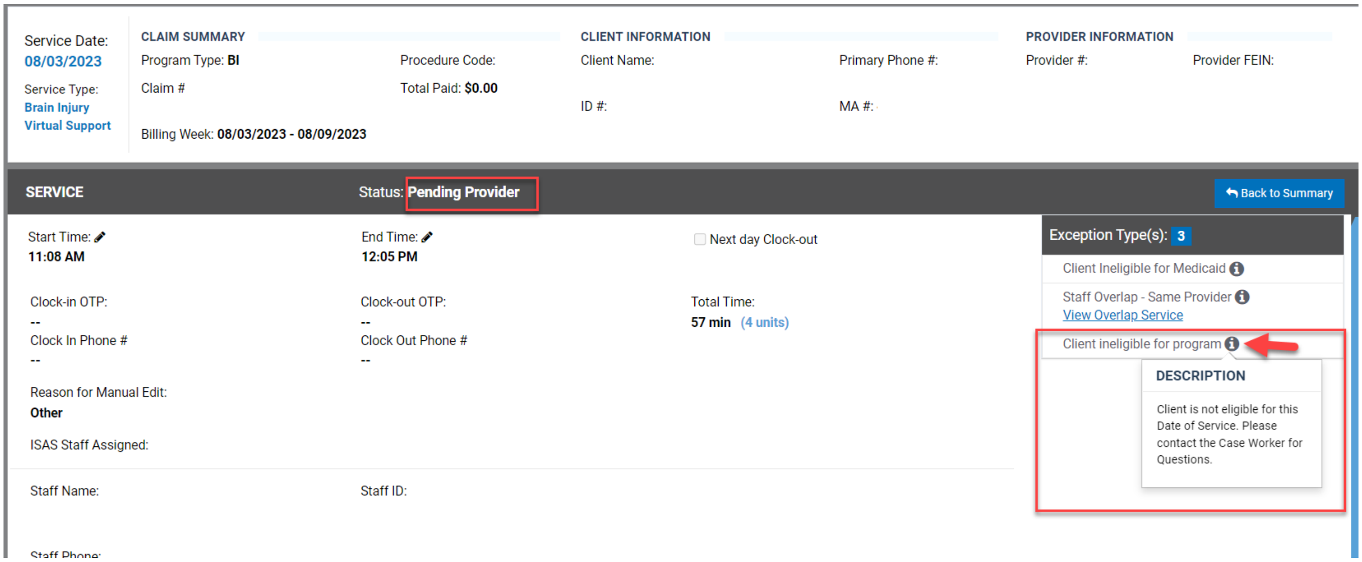
Admin and Billing Provider users can resolve an exception by looking at the Service Activity details screen, reviewing the issue, and acting according to the particular case (Example: resolving an overlap).

Navigation: Home Page - > Services - > Left Nav Menu - > 'Search Services' icon  *- > EVV -> filter for SA in **Pending Provider** status -> Click on Client Name tile -> Click on Details -> Edit*

Providers must resolve the exceptions in **Pending** status.

Providers have options to:

1. Review the Service Details, along with the info tip



2. For overlaps, follow the hyperlink to the overlapping service
3. Edit the service
4. Discard the service

2.4. BI EVV Actions Required Page

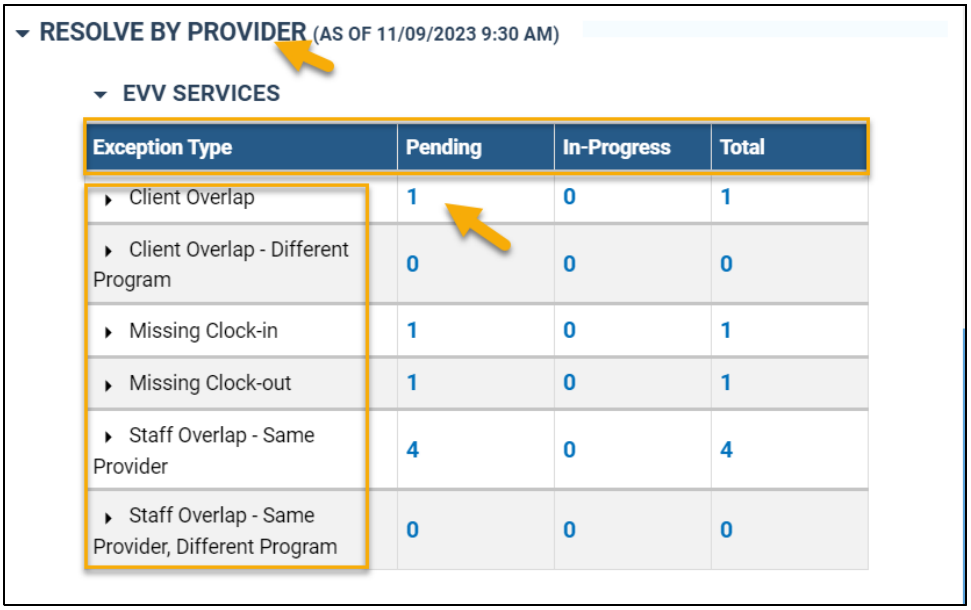
The Actions Required section lets you see all tasks that require your Provider Agency to take action. Tasks are staff role-specific and show:

- Plans pending acceptance by the Provider Agency. The count of service plans pending acceptance is updated in real-time; that is, as you take the action to accept or decline a service request, it will disappear from your dashboard
- Plans accepted by the Provider but not yet approved for service
- Plans accepted by the Provider and either approved or denied in the past seven days
- Billing issues requiring resolution

By clicking on the blue count next to the exception type you want to view, the user is redirected to a list on the exceptions search results page, displaying the total count of service activities with that exception.

The Provider can view BI EVV Exceptions in the **RESOLVE BY PROVIDER** category, indicating the following:

a. Exception Type
b. Pending
c. In- Progress
d. Total



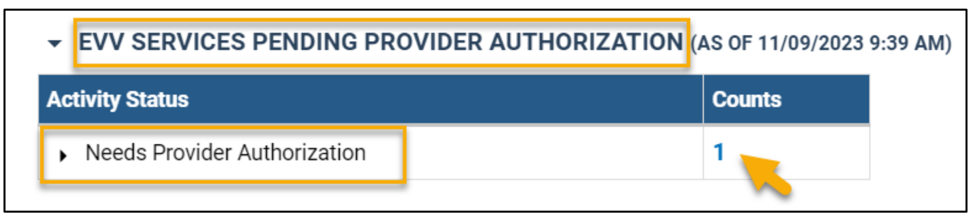
RESOLVE BY PROVIDER (AS OF 11/09/2023 9:30 AM)

EVV SERVICES

Exception Type	Pending	In-Progress	Total
Client Overlap	1	0	1
Client Overlap - Different Program	0	0	0
Missing Clock-in	1	0	1
Missing Clock-out	1	0	1
Staff Overlap - Same Provider	4	0	4
Staff Overlap - Same Provider, Different Program	0	0	0

The Provider can view BI EVV Exceptions in the **EVV SERVICES PENDING PROVIDER AUTHORIZATION** category, indicating the following:

a. Activity Status
b. Counts

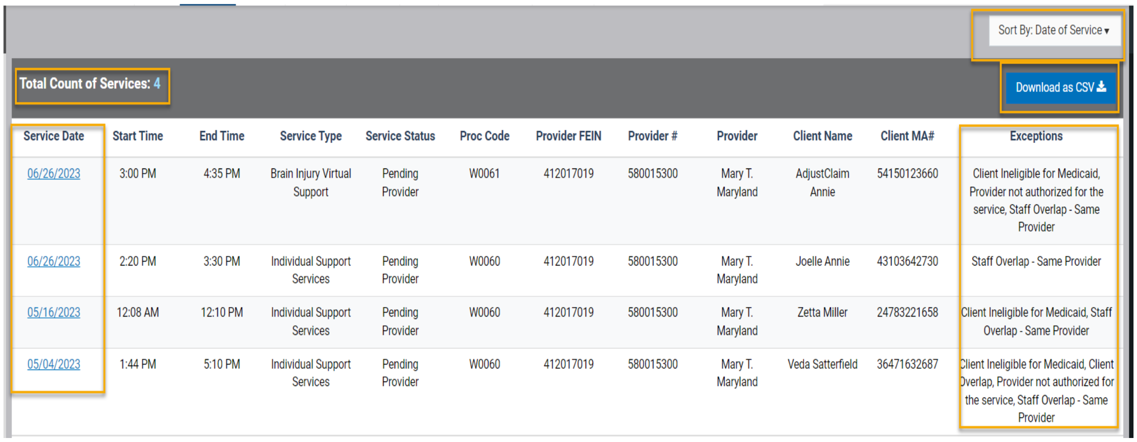


EVV SERVICES PENDING PROVIDER AUTHORIZATION (AS OF 11/09/2023 9:39 AM)

Activity Status	Counts
Needs Provider Authorization	1

Search results through the Actions required Panel display the details in the following format:

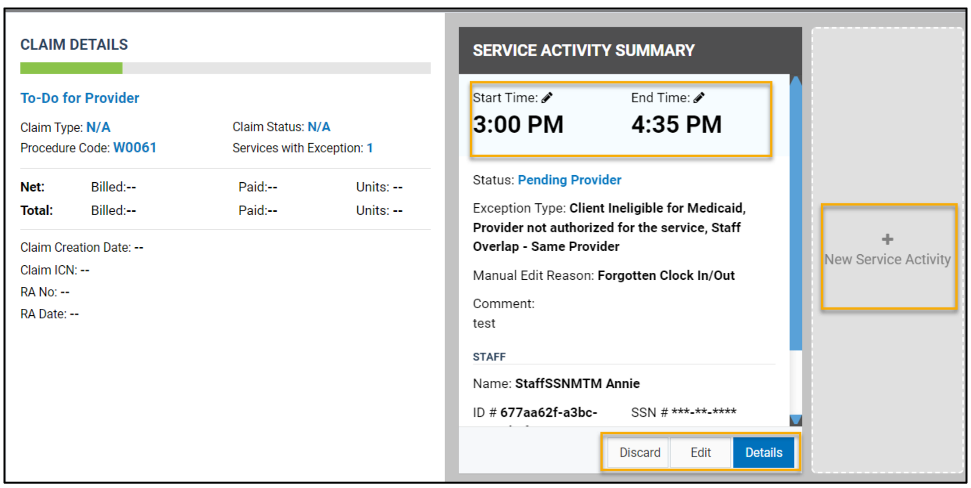
a. Service Date
b. Start Time
c. End Time
d. Service Type
e. Service Status
f. Proc Code
g. Provider FEIN
h. Provider #
i. Provider
j. Client Name
k. Client MA#
l. Exceptions- This column displays the exceptions that you have selected



By clicking on the blue Service Date link, the user is directed to the Service Activity Summary page.

Provider users can:

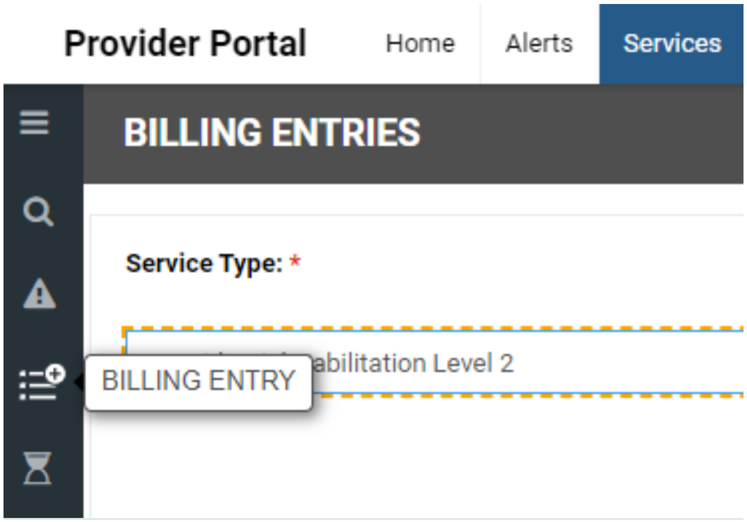
a. Edit the Clock In or Clock Out time
b. Discard the service activity
c. Add a new service activity



3. BI non-EVV Billing Entry to Service Activity

In this part of the manual, we will detail how to submit BI non-EVV services into the system.

On the '**Services**' Tab, the **Billing Entries** left menu option allows Provider Agencies to bill for services that do not require EVV. The units or costs of services on a single date need to be added together and billed at one time in a batch process.

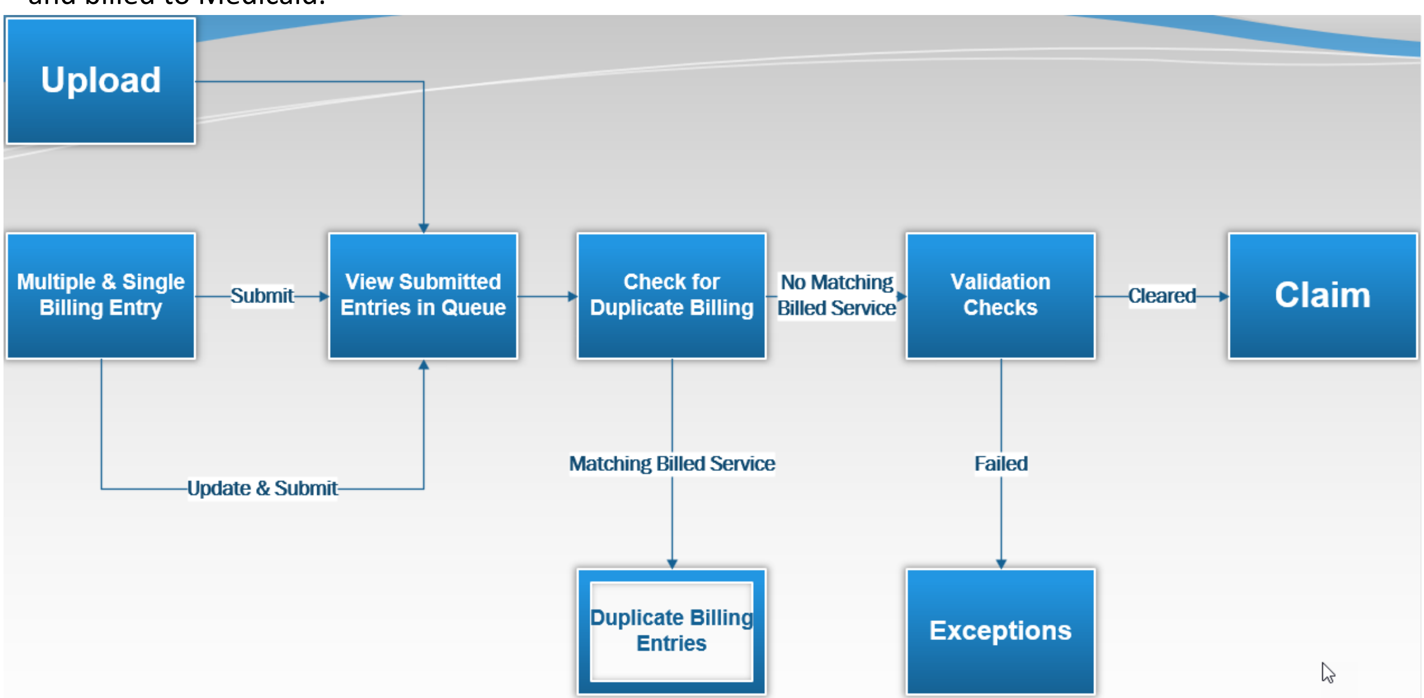


Navigation: Home Page - > Services Tab - > Left Nav Menu - > 'Billing Entries' icon 

Provided with the following user roles and can create BI billing entries

- Admin Provider
- Billing Provider

Billing Entries capture the details of the service including the person receiving service, provider location, date, service type, and the units or cost of services. They are then converted to claims and billed to Medicaid.



3.1. BI non-EVV Billing Entry submission

Non-EVV Service – is a service that does not use EVV to record service times. These services are submitted through Provider Portal or the provider upload functionality.

3.1.1. Website submission

Providers have the option to submit Multiple Billing Entries (MBE) or Single Billing Entries (SBE). If you have provided services over a period to several clients, you might want to submit provided services through the Multiple Entries tab for batch processing. In cases where there was one service to one client, you have an option to submit through the Single Billing Entry tab.

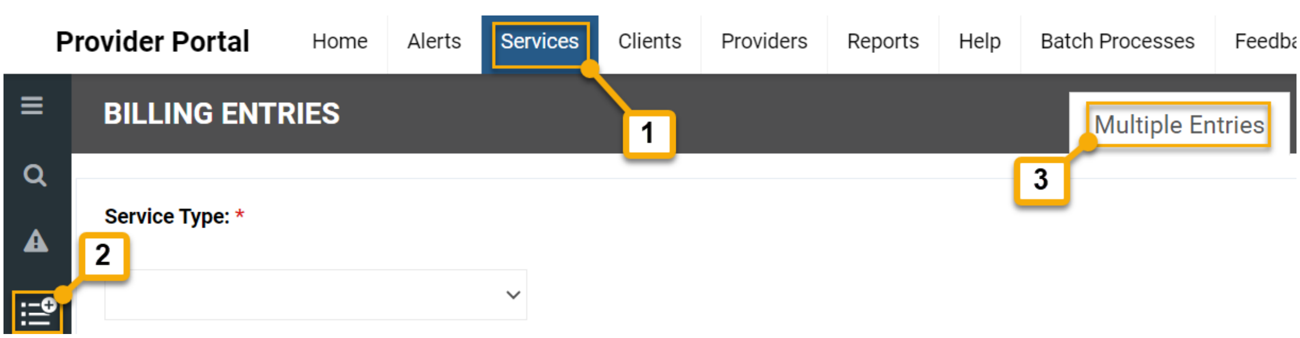
3.1.1.1. Multiple Billing Entries submission

Providers with the below roles can create and submit multiple billing entries (MBE) for each service type through Provider Portal

- Admin Provider
- Billing Provider

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

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



1. Select Service Type
   - Select the service type from the dropdown. Only services that the Provider Agency Location is authorized to provide will populate in this selection. Billing can be entered for only one service type at a time.
   - BI non-EVV Services you can bill for in PP are:
     - Day Habilitation:
       i. Service Definition: The day habilitation services covered under this regulation shall be provided in a non-residential setting, separate from the home or facility in which

the participant resides. Services provided in a day habilitation program shall be provided and reimbursed at one of three levels of service, as preauthorized in the participant's waiver plan of service approved by the BHA.

1. Level 1 requires a minimum of 1:6 staff to participant ratio.
2. Level 2 requires a minimum of 1:4 staff to participant ratio.
3. Level 3 requires a minimum of 1:1 staff to participant ratio.

- Residential Habilitation:

  i. Service Definition: The covered service shall be rendered to individuals who reside in a DDA licensed group-home or alternative living unit that meets the Home and Community-based Settings Rule requirements.

  1. Residential Habilitation Level 1
     a. Requires a minimum of 1:3 staff to participant ratio during day and evening shifts and nonawake supervision during overnight shift or an awake staff person covering more than one site during the overnight shift.
  2. Residential Habilitation Level 2
     a. Requires a minimum of 1:3 staff to participant ratio during day and evening shifts and awake, on-site supervision during overnight shift.
  3. Residential Habilitation Level 3
     a. Requires a minimum of 1:1 staff to participant ratio during the day and evening shifts and awake, on-site supervision during overnight shift.

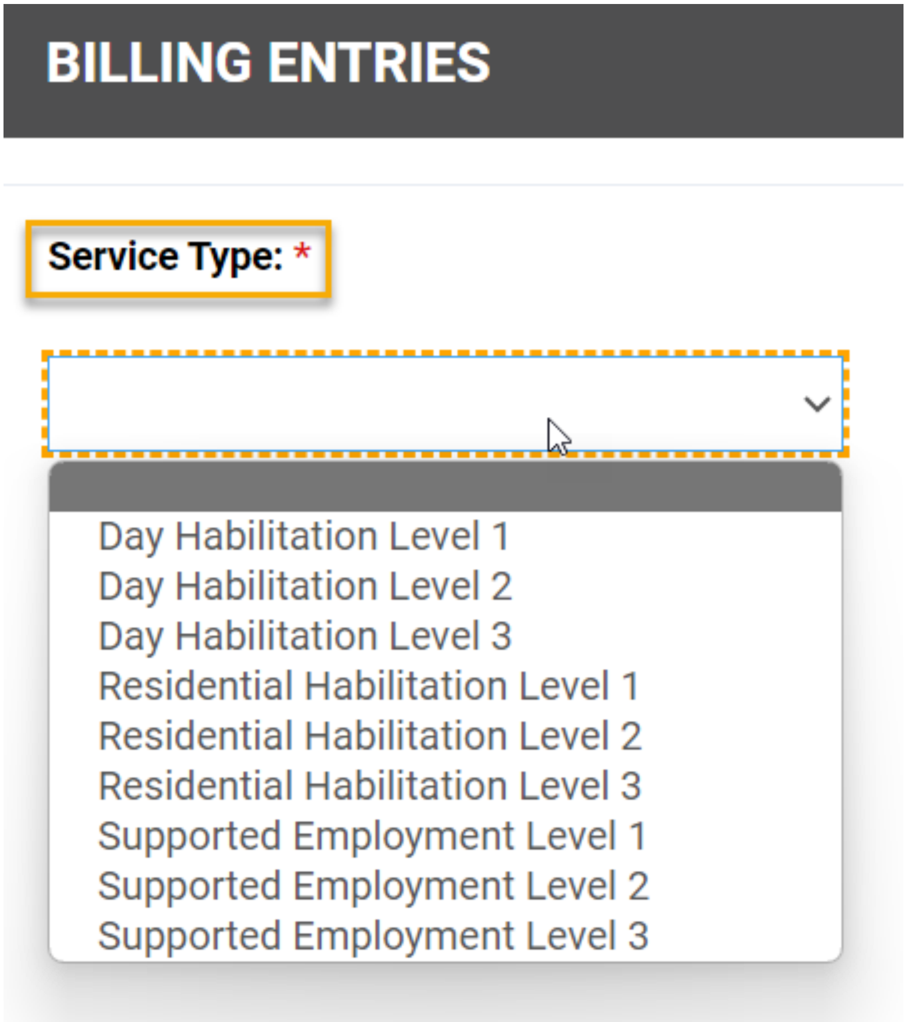
- Supported Employment

  i. Service Definition: Supported Employment is individual employment support, including transportation assistance from the participant’s residence to place of employment, for participants who, because of their disabilities, need intensive on-going support to obtain and maintain competitive, customized or self- employment in an integrated work setting at or above the state’s minimum wage in a job that meets personal and career goals.

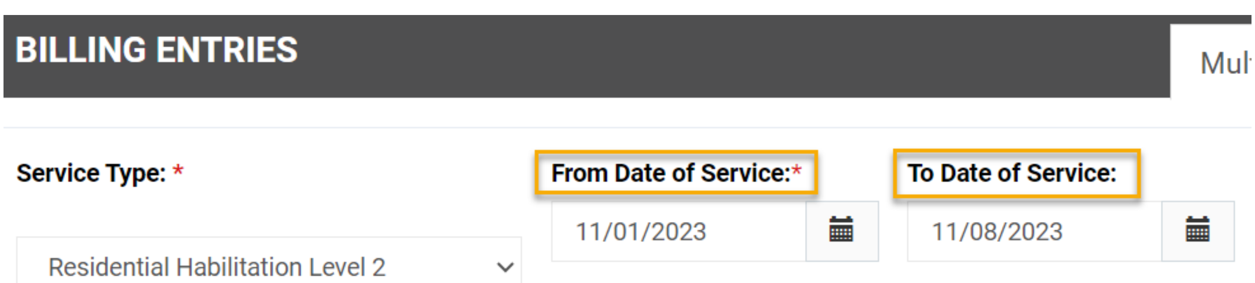
  1. Supported Employment Level 1
     a. Requires that staff members provide daily contacts to the waiver participant.
  2. Supported Employment Level 2
     a. Requires that staff members provide a minimum of 1 hour of direct support per day.

3. Supported Employment Level 3

    a. Requires that staff members provide continuous support for a minimum of 4 hours of service per day.

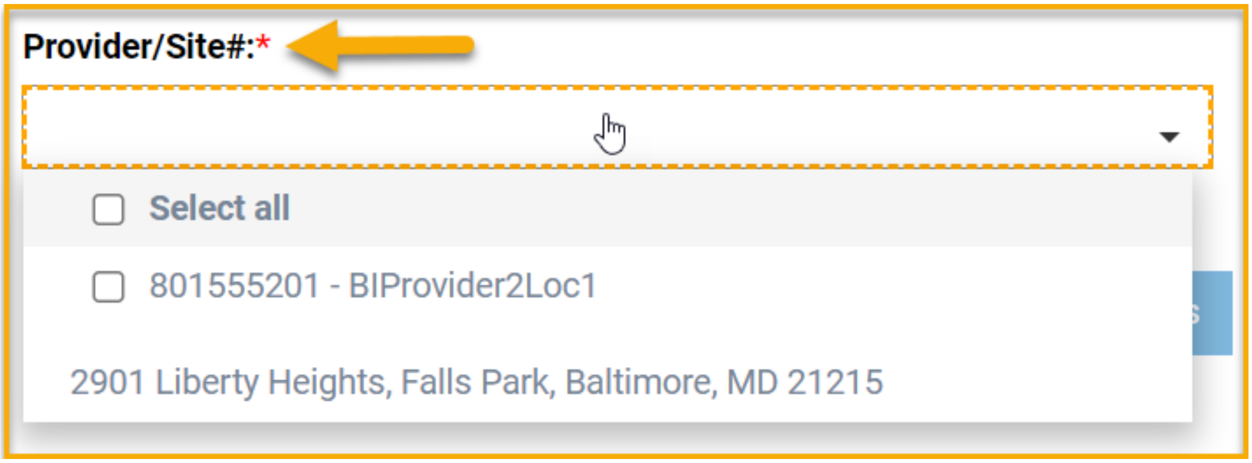


2. Date of Service – Dates entered cannot go back more than 1 year from today's date. You can only bill for months that are in the past.

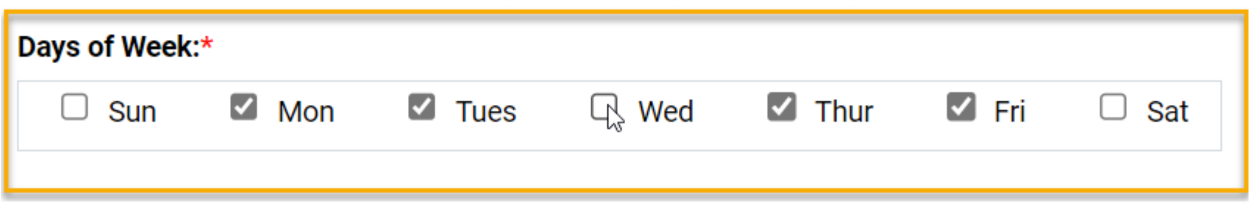


i. To bill for a date range of BI non-EVV services "From Date of Service" and "To Date of Service" can be entered, or if you want to bill for services that are provided one at a time, you can only enter "From Date of Service" and leave To Date of Service blank, to bill for that day only.

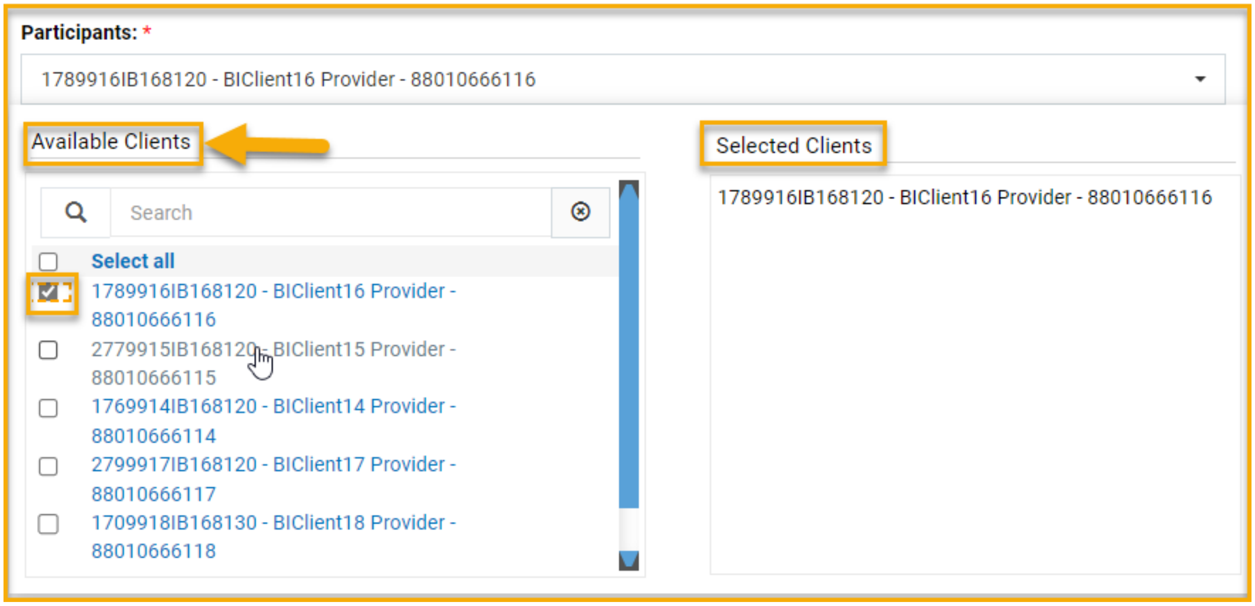
3. Provider Name/Number
    - Lists the Provider Sites/Number(s) authorized to provide the selected service on that Date of Service. The list of available Provider locations displayed in the dropdown is dependent on the date of service selected. For site-based services, all site Provider numbers are available for selection



4. Select the Day of Week – Within the selected date range, the Day of the week field can be used to pick only the day(s) on which the service was provided.
    - The default selection of days is based on the service type selected
    - The user is able to make changes by checking or unchecking the boxes



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

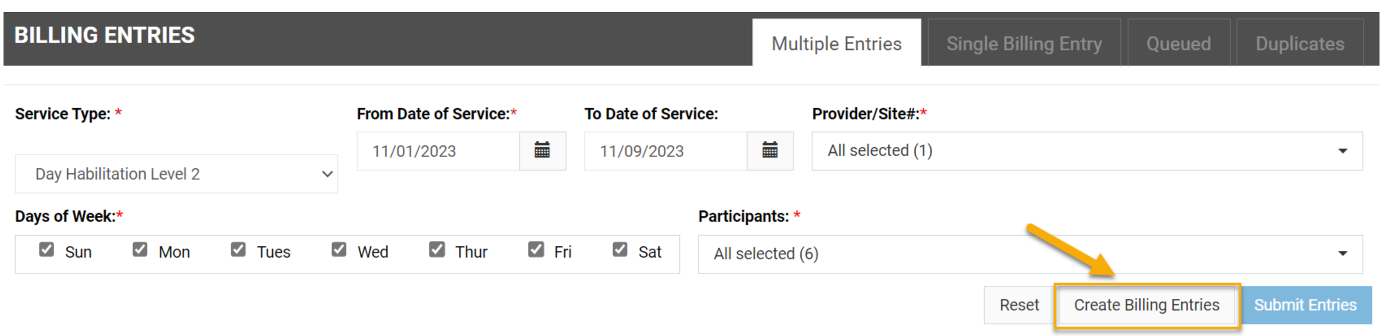


6. If there are no participants available for the specified input criteria, then the system will display a message in the Participants dropdown "None available based on input criteria" (see below).

7. After entering all the above information, select Create Billing Entries to create a billing entry for each date.

   Note:

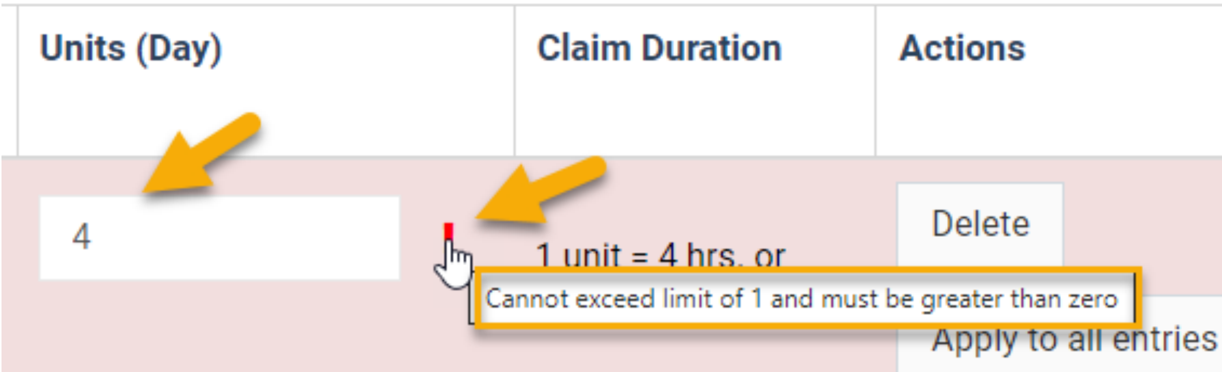
   1. The maximum limit of entries generated per page is 200 entries
   2. The maximum entries that can be created is 5000 entries



The generated list of billing entries has the properties below:

- Date of Service
- DOW (Day of Week)
- Client ID

- Client MA #
- First Name
- Last Name
- Provider
- Units (Day) - you must enter units for each date
    - You can only bill for 1 unit per day for any of BI non-EVV services. If you input any other number, the system will give an error message

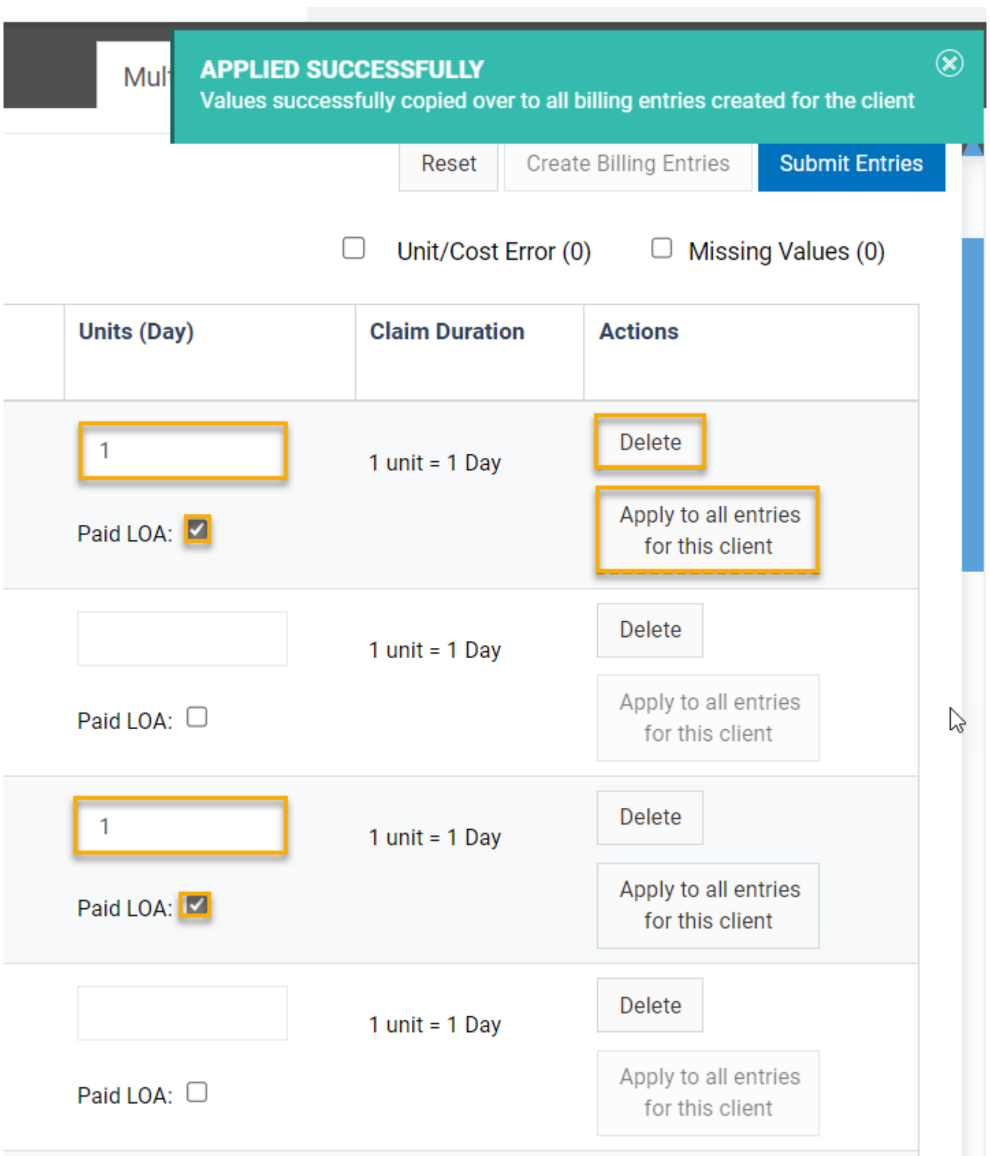


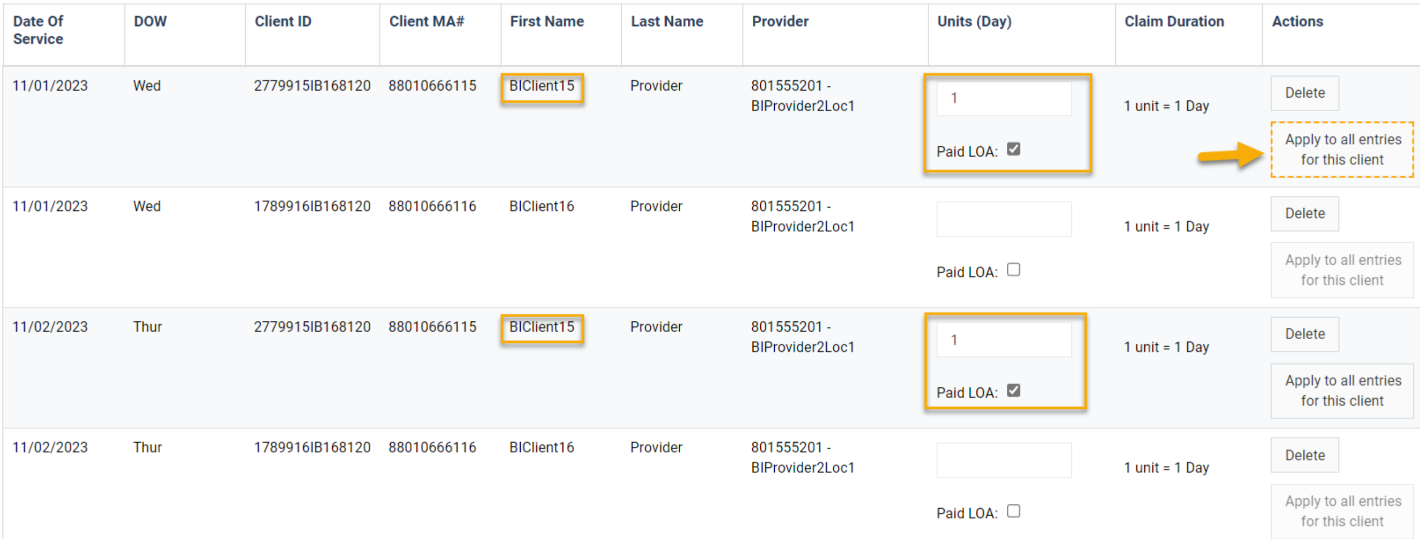
- Claim Duration
    - This column is for Informational purposes only, it reflects the duration of 1 Unit per each service – each different BI non-EVV Service Units have different meanings:

Service Type	Notes	Value for "Claim Duration"
Day Habilitation services	1 unit=4 hours, maximum 1 unit per day **Level 1** requires a minimum of 1:6 staff to participant ratio **Level 2** requires a minimum of 1:4 staff to participant ratio **Level 3** requires a minimum of 1:1 staff to participant ratio	1 unit = 4 hrs. or more
Residential Habilitation	1 unit=1 Day Each level has a checkbox "Paid LOA" a. xMaximum of 18 days per Calendar year, per residential habilitation provider/per residential habilitation resident **Level 1** requires a minimum of 1:3 staff to participant ratio during day and evening shifts and nonawake supervision during overnight shift or an awake staff person covering more than one site during the overnight shift **Level 2** requires a minimum of 1:3 staff to participant ratio during day and evening shifts and awake, on-site supervision during overnight shift **Level 3** requires a minimum of 1:1 staff to participant ratio during the day and evening shifts and awake, on-site supervision during overnight shift	1 unit = 1 Day
Supported Employment	**Level 1** requires that staff members provide daily contacts to the waiver participant	1 unit = Contact Made
	Level 2 requires that staff members provide a minimum of 1 hour of direct support per day	1 unit = 1hrs. - 4hrs

	Level 3 requires that staff members provide continuous support for a minimum of 4 hours of service per day	1 unit = 4 hrs. or more

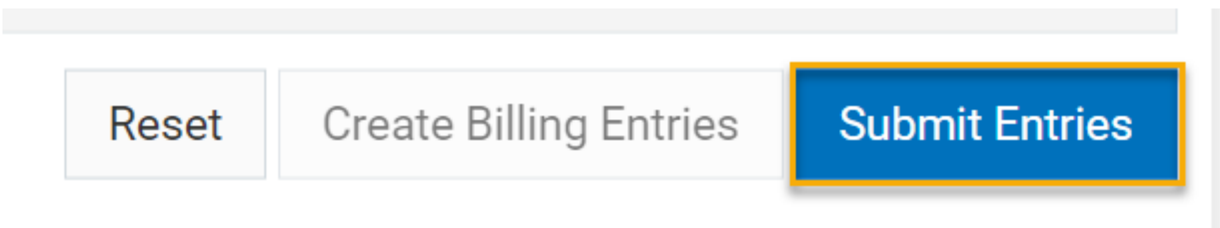
- Actions
    - "Delete" button allows deletion of an entry that should not be billed. This can be used when a person did not receive service on a specific date, or other reasons when service was not provided to the client on the date, or if it has already been billed
    - "Apply to all entries for this client" button saves you time by copying inputs from the first billing entry into the rest of the billing entries for the same client. (NOTE: If you have entries for several clients, it will not insert any inputs into the billing entries of other clients)





Date Of Service	DOW	Client ID	Client MA#	First Name	Last Name	Provider	Units (Day)	Claim Duration	Actions
11/01/2023	Wed	2779915IB168120	88010666115	BIClient15	Provider	801555201 - BIProvider2Loc1	1 Paid LOA: ☑	1 unit = 1 Day	Delete Apply to all entries for this client
11/01/2023	Wed	1789916IB168120	88010666116	BIClient16	Provider	801555201 - BIProvider2Loc1	Paid LOA: ☐	1 unit = 1 Day	Delete Apply to all entries for this client
11/02/2023	Thur	2779915IB168120	88010666115	BIClient15	Provider	801555201 - BIProvider2Loc1	1 Paid LOA: ☑	1 unit = 1 Day	Delete Apply to all entries for this client
11/02/2023	Thur	1789916IB168120	88010666116	BIClient16	Provider	801555201 - BIProvider2Loc1	Paid LOA: ☐	1 unit = 1 Day	Delete Apply to all entries for this client

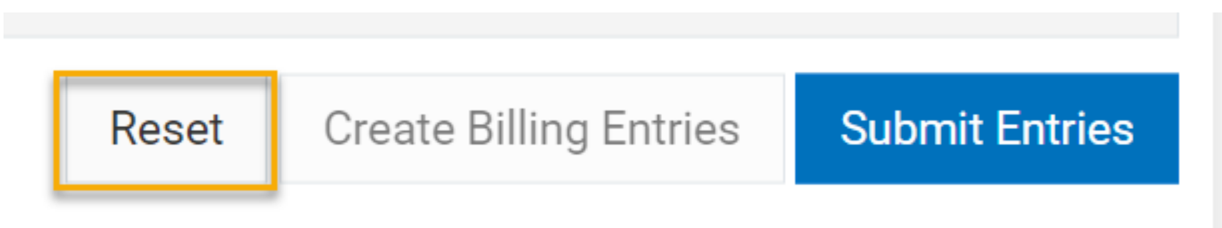
The **Submit Entries** action allows the user to submit the billing entries to the que for processing.



At this stage the user is not allowed to make any modification to the below input criteria

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

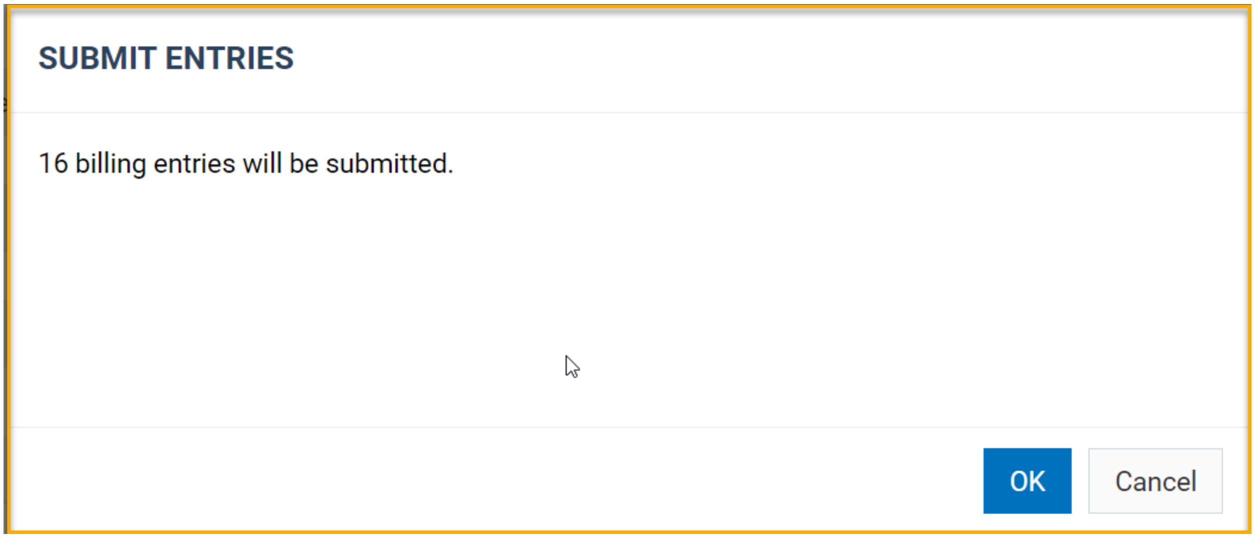
If the user wishes to make a change, they will have to click the Reset button to reenter the input criteria



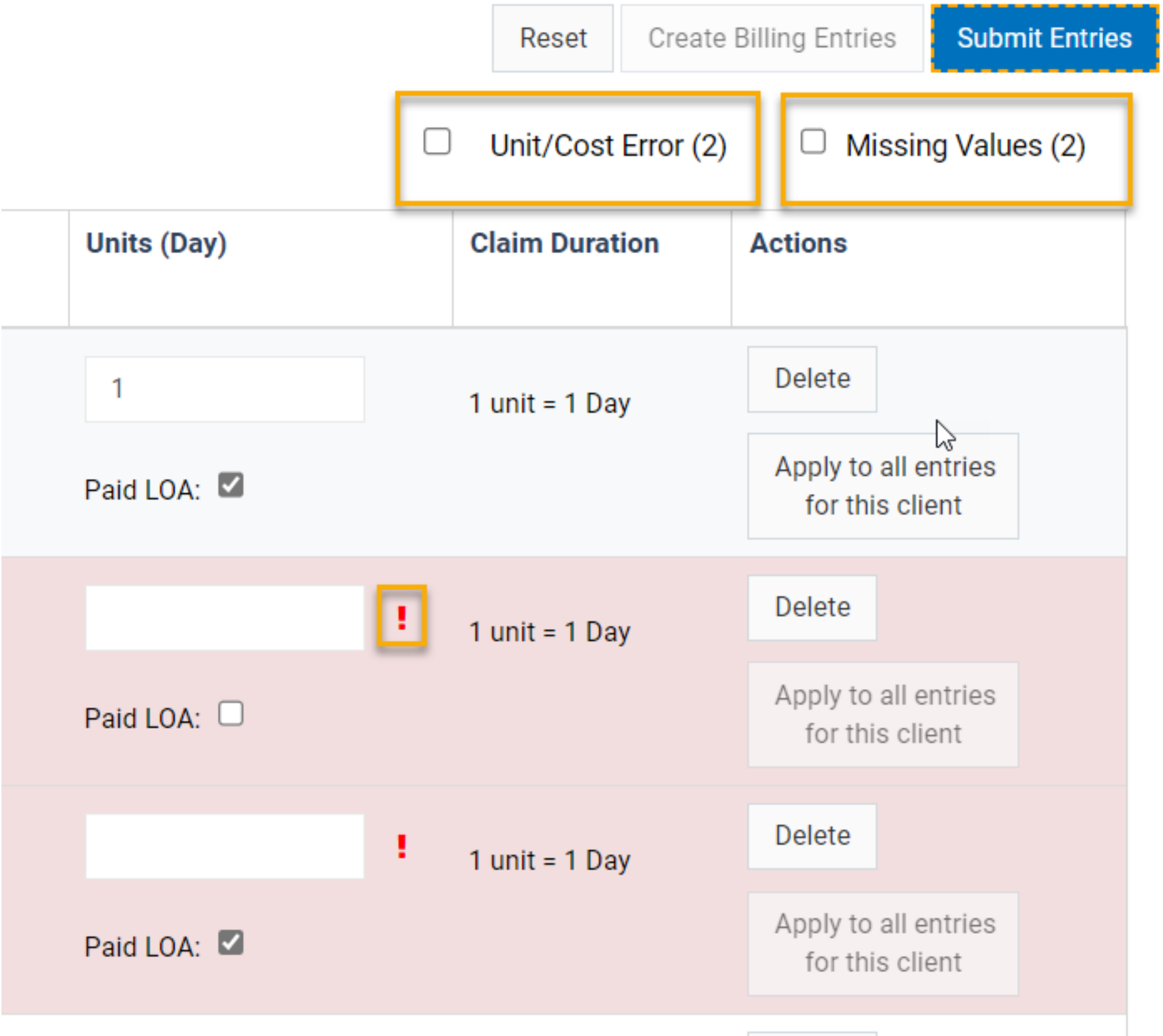
Upon selecting the Submit Entries button, the entries are checked for errors:

- If there is a missing value, or
- An incorrect value has been entered

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



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



Unit/Cost Error – checkbox – selecting the checkbox will filter for entries with errors

Missing Values – checkbox – selecting the checkbox will filter for entries with missing values

Submitted Billing Entries can be viewed by selecting the Queued tab at the top of the Billing Entries page (Refer to Section 3.1.3) until they are picked up in an overnight process to be converted into services. Once converted into Services, they are no longer visible on the Queued tab, but can be searched and viewed using the Services tab (Refer to Section 3.3)

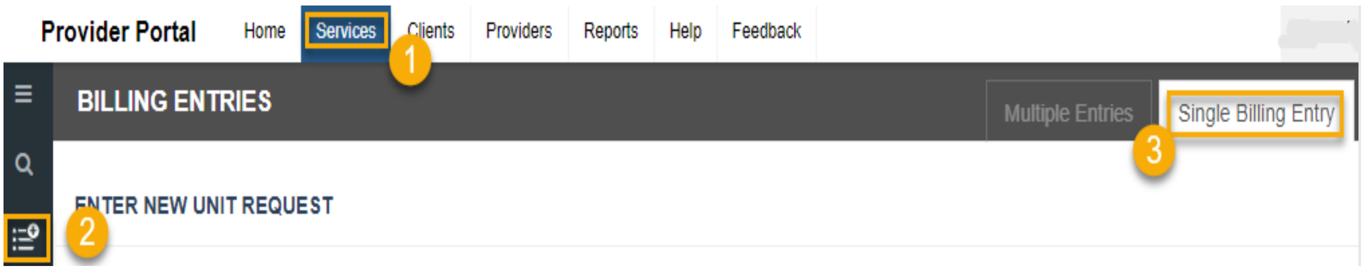
3.1.1.2. Single Billing Entries Submission

This section describes how to submit one billing entry at a time. This is useful for missed entries or services that are only billed on one date.

Providers with the following user roles can create and submit single billing entries.

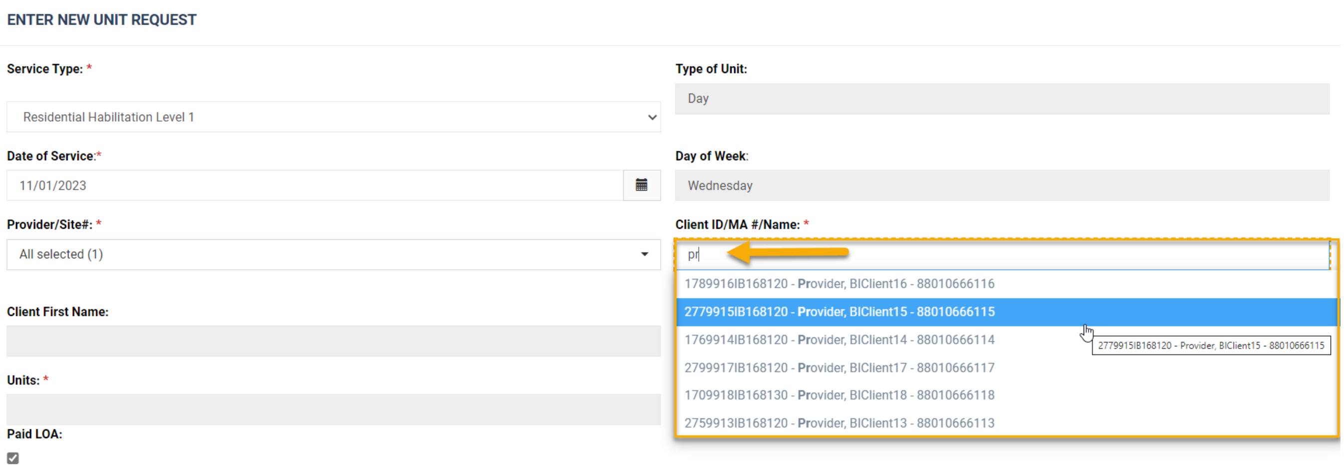
- Admin Provider
- Billing Provider

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

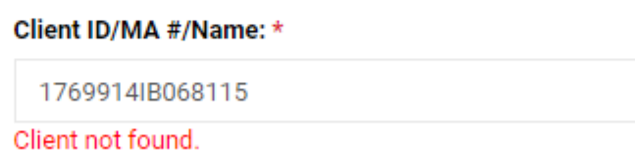


The Single Billing Entry tab requires the following inputs:

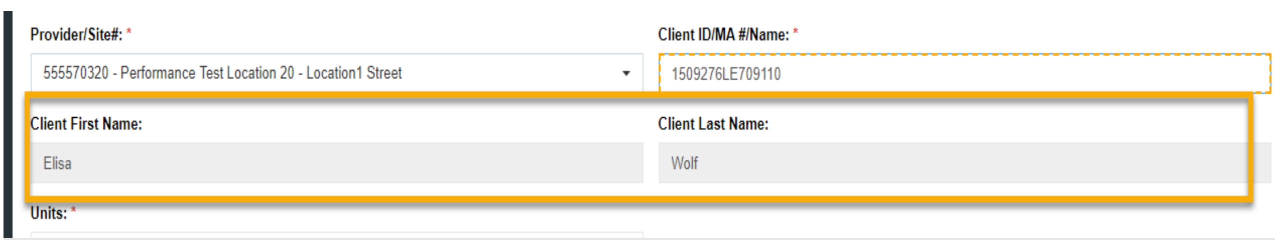
1. Select Service Type:
    - BI non-EVV Services you can bill in Provider Portal are:
    - Day Habilitation Level 1
    - Day Habilitation Level 2
    - Day Habilitation Level 3
    - Residential Habilitation Level 1
    - Residential Habilitation Level 2
    - Residential Habilitation Level 3
    - Supported Employment Level 1
    - Supported Employment Level 2
    - Supported Employment Level 3
2. Date of Service
    - Based on the Date of Service entered, the **Day of the Week** is auto populated
3. Provider/ Site #
4. Client LTSS ID/ MA #
    - Based on the Date of Service and Service type, the user must enter Client ID or MA Number. As you are typing, the drop down selective search will display clients with matching results



- If the client information is not found, then system will display an error message "Client Not Found" as shown below . Be sure to enter accurate numbers and letters to locate your client.



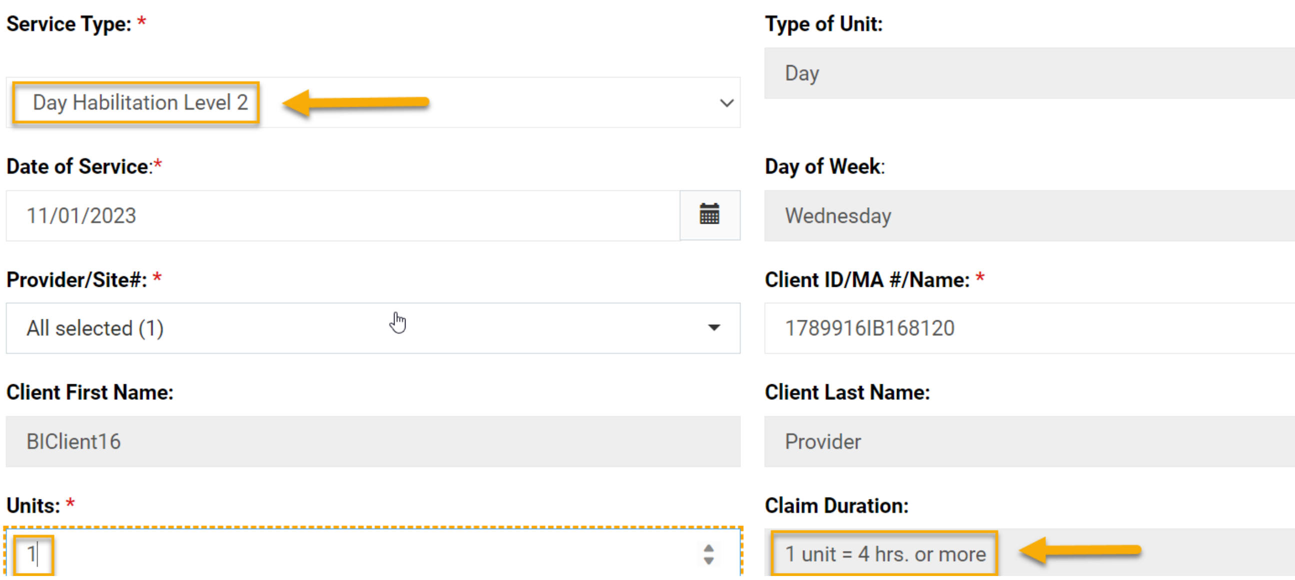
5. Client First Name and Client Last Name will populate based on the Client ID/MA # that was entered

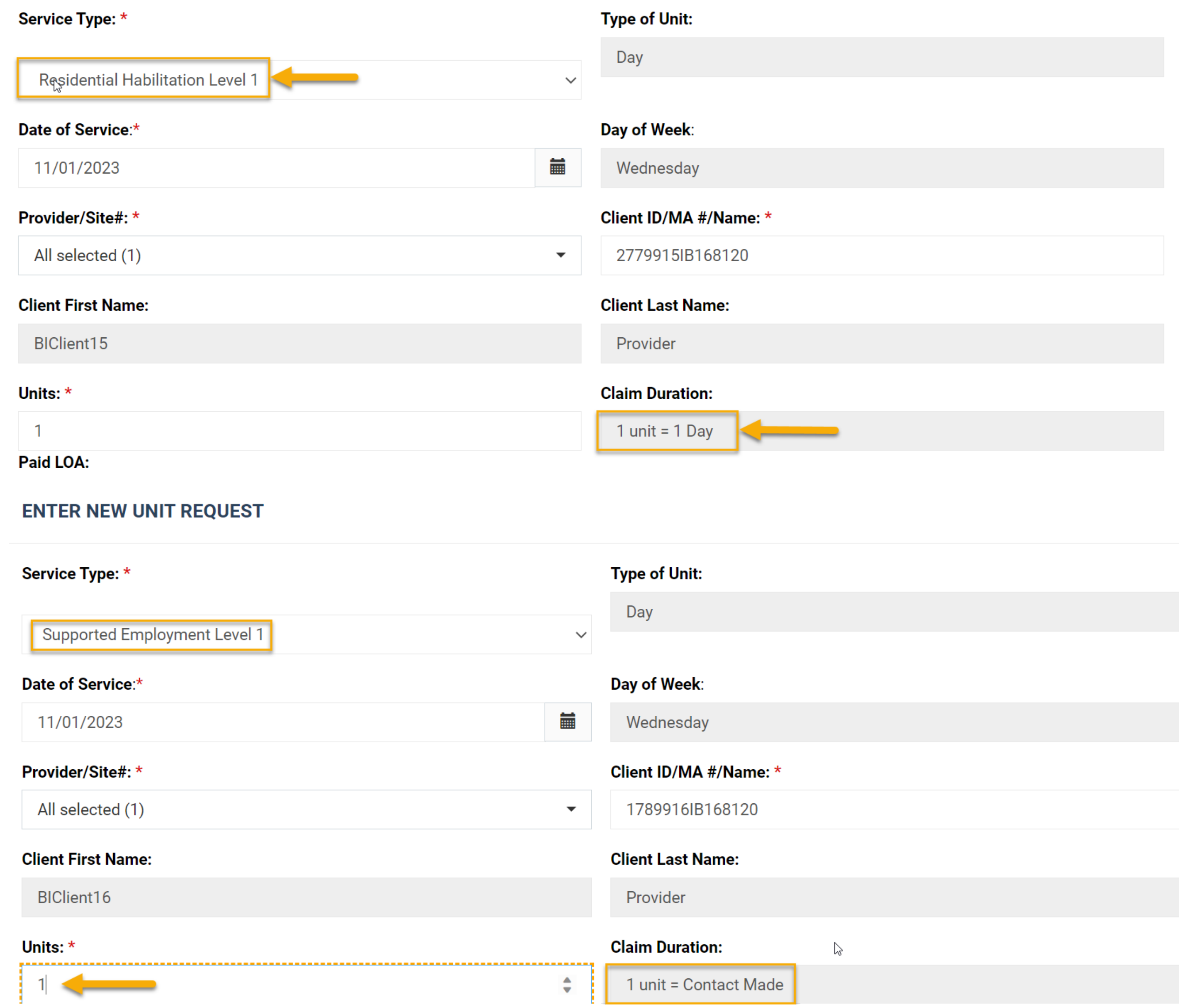


6. Units
   - Units for BI non-EVV services can only equal "1"
   - Based on the Service Type, upon entering Unit value, **Claim Duration** is auto populated and will reflect as it is described in the table below:

Service Type	Notes	Value for "Claim Duration"
Day Habilitation services	1 unit=4 hours, maximum 1 unit per day **Level 1** requires a minimum of 1:6 staff to participant ratio. **Level 2** requires a minimum of 1:4 staff to participant ratio. **Level 3** requires a minimum of 1:1 staff to participant ratio.	1 unit = 4 hrs. or more
Residential Habilitation	1 unit=1 Day Each level has a checkbox "Paid LOA" a. Maximum of 18 days per Calendar year, per residential habilitation provider/per residential habilitation resident	1 unit = 1 Day

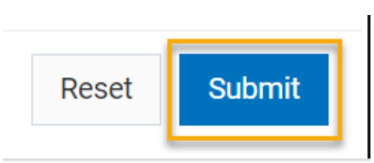
	Level 1 requires a minimum of 1:3 staff to participant ratio during day and evening shifts and nonawake supervision during overnight shift or an awake staff person covering more than one site during the overnight shift **Level 2** requires a minimum of 1:3 staff to participant ratio during day and evening shifts and awake, on-site supervision during overnight shift **Level 3** requires a minimum of 1:1 staff to participant ratio during the day and evening shifts and awake, on-site supervision during overnight shift	
Supported Employment	**Level 1** requires that staff members provide daily contacts to the waiver participant	1 unit = Contact Made
	Level 2 requires that staff members provide a minimum of 1 hour of direct support per day	1 unit = 1hrs. - 4hrs
	Level 3 requires that staff members provide continuous support for a minimum of 4 hours of service per day	1 unit = 4 hrs. or more

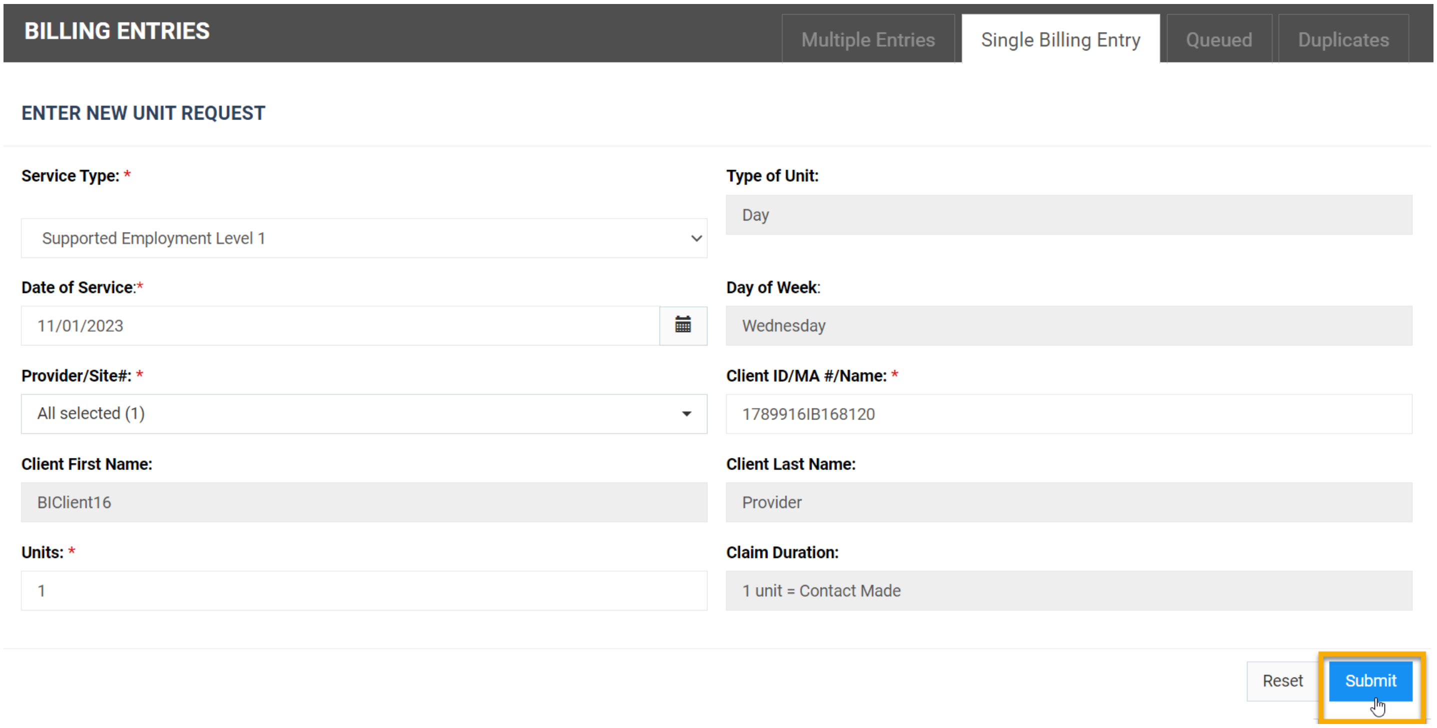




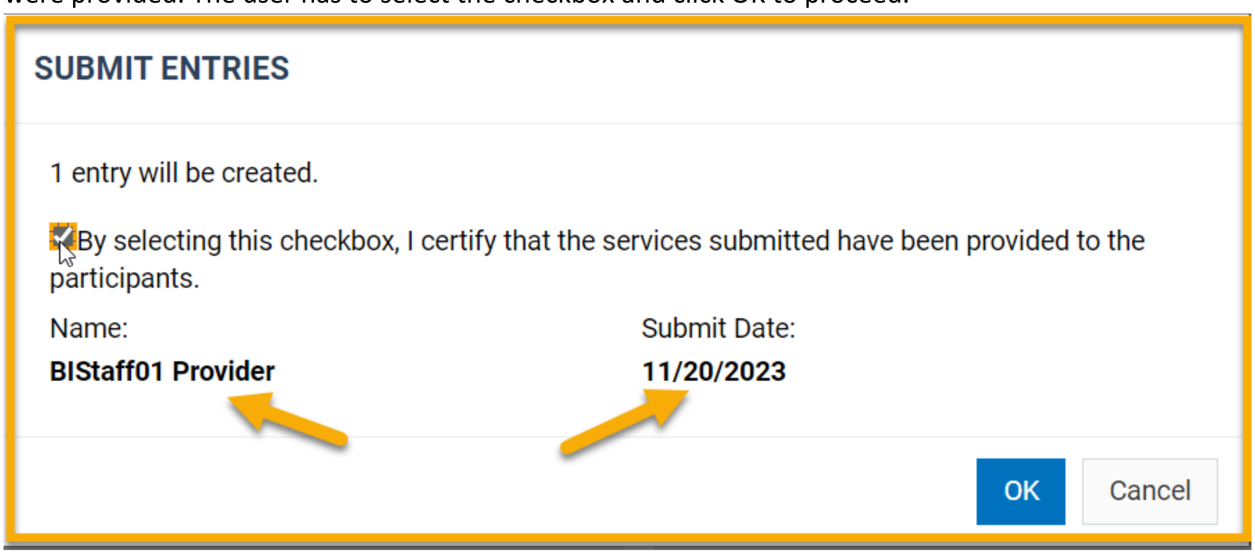
Note: If your provider location is not listed on the Active POS for the Date of Service, only the participant's initials will be displayed to protect their privacy. This will allow you to complete past billing for participant's your agency is no longer serving.

Once the user has reviewed the entries for accuracy, select the Submit button to add them to the que for overnight duplicate check and validation.

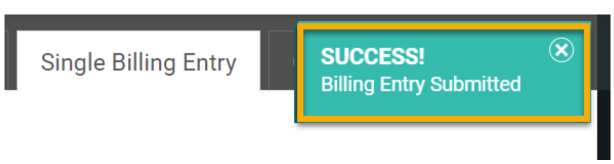




Once you click Submit, the system displays a confirmation pop-up for the user to certify that services were provided. The user has to select the checkbox and click OK to proceed.



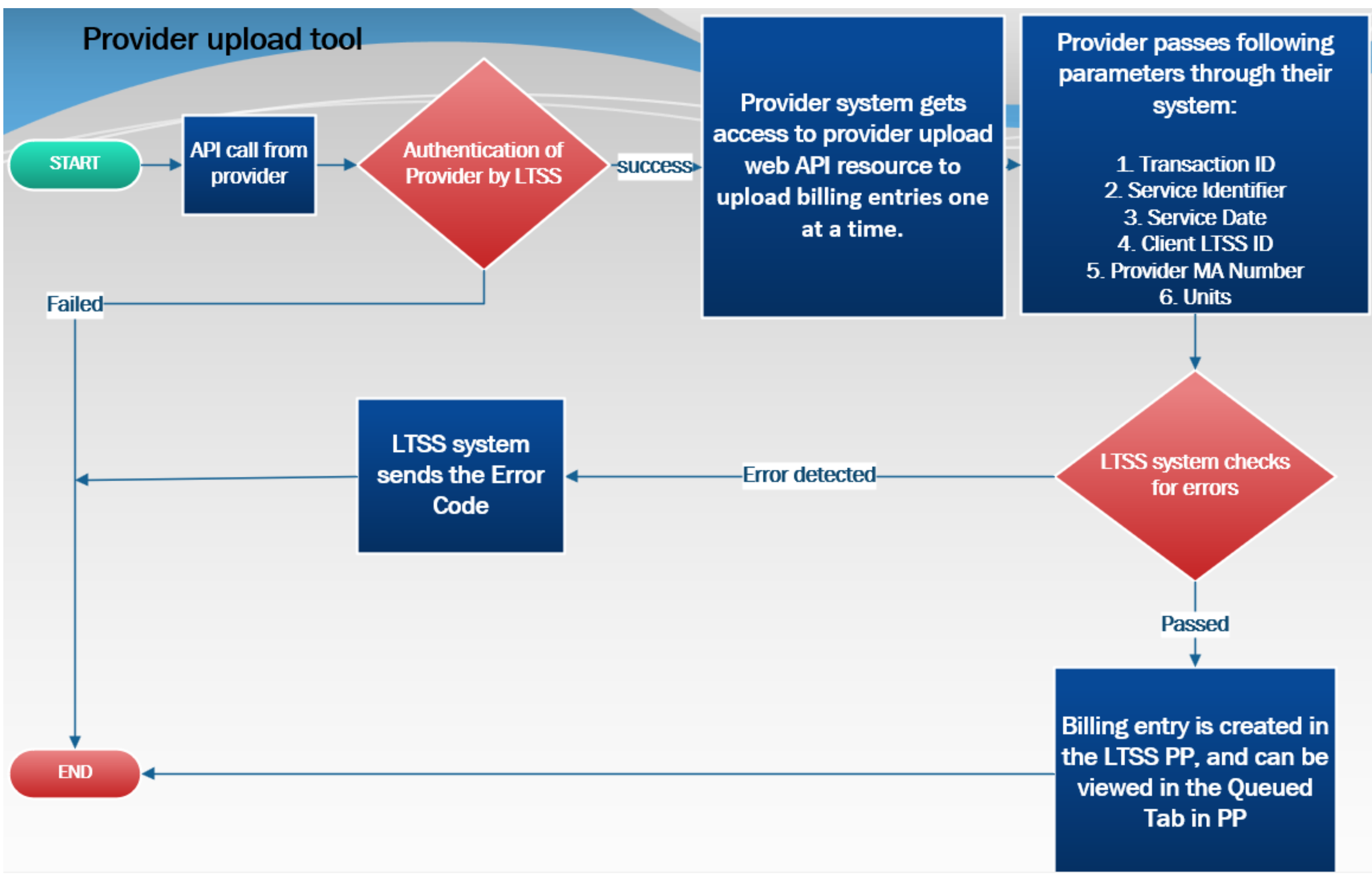
After confirmation, the system displays a success message indicating the entry has been submitted and can be viewed in the Queued tab discussed in Section 3.1.3.



3.1.2. Provider Upload

Provider upload API is the primary way for providers to create billing entries in Provider Portal. The provider upload is an HTTP based API that different apps and systems can use programmatically to post billing entries.

When your agency makes an API call, an authentication process begins. Authentication allows your provider system to create billing entries using the Provider Upload API. Authentication also allows MDH to identify the provider's system and the type of data being transmitted. After successful authentication, a series of data exchange requests occur during which your system passes Transaction ID, Service Identifier, Service Date, Client LTSS ID, Provider MA#, and Units to the Provider Portal. When all the required information is assembled by the Provider Portal, the system then checks for errors, and either creates the new single billing entries (SBE), or responds with an error code.



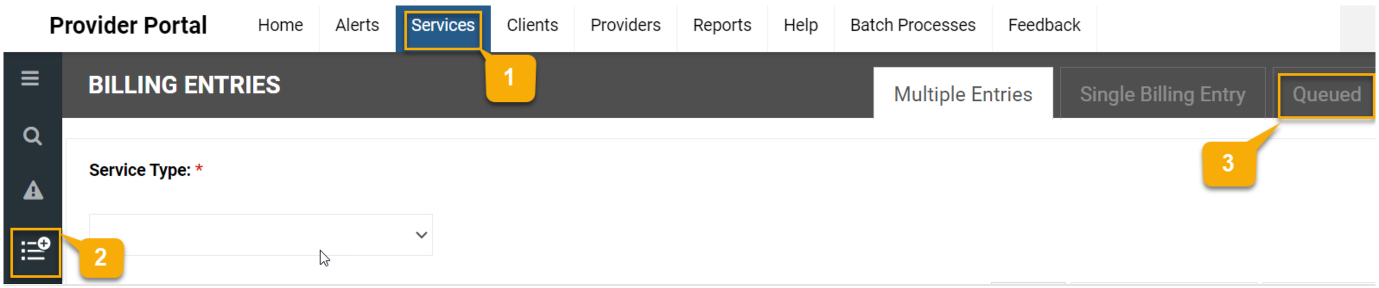
3.1.3. View Submitted Entries for Billing in the Queued Tab

Providers with the following user roles can view submitted billing entries for each service type

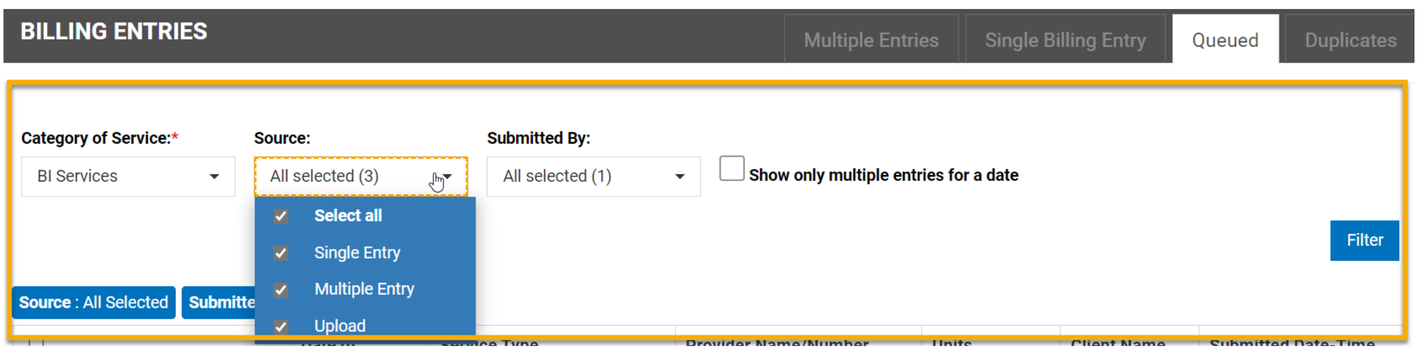
- Admin Provider
- Billing Provider

These users can access the Queued tab located on the Billing Entries Page, where they can view billing entries submitted for all locations they are authorized to view. Billing entries submitted from both 'Multiple Entries' and 'Single Billing Entry' tabs, and by Provider API upload can be found in this 'Queued' tab. The Queued tab shows only the entries submitted on the current date, as the queued entries are processed for billing every night.

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



The following filters are available o the Queued Tab. (See screenshot below listing all filter criteria):



- Category of Service: User can select the type of service – For agencies providing only Brain Injury services, this input will be selected as 'BI Services' by default
- Source: User can select the source type – Single Entry, Multiple Entry, Provider Upload
- Submitted By: The dropdown lists all billing or administrative staff that have submitted billing entries displayed on this page and can be used to filter to view entries submitted by one or more staff
- Show only multiple entries for a date - Billing entries with same parameters (Service Type, Date of Service, Provider Number and Client ID) entered on the same date are listed when this filter option is selected. Billing Entries are tagged as 'Active' or 'Duplicate' where Active entries are the latest entries that will be processed for billing and the Duplicate entries are older entries with the same parameters as the 'Active' entry. The duplicate entry will not be processed into a claim and will be sent to the 'Duplicates' tab in the overnight billing process.

		Date of Service	Service Type	Provider Name/Number	Units	Client Name	Submitted Date-Time
☐	▼	9/2/23 Active	Day Habilitation Level 2	BIProvider2Loc1 801555201	1	P, B	Nov 16, 2023 3:50:11 PM
☐	▼	9/2/23 Duplicate	Day Habilitation Level 2	BIProvider2Loc1 801555201	1	P, B	Nov 16, 2023 3:49:17 PM

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

		Date of Service	Service Type	Provider Name/Number	Units	Client Name	Submitted Date-Time
☐	▲	9/2/23 Active	Day Habilitation Level 2	BIProvider2Loc1 801555201	1	P, B	Nov 16, 2023 3:50:11 PM
		Day Saturday	**Type of Unit** Day	**Client LTSS ID** 1789916IB168120	**Client MA#** 88010666116	**Source** Single	**Submitted By** BIStaff01 Provider
☐	▲	9/2/23 Duplicate	Day Habilitation Level 2	BIProvider2Loc1 801555201	1	P, B	Nov 16, 2023 3:49:17 PM
		Day Saturday	**Type of Unit** Day	**Client LTSS ID** 1789916IB168120	**Client MA#** 88010666116	**Source** Multiple	**Submitted By** BIStaff01 Provider

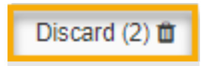
The triangle icon lets the user expand the entry to view more fields on the record

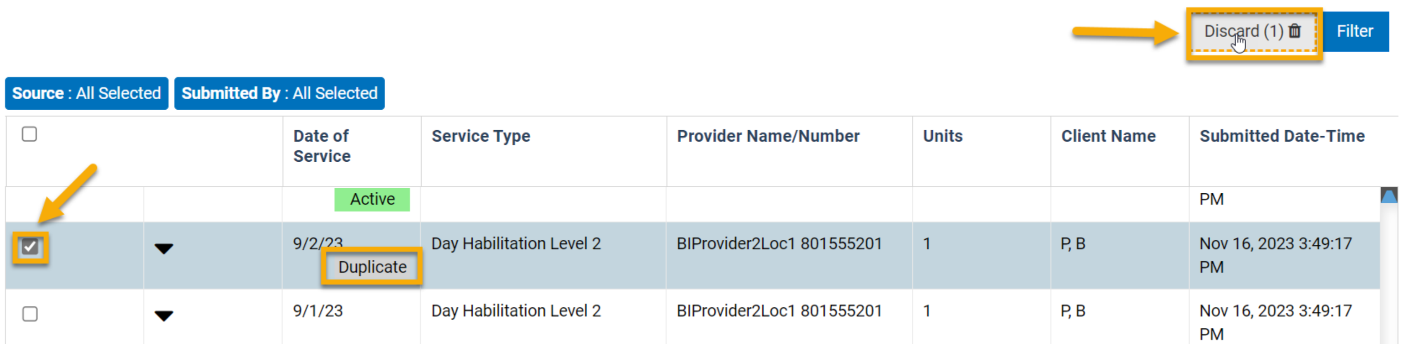
- Date of Service
- Service Type
- Provider Name/Number
- Units/Cost
- Client Name
- Submitted Date-Time
- Day: The day of the week the service was rendered
- Type of Unit: The billing unit of the service type
- Client LTSS ID
- Client MA#
- Source: Mode of entry of the billing entry – SBE, MBE or Provider Upload
- Submitted By: The staff who submitted the billing entry

<u>Discarding Queued Billing Entries:</u>

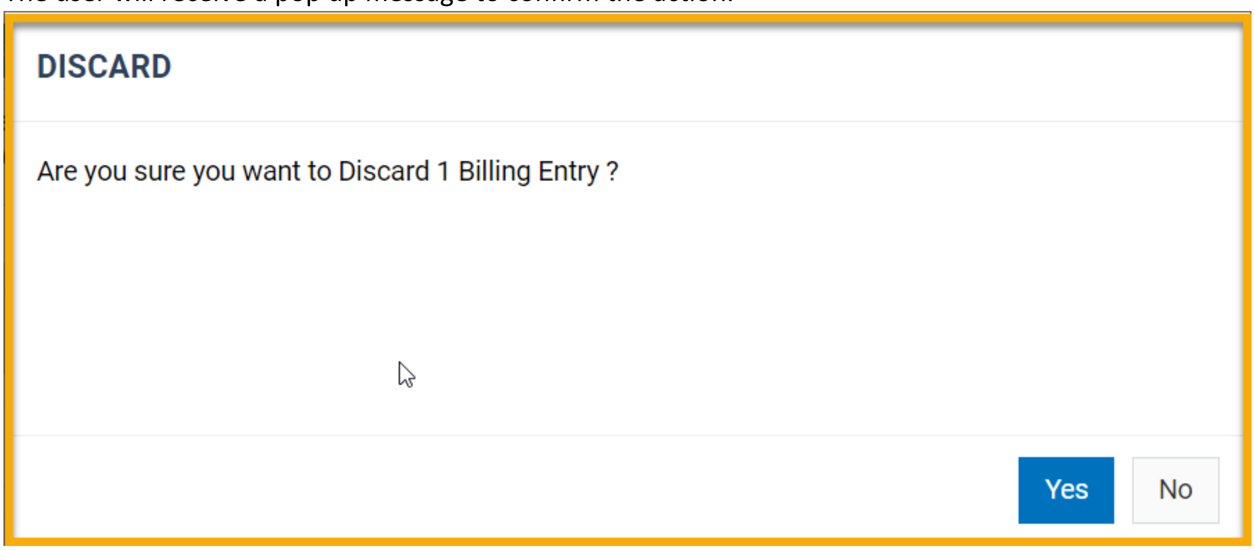
If an entry must be discarded, Examples:

- Billing entries for days when the service was not rendered
- Billing entries with incorrect information
- Duplicate Billing entries

Providers can select one or more billing entries and click the Discard  button to delete the entries.



The user will receive a pop up message to confirm the action.



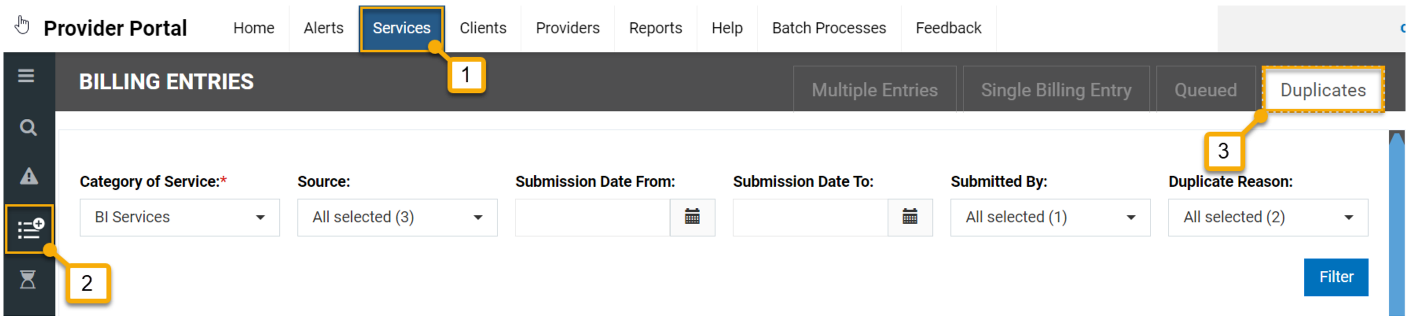
3.1.4. View Duplicate Billing Entries in the Duplicates Tab

If a billing entry is entered for the same participant, date of service, provider number, and service type, more than once, one of the services will be labeled as a Duplicate.

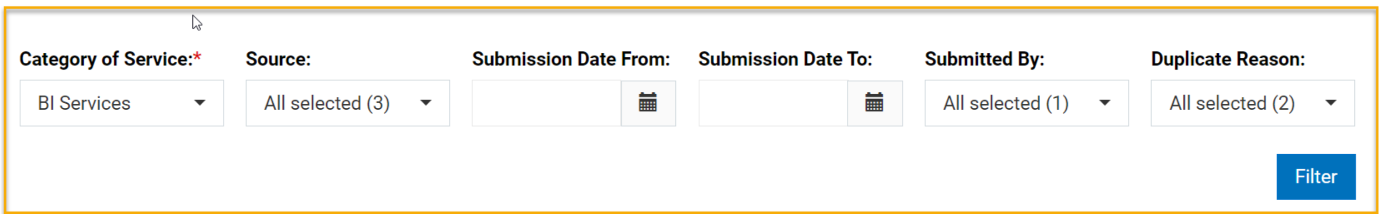
Note: Section 8.3 and Section 8.4 discuss how Services can be edited to make corrections, or be discarded.

The Duplicate entries can be viewed from the Duplicates tab

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



The following filters are available to view duplicate billing entries:



- Category of Service: User can select the type of service – For agencies providing only BI services, this input will be selected as 'BI Services' by default
- Source: Single Entry, Multiple Entry, Provider Upload.
- Submission Date From and To
- Submitted By: The dropdown lists all staff that have submitted billing entries displayed on this page
- Duplicate Reason: This dropdown field lists the two duplicate reasons stated above
  - Replaced with Subsequent Entry
  - Existing Service

The two types of duplicate reasons are:

1. Replaced with Subsequent Entry: These are duplicates entered on the same day. For instance, if the provider entered more than one billing entry for the same service rendered on the same day, the latest entry will be retained for processing and the older entries will be marked as a duplicate.
2. Existing Service: These are duplicate billing entries of previously billed services that were entered and processed by the system. This means that a Service already exists that matches the new billing entry. In this case, the new billing entry will be marked as a Duplicate.

Billing entry records display the following parameters (See screenshot below):

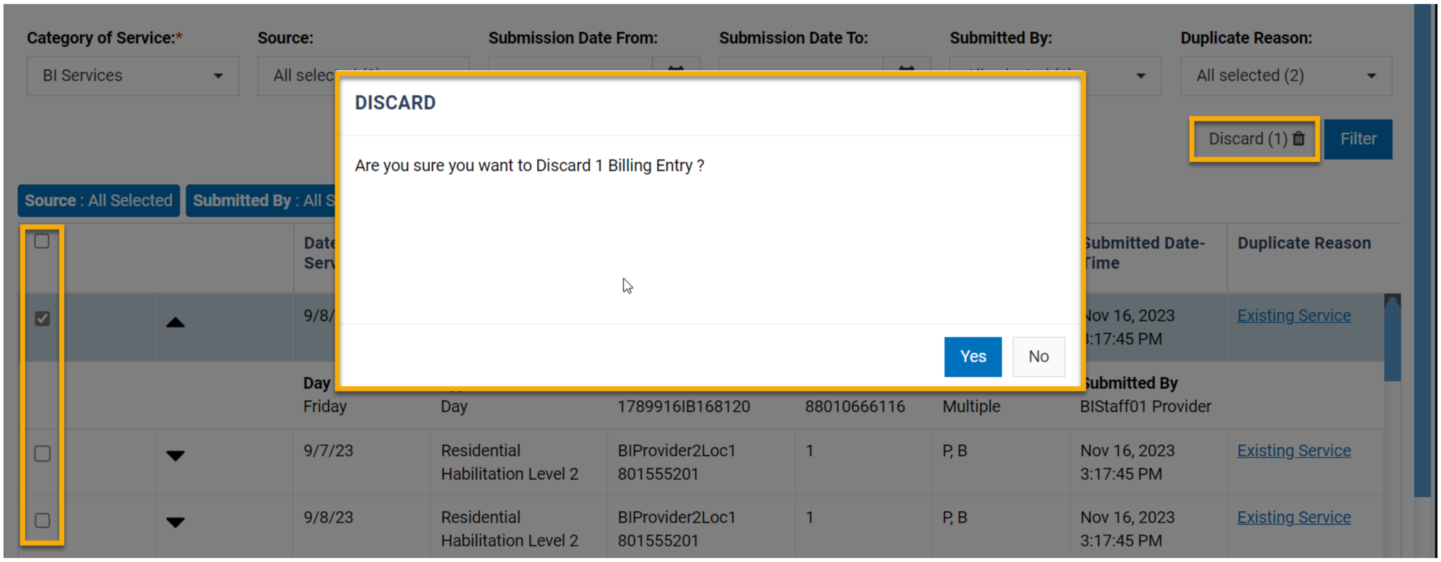
		Date of Service	Service Type	Provider Name/Number	Units	Client Name	Submitted Date-Time	Duplicate Reason
☐	▲	9/8/23	Residential Habilitation Level 2	BIProvider2Loc1 801555201	1	P, B	Nov 16, 2023 3:17:45 PM	Existing Service
		Day Friday	**Type of Unit** Day	**Client LTSS ID** 1789916IB168120	**Client MA#** 88010666116	**Source** Multiple	**Submitted By** BIStaff01 Provider	
☐	▼	9/7/23	Residential Habilitation Level 2	BIProvider2Loc1 801555201	1	P, B	Nov 16, 2023 3:17:45 PM	Existing Service
☐	▼	9/8/23	Residential Habilitation Level 2	BIProvider2Loc1 801555201	1	P, B	Nov 16, 2023 3:17:45 PM	Existing Service

The triangle icon lets the user expand the billing entry to view more fields

- Date of Service
- Service Type
- Provider Name/Number
- Units
- Client Name
- Submitted Date-Time
- Duplicate Reason
- Day: The day of the week the service was rendered
- Type of Unit: The billing unit of the service type
- Client LTSS ID
- Client MA#
- Source: Mode of entry of the billing entry – SBE, MBE or Provider Upload
- Submitted By: The staff who submitted the billing entry

Discarding Duplicate Billing Entries

If you need to discard a Duplicate billing entry you can select checkboxes next to the ones you would like to discard or select all and click the Discard button. You will be prompted to confirm that you want to discard.



3.2. BI non-EVV Service Activity Review

In the *LTSSMaryland* Provider Portal, a Service refers to an individual service delivered to a participant.

For non-EVV services, it s the service rendered by the Provider to a participant, billed as total units.

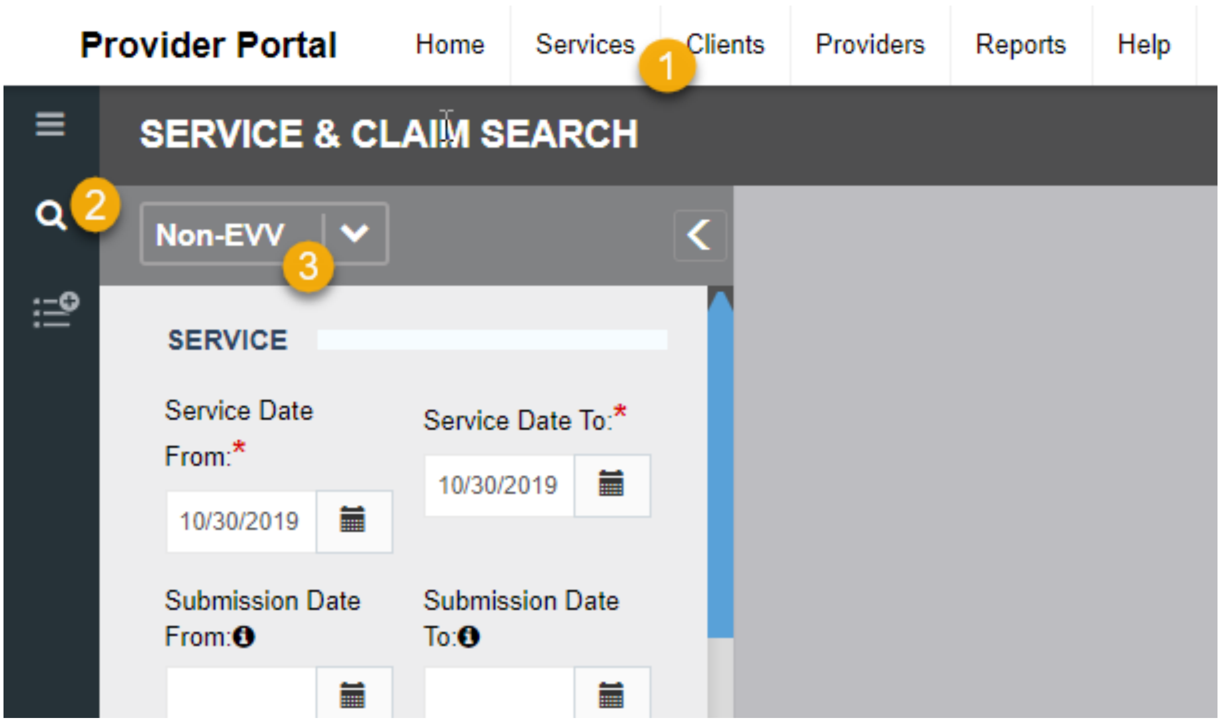
- Services rendered on a date
- Individual cost of items for Upper Pay Limit

3.3. Service Search

Providers with following user roles can view services and claims information. Service & Claim Search is located on the Services tab, within the Search Services left menu, and by selecting 'Non-EVV' above the search panel

- Admin Provider
- Billing Provider

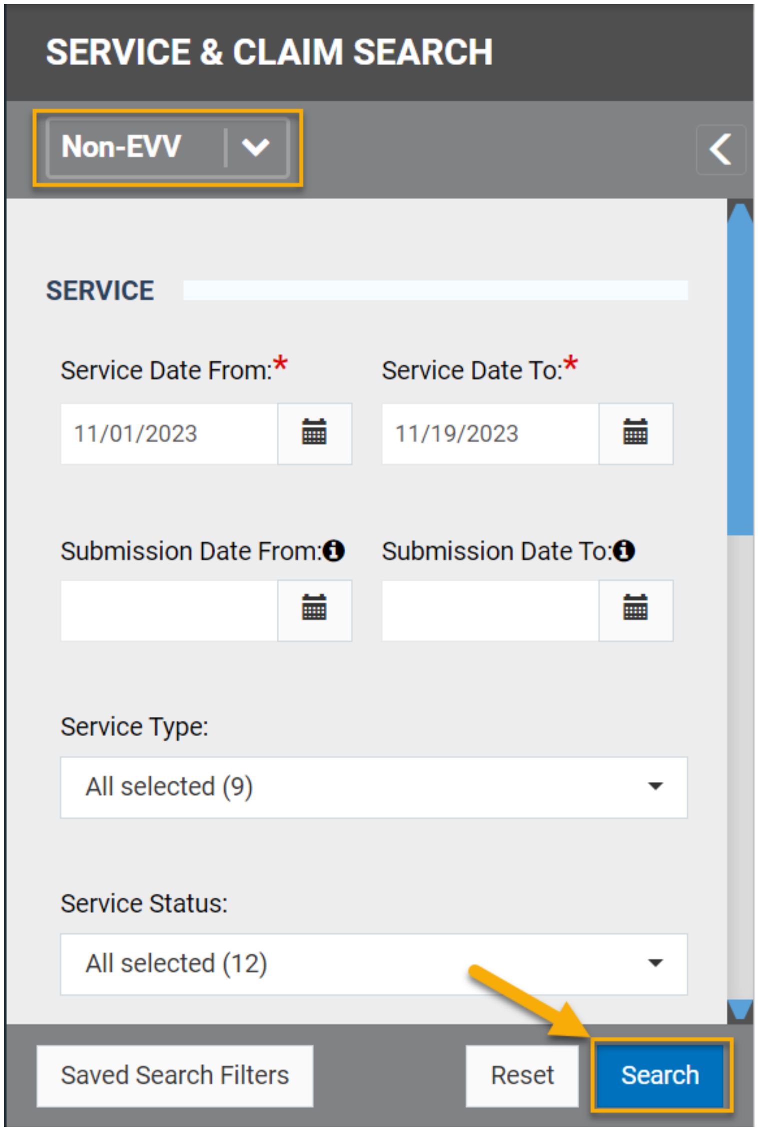
Navigation: Home Page - > Services - > Left Nav Menu - > 'Search Services' icon  *- > Non-EVV*



Services can be located by entering sepcific parameters into the search bo

3.3.1. Search by Service Information

Users can search for services using any of the below parameters in combination with the Service Date From and Service Date To fields.



a. Service Date From and Service Date to –the date the service was provided. This parameter can be used to return services provided within a single date or a range of dates. Date range cannot exceed one month
b. Submission Date From and Submission Date to – the date the billing entry was submitted by the provider
c. Service Type – the type of service provided. By default, all service types for which the Provider has entered services for billing in the Provider Portal are selected
    a. BI non-EVV Services you can bill and search are:

        - Day Habilitation Level 1
        - Day Habilitation Level 2
        - Day Habilitation Level 3
        - Residential Habilitation Level 1
        - Residential Habilitation Level 2
        - Residential Habilitation Level 3

- Supported Employment Level 1
- Supported Employment Level 2
- Supported Employment Level 3

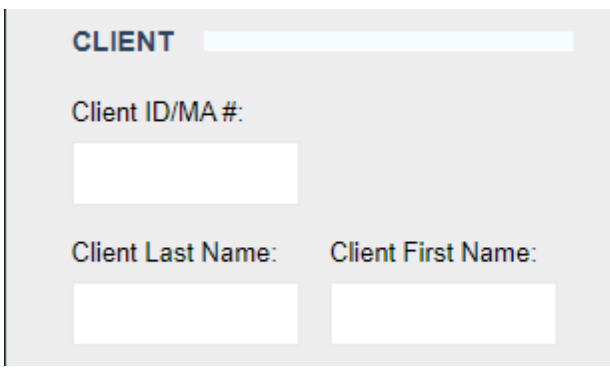
d. Service Status – the status that the service is currently in. (Refer to section 3.6.)
e. Exception Type – the exception that is currently associated with the activity.

3.3.2. Search by Client Information

Providers with the following user roles can search for services using any of the below parameters in combination with the Service Date From and Service Date To fields

- Admin Provider
- Billing Provider

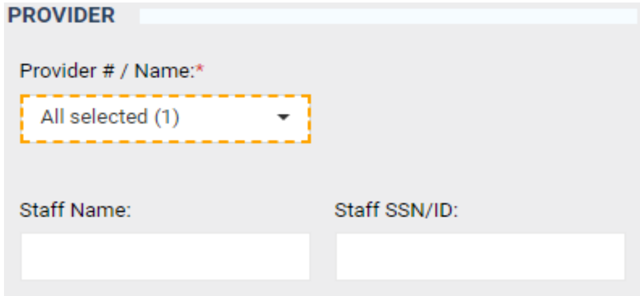
a. Client ID/MA#, or
b. Client Last Name, and/or
c. Client First Name



3.3.3. Search by Provider Information

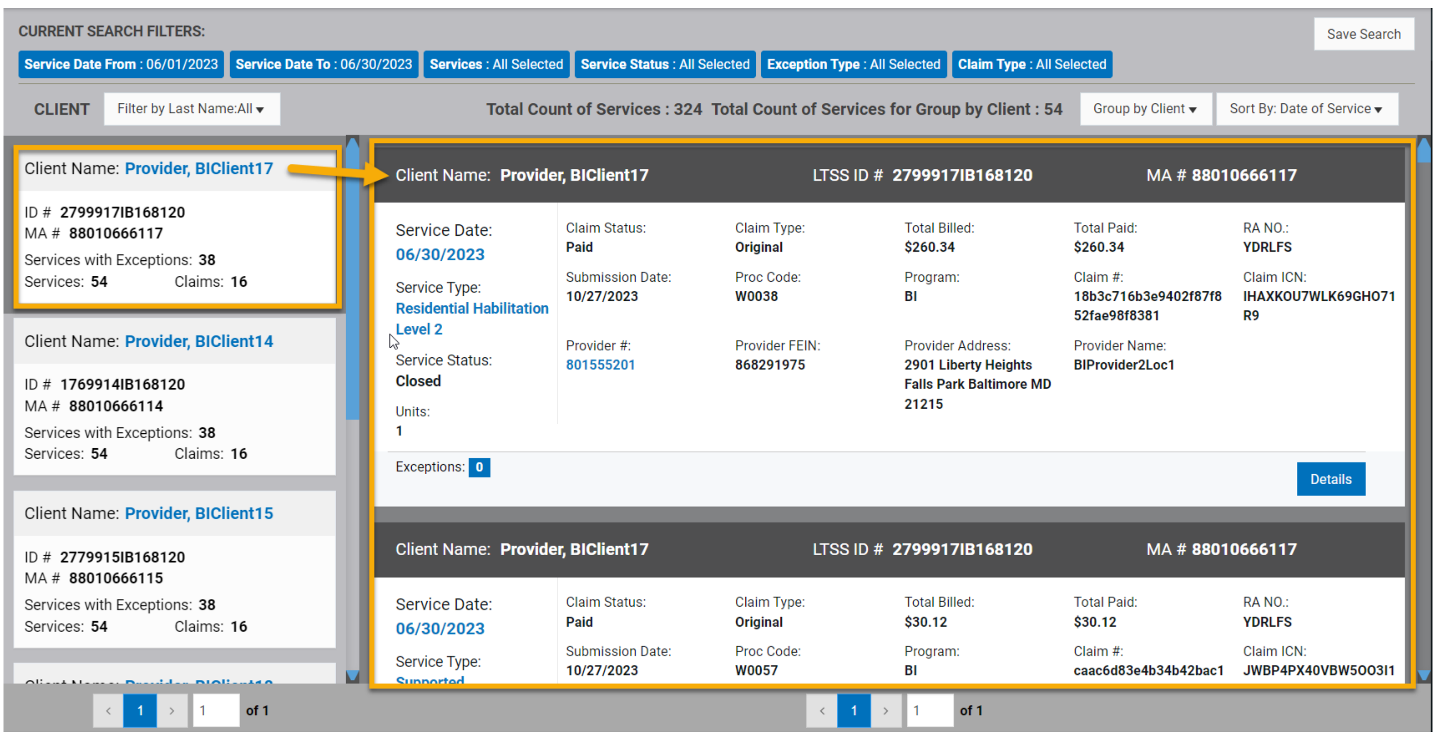
Users can search for services using any of the below parameters in combination with the Service Date From and Service Date To fields to get the services with information that matches the search criteria.

a. Provider#/Name
b. Staff Name
c. Staff SSN/ID -- search for services by Staff Provider, LTSS*Maryland* Staff Profile Identifier, or SSN (where a Provider Staff name has been entered along with the service



3.3.4. Search Results

After entering the search parameters described in the above section, the Search action in the search panel should be selected to view the results.
The Service search results will grouped by the Client Name, in ascending alphabetical order. Selecting a Client Information card on the left opens all services for the Client within the main search area.



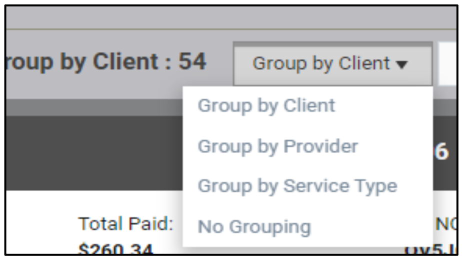
Users may Filter, Group, or Sort search results

3.3.5. Change Search Results Grouping

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

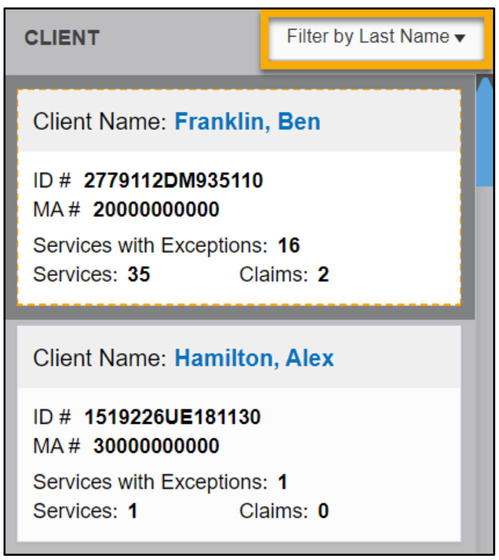
- Group by Client, this is selected by default.

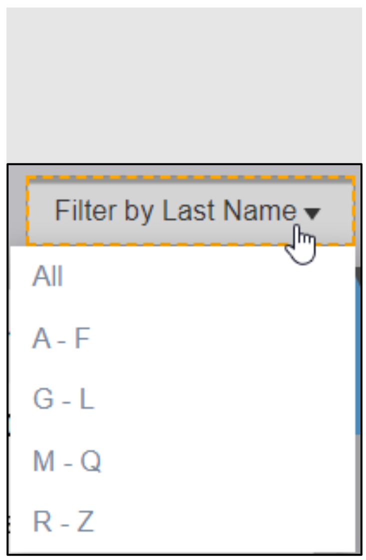
- Group by Provider, to view results based on Provider Number
- Group by Service Type
- No Grouping, to view results in descending order based on Service Date



3.3.6. Filter Search Results by Last Name

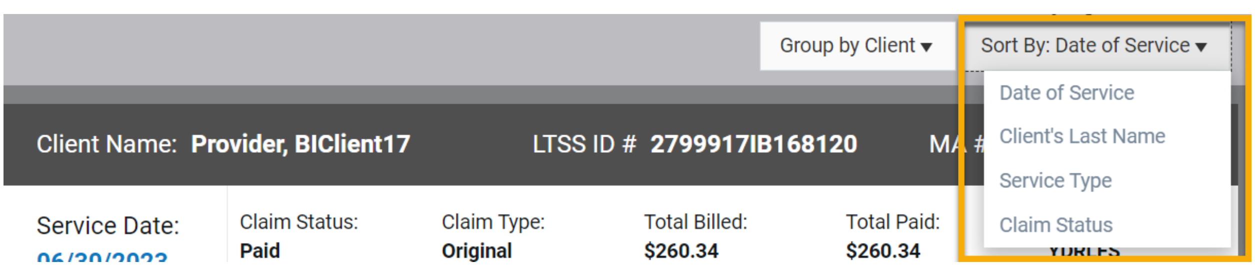
- Filter By Last Name





3.3.7. Sort Search Results

Search results can be sorted by the following parameters:

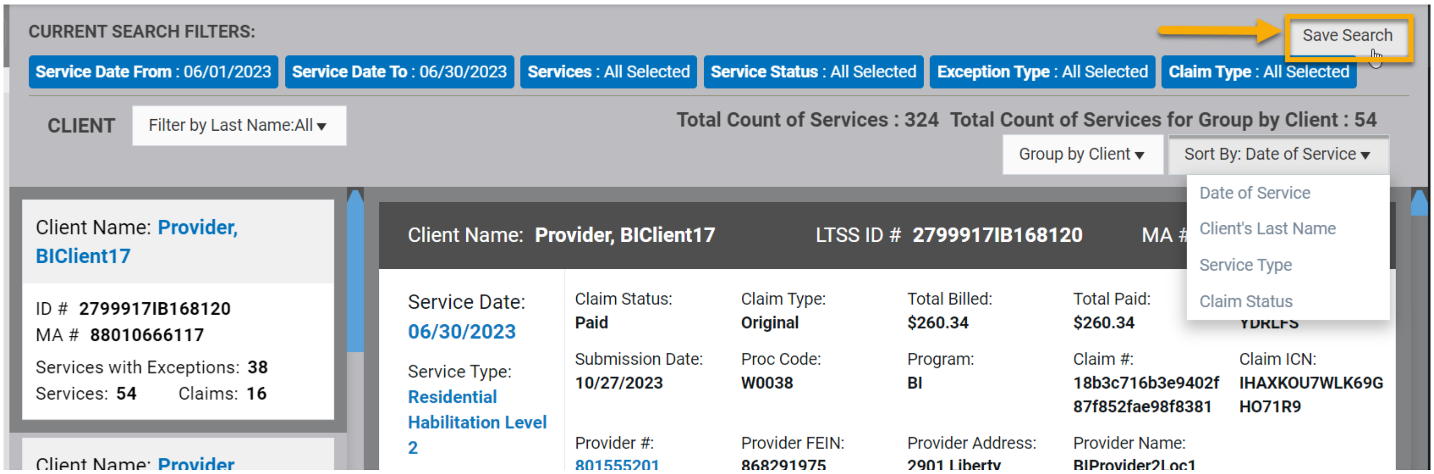


- Date of Service
- Client Last Name

- Service Type
- Claim Status

3.3.8. Save Search Results

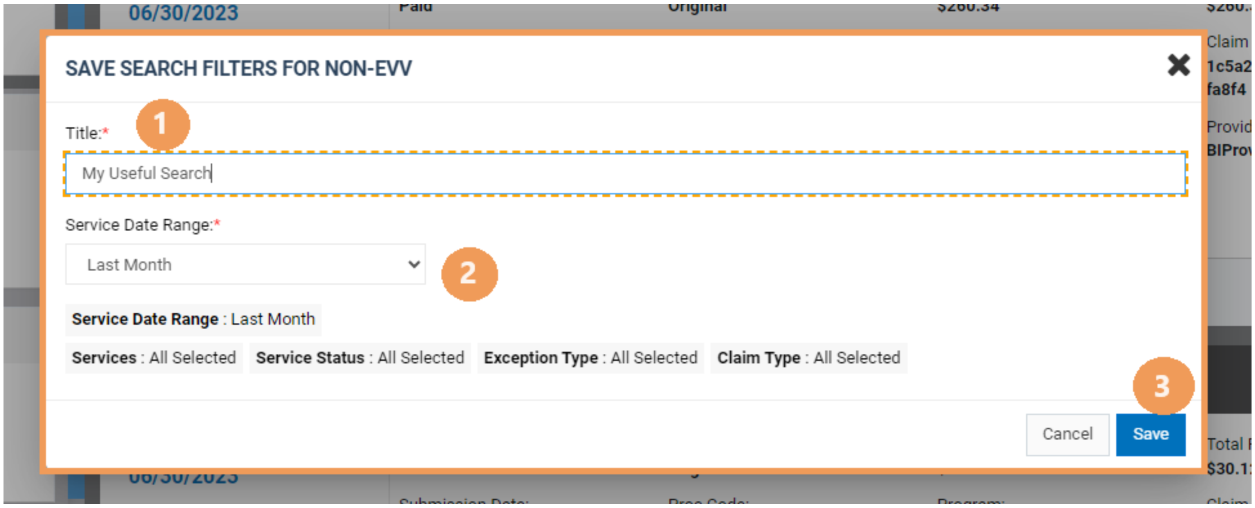
Providers are able to save up to 5 combinations of commonly used search filters using the Save Search button on the Search Results page.



Select Save Search

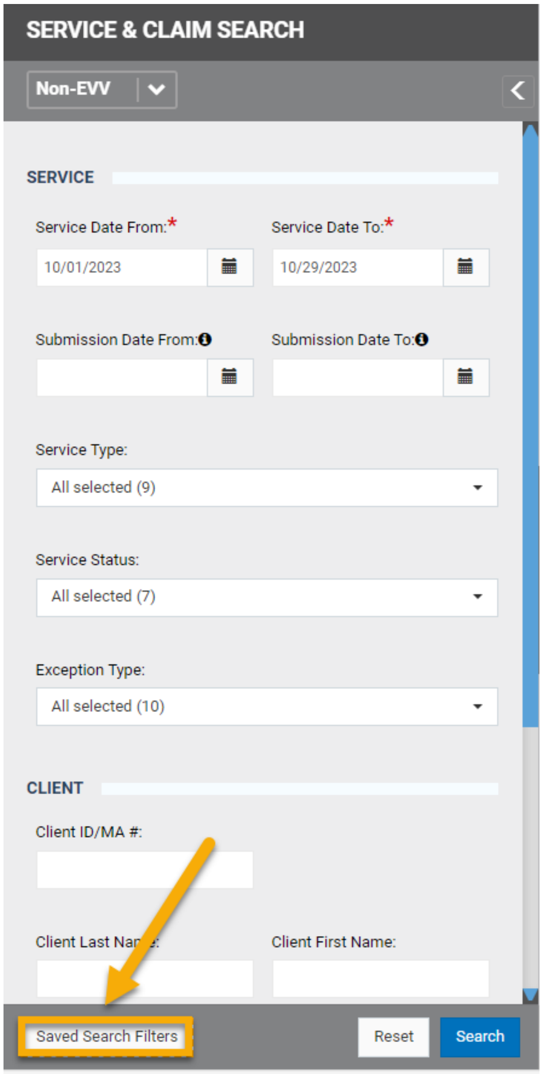
On the pop-up:

1. Enter a name for the search combination
2. Select a Service Date Range from the Available options:
    1. Select Date Range
    2. Entered Date Range
    3. Last Month
    4. Current Month
    5. Last 30 Days
    6. Last 7 Days
    7. Last 2 Days
3. Save the Search



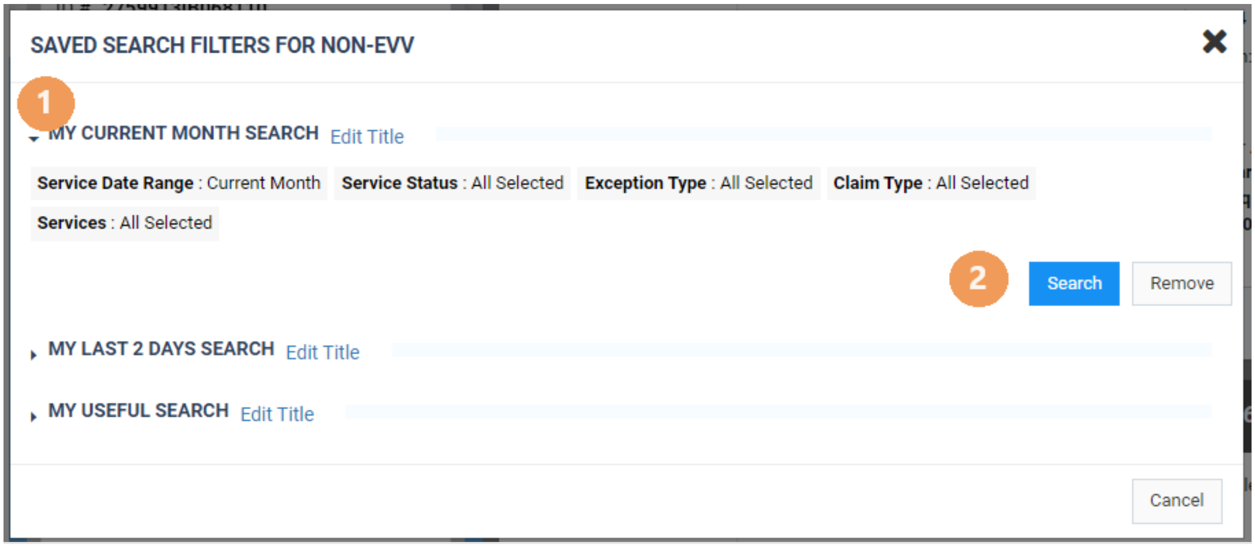
3.3.9. Performing a New Search from Saved Search Parameters

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

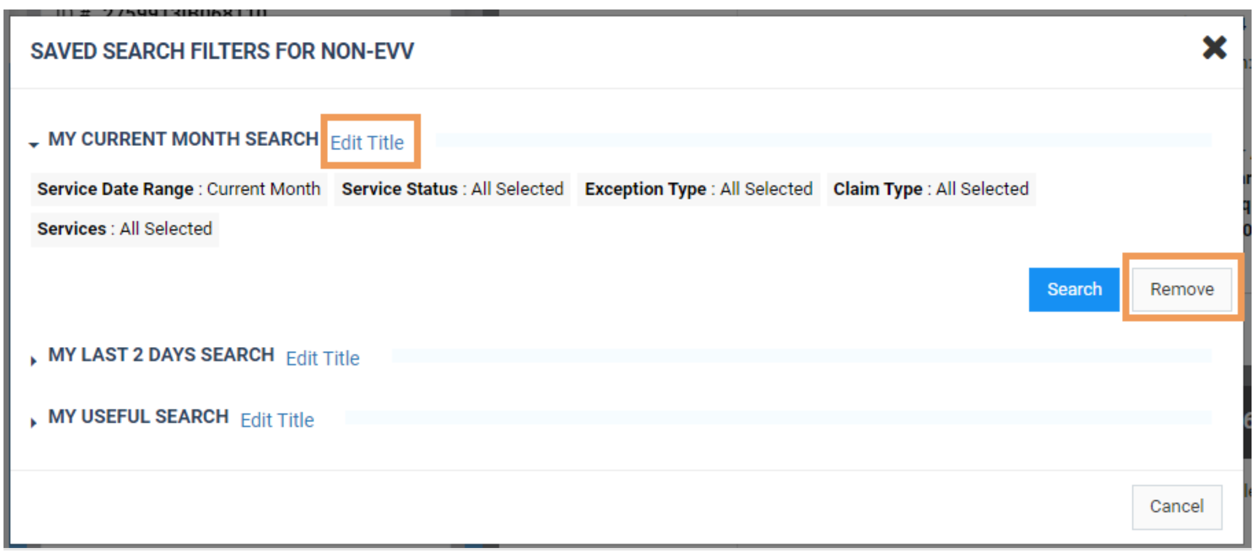


On the pop-up that displays:

1. Expand the Title of the Search to view Saved Search combinations.
2. Select the earch to perform a new search and get updated results for the saved search filters.



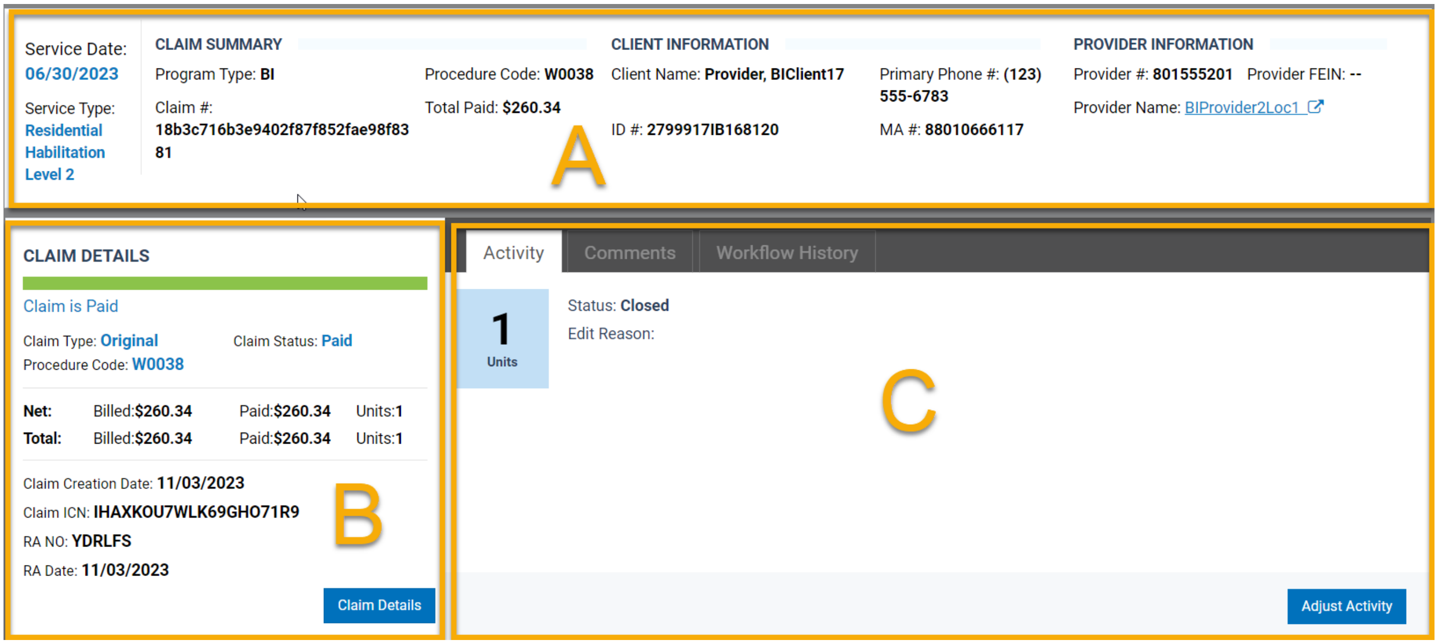
Alternatively, users can remove a saved search from this popup using the Remove action or Edit the title of a Saved Search using the Edit Title action. Search combinations can be removed, and a new Search combination can be saved in their place (up to a maximum of 5 searches).



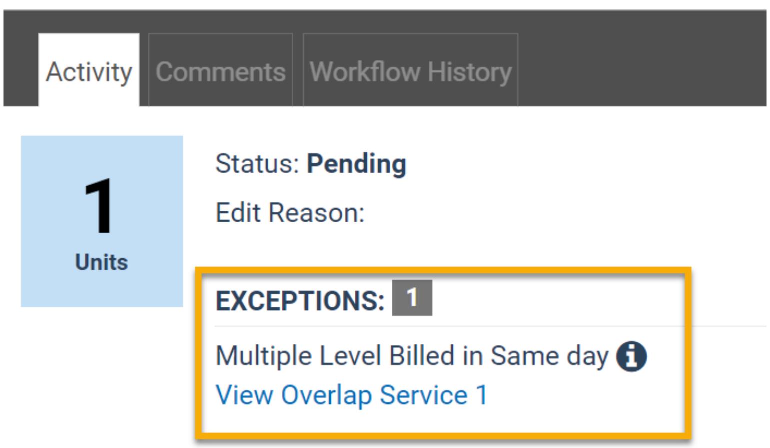
3.4. Service Details Review

Upon searching for services and clicking on the tile for the client, all the services for the client which match the search criteria appear on the screen. These are the primary service details, selecting the details action opens a pop-up window with more information on the service. This page is called the

Service Details page. This page has the following sections (A) Service Header (B) Claim Details and (C) Service Details



Exceptions are displayed on the Service Details section under the Activity tab, and will list all the exceptions associated with the service.



A. <u>Service Header</u> – This section includes the Date of Service, Service Type, Recent Claim Information, Client Information, and Provider Information:

1. Client Name
2. Program Type
3. LTSS ID
4. MA#
5. Service Date
6. Service Type

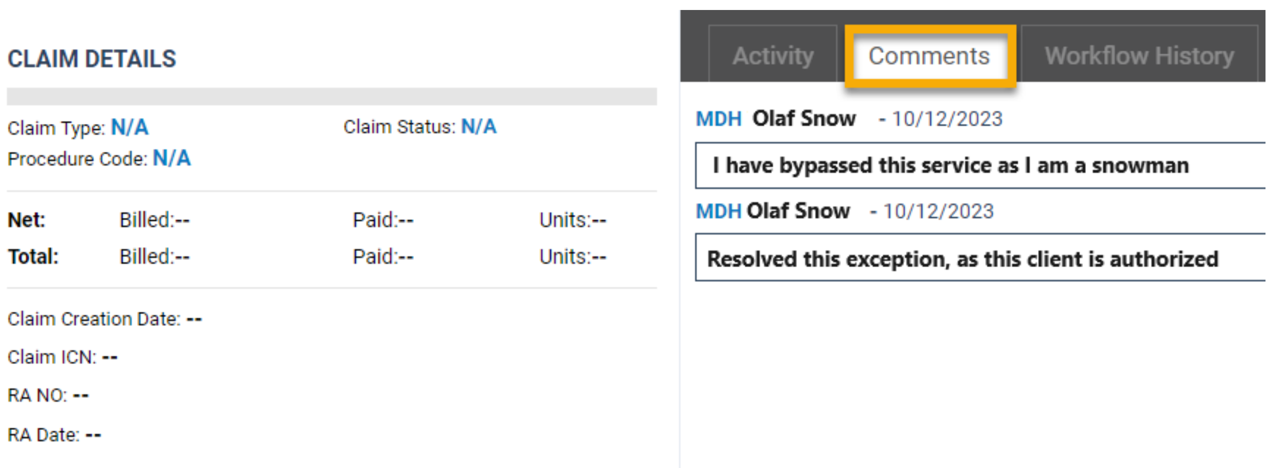
7. Total Paid
8. Provider #
9. Provider Name
10. Provider Address

B. Claim Details – If the Service has a claim created, the Claim Details tile displays information such as Billed Amount and Paid Amount and Units, ICN, Remittance (RA) Number, and Remittance Date. These fields will be populated only for claims paid by Medicaid.

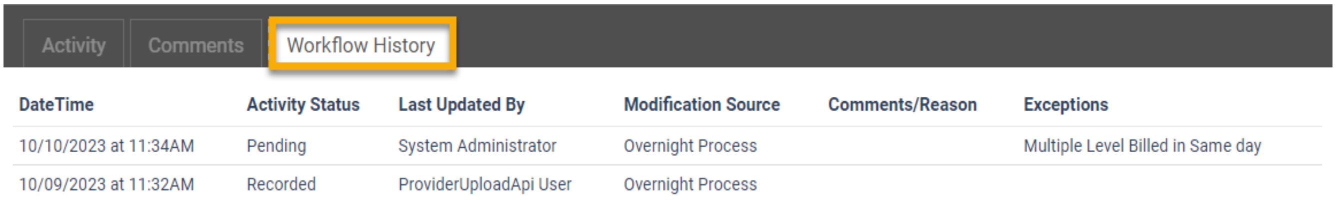
C. Service Details -- The Service Details comprises of three tabs - Service, Comments and Workflow History tab.

   a. Activity tab shows the units of service and current service status, along with any exceptions identified on the service. A service is created for each entered service, which is subsequently converted into a claim.

   b. Comments Tab displays the comments entered by the users accessing the service (Refer to Screenshot below)



   c. Workflow History tab shows the workflow transitions on the service from creation to current status.



DateTime	Activity Status	Last Updated By	Modification Source	Comments/Reason	Exceptions
10/10/2023 at 11:34AM	Pending	System Administrator	Overnight Process		Multiple Level Billed in Same day
10/09/2023 at 11:32AM	Recorded	ProviderUploadApi User	Overnight Process		

3.5. Service Activity management.

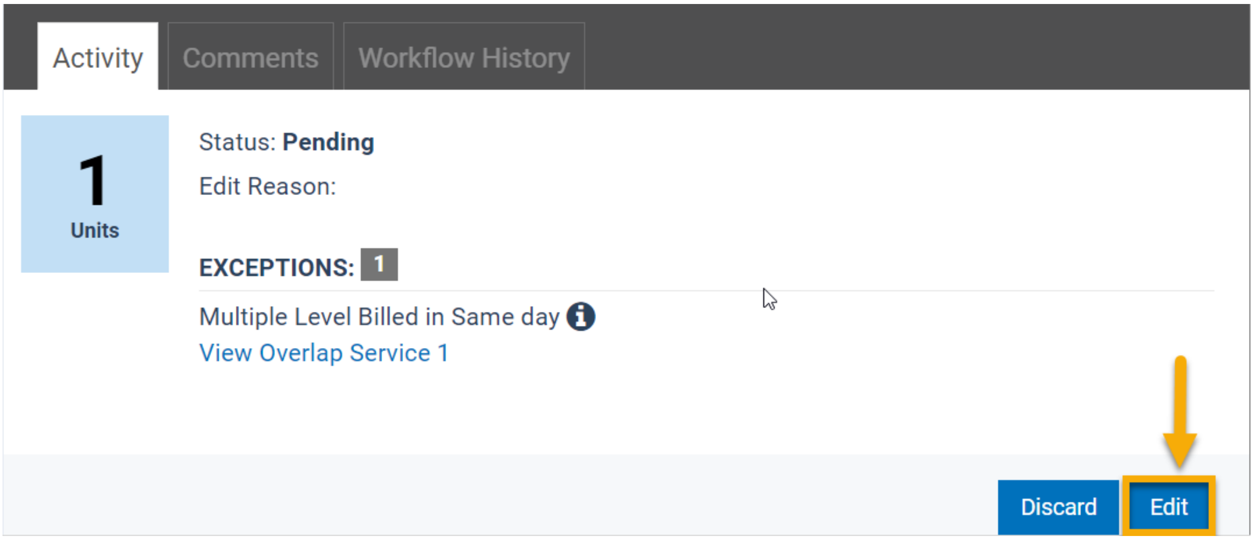
3.5.1. Edit & Discard BI non-EVV Service Activity

This section describes how services can be modified after they are entered. A billing entry is first converted to a Service in the overnight billing process, before undergoing service validation and creation of claims that will be submitted to MMIS. When a service is created, it is in a 'Recorded' status. When it successfully passes overnight validations, it is put in Ready status. If the service fails validation checks, it is put in a Pending status (Refer to the service status workflows).

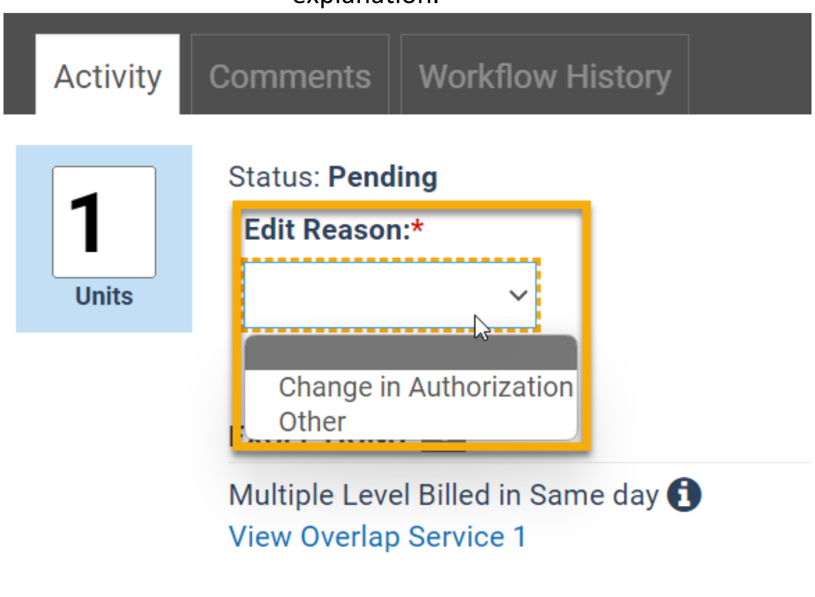
Services in a Recorded, Pending or Ready status can be Discarded or Edited.

Navigation: Home Page - > Services - > Left Nav Menu - > 'Search Services' icon  *- > Non-EVV -> Click on Client Name tile -> Click on Details -> Edit or Discard*

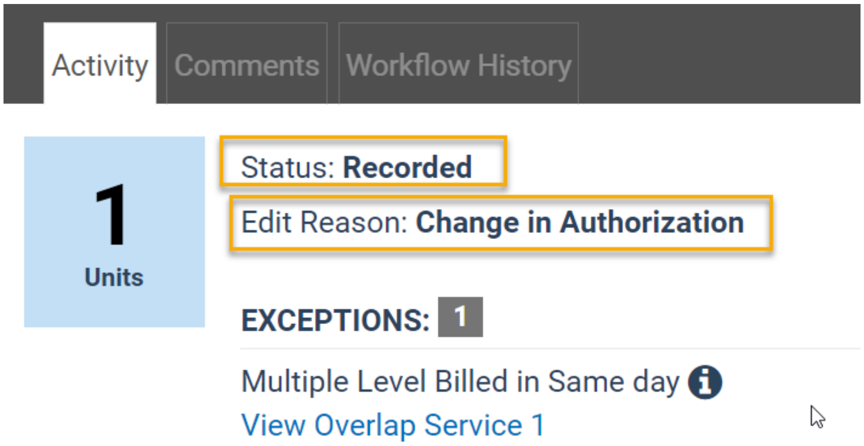
1. **Edit BI non-EVV Service Activity**:

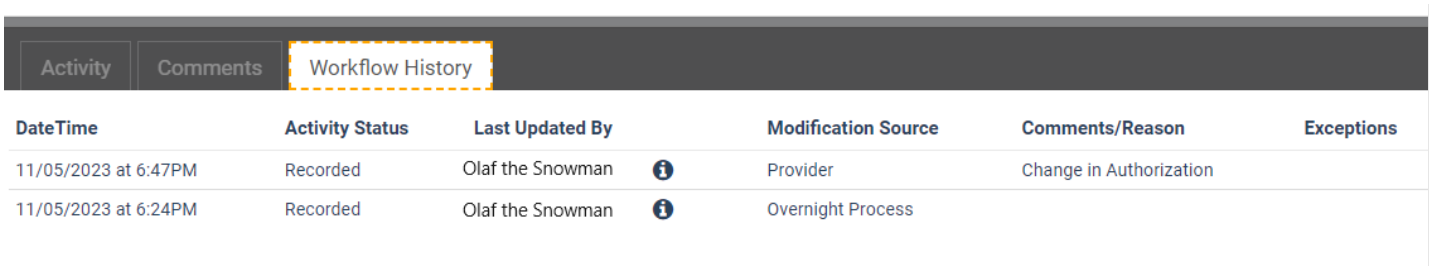


i. Click the Edit button, make necessary changes, and enter a valid Edit reason by selecting from the dropdown options. 'Other' opens a pop-up to input your own explanation.

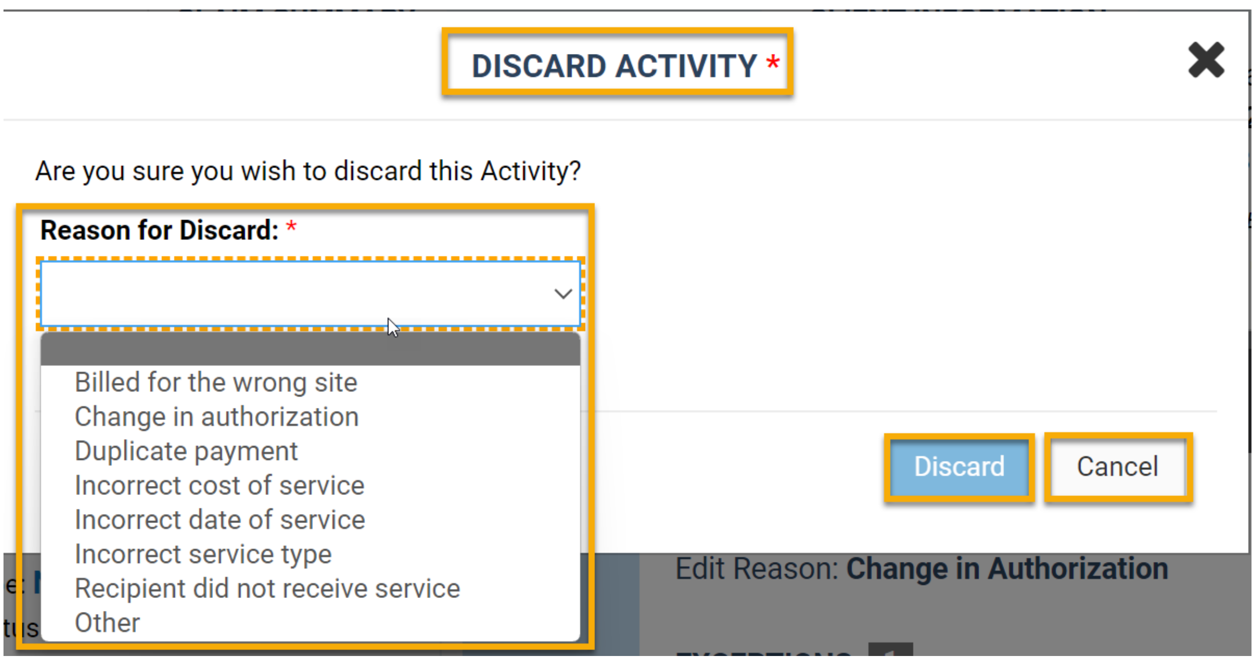


ii. Click Save. The service status will be set to Recorded and will go through the overnight validation check to be converted into claim. Activity tab and Workflow history will reflect the Edit reason.

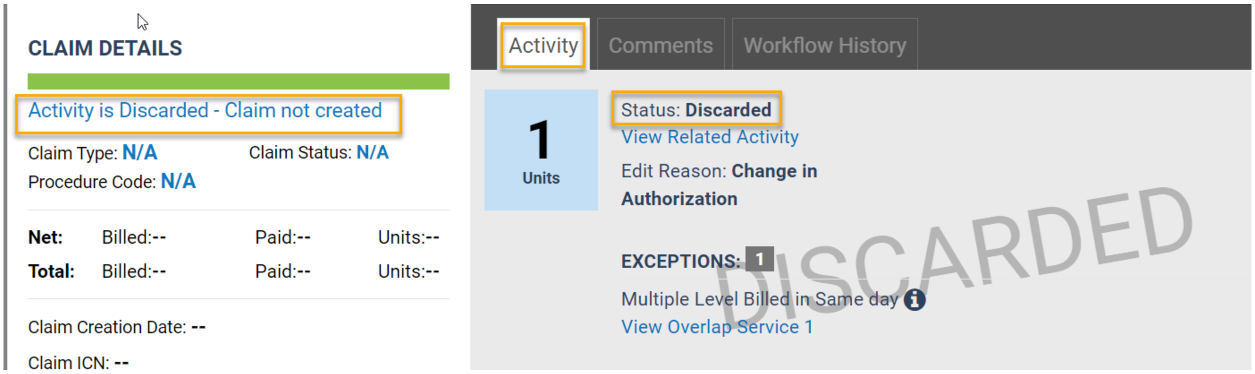


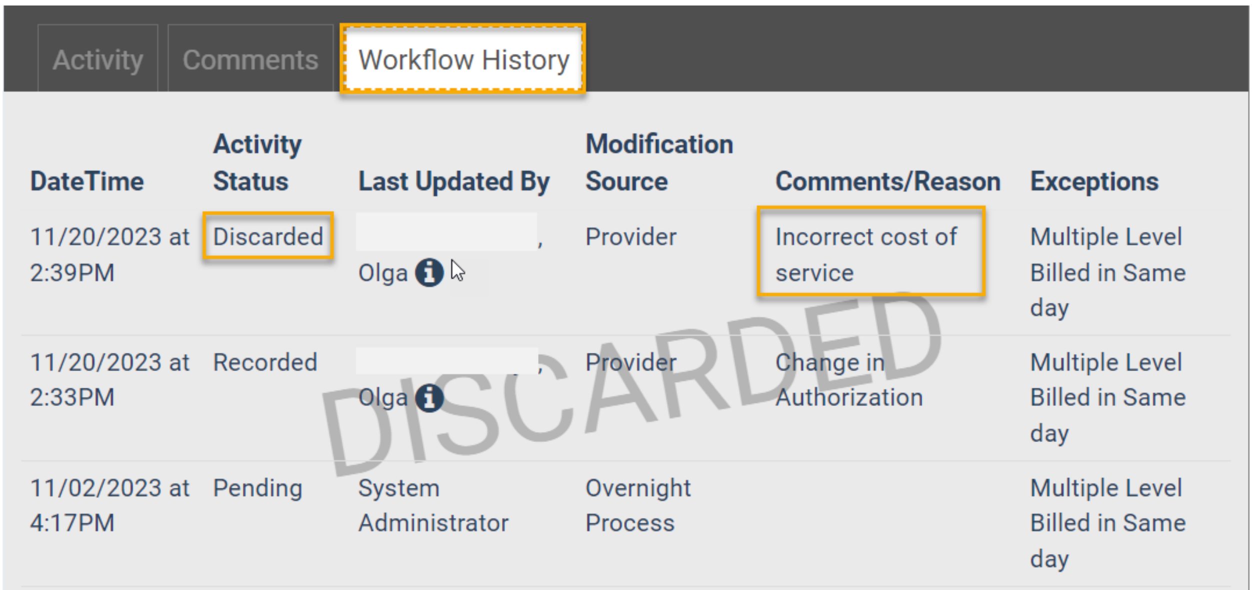


iii. **Discard BI non-EVV Service Activity:** Selecting the Discard button allows users to discard a service.



After Service Activity (SA) is discarded, no further changes are allowed on the service, and it becomes grayed out with a Discarded watermark applied across the details.





3.6. Review of different Service Activity statuses.

Service Status is a workflow status that identifies where an entry is currently in the billing process. A service can only have one status at a given time:

Recorded: This status indicates that the service has been created and is ready to go through overnight validations before claim creation. Provider users have the ability to Edit or Discard a Service in this status

Pending: This status indicates that the service has failed one or more validation checks and exceptions are assigned to it. A service in this status will not be processed for claim creation and requires Provider to take action to resolve or clear the Exception. Providers have the ability to Edit or Discard a Service in this status. See Section 9 for more information on exception types and resolving them

Pending MDH: This status indicates that the service has failed one or more checks and exceptions are assigned to it. A service in this status will not be processed for claim creation and requires MDH to take action to resolve or clear the Exception for further processing

Discarded: This status indicates that the service has been discarded and no further actions can be taken on the Service

Ready: This is an intermediary status when the Services have passed all validations checks prior to claim creation and will have a claim created and submitted to MMIS. Provider users have the ability to Edit or Discard a Service in this status

Closed: This status indicates that the Service has a Claim created and can only be modified by Adjusting the Claim

Not Authorized: This status indicates that the Service Modification was not approved by MDH

3.7. BI non-EVV Service Activity validation process. BI non-EVV Exceptions.

After BI non-EVV services are submitted, the system will process them to identify any conflicts before creating a Claim.

Overnight validation process for BI non-EVV consists of two major parts:

- Check if the service already exists. Any billing entry that is an exact copy of an existent service will be flagged as a **Duplicate** and land in the Duplicates tab
- Check if the service is eligible to be paid. The system runs a series of checks, such as if there is an approved Plan of Service, if the provider location number is authorized on the POS, etc. If any such conflict is identified, the system assigns the related exception to the Service Activity. The status changes to Pending or Pending MDH, and it will not be sent to MMIS for payment until the exception is resolved

3.8. Review of Exceptions

Exceptions are circumstances that prevent a service from becoming a claim. A pre-claim check is performed on the entered services to ensure the validity of the service. When a service fails a check, an exception is identified on the service. The service will be in a Pending or Pending MDH status when an exception is identified and will stay in this status until the issue is resolved. There are many reasons for this to occur. Some issues need to be resolved by the Provider, while others require coordination with the BI Case Manager or MDH.

Providers with the following user roles can view and resolve applicable exceptions

- Admin Provider
- Billing Provider

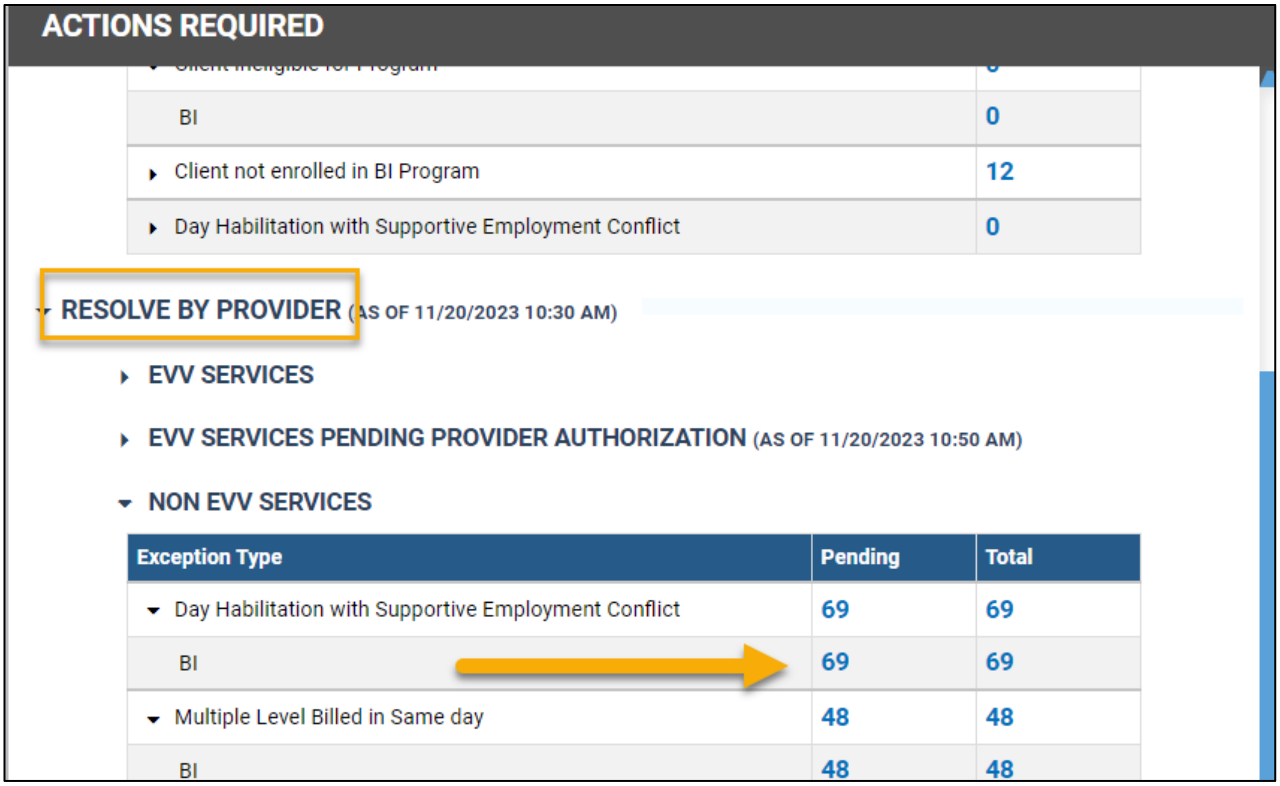
Below sections describe every exception type and how it can be resolved

3.8.1. Exception Notifications. Actions Required

The pending column on the Home Page under Actions Required shows the count of services that are pending for each exception type.

Exceptions may also be viewed by searching via the Services tab and entering search parameters for the exception or by using a separate Exception Search tab.

On the Home tab, the Resolve By Provider section lists exceptions that the Provider Agency is responsible for fixing, or those that need coordination with the BI Case Manager.



ACTIONS REQUIRED

BI	0
Client not enrolled in BI Program	12
Day Habilitation with Supportive Employment Conflict	0

RESOLVE BY PROVIDER (AS OF 11/20/2023 10:30 AM)

EVV SERVICES

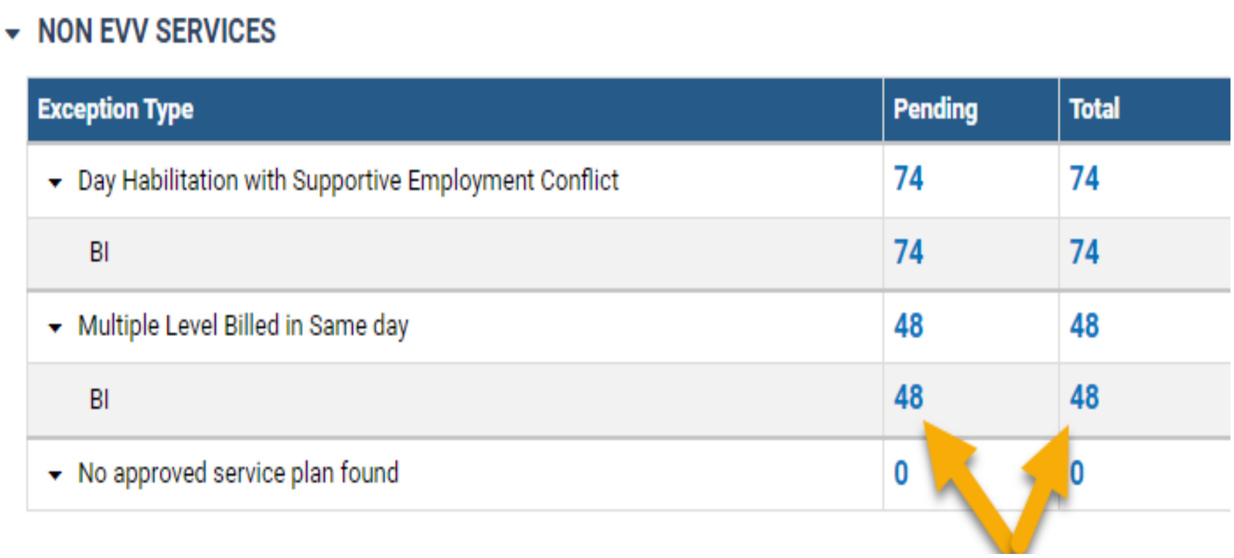
EVV SERVICES PENDING PROVIDER AUTHORIZATION (AS OF 11/20/2023 10:50 AM)

NON EVV SERVICES

Exception Type	Pending	Total
Day Habilitation with Supportive Employment Conflict	69	69
BI	69	69
Multiple Level Billed in Same day	48	48
BI	48	48

Only exceptions for dates of service up to 1 year in the past are displayed in this section, as claims are accepted by MMIS for only up to a year from the date of service.

The blue counts in the table are hyperlinks, which redirect to the Exception Search Results page which lists the services included in the count.



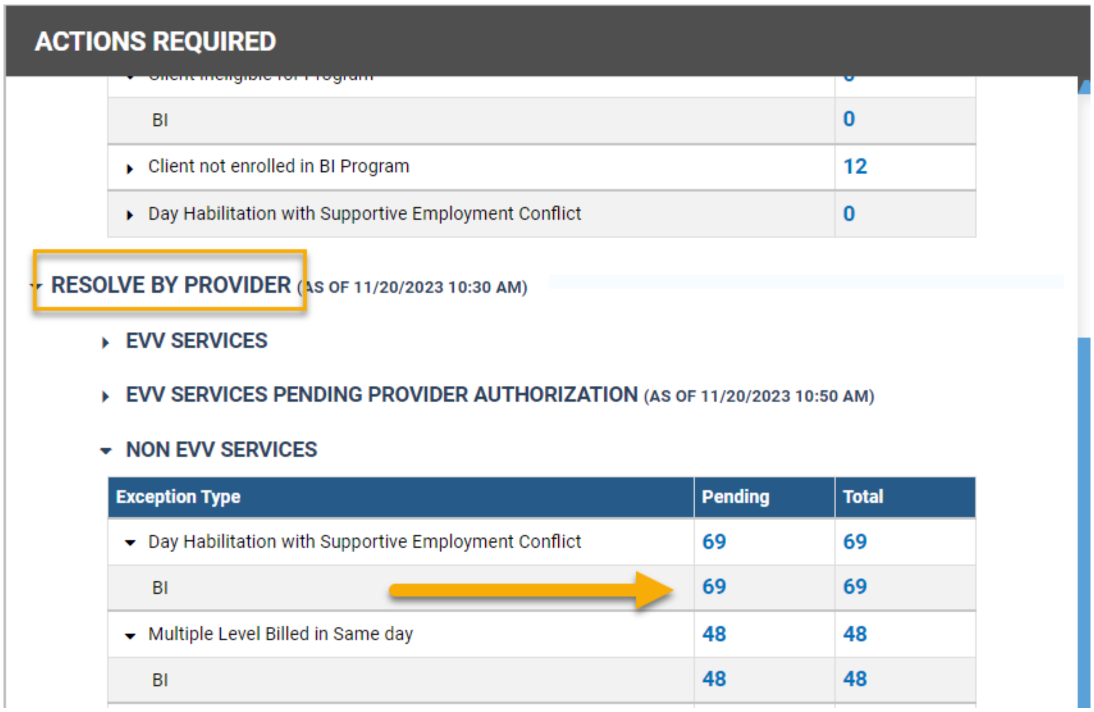
NON EVV SERVICES

Exception Type	Pending	Total
Day Habilitation with Supportive Employment Conflict	74	74
BI	74	74
Multiple Level Billed in Same day	48	48
BI	48	48
No approved service plan found	0	0

Similarly, the Resolve By MDH section lists the exceptions that will be resolved by MDH.

Only exceptions for dates of service up to 1 year in the past are displayed in this section, as claims are accepted by MMIS for only up to a year from the date of service.

The blue counts in the table are hyperlinks, which redirect to the Services Search Results page which lists the services comprised in the count.



3.8.2. The List of BI non-EVV Service Activity Exceptions

1. **No approved service plan found**
   a. Client does not have an approved and active Plan of service for enrolled program on the Date of Service. Please contact the BI Case Manager for questions.
   b. Service Activity with this Exception will have **Pending** status and can be resolved by BHA users (BI Administrator, BI Case Manager, BI Waiver Coordinator).
2. **Provider not authorized for the service**
   a. Provider Number not authorized on the approved POS for the Date of Service.
   b. Service Activity with this Exception will have **Pending** status and can be resolved by BHA users (BI Administrator, BI Case Manager, BI Waiver Coordinator).
3. **Client not enrolled in BI Program**
   a. Client does not have an active enrollment for the BI Program on this Date of Service. Please contact the BI Case Manager for questions.
   b. Service Activity with this Exception will have **Pending MDH** status and can be resolved by BHA users (BI Administrator, BI Case Manager, BI Waiver Coordinator).
4. **Client Ineligible for Program**

   a. Client is not eligible for the BI Program for this Date of Service. Please contact the Case Manager for questions.
   b. Service Activity with this Exception will have **Pending MDH** status and can be resolved by BHA users (BI Administrator, BI Case Manager, BI Waiver Coordinator).
5. **Client Ineligible for Medicaid**
   a. Client is not Medicaid eligible in MMIS for this Date of Service, please contact the Case Manager for questions.
   b. Service Activity with this Exception will have **Pending MDH** status and can be resolved by BHA users (BI Administrator, BI Case Manager, BI Waiver Coordinator, BHA office of Older Adults, and Long Term Services and Supports) outside of Provider Portal.
6. **Provider # has been suspended**
   a. Provider number has been suspended in MMIS.
   b. Service Activity with this Exception will have **Pending** status and can be resolved by BHA users (BI Administrator, BI Case Manager, BI Waiver Coordinator) outside of Provider Portal.
7. **Provider # has been terminated**
   a. Provider Location number has been terminated in MMIS.
   b. Service Activity with this Exception will have **Pending** status and can be resolved by BHA users (BI Administrator, BI Case Manager, BI Waiver Coordinator) outside of Provider Portal.
8. **Multiple Level billed in Same day**
   a. Only one level of this service type can be billed on a single Date of Service.
   b. Service Activity with this Exception will have **Pending** status and can be resolved by provider with support of the PBSO team.
9. **Day Habilitation with Supported Employment Conflict**
   a. A conflicting service has already been billed for this Date of Service (for the same client, same date, same type, and level of service).
   b. Service Activity with this Exception will have **Pending** status if the overlap is within the same Agency, meaning that both conflicting services were provided by provider staff from locations belonging to the same Agency, and can be resolved by provider.
   c. If the overlap is with different agencies, then it will be in the status of **Pending MDH**, and can be resolved by the PBSO team.

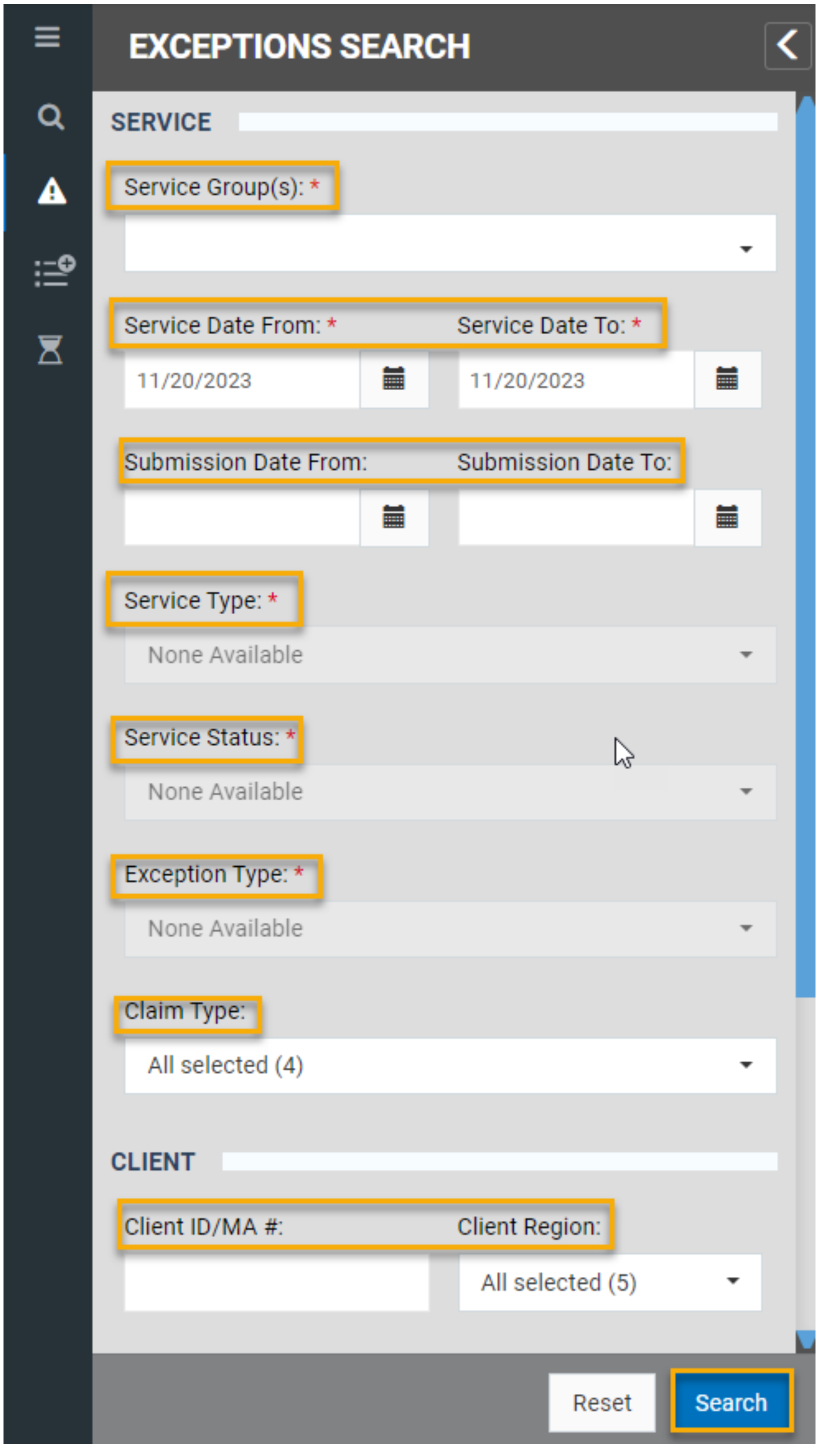
3.8.3. Exception Search

There are many ways to find services with exceptions. You will notice exceptions on the Home Page under the Actions Required section. You will be able to filter for services with specific exceptions in the Service & Search section on the Services tab, and then see the details on the Service Details page. And there is a separate Search called Exceptions Search available on the Services tab.

Exception Search allows you to filter exceptions by:

1. **Service Group**
   a. BI EVV
   b. BI non-EVV
2. **Service Date** From and To, range up to 1 year
3. **Submission Date** From and To, range up to 1 year
4. **Service Type**

5. **Service Status**
6. **Exception Type**
7. **Claim Type**
    a. Select All
    b. No Claim
    c. Adjustment
    d. Original
    e. Void
8. **Client and Provider**
    a. **Client ID/MA#**
    b. **Last Name** and **First Name**
    c. **Client Region**
    d. **Provider #/Name**
    e. **Staff Name**
    f. **Staff SSN/ID**



3.8.4. Managing Service Activities with Exceptions

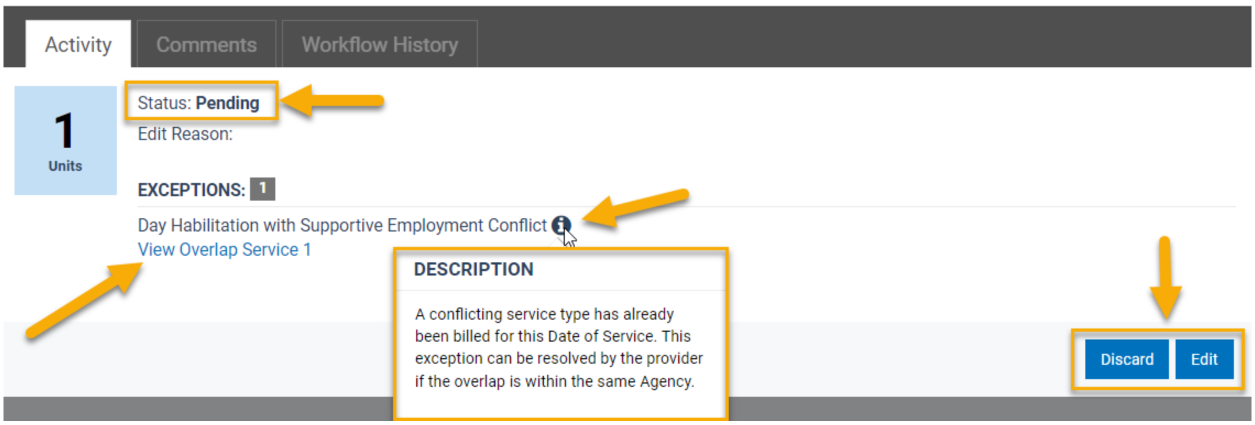
Admin and Billing Provider users can resolve an exception by looking into the Service Activity details, reviewing the exception, and acting according to the particular case. Users might need to edit or discard an overlapping or conflicting service, or contact their BI Case manager or PBSO officers to get clarification and help.

Navigation: Home Page - > Services - > Left Nav Menu - > 'Search Services' icon  *- > Non-EVV -> filter for SA in **Pending** status -> Click on Client Name tile -> Click on Details -> Edit*

Providers must resolve the exceptions in **Pending** status.

On Pending exceptions, provider users have the option to:

5. Review the Service Details, along with the info tip
6. Follow the hyperlink to the overlapping or conflicting service
7. Edit the service
8. Discard the service



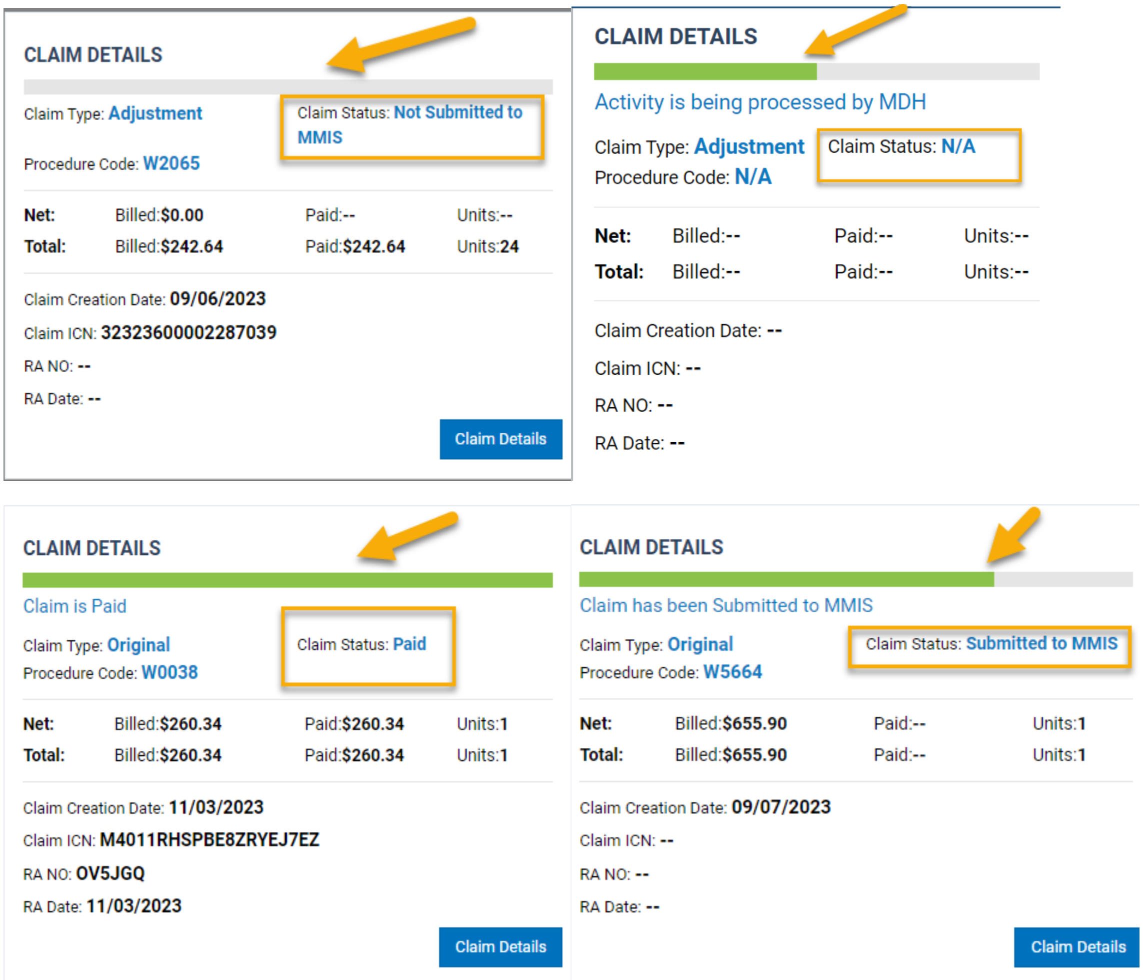
4. BI EVV and non-EVV Claims, Staff profile management in Provider Portal, OTP management, Reports

4.1. BI Non-EVV Claims

4.1.1. Workflow overview

After a Service Activity successfully passes the overnight validations, it's status becomes Ready. The system converts the service into a Claim the next day. For Non-EVV services – each individual service will become an individual claim. Claims are submitted to Medicaid for payment. The service status becomes Closed as it is processed by MMIS (Medicaid Management Information System, Medicaid's records, and payment system for the State of Maryland).

A Claim can also be in several different statuses, and you will notice status changes in the green bar under Claim Details on Service Details page.



When claim is sent to MMIS, new values are populated on the Claim Details section of Service Details page:

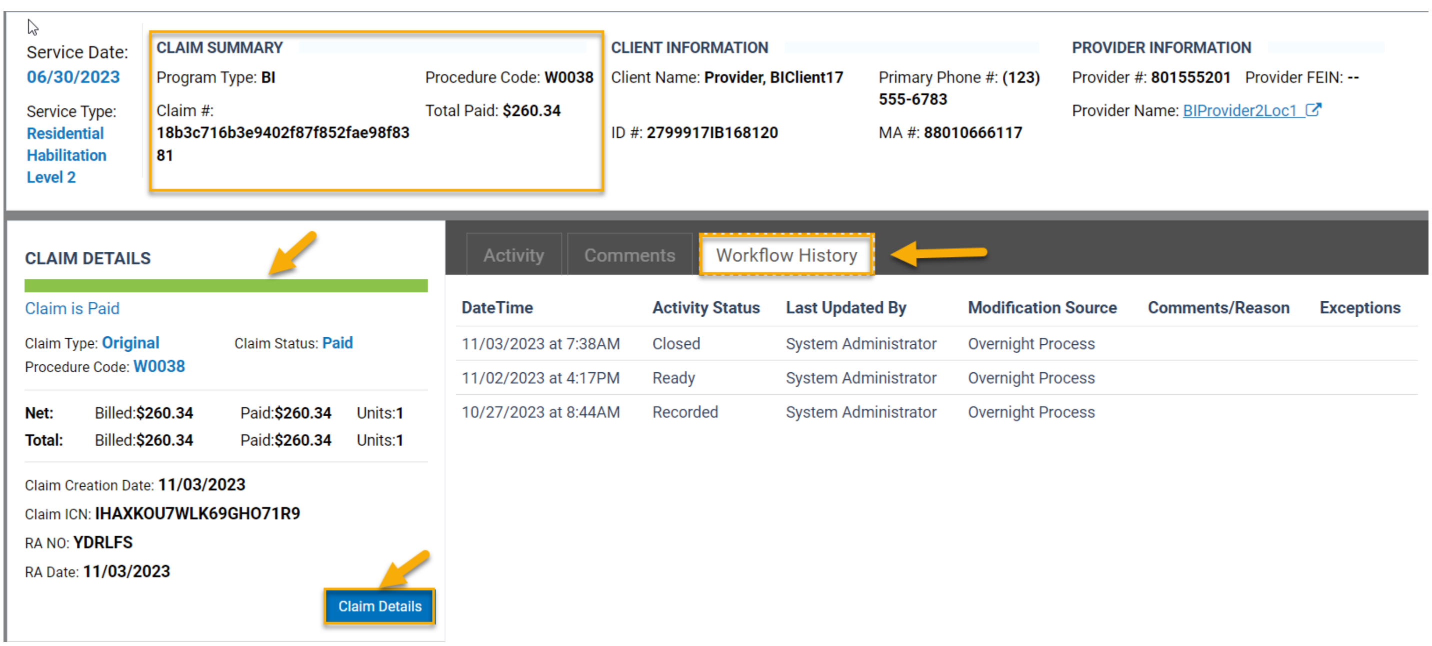
1. **Claim type**:
    a. **Original** – The Original or Initial claim submitted for the service, after the service is first entered and successfully clears the service validation.
    b. **Adjustment** – Service Modifications made after an original claim has been submitted to MMIS and either Paid or Rejected.
    c. **Void** – Claims that are reduced to 0 units.
    d. **No claim** – There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation.
2. **Procedure Code** - Medicaid waiver service billing code.
3. **Net,** and **Total** billed, paid, and units.
4. **Claim Creation Date**

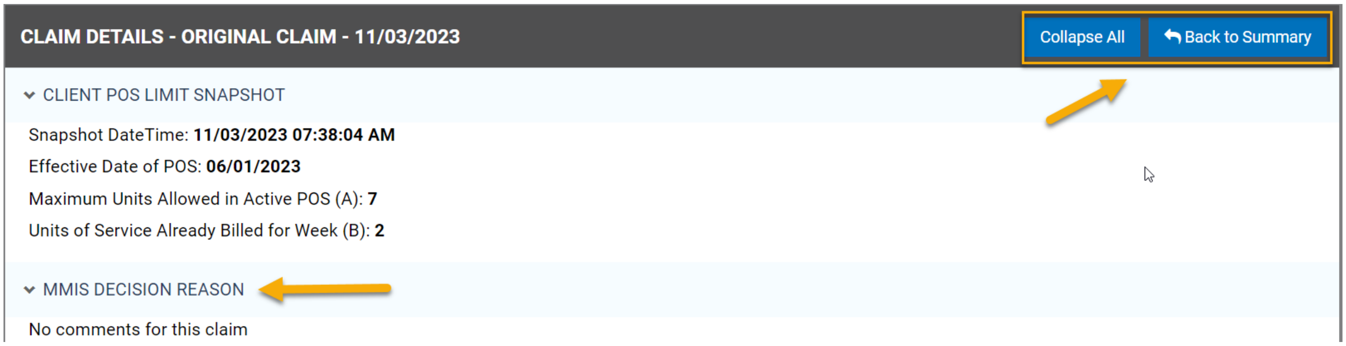
5. **Claim ICN -** Internal Control Number (ICN) received from MMIS. ICN is a 13-digit number assigned to each claim in Medicaid.
6. **RA NO** and **RA Date –** displays date and Remittance Advice Number (identifies all services paid with the associated check or payment (EFT)).

Brain Injury billing week begins on Thursday and ends on the following Wednesday. Services entered on Thursday will not be processed in MMIS until the following Saturday, 10 days later. Services entered on Wednesday will be processed in MMIS on the upcoming Saturday, 3 days later. On the picture below you can see of the typical billing cycle from claim submission to payment.

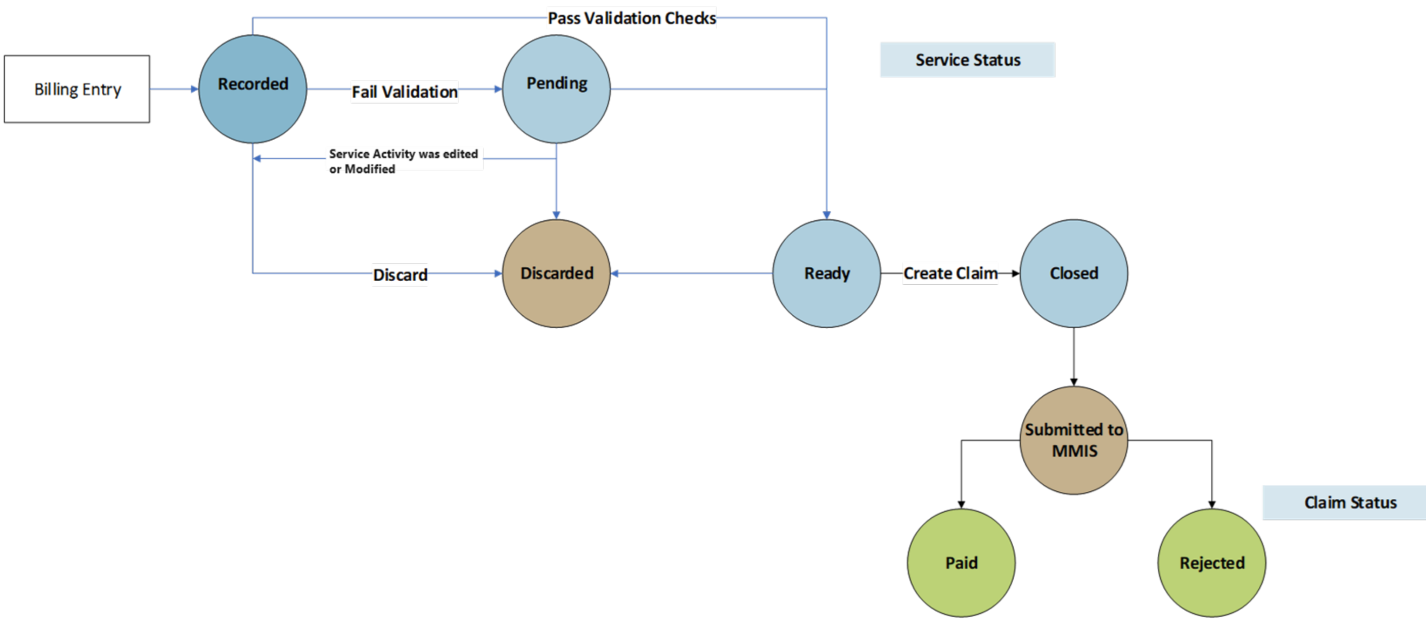
Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim					Services entered and submitted nightly in LTSS		
Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim	Services entered and submitted nightly in LTSS						MMIS Approves / Rejects
Week 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim			Provider Portal updates to show MMIS claim status				
						Payment Issued to Agency	

In Provider Portal, on the Service Details page, the user can view Claim information populated along with a link to view any comments sent by MMIS on Claim Details page:



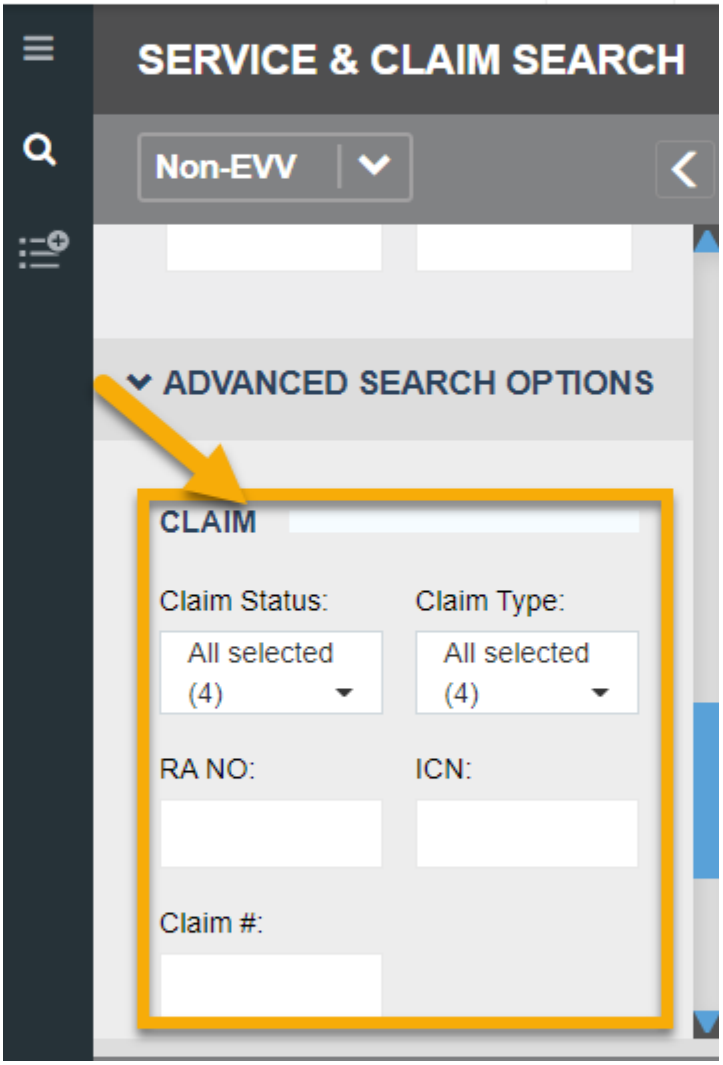


Below you can see a visual for the Billing Entry to Claim workflow



4.1.2. Claims Search. Claim statuses and types review.

The Advanced Search feature under the Services and Claims Search allows providers to search for services based on claim and remittance information, such as Claim ICN and RA Number, and Claim Status, Number and Type.



a. **Claim Status** – This parameter is used to find services based on their status. Claims can have one of the following statuses. Multiple statuses can be selected.
   - **Submitted to MMIS** – services have passed the overnight checks, and a claim has been submitted to MMIS.
   - **Not Submitted to MMIS** – when service was resubmitted, and system identified that there was no change to the service parameters (no change in the units or cost that was paid on the original claim). In this case the system will not submit this service and will set to Not Submitted to MMIS status.
   - **Paid** – The claim submitted to MMIS has been paid.
   - **Rejected** – MMIS returned the remittance with no payment for the submitted claim, the claim status will be Rejected. The rejection reason can be found on the Claim Details screen.
   - **Ready** – is an intermediate status, when a claim is ready to be picked up by the system for batch processing.

- **None** (No Status) – There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation.

a. Claim Type - This parameter is used to find services based on the type of claim created for it. Claims can have one of the below types. Multiple claim types can be selected.
   - **Original** – The Original or Initial claim submitted for the service, after the service is first entered and successfully clears the service validation.
   - **Adjustment**- Claims created for modifications made to services after an original claim has been submitted to MMIS and either Paid or Rejected.
   - **Void**- Claims that are voided.
   - **No claim**- There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation.

b. RA No. (RA Number) – Allows search by the Remittance Advice Number received with a payment made by Medicaid to the Provider. Remittance Advice Number identifies all services paid with the associated check or payment (EFT).
   Note: Service Date From and To fields that are required for other searches become optional when RA Number search is used (A) and the Submission Date parameters (B) are disabled for selection.

c. ICN – Allows search by the Internal Control Number (ICN) received from MMIS. ICN is a 13-digit number assigned to each claim in Medicaid. As ICN identifies a single claim, entering an input parameter in the ICN field disables the other search fields within the search panel.

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

4.1.3. Claims Management

A claim that has been **Paid** by Medicaid, **Rejected**, or is in **Not Submitted to MMIS** status, can be managed by a provider user by using the Adjust action, which includes option to Void or Edit.

Void non-EVV Claim

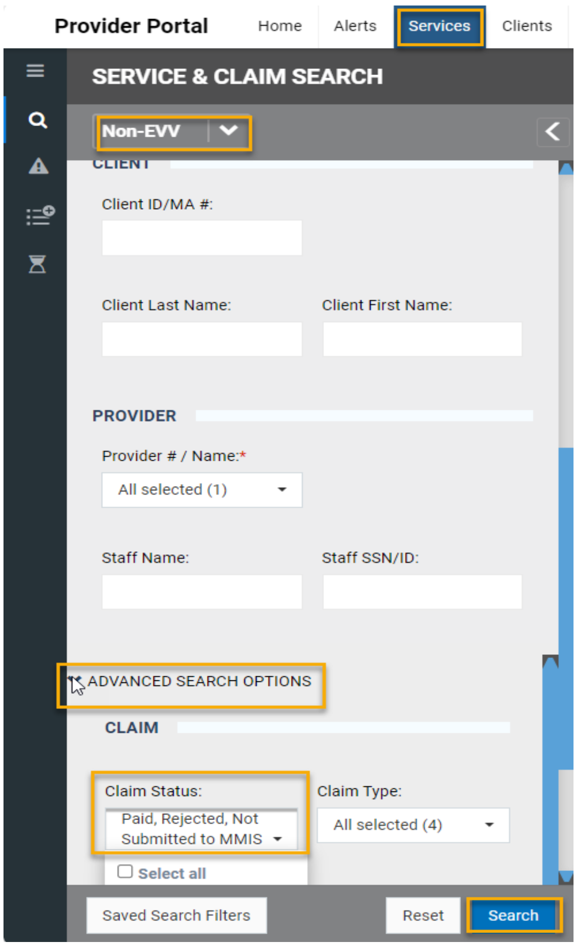
Providers with the below roles can void a service within a claim processed by Medicaid

- Admin Provider
- Billing Provider

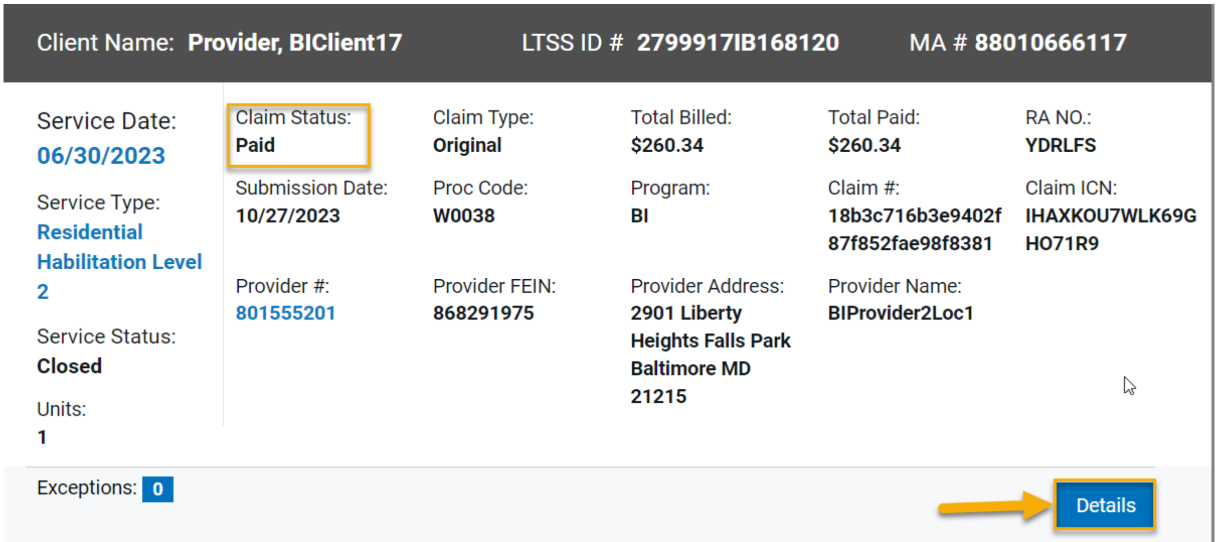
To void a claim:

Navigation: Home Page - > Services - > Left Nav Menu - > 'Search Services' icon  *- > Non-EVV -> Advanced Search filter for Claims in **Paid, Not Submitted to MMIS or Rejected** status -> Click on Client Name tile -> Click on Details -> Adjust.*

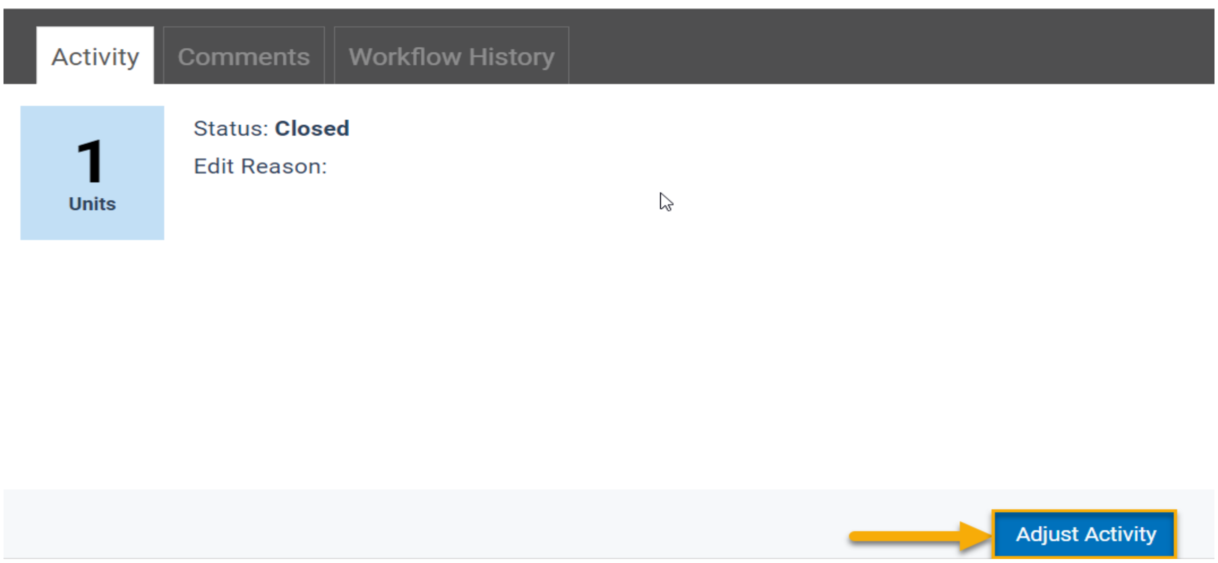
Search for the claim by entering the relevant search criteria, Advanced Search helps you to filter for services with specific Claim statuses.



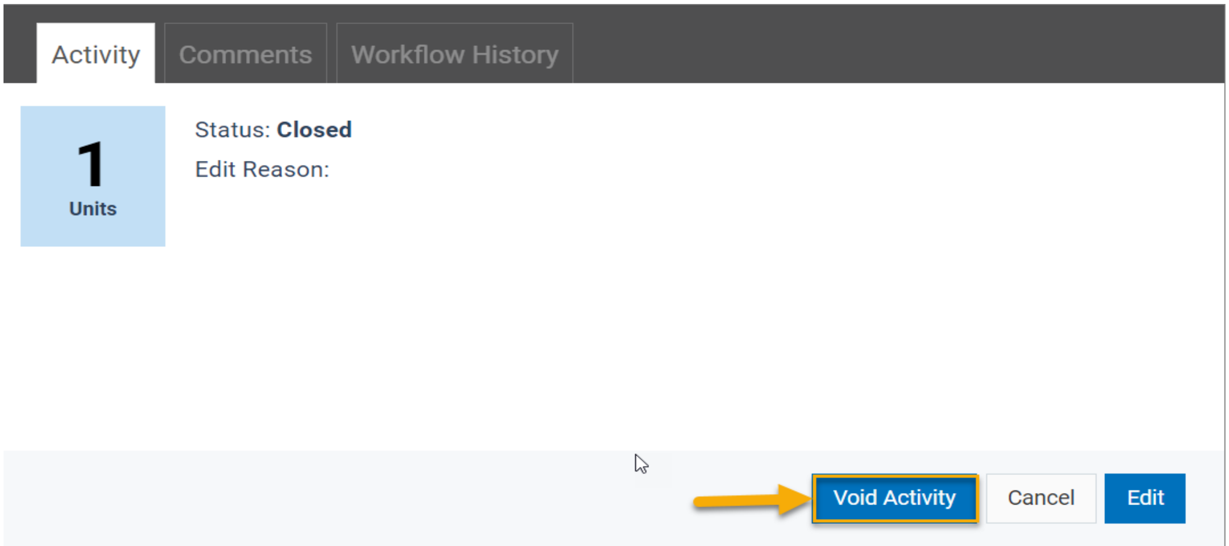
1. Click the Details button on the desired Service search results panel from the search results.



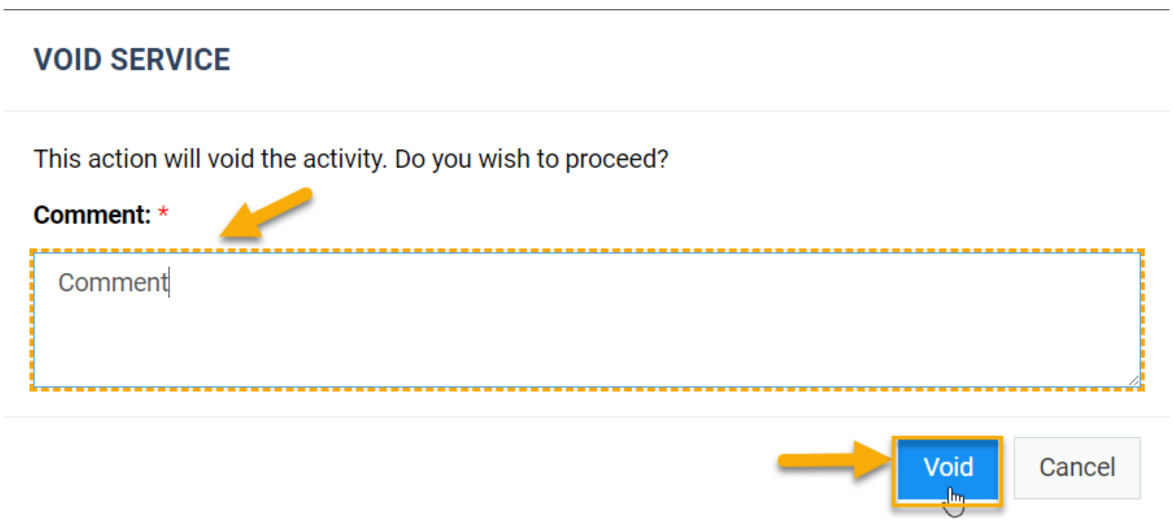
2. Click the Adjust Activity button on the Service Date Details page.



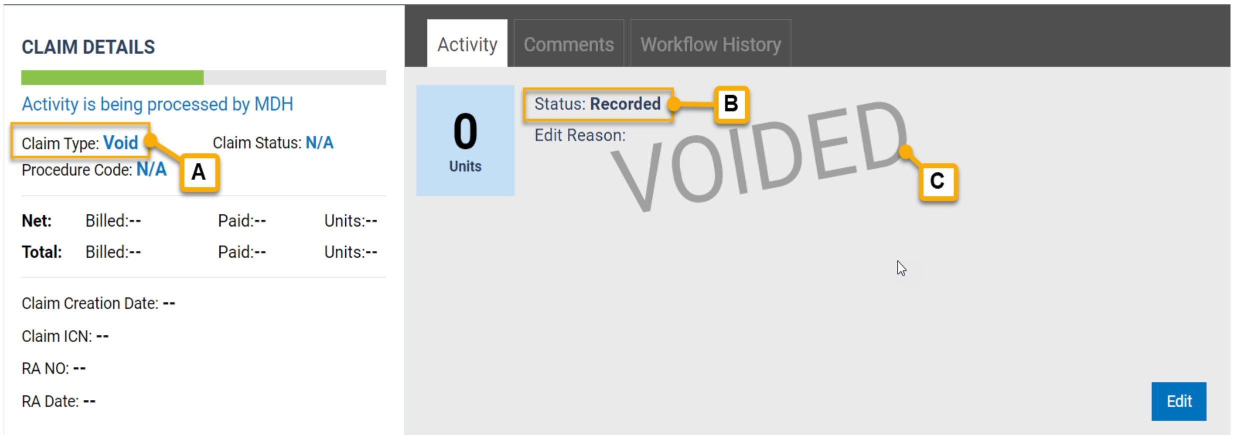
3. You may notice that a new Claim Details tile appeared as an Adjustment claim type. Click Void Activity on the new row that has been created.



4. Upon selecting Void Activity, the user will be prompted with a confirmation pop-up and is required to enter Comments and then select Void.



5. Upon voiding, the Claim type for the new row becomes Void (A), the service status will become Recorded(B), and a watermark (C) will display on the service indicating that it has been Voided.

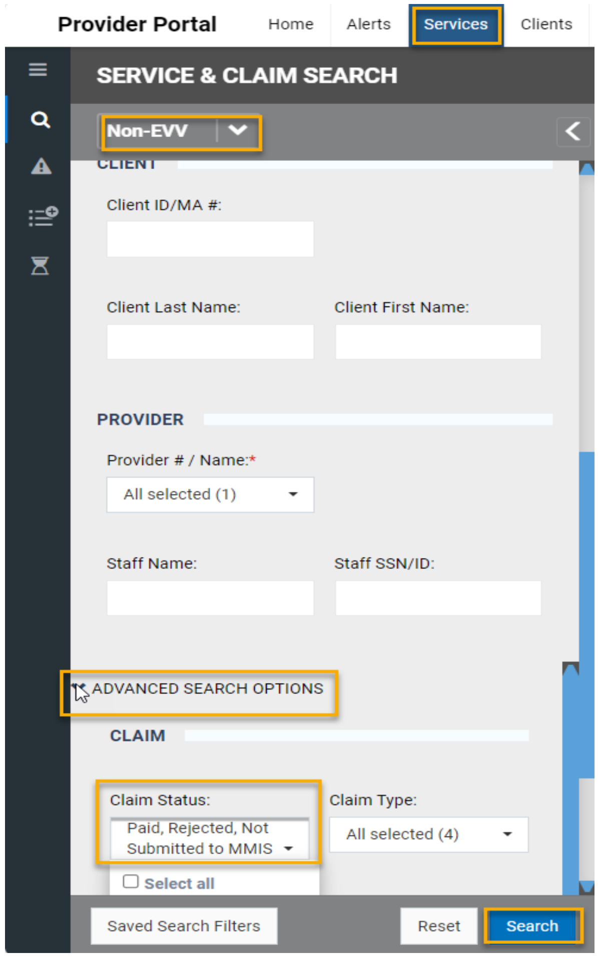


Once voided, a 0-unit claim is sent to Medicaid in overnight billing, and the Voided claim will be deducted from the provider's next scheduled payment.

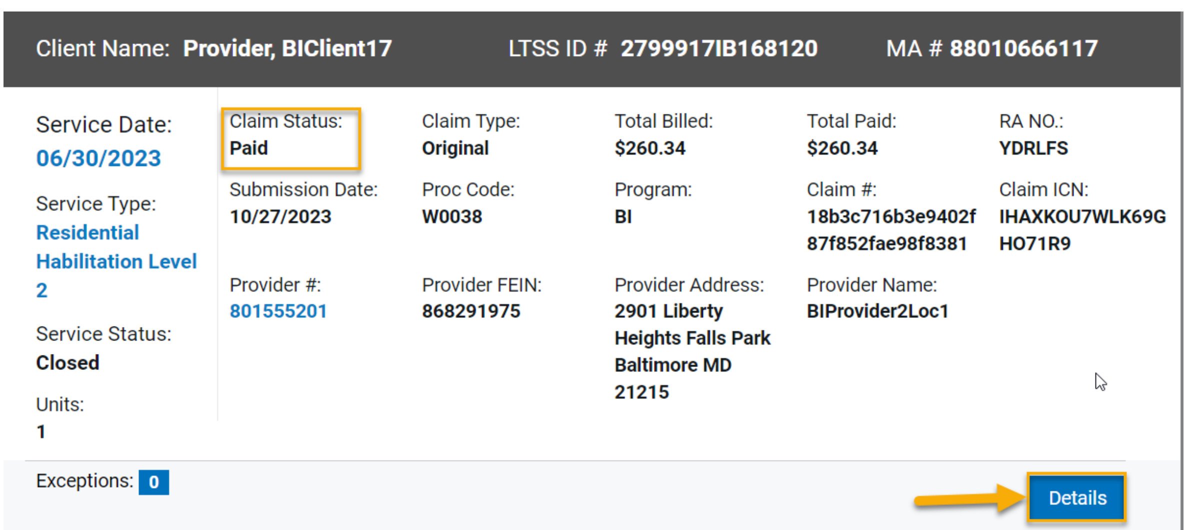
To Edit A Claim

If there was a change in authorization or any other change associated to this Service Activity after it was sent to MMIS and was Paid or was Rejected, or placed in Not Submitted to MMIS status, you can use the Edit action to update it. As a result of Adjustments, a new Service Activity is generated in Recorded status with claim status of Adjustment , and will go through the overnight validation process to be submitted to MMIS for processing. Follow the below steps to adjust a claim.

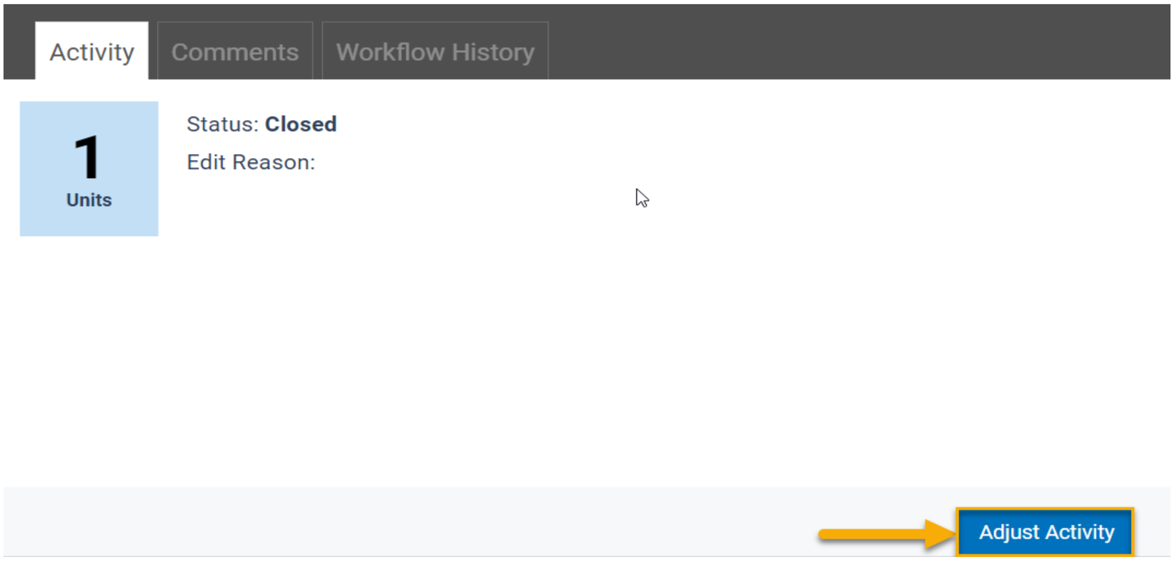
Navigation: Home Page - > Services - > Left Nav Menu - > 'Search Services' icon  *- > Non-EVV -> Advanced Search filter for Claims in* ***Paid, Not Submitted to MMIS or Rejected*** *status -> Click on Client Name tile -> Click on Details -> Adjust.*



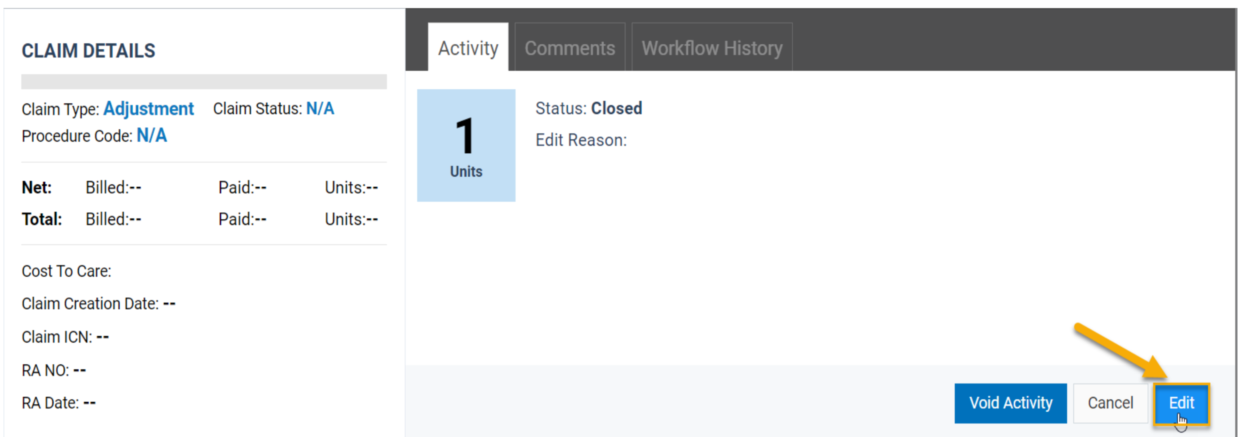
1. Click the Details button on the desired search results



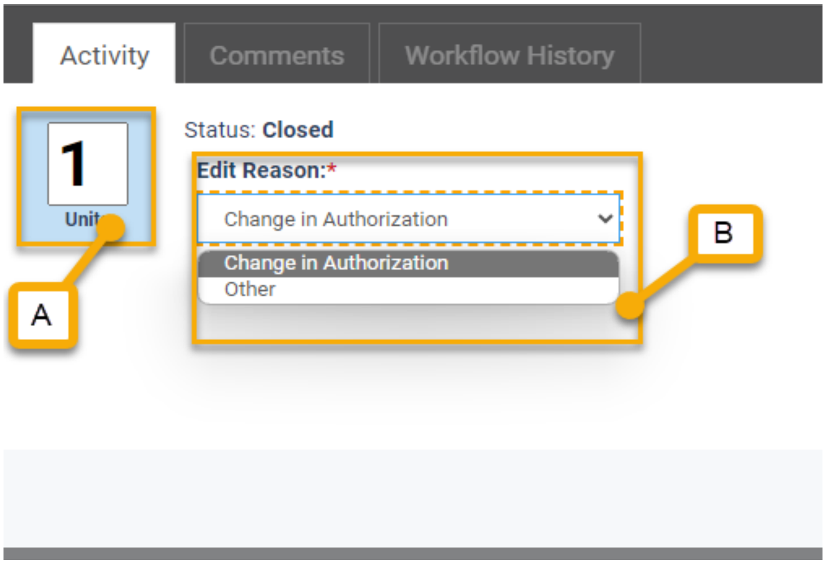
2. Click on the Adjust Activity button. A new Claim Details tile will appear with Adjustment claim type on it.



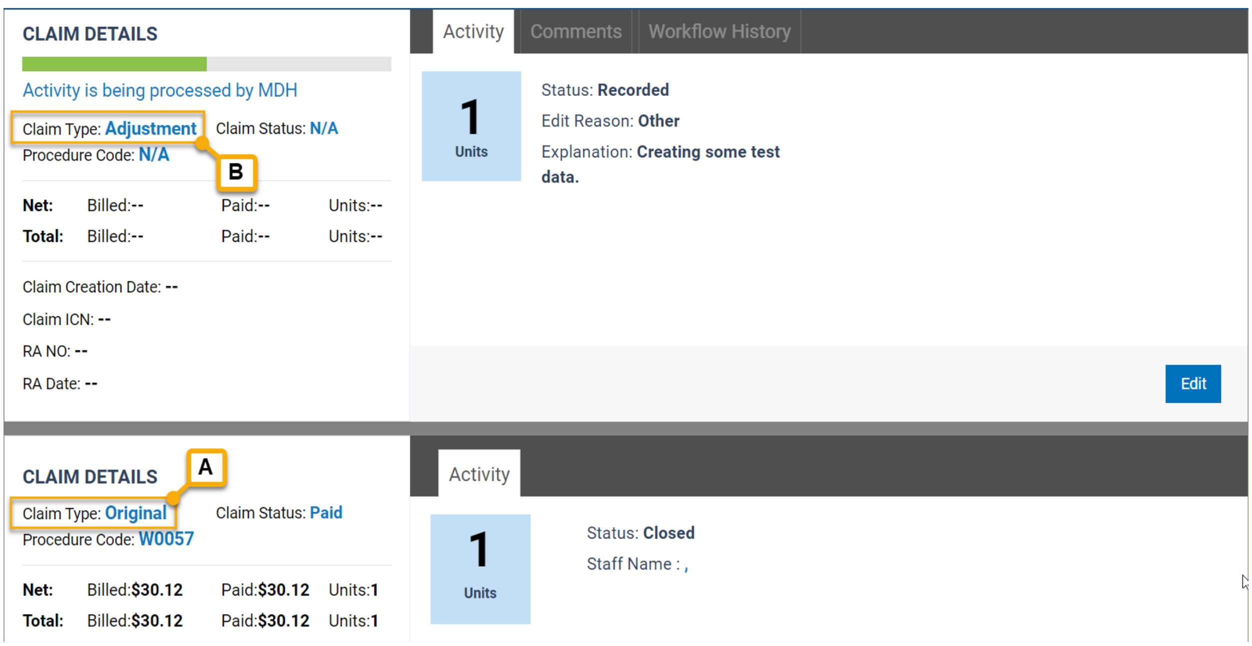
3. Click the Edit button on the new row. The system displays relevant fields in Edit mode.



4. Click Cancel to cancel the adjustment.
5. Update the following fields as needed:
    a. Units
        i. When units value can be only "1", adjusting it to "0" will Void the Claim.
    b. Edit Reason
        i. Change in Authorization, allows provider to resubmit this Claim in the case if there was change in authorization.
        ii. Other, opens a comment dialog requiring the provider to input their reasoning for adjustment.



6. Upon selecting Save, the screen will display the Original Claim (A) on a lower panel, and the Adjusted (B) submission on the top panel.



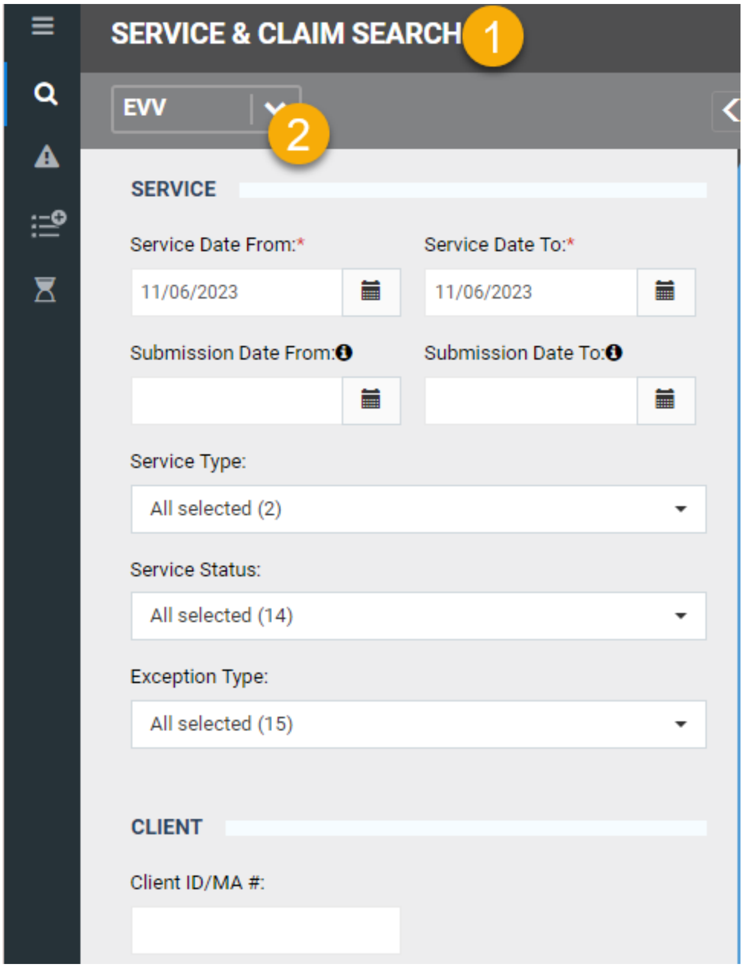
7. In the case of a subsequent adjustment made on an adjusted claim, the latest adjustment record is always displayed in the topmost row, followed by the older records.

4.2. BI EVV Claims

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

- Admin Provider
- Billing Provider
    - The Services and Claims search is located in the 'Services' area (1) and by selecting 'EVV' above the search panel (2).

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



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

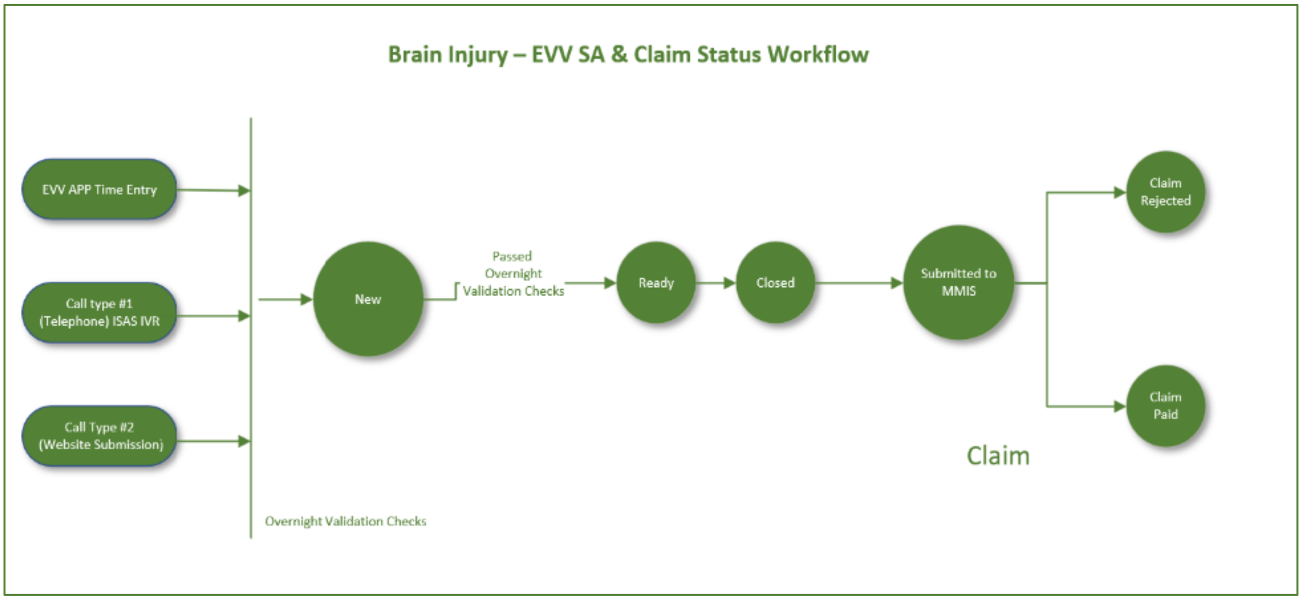
4.2.1. Workflow overview

A claim is generated when one or more Brain Injury EVV service activities with the same combination of Service Date, Service Type (Proc code), Provider #, and Client ID forming a service activity group are in the status of Ready. When the claim passes the overnight validations, a claim for the Service Activity group is created and becomes in the status of Submitted to MMIS. The status of all BI EVV service activities will go from Ready to Closed and the status of the claim created will be updated to Open. For Brain Injury EVV Claim creation, the following Service Types are considered:

a. Individual Support Services

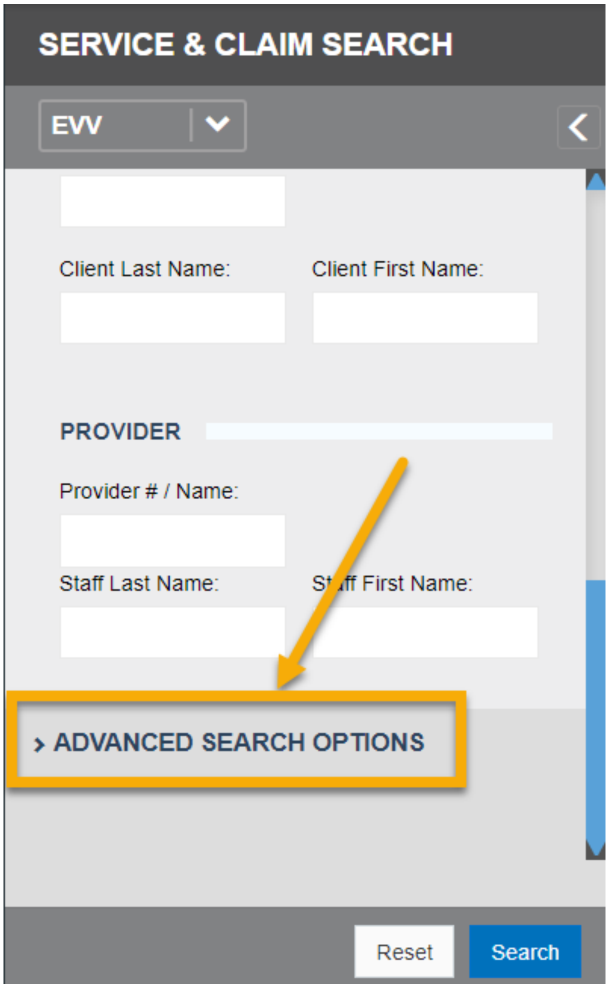
b. Brain Injury Virtual Support

Below is a visual of the EVV Services and Claims workflow



4.2.2. Claims Search

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



Service:

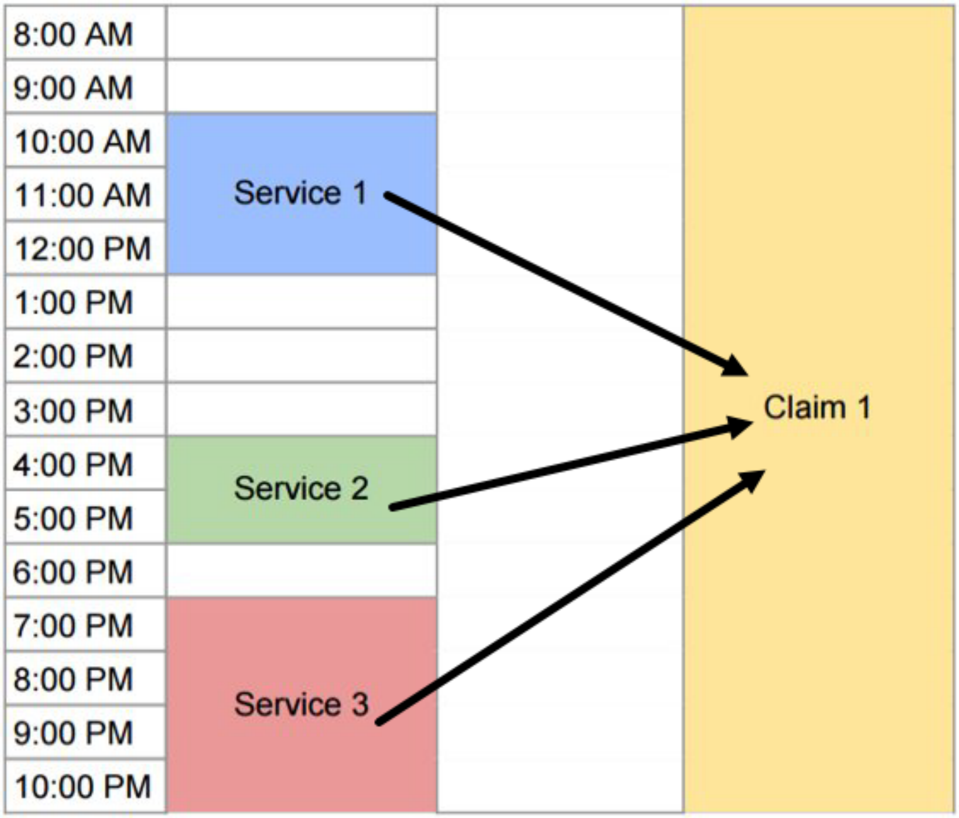
A clock-in and clock-out pair makes a Service.

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

Claim:

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

- Date of Service
- Provider Number
- Client LTSS ID/ Client MA Number
- Service Type (Brain Injury Virtual Support or Individual Support Services)



Note: EVV Services with the same Date, Provider MA Number, Client, Service type will combine into one claim.

b. Claim Status – This parameter is used to locate services based on their status. Claims can have one of the following statuses. Multiple statuses can be selected.
   i. Submitted to MMIS – services have passed the overnight checks and a claim has been submitted to MMIS
   ii. Paid – The claim submitted to MMIS has been paid
   iii. Rejected – When MMIS returns remittance with no payment for the submitted claim, the claim status will be Rejected
   iv. None (No Status) – There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation

e. Claim Type - This parameter is used to get services based on the type of claim created for it. Claims can have one of the below types. Multiple claims can be selected
   i. Original – The Original or Initial claim submitted for the service, after the service is first entered and successfully clears the service validation
   ii. Adjustment- Claims created for modifications made to services after an original claim has been submitted to MMIS and either Paid or Rejected
   iii. Void- Claims that are reduced to 0 units
   iv. No claim- There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation

f. RA No. (RA Number) – Allows search by the Remittance Advice Number received with a payment made by Medicaid to the Provider. Remittance Advice Number identifies all services paid with the associated check or payment (EFT).
Note: Service Date From and To fields that are required for other searches become optional when RA Number search is used (A) and the Submission Date parameters (B) are disabled for selection.

g. ICN – Allows search by the Internal Control Number (ICN) received from MMIS. ICN is a 13-digit number assigned to each claim in Medicaid. As ICN identifies a single claim, entering an input parameter in the ICN field disables the other search fields within the search panel.

h. Claim# – Allows search by the Claim Number assigned in Provider Portal for services billed to MMIS. The Claim# field is available when viewing services with a claim and can be used for internal communication within the Provider Agency. After entering the search parameters described in the above section, the Search action in the search panel should be selected to view the Search results.

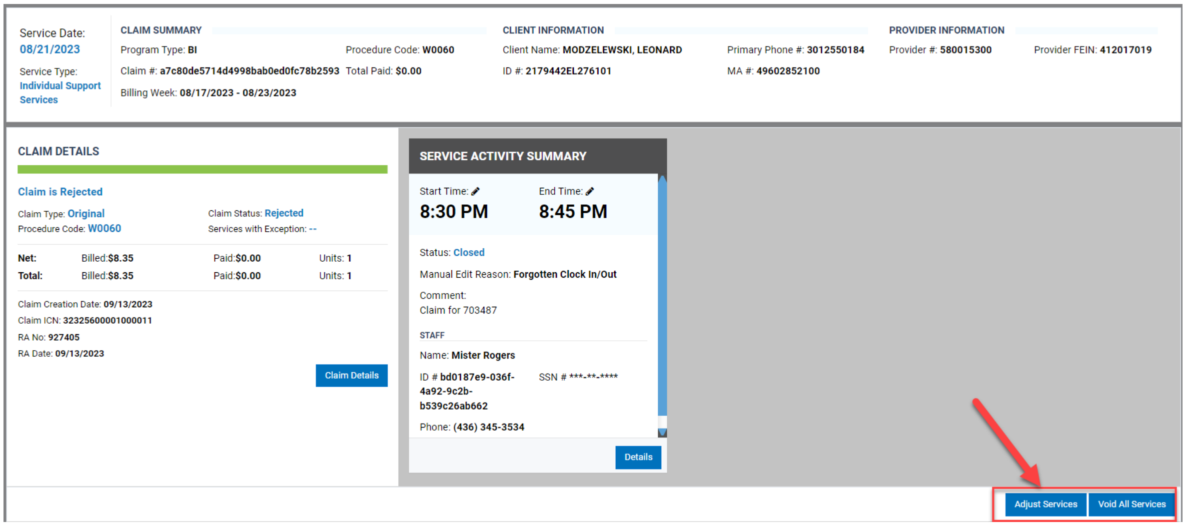
4.2.3. Claim Statuses.

Claim Status describes the status of the claim and can have one of the following statuses. Multiple statuses can be selected.

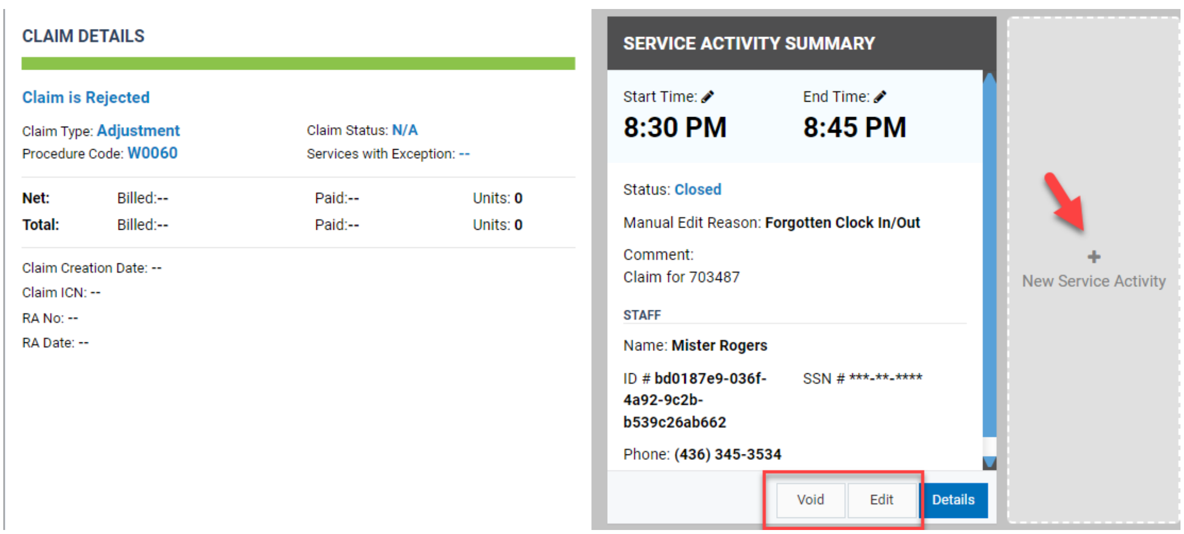
1. **Submitted to MMIS** – Services have passed the overnight checks, and a claim has been submitted to MMIS
2. **Paid** – The claim submitted to MMIS has been paid
3. **Rejected** – When MMIS returns remittance with no payment for the submitted claim, the claim status will be Rejected
4. ***None (No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

4.2.4. Claims management

When Claims are returned from MMIS, the system displays the results of the claim process in either Paid, Rejected or Not Submitted statuses. Admin and Billing Providers can Adjust service activities in this status by clicking on the **Adjust Services** button or Void All Services button.

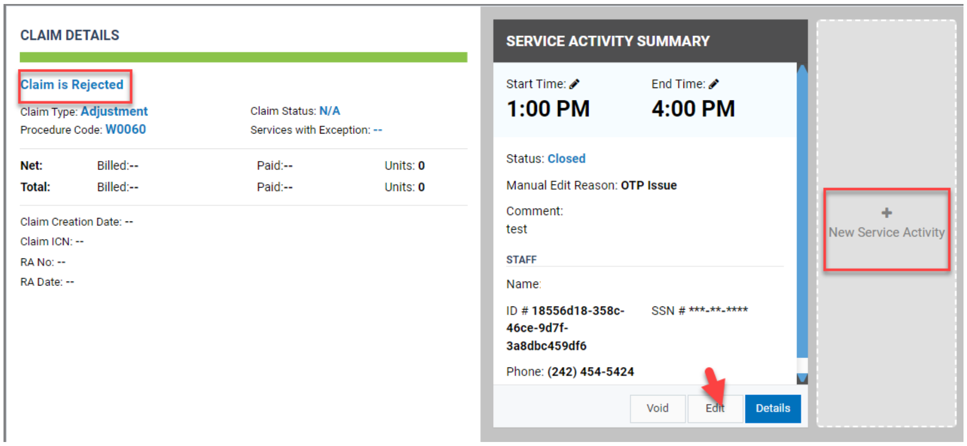


When you select the Adjust Services button, a new window for adding a new service activity will appear and details of the original claim will be retained. The user can either edit the existing service informaiton or add a new service activity.

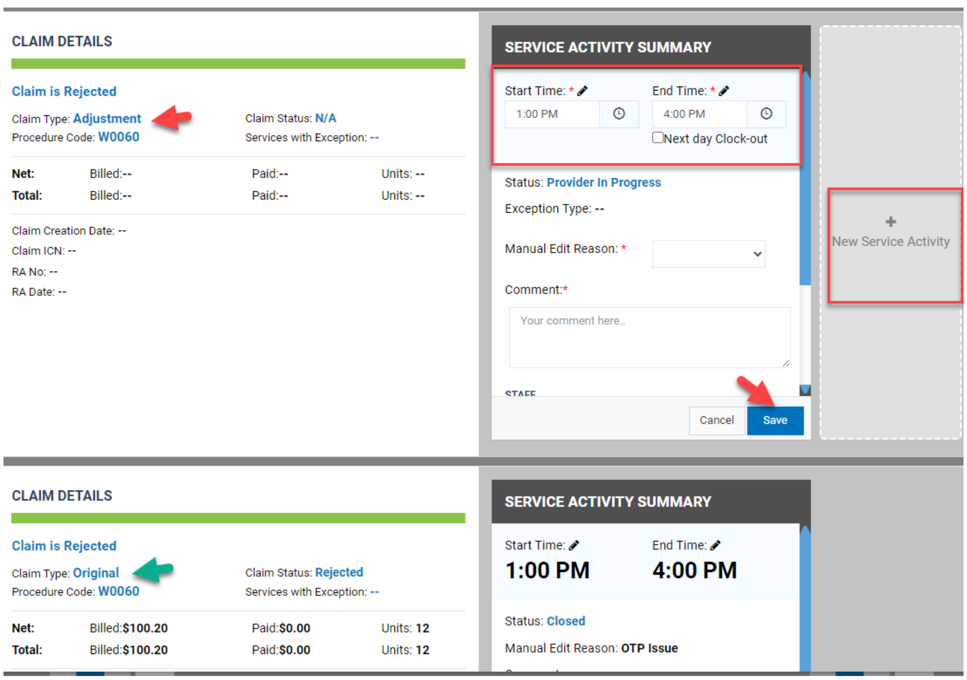


To edit a Claim:

1. Click on the edit button at the bottom of the Service Activity

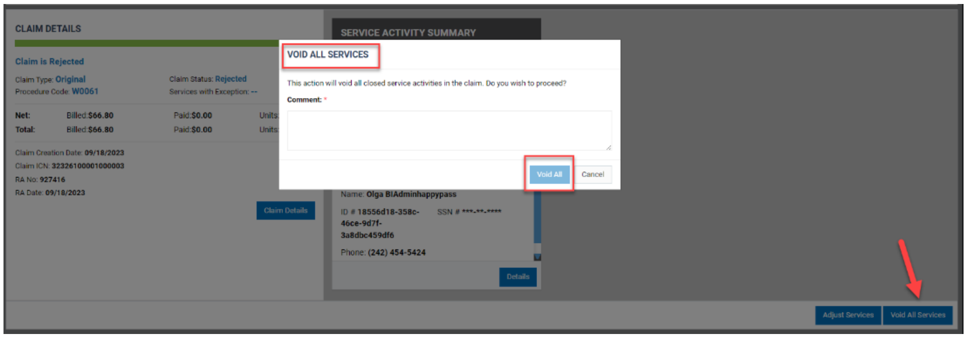


2. An adjustment claim is now generated above the original claim, and provider can edit the details of the service activity (such as start or end time) or add a whole new Service Activity.
3. Clock the Submit button to submit the service modification for review.



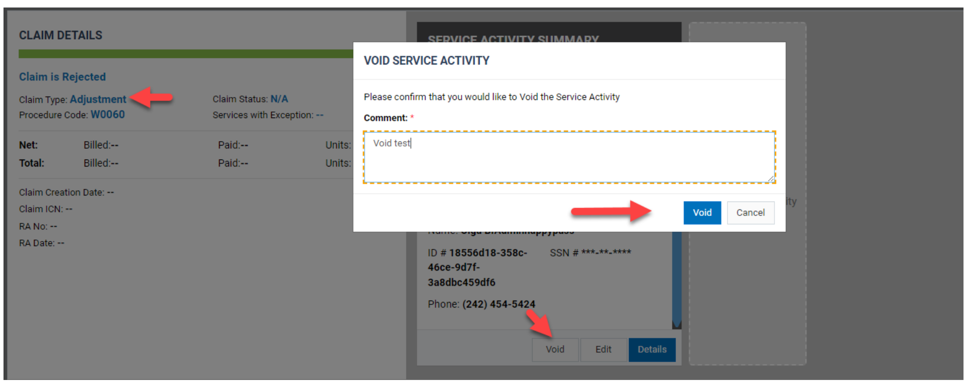
To Void All Services in a Claim:

1. Click on the “Void all Services” button
2. Enter the comments in the Void all services pop up box
3. Click on Void all



To Void a single Service Activity within a claim:

1. Click on the **Adjust services** button
2. Click the Void button on the Service Activity you wish to void.
3. Enter Comments within the Void service activity pop up box
4. Select Void to void the Service Activity ?



4.3. Staff Profile Management

4.3.1. Staff Profile Creation

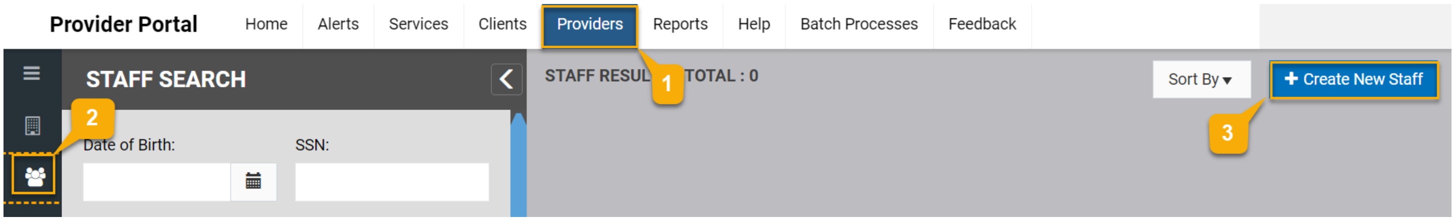
A Provider Agency's designated Admin Provider users can create a new staff profiles in the Provider Portal. These can be other Admin Providers, Billing Providers, or Staff Providers. Staff Providers cannot log into the Provider Portal. All Staff Providers must have a staff profile in the Provider Portal in order to clock in and out using EVV. The following steps describe the process of creating a new Staff Profile. Note: Billing Provider users cannot add staff profiles.

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

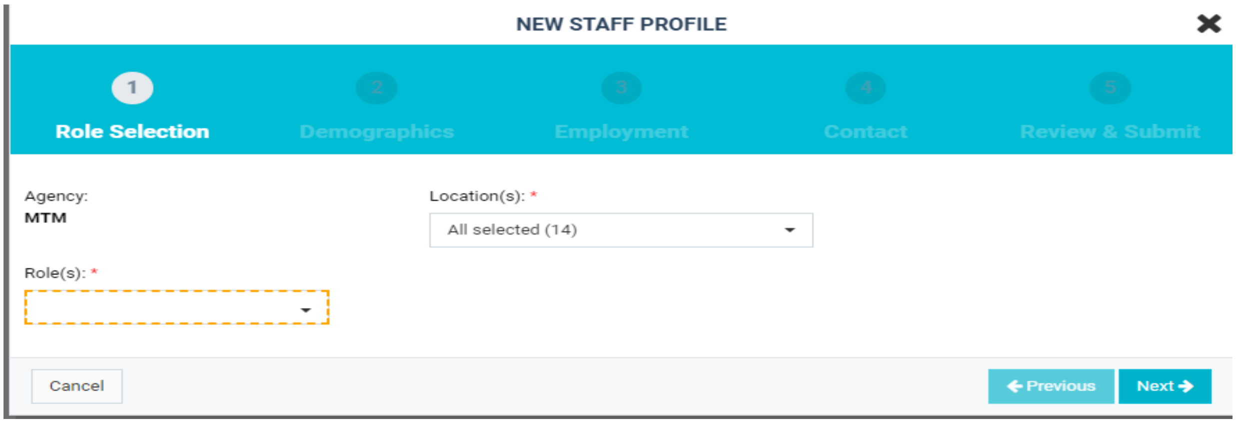
1. Go to the Providers tab in the Provider Portal
2. Click the staff icon on the left side menu

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

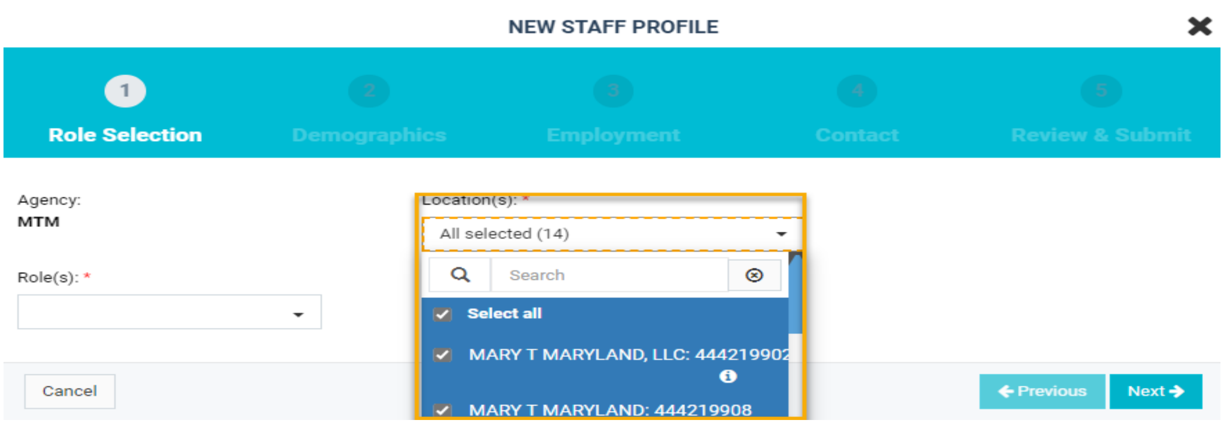
3. Click the Create New Staff box on the upper right.



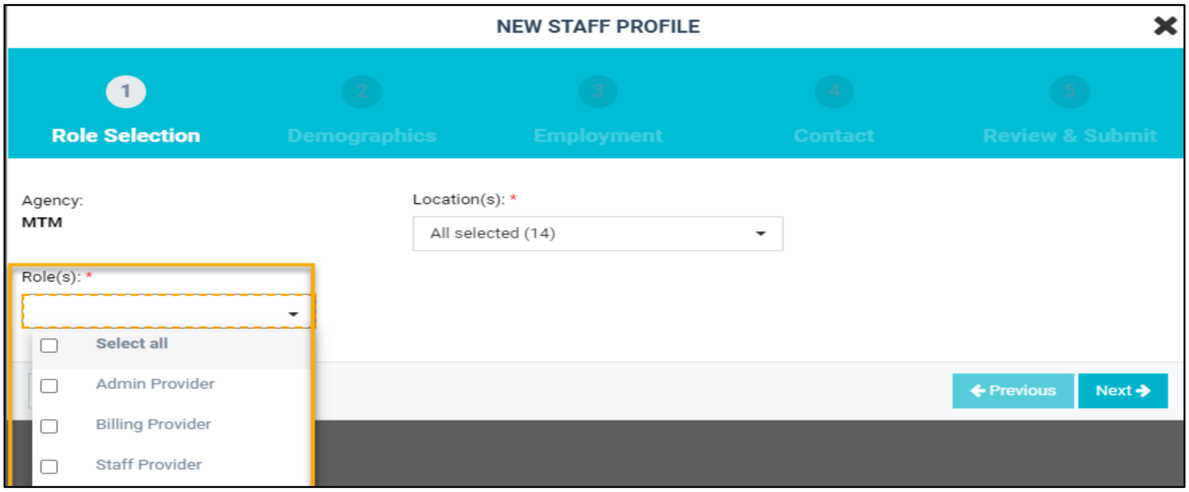
4. A “New Staff Profile” page is displayed.



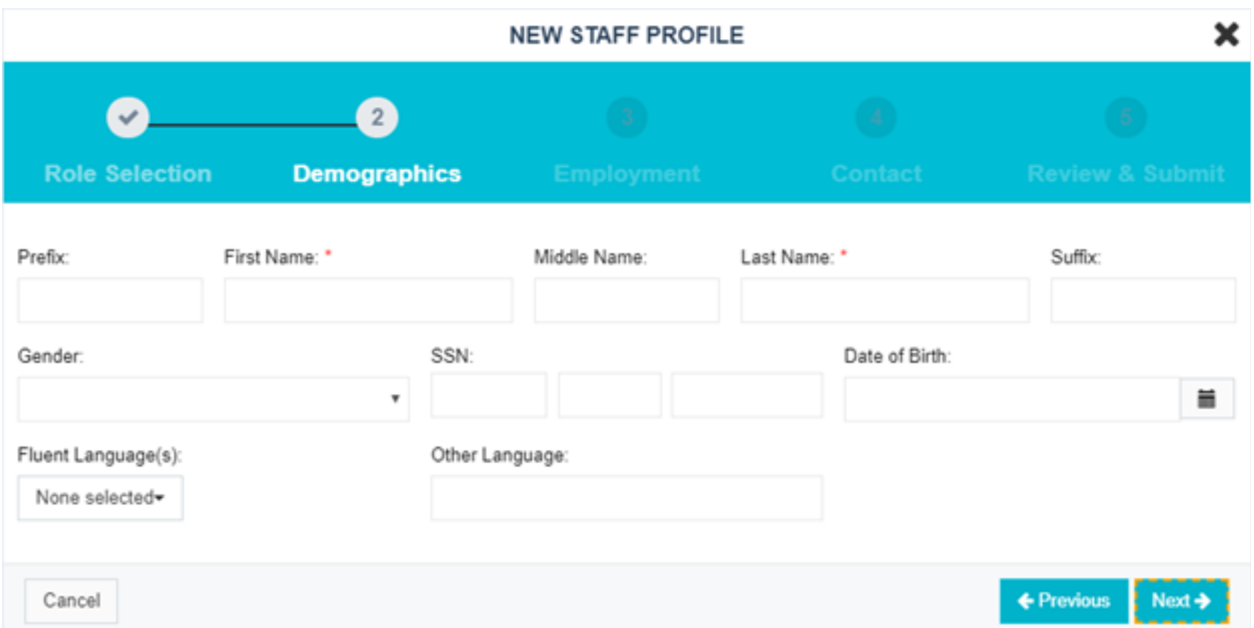
5. Agency is pre-populated with your provider agency’s name.
6. Location(s) is a required field. Select the site or sites that the new user will be assigned to by clicking the check box for the relevant sites in the drop-down menu. Multiplesites can be selected. (Note: All Sites in the Provider Agency are selected by Default).



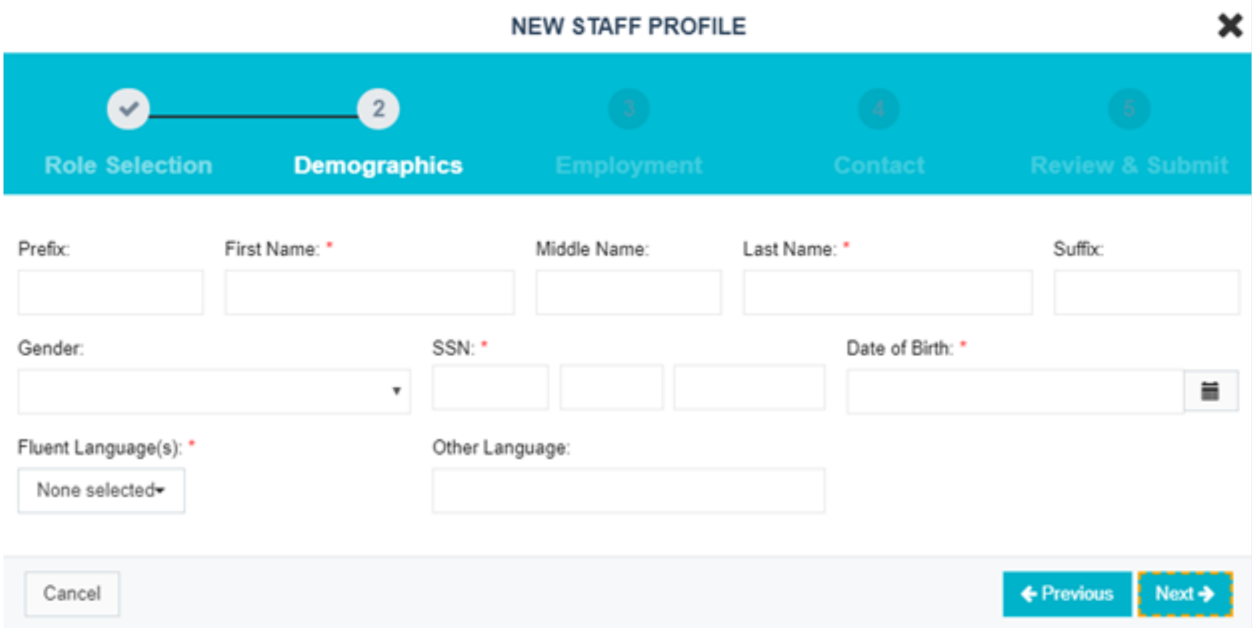
7. Role(s) is a required field that defines the permissions for the staff whose profile is being created. Staff can have more than one role assigned to them by selecting the checkboxes next to the appropriate Roles.



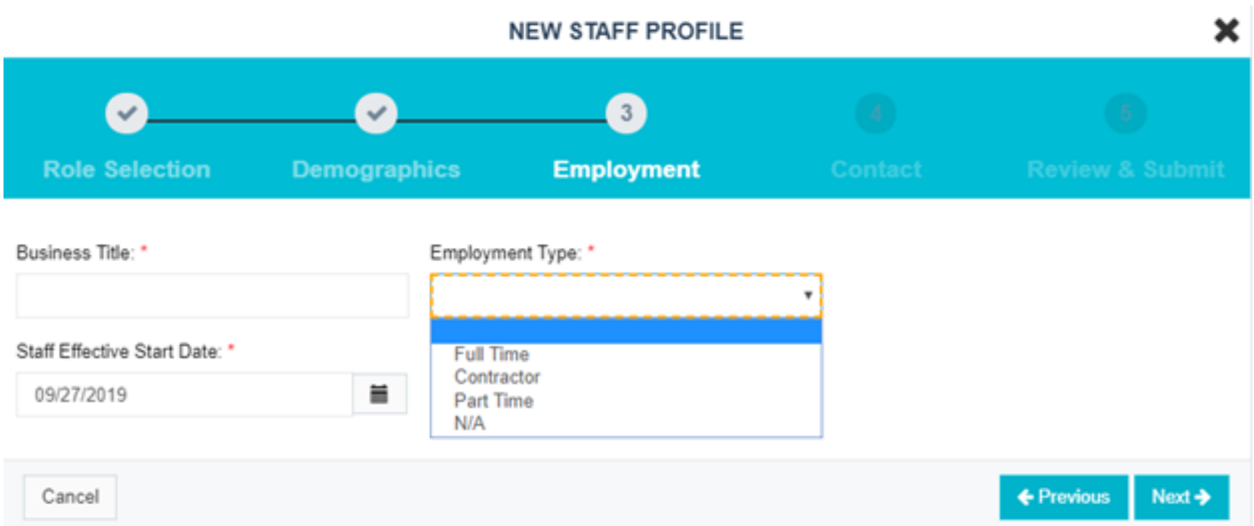
8. Once all the required information is entered, click Next.
9. When creating staff profiles for Admin Providers or Billing Providers, fill in at least the First Name and Last Name in the Demographic tab, these are the required fields.



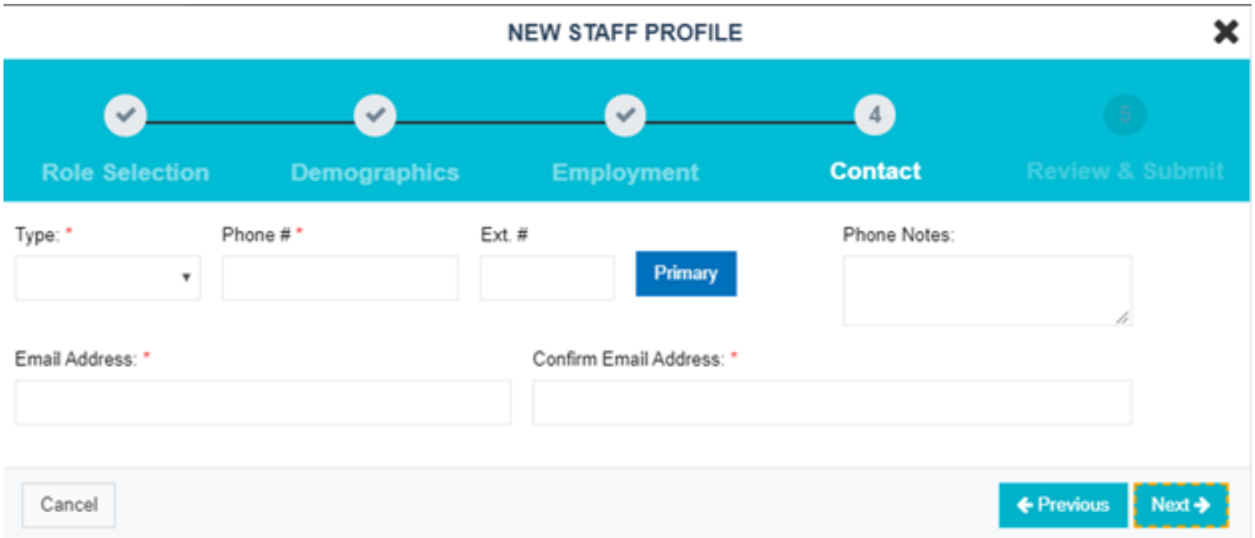
10. When creating staff profiles for Staff Provider roles, fill in the staff person's First Name and Last Name, SSN, Date of Birth, Fluent Languages and SSN. These are the required fields for anyone who will use EVV.



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



12. In the Contact tab, enter the Contact Type, Phone # and email address unique to the staff, if available.



An email address is required to create a staff profile. If a Staff Provider does not have an email address, you can enter your agency's email address.

13. Review all the entered information, make changes if necessary and Submit.

For Admin Providers and Billing Providers, after a new staff profile is created, you will need to set up a username for them to access the Provider Portal.

4.3.2. Staff Profile Management

Admin Provider users, can **edit** staff profiles.

The steps below explain the process of editing a Staff Profile in your assigned location:

1. Locate the staff page using the Providers tab
2. Open the staff page
3. Click Edit in the lower right corner to make changes to the staff profile. The following fields are editable (See below screenshot for reference):

   DEMOGRAPHICS

- Prefix
- Last Name
- Middle Name
- First Name
- Suffix
- Gender
- Date of Birth
- SSN
- Fluent Language(s)

   LOCATION

- Location(s)
- Role(s)

LOGIN INFORMATION

- Allow Login (Staff Provider roles do not have login access)
- Login Name

EMPLOYMENT

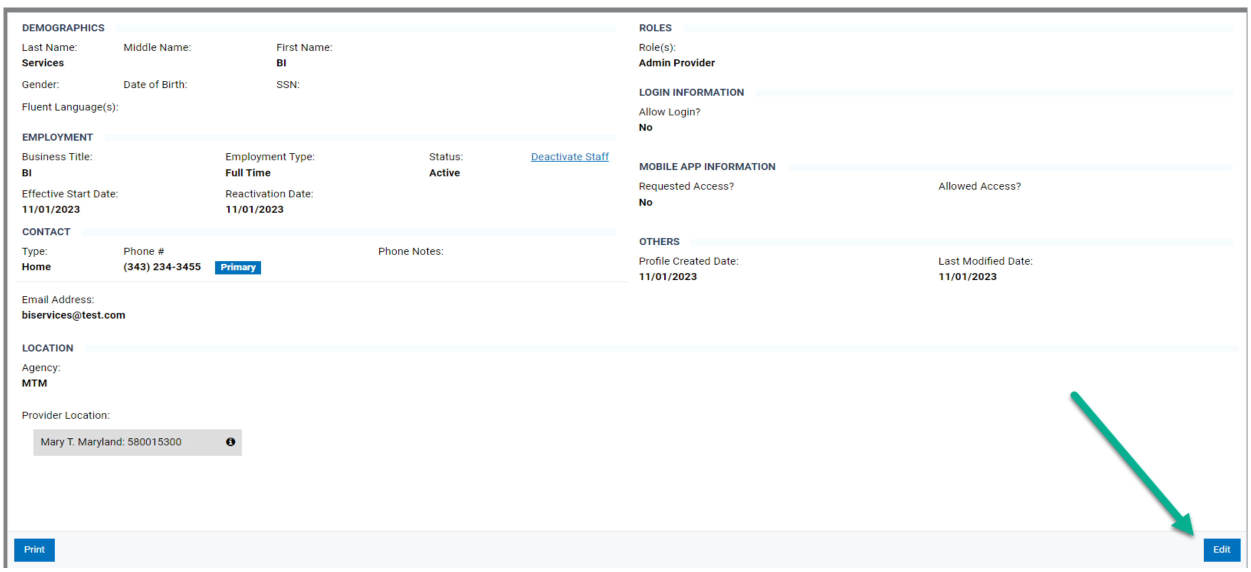
- Business Title
- Employment Type

CONTACT

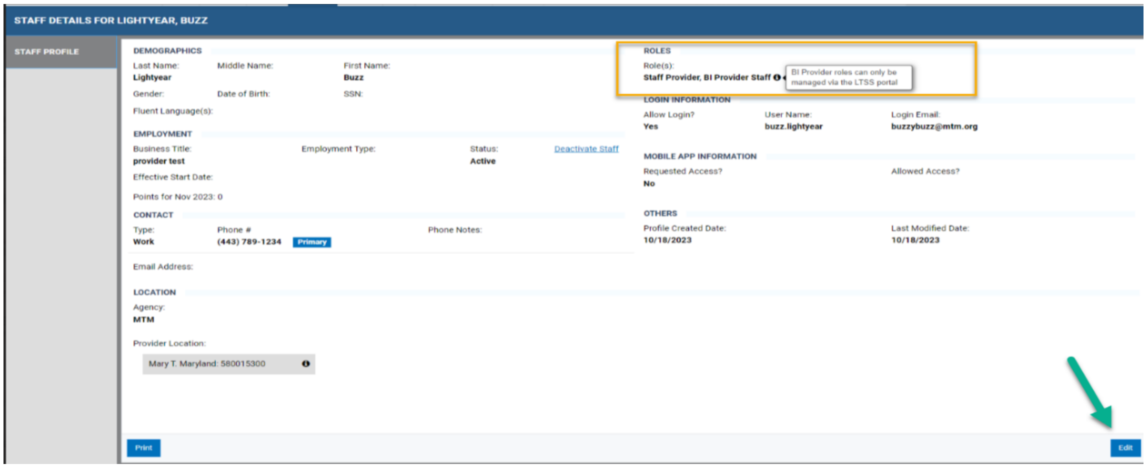
- Type
- Phone #, Extension
- Phone Notes (more than one can be added)
- Email Address (more than one can be added)

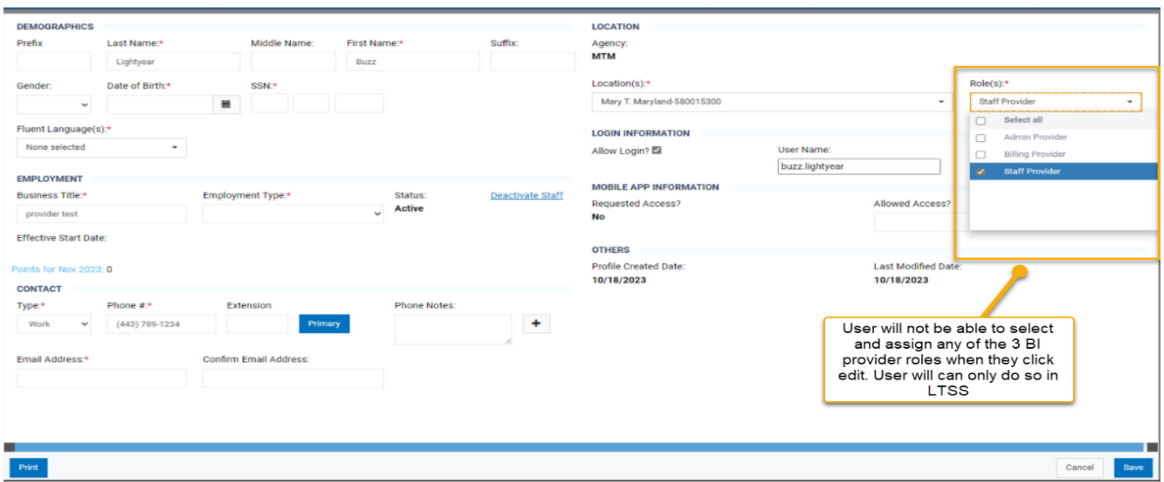
MOBILE APP INFORMATION

- Allowed Access?



Example of Staff Provider with BI Provider Staff Role below:



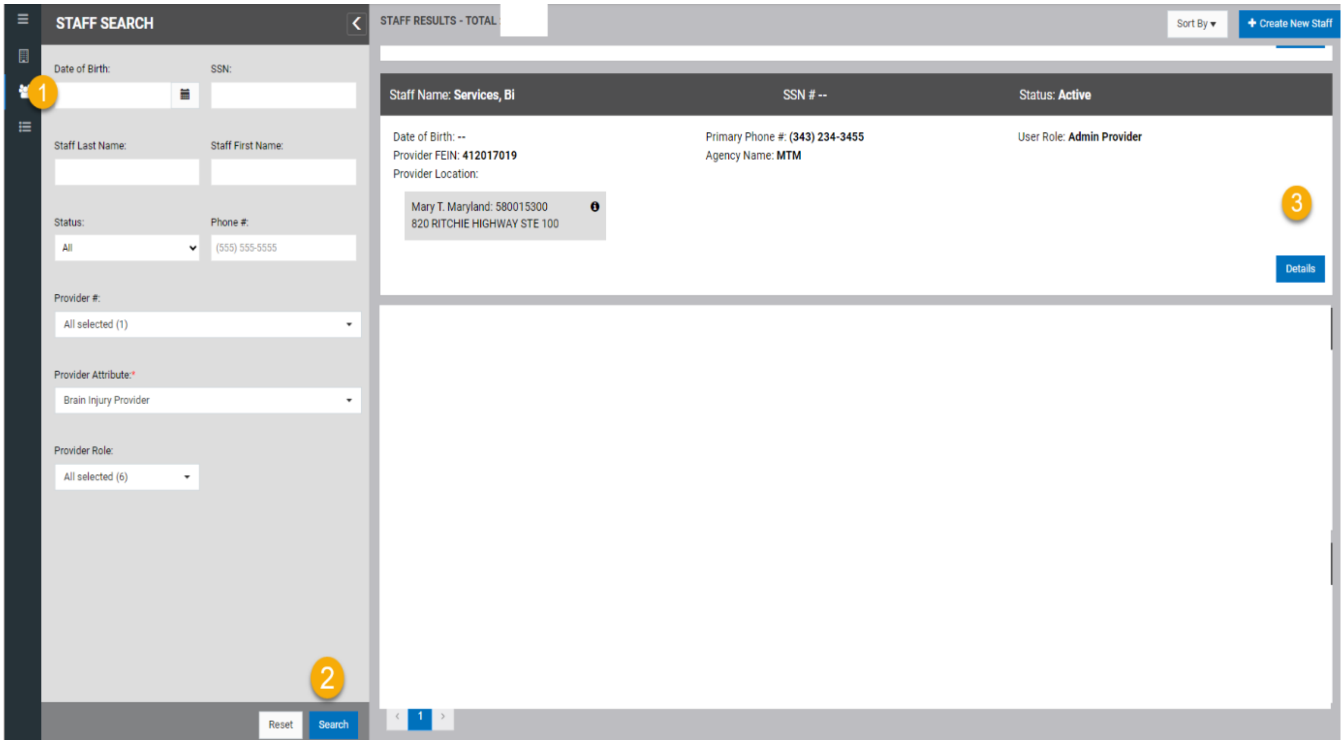


2. Click Save to complete changes

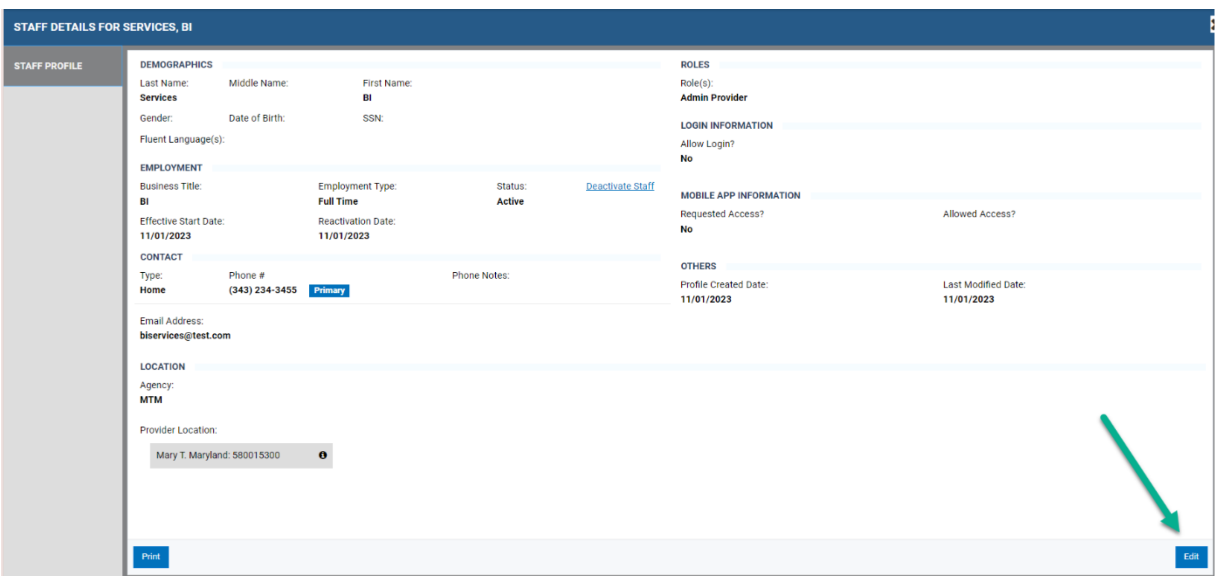
When a staff provider is terminated or resigns, Admin Providers are responsible for Deactivating the staff profile with accurate vacate dates.

The below steps define the process of Deactivating a Staff Profile:

1. Go to the ‘Providers’ tab in Provider Portal
2. Click the staff icon to the left
3. Search for Staff profile that you would like to make Inactive
4. Select “Details” button to navigate to the staff details page

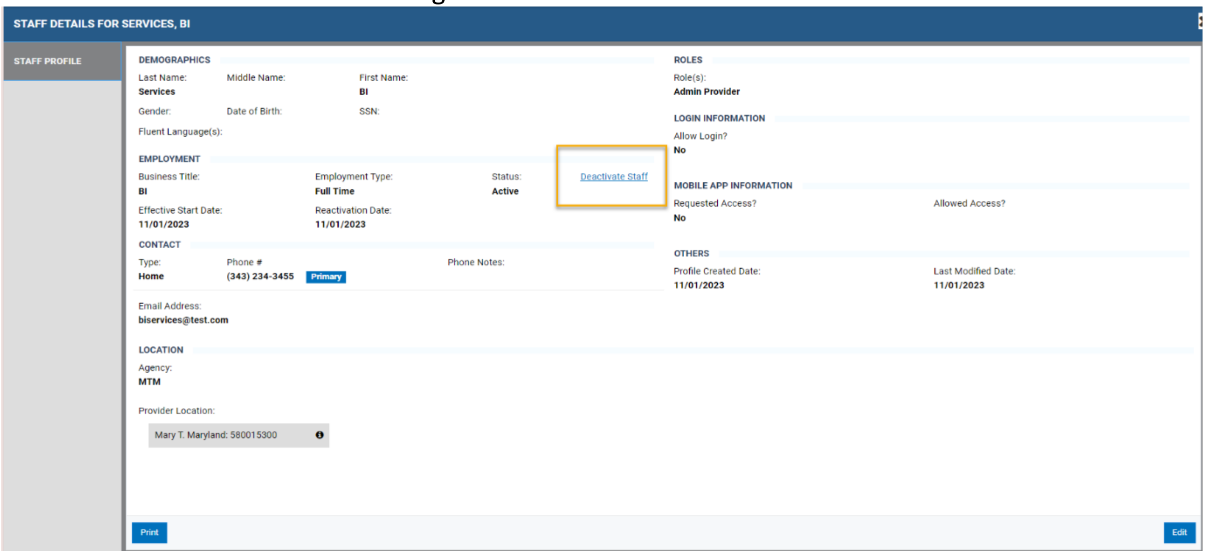


5. Select edit in bottom right corner of the Staff Profile page



6. Select blue Deactivate Staff hyperlink in the Employment section
7. Select a date
8. Add a comment
9. Submit
10. Save the changes

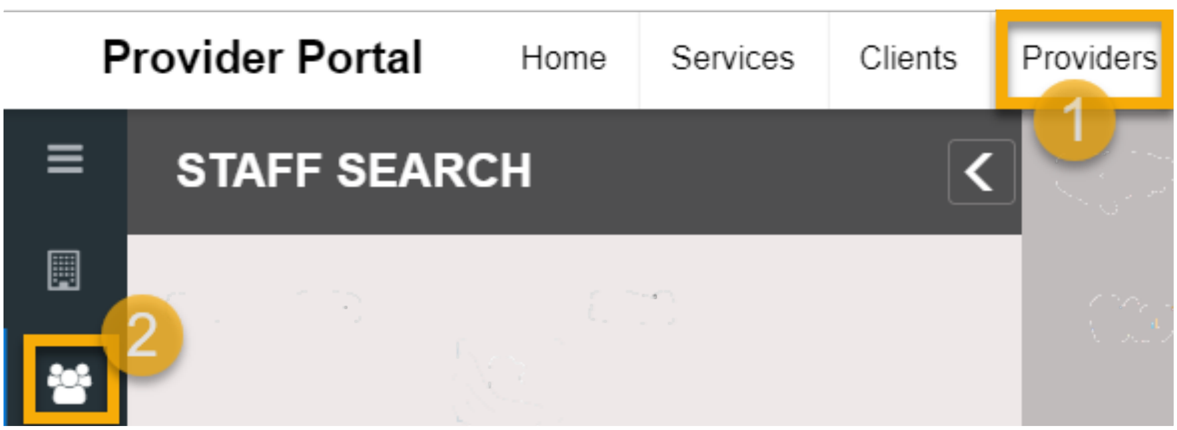
Note: Staff can be Activated/Deactivated multiple times as neededNote: Any service modification or Missing Time Request must be submitted for the staff before they are Deactivated, else you will need to reactivate them to make those changes



4.3.3. Staff Profile Search & Enhancement for Brain Injury Services

All Admin Provider and Billing Provider users can search and view staff belonging to the same Provider Location(s) as them.

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

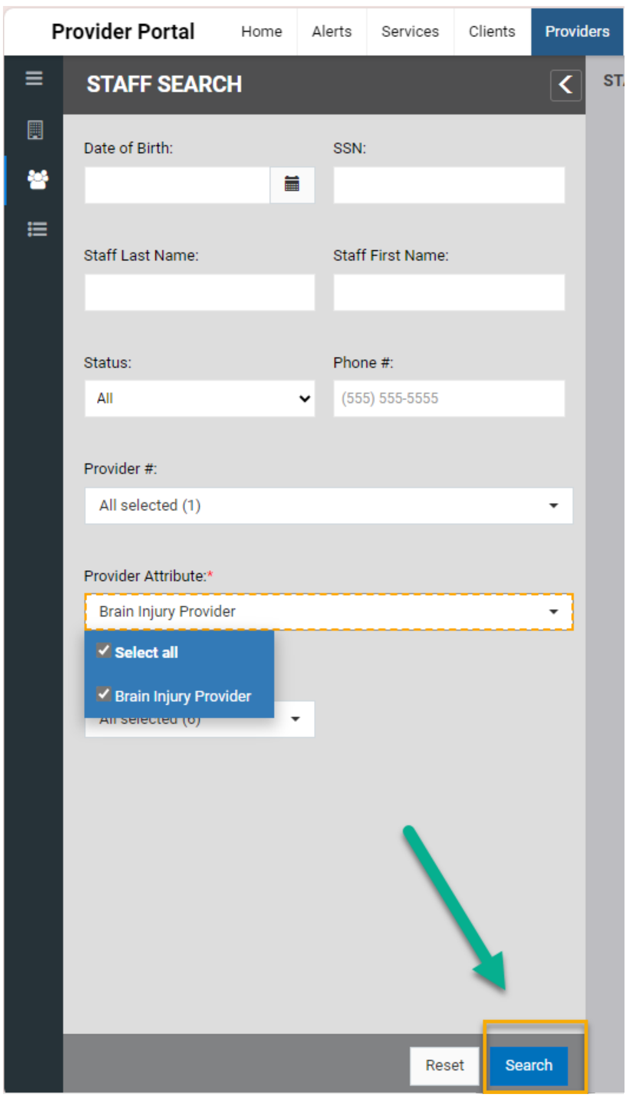


Staff Profiles can be searched with any of the below paraments:

- DOB – Staff Date of Birth (calendar field – accepts manual entry in format MM/DD/YYYY)
- SSN – Social Security Number
- Staff Last Name/ Staff First Name
- Status – All/Active/Inactive (default is All)
- Phone# – Phone number of staff (numeric field formats user entry into (NNN) NNN-NNNN)

- Provider #/Provider Name – Only locations assigned to the user performing the search are listed in the dropdown. Multi-select is allowed
- Provider Attribute – Provider Attribute is the LTSS identifier for the Provider Type. Attributes applicable to the locations of the provider are available for selection. Select "Brain Injury Provider" attribute, for listing staff that belong to locations authorized to deliver Brain Injury services.
- Provider Role – Lists different roles that a provider staff can have

Click Search to filter the results. All matching staff records are displayed on the right panel. *(See below screenshots*).

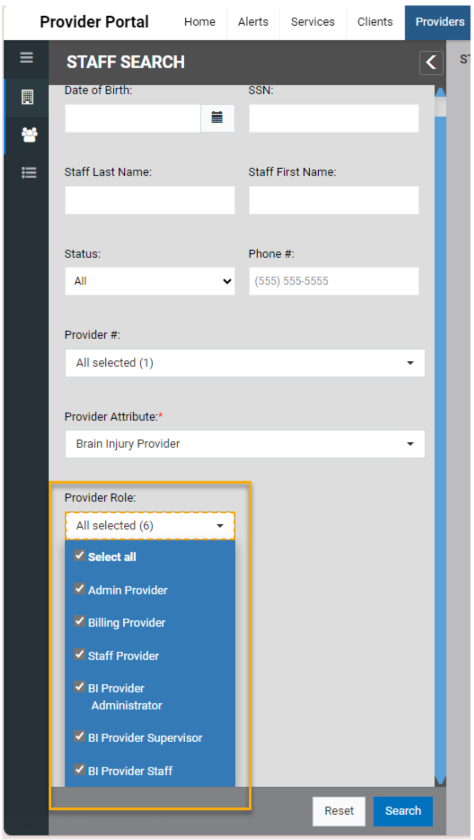


Staff Search Page Enhancement for Brain Injury Services

➢ In Provider Portal, you can search staff profiles based on any of the 6 user roles they are eligible for.
  - Admin Provider

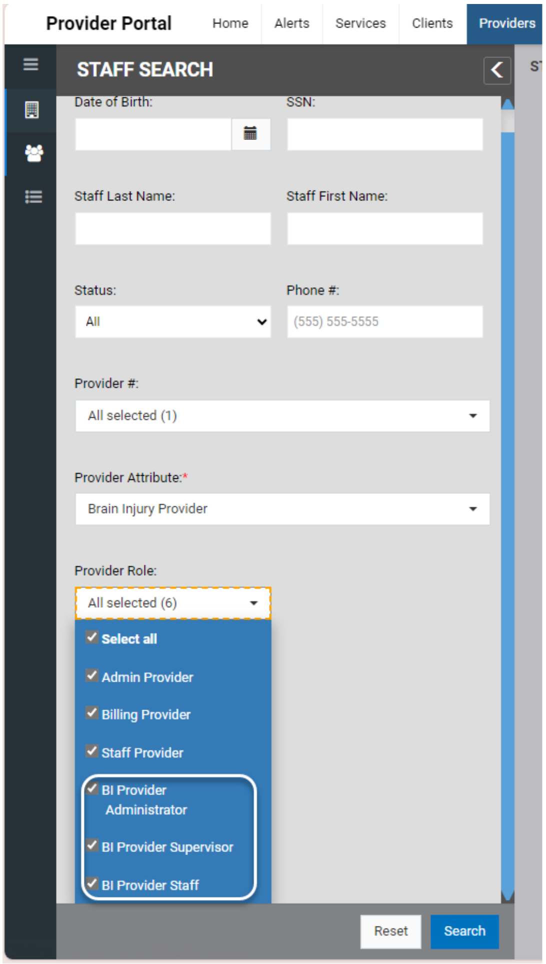
- Billing Provider
- Staff Provider
- BI Provider Administrator
- BI Provider Supervisor
- BI Provider Staff

➢ Note: The 3 preexisting user roles for BI, which are primarily used for case management in LTSSMaryland (BI Provider Administrator, BI Provider Supervisor, BI Provider Staff) can be searched under Staff Search in Provider Portal but can only be *managed* via the LTSS Portal



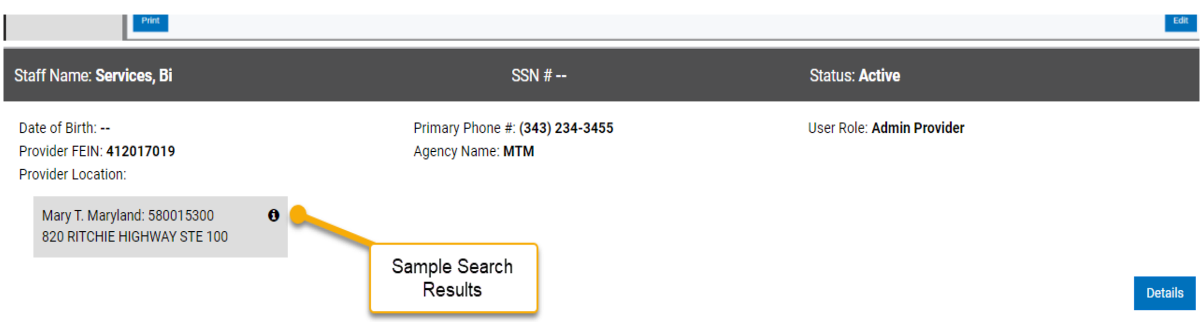
Those three BI provider roles are **view only** within Provider Portal. Users will not be able to edit these roles in Provider Portal

- BI Provider Staff
- BI Provider Administrator
- BI Provider Supervisor

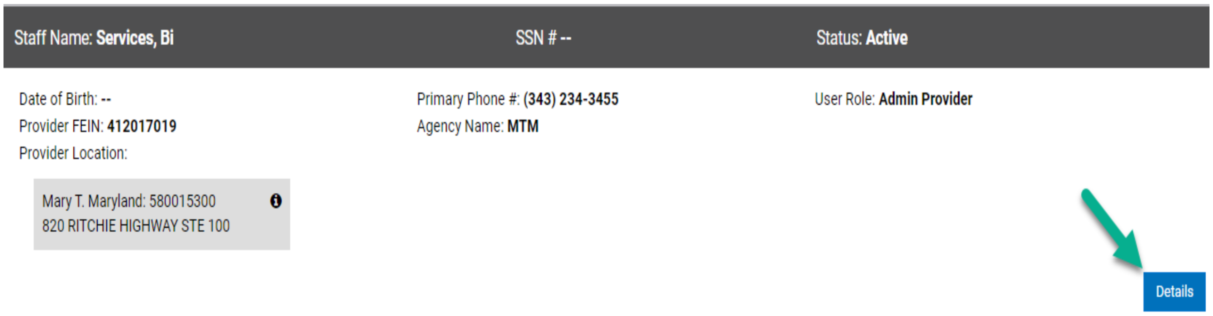


An info tip icon will be displayed next to these 3 BI Provider roles in View mode but will be hidden in edit mode. The info tip icon informs the user that the role can be managed only via the LTSS portal.

Please refer to screenshot below for an example:



Staff with Admin Provider and Billing Provider roles can search for staff profiles. Staff Profile information can be viewed by selecting Details on the desired profile.



Staff Management Scenarios

➢ *How do I make an existing staff in LTSSMaryland get access to Billing in Provider Portal (Service Activity management via Provider Portal):*
- The Staff needs the Admin Provider or Billing Provider role added to their profile in the Provider Portal
- An Admin Provider must find and Edit the staff's profile in Provider Portal

➢ *How do I allow an existing staff to deliver services and use EVV (EVV app, or through the IVR system)?*
- The Staff needs the Staff Provider role on their profile in Provider Portal
- An Admin Provider must find and Edit the staff profile in Provider Portal and assign the Staff Provider role
- Additional steps necessary to use the EVV App: (such as downloading app, creating an account, allowing access to the App on the staff profile
-)

➢ *I want to create a New profile for my staff, who will just be providing the BI EVV Services. They don't need any access to the system (neither for case management parts in LTSS or viewing the billed services in Provider Portal). Which user role should I assign them?*
- An Admin Provider should create a new profile or Edit an existing profile in Provider Portal and assign them the Staff Provider role
- Additional steps necessary to use the EVV App: (such as downloading app, creating an account, allowing access to the App on the staff profile)

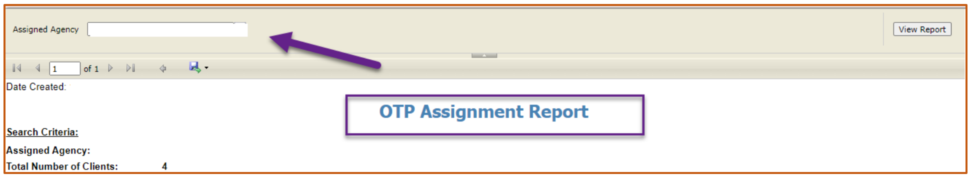
4.4. Reports

4.4.1. OTP Assignment Report

The OTP Assignment Report allows the provider to access a list of Clients that have been assigned an OTP device.

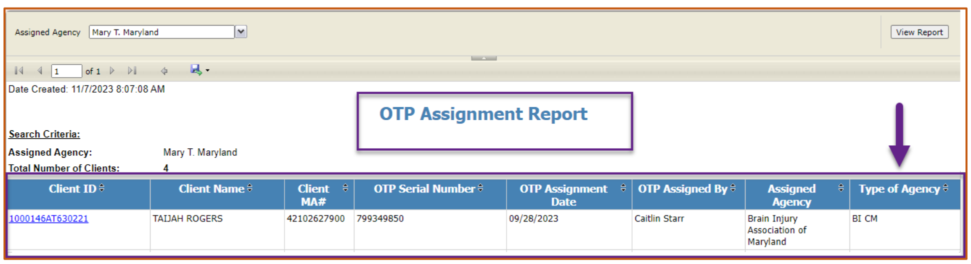
Input Parameters:

- Assigned Agency



- Output Parameters:

Client ID
Client Name
Client MA#
OTP Serial Number
OTP Assigned by
Assigned Agency
Type of Agency

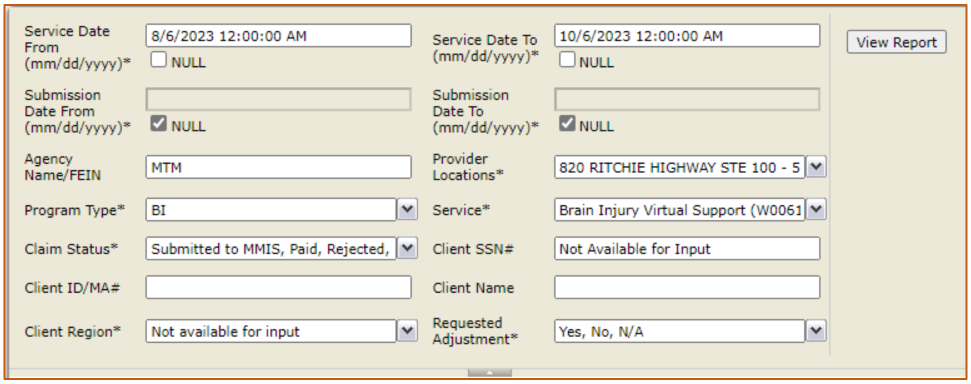


4.4.2. Provider Portal Claims Report

The Provider Portal Claims Report enables Provider users to view all claims that have been submitted to MMIS, Paid, or Rejected by MMIS. This report can be viewed and exported by the provider user roles below:

- Admin Provider
- Billing Provider

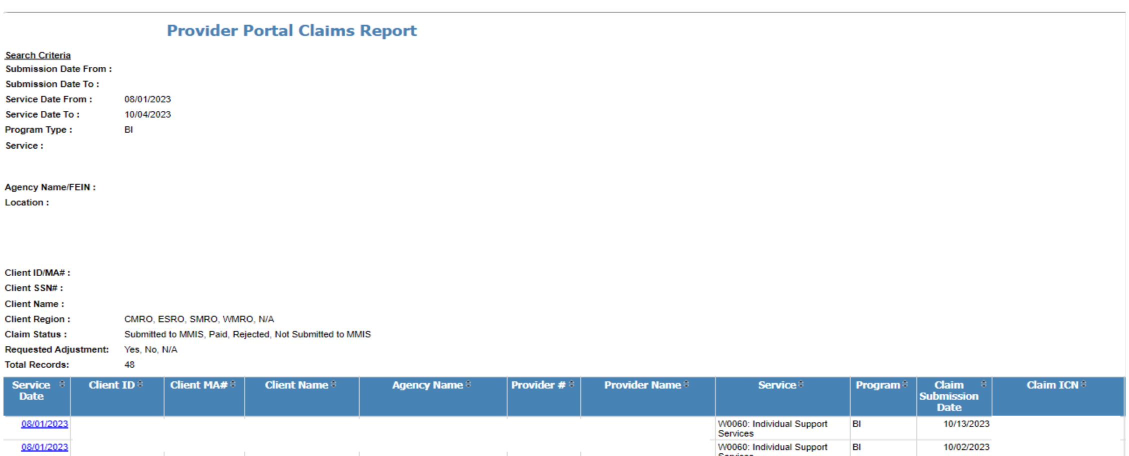
Input Parameters:



Service Date From and To
Submission Date From and To
Agency Name/FEIN
Provider Locations - *Drop-down list of all assigned locations, allows multi-select*
Program Type - *Drop-down of Program types, allows multi-select*
Service - *Dropdown list of all assigned Service Types, allows multi select*
Claim Status - *Dropdown list of all claim statuses, multi select allowed*
Client ID/MA# - *Enter Client Identifier*
Client Name - *Enter Client Name*

Only fields with a star * are required. Once your chosen input parameters are selected, scroll to the right end of the page and click '**View Report**' I the upper right corner to generate the report.

Output file:



Provider Portal Claims Report

Search Criteria
Submission Date From :
Submission Date To :
Service Date From : 08/01/2023
Service Date To : 10/04/2023
Program Type : BI
Service :

Agency Name/FEIN :
Location :

Client ID/MA# :
Client SSN# :
Client Name :
Client Region : CMRO, ESRO, SMRO, WMRO, N/A
Claim Status : Submitted to MMIS, Paid, Rejected, Not Submitted to MMIS
Requested Adjustment: Yes, No, N/A
Total Records: 48

Service Date	Client ID	Client MA#	Client Name	Agency Name	Provider #	Provider Name	Service	Program	Claim Submission Date	Claim ICN
08/01/2023							W0060: Individual Support Services	BI	10/13/2023	
08/01/2023							W0060: Individual Support Services	BI	10/02/2023	

Claim Type	Claim Status	Cost To Care	Net Paid Amount	Net Billed Amount	Net Units	Total Paid Amount	Total Billed Amount	Total Units	Claim Denial Reason	Claim Comments	Requested Adjustment
Original	Paid		$103.20	$103.20	12	$103.20	$103.20	12			No
Adjustment	Paid		$17.20	$17.20	2	$43.00	$43.00	5	Duplicate claim/service.		No
Original	Paid		$25.80	$25.80	3	$25.80	$25.80	3			No
Adjustment	Not Submitted to MMIS		$0.00	$0.00	0		$43.00	5			No
Adjustment	Rejected		$0.00	$8.60	1	$0.00	$43.00	5	Duplicate claim/service.		No

Output Parameters:

Service Date	Claim Type
Client ID	Claim Status
Client MA#	Net Paid Amount
Agency Name	Net Billed Amount
Client Name	Net Units
Provider #	Total Paid Amount
Provider Name	Total Billed Amount
Service	Total Units
Program	Claim Denial Reason
Claim Submission Date	Claim Comments
Claim ICN	
Requested Adjustment	

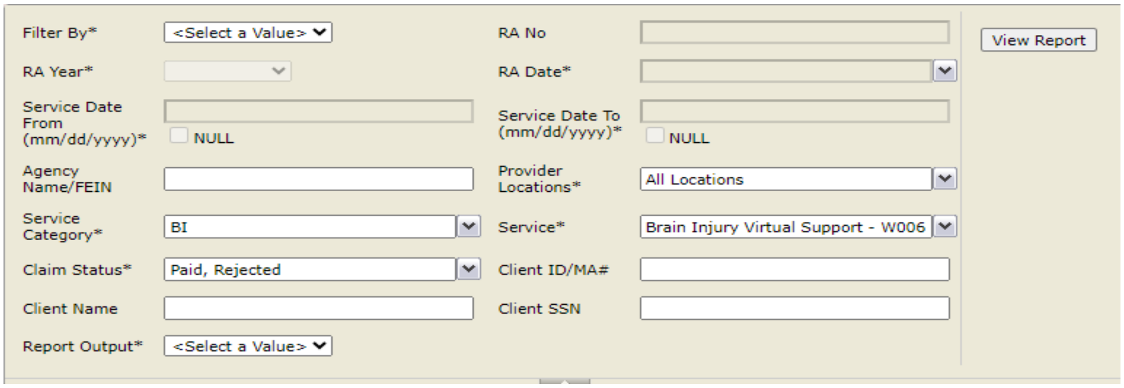
4.4.3. Remittance Advice Report

The Remittance Advice Report allows Provider users to view the total Paid or Rejected amounts for Claims that have been submitted for services performed so that the Providers can reconcile their billing with the payments received. The report lists Claims associated with the Remittances based on the filters for RA (check) number, RA (check) dates and Service/Claim dates.

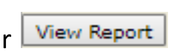
This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing Provider

Input Parameters:



Filter By - *Choose if the Report should to be filtered by RA No, RA Year/Date, or Service Dates*
RA No - *Enter a specific Remittance Advice Number (Check Number) for a Claim*
RA Year/Date - *Enter specific Remittance Advice Dates for a Claim*
Service Date From and To - *Enter specific Service Date range*
Agency Name/FEIN - *Enter name of Agency or FEIN#*
Provider Locations - *Drop-down list of all assigned locations, allows multi-select*
Service Category - *Choose BI Services, allows multi select*
Service - *Dropdown list of all assigned Service Types, allows multi select*
Claim Status - *Dropdown list of all claim statuses, multi select allowed*
Client ID/MA# - *Enter Client Identifier*
Client Name - *Enter Client Name*
Report Output - *Choose between 'Summary Report' and 'Detail Report' output versions – single select*

Fields with a star * are required and change depending on selections. Once the input parameters are entered, scroll to the right end of the page and click View Report in the upper right corner 

to generate the report.

Remittance Advice Summary Report

Search Criteria:

Filter By:	Service Dates
RA No:	N/A
RA Year:	N/A
RA Date:	N/A
Service Date From:	8/1/2023
Service Date To:	10/5/2023
Agency Name/FEIN:	MTM
Provider Locations:	
Service Category:	
Service:	Brain Injury Virtual Support - W0061; Individual Support Services - W0060
Claim Status:	Paid; Rejected
Client ID/MA#:	
Client Name:	
Client SSN#:	
Report Output:	Summary Report

Total Records: 2

RA No	RA Date	Agency Name	Provider #	Provider FEIN	Provider Name	Paid Amount	Rejected Amount
927405	09/13/2023					$0.00	$100.20
927416	09/18/2023					$0.00	$434.20

Output Parameters:

RA No	Provider Name
RA Date	Paid Amount
Provider #	Rejected Amount
Provider FEIN	

Output File: When Detail Report is selected in the Report Output option (vs. Summary Report)

Remittance Advice Detail Report

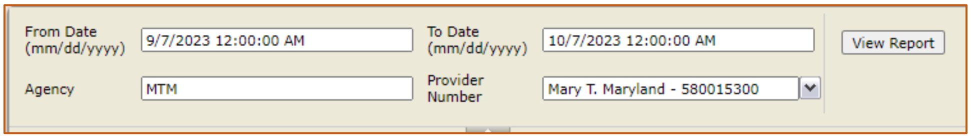
Search Criteria:

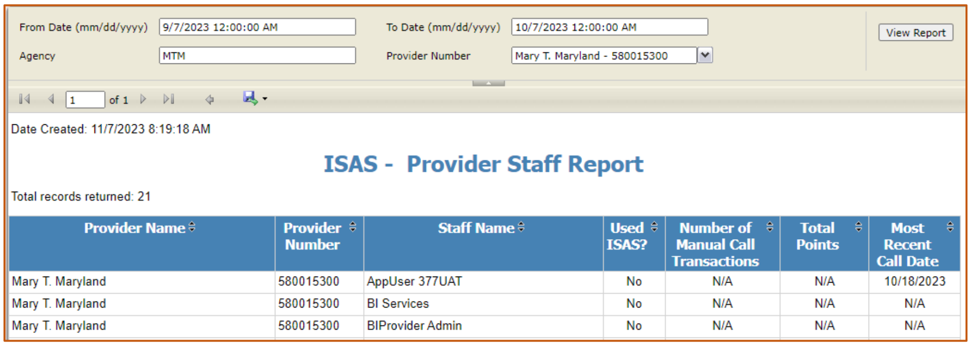
Filter By:	Service Dates
RA No:	N/A
RA Year:	N/A
RA Date:	N/A
Service Date From:	8/1/2023
Service Date To:	10/5/2023
Agency Name/FEIN:	
Provider Locations:	
Service Category:	
Service:	Brain Injury Virtual Support - W0061; Individual Support Services - W0060
Claim Status:	Paid; Rejected
Client ID/MA#:	
Client Name:	
Client SSN#:	
Report Output:	Detail Report

Total Records: 7

Service Date	Client Id	Client MA#	Client Name	Agency Name	Provider #	Provider Name	Provider Address	Service	Program	RA NO
08/20/2023									BI	927416
08/21/2023									BI	927405
08/21/2023									BI	927405
08/22/2023									BI	927405

4.4.4. PBSO Provider Staff Report





Provider Name	Provider Number	Staff Name	Used ISAS?	Number of Manual Call Transactions	Total Points	Most Recent Call Date
Mary T. Maryland	580015300	AppUser 377UAT	No	N/A	N/A	10/18/2023
Mary T. Maryland	580015300	BI Services	No	N/A	N/A	N/A
Mary T. Maryland	580015300	BIProvider Admin	No	N/A	N/A	N/A

4.4.5. EVV Services Overlap Report

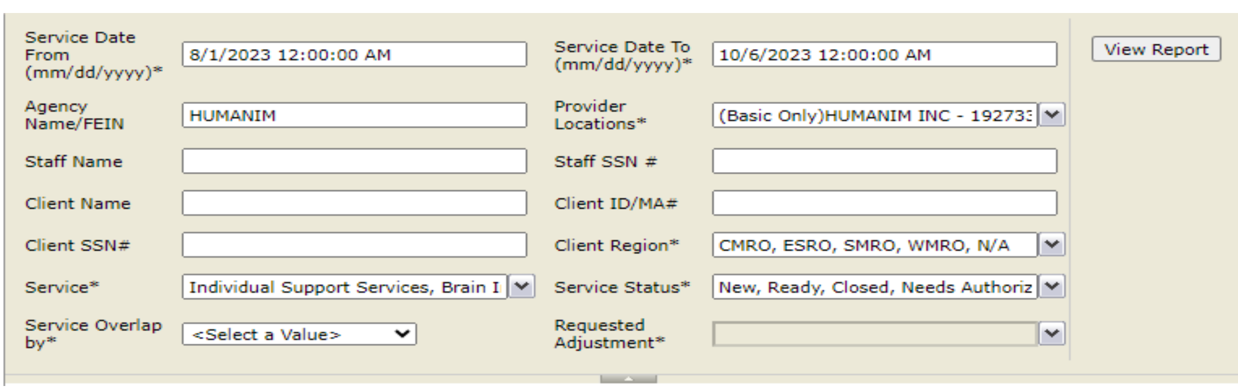
The EVV Services Overlap Report helps Provider users to view overlapping services so they may correct the services.

Providers can resolve overlapping Services with overlap either for the same staff or for the same client within their agency

This report can be viewed and exported by the below Provider roles

- Admin Provider
- Billing Provider

Input Parameters:

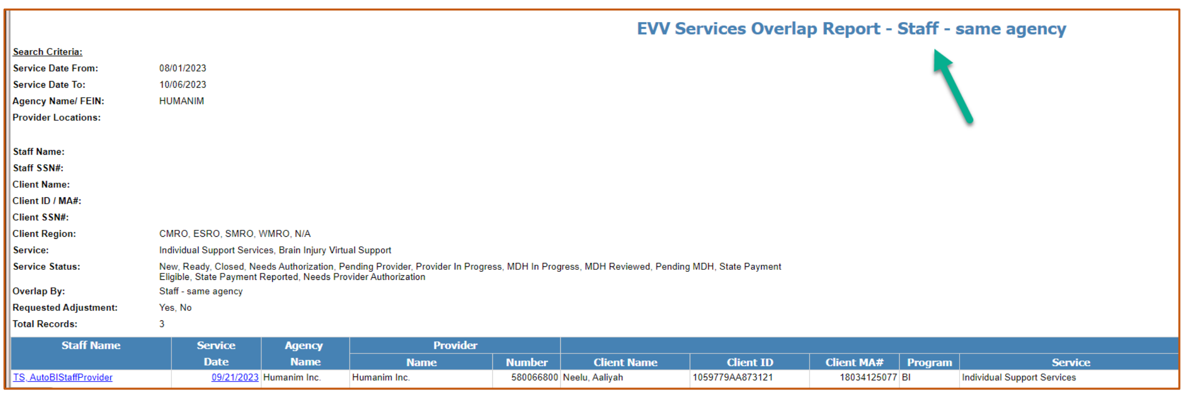


Service Date From and To – *Enter specific dates to view services rendered*

Agency Name/FEIN - *Enter name of Agency or FEIN#*
Provider Locations - *Drop-down list of all assigned locations, allows multi-select*
Staff Name: *Enter the Staff Provider Name*
Client Name - *Enter Client Name*
Client ID/MA# - *Enter Client Identifier*
Service - *Dropdown list of all assigned Service Types, allows multi-select*
Service Activity Status - *Dropdown list of all service statuses, allows multi-select*
Service Overlap by – *Select if the results to be displayed are due to overlap of Staff or Client*

Fields with a star * are required. Once the input parameters are entered, scroll to the right end of the page and click View Report View Report on the upper right corner to generate the report.

Output File: Overlap by Staff – Same agency

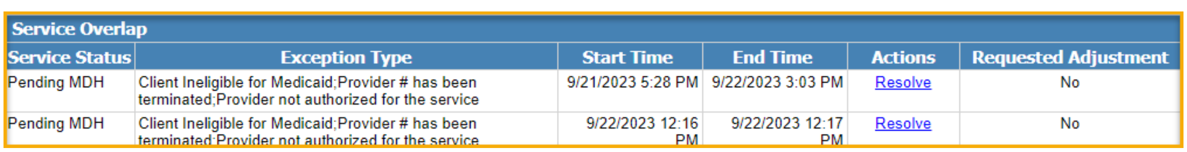


EVV Services Overlap Report - Staff - same agency

Search Criteria:

Service Date From:	08/01/2023
Service Date To:	10/06/2023
Agency Name/ FEIN:	HUMANIM
Provider Locations:	
Staff Name:	
Staff SSN#:	
Client Name:	
Client ID / MA#:	
Client SSN#:	
Client Region:	CMRO, ESRO, SMRO, WMRO, N/A
Service:	Individual Support Services, Brain Injury Virtual Support
Service Status:	New, Ready, Closed, Needs Authorization, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH, State Payment Eligible, State Payment Reported, Needs Provider Authorization
Overlap By:	Staff - same agency
Requested Adjustment:	Yes, No
Total Records:	3

Staff Name	Service Date	Agency Name	Provider						
			Name	Number	Client Name	Client ID	Client MA#	Program	Service
TS, AutoBIStaffProvider	09/21/2023	Humanim Inc.	Humanim Inc.	580066800	Neelu, Aaliyah	1059779AA873121	18034125077	BI	Individual Support Services



Service Overlap

Service Status	Exception Type	Start Time	End Time	Actions	Requested Adjustment
Pending MDH	Client Ineligible for Medicaid;Provider # has been terminated;Provider not authorized for the service	9/21/2023 5:28 PM	9/22/2023 3:03 PM	Resolve	No
Pending MDH	Client Ineligible for Medicaid;Provider # has been terminated;Provider not authorized for the service	9/22/2023 12:16 PM	9/22/2023 12:17 PM	Resolve	No

Staff Name	Service
Service Date	Service Status
Provider Name	Exception Type
Provider Number	Start Time
Client Name	End Time
Client ID	Actions
Client MA #	Program

Requested Adjustment	

Output File: Overlap by Client

EVV Services Overlap Report - Client

Search Criteria:

Service Date From:	08/01/2023
Service Date To:	10/06/2023
Agency Name/ FEIN:	HUMANIM
Provider Locations:	
Staff Name:	
Staff SSN#:	
Client Name:	
Client ID / MA#:	
Client SSN#:	
Client Region:	CMRO, ESRO, SMRO, WMRO, N/A
Service:	Individual Support Services, Brain Injury Virtual Support
Service Status:	New, Ready, Closed, Needs Authorization, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH, State Payment Eligible, State Payment Reported, Needs Provider Authorization
Overlap By:	Client
Requested Adjustment:	Yes, No
Total Records:	2

Client Name	Client ID	Client MA#	Service Date	Agency Name	Provider Name	Provider Number	Staff Name	Program	Service	Service Status
Neelu, Aaliyah	1059779AA873121	18034125077	09/21/2023	Humanim Inc.	Humanim Inc.	580066800	TS, AutoBIStaffProvider	BI	Individual Support Services	Pending MDH

Service Overlap

Exception Type	Start Time	End Time	Actions	Requested Adjustment
Client Ineligible for Medicaid;Provider # has been terminated;Provider not authorized for the service	9/21/2023 5:28 PM	9/22/2023 3:03 PM	Resolve	No
Client Ineligible for Medicaid;Provider # has been terminated;Provider not authorized for the service	9/22/2023 12:18 PM	9/22/2023 12:18 PM	Resolve	No

Output Parameters

Staff Name	Service
Service Date	Service Status
Provider Name	Exception Type
Provider Number	Start Time
Client Name	End Time
Client ID	Actions
Client MA #	Program
Requested Adjustment	

Note that selecting the blue Resolve hyperlink in the output navigates the user to the service details page, from where they can view further service details and Edit the service to correct the overlap.

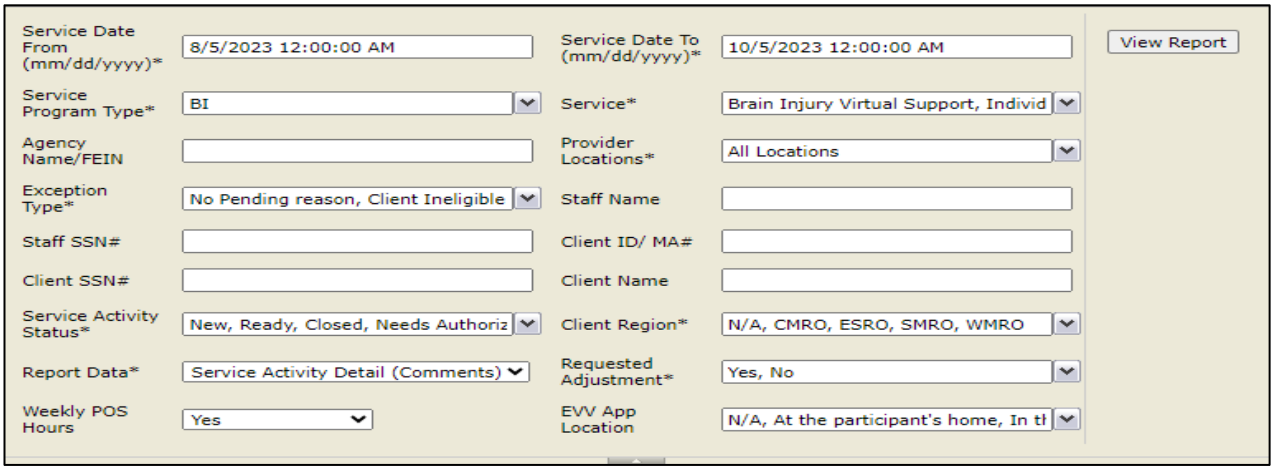
4.4.6. EVV Services Rendered Report

The EVV Services Rendered Report allows Provider users to view all EVV services (for various program types such as BI) rendered by their staff at all their assigned locations.

This report can be viewed and exported by the below Provider roles

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

Input Parameters:



Service Date From and To – *Enter specific dates to view services rendered*
Service Program Type - Dropdown list of all Programs, allows multi select
Service - *Dropdown list of all assigned Service Types, allows multi-select*
Agency Name/FEIN - *Enter name of Agency or FEIN#*
Provider Locations - *Drop-down list of all assigned locations, allows multi-select*
Staff Name: *Enter the Staff Provider Name*
Client Name - *Enter Client Name*
Client ID/MA# - *Enter Client Identifier*
Service Activity Status - *Dropdown list of all service statuses, allows multi-select*
Report Data – *Select the type of report to be displayed*
Weekly POS hours- *Choose if Report should display Weekly POS hours*
EVV App Location- *Choose to see the GPS location of the EVV App details*

Output File

EVV Services Rendered Report - Service Activity Detail (Comments)

Search Criteria:

Service Date From:	08/06/2023
Service Date To:	11/06/2023
Service Program Type:	Unknown, BI
Service:	Brain Injury Virtual Support, Individual Support Services
Exception Type:	
Agency Name/FEIN:	
Provider Locations:	Mary T. Maryland - 580015300
Staff Name:	
Staff SSN #:	Not available for input
Client ID / MA #:	
Client SSN #:	Not available for input
Client Name:	
Service Activity Status:	New, Ready, Closed, Needs Authorization, Not Authorized, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH, Needs Provider Authorization
Client Region:	Not available for input
Report Data:	Service Activity Detail (Comments)
Requested Adjustment:	Yes, No
Weekly POS Hours	Yes
EVV App Location	N/A; At the participant's home; In the Community; Working Remotely

Total Records: 105

Service Date	Agency Name	Provider Name	Provider Number	Staff Name	Staff ID	Client Name	Client ID	Client MA #	Program	Service	Temporary Service	Service Initiation Source
08/06/2023	MTM	Mary T. Maryland				T, A			BI	Brain Injury Virtual Support	N/A	Provider Manual

Service Initiation Source	Weekly POS Hours	Weekday of Service	Start Time	End Time	Service Duration (hours)	Units	Service Activity Status	Exception Type	Reason for Manual Entry
Provider Manual		Sunday	8/6/2023 1:00 PM	8/6/2023 1:15 PM	0.25	1	Provider In Progress		*For Clock-In/Clock-Out:* Forgotten Clock In/Out
Provider Manual		Sunday	8/6/2023 3:30 PM	8/6/2023 3:45 PM	0.25	1	Provider In Progress		*For Clock-In/Clock-Out:* Forgotten Clock In/Out

Service Activity Comments	Requested Adjustment	Points	EVV App Clock-In Location	GPS Clock-In Location	EVV App Clock-Out Location	GPS Clock-Out Location
Krystal Shamonsky, MTM, Oct 5 2023 12:59PM Forgotten Clock In/Out - 2nd activity	No	0	N/A	N/A	N/A	N/A
Krystal Shamonsky, MTM, Oct 5 2023 1:01PM Forgotten Clock In/Out - Comments	No	0	N/A	N/A	N/A	N/A

The report contains a significant amount of results. View the report for the columns.