

2023

LTSS*Maryland* Provider Billing Support Office

Provider Portal User Manual

Private Duty Nursing and Home Health Services

Version 1.0



MARYLAND
Department of Health

Table of Contents

Provider Portal User Manual	1
Common Terms and Definitions	5
Part A	8
1. Getting Started with Provider Portal.....	9
1.1 Registering for Provider Portal.....	9
1.2 Accessing Provider Portal Online	9
1.3 Provider Portal Users	11
1.4 When to Start Using Provider Portal	12
2. Navigation and Billing Processes.....	12
2.1 Navigation Guide	12
2.2 Billing Information	13
3. Service Authorization	15
3.1 User Role Permissions	15
3.2 View Service Authorization	16
3.3 Provider Alerts.....	17
4. Client Profile.....	18
4.1 User Role Permissions	18
4.2 Searching for Participants.....	19
4.3 Viewing a Participant’s Client Profile	22
4.4 Viewing a Participant’s Service Plans	24
4.5 Client Attachments	25
4.6 Add Referring Provider Information.....	28
4.6.1 Finding a referring providers information using Provider Verification System (PVS).....	29
4.6.2 PDN Participants	30
4.6.3 HH Participants	33
4.7 HH: Request Missing Clients	36
5. Provider and Staff Profiles	37
5.1 User Role Permissions	37

5.2	View Providers	37
5.3	Edit Providers	39
5.4	View Staff	40
5.5	Add Staff	43
5.6	Edit Staff	47
5.7	Enable Mobile App Access	49
5.8	Deactivate Staff	50
5.9	Reactivating a Staff Profile	51
6.	Announcements	52
6.	Policy and Billing Requirements Overview	55
6.1	Billing Checklist	55
6.2	Nurses requesting to work over allowed Daily/ Weekly Limits	55
6.3	Billing for Emergency Services	55
7.	OTP Devices	56
8.	IVR Overview	57
8.1	IVR Outline	57
8.2	General IVR flow chart	58
9.	Real Time Clock-In/Clock-Out	59
9.1	User Role Permissions	59
9.2	Search - Clock-In / Clock Out	60
9.3	Search Results - Clock-In / Clock Out	62
10.	LTSSMaryland EVV Mobile App	65
10.1	Installing, Creating & Managing Accounts	65
10.2	Logging in and Using the LTSSMaryland EVV Mobile App	69
10.3	Managing Participants in the LTSSMaryland EVV mobile app	91
10.4	Admin Provider Processes	97
10.5	Phone Requirements	100
11.	Service Activities	101
11.1	User Role Permissions	101
11.2	Search Services	101
11.3	Service Date Detail View	107

11.4 Add a Service Activity / New Missing Time Request.....	110
11.5 Edit Service Activity	121
11.6 Discard Service Activity.....	125
11.7 Service Activity Validations	127
12. Exceptions Review and Troubleshooting.....	130
12.1 Exceptions Policy	131
12.2 Exception Categories.....	131
12.3 Finding Services in an Exception status	132
12.4 Exceptions Search	134
12.5 Exceptions Troubleshooting and Common Resolution	138
13. Claims.....	145
13.1 User Role Permissions	145
13.2 Search Claims	145
13.3 View Claim Details.....	147
13.4 Claim Validations and Automatic Adjustments.....	150
14. Adjusting Paid or Rejected Claims.....	154
14.1 Adjustment or Missing Time Request?	154
14.2 Adjusting PDN and HH Claims.....	154
14.3 Voiding PDN and HH Claims	160
14.4 Anytime Adjustments	163
Part C - Reports.....	168
15. Reports.....	169
15.1 Service Authorization Report.....	169
15.2 PDN and HH EVV Services Rendered Report Advanced	175
15.3 EVV Services Rendered Report.....	181
15.4 EVV Services Overlap Report	195
15.5 Provider Portal Claims Report.....	201
15.6 Remittance Advice Report	205
15.7 ISAS Provider Staff Report	210
15.8 Export Report Output.....	212
Appendix A Help	214

Appendix B Reporting Technical Issues	216
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Common Terms and Definitions

Billing Week- LTSS Billing Weeks are Thursday to Wednesday

Claim - A claim is created for each service rendered to a participant by a provider for a date of service

CNA- Certified Nursing Assistant

CMT- Certified Medication Technician

DOB – Date of Birth

DONS- Division Nursing Services

DOS – Date of Service

EPSDT- Early and Periodic Screening, Diagnosis and Treatment

EVV – Electronic Visit Verification

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

FEIN – Federal Employee Identification Number

HHA- Home Health Aide

HH- Home Health program

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

IVR – Integrated Voice Response

ISAS – In-home Supports Assurance System

LTSS – Long Term Services and Support

LPN- Licensed Practical Nurse

MA #- Participants Medical Assistance #

MDH – Maryland Department of Health

MMIS – Medicaid Management Information System

MTR- Missing Time Request

MW- Model Waiver program

OT- Occupational Therapist

OTP- One-Time Password. OTP devices are distributed to the participant and used by the Provider to Clock-In/Out for their services with the participant.

PDN- Private Duty Nursing

PBSO – Provider Billing Supports Office

PHI – Protected Health Information

Proc Codes - Medicaid Private Duty Nursing services billing code

PT- Physical Therapy

RA – Remittance Advice

RA Date – The check date or date on which provider received payment for a service

RA Number – Check Number associated with the payment for a service

REM- Rare and Expensive Case Management program

SA- Service Activity

SAF- Service Authorization form

Service - An individual service delivered to participant

Service Activity- Billing form that is composed of a Clock-In/Clock-Out time, that is then validated by the system prior to being processed for a claim.

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

SKN- Skilled Nursing

SP- Speech Pathology

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

SSN – Social Security Number

Unit – Defines how a service is authorized and billed. The billing unit can be Hourly for Home Health Services: each 4-hour increment of service is one (1) Unit. The billing unit can also be Hourly for Private Duty Nursing Services: each 15-minute increment of service is one (1) Unit.

Part A

Introduction to Provider Portal

1. Getting Started with Provider Portal

1.1 Registering for Provider Portal

Steps for adding a new user to the system:

Note: this is only needed for the first agency administrator, after the agency administrators account is created they can create subsequent staff and admins via the provider portal, section 5.5 of this guide.

1. A new user, John Smith, joins an agency
2. Admin Provider creates staff profile for John Smith in LTSS
3. The supervisor emails LTSS Help Desk (LTSSHelpDesk@LTSSMaryland.org) with John Smith's details.
4. LTSS Help Desk creates a login entry for John Smith
5. LTSS Help Desk informs John Smith of his user ID (via email)

Sample email format:

The supervisor sends an email to LTSSHelpDesk@LTSSMaryland.org requesting a new staff person receive access to the system. The email include:

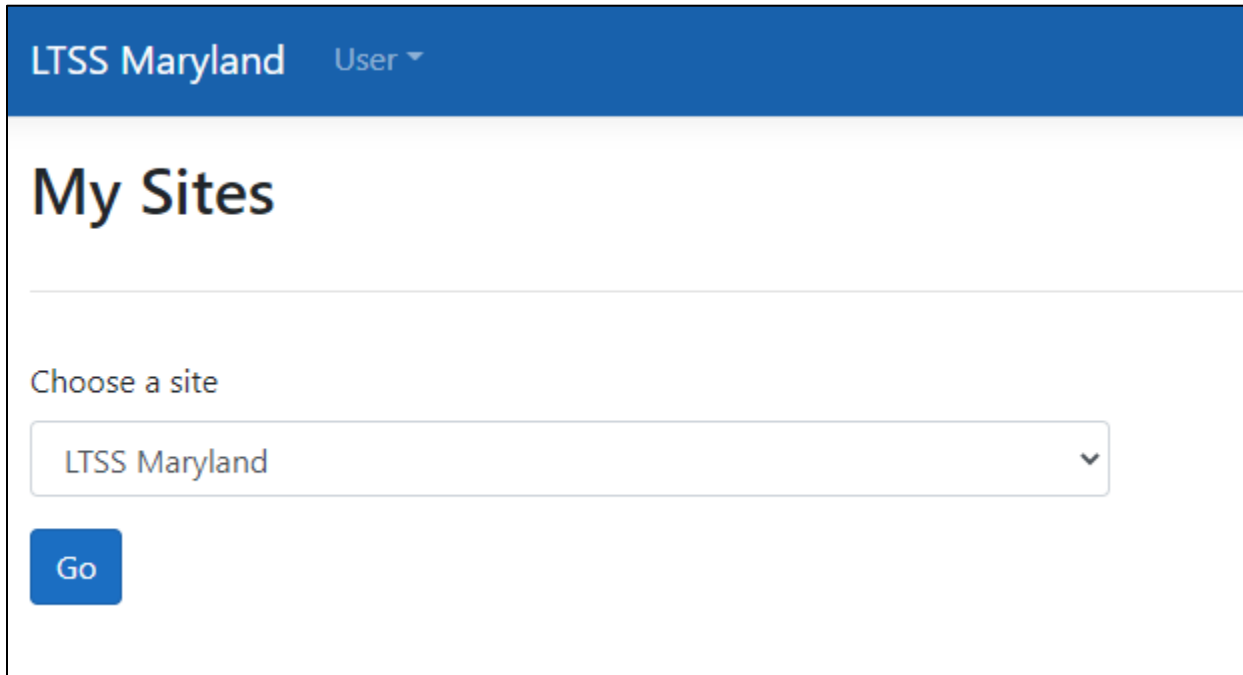
- Supervisor name: Jane Doe
- Supervisor email: Jane.Doe@agency.com
- Supervisor Phone Number: 410-111-2233
- Agency: Nursing Services Location Name
- New Username: John Smith
- New User email: John.Smith@agency.com
- New User phone: 410-222-3344
- A statement that this email serves as authorization to add this new user John Smith

1.2 Accessing Provider Portal Online

1. Access Provider Portal at: <https://ssoltss.health.maryland.gov>
2. Enter **Username or Email** and **Password**

Important: Do NOT share your username or password with anyone

3. Select **Forgot Password** to receive an email *at the address that is registered with LTSSMaryland*, to reset your password.
4. Select **LTSS Maryland** from **Choose a site** drop down.



LTSS Maryland User ▾

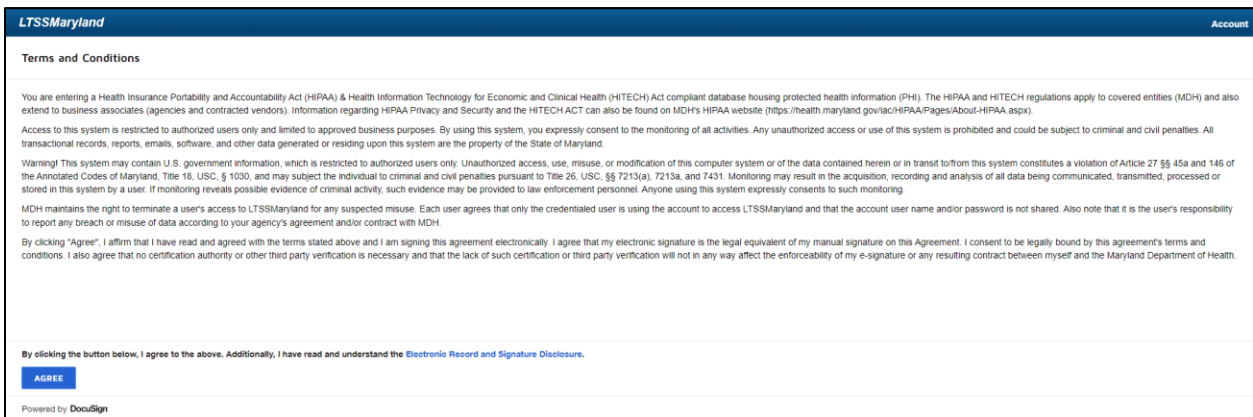
My Sites

Choose a site

LTSS Maryland ▾

Go

5. Read and accept the **Terms and Conditions**



LTSSMaryland Account

Terms and Conditions

You are entering a Health Insurance Portability and Accountability Act (HIPAA) & Health Information Technology for Economic and Clinical Health (HITECH) Act compliant database housing protected health information (PHI). The HIPAA and HITECH regulations apply to covered entities (MDH) and also extend to business associates (agencies and contracted vendors). Information regarding HIPAA Privacy and Security and the HITECH ACT can also be found on MDH's HIPAA website (<https://health.maryland.gov/lac/HIPAA/Pages/About-HIPAA.aspx>).

Access to this system is restricted to authorized users only and limited to approved business purposes. By using this system, you expressly consent to the monitoring of all activities. Any unauthorized access or use of this system is prohibited and could be subject to criminal and civil penalties. All transactional records, reports, emails, software, and other data generated or residing upon this system are the property of the State of Maryland.

Warning! This system may contain U.S. government information, which is restricted to authorized users only. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Article 27 §§ 45a and 146 of the Annotated Codes of Maryland, Title 18, USC, § 1030, and may subject the individual to criminal and civil penalties pursuant to Title 26, USC, §§ 7213(a), 7213a, and 7431. Monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to law enforcement personnel. Anyone using this system expressly consents to such monitoring.

MDH maintains the right to terminate a user's access to LTSSMaryland for any suspected misuse. Each user agrees that only the credentialed user is using the account to access LTSSMaryland and that the account user name and/or password is not shared. Also note that it is the user's responsibility to report any breach or misuse of data according to your agency's agreement and/or contract with MDH.

By clicking "Agree", I affirm that I have read and agreed with the terms stated above and I am signing this agreement electronically. I agree that my electronic signature is the legal equivalent of my manual signature on this Agreement. I consent to be legally bound by this agreement's terms and conditions. I also agree that no certification authority or other third party verification is necessary and that the lack of such certification or third party verification will not in any way affect the enforceability of my e-signature or any resulting contract between myself and the Maryland Department of Health.

By clicking the button below, I agree to the above. Additionally, I have read and understand the [Electronic Record and Signature Disclosure](#).

AGREE

Powered by DocuSign

6. Login to LTSSMaryland where the system will prepopulate your Username and Agency
 - Some MDH users will be authorized to Delegate as other users and can do so by entering the desired users name in the On Behalf Of drop-down selection.

LTSSMaryland

You are entering a Health Insurance Portability and Accountability Act (HIPAA) & Health Information Technology for Economic and Clinical Health (HITECH) Act compliant database housing protected health information (PHI). The HIPAA and HITECH regulations apply to covered entities (MDH) and also extend to business associates (agencies and contracted vendors). To maintain your compliance with the Acts' requirements relating to privacy, confidentiality, and security of PHI, please read the HIPAA information under the My Info link.

The most up-to-date information regarding HIPAA Privacy and Security and the HITECH ACT can also be found on MDH's website at:
<http://health.maryland.gov/hipaa/Pages/home.aspx>

login

User Name

On Behalf Of
ISAS Helpdesk Staff (System) ▼
[ISAS Help Desk, System Administrator]

Agency
System

Location
System - System ▼

Login

7. From the **Account** option in the top navigation, select **Go to Provider Portal**



1.3 Provider Portal Users

Provider Portal (PP) is software where Long-Term Care (LTC) Providers can bill for their services, view claim and payment information, view client information, and manage the direct staff providers.

Medicaid Management Information System (MMIS) is a mechanized claims processing and information retrieval system for Medicaid that's required by the federal government.

PP integrates directly with MMIS and serves as an administration and billing tool for services rendered by Providers who are associated with LTC agencies within the State of Maryland.

Additionally, PP has a prior authorization feature that validates provider's billing prior to claim submission to MMIS using Electronic Data Interchange (EDI).

The Maryland Department of Health (MDH) oversees and administrates the billing process in Provider Portal (PP) to facilitate and monitor the services and claims of the Providers.

Until the integration of Environmental Assessments, Provider Portal exclusively facilitated the Electronic Visit Verification (EVV) service types. These services are offered in state waiver programs like, Model

Waiver (MW), Rare and Expensive Case Management (REM), Early and Periodic Screening, Diagnosis and Treatment (EPSDT), and Home Health (HH) State Plan Services and Programs. We support the verification process of in-home services through IVR (Interactive Voice Response), EVV Mobile App, and OTP (One-Time Password) technologies.

1.4 When to Start Using Provider Portal

Providers should begin to use the Provider Portal to bill for Private Duty Nursing (PDN) and/or Home Health (HH) services once their services have been authorized by the Maryland Department of Health's Division of Nursing Services (DONS).

If you have questions about when to start using the Provider Portal, you should contact MDH DONS.

Beginning on **November 30, 2023**, all claims with a service date occurring on or after November 30, 2023, must be processed using the Provider Portal.

2. Navigation and Billing Processes

2.1 Navigation Guide

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

Provider Portal	Home	Services	Clients	Providers	Reports	Help	Feedback
------------------------	------	----------	---------	-----------	---------	------	----------

Tab	Functions
Home	Portal Landing Page; Displays announcements from MDH and pending tasks for MDH and the Provider Agencies
Services	Used to bill for services; view entered service details; resolve billing issues; and view MMIS claims and payments
Clients	Access to information on program participants who receive services
Providers	Create accounts for staff requiring access to the <i>LTSSMaryland</i> Provider Portal and the EVV systems
Reports	Access to reports
Help	Links to training material, FAQs, and Helpdesk and contact information
Feedback	Reporting system issues in the Provider Portal

2.2 Billing Information

2.2.1 PDN and HH Services List

Service Name	Billing Unit	Procedure Code
PDN Services		
RN-1 Participant	15 Minute Increment	T1002
RN- 2 or More Participants	15 Minute Increment	T1030
LPN-1 Participant	15 Minute Increment	T1003
LPN- 2 or More Participants	15 Minute Increment	T1031
HHA-CNA- 1 Participant	15 Minute Increment	T1004
HHA-CNA- 2 or More Participants	15 Minute Increment	T1004-TT
HHA-CNA/CMT- 1 Participant	15 Minute Increment	W1000
HHA-CNA/CMT- 2 or More Participants	15 Minute Increment	T1021
HH Services		
Home Health Aide	4 Hour Increment	0571
Occupational Therapy	4 Hour Increment	0431
Physical Therapy	4 Hour Increment	0421
Skilled Nursing	4 Hour Increment	0551
Speech Pathology	4 Hour Increment	0441

2.2.2 MDH Authorization and Billing Weeks

Effective November 30, 2023, Provider Portal will only authorize claims for PDN services rendered by the provider identified in the participant's Service Authorization form (SAF).

MDH defines the Billing Week/ Work Week as starting on **Thursday** (12:00am) and ending on **Wednesday** (11:59pm) for all providers of PDN or HH Services.

2.2.3 Service Statuses

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

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

Provider in Progress: This status indicates that Provider is still working on the Service and has not submitted it to MDH for review. Provider can continue making further edits in this status and claim will not be created until the service is submitted by the Provider by selecting the "Submit Services" action.

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

MDH Reviewed: This status indicates that MDH has finished their Review and Approved the Service. This status indicates that service can be processed further for Claim creation. Provider cannot make changes to the Service in this status until a claim is created.

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

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

Not Authorized: This status indicates that the Service was not approved by MDH and cannot be processed further. This can happen when staff repeatedly fail to use the EVV system beyond the allowed monthly manual request without a reasonable cause, or if the service was incorrectly entered. A "Not Authorized" service cannot be modified however it can be resubmitted for review.

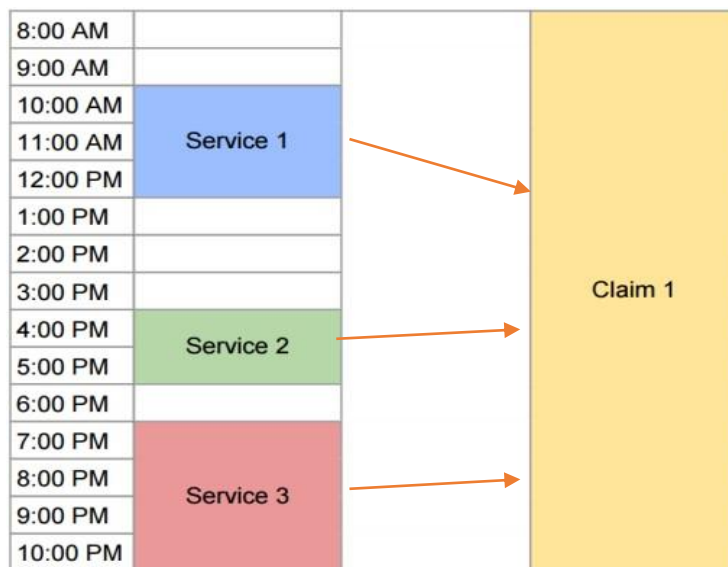
Discarded: This status indicates that Provider has discarded the service, and no further actions can be taken on the Service.

Ready: This is an intermediary status when the Services have passed all validations prior to claim creation and are ready to be picked up by Claim creation process.

Closed: This status indicates that the Service has a Claim created, and can only be modified by Adjusting the Claim after the Submitted Claim has been Paid or Rejected.

2.2.4 Service Activity vs. Claim

- **Service Activity:**
 - A pair of one clock-in and one clock-out 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



3. Service Authorization

The Service Authorization Form is used to authorize Private Duty Nursing services for the Model Waiver, Rare and Expensive Case Management, and Early and Periodic Screening, Diagnosis, and Treatment Programs.

3.1 User Role Permissions

Provider users are only able to View the Service Authorization Form. The form can be viewed by the following:

- Admin Provider of the Provider Location selected to render the service within the form
- Billing Provider of the Provider Location selected to render the service within the form

3.2 View Service Authorization

In **Provider Portal**:

1. From the Client Profile in Provider Portal, select the **Service Plans** banner on the left navigation.

CLIENT INFORMATION FOR TEST, AMY

CLIENT PROFILE

SERVICE PLANS

CLIENT ATTACHMENTS

Client LTSS ID # 1280133MA000200

Current MA# 30303030303

Service Plan Program HH, MW

Enrolled In REM

MA Eligible Yes

Open in LTSS?

SERVICE PLANS

Program Type	Date Created	Service Plan Type	Effective Date	End Date	Status	Active	Actions
HH	04/05/2022	Initial	06/01/2022	09/30/2022	Approved	Inactive	Details
MW	04/05/2022	Initial	06/01/2022	06/17/2022	Approved	Active	Details
MW	02/10/2022	Significant Change	03/14/2022	03/31/2022	Approved	Inactive	Details
MW	02/10/2022	Significant Change	03/01/2022	03/13/2022	Approved	Inactive	Details
HH	02/07/2022	Renewal	02/01/2022	02/28/2022	Approved	Inactive	Details
MW	02/04/2022	Renewal	02/01/2022	02/10/2022	Approved	Inactive	Details
MW	02/04/2022	Initial	01/01/2022	01/31/2022	Approved	Inactive	Details

- Service Authorizations created and approved in *LTSSMaryland* will display in the Client's record in Provider Portal.
 - Service Authorizations that are in the status, "Approved" are used by the billing system to validate that the client is authorized to receive the services that the Providers are billing.
 - The "Active" and "Inactive" statuses are indicative of the Effective and End Dates of the form such that if the current system date falls within the span of the form, then the form will be considered "Active".
2. From the List page, the user may select **Details** and then **Expand All** to view the individual Service Authorization Form with the following sections:

CLIENT INFORMATION FOR BINIAM, CLIENT0034					
CLIENT PROFILE	Client LTSS ID #: Current MA#: Service Plan Program: MW Enrolled In: MA Eligible: Yes				
SERVICE PLANS	Waiver: 				
CLIENT ATTACHMENTS	<div> SERVICE AUTHORIZATION Back to List Expand All </div> <div> CLIENT INFORMATION OVERVIEW AUTHORIZED SERVICES COST INFORMATION </div>				

SERVICE AUTHORIZATION

[Back to List](#)
[Collapse All](#)

1

CLIENT INFORMATION

Client Name: Amy Test
MA#: 3030303030
Current Address: 3030 Street Rd, West Friendship, MD,
Howard 21794

Guardian of Person: Dad Test
Primary Phone#: (303) 303-3030
Enrolled In: REM

DOB: 05/14/2003
Coverage Group: H01

Age: 18
Span: 02/01/2004 - .

2

OVERVIEW

Program Type: HH
Effective Date: 06/01/2022

Service Authorization Type: Initial
End Date: 09/30/2022

Reason for Service Authorization: Initial Enrollment

Narrative:
--

3

AUTHORIZED SERVICES

Service	Service Type	Billing Type	Provider Name	Units	Effective Date	End Date	Rate	Cost
Skilled Nursing	State Plan Service			4 hours per day	06/01/2022	09/30/2022	\$112.91	\$13,775.02
Reason for Service/Details: Allow Same HH Services on Same Day Allow Home Health Aide without Skilled Nursing Allow HH Service to exceed Medicaid Monthly Nursing Facility Rate								
Physical Therapy	State Plan Service			8 hours per day	07/31/2022	09/30/2022	\$131.20	\$16,268.80
Reason for Service/Details: Allow Same HH Services on Same Day								
Home Health Aide	State Plan Service			4 hours per day	07/01/2022	08/31/2022	\$54.77	\$3,395.74
Reason for Service/Details: Allow Same HH Services on Same Day								

4

COST INFORMATION

Total Authorized Services Cost: \$33,439.56

1. Client Information

- Client information that is pre-populated based on the Client's information within their Client Profile at the time that the form was Approved

2. Overview

- Service Authorization information entered into the form to ensure that the form is for the client's applicable *Program Type*, whether the form is the *Initial*, *Renewal*, or *Significant Change* type, the *Reason for the Service Authorization*, the parent span of the form (*Effective Date to End Date*), and any *Narrative* that gives additional information to the user with regard to the authorization.
- NOTE: the parent span is the earliest Effective Date of the service(s) that have been authorized and the latest End Date of the service(s) that have been authorized.

3. Authorized Services

- Displays information about the services that have been authorized
- Note: Effective and End Dates of the individual services can vary, depending on the scope of authorized services during the complete parent span of the form

4. Cost Information

- Displays the aggregate total of the *Cost* of all authorized services.

3.3 Provider Alerts

When a Service Authorization has been "Approved", the system will send Alerts to the Provider users of the Provider Locations that have been authorized to render the service. However, alerts will not be sent/duplicated if there is already an active Service Authorization for the same Provider Location for the same service, or the End Date of the Service is in the past.

1. As an *Admin Provider* or *Billing Provider* for a *PDN* and/or *HHA* Location, select the **Alert** tab in the top navigation.
2. View **Alert Type**, **Client Assignments** to view the message that will outline the Client, Service, and its span.
3. From the alert message, the user may select the **Details** where they will be redirected to the **Client Profile > Service Plans** view in Provider Portal.

The screenshot shows the 'Alerts' page with the 'Alerts' tab selected in the top navigation. The page displays a list of alerts under the 'Active' status. The first alert is highlighted, showing details for a Service Authorization Form approval for client SAMUEL PENG. The 'Details' link is highlighted with a yellow box and an arrow pointing to it.

4. Once reviewed, users may select the checkbox next to the alert message, then **Archive Selected** to remove the message from their **Active** alerts view.

The screenshot shows the 'Alerts' page with the 'Alerts' tab selected in the top navigation. The page displays a list of alerts under the 'Active' status. The first alert is highlighted, showing details for a Service Authorization Form approval for client SAMUEL PENG. The 'Archive Selected' button is highlighted with a yellow box and an arrow pointing to it.

5. The system will retain the message in the **Archived** view for future reference.

The screenshot shows the 'Alerts' page with the 'Alerts' tab selected in the top navigation. The page displays a list of alerts under the 'Archived' status. The first alert is highlighted, showing details for a Service Authorization Form approval for client SAMUEL PENG. The 'Details' link is highlighted with a yellow box and an arrow pointing to it.

4. Client Profile

4.1 User Role Permissions

Provider users can Search, View, and Manage a client's profile.

Provider User Roles:

- Admin Provider of PDN Location
- Billing Provider of PDN Location
- Admin Provider of HHA Location
- Billing Provider of HHA Location
 - ❖ Users listed above have access to the following functionalities:
 - i. Search a Client Profile
 - ii. View a Client Profile
 - iii. View Client Attachments
 - iv. Manage Client Attachments

4.2 Searching for Participants

Authorized users can search for and view information including demographics, enrollment information, service plans, and other data about the participants they support in the **Client** tab in *Provider Portal*. Each participant has a **Client Profile** that displays information about the participant, if they are actively receiving services or are approved for services in the future. Client Profiles may only be modified in *LTSSMaryland*, but the information will append to Provider Portal for Provider users to be able to view applicable information of the clients that they serve.

1. In *Provider Portal*, select **Clients** in the top navigation.

Provider Portal Home Alerts Services **Clients** Providers Reports OTP Batch Processes Feedback

CLIENTS SEARCH CLIENT RESULTS - 0

Date of Birth: 1 Phone #: 2 (555) 555-5555

Last Name: 3 First Name: 4

Client ID: 5 MA #: 6

Client Region: 7 All selected (5) Enrolled Program: 8 All selected (3)

Client MA Eligible: 9 All selected (2) Jurisdiction: 10 All selected (25)

Provider Name / # / FEIN: 11

Waiver Eligibility: 12 All selected (2)

- The following search parameters are available to search for client profiles:
 1. **DOB**
 - Searches client profiles based on the participant's Date of Birth
 - This is a calendar selection that also accepts manual entry in the format **MM/DD/YYYY**
 2. **Phone#**
 - Searches client profiles based on the participant's phone number
 - Auto Formats to **(###) ###-####**
 3. **Last Name**
 - Searches client profiles based on the participant's last name
 4. **First Name**
 - Searches client profiles based on the participant's first name
 5. **Client ID**

- Searches client profiles based on the participant's unique LTSS identifier
- 6. **MA#**
 - Searches client profiles based on the participant's Medicaid number
- 7. **Client Region**
 - Searches client profiles based on the participant's Assigned DDA Regional Office (CMRO, ESRO, SMRO, WMRO)
 - Not applicable to REM, MW, EPSDT, or HH participants
- 8. **Enrolled Program**
 - Searches client profiles based on the participant's currently enrolled program
- 9. **Client MA Eligible**
 - Searches client profiles based on the participants' MA eligibility
- 10. **Jurisdiction**
 - Searches client profiles based on the participant's Jurisdiction/County
- 11. **Provider Name/#/FEIN:**
 - Searches client profiles based on the Provider that is authorized to render services for the participant
 - Defaults to only the Locations associated with the logged-in user for Provider Users
- 12. **Waiver Eligibility**
 - Allows filtering on whether the participant is currently enrolled in a waiver program or not

2. After entering the desired search parameters, select **Search**.
3. The system will display all search results with the following information:

Last Name: Test		First Name: Amy		ID #: 1280133MA000200	Open in LTSS2
MA# 1 30303030303	Service Plan Program 2 HH	Enrolled Program 3 REM	MA Eligible 4 Yes	Date of Birth 5 05/14/2001	Jurisdiction 6 Howard
OTP Device Assigned 9 No	OTP Serial Number 10 N/A	Client Region 7 N/A	Primary Phone# 8 (303) 303-3030		
					Details


1. **MA #** - Participant's Medicaid number
2. **Service Plan Program** - Program Type of the Service Authorization
3. **Enrolled Program** -Waiver(s) or Program(s) in which the participant is enrolled
4. **MA Eligible** -Whether the participant is eligible for Medicaid or not
5. **Date of Birth** -Participant's date of birth
6. **Jurisdiction** -County of the client's Current Address
7. **Client Region** -N/A for participant's receiving PDN or HH Services
8. **Primary Phone #** -Participant's phone number, marked as Primary
9. **OTP Device Assigned** - Whether the participant has an OTP Device

10. **OTP Serial Number** - Serial # of the OTP Device that is assigned, if applicable

4.3 Viewing a Participant's Client Profile

The **Client Profile** displays specific information from the participant's record in LTSS. While only authorized users may modify this information in LTSS, all relevant data for Providers appends from LTSS to Provider Portal for provider users to be able to view.

1. After searching for participants, the **Client Profile** information of the participant can be viewed by selecting **Details** from the search results panel.

Last Name: Test	First Name: Amy	ID #: 1280133MA000200	Open in LTSS?
MA#: 30303030303	Service Plan Program: HH	Enrolled Program: REM	MA Eligible: Yes
Date of Birth: 05/14/2001	Jurisdiction: Howard	Client Region: N/A	Primary Phone#: (303) 303-3030
OTP Device Assigned: No	OTP Serial Number: N/A		
			 Details

2. From the Client Profile in Provider Portal, the **Client Information** page opens with the following sections:

CLIENT INFORMATION FOR TEST, AMY

CLIENT PROFILE

SERVICE PLANS

CLIENT ATTACHMENTS

Client LTSS ID #: 1280133MA000200

Current MA#: 30303030303

Service Plan Program: HH

Enrolled in: REM

MA Eligible: Yes

[Open in LTSS?](#)

Waiver:

CLIENT PROFILE

1 CLIENT DEMOGRAPHIC OVERVIEW

2 ADDRESS TO RECEIVE SERVICES

3 WAIVER/PROGRAM ENROLLMENT STATUS

4 CURRENT ASSIGNMENTS

5 CLIENT OTP

6 REPRESENTATIVES

7 INSURANCE AND BENEFITS

1. Client Demographic Overview

- Displays the participants' demographic information, like date of birth, phone number, and if the participant has a guardian, as noted in the Client's record in LTSS.

CLIENT DEMOGRAPHIC OVERVIEW

Client Name: **Test, Amy**

MA#: **30303030303**

Current Address: **3030 Street Rd, West Friendship, MD 21794**

DOB: **05/14/2001**

Age: **21**

Primary Phone #: **(303) 303-3030**

Guardian of Person: **Dad Test**

2. Address to Receive Services

- Displays the participant's address to receive services from the client's Plan of Service and will be blank if no Plan of Service.
- Displays if the client's address **Meets the Definition of a Community Setting**, if a Community Setting Questionnaire has been completed by their CMA in LTSS.

ADDRESS TO RECEIVE SERVICES

Address Type:

Full Address:

Meets Definition of Community Setting?: **YES**

Home Setting:

Lives with Family: **No**

3. Waiver/Program Enrollment Status

- Displays information about the participant's Plan of Service or Person-Centered Plan, if applicable.
- Displays the recent program history and current enrollment information.

▼ WAIVER/PROGRAM ENROLLMENT STATUS

POS/PCP Type: **Revised**
POS/PCP Effective Date: **04/03/2019**
Financial Redetermination Date:

▶ RECENT PROGRAM HISTORY

Program	Status	Last Application Date	Last Enrollment Date	Last Disenrollment Date
Community First Choice	Enrolled	N/A	03/15/2021	07/02/2020

▶ SPECIAL PROGRAM CODE

Special program:	Start Date	End Date
No data available		

4. Current Assignments

- Displays any current Staff Assignments to the participant and their contact information.

▼ CURRENT ASSIGNMENTS

Assignment Type	Date Assigned	Staff Name	Agency	Phone Number	Email
EDD Case Manager	05/12/2022		DEWS - Division of Eligibility Waiver Services	(410) 767-8268	
CMA REM Case Manager	02/04/2022	Model CMA Case Manager Test	TCC - The COORDINATING CENTER	(111) 111-1111	cma@gmail.com

5. Client OTP

- Displays the participant's assigned OTP device Serial Number, if applicable.

▼ CLIENT OTP

OTP Serial Number: **80023152**

6. Representatives

- Displays participant's Representatives, Guardians, and Caregiver information.

▼ REPRESENTATIVES

Representative Name	Date of Birth	Relationship	Guardian of	Power of Attorney Over	Representative Payee	Primary Caregiver	CFC Representative	Phone Number
name name		Friend			No	No	No	(123) 123-1234
Test Test		Guardian			No	No	No	111111111111
Joe baker		Friend			No	No	Yes	▼ (111) 222-3333
test george		Guardian	Estate (Property)		No	No	No	123121234
barb barb		Power of Attorney			No	No	No	(111) 222-3333
Whole Test		Brother			No	No	Yes	▼ (301) 222-2222
Nancy Tyler		Power of Attorney			No	No	No	(123) 456-7896
SDF SFS		Self			No	No	No	(410) 999-9999
jackie kennedy		Friend	Person		No	No	No	(456) 456-4567

7. Insurance and Benefits

- Displays participant's private Primary and Secondary Insurance information, if applicable.

INSURANCE AND BENEFITS			
Primary Insurance			
MMIS Insurance CD: CG	Primary Insurance Company: Cigna	Policy ID #: U123456	Group #: 12345
Phone #:	Effective Date: 01/01/2022	End Date:	Policy Holder: Mom Test
Name of Employer: Mom's Job			
Secondary Insurance			
Secondary Insurance Company: Aetna	Policy ID #: E098765	Group #: Y789	Phone #:
Effective Date: 07/01/2021	End Date:	Policy Holder: Dad Test	Name of Employer: Dad's Job

4.4 Viewing a Participant's Service Plans

The **Service Plans** module displays a list of **Service Authorizations**, **Plans of Service**, and/or **Person-Centered Plans** that have been approved. Provider users are restricted to only view plans where their associated Provider Location has been authorized to render services.

- From the **Client Profile** in Provider Portal, select **Service Plans** on the left navigation, to view a list of Approved Service Plans.
- From the List view, the user may select Details to view the complete plan details.

Program Type	Date Created	Service Plan Type	Effective Date	End Date	Status	Active	Actions
MW	05/09/2022	Initial	06/01/2022	07/15/2022	Approved	Active	Details
MW	03/07/2022	Significant Change	03/01/2022	05/31/2022	Approved	Inactive	Details
HH	01/11/2022	Initial	12/31/2021	06/30/2022	Approved	Active	Details
MW	12/22/2021	Initial	01/01/2022	02/28/2022	Approved	Inactive	Details

- From the Details view of a **Service Authorization**, the user can view the following sections, select Expand All:

1. Client Information

- Displays participant's general demographic information.

CLIENT INFORMATION			
Client Name: MELISSA Test	Guardian of Person: Mom Test	DOB: 02/26/2001	Age: 21
MA#: 54555455555	Primary Phone#: (301) 888-1111	Coverage Group: A01	Span: 11/01/2021 - -
Current Address: 103 Test St, Frederick, MD, Frederick 21701		Enrolled In: MW	

2. Overview

- Displays general information about the Service Authorization Form.

▼ OVERVIEW		
Program Type: REM	Service Authorization Type: Initial	Reason for Service Authorization: Initial Enrollment
Effective Date: 06/01/2022	End Date: 06/29/2022	
Narrative: Client transitioned from MW to REM. This is their first authorization of services under the REM program, but will receive similar services that were authorized under MW.		

3. Authorized Services

- Displays the details and scope of the services that have been authorized by the plan.

▼ AUTHORIZED SERVICES								
Service	Service Type	Billing Type	Provider Name	Units	Effective Date	End Date	Rate	Cost
RN-1 Participant	Waiver Service	Global	PDN Provider	40 hours per week	06/02/2022	06/29/2022	\$14.54	\$9,305.60
Reason for Service/Details: RN to support chronic level of care duties while parents are at work.								
HHA-CNA-1 Participant	Waiver Service	Fixed	PDN Provider	14 hours per week	06/01/2022	06/29/2022	\$4.13	\$957.50
Reason for Service/Details: CNA to support parents in the evenings and weekends, PRN								

4. Cost Information

- Displays aggregate totals of the cost of services that have been authorized.

▼ COST INFORMATION		
Global Services Total: \$9,305.60	Fixed Services Total: \$957.50	Total Authorized Services Cost: \$10,263.10

4.5 Client Attachments

The **Client Attachments** module allows Provider users to upload documentation for other users to view and access. This includes any information that may be required to support the participant's services and needs. For example, a provider may upload their Nursing Notes to the Client Profile, so that the CMA can review the Nursing Notes monthly, as dictated by regulations within the waiver program.

4.5.1 View Attachments

1. From the **Client Profile** in Provider Portal, select **Client Attachments** on the left navigation, to view a list of attachments that have been added to the participant's record.
Note: Provider users may only view attachments that have been uploaded by users from their associated Provider Location.
2. Users may sort attachments by **Category**, **PDN Provider Documents** or **Home Health Provider Documents**.
3. Select the **File Name** link, and the system will allow the user to **Save** the attachment to their local PC, where they may access and view the document.

CLIENT INFORMATION FOR TEST, AMY

CLIENT PROFILE

Client LTSS ID #: 1280133MA000200 Current MA#: 30303030303 Service Plan Program: HH Enrolled in: REM MA Eligible: Yes

Waiver:

SERVICE PLANS

CLIENT ATTACHMENTS

Category

Filter

> PDN PROVIDER DOCUMENTS

File Name	Type	Created Date	Comments	Status	Actions
Nursing Assessment.pdf	PDN Provider Documents	02/04/2022		Active	Discard

> HOME HEALTH PROVIDER DOCUMENTS

File Name	Type	Created Date	Comments	Status	Actions
Nursing Assessment.pdf	Home Health Provider Documents	02/07/2022	Explanation: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo. Nullam dictum felis eu pede mollis pretium. Integer tincidunt. Cras dapibus. Vivamus elementum semper nisi. Aenean vulputate eleifend tellus. Aenean leo ligula, porttitor eu, consequat vitae, eleifend ac, enim. Aliquam lorem ante, dapibus in, viverra quis, feugiat a, tellus. Phasellus viverra nulla ut metus varius laoreet. Quisque rutrum. Aenean imperdiet. Etiam ultricies nisi vel augue. Curabitur ullamcorper ultricies nisi. Nam eget dui. Etiam rhoncus. Maecenas tempus, tellus eget condimentum rhoncus, sem quam semper libero, sit amet adipiscing sem neque sed ipsum. N	Active	Discard

4.5.2 Add New Attachment

When the PDN and/or HHA Provider user is actively approved to render services, then they may **Add New Attachments** to the Client Profile.

- From the **Client Profile** in Provider Portal, select **Client Attachments** on the left navigation, and **Add New Attachment**.

CLIENT INFORMATION FOR TEST, AMY

CLIENT PROFILE

Client LTSS ID #: 1280133MA000200 Current MA#: 30303030303 Service Plan Program: REM Enrolled in: REM MA Eligible: Yes

Waiver:

SERVICE PLANS

CLIENT ATTACHMENTS

Category

Filter


> PDN PROVIDER DOCUMENTS

File Name	Type	Created Date	Comments	Status	Actions
No data available					

Add New Attachment

- Select **Choose File**, and then select the document for upload from the local PC.
- Select the applicable **Category** for the attachment.
 - PDN Provider Documents** Category is available to the Provider user if their associated Location has the Private Duty Nursing Provider Attribute.
 - Home Health Provider Documents** Category is available to the Provider user if their associated Location has the Home Health Agency Attribute.

NEW DOCUMENT ✕

FileName:* 

No file chosen

Category:* PDN Provider Documents ▼

Comments :

Your comment here..

4. Enter any additional comments regarding the document in the **Comments** text box, and then select **Save**.
5. Once saved, the attachment will display in the Client Attachments list within the **Client Profile** in *Provider Portal*.

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

CLIENT INFORMATION FOR TEST, AMY

Client LTSS ID #: 1280133MA000200 Current MA#: 30303030303 Service Plan Program: REM Enrolled In: REM MA Eligible: Yes

Waiver:

CLIENT ATTACHMENTS

Category: ▼

PDN PROVIDER DOCUMENTS

File Name	Type	Created Date	Comments	Status	Actions
NursingAssessment.doc	PDN Provider Documents	06/30/2022		Active	Discard

4.5.3 Discard Attachments

- Given that a user from the Provider Location has uploaded the attachment, then the user may also discard the attachment by selecting **Discard** on the list page within Provider Portal.

CLIENT INFORMATION FOR TEST, AMY


Client LTSS ID #: 1280133MA000200 Current MA#: 30303030303 Service Plan Program: REM Enrolled In: REM MA Eligible: Yes

Waiver:

CLIENT ATTACHMENTS

Category: ▼

PDN PROVIDER DOCUMENTS


File Name	Type	Created Date	Comments	Status	Actions
NursingAssessment.doc	PDN Provider Documents	06/30/2022		Active	 Discard

- The user will be required to enter an explanation for the action in the **Comment** box and then confirm the action by selecting **Yes** or **No**.

CONFIRMATION

Do you want to discard this record ?

Comment: *

 **YES** **NO**

- Once confirmed, the attachment will move to the status “Discarded” and the Discarded Reason will display in the List view within the **Client Profile** in *Provider Portal*, as well as in the **Client Attachments** module of *LTSS*.

Provider Portal Home Alerts Services Clients Providers Reports Help Feedback

CLIENT INFORMATION FOR TEST, AMY

CLIENT PROFILE
Service Plans
CLIENT ATTACHMENTS

Client LTSS ID #: 1280133MA000200 Current MA#: 00303030303 Service Plan Program: REM Enrolled In: REM MA Eligible: Yes
Waiver:

CLIENT ATTACHMENTS Add New Attachment Collapse All

Category: Filter

> PDN PROVIDER DOCUMENTS

File Name	Type	Created Date	Comments	Status	Actions
Nursing Assessment.pdf	PDN Provider Documents	06/30/2022	Discarded Reason: uploaded to the incorrect Client Profile	Discarded	

4.6 Add Referring Provider Information

Important! Before Home Health and PDN services are delivered, a *Referring Provider* must be associated or “Mapped” to each authorized service in the Provider Portal.

- A *Referring Provider* is a medical practitioner who has oversight for the service being provided - **Must have an NPI #.**
- Both HH Physician Mapping and PDN Physician Mapping are on the Client Information page and should be done before providing services.

Note: If a *Referring Provider* is not added, the service will get an exception during the overnight validation and cannot be processed for payment.

4.6.1 Finding a referring providers information using Provider Verification System (PVS)

When adding a referring provider in the participant's Profile. The Provider Portal will require you to enter 2 pieces of information to lookup your provider in the **referring provider search page**.

1: NPI

2: Referring provider name

3: Referring provider MA number (Provider number)

To get the best search results we suggest that you use NPI and MA combination.

If you do not have the provider MA number you can look this up in the Provider Verification System (PVS). A link to the PVS can be found on the Medicaid Provider Information page:

<https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>

Or you can follow the direct link, here

<https://encrypt.emdhealthchoice.org/searchableProv/main.action>

Once on the page enter the providers 10 digit NPI and press search

Maryland Medicaid Provider Verification

National Provider Identifier(NPI):

Provider Last Name /Organization: First Name:

Medicaid Provider Base Number
(First 7 Digits of your Medicaid Provider Number):

Date of Service: / / (mm/dd/yyyy)

Provider Type:

Notes:

- At least one of the following fields must be completed: NPI, Provider Number, Provider Last Name/Organization. - Please specify the Date of Service for which to verify the provider's enrollment status. If no Date of Service is entered, results will show enrollment status for th

Please note: This provider verification service is for purposes of checking the Maryland Medicaid provider enrollment status, including Ordering, Referring, and Prescribing (ORP) (including attending) providers. Pursuant to federal Medicaid regulations, ORP providers on claims

The results will show all providers associated with the NPI provided.

Search Criteria

prov Num: Not Specified

Provider Type: All

Last Name: First Name:

Date of service: 11/15/2023

Time taken to search: 204 ms <Previous 1 Next> [Showing 1 - 2 of 2]

[Print this page](#) [Search](#)

Provider, Provider

Provider Number: 1234567 00

NPI: 1234567890

Provider Type: 20-PHYSICIAN

Specialty: NEUROLOGY

Active for the date of service 11/15/2023

Provider's last revalidation date :

Practice type: INDIVIDUAL PRACTITIONER

You can use this MA number in combination with the provider NPI to return results when adding a referring provider in the Provider Portal.

4.6.2 PDN Participants

Once a participant has been assigned to your agency and their service authorization has been approved, you will need to add a referring provider for PDN services prior to billing for services.

There are two ways to find participants In Provider Portal who need referring providers added to their profile

- The first method allows access to the client profile by clicking on the hyperlink in the Service authorization report. Instructions for using the report are outlined in section **15.1 Service authorization report** of this guide. If you use the service authorization report to access the Participant's profile, please skip to step 3
 - The second method is to use the **Client** tab in Provider Portal to search for a participant. To use this method, start at step 1 of the instructions outlined below.
1. Under the **Clients** tab, use the search functionality to find the profile of the participant you would like to add a referring provider to.
 2. Once you find the participant, navigate the profile details by pressing the Details button on the bottom right of the client tile.

Provider Portal | Home | Alerts | Services | **Clients** | Providers | Reports | Help | Batch Processes | Feedback | Joseph Sand (On behalf of: MWStaff1 PDN)

CLIENTS SEARCH

Default Search

Date of Birth: (555) 555-5555

Last Name: PDN

First Name: MWClient1

Client ID: MA #:

CLIENT RESULTS - 210

Last Name: PDN	First Name: MWClient1	ID #: 2259001WM959111	Open in LTSS?
MA #: 88121660091 Date of Birth: 12/15/1990 OTP Device Assigned: No	Service Plan Program: MW Jurisdiction: Baltimore OTP Serial Number: N/A	Enrolled Program: MW Client Region: N/A Current CTC Amount:	MA Eligible: Yes Primary Phone#: (609) 608-2301

Details

3. From the left navigation panel select **PDN PHYSICIAN MAPPING**

Provider Portal | Home | Alerts | Services | **Clients** | Prov

CLIENT INFORMATION FOR PDN, MWCLIENT1

CLIENT PROFILE

SERVICE PLANS

CLIENT ATTACHMENTS

CTC WORKSHEETS

COMMUNITY SETTINGS QUESTIONNAIRE

PDN PHYSICIAN MAPPING

Client LTSS ID #: 2259001

Waiver:

PDN PHYSICIAN MAPPING

Program Type: MW

4. Locate the active service authorization span from the list, and press the down arrow to expand the fields.

Provider Portal Home Alerts Services **Clients** Providers Reports Help Batch Processes Feedback

CLIENT INFORMATION FOR PDN, MWCLIENT1

CLIENT PROFILE Client LTSS ID #: 2259001WM959111 MA#: 88121660091 Service Plan Program: MW, AW

SERVICE PLANS Waiver: Current CTC Amount:

CLIENT ATTACHMENTS

CTC WORKSHEETS

COMMUNITY SETTINGS QUESTIONNAIRE

PDN PHYSICIAN MAPPING

Program Type: MW Effective Date: 08/01/2022 End Date: 12/31/2023 **ACTIVE**

5. To add a referring provider, click on the **Add Referring Provider** at the right side of the respective service type.

PDN PHYSICIAN MAPPING [View SAFs in LTSS](#) [Collapse All](#)

Program Type: MW Effective Date: 08/01/2022 End Date: 12/31/2023 **ACTIVE**

Service Type	Provider #	Provider Name	Start Date	End Date	Referring Provider Name	NPI #	Referring Provider Address	Action
HHA-CNA-1 Participant	801770101	MWPDNProvider1Loc1	08/01/2022	11/30/2022				Add Referring Provider History
RN-1 Participant	801770101	MWPDNProvider1Loc1	01/02/2023	12/31/2023				Add Referring Provider History
LPN-1 Participant	801770101	MWPDNProvider1Loc1	08/01/2022	11/30/2022				Add Referring Provider History

6. This will open a popup to search for a referring provider. You will need at least **two** of the search parameter filed (NPI#, Referring Provider Name, or MA#) out and the provider type selected (dropdown) before you are allowed to search.

7. After you have entered the required criteria, press the **Search** button from the bottom of the search page.

REFERRING PROVIDER SEARCH

NPI # 1265061291

Referring Provider Name

MA # 845039901

Provider type *
All Selected (4)

- ☒ Select All
- ☒ PT:20 - Physician
- ☒ PT:22 - Nurse
- ☒ PT:23 - Midwife
- ☒ Nurse Practitioner
- ☐ PT:80 -

[Reset](#) [Search](#)

8. Results of your search will be displayed to the right of the search bar. Find the provider you would like to add and press the **Select** button next to their provider information.

HOME HEALTH AIDE					
Filter Values: <input type="text"/>					
Referring Provider Name	NPI #	MA #	Provider Type	Address	Action
Meghan PT80	1265081291	845039901	Physician Assistant	1118 BENFIELD BLVD REN, STE L, BALTIMORE, MD 21114	Select

Note: If your search yields no results, please reach out to MDH for assistance.

9. The provider will now be added to the participant's Referring Provider list for the service you selected.

PDN PHYSICIAN MAPPING									
Collapse All									
Program Type: MW Effective Date: 08/01/2022 End Date: 12/31/2023 ACTIVE									
Service Type	Provider #	Provider Name	Start Date	End Date	Referring Provider Name	NPI #	Referring Provider Address	Action	
LPN-1 Participant	801555001	MWTrainersLoc1	08/01/2022	11/30/2022	Adam PT20	1265081285	1111 BENFIELD BLVD MARY, STE F, MORRIS, MD 21109	Edit	History
HHA-CNA-1 Participant	801555001	MWTrainersLoc1	08/01/2022	11/30/2022	Smith PT20	1265081283	1110 BENFIELD BLVD PLAY, STE G, MILLERSVILLE, MD 21108	Edit	History
LPN-1 Participant	801555001	MWTrainersLoc1	08/01/2022	11/30/2022					
									Add Referring Provider
									History

10. Repeat this process for any additional services where a referring provider is needed.
11. Once a referring provider has been added, you can **edit**, view the **history** of, or **remove** referring providers for each service by selecting the corresponding button under the **action** column.

Collapse All	
Referring Provider Address	Action
1111 BENFIELD BLVD MARY, STE F, MORRIS, MD 21109	Edit History Remove

4.6.3 HH Participants

Once you have identified a participant for HH service you will need to find the participant in Provider Portal and add a referring provider for each HH service you are delivering before you begin billing for the service.

Note: If you cannot find your participant you will need to submit a request to MDH to add the participant. Refer to section **4.7 HH: Request missing clients.**

There are two ways to find participants In Provider Portal who need referring providers added to their profile

- The first method allows access to the client profile by clicking on the hyperlink in the Service authorization report. Instructions for using the report are outlined in section **15.1 Service authorization report** of this guide. if you use the service authorization report to access the Participant's profile, please skip to step 3
 - The second method is to use the **Client** tab in Provider Portal to search for a participant. To use this method, start at step 1 of the instructions outlined below.
1. In Provider Portal, under the **Clients** tab find the profile of the participant you would like to add referring provider information to by using the search functionality.
 2. Once you find the participant, navigate to the profile details by pressing the details button on the bottom left of the client tile.

Provider Portal Home Alerts Services **Clients** Providers Reports Help Batch Processes Feedback Joseph Sand (On behalf of: MWStaff1 PDN)

CLIENTS SEARCH

Default Search

Date of Birth: Phone #: (555) 555-5555

Last Name: First Name: PDN

Client ID: MA #:

CLIENT RESULTS - 210

Last Name: PDN	First Name: MWClient1	ID #: 2259001WM959111	Open in LTS?
MA#: 88121660091	Service Plan Program: MW	Enrolled Program: MW	MA Eligible: Yes
Date of Birth: 12/15/1990	Jurisdiction: Baltimore	Client Region: N/A	Primary Phone#: (609) 608-2301
OTP Device Assigned: No	OTP Serial Number: N/A	Current CTC Amount:	

Details

3. From the left navigation panel select **HH PHYSICIAN MAPPING**.

4. Once selected you will see a list of all HH service types that are allowed for the participant. Select **Add Referring Provider** toward the top right of the HH Physician Mapping box.

Provider Portal Home Alerts

CLIENT INFORMATION FOR TRAINER

CLIENT PROFILE Client LTS

SERVICE PLANS Waiver:

CLIENT ATTACHMENTS

CTC WORKSHEETS

COMMUNITY SETTINGS QUESTIONNAIRE

PDN PHYSICIAN MAPPING

HH PHYSICIAN MAPPING

Home

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Phys

Skill

Spee

- A popup window will appear. Fill out all required fields.

- Once the information has been entered, press the **Choose Referring provider** button in the lower right-hand corner.

- A new popup window will open to search for a referring provider. You will need at least **two** of the search parameters filled (NPI#, Referring Provider Name, or MA#) out and the provider type selected (dropdown) before you are allowed to search.
- After you have entered the required criteria, press the **Search** button from the bottom of the search page.

9. Results of your search will be displayed to the right of the search bar. Find the provider you would like to add and press the **Select** button next to their provider information.

HOME HEALTH AIDE

Filter Values:

Referring Provider Name	NPI #	MA #	Provider Type	Address	Action
Meghan PT80	1265081291	845039901	Physician Assistant	1118 BENFIELD BLVD REN, STE L, BALTIMORE, MD 21114	Select

Note: If the search yields no results, please reach out to MDH for assistance.

10. The service you selected and Referring Provider information will now appear on the HH Physician Mapping screen.

PDN PHYSICIAN MAPPING

Collapse All



^

Program Type: MW

Effective Date: 08/01/2022


End Date: 12/31/2023

ACTIVE

Service Type	Provider #	Provider Name	Start Date	End Date	Referring Provider Name	NPI #	Referring Provider Address	Action
LPN-1 Participant	801555001	MWTrainersLoc1	08/01/2022	11/30/2022	Adam PT20	1265081285	1111 BENFIELD BLVD MARY, STE F, MORRIS, MD 21109	<a>Edit <a>History 
HHA-CNA-1 Participant	801555001	MWTrainersLoc1	08/01/2022	11/30/2022	Smith PT20	1265081283	1110 BENFIELD BLVD PLAY, STE G, MILLERSVILLE, MD 21108	<a>Edit <a>History 
LPN-1 Participant	801555001	MWTrainersLoc1	08/01/2022	11/30/2022	<a>Add Referring Provider <a>History			

11. Repeat this process for any additional services where a referring provider is needed.
12. Once a referring provider has been added you can **edit**, view the **history** of, or **remove** referring providers for each service by selecting the corresponding button under the **action** column.

PDN PHYSICIAN MAPPING Collapse All

Referring Provider Address	Action
1111 BENFIELD BLVD MARY, STE F, MORRIS, MD 21109	Edit History 

4.7 HH: Request Missing Clients

Home Health New Client Intake Process

Before beginning services, home Health providers will need to search for their participants and enter the referring provider information.

Although LTSS*Maryland* has 300,000 client records, it does not automatically include all 2.9 million Maryland Medicaid participants. While searching for clients to add to the Referring Provider information, you may occasionally encounter a client MA # that is not found in LTSS*Maryland*.

The solution is a quick fix. If you do encounter a missing client/MA #, please fill out the form below. MDH will respond and import the missing MA # within approximately 2 business days. If you have any additional questions or concerns, please email MDH Provider Billing Support Office at mdh.ltssbilling@maryland.gov.

Form for Reporting Missing Clients in LTSS*Maryland*:

- <https://forms.gle/99LbULFgJvkr9sWs7>
- A link will also be located on the home page of Provider Portal

Overall New Client Instructions:

1. Login to LTSS*Maryland* and navigate to the Clients tab to search the client's 11-digit MA #
 - Go to <https://ltss.health.maryland.gov/>
 - Click on "Clients" in the top banner
 - Input the client's 11-digit MA #
2. (Only if Client is Missing) If the client MA # does not return any results, please fill out the form linked above with four pieces of information. MDH will create the client and email you within 2 business days.

<https://forms.gle/99LbULFgJvkr9sWs7>

 - Your email, b) Your 9-digit provider #, c) Client's 11-digit MA #, and d) Client's Initials
3. Under the client profile, add the **HH Physician Mapping** and **Add Referring Provider**
 - Open the matching client's profile in the results by clicking **Details**
 - On the new pop-up page, on the left side, select **HH Physician Mapping**
 - Select "Add Referring Provider" and add the requirement information
4. Prepare your staff with the client information to clock-in/out
 - If your staff is using the **EVV App** - LTSS*Maryland* EVV

- **Option A** (Effective 12/14): In Provider Portal, under the staff profile, assign the client to the staff. Client will now appear on the staff's app
- **Option B:** Instruct the staff to "Add Participant" into their EVV app. Provide the staff with the Client Initials and Participant MA #
- If your staff is using the **IVR Clock-in System** - (833) 735-3533
 - If the client has an OTP, provide the client's 11-digit MA # to the staff
 - If the client does not have an OTP, then please instruct the staff to use the home phone.

5. Provider and Staff Profiles

5.1 User Role Permissions

Provider users can Search, View, Add and Edit Provider and Staff Profiles.

Provider user roles:

- Admin Provider of PDN Location
- Billing Provider of PDN Location
- Admin Provider of HHA Location
- Billing Provider of HHA Location
- ❖ Users listed above can perform the following actions:
 - I. Search and View Providers
 - II. Edit Provider Profiles
 - III. Search and View Staff
 - IV. Add Staff Profiles
 - a. Only the Admin Provider of PDN Location and Admin Provider of HHA Location have access to this functionality.
 - V. Edit Staff Profiles
 - a. Only the Admin Provider of PDN Location and Admin Provider of HHA Location have access to this functionality.

5.2 View Providers

1. Select **Providers** from the top navigation, then Provider search icon  on the left navigation

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

PROVIDER NUMBER SEARCH PROVIDER RESULTS - TOTAL : 0

Provider Name / #: 1
All selected (1)

Status: 2
All

Provider Attribute: 3
Private Duty Nursing Provider

Category of Service: 4
None selected

2. Input desired search criteria:

1. **Provider Name/#**

- Defaults to *Select All*
- Lists the locations to which the user is assigned within their agency.

2. **Status**

- Defaults to *Select All*
- *Active*, populates only provider locations that are actively providing services.
- *Inactive*, populates only provider locations that are no longer providing services.

3. **Provider Attribute**

- Defaults to *Select All*
- Populates the attributes of the Provider Location to which the user is assigned.

4. **Category of Service**

- Defaults to **None selected** for PDN and HHA Provider users
- Not applicable to non-DDA Service Providers

3. Once the system has completed its search, it will display the results and the user may select **Details** to view the Provider profile.

PROVIDER NUMBER SEARCH PROVIDER RESULTS - TOTAL : 1

Provider Name / #: 555510100

Status: All

Provider Attribute: Private Duty Nursing Provider

Category of Service: None selected

Agency Name: Provider #: Status: Active

Location Name: Phone #: Provider Attribute: COS Codes: WE, WD, XH

[Details](#)

4. The **Provider Details** page opens with the following sections:

AGENCY INFORMATION 1
Agency Name: **ADVANCE HOME HEALTH SERVICES LLC** Status: **Active**

LOCATION INFORMATION 2
Location Name: _____ Program Type: _____ Provider Type Code: **53** Enrollment Status: **36 - Active - Pay (Federal and State)**
Provider FEIN: _____ Provider Number: _____ List of Specialty Codes: **127, 126, 165, 164**

COS	COS Description	Spans Start Date	Spans End Date
ED		08/04/2010	12/31/9999
WD		08/04/2010	12/31/9999
WE		08/04/2010	12/31/9999
XH		08/04/2010	12/31/9999

Street Address: **516 NORTH ROLLING ROAD** Street Address 2: **SUITE 303** City: **CATONSVILLE**
State: **Maryland** Zip Code: **21228**

PROVIDER ADDRESSES 3
Street Address: **516 NORTH ROLLING ROAD** Street Address 2: **SUITE 303** City: **CATONSVILLE** Provider Address 1:
State: **Maryland** Zip Code: **21228**

Provider Address 2: Remit Address, Check Address, Correspondence Address
Street Address: **516 NORTH ROLLING ROAD** Street Address 2: **SUITE 303** City: **CATONSVILLE**
State: **Maryland** Zip Code: **21228**

BUSINESS PHONE 4
Type: _____ Phone #: _____ Data Source: _____ Email: _____ Data Source: _____
Phone Notes: _____

BUSINESS EMAIL

Edit

1. Agency Information

- Displays Agency-level information like **Name** and **Status**.

2. Location Information

- Displays information for the Location within the Agency.

3. Provider Addresses

- Displays Business, Remittance, Check, and Correspondence Address for the Location within the Agency.

4. Business Phone

- Display Phone numbers of the Location.

5.3 Edit Providers

- Select **Edit** from the Provider Details page.

PROVIDER DETAILS

PROVIDER PROFILE

AGENCY INFORMATION
Agency Name: _____ Status: **Active**


LOCATION INFORMATION
Location Name: _____ Program Type: _____ Provider Type Code: **53** Enrollment Status: **36 - Active - Pay (Federal and State)**
Provider FEIN: _____ Provider Number: _____ List of Specialty Codes: **127, 126, 165, 164**

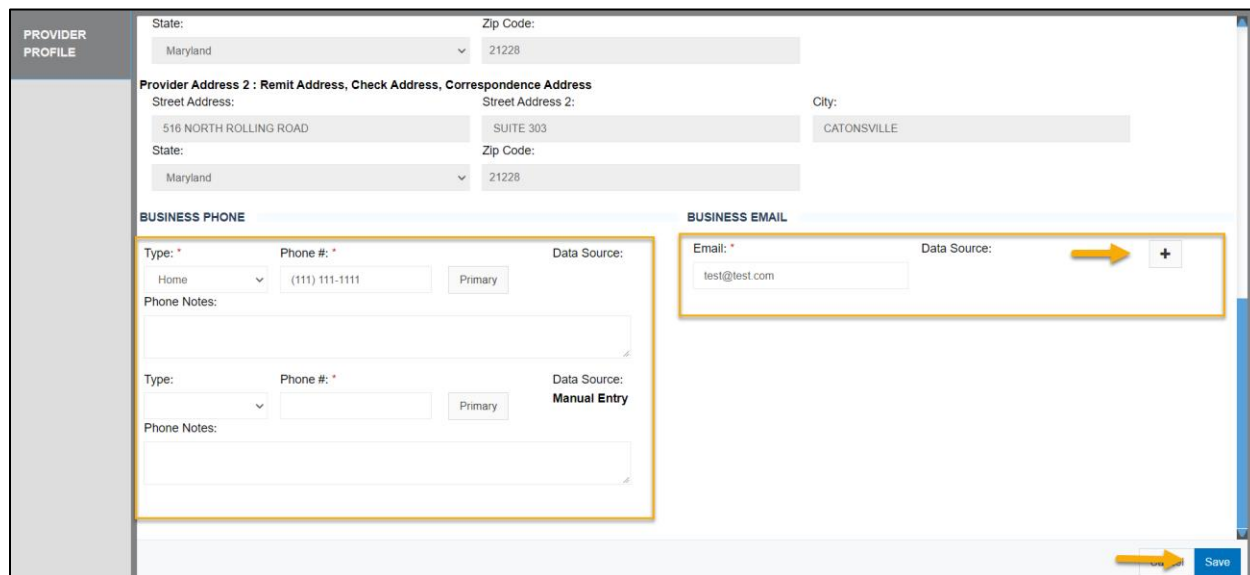
COS	COS Description	Spans Start Date	Spans End Date
ED		08/04/2010	12/31/9999
WD		08/04/2010	12/31/9999
WE		08/04/2010	12/31/9999
XH		08/04/2010	12/31/9999

Street Address: **516 NORTH ROLLING ROAD** Street Address 2: **SUITE 303** City: **CATONSVILLE**
State: **Maryland** Zip Code: **21228**

PROVIDER ADDRESSES
Provider Address 1:
Street Address: **516 NORTH ROLLING ROAD** Street Address 2: **SUITE 303** City: **CATONSVILLE**
State: **Maryland** Zip Code: **21228**

Edit

- From the Edit page, users may modify or add **Phone** numbers and **Emails**.
- Users may add additional contact information by selecting the  in the desired section.
- Once desired updates are made, select **Save**.



PROVIDER PROFILE


State: Maryland Zip Code: 21228

Provider Address 2 : Remit Address, Check Address, Correspondence Address

Street Address: 516 NORTH ROLLING ROAD Street Address 2: SUITE 303 City: CATONSVILLE

State: Maryland Zip Code: 21228

BUSINESS PHONE


Type: Home Phone #: (111) 111-1111 Primary Data Source: 


Phone Notes:

Type: Phone #: Primary Data Source: Manual Entry


Phone Notes:

BUSINESS EMAIL

Email: test@test.com Data Source: 

 Save

5.4 View Staff

- Select **Providers** from the top navigation, then Provider search icon  on the left navigation and input desired search parameters:

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

STAFF SEARCH STAFF RESULTS - TOTAL : 0

Date of Birth: **1** SSN: **2**

Staff Last Name: **3** Staff First Name: **4**

Status: **5** Phone #: **6**

Provider #: **7**

Provider Attribute*: **8**

Provider Role: **9**

Reset Search

1. Date of Birth

- Searches Staff by MM/DD/YYYY date of birth.

2. SSN

- Searches Staff by xxx-xx-xxxx social security #.
- Exact match

3. Staff Last Name

- Searches Staff by Last Name
- Results will populate based on “starts with” letter entry
- Example, “L”, “Le”, “Leo” will populate the client(s) with the last name “Leonard”

4. Staff First Name

- Searches Staff by First Name
- Results will populate based on “starts with” letter entry
- Example, “L”, “Le”, “Leo” will populate the client(s) with the last name “Leonard”

5. Status

- Defaults to *All*
- *Active*, populates only staff who have active profiles
- *Inactive*, populates only staff who are no longer active in PP.

6. Phone

- 10-digit number

- Exact match

7. Provider Name/#/FEIN

- Defaults to *Select All*
- Lists the locations to which the user is assigned within their agency for Provider users.
- Searches by Provider Location Name, MA #, or FEIN for MDH users.

8. Provider Attribute

- Defaults to *Select All*
- Populates the attributes of the Provider Location to which the user is assigned for Provider Users
- Populates all available options for MDH Users

9. Provider Role

- Defaults to Select All
- Lists user roles available for PDN and HHA Locations

- Once the system has completed its search, it will display the results and the user may select **Details** to view the Staff profile.

The screenshot displays the 'STAFF SEARCH' interface. On the left is a sidebar with search filters: Date of Birth, SSN, Staff Last Name, Staff First Name, Status (set to 'All'), Phone #, Provider Attribute (set to 'All selected (2)'), Provider Name / # / FEIN, and Provider Role (set to 'All selected (3)'). The main area is titled 'STAFF RESULTS - TOTAL : 2' and contains a table of results. The first result is for 'Admin Provider, Pdn' with status 'Active'. It shows fields for Date of Birth, Provider FEIN, Primary Phone # ((111) 111-1111), Agency Name, and Provider Location. A yellow arrow points to a 'Details' button at the bottom right of this entry. The second result is for 'Billing Provider, Pdn' with status 'Active', showing similar fields. A 'Details' button is also at the bottom right of this entry. A 'Sort By' dropdown is in the top right corner.

- The **Staff Details** page opens with the following sections:

DEMOGRAPHICS 1 Last Name: Middle Name: First Name: PDN Gender: Date of Birth: SSN: Fluent Language(s):				ROLES 5 Role(s): Admin Provider			
EMPLOYMENT 2 Business Title: Admin Provider Employment Type: Full Time Status: Active Deactivate Staff Effective Start Date:				LICENSE INFORMATION 6 License Type: Registered Nurse - RN License Number: R123456 License Effective Date: 01/01/2022 License End Date: 01/01/2024			
CONTACT 3 Type: Home Phone #: (111) 111-1111 Primary Phone Notes: Email Address: test@test.com				LOGIN INFORMATION 7 Allow Login? Yes Login Name: PDN Admin Provider			
LOCATION 4 Agency: Provider Location:				MOBILE APP INFORMATION 8 Requested Access? No Allowed Access?			
				OTHERS 9 Profile Created Date: 07/01/2022 Last Modified Date: 07/01/2022			

1. **Demographics**
 - Displays general info about the Staff
2. **Employment**
 - Displays info about the Staff's status within the Location
3. **Contact**
 - Displays phone number(s) and email(s) for the Staff
4. **Location**
 - Display Agency and Provider Locations to which the Staff is associated
5. **Roles**
 - Displays the user roles that drive the user's permissions within LTSS and PP.
6. **License Information**
 - Displays the License Type, Number, and its Effective and End Dates
 - **NOTE: Licenses are required for all Staff Providers for PDN and HHA Locations to be able to render and bill for services.**
7. **Login Information**
 - Displays the user's ability to login and their Login name
8. **Mobile App Information**
 - Displays the user's ability to use the EVV Mobile App
9. **Others**
 - Displays Profile Create and Modified Date

5.5 Add Staff

Users can Create Staff profiles from Provider Portal so that Staff from Provider Locations may effectively bill for the services that they render in participant's home or community.

Note: A valid license is required to render Nursing and Home Health services, and subsequently for MDH to approve claim processing.

1. Select **Staff Search** from the **Providers** tab.
2. Select **+ Create New Staff**

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

STAFF SEARCH < STAFF RESULTS - TOTAL : 0

Date of Birth: SSN:

Staff Last Name: Staff First Name:

Status: Phone #:

+ Create New Staff

3. Complete fields for the following sections:
 - **Role Selection**

NEW STAFF PROFILE X

1 2 3 4 5

Role Selection Demographics Employment Contact Review & Submit

Agency: * Location(s): *

Role(s): *
Staff Provider

License Type: License Number: * License Effective Date: * License End Date: *

Registered Nurse - RN R123456 01/01/2022 01/01/2024

+ Cancel Previous Next

- **Demographics**

NEW STAFF PROFILE

1 ☒
2 ☒
3 ☐
4 ☐
5 ☐

Role Selection
Demographics
Employment
Contact
Review & Submit

Prefix:

First Name: *

Middle Name:

Last Name: *

Suffix:

Gender:

SSN: *

Date of Birth: *

Fluent Language(s): *

Other Language:

- **Employment**

NEW STAFF PROFILE

1

2

3

4

5

Role Selection

Demographics

Employment

Contact

Review & Submit

Business Title: *

Employment Type: *

Staff Effective Start Date: *

Cancel

Previous

Next

- **Contact**

NEW STAFF PROFILE

4

5

Role Selection

Demographics

Employment

Contact

Review & Submit

Type: *
Home ▾

Phone #: *
(111) 111-1111

Ext. #

Primary

Phone Notes:

Email Address: *
test@test.com

Confirm Email Address: *
test@test.com

Cancel

← Previous

Next →

- **Review & Submit**

NEW STAFF PROFILE ✕

✓

✓

✓

✓

5

Role Selection
Demographics
Employment
Contact
Review & Submit

ROLE SELECTION Edit

Agency:
[Redacted]

Location(s):
[Redacted]

Role(s):
Staff Provider

License Type:
Registered Nurse - RN

License Number:
R123456

Effective Start Date:
01/01/2022

Effective End Date:
01/01/2024

DEMOGRAPHICS Edit

Prefix:

First Name:
PDN

Middle Name:

Last Name:
Staff Provider

Suffix:

Gender:

SSN:
111 - 11 - 1111

Date of Birth:
01/01/1980

Fluent Language(s):
English

Other Language:

EMPLOYMENT Edit

Business Title:
Nurse

Employment Type:
Full Time

Staff Effective Start Date:
01/01/2022

CONTACT Edit

Type:
Home

Phone #
(111) 111-1111 Primary

Phone Notes:

Email Address
test@test.com

Cancel

← Previous
Submit

4. Upon selecting **Submit**, profile is saved in Provider Portal, as well as in the LTSSMaryland application, where it can be viewed and managed by MDH.

5.6 Edit Staff

1. Select **Staff Search** from the **Providers** tab.
2. Enter relevant search criteria and **Search** for desired Staff Profile.

3. Select the **Details** button on the Staff Profile search results.

STAFF SEARCH < **STAFF RESULTS - TOTAL : 2** Sort By ▾

Date of Birth: SSN:

Staff Last Name: Staff First Name:

Status: Phone #:

Provider Attribute:

Provider Name / # / FEIN:

Provider Role:

Staff Name: Admin Provider, Pdn SSN # -- Status: Active

Date of Birth: -- Primary Phone #: (111) 111-1111 User Role: Admin Provider

Provider FEIN: -- Agency Name:

Provider Location:

[Details](#)

Staff Name: Billing Provider, Pdn SSN # -- Status: Active

Date of Birth: -- Primary Phone #: (111) 111-1111 User Role: Billing Provider

Provider FEIN: -- Agency Name:

Provider Location:

[Details](#)

4. Select the **Edit** button from the Staff Profile details.

DEMOGRAPHICS

Last Name: Middle Name: First Name:

Gender: Date of Birth: Original SSN: SSN:

Fluent Language(s): [Open in LTSS](#)

EMPLOYMENT

Business Title: Employment Type: Status:

Effective Start Date:

CONTACT

Type: Phone #: Phone Notes:

Email Address:

LOCATION

Agency:

ROLES

Role(s):

LICENSE INFORMATION

License Type: License Number: License Effective Date: License End Date:

LOGIN INFORMATION

Allow Login? Login Name:

MOBILE APP INFORMATION

Requested Access? Allowed Access?

OTHERS

Profile Created Date: Last Modified Date:

[Print](#) [Edit](#)

5. Users may edit the following sections of the Staff Profile:

The screenshot shows a user profile form with the following sections and callouts:

- 1. DEMOGRAPHICS**: Fields for Prefix, Last Name, Middle Name, First Name, Suffix, Gender, Date of Birth, Original SSN, SSN, and Fluent Language(s).
- 2. EMPLOYMENT**: Fields for Business Title, Employment Type, Status, and Effective Start Date.
- 3. CONTACT**: Fields for Type, Phone #, Extension, Phone Notes, and Email Address.
- 4. LOCATION**: Fields for Agency, Location(s), and Role(s).
- 5. LICENSE INFORMATION**: Fields for License Type, License Number, License Effective Date, and License End Date.
- 6. LOGIN INFORMATION**: Fields for Allow Login? and Login Name.
- 7. MOBILE APP INFORMATION**: Fields for Requested Access? and Allowed Access?.

At the bottom of the form, there are buttons for **Print** and **Save**.

1. **Demographics**
 - Personal Information of Staff
2. **Employment**
 - Title, Type, and Status of Profile within PP
3. **Contact**
 - Phone Number and Email
4. **Location**
 - Locations to which the profile may be assigned
 - User role assignment (Admin, Billing, or Staff Provider)
5. **License Information**
 - Add additional license(s) or update existing license spans once renewed
6. **Login Information**
 - Permits user to login to Provider Portal
 - Note: Login credentials must be created by contacting LTSS Help Desk.
7. **Mobile App Information**
 - Permits user to access the EVV Mobile App

6. Upon selecting **Save**, updates are also appended to the LTSSMaryland application, where it may be viewed and managed by MDH.

5.7 Enable Mobile App Access

1. Admin Providers can grant access to the LTSSMaryland EVV mobile app for Staff Providers only.
2. When a Staff Provider successfully completes the Account Creation process all associated Admin Providers will receive an alert.
3. From the alerts page, on the “Staff Requested Mobile Access” alert click Details

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

4. User will be directed to the associated staff profile, select **Edit**.
5. In the **Mobile App Information** selection, update the **Allowed Access** to **Yes**.

MOBILE APP INFORMATION	
Requested Access?	Allowed Access?
Yes	Yes

6. Select **Save** and the system will transmit the information automatically to create the Staff Provider's account. An email will be sent to the email address the Staff Provider used to create their LTSSMaryland EVV mobile application account to set up their password.


5.8 Deactivate Staff

1. Navigate to the desired Staff Profile through the **Provider** tab and **Staff Search**.
2. Select the **Details** button on the Staff Profile search results.
3. Select the **Edit** button from the Staff Profile details.
4. Within the Employment section of the profile, select the hyperlink, **Deactivate Staff**.

DEMOGRAPHICS				LOCATION			
Prefix	Last Name: *	Middle Name:	First Name: *	Suffix:	Agency:	AADVANCE HOME HEALTH SERVICES LLC	
	Admin Provider		PDN		Location(s): *	AADVANCE HOME HEALTH SERVICES LLC-418885300	
Gender:	Date of Birth:	Original SSN:	SSN:		Role(s): *	Admin Provider	
Fluent Language(s):				Open in LTSS			
None selected							
EMPLOYMENT				LICENSE INFORMATION			
Business Title: *	Employment Type: *	Status:	Deactivate Staff	License Type:	License Number: *	License Effective Date: *	License End Date: *
Admin Provider	Full Time	Active		Registered Nurse - RI	R123456	01/01/2022	01/01/2024
Effective Start Date:				+ Add License			
CONTACT				LOGIN INFORMATION			
Type: *	Phone #: *	Extension	Phone Notes:	Allow Login? <input checked="" type="checkbox"/>	Login Name:		
Home	(111) 111-1111				PDN Admin Provider		
Email Address: *				MOBILE APP INFORMATION			
test@test.com				Requested Access?			
				No			
				Allowed Access?			
OTHERS							
				Profile Created Date:		Last Modified Date:	
				07/01/2022		07/01/2022	
Print				Cancel Save			

5. Enter **Deactivation Date** (current or future date).
6. Add text for **Deactivation Reason** and select **Submit**.

Deactivate Staff

Deactivation Date:


Deactivation Reason:

Cancel

Submit

- Upon **Submit**, updates are also appended to the LTSSMaryland application, where it may be viewed and managed by MDH.

5.9 Reactivating a Staff Profile

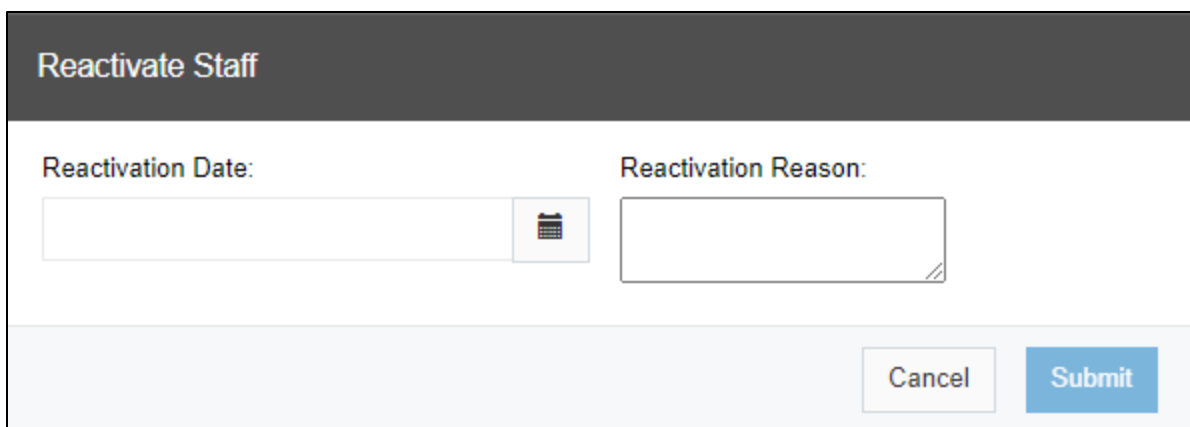
- Navigate to the desired Staff Profile through the **Provider** tab and **Staff Search**.
- Select the **Details** button on the Staff Profile search results.
- Select the **Edit** button from the Staff Profile details.
- Within the Employment section of the profile, select the hyperlink, **Reactivate Staff**.

DEMOGRAPHICS Last Name: Admin Provider Middle Name: First Name: PDN Gender: Date of Birth: Original SSN: SSN: Fluent Language(s): Open in LTSS				ROLES Role(s): Admin Provider			
EMPLOYMENT Business Title: Admin Provider Employment Type: Full Time Status: Inactive Reactivate Staff Effective Start Date: Deactivation Date: 07/01/2022 Deactivation Reason: No longer FTE				LICENSE INFORMATION License Type: Registered Nurse - RN License Number: R123456 License Effective Date: 01/01/2022 License End Date: 01/01/2024			
CONTACT Type: Home Phone #: (111) 111-1111 Primary Phone Notes: Email Address: test@test.com				LOGIN INFORMATION Allow Login? Yes Login Name: PDN Admin Provider			
LOCATION Agency: AADVANCE HOME HEALTH SERVICES LLC Provider Location: AADVANCE HOME HEALTH SERVICES LLC: 418885300				MOBILE APP INFORMATION Requested Access? No Allowed Access?			
				OTHERS Profile Created Date: 07/01/2022 Last Modified Date: 07/01/2022			

Print

Edit

- Enter **Reactivation Date** (current or future date).
- Add text for **Reactivation Reason** and select **Submit**.

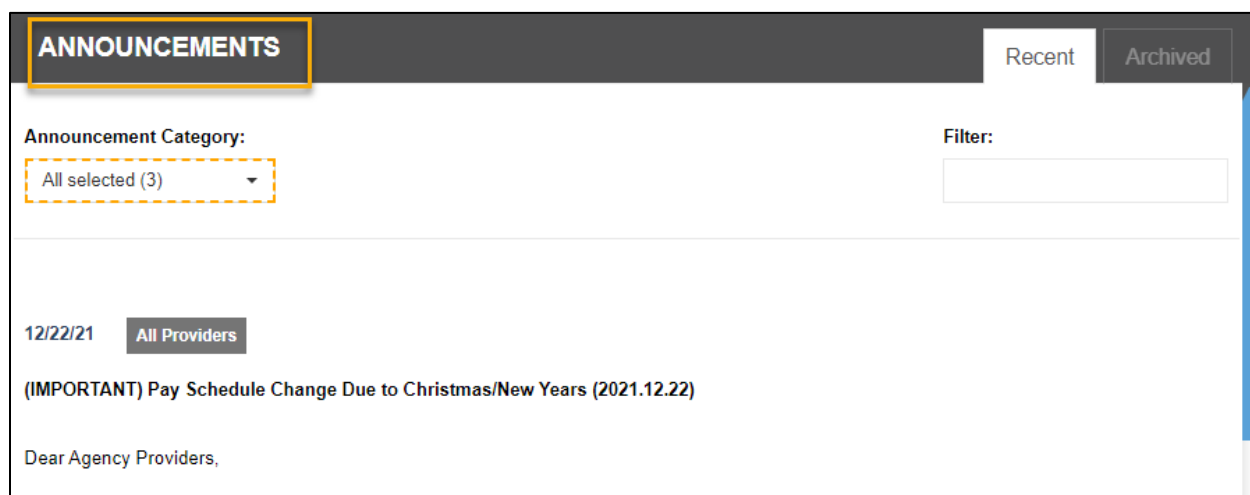


The 'Reactivate Staff' form has a dark header with the title 'Reactivate Staff'. Below the header, there are two input fields: 'Reactivation Date:' with a calendar icon and 'Reactivation Reason:'. At the bottom right, there are two buttons: 'Cancel' and 'Submit'.

7. Upon **Submit**, updates are also appended to the LTSSMaryland application, where it may be viewed and managed by MDH.

6. Announcements

Upon login to Provider Portal, users will land on the Home page of Provider Portal. The **ANNOUNCEMENTS** title is located on the left side of the page. Here, users will view important communications from MDH.



The 'Announcements' page has a dark header with the title 'ANNOUNCEMENTS' highlighted with a yellow box. To the right of the title are two tabs: 'Recent' and 'Archived'. Below the header, there is a section for 'Announcement Category:' with a dropdown menu showing 'All selected (3)'. To the right of this is a 'Filter:' input field. Below these elements, there is a date '12/22/21' and a button 'All Providers'. The main content area displays an announcement titled '(IMPORTANT) Pay Schedule Change Due to Christmas/New Years (2021.12.22)' followed by the text 'Dear Agency Providers,'.

1. Users may select a category of announcement to filter and view relevant announcements, specific to a service type:
 - **All Providers:** Announcements applicable to all Provider Portal users
 - **Private Duty Nursing:** Announcements applicable to Provider Portal users for PDN services
 - **Home Health:** Announcements applicable to Provider Portal users for HH services
 - An Announcement Category is displayed at the heading of the announcement, next to its' created date.

2. The filter option allows the user to enter key words into the search field. Once a user enters text into the keyboard, only the announcement(s) that contain the entered text will be displayed within the Announcement tab.
3. Users may select the other tab (**Recent** or **Archived**) and filter the contents within that tab.

The screenshot shows a web interface for announcements. At the top, there is a dark grey header bar with the word "ANNOUNCEMENTS" in white. To the right of the header, there are two tabs: "Recent" and "Archived". The "Recent" tab is highlighted with a yellow border. Below the header, on the left, is a section labeled "Announcement Category:" with a dropdown menu showing "All selected (3)". To the right of this is a "Filter:" label above a text input field. A yellow arrow points from the dropdown menu towards the filter input field. The entire interface is contained within a light grey border.

Part B

Billing for EVV Services

6. Policy and Billing Requirements Overview

6.1 Billing Checklist

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

- ✓ **Activate Provider Portal Account-** Agency administrators are responsible for registering accounts and setting up staff profiles in the Provider Portal.
- ✓ **Approved to Begin Services-**
 - Service authorization is approved, or services entered for the correct participant
 - Referring provider information is complete
 - Participant eligibility is verified in the EVS system
- ✓ **Determine Staff Schedule-** The agency determines the staff provider's schedule to meet the needs of the participant and to fit within the pre-authorized weekly hours listed in the participant's service authorization.
- ✓ **Train staff –** It is the agency's responsibility to ensure that staff are fully trained in how to use the EVV system and have all needed information to clock in and out properly.
- ✓ **Clock-In and Out-** Staff provider uses EVV to clock-in and out at the start and end of every shift.
- ✓ **Missing Clock in/out –** If the staff forgets to clock in and/or out for services or is unable to use the system for some reason, it is the agency's responsibility to submit the services manually prior to the monthly deadline. Section 2.0 for more detail.

6.2 Nurses requesting to work over allowed Daily/ Weekly Limits

Nurses are restricted to working at most 16 hours per day or 60 hours per week. Any requests to waive this requirement must be approved by the DONS unit. Otherwise, billing more than this amount is considered inappropriate billing and may result in additional review by MDH.

6.3 Billing for Emergency Services

In response to an emergency with the participant, providers may decide to provide additional hours more than the service authorization. However, the service authorization cap is always in place; any claims billed more than the service authorization will be capped, and the exceeding hours will not be reimbursed.

There is a path to reimbursement for emergency services, but the additional hours **must first be approved by the MDH DONS unit**. Requests must be submitted to the DONS unit

(mdh.pdnpreauthorization@maryland.gov) for approval no later than close of the business day following the delivery of emergency services.

Agencies will need to submit adjustments for any claims that were capped by the system. These adjustments should include the additional time that the system moved. Once approval from the DONS unit is confirmed, the PBSO will review and approve the adjustments.

For guidance on what information to include in your adjustment, review the **Service Modification Guide** in section 11.4.4

7. OTP Devices

Important Note: *OTP devices are only required for PDN providers. Home Health services do not require OTP devices for either the EVV App or the telephone-based system.*

A One Time Passcode Device (OTP) is a time-synchronized device issued to a Participant by the Participant's Case Management Agency or MDH DONS. The OTP device has been designed to assist Providers in recording clock in/out times in *Provider Portal*. Not all participants will have an OTP device in their homes. However, if services are rendered in the community, the Staff Providers are required to use it with every clock in and clock out.

Note: OTP devices must ALWAYS remain with the participant to whom it has been assigned. It is considered fraudulent behavior for a 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
2. More than one Participant lives in the same household & shares a phone
3. The Participant often receives PDN or HH services in the community

If an OTP device is assigned, the Provider will hear the following phrase when they clock in and clock out: "Enter the 6-digit OTP passcode". When they hear this phrase, they should look at the number on the device:

Enter the 6 digits. In the picture, below, the Provider would enter 728 197



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 Providers that 10 seconds have passed. Staff Providers may wish to write down the OTP code before calling the IVR system so the code will not change.



8. IVR Overview

All Providers for Private Duty Nursing or Home Health services must clock in and out of an EVV system at the start and end of each service to record the services and receive payment. The ISAS Telephone EVV, sometimes referred to as Interactive Voice Response (IVR) system, is the backup method used when the EVV Mobile app is unavailable.

The Provider will clock in and clock out using one of the following:

- **The Participant's registered phone number in LTSS**
- **An alternate phone along with the One-Time Password (OTP) device**

Providers must have a staff profile created in Provider Portal with a "Staff Provider" role and an SSN to be able to use the IVR system so the Provider Agency can get paid for the service.

8.1 IVR Outline

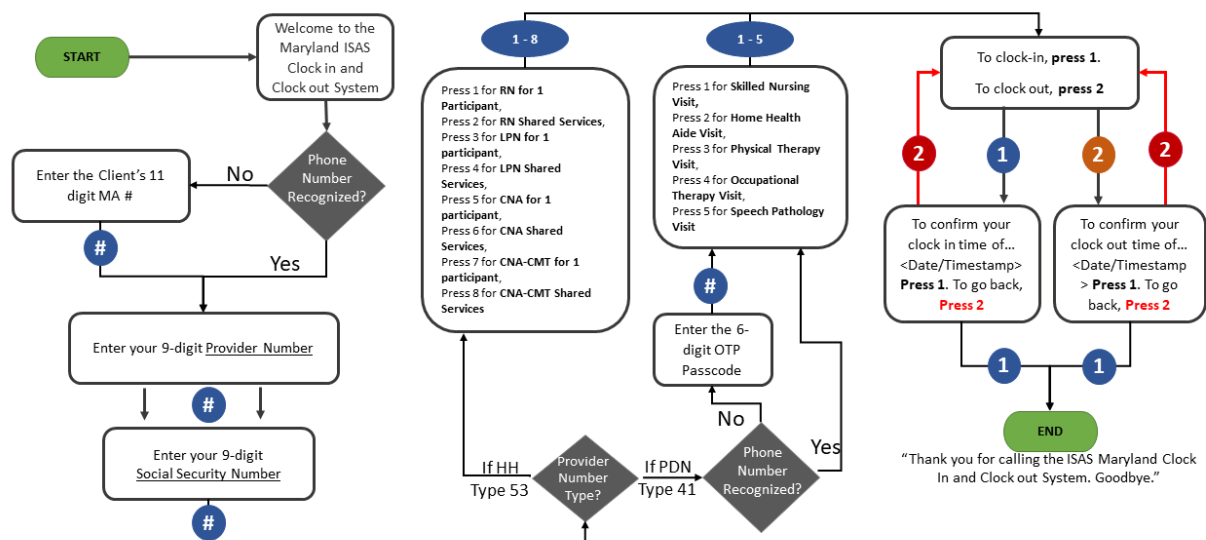
To clock in and out through the IVR system, the staff provider or Provider should call (833) 735-3533.

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 Providers have the following information prior to providing services to recipients and are fully trained in how to use the IVR system.

- **IVR phone number to call**
- **Participant's Medicaid (MA) number (if needed)**
- **Agency Provider number**
- **Staff Provider Social security number**
- **OTP device ID (if assigned)**

8.2 General IVR flow chart

IVR System Flow Chart – for PDN and HH Services



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.

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 53 (HH) you will get the following prompts:

- Press 1 for **RN for 1 Participant**,
- Press 2 for **RN Shared Services**,
- Press 3 for **LPN for 1 participant**,
- Press 4 for **LPN Shared Services**,
- Press 5 for **CNA for 1 participant**,
- Press 6 for **CNA Shared Services**,
- Press 7 for **CNA-CMT for 1 participant**,
- Press 8 for **CNA-CMT Shared Services**

Prompt 3B: If your provider number is type 41 (PDN) you will get the following prompts:

- Press 1 for **Skilled Nursing Visit**,
- Press 2 for **Home Health Aide Visit**,
- Press 3 for **Physical Therapy Visit**,
- Press 4 for **Occupational Therapy Visit**,
- Press 5 for **Speech Pathology Visit**

Prompt 3B -A: Sometimes Required for PDN (Required if Staff Provider is not calling from Participant phone and using an OTP Device to authorize) “Enter the Participant’s 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 is assigned)

Prompt 4: “Once a selection is made from Prompt 2, then a confirmation prompt: “You selected {Service Selected}. If this is the correct service, Press 1. If not, Press 2.” (Pressing 1 moves you to the next prompt, pressing 2 takes you back to the beginning of prompt 1)

Prompt 5: “To clock in, press ‘1’. To clock out, press ‘2’.”

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

Ending: “Thank you for calling the ISAS Maryland Clock in and Clock out System. Goodbye.”

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

9. Real Time Clock-In/Clock-Out

Authorized ISAS, MDH, and Provider users are able to monitor clock-in and clock-out times for Provider Staff who have provided a PDN or HH service activity within the last 72 hours by using the Clock In/Out Search function in the Services area of Provider Portal. The search can be refined by Provider, Client, and Service Type to narrow results.

9.1 User Role Permissions

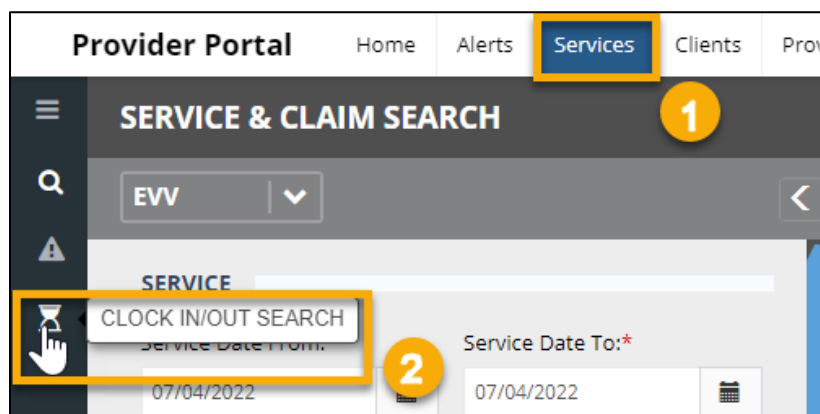
Provider User Roles:

- Admin Provider of the Provider Location that rendered the Service Billing Provider of PDN Location
- Billing Provider of the Provider Location that rendered the Service Billing Provider of HHA Location
 - ❖ Users listed above have access to the following functionalities:
 - View Search
 - Save Search
 - Download Results
 - Action to View

9.2 Search - Clock-In / Clock Out

Users can search for services with clock in/outs in the last 72 hours by using any of the below parameters in combination to see services with information that matches the search criteria.

To search for Clock In/Outs for PDN and HH Service Activities by Provider:



1) To navigate to the Search for Clock In/Outs for PDN and HH Service Activities, select the **Services** tab.

2) To Search by Clock In/Out, click the **hourglass icon** in the left nav

3) The **Clock In/Out Search** will appear.

4) To complete a **Search** for Clock-ins and Clock-outs for PDN and HH Service Activities from the last 72 hours, the minimum information required is **Provider Name / #**.

- In addition, the user can add one or more **Staff Name** for whom to search clock in/outs. If none selected, “All Staffs at the Selected Locations” will automatically be included in the search.

To search for Clock In/Outs for PDN and HH Service Activities by Client:

Clock In/Outs for services can be searched by using any of the below Client-related parameters **in combination with the Provider** fields, to get the results with information that matches the search criteria.

- **Client ID/MA#** - Allows searching for services using Participant’s LTSS Client ID or MA#
- **Client Last Name**
- **Client First Name**

To search for Clock In/Outs for PDN and HH Service Activities by Service and Clock In/Out Type:

Clock In/Outs for services can also be searched by using any of the below parameters **in combination with the Provider** fields, to get the results with information that matches the search criteria.

- **Service Type** – allows user to filter for one or more specific service types. By default, all PDN and HH services service types for which a Provider may enter services for billing in the Provider Portal are

selected. If searching as an ISAS user, this list will also include other existing service types. Refer to [Appendix A](#) for a list of all PDN and HH services

- **Clock In/Out Type** – allows user to search by the type of clock-in action. Defaults to Select All with individual options:
 - Clock In Only - will only display those records with a start time, but no end time. will only display those records with a start time, but no end time.
 - Clock Out Only - will only display those records with an end time, but no start time
 - Both - will only display those records who have gone through the call matching process and have both a start time and end time listed.
- **Telephone Number** – allows the user to search by the exact phone number entered by the Provider Staff to clock in or out.

The screenshot shows a search interface titled "CLOCK IN/OUT". It contains three main sections:

- Service Type:** A dropdown menu currently displaying "All selected (13)".
- Clock In/Out Type:** A dropdown menu currently displaying "All selected (3)".
- Telephone Number:** A text input field for entering a specific phone number.

9.3 Search Results - Clock-In / Clock Out

Based on the search parameters described in the above section, when the Search action is performed, the **Clock In/Out Results** will display in a list with columns as follows.

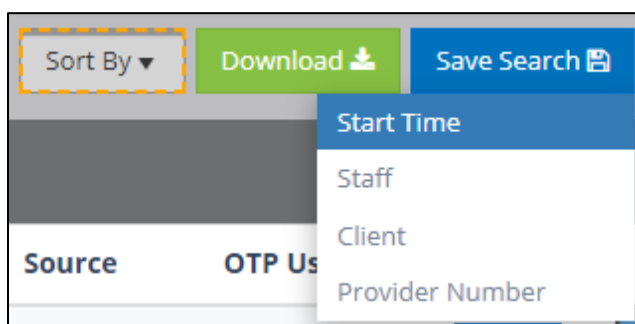
- **Provider #**
- **Staff Name**
- **Client Name**
- **Client ID**
- **Service** – Name of the PDN / HH service (e.g., RN-1 Participant)
- **Service Status** – Workflow status of the service activity
- **Start Time** – Time the service began
- **End Time** – Time the service ended
- **Source** – Indicates whether the source was a clock-in, clock-out, or both and includes the telephone number used
- **OTP Used** – Indicates if One Time Passcode Device was used (Yes or No)
- **Actions**
 - **View** (Opens a tab and navigates to the Service Activity Details so that the user can view and/or edit)

Provider #	Staff Name	Client Name	Client ID	Service	Service Status	Start Time	End Time	Source	OTP Used	Actions
222222201	TS, AutoStaffOnlyCNA	MWClaimsClient01	2410035RB470220	HHA-CNA-1 Participant	Ready	06/03/2022 10:05A	06/03/2022 12:05P	Clock In/Out	No	View
222222201	TS, AutoStaffCNA-CMT	HHSAClient	24897UMHHU67110	HHA-CNA/CMT-1 Participant	Pending Provider	05/16/2022 2:35A	05/16/2022 3:40A	Clock In/Out	No	View
222222201	TS, AutoStaffLPN	REMSAClient	144970BERIC7110	LPN-1 Participant	Needs Authorization	05/12/2022 10:25A	05/12/2022 11:25A	Clock In/Out (333) 333-3333	No	View

Results: Sort By

When results are first displayed, the list is sorted automatically by the **Start Time**, with the clock in/out record with most recent time and date showing first, followed by the rest in descending order (newest to oldest).

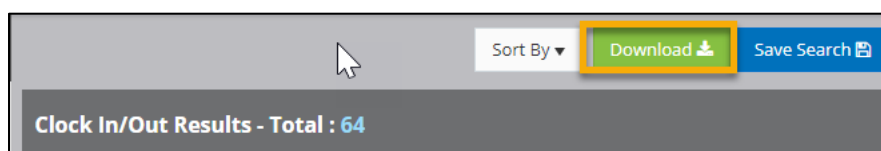
The user can also **Sort By**:

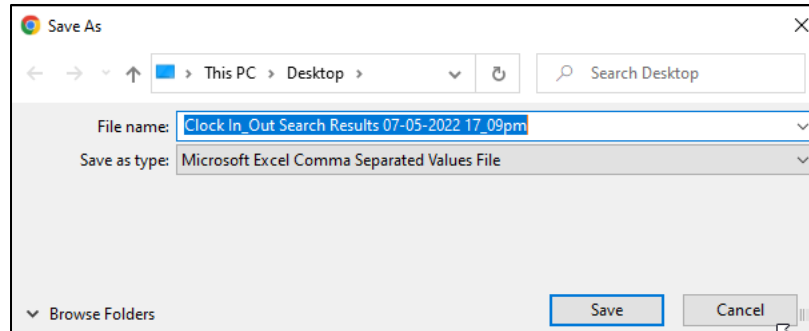


- **Staff** – First by Last Name of staff in Alphabetical order (A to Z), then by Start Time (Newest to Oldest)
- **Client** – First by Last Name of Client in Alphabetical order (A to Z), then by Start Time (Newest to Oldest)
- **Provider Number** – First by Provider number in Numerical order (1, 2, 3...), then by Start Time (Newest to Oldest)

Results: Download

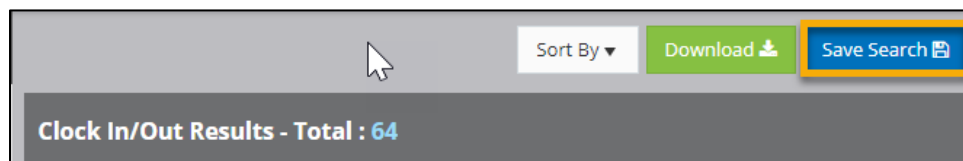
When results are displayed, the user can choose to Download the list to a CSV file. When **Download** is clicked, the user is prompted to save to their computer.



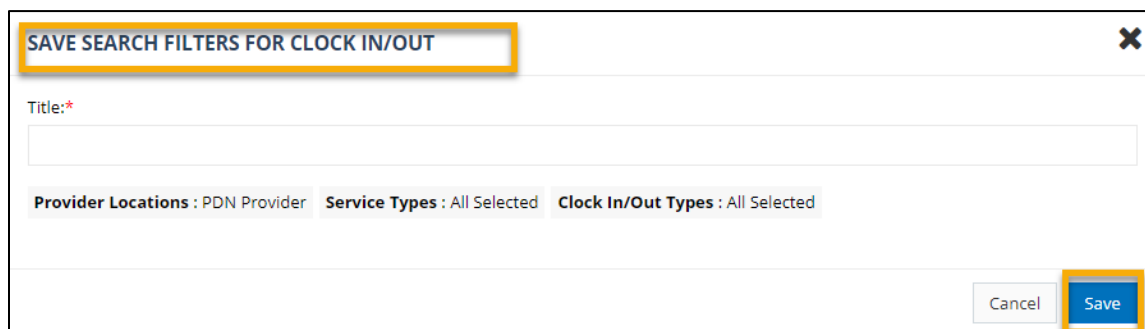


Results: Save Search

After a search has been performed based on selected parameters, when results are displayed, the user may decide that they wish to perform the same search at a future date (since the search only yields results for the last 72 hours).



In this case, they can click the **Save Search** button at the top of the results list, and a pop-up to **Save Search Filters for Clock In/Out** will appear:



Once a Search is saved, the user can execute **Saved Search Filters** from the Clock In/Out Search by clicking the button and choosing the title of the saved search to run again:

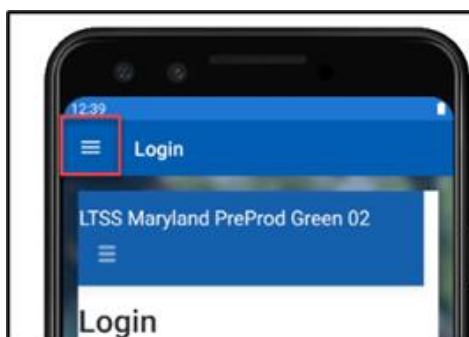
10. LTSSMaryland EVV Mobile App

Providers can now use the *LTSSMaryland* EVV mobile app to clock in and out of PDN and HH Service Activities.

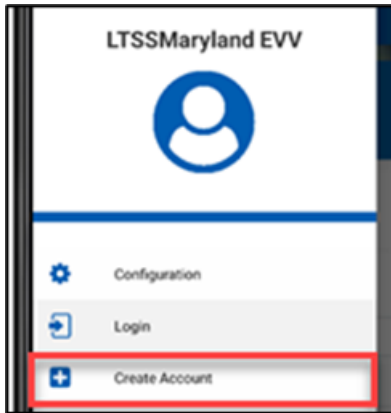
10.1 Installing, Creating & Managing Accounts

10.1.1 Download App and Create Account

1. On your phone, navigate to the app store (Google Play Store for Android devices)
2. Search for *LTSSMaryland* EVV.
3. Download the app to your phone.
4. Once the app has downloaded, open the app, and click the **menu bar** option in the upper left screen.



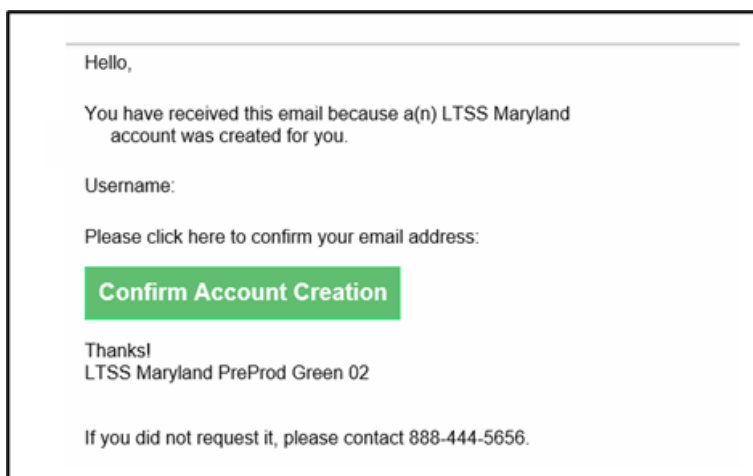
5. From the menu option, select **Create Account**.



6. In the **Create Account** screen, enter the required information

- Email and verify email
- Social Security Number
- Date of Birth
- Provider Number.
- If you work with multiple provider locations, only enter one. The system will find the remaining locations

A screenshot of the "Create Account" screen on a mobile device. The screen has a blue header with a menu icon and the text "Create Account". Below the header, the title "Create Account" is centered. The form contains five input fields: "Email Address", "Verify Email Address", "SSN", "Date of Birth" (which has "4/5/1982" entered), and "Provider Number". At the bottom of the form is a blue button labeled "SUBMIT".

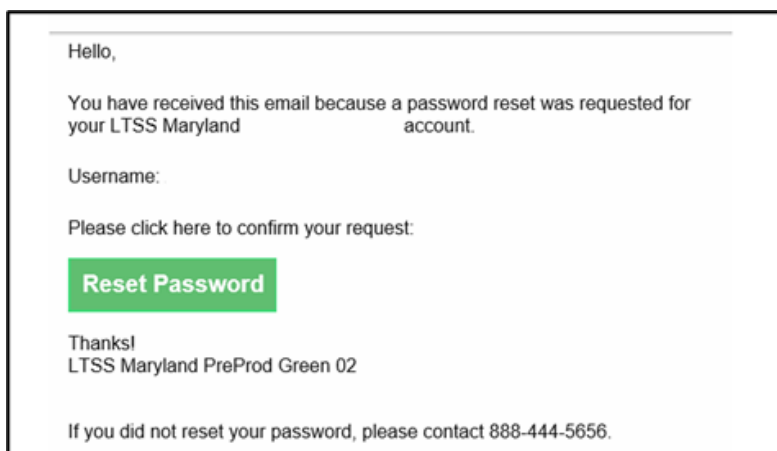


7. Click **Submit**
8. The system will validate the information and provide one of the following messages:
 - If your information was validated, you will receive the following message: “Your account has been sent for approval. Once approved you will receive an email to create your password”
 - Your agency administrator will need to complete this approval
 - If your information was not validated you will receive the following message: Your account cannot be created, please contact your supervisor for help.

10.1.2 Creating your Password

Once you have successfully created your account with the *LTSSMaryland* EVV mobile app, and your supervisor has reviewed your request and allowed permission to use the *LTSSMaryland* EVV mobile app, you will receive an email notifying you your account is created and directing you to verify and create a password. The email will be sent to the email address you entered when creating your account in the *LTSSMaryland* EVV mobile app. Log into your email and open to verify your account

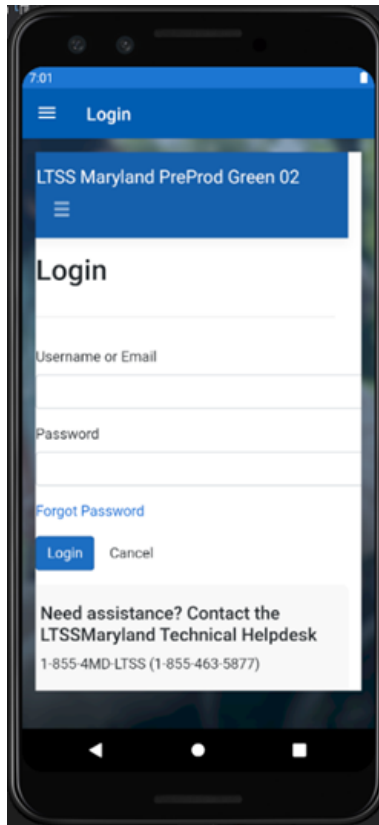
1. Click the “**Confirm Account Creation**”
2. Click the “**Reset Password**” button



3. In the Password reset screen enter your password and verify.
4. Your LTSS*Maryland* EVV mobile app account is now ready!
- 5.

10.1.3 Forgot Password

1. If you forgot your password on the login screen of the app, click **"Forgot Password"**.



2. On the Forgot Password screen enter in your email and click **Submit**.

LTSS Maryland PreProd Green 02
☰

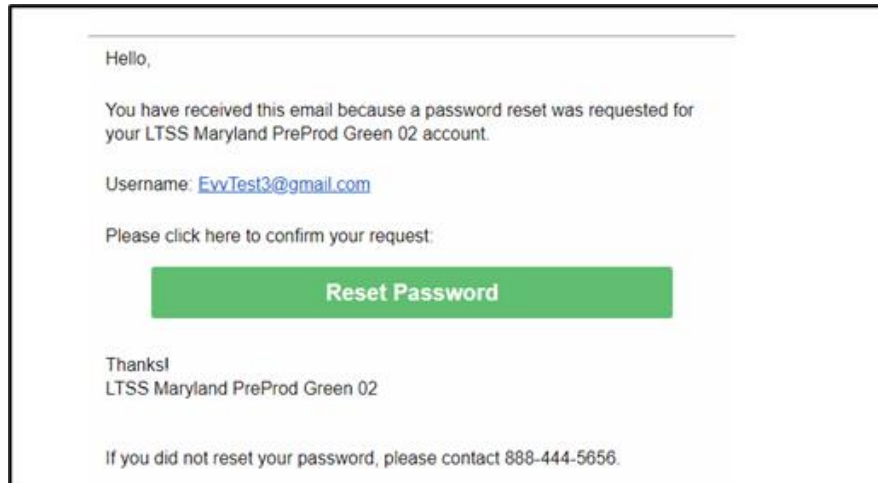
Password Reset

Forgot Password

Email

Submit
Cancel

3. Navigate to your email and locate the reset password email sent.



4. On the password reset screen enter your new password and confirm.
5. Click **Reset**.

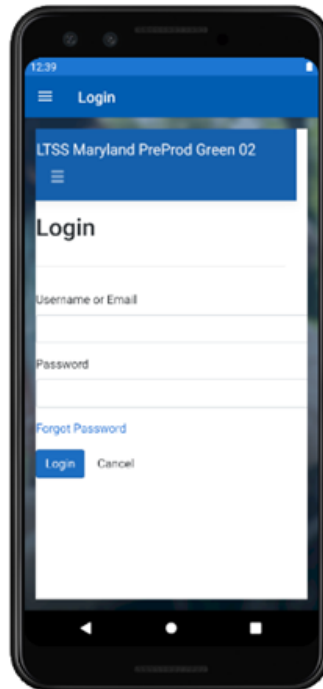
The screenshot shows a web application interface for password reset. At the top is a blue header bar with the text "LTSS Maryland PreProd Green 02". Below the header, the title "Password Reset" is displayed, followed by the subtitle "Reset Password". The form contains two input fields: "Password" and "Confirm Password". Below these fields is a blue button labeled "Reset".

6. Your Password is now updated. Navigate back to the LTSS*Maryland* EVV Mobile application and login with the new password.

10.2 Logging in and Using the LTSSMaryland EVV Mobile App

10.2.1 Logging into the LTSSMaryland EVV Mobile App

1. Open the LTSSMaryland EVV mobile app
2. On the Login Screen enter your email address and password.
3. Click **Login**.



4. If this is your first-time logging into the LTSSMaryland EVV mobile app on the device you are using, you will be prompted to accept the Terms of Use.
 - Read the information provided and click **“I accept”** if you accept the terms of use.
 - Clicking the **“Cancel”** button will return you to the login screen.



5. After accepting the Terms of Use you will be directed to the app landing page. The landing page will list all the provider locations you can use within the LTSSMaryland EVV mobile app.

Each location will have the following information listed:

- Name
- Program Types
- Provider Location Number

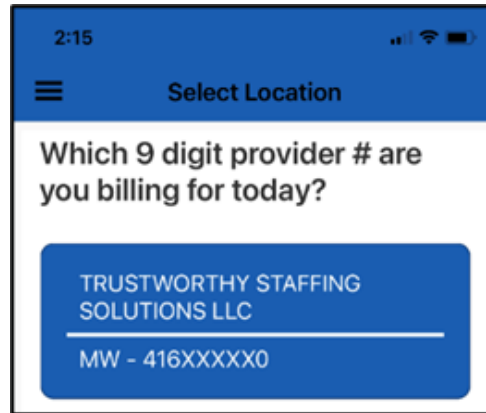


10.2.2 Clocking in and Out with the LTSSMaryland EVV mobile app

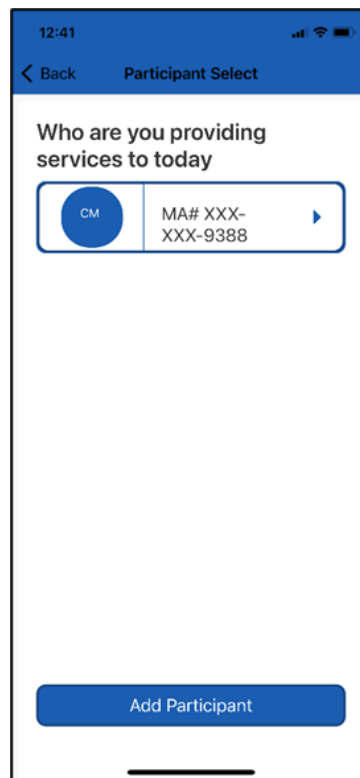
1. Once you have successfully logged into the LTSSMaryland EVV mobile app, you will be directed to the landing page to select a service location. The landing page will list all the provider locations you can use within the LTSSMaryland EVV mobile app.

Each location will have following information listed:

- Name
 - Program Types
 - Provider Location Number
2. Select the provider location for the service.



3. After selecting a location, you will be directed to the Participant Selection Page.
4. Select the Participant you are performing the service for.



5. If you do not see your participant listed, select the **Add Participant** button at the bottom of the page.
 - The Add Participant screen will open.
 - Enter the information
 - First Initial of the Participant
 - Last Initial of the Participant
 - MA# or OTP Serial Number # of the Participant
 - Click the “**Add Participant**” button
 - You will be directed back to the Select Participant page with the client added as an option.

- Select the client

12:42

< Back Add Participant

Add Participant

First Initial

Last Initial

Please enter at least one of the following:

MA #

OTP Serial #

Add Participant

- The **Service Select** Screen will appear
 - The Participant information and provider location information will be listed at the top of the screen.
 - If you need the selections click the back button on the upper left screen
- Answer the Question “**Where are you right now?**”
 - **At the Participant’s Home**
 - **In the Community**

12:25

< Back Service Select

CM MA# XXX-XXX-9388
Trustworthy Staffing
Solutions, LLC

Where are you right now?

☐ At the participant's home

☐ In the Community

Service Type

Q Enter Service Name

Service Selected:

Clock In

Clock Out

8. If you selected “In the Community”, and your participant has an OTP assigned to them, “Please enter your OTP” will appear.

12:25

< Back Service Select

CM MA# XXX-XXX-9388
Trustworthy Staffing
Solutions, LLC

Where are you right now?

☐ At the participant's home

☒ In the Community

Please enter your OTP

OTP #

Service Type

- Enter the OTP # in the space provided.
 - If your client has an OTP assigned and you selected “At the Participant’s Home” or “Working Remotely” the OTP option will not display. Please continue with your clock in/out.
9. Select the **Service Type** you are providing for the Participant.
- To enter a service type, begin typing the first letter(s) of the service, and services beginning with that letter that are associated with the provider location will display.

12:27

< Back Service Select

CM MA# XXX-XXX-9388
Trustworthy Staffing
Solutions, LLC

Where are you right now?

☒ At the participant's home

☐ In the Community

Service Type

Hh

HHA-CNA-1 Participant

- Select the service for your Participant only.

12:48

< Back Service Select

CM MA# XXX-XXX-9388
Trustworthy Staffing Solutions, LLC

Where are you right now?

☒ At the participant's home

☐ In the Community

Service Type

Hh

Service Selected:
HHA-CNA-1 Participant

Clock In

Clock Out

10. Click **Clock In** if you are clocking in for the service.

- You will receive a verification message. Review the information
- Select **Confirm** if the information is correct. Your clock in will be transmitted to the LTSSMaryland system for verification and you will be re-directed to the Easy Access Clock out Page
- Select **Cancel** if the information is not correct. You will be directed back to the service selection screen to adjust

Service Type

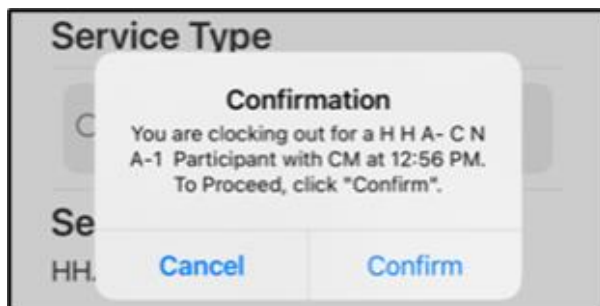
Confirmation

You are clocking in for a H H A- C N
A-1 Participant with CM at 12:49 PM.
To Proceed, click "Confirm".

Cancel Confirm

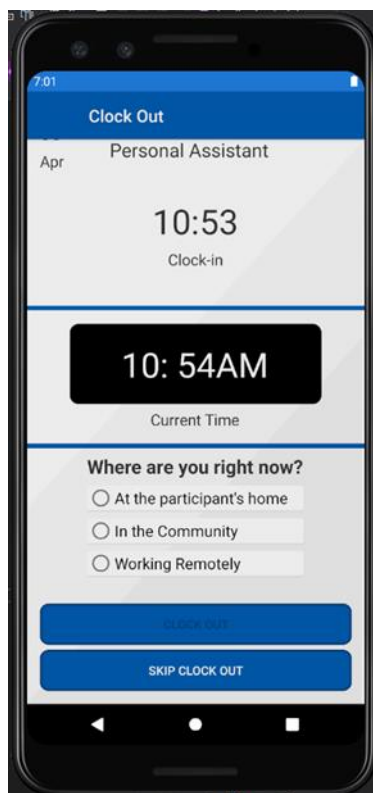
11. Click **Clock Out** if you are clocking out for a service

- You will receive a verification message. Review the information.
- Select **Confirm** if the information is correct. Your clock out will be transmitted to the LTSSMaryland system for verification, and you will be re-directed back to the location selection page.
- Select **Cancel** if the information is not correct. You will be directed back to the service selection screen to make adjustments



10.2.3 Easy Access Clock Out Page

1. If on your last log in you clocked into a service, when you log back into the app, you will be taken to the Easy Access Clock Out Page
 - The top section will display the participant's initials, MA# and Provider Location
 - The middle section will display the clock in date and time
 - The bottom section will display the current time
2. Answer the Question "Where are you right now?"
 - At a Participants Home
 - In the Community
 - Working Remotely

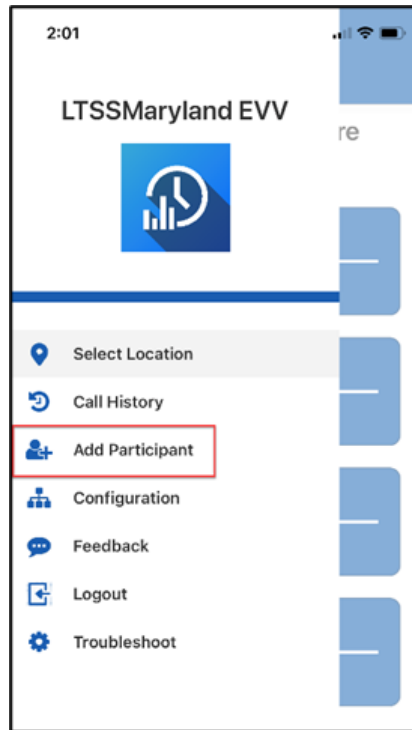


3. If your participant has an OTP assigned to them and you selected “In the Community”, “Please enter your OTP” will appear.
 - Enter the OTP # in the space provided.
 - If your client has an OTP assigned and you selected “At the Participant’s Home” or “Working Remotely” the OTP option will not display. Please continue with your clock in/out.
4. If you wish to Clock Out, click the **clock out** button:
 - You will receive a verification message. Review the information
 - Select **Confirm** if the information is correct. Your clock out will be transmitted to the LTSSMaryland system for verification, and you will be re-directed back to the location selection page.
 - Select **Cancel** if the information is not correct. You will be directed back to the service selection screen to make adjustments
5. If you do not want to clock out, but instead start a new clock in record, click the “Skip Clock Out” button
 - You will receive a verification message.
 - Click Continue to proceed to the location section page to start a new Clock In record
 - Click Cancel to return to the Easy Access clock Out screen
6. If you wish to close the clock off the screen, but return to it later, click the X at the top of the screen.
 - This will close the clock out landing page, but it will display upon your next log in, provided you don’t complete a new clock in or manual clock out record.

10.2.4 Direct Participant Add Page

The LTSSMaryland EVV mobile app also allows for a user to add Participants directly into the system outside of the Clock-In process.

1. After logging into the LTSSMaryland EVV mobile app click the menu button on the upper left screen.
2. From the menu screen select **“Add Participant”**



3. The Add Participant screen will open
4. Select the Location for the Participant to be listed under
5. Enter the required information:
 - First Initial
 - Last Initial
 - MA# or Serial OTP #
6. Click the **“Add Participant”** button to add the Participant.
7. The Participant will be added under the provider location and visible on your next clock in /out
8. Click **Cancel** to return to the Select Location screen.

7:01

☰ Add Participant

Add Participant

Location
Select Location

First Initial

Last Initial

Please enter at least one of the following:

MA #

OTP Serial #

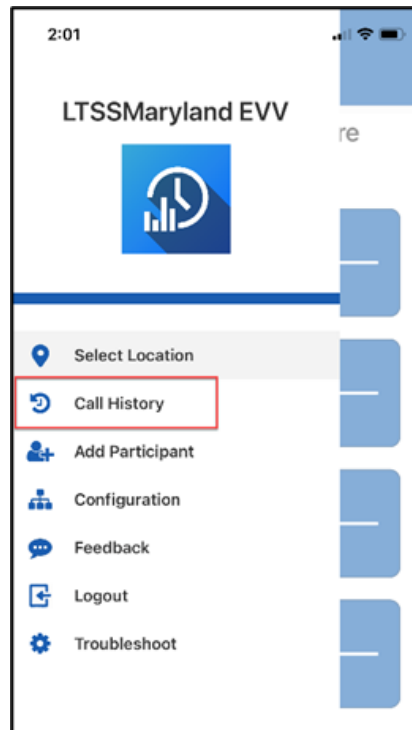
ADD PARTICIPANT

CANCEL

10.2.5 Clock In/Out History Screen

The LTSSMaryland EVV mobile app allows the user to view the last 30 days of clock in/out records performed on the app. **Note:** This does not include other entry methods, including telephone based EVV entries or manual entries

1. After logging into the LTSSMaryland EVV mobile app click the menu button on the upper left screen
2. From the menu screen select **“Call History”**



3. The call history page will display the last 30 days of clock in /out history, with the most recent at the top of the screen.
4. Information that will display includes
 - Service Date
 - Participant initials and MA#
 - Service Type
 - Clock In/Out Time



10.2.6 Submitting a Missing Time Request (MTR)

Beginning August 2023, the LTSSMaryland EVV Mobile Application will allow users to enter Missing Time Requests (MTRs) directly in the application.

Overview of the Staff MTR submission process:

Step 1 (admin): Agency administrators can allow or disallow missing time requests (MTRs) to be submitted by the staff via the app in the provider portal.

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

Step 2 (staff): Allowed staff can submit MTRs via the LTSSMaryland EVV mobile application. MTR submission is limited to the past 7 days.

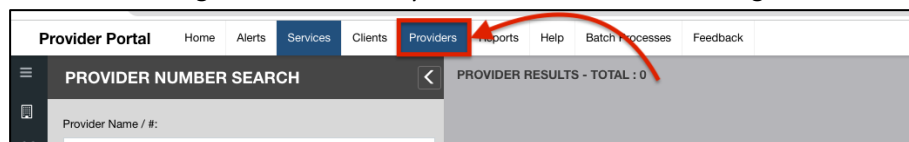
Step 3 (admin): After staff submits an MTR via the application the agency admin can authorize, edit, or discard the staff manual entry.

Final step: MDH PBSO team reviews the MTRs using the normal MTR review process.

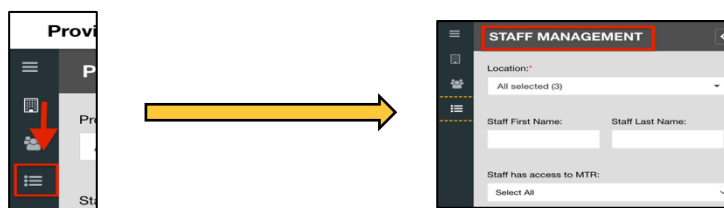
Note: All staff-created MTRs must be approved by the agency and submitted to MDH for review by the standard MTR 30-day deadline, as outlined in the policy guide. Dates of service submitted after the deadline will not be paid.

Step 1: Agency Admin: Staff MTR Management in Provider Portal

1. Log into the LTSSMaryland Provider Portal and navigate to the Providers tab



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



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

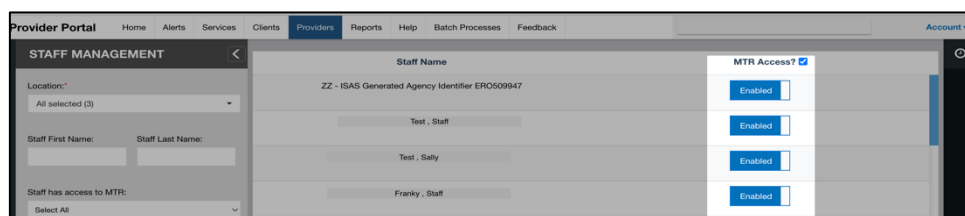
Location:*
All selected (3)

Staff First Name: Staff Last Name:

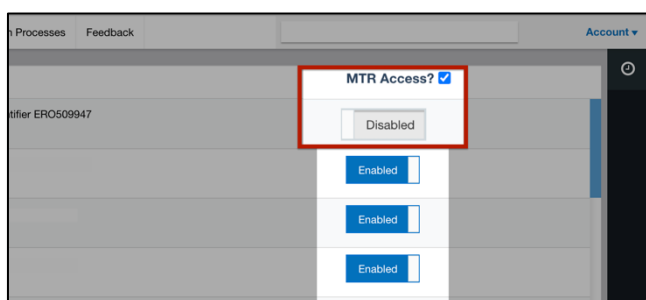
Staff has access to MTR:
☒ Select All
☐ Yes
☐ No

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

Reset

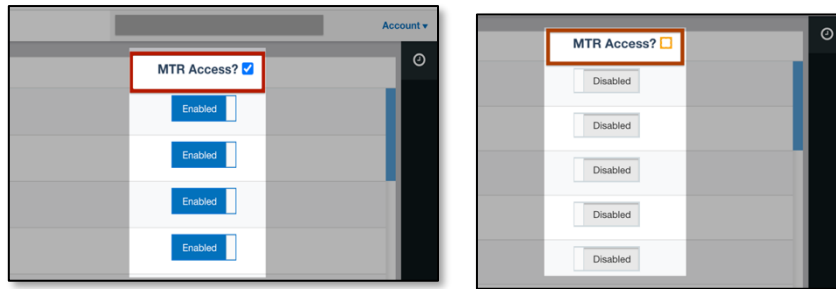


4. Staff's ability to submit MTRs will automatically be enabled
5. You can enable or disable the ability for a staff member to enter MTRs in the app by toggling the switch next to their name



NOTE: by disabling the MTR entry the staff will no longer see the option to submit MTRs in the app. This process can be reversed at any time by re-enabling the staff

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



7. Once the edits are complete press the **save** button in the bottom left corner
 8. Your staff will now be able to enter a MTR via the LTSSMaryland EVV mobile application

Step 2: Staff MTR Submission in the LTSSMaryland EVV Mobile App

Once your staff have been allowed access to the MTR section of the application. They can enter MTRs whenever you miss a clock in or clock out. The instructions for how to submit an MTR can be found on the next few pages. The pages are formatted to be printed for ease of training and distribution.

You can print this section out for your Staff!

Step 2: Enter MTRs in the LTSSMaryland EVV Mobile Application

Staff Provider users

Once your agency administrator authorizes your EVV app account, you should use your account for real-time clock in/out. This is the primary method for recording services since it takes the least amount of time and results in faster claims payment.

In the event a real-time clock in/out is missed you could enter a missing time request (MTR) in the application. You would need to enter each missed service following the steps below for each clock in/out missed, if you missed both clock in and out, you will need enter 2 MTRs one for the **clock in** and one for the **clock out**. If you **only missed a** clock in **or** clock out, you would only need to submit an MTR for that clock in or out that you missed.

Keep in mind you can only submit missing times for up to 7 days in the past, anything beyond 7 days you will need to contact your agency administrator to submit MTRs for any days greater than 7 days.

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

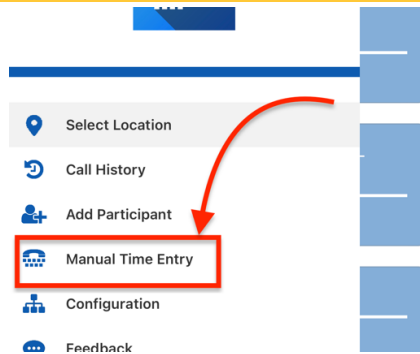
1

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

2



Select the "Manual Time Entry" menu option.



NOTE: If you do not see this option, please contact your agency administrator for access

3

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

The process for submitting missing time request is mostly the same as submitting real time clock in/ out.

1: Select your agency.

Manual Time Entry

You are about to enter a manual entry (missed time), that will require Agency administrator review. To clock in/out for a service currently being provided, press 'Cancel' to go back to the main menu. To continue select a location.

Which 9 digit provider # are you billing for today?

Agency number one
- 357XXXXX5

Agency number two
- 357XXXXX0

2: Select your participant.

Participant Select

Manual Time Entry

Who are you providing services to today

DB MA# XXX-XXX-9930

MA# XXX-XXX-9930

4

3: Select the type of service you are providing.

Service Select

MA# XXX-XXX-3100
Agency One

Date
7/28/2023

Time
1:39 PM

Where did this service occur?

☐ At the participant's home

☐ In the Community

Manual Entry Reason
Select Manual Entry Reason

Service Type
Intensive Individual Support Services (IISS)
Respite Care

4: Select the location of your service.

Service Select

MA# XXX-XXX-3100
Agency One

Date
7/28/2023

Time
1:39 PM

Where did this service occur?

☐ At the participant's home

☐ In the Community

Manual Entry Reason
Select Manual Entry Reason

Service Type
Intensive Individual Support Services (IISS)
Respite Care

The next few steps are different from the normal process

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

5

DB MA# XXX-XXX-9930
Agency One

Date
7/24/2023

Time
1:40 PM

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

Manual Entry Reason
 Forgot to Clock In/Out

Done

April	21	2020
May	22	2021
June	23	2022
July	24	2023
August	25	2024
September	26	2025
October	27	2026

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

ZB MA# XXX-XXX-3100
Agency One

Date
7/24/2023

Time
8:40 AM

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

Manual Entry Reason
 Select Manual Entry Reason

Done

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

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

ZB MA# XXX-XXX-3100
Agency One

Date
7/28/2023

Time
1:39 PM

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

Manual Entry Reason
 Phone Unavailable

Service Type
 Intensive Individual Support Services (IISS)

Done

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

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

6

Manual Entry Reason
 Forgot to Clock In/Out

Service Type
 Personal Assistant
 Shared Attendant

Clock In
 Clock Out

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

1:40 PM

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

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

Manu
 Forgot Cancel Confirm

Service Type
 Personal Assistant
 Shared Attendant

Remember: If you missed both a clock in and out, you will need to submit two Manual Time Entries - one for the clock in and one for the clock out.

Step 3: Reviewing a Staff Submitted Missing Time Request LTSSMaryland EVV Mobile App

After a staff member submits an MTR will require an agency administrators' authorization prior to being sent to MDH for review adjudication.

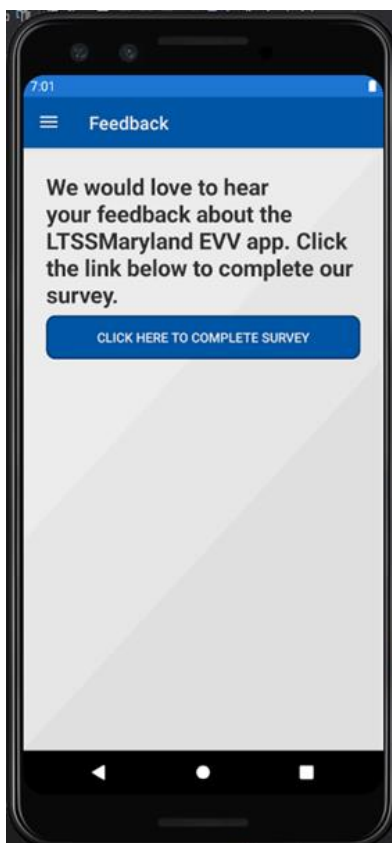
Note: Staff MTRs are held to the same 30-day MTR deadline as agency submitted MTRs.

Full instructions on how to fine and review a staff submitted MTR can be found in section **11.4.3 Reviewing a Staff Submitted Missing Time Request**

10.2.7 Feedback Screen

The LTSSMaryland EVV mobile app allows the user to provide feedback to MDH. To access the feedback page, after logging into the app, click menu button on the upper left side of the screen

1. Click the Feedback option in the menu
2. On the Feedback screen click the “**click here to complete survey**” button
3. You will be navigated to a survey to complete.
 - Please use this survey to record any feedback or issues you may experience with the app

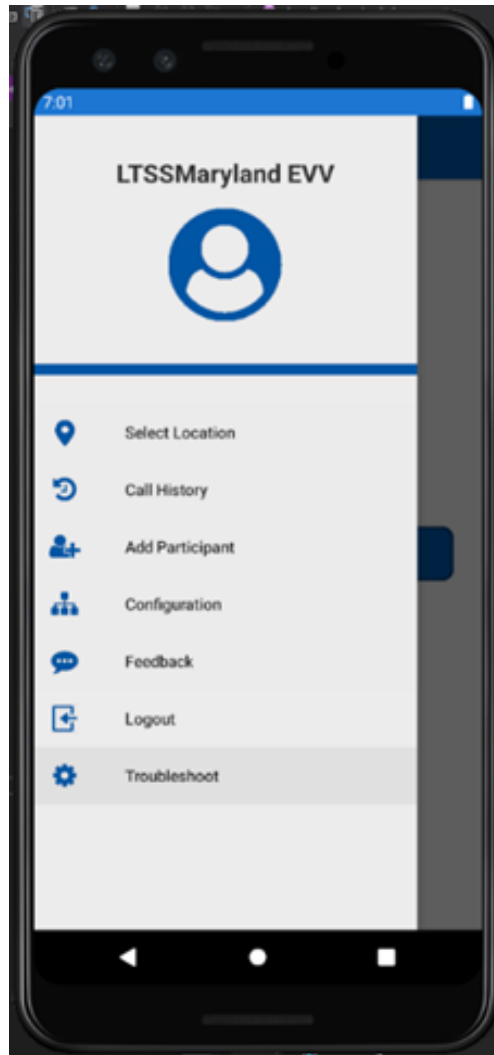


10.3 Managing Participants in the LTSSMaryland EVV mobile app

10.3.1 Adding a Participant from Menu

The LTSSMaryland EVV mobile app allows for a user to add Participants directly into the system.

1. After logging into the LTSSMaryland EVV mobile app click the menu button on the upper left screen
2. From the menu screen select **“Add Participant”**



3. The Add Participant screen will open
4. Select the Location for the Participant to be listed under
5. Enter the required information:
 - First Initial
 - Last Initial
 - MA# or OTP Serial # (found on the back of the OTP device)
6. Click the **“Add Participant”** button to add the Participant.
7. The Participant will be added under the provider location and visible on your next clock in /out
8. Click **Cancel** to return to the menu screen.

7:01

☰ Add Participant

Add Participant

Location

Select Location

First Initial

Last Initial

Please enter at least one of the following:

MA #

OTP Serial #

ADD PARTICIPANT

CANCEL

10.3.2 Adding a Participant from Select Participant

1. Once you have successfully logged into the LTSSMaryland EVV mobile app, you will be directed to the landing page to select a service location.
2. Select the provider connected to the participant
3. After selecting a location, you will be directed to the Participant Selection Page.

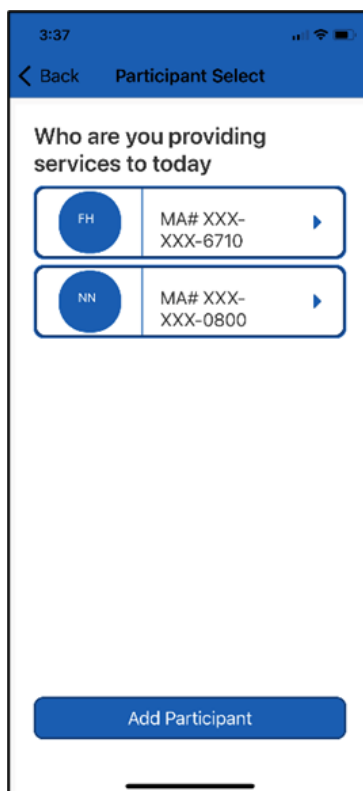


4. Click the **Add Participant** button at the bottom of the page.
5. The Add Participant screen will open.
6. Enter the information
 - First Initial of the Participant
 - Last Initial of the Participant
 - MA# or OTP Serial Number # of the Participant
7. Click the “**Add Participant**” button
8. You will be directed back to the Select Participant page with the client added as option.

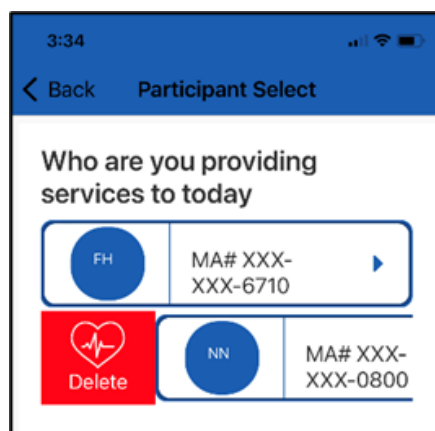
The screenshot shows a mobile application interface for adding a participant. At the top, there is a blue header bar with a back arrow and the text 'Add Participant'. Below this, the title 'Add Participant' is centered. The form contains four input fields: 'First Initial', 'Last Initial', 'MA #', and 'OTP Serial #'. A text prompt 'Please enter at least one of the following:' is positioned above the 'MA #' and 'OTP Serial #' fields. At the bottom of the form is a blue button labeled 'ADD PARTICIPANT'. The phone's status bar at the very top shows the time as 7:01.

10.3.3 Removing a Participant from your Participant list

1. To remove a client from your client list, once you have successfully logged into the LTSSMaryland EVV mobile app, you will be directed to the landing page to select a service location.
2. Select the provider connected to the Participant
3. After selecting a location, you will be directed to the Participant Selection Page.



4. Find the Participant you wish to remove, hold your finger over their name and slide to the right. The Delete option will display.
5. Click **Delete**.

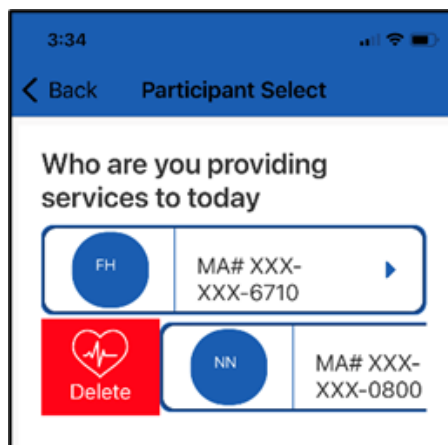
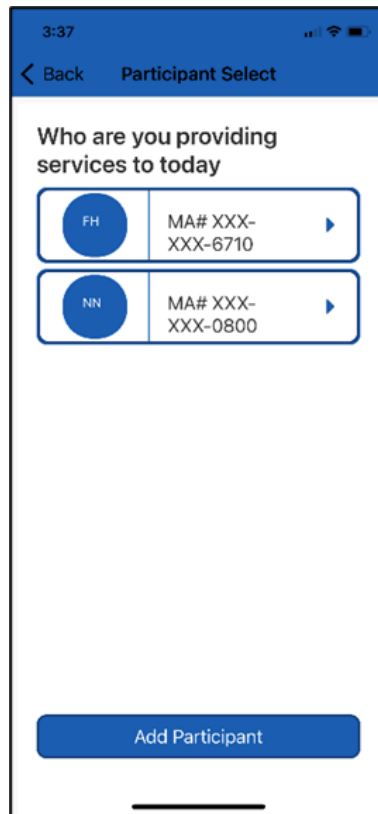


6. A message will appear asking "Are you sure you want to remove this participant?"
7. Click **Yes** to remove.
8. Click **No** to return to Participant screen.

10.3.4 Updating a Participant from your Participant list

If there is an update to a client, such as a new OTP or MA#, you will need to first delete the existing client, then add them again with the updated information. Follow these steps to update the information in the app:

1. To update a client from your client list, once you have successfully logged into the LTSSMaryland EVV mobile app, you will be directed to the landing page to select a service location.
2. Select the provider connected to the Participant
3. After selecting a location, you will be directed to the Participant Selection Page.
4. Find the Participant you wish to remove, hold your finger over their name and slide to the right. The Delete option will display.
5. Click **Delete**.



6. A message will appear asking “Are you sure you want to remove this participant?”
7. Click **Yes** to remove.
9. Click the **Add Participant** button at the bottom of the page.
10. The Add Participant screen will open.
11. Enter the information
 - First Initial of the Participant
 - Last Initial of the Participant
 - MA# or OTP Serial Number # of the Participant
12. Click the “**Add Participant**” button
13. You will be directed back to the Select Participant page with the client added as an option with new information saved.

12:42

< Back Add Participant

Add Participant

First Initial

Last Initial

Please enter at least one of the following:

MA #

OTP Serial #

Add Participant

10.4 Admin Provider Processes

10.4.1 Approving Access to LTSSMaryland EVV mobile app via Alert

1. Admin Providers can grant access to the **LTSSMaryland EVV mobile app** for *Staff Providers* only.

- When a Staff Provider successfully completes the Account Creation process all associated Admin Providers will receive an alert.
- From the **Alerts** page, on the “*Staff Requested Mobile Access*” alert, click **Details**

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

- Users will be directed to the associated staff profile. Click **Edit**
- In the **Mobile App Information** selection, update the **Allowed Access** to **Yes**, and **Save**.

MOBILE APP INFORMATION

Requested Access?

Yes

Allowed Access?

Yes

- Upon clicking Save the system will transmit the information automatically to create the Staff Provider’s account. An email will be sent to the email address the Staff Provider used to create their LTSSMaryland EVV Mobile Application to set up their password.

10.4.2 Pre-Approving Access to LTSSMaryland EVV Mobile App

Admin Providers can pre-approve access to the LTSSMaryland EVV mobile app, prior to the Staff Provider creating an account.

- Admin Providers can grant access to the LTSSMaryland EVV mobile app for Staff Providers only.
- Navigate to the staff profile for the Staff Provider.
- Click **Edit**
- In the **Mobile App Information** selection, update the **Allowed Access** to **Yes**, and **Save**.

MOBILE APP INFORMATION

Requested Access?

Yes

Allowed Access?

Yes

- When the Staff Provider creates an account on the LTSSMaryland EVV mobile app, the system will note the “**Allow Access**” is set to **Yes** and automatically sends the information to create the account and generate the email to the provider.

10.4.3 Removing Access to the LTSSMaryland EVV Mobile App

Admin Provider can remove access to the LTSSMaryland EVV mobile app for a Staff Provider.

- Navigate to the **Staff Profile** in *Provider Portal*
- Click **Edit**
- In the **Mobile App Information** selection, update the **Allowed Access** to **No**, and **Save**.

MOBILE APP INFORMATION	
Requested Access?	Allowed Access?
Yes	Yes

- When the Staff Provider attempts to log into the **LTSSMaryland EVV mobile app** they will no longer have access to the locations associated with this staff profile.

10.4.4 Deactivating a Provider with LTSSMaryland EVV Mobile App Access

If a Staff Provider is deactivated, the access to the LTSSMaryland EVV mobile app will automatically be removed.

- Navigate to the **Staff Profile** in *Provider Portal*
- Click **Edit**
- Enter in a **Deactivation Date**
- On the **Deactivation Date** the **Mobile App Information** selection will update the **Allowed Access** to **No**
- When the Staff Provider attempts to log into the LTSSMaryland EVV mobile app they will no longer have access to the locations associated with this staff profile.

10.4.5 Reactivating a Provider

If a Staff Provider is reactivated, the access to the LTSSMaryland EVV mobile app is **NOT** automatically reinstated.

- Navigate to the **Staff Profile** in *Provider Portal*
- Click **Edit**
- In the **Mobile App Information** selection, update the **Allowed Access** to **Yes**, and **Save**.

MOBILE APP INFORMATION	
Requested Access?	Allowed Access?
Yes	Yes

- When the Staff Provider creates an account on the LTSSMaryland EVV mobile app, the system will note the “Allow Access” is set to **Yes** and automatically sends the information to create the account and generate the email to the provider.

10.4.6 Deny access upon request process

Admin Providers can deny access to the LTSSMaryland EVV mobile app for a Staff Provider.

- Navigate to the **Staff Profile** in *Provider Portal*
- Click **Edit**

3. In the **Mobile App Information** selection, update the **Allowed Access** to **No**, and **Save**.

MOBILE APP INFORMATION	
Requested Access?	Allowed Access?
Yes	Yes

4. When the Staff Provider attempts to log into the LTSSMaryland EVV mobile app they will no longer have access to the locations associated with this staff profile.
5. The user will not receive notification of their denial. You will need to communicate the denial to the user.

10.5 Phone Requirements

10.5.1 Phone Version Requirements

The LTSSMaryland EVV mobile app supports both Android and IOS (Apple) phones. Below are the lowest versions of phones enabled to run the LTSSMDD EVV app.

Android support versions

- The minimum Android Phone version is currently 9.0 (API Level 28)

IOS Supported Versions

- iPhone 6s or newer: iOS 13.7 or later
- iPhone 5s, 6, or 6 Plus: iOS 12.5.3
- iPads are not supported

10.5.2 Location Services

To use the LTSSMaryland EVV mobile app, location services must be enabled while using the app.

- To enable on IOS (Apple) Devices: Go to Settings >Find the LTSSMaryland EVV mobile app listed > Under Location select "While Using App"
- To enable on Android Devices: Go to Settings >Location >Find the LTSSMaryland EVV mobile app listed > Select "Allow only while using the app"

10.5.3 Data Services

To use the LTSSMaryland EVV mobile app, either cellular data or Wi-Fi services must be enabled. If data or Wi-Fi services are not available, please use the Phone IVR system to clock in/out.

10.5.4 New Version Requirements

If a new version of the LTSSMaryland EVV mobile app is released, you must download the new version prior to logging in.

10.5.5 System Maintenance

For monthly maintenance periods the LTSSMaryland EVV mobile app will not be available for use. Please use the Phone IVR system to clock in/out.

11. Service Activities

Service Activities are the starting point for the submission of claims by providers. For each service provided to a client by a specific Staff Provider on any given day, for any given time, and for any given service type, a Service Activity must be generated in Provider Portal.

While most Service Activities will be generated automatically via the IVR Process or via the LTSSMaryland EVV mobile app, they can also be manually added by authorized users. In addition, all Service Activities, whether automatically or manually added, can be managed by authorized users before final claim submission.

Note about Providing Services to Newborns and Individuals in Critical Need

In some instances, clients may need services immediately, even though they do not have a service authorization. Providers may submit MTRs for these individuals up until their enrollment and service authorization is complete. For specific information to include in the MTR, please refer to the Service Modification Guide

This should only apply to newborn infants and individuals in critical need of care. Providers will only be reimbursed for services if the client gains full eligibility and an approved service authorization.

11.1 User Role Permissions

Authorized Provider Users

- Admin Provider of the Provider Location that rendered the Service Billing Provider of PDN Location
- Billing Provider of the Provider Location that rendered the Service Billing Provider of HHA Location
 - ❖ Users listed above have access to the following functionalities:
 - ix. View Service Activities
 - x. Add Service Activities
 - xi. Edit Service Activities
 - xii. Discard Service Activities

11.2 Search Services

To facilitate the PDN and HH billing and claim process, Provider users may search for Service Activities in Provider Portal using a variety of inputs.

To begin a search for PDN and HH EVV Service Activities in Provider Portal:

The screenshot shows the 'Provider Portal' with tabs for Home, Alerts, Services, and Clients. The 'Services' tab is active. Below the header is the 'SERVICE & CLAIM SEARCH' section. A search dropdown is set to 'EVV'. Below this, there are fields for 'Service Date From' and 'Service Date To', both marked with an asterisk. The 'Service Date From' field contains '05/15/2022' and the 'Service Date To' field contains '06/13/2022'. Both date fields have calendar icons next to them.

- 1) To navigate to the Search for PDN and HH Service Activities, select the **Services** tab.
 - 2) The search window will appear, and the dropdown to search will default to **EVV** services.
 - 3) To complete a search for PDN and HH Service Activities, the minimum information required is **Service Date From** and **Service Date To**.
- The search is limited to a 30-day range. The From and To date cannot be more than 30 days apart.

11.2.1 Search by Service Information

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

Additional Service Search Parameters:

The screenshot shows the 'Provider Portal' with tabs for Home, Alerts, Services, and Clients. The 'Services' tab is active. Below the header is the 'SERVICE & CLAIM SEARCH' section. A search dropdown is set to 'EVV'. Below this, there are fields for 'Service Date From' and 'Service Date To', both marked with an asterisk. The 'Service Date From' field contains '07/04/2022' and the 'Service Date To' field contains '07/04/2022'. Both date fields have calendar icons next to them. Below these are fields for 'Submission Date From' and 'Submission Date To', both marked with an asterisk. Below these are dropdown menus for 'Service Type' (set to 'All selected (13)'), 'Service Status' (set to 'All selected (13)'), 'Exception Type' (set to 'All selected (23)'), and 'Restrict Search To' (set to 'None').

- **Submission Date From and Submission Date to** – Submission date is the date the Service was submitted by the provider.
- **Service Type** – Service type allows user to filter for one or more specific service types. By default, all PDN and HH services service types for which a Provider may enter services for billing in the Provider Portal are selected.
 - RN-1 Participant
 - RN- 2 or More Participants
 - LPN-1 Participant
 - LPN- 2 or More Participants
 - HHA-CNA- 1 Participant
 - HHA-CNA- 2 or More Participants
 - HHA-CNA/CMT- 1 Participant
 - HHA-CNA/CMT- 2 or More Participants
 - Home Health Aide
 - Occupational Therapy
 - Physical Therapy
 - Skilled Nursing
 - Speech Pathology
- **Service Status** – Service status allows the user to search by the workflow status of the service activity, including statuses related to Exceptions.
 - **New:** A Service that has been added through ISAS Call-in system has the status of New. A service in this status indicates that it is ready to be processed through Claim creation, unless it is Missing a Clock-in or a Clock-out, which needs to be entered by the Provider before a claim can be submitted.
 - **Needs Authorization:** This status indicates that the Provider has made a manual service modification but creating a new service, fixing a missing clock-in/out or modifying duration of a previously entered service, and has submitted the change for further review and claim creation. A Service in this status can be edited by Providers prior to MDH starting review.
 - **Provider in Progress:** This status indicates that Provider is still working on the Service and has not submitted it to MDH for review. Provider can continue making further edits in this status and claim will not be created until the service is submitted by the Provider by selecting the “Submit Services” action
 - **MDH in Progress:** This status indicates that the Service is currently being reviewed by MDH. Providers cannot make any changes to the services in this status
 - **MDH Reviewed:** This status indicates that MDH has finished their Review and Approved the Service. This status indicates that service can be processed further for Claim creation. Provider cannot make changes to the Service in this status until a claim is created.
 - **Pending Provider:** This status indicates that the service has failed one or more checks and exceptions are assigned to it. A service in this status will not be processed for claim creation and requires Provider to take action to resolve or clear the Exception for further processing.
 - **Pending MDH:** This status indicates that the service has failed one or more checks and exceptions are assigned to it. A service in this status will not be processed for claim creation and requires MDH to take action to resolve or clear the Exception for further processing.

- **Not Authorized:** This status indicates that the Service was not approved by MDH and cannot be processed further. This can happen when staff repeatedly fail to use the ISAS Call-in system beyond the allowed monthly manual request without a reasonable cause, or if the service was wrongly/frequently entered. A “Not Authorized” service cannot be modified.
- **Discarded:** This status indicates that Provider has discarded the service, and no further actions can be taken on the Service
- **Ready:** This is an intermediary status when the Services have passed all validations prior to claim creation and are ready to be picked up by Claim creation process
- **Closed:** This status indicates that the Service has a Claim created, and can only be modified by Adjusting the Claim after the Submitted Claim has been Paid or Rejected
- **Exception Type** – Allows the user to search for specific failures or exceptions that are currently associated with the activity, so they can be resolved.
 - All entered services are subject to validation to ensure they are within the defined and authorized services and limits according to the client’s Service Authorization form. If one or more validation checks fail, corresponding Exceptions are assigned, and a claim is not created.
- **Restrict Search To** – The Restrict Search To allows the user to search for only those service activities that are:
 - Missing Time Entries
 - Manual Call Entries
 - Manual Call Entries with IVR Issues

11.2.2 Search by Client Information

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

- **Client ID/MA#** - Allows searching for services using Participant’s LTSS Client ID or MA#
- **Client Last Name**
- **Client First Name**

The image shows a search form with a light gray background and a black border. At the top, the word 'CLIENT' is written in blue. Below it, there are three input fields. The first field is labeled 'Client ID/MA #:' and is a single wide box. The second and third fields are labeled 'Client Last Name:' and 'Client First Name:' respectively, and are side-by-side boxes.

11.2.3 Search by Provider Information

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

PROVIDER

Provider # / Name:

Staff Last Name:

Staff First Name:

- **Provider#/Name** – Allows searching for services with the Provider #/Name for the provider who provided the service
- **Staff First and Last Name** – Allows searching for services with the Providers' name

11.2.4 View Search Results

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

SERVICE & CLAIM SEARCH

EVV

SERVICE

Service Date From:* Service Date To:*

02/01/2022 02/28/2022

Submission Date From: Submission Date To:

Service Type:

All selected (13)

Service Status:

All selected (13)

Exception Type:

All selected (23)

Restrict Search To:

None

Reset Search

- The Service search results will **default** to a listing of services **grouped by the Client Name**, in ascending alphabetical order.
- Users may **Group, Filter, or Sort** search results.

- **Selecting a Client Information card** returns all services for the Client within the search parameters entered.

CURRENT SEARCH FILTERS:
 Service Status : All Selected | Exception Type : All Selected | Claim Type : All Selected | Service Type : All Selected | Requested Adjustment : All Selected | Service Date From : 06/02/2022
 Service Date To : 06/28/2022

CLIENT Filter by Last Name ▼ TOTAL COUNT OF SERVICES: 44 TOTAL SERVICES FOR SELECTED CLIENT: 1

New Activity Group by Client ▼ Sort By: ▼

Client Name: [Redacted]

ID # [Redacted]
MA # [Redacted]
Services with Exceptions: 2
Services: 2 Claims: 0

Client Name: [Redacted]
ID # [Redacted]
MA # [Redacted]
Services with Exceptions: 2
Services: 19 Claims: 9

Client Name: [Redacted]
ID # [Redacted]
MA # [Redacted]
Services with Exceptions: 2
Services: 6 Claims: 4

Client Name: [Redacted] ID # [Redacted] MA # [Redacted]

Service Date: 06/23/2022
Service Type: Speech Pathology

Claim Status: N/A
Proc Code: 0441
Provider # [Redacted]

Claim Type: N/A
Program: HH
Provider FEIN [Redacted]

Total Billed: --
Claim #: --
Provider Address: [Redacted]

Total Paid: --
Claim ICN: --
Provider Name: [Redacted]

RA NO.: [Redacted]

Start Time	End Time	Service Status	Staff Name	Exception Type
2:43 PM	--	New	Samuel Omeonu	Missing Clock-out
3:13 PM	3:13 PM	Pending Provider	Samuel Omeonu	Staff License Invalid, Staff License Expiration, Multiple Same HH Service on Same Day

Details

11.2.5 Filter Search Results by Last Name

Search results include all clients with the parameters entered, but the results can also be filtered in order to display only those clients with last names that begin with certain letters.

- **Filter By Last Name** according to first letter of the Client's last name
- Defaults to **All**, or ranges can be selected.

CLIENT Filter by Last Name ▼

Client Name: Franklin, Ben

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

Client Name: Hamilton, Alex

ID # 1519226UE181130
MA # 30000000000
Services with Exceptions: 1
Services: 1 Claims: 0

Filter by Last Name ▼

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

11.2.6 Change Search Results Grouping

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

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

TOTAL COUNT OF SERVICES: 44 TOTAL SERVICES FOR SELECTED CLIENT: 1

New Activity Group by Client ▼ Sort By: ▼

Client Name: [REDACTED] ID # [REDACTED] MA # 42302

Service Date: 06/23/2022 Claim Status: N/A Claim Type: N/A Total Billed: -- Total Paid: -- RA NO.: --

Proc Code: Program: Claim #: Claim ICD:

Group by Client
Group by Staff
No Grouping

11.2.7 Sort Search Results

Search results can also be sorted by the following parameters

CURRENT SEARCH FILTERS: Save Search

Service Status : All Selected Exception Type : All Selected Claim Type : All Selected Service Type : All Selected Requested Adjustment : All Selected Service Date From : 06/02/2022

Service Date To : 06/28/2022

CLIENT Filter by Last Name ▼ TOTAL COUNT OF SERVICES: 44 TOTAL SERVICES FOR SELECTED CLIENT: 1

New Activity Group by Client ▼ Sort By: ▼

Client Name: [REDACTED] ID # [REDACTED] MA # [REDACTED]

Service Date: 06/23/2022 Claim Status: N/A Claim Type: N/A Total Billed: -- Total Paid: --

Services with Exceptions: 2

Date of Service
Client's Last Name
Service Type
Claim Status

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

11.3 Service Date Detail View

The Service Date Details page will display all information regarding services rendered to a client on a service date and the service's associated claims.

Authorized users can enter service modifications on the service date details page.

10/02/2019 SERVICE DATE DETAILS

DETAILS

CLIENT PROFILE

CLAIM SUMMARY

Service Date: 10/02/2019
 Program Type: --
 Service Type: Personal Supports (DDA)
 Claim #: --
 Claim Status: N/A
 Services with Exception: --
 Net: Billed: -- Paid: -- Units: --
 Total: Billed: -- Paid: -- Units: --
 Claim Creation Date: --
 Claim ICN: --
 RA No: --
 RA Date: --

CLIENT INFORMATION

Client Name: Franklin, Ben
 ID #: 2779112DM935110
 Primary Phone #: 1231231234
 MA #: 200000000000

PROVIDER INFORMATION

Provider #: 555570300
 Provider FEIN: 906473503

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: N/A
 Procedure Code: N/A

SERVICE ACTIVITY SUMMARY

Start Time: 11:15 AM End Time: 12:15 PM
 Status: Needs Authorization
 Exception Type: --
 Manual Edit Reason: OTP Issue
 Comment: 1. Sample Reason 2. Sample Reason 3. Sample Reason
 STAFF
 Name: BillingProv11 TS
 ID #: 1419ab37-9393-4eea-8599-a9b4fe9cfbef SSN #: ***-**-2222

SERVICE ACTIVITY SUMMARY

Start Time: 4:10 PM End Time: 7:10 PM
 Status: Needs Authorization
 Exception Type: --
 Manual Edit Reason: Forgotten Clock In/Out
 Comment: Sample comment
 STAFF
 Name: BillingProv11 TS
 ID #: 1419ab37-9393-4eea-8599-a9b4fe9cfbef SSN #: ***-**-2222

Discard Edit Details

The **Service Date Details** page is composed of 3 sections

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

11.3.1 View Service Activity Summary

On the Service Date Details page, users can view the **Service Activity Summary** for each individual Service Activity.

SERVICE ACTIVITY SUMMARY

Start Time: 2:00 PM End Time: --
 Status: New
 Exception Type: Missing Clock-out
 Manual Edit Reason:
 STAFF
 Name: [Redacted]
 ID #: [Redacted] SSN #: ***-**-****
 Phone: [Redacted]

Discard Edit Details

The Service Activity Summary card includes the following information:

- **Start Time and End Time**
- **Exception Type** (if applicable to the service activity)
- **Manual Edit Reason**
- **Comment**
- **Staff information**
 - **Name**
 - **ID #**
 - **SSN #**
 - **Phone**

11.3.2 View Service Details

When users click to view the Details of a Service Activity, they are navigated to the Service Details page. The Service Details page includes the following information:

The screenshot shows the 'Service Details' page with the following sections:

- DETAILS** (Left sidebar): Includes a 'Service Details' link (A).
- SERVICE** (Main content area): Includes a 'SERVICE' tab (B) and a 'Status: Pending Provider' indicator.
- CLAIM SUMMARY**: Includes Service Date (06/22/2022), Program Type (REM), Procedure Code (T1002), Client Name, Primary Phone #, Provider #, and Provider FEIN.
- CLIENT INFORMATION**: Includes Client Name, ID #, Primary Phone #, and MA #.
- PROVIDER INFORMATION**: Includes Provider # and Provider FEIN.
- Exception Type(s)** (C): A dropdown menu showing 5 exceptions: Client ineligible for program, Provider not authorized for the service, Client not authorized for Service, Staff License Invalid, and Staff License Expiration.
- Start Time**: 1:20 AM, **End Time**: 2:20 AM, **Next day Clock-out** checkbox.
- Clock-in OTP**: --, **Clock-out OTP**: --, **Total Time**: 1 Hr (4 units).
- Clock In Phone #**: (333) 333-3333, **Clock Out Phone #**: (333) 333-3333.
- Reason for Manual Edit**: ISAS Call-In System Outage.
- Comment**: test.
- Staff Name**: Admin PDN 561204700 and 423137600 Neelu, **Staff ID**: 08990dc7-46a1-4057-90dc-2a2408ccc5dd.
- Staff Phone**: (888) 555-9999.
- POINTS**: Points for this activity: 0, Points for June 2022: 0.
- COMMENTS**: MDH MDH DONS Admin Test - 06/23/2022, ISAS Call-In System Outage - test.
- WORKFLOW HISTORY** (F): A table showing the history of the service activity.

POINTS						
Points for this activity: 0						
Points for June 2022: 0						
COMMENTS						
MDH MDH DONS Admin Test - 06/23/2022						
ISAS Call-In System Outage - test						
WORKFLOW HISTORY						
DateTime	Service Status	Service Time	Last Updated By	Modification Source	Comments	Exceptions
6/27/22 4:43 PM	Pending Provider	1:20 AM-2:20 AM	System Administrator	Overnight Process		> 5 Exceptions
6/23/22 2:20 PM	MDH Reviewed	1:20 AM-2:20 AM	Arun Sivakumar	MDH	ISAS Call-In System Outage - test	
6/23/22 2:20 PM	New	1:20 AM-2:20 AM	Arun Sivakumar	MDH	ISAS Call-In System Outage - test	

The **Service Details** page is composed of 3 sections

- a. **Service Header** – This section includes the Date of Service, Service Type, Recent Claim Information, Client Information and Provider Information and Claim information along with the Client's information and Provider Information.
- b. **Service Information** – This section includes all of the information from the Service Activity Summary card, in addition to the Total Time calculated as Units, the Clock-in/out OTP and/or Clock-in/out Phone #, and Exception types (if any) that have been applied to the service activity.
In addition, information on Assignment, Points, Tags, additional Comments, and Workflow History can be found in this section when expanded.
- c. **Exception Types** - Displays the select Process Exception types for the Service Activity (if any) to be Resolved or Bypassed.
- d. **Points** - Displays any of the Points for the activity for individuals who provided the Service from the Service Date Details page while approving or updating the MTRs / Adjustments.
- e. **Comments** - Displays any comments regarding the activity.
- f. **Workflow History** - Displays a full history of the Actions and various status of the activity from start to end.

11.4 Add a Service Activity / New Missing Time Request

If a Service Activity has not been automatically created through the IVR process, an authorized user may manually add one by entering a New Missing Time Request. This can be done from the Service Search page by clicking the Clock icon in the quick action bar or clicking the New Activity button.

11.4.1 Add from the Services Search Page

From the Services Search page, a Provider user can add a New Service Activity by:

- 1) Clicking the **Clock icon** in the quick action bar to the right of the panel:

The screenshot shows the 'Services Search' interface. On the left, there are search filters and a list of clients. On the right, a 'Quick Action Bar' contains a clock icon (labeled with a red circle and '1'). A pop-up form titled 'ENTER NEW MISSING TIME REQUEST' is open, containing the following fields:

- Service Date: * (with a date picker showing 06/16/2022)
- Service Type: *
- Client MA #/LTSS ID *
- Provider Name / # *

At the bottom of the form are 'Cancel' and 'Check for Existing Services' buttons.

- 2) Clicking the **New Activity** button on the Service & Claims Search page:

The screenshot shows the 'Services Search' interface. At the top, there are search filters: 'Service Status : All Selected', 'Exception Type : All Selected', 'Claim Type : All Selected', 'Service Type : All Selected', and 'Service Date From : 06/02/2022'. Below these, there is a 'CLIENT' section with a 'Filter by Last Name' dropdown and a 'TOTAL COUNT OF SERVICES: 14' indicator. A 'New Activity' button (labeled with a red circle and '2') is highlighted in the bottom right corner of the search results area.

- 3) When the New Activity button is clicked, a **pop-up** will appear to **Enter New Missing Time Request**:

Before adding a New Service Activity from the Service & Claims Search page, the user must provide the following information in the pop-up to Check for Existing Services:

- **Service Date** – Select a date for the service that is within 365 days of the current system date. Cannot be a future date.
- **Service Type** – Select from a list of PDN and/or HH services provided based on the provider's location attribute.
- **Client MA #/LTSS ID** – Enter the client's MA # or LTSS ID.
- **Provider Name / #** -- Enter the service Provider Location by Name or by Provider Number. Only locations associated to the logged-in user will be available for selection.

When all fields have been filled, the Provider user will be able to click **Check for Existing Services**.

If a service exists for the parameters included in the Check for Existing Services, a warning will appear that a service already exists for that combination of information. The user can choose to:

- **Reset** and enter a new MTR
- Click the hyperlink go to the **Claim Detail Page** for that existing service to Review or Edit it.

ENTER NEW MISSING TIME REQUEST

Service Date: *

06/25/2022

Service Type: *

Home Health Aide

Client MA #/LTSS ID *

Provider Name / # *

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

Reset

Cancel

Check for Existing Services

4) If no services exist for the parameters included in the Check for Existing Services, then the user will be presented with an **expanded pop-up to Enter New Missing Time Request** with additional fields to enter, which will create a new Service Activity for the client with the Provider entered upon Submit.

ENTER NEW MISSING TIME REQUEST

Service Date: *

06/15/2022

Service Type: *

RN-1 Participant

Client MA #/LTSS ID *

Provider Name / # *

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

4

SERVICE INFORMATION

Start Time:

End Time:

☐ Next day Clock-out

Manual Entry Reason: *

IVR Call#:

Comment: *

Your comment here..

Provider:

Client Name:

Complete Claim Batch Process 1234 Melissa

Staff Name: *

Staff ID#:

Staff SSN:

Staff Phone:

Reset

Cancel

Submit

- **Start Time** and **End Time** – The service duration should not exceed 24 hours.
- **Manual Entry Reason** – The reason the user is entering the Service Activity manually can be chosen from dropdown options:
 - Forgotten Clock In/Out
 - Staff Busy with Participant
 - Participant Phone Problems
 - ISAS Call Incomplete
 - Staff in Community with Participant
 - OTP Issue
 - Correcting Staff Clock In/Out Error

- Emergency Situation
- ISAS Call-In System Outage
- New or Substitute Staff
- Other
- **IVR Call #** -- If one of the following Manual Entry Reasons is selected, then the IVR Call # field will be required to save the Service Activity:
 - Participant Phone Problem
 - ISAS Call Incomplete
 - ISAS Call in system Outage
- **Comment** – Use this field enter any comments or additional information about the Service Activity.
- **Provider** – Prepopulated with the Name and Address for the Provider selected when checking for existing services.
- **Client Name** – Prepopulated with name of the client provided when checking for existing services.
- **Staff Name** – An active staff member from the provider location who provided the service must be included to save the Service Activity. The follow items will populate from the staff profile after staff is selected:
 - **Staff ID**
 - **Staff SSN**
 - **Staff Phone**

Upon Submit, a **Success message** will appear in top right corner of the screen, and the Service Activity will be created with the status of “**Needs Authorization**”.

11.4.2 Add from the Service Summary Page

From the **Service Activity Summary page**, a Provider user can add a New Service Activity by:

- 1) Click on the **+ New Service Activity**, located next to the Service Activity Summary card.

06/25/2022 SERVICE DATE DETAILS

DETAILS

Service Date: **06/25/2022**
 Service Type: **Home Health Aide**

CLAIM SUMMARY
 Program Type: **HH**
 Claim #: --
 Billing Week: **06/23/2022 - 06/29/2022**
[Services Rendered Report](#)

CLIENT INFORMATION
 Procedure Code: **0571**
 Total Paid: --
 Client Name: **Test,**
 ID #: **1260718EM180220**

PROVIDER INFORMATION
 Primary Phone #: --
 MA #: --
 Provider #: --
 Provider FEIN: --

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **N/A**
 Claim Status: **N/A**
 Procedure Code: **0571**
 Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: **1:00 AM** End Time: **2:00 AM**

Status: **Needs Authorization**
 Exception Type: --
 Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: test

STAFF
 Name: **ProviderTest**
 ID #: -- SSN #: *****-**-******

Discard Edit **Details**

1
+
New Service Activity

2) When **+ New Service Activity** is clicked, a **new Service Activity Summary form** will appear next to the existing service to be filled out (as long as the service activities for that date are still in a status editable by Provider users — Pending Provider, Needs Authorization)

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **N/A**
 Claim Status: **N/A**
 Procedure Code: **0571**
 Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: **1:00 AM** End Time: **2:00 AM**

Status: **Needs Authorization**
 Exception Type: --
 Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: test

STAFF
 Name: **ProviderTest**
 ID #: -- SSN #: *****-**-******

Discard Edit **Details**

SERVICE ACTIVITY SUMMARY

Start Time: * End Time: *

☐ Next day Clock-out

Status: **Provider In Progress**
 Exception Type: --
 Manual Edit Reason: *
 IVR Call #:
 Comment: *
 Your comment here..

Cancel **Save**

2

Service Activity Summary Form Fields:

- **Start Time** and **End Time** – The service duration should not exceed 24 hours.
- **Manual Edit Reason** – Though not required, a reason the user is entering the Service Activity manually can be chosen from dropdown options:

Manual Edit Reason:

IVR Call #:

Comment:

Your comment here..

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

- **IVR Call #** -- If one of the following Manual Edit Reasons is selected, then the IVR Call # field will be required to save the Service Activity:
 - Participant Phone Problem
 - ISAS Call Incomplete
 - ISAS Call in system Outage
- **Comment** – Use this field enter any comments or additional information about the Service Activity. It is not required to save.
- **Staff Name** – An active staff member from the provider location who provided the service must be included to save the Service Activity.

Saving a New Service Activity from the Service Details Page

When a Service Activity is added via the Service Date Details page and is **Saved**, the following occurs:

- **Status Update:** The Service Activity status gets updated to **“Provider In Progress”**
- **Overlap Check:** The system will validate the Service Activity does NOT have **overlapping Staff or Client** and display a warning message if overlap exists.

SERVICE OVERLAP

The entry is overlapping with existing service provided by this staff. Please review the Service Rendered report.

Overlapping Client Name: [redacted] Test and Client LTSS ID#: 1260718EM180220

The Service Activity you are entering overlaps with another Service Activity for the same Client.

Would you like to continue?

Yes No

- If the Service Activity created indicates that it is shared with **more than 1 participant**, the system will create a Service Activity for each of the clients/participants for whom the Service has been delivered.

Submitting a New Service Activity from the Service Details Page

When a new Service Activity has been created and all required information has been provided, Provider Users can **Submit**, and the Service Activity status will become **“Needs Authorization”**.

CLAIM DETAILS

To-Do for Provider

Claim Type: **N/A** Claim Status: **N/A**
 Procedure Code: **0571** Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: 1:00 AM End Time: 2:00 AM
 Status: **Provider In Progress**
 Exception Type: --
 Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: test
 STAFF
 Name: **Brandon ProviderTest**
 ID # **4465ed20-9bf5-4532-972b-2d3802534507** SSN # *****-**-******

SERVICE ACTIVITY SUMMARY

Start Time: 2:10 AM End Time: 2:30 PM
 Status: **Provider In Progress**
 Exception Type: --
 Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: test
 STAFF
 Name: **Brandon ProviderTest**
 ID # **4465ed20-9bf5-4532-972b-2d3802534507** SSN # *****-**-******

SERVICE ACTIVITY SUMMARY

Start Time: 2:10 AM End Time: 2:30 PM
 Status: **Needs Authorization**
 Exception Type: --
 Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: test
 STAFF
 Name: **Brandon ProviderTest**
 ID # **4465ed20-9bf5-4532-972b-2d3802534507** SSN # *****-**-******

Submit Services

11.4.3 Reviewing a Staff Submitted Missing Time Request

After your staff has entered a missing time request (MTR) from the mobile application you as the agency administrator will need to authorize the request prior to MDH review.

Once your agency has authorized the MTR, MDH will review the MTR according to standard MTR review policy and procedures.

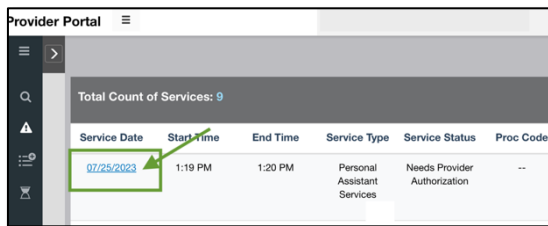
When a provider submits a manual time entry via the application, the service will go into a status of **“Needs Provider Authorization.”**

To review and authorize the submission please follow the steps outlined below

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

EVV SERVICES PENDING PROVIDER AUTHORIZATION
 (9 of 10) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) (145) (146) (147) (148) (149) (150) (151) (152) (153) (154) (155) (156) (157) (158) (159) (160) (161) (162) (163) (164) (165) (166) (167) (168) (169) (170) (171) (172) (173) (174) (175) (176) (177) (178) (179) (180) (181) (182) (183) (184) (185) (186) (187) (188) (189) 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- 3) Select the date hyperlink on the left to open a service for review

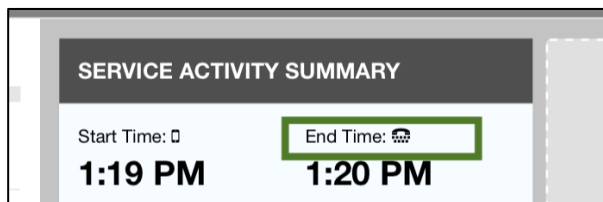


Service Date	Start Time	End Time	Service Type	Service Status	Proc Code
07/25/2023	1:19 PM	1:20 PM	Personal Assistant Services	Needs Provider Authorization	--

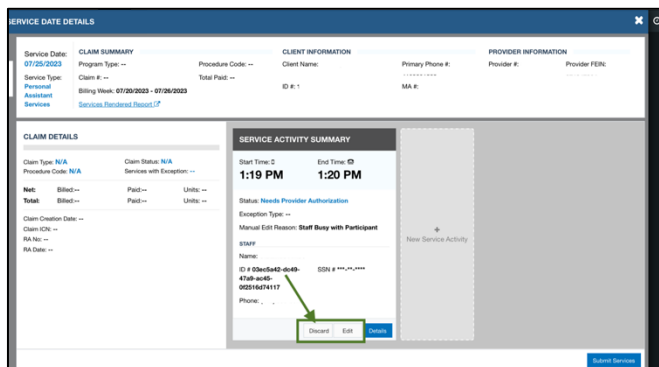
- 4) This will open a details page. From this page you can review the service submitted by the staff in the mobile application.



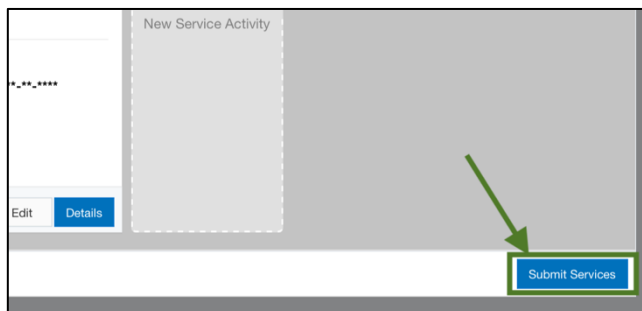
The phone and keyboard icon will indicate that the service was entered via the app



- 5) Review the time entered. If the information is incorrect you can choose to edit the times or discard the service from the details page.



- 6) Once you review the service you can press the Submit Services button in the lower right corner to submit the service to MDH for review



11.4.4 Service Modification Guide


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

Note: The Service Modification Guide is also available on our training website:

https://health.maryland.gov/mmcp/provider/Pages/ltssmaryland_providerportal.aspx

The guide on the next page should be used when submitting an SM to MDH for review. Use of the guide helps to make sure the information submitted in the SM is the information needed for MDH to properly validate the service.

Service Modification (SM) Category Guide

1 Select an MTR reason from the drop-down menu in the provider portal. Use this guide to help you determine the best reason. Choosing the reason that best suits the incident will help the ISAS Team better research the MTR and will speed up the review process		2 Determine if a comment is needed. If not put N/A in the comment section.
		
Select from drop down	When to use this category from the drop down in Provider Portal	Write in comments
Forgot to clock in/out	Clinical staff forgets to use the system	Comment is optional (N/A)
Staff Busy with Participant	Clinical staff was busy with client duties and could not use the system	
New or Substitute Staff	New or substitute clinical staff did not know how to use the system or did not have the proper information to use the system	
ISAS Call-in System Outage	A notification will be sent to all agencies during an outage	
Correcting Staff Clock in/out Error	Clinical staff made an error when using the system that affected the clock in/out. Example: Selected wrong service, clock in/out instead of out/in, System confirmed wrong time.	
ISAS call incomplete	Clinical staff said they clocked in/out but there is no record in the provider portal	
Participant Phone Problems	Client phone: Broken, Out of minutes, missing, no reception	<ul style="list-style-type: none"> • Date CM was notified • Name of CM that was notified
OTP Issue	OTP: Broken, Missing, waiting on new device	
Emergency Situation	Emergency that prevented clinical staff from using the system: Client had to go to hospital, House fire	<ul style="list-style-type: none"> • Date CM was notified • Name of CM that was notified • Explain incident
Other	A unique situation that is not covered in the other categories	<ul style="list-style-type: none"> • Explain incident <p><u>Newborns pending enrollment</u> 1: Unenrolled newborn</p> <p><u>Deaf Staff:</u> 1: Staff is deaf or hard of hearing.</p>

11.4.5 Points

Staff Providers who fail to use the IVR or EVV Mobile App to Clock-In/Out may incur a penalty in the form of “Points”.

- If a staff accumulates the maximum points allowed in a given month (4 pts), MDH DONS or ISAS users will review any additional MTR / adjustment submitted for that month
- In the Staff Profile, points will be displayed, and color coded as follows:

Points	Highlight / Color to use
less than max -2	No color / highlight
max -2	Yellow
max - 1	Orange
max or more	Red

11.5 Edit Service Activity

When a Service Activity is in the status, “Pending Provider”, it can be edited by Provider users

11.5.1 Edit from the Service Summary Page

From the Service Activity Summary page, a user can Edit a Service Activity by clicking the **Edit** button, located at the bottom of the Service Activity Summary card.

The image shows two side-by-side screenshots of the 'SERVICE ACTIVITY SUMMARY' page. An orange arrow points from the 'Edit' button in the left screenshot to the 'Provider in Progress' status in the right screenshot.

Left Screenshot (Initial State):

- Start Time:** 2:00 PM
- End Time:** --
- Status:** New
- Exception Type:** Missing Clock-out
- Manual Edit Reason:**
- STAFF:**
 - Name:** [Redacted]
 - ID #** [Redacted] **SSN #** ***-**-****
 - Phone:** [Redacted]
- Buttons:** Discard, **Edit** (highlighted with an orange box), Details

Right Screenshot (After Edit):

- Start Time:** 2:00 PM (with a clock icon)
- End Time:** (empty field with a clock icon)
- ☐ Next day Clock-out
- Status:** Provider in Progress
- Exception Type:** Missing Clock-out
- Manual Edit Reason:** [Dropdown menu]
- IVR Call #:** [Text input field]
- Comment:** [Text area with placeholder 'Your comment here..']
- Buttons:** Cancel, Save

11.5.2 Edit from the Service Details Page

A user can also edit a Service Activity from the Service Activity Details page.

1) To navigate to the Service Details page, click the **Details** button located on the bottom of the Service Activity Summary card:

Client Name: [REDACTED]		ID # [REDACTED]	MA # 23445667854		
Service Date: 06/22/2022	Claim Status: N/A	Claim Type: N/A	Total Billed --	Total Paid --	RA NO.: --
Service Type: RN-1 Participant	Proc Code: T1002	Program: REM	Claim # --	Claim ICN: --	
Provider # [REDACTED]	Provider FEIN [REDACTED]	Provider Address: [REDACTED]	Provider Name [REDACTED]		

Start Time	End Time	Service Status	Staff Name	Exception Type
1:20 AM	2:20 AM	Pending Provider	Admin PDN 561204700 and 423137600 Neelu	Client ineligible for program, Provider not authorized for the service, Client not authorized for Service, Staff License Invalid, Staff License Expiration

Details

2) Once on the **Service Details** page, click the **3) Edit** button:

DETAILS

Service Date:
06/22/2022
Service Type:
RN-1 Participant

CLAIM SUMMARY
Program Type: **REM**
Claim #: --
Billing Week: 06/16/2022 - 06/22/2022
[Services Rendered Report](#)

Procedure Code: **T1002**
Total Paid: --

CLIENT INFORMATION
Client Name: [REDACTED]
ID #: [REDACTED]

Primary Phone #: [REDACTED]
MA #: [REDACTED]

PROVIDER INFORMATION
Provider #: [REDACTED]
Provider FEIN: [REDACTED]

CLAIM DETAILS
To-Do for Provider
Claim Type: **N/A**
Procedure Code: **T1002**
Net: Billed:-- Paid:-- Units: --
Total: Billed:-- Paid:-- Units: --
Claim Creation Date: --
Claim ICN: --
RA No: --
RA Date: --

SERVICE ACTIVITY SUMMARY
Start Time: 1:20 AM End Time: 2:20 AM
Status: **Provider In Progress**
Exception Type: **Client ineligible for program, Provider not authorized for the service, Client not authorized for Service, Staff License Invalid, Staff License Expiration**
Manual Edit Reason: **ISAS Call-In System Outage**
Comment: test
STAFF
Name: Admin PDN [REDACTED]
Discard Edit Details

SERVICE ACTIVITY SUMMARY
11:35 AM 1:35 PM
Status: **Provider In Progress**
Exception Type: --
Manual Edit Reason: **Forgotten Clock In/Out**
Comment: test
STAFF
Name: Venkata Test ISAS Admin Samala
ID # [REDACTED] SSN # ***.**,****
Phone: (111) 111-1111
Discard Edit Details

+
New Service Activity

4) While the Service Activity is in **Edit** mode, all previously editable fields may be updated and **Saved**:

SERVICE ACTIVITY SUMMARY

Start Time: * 11:35 AM

End Time: * 1:35 PM

☐ Next day Clock-out

Status: **Provider In Progress**

Exception Type: --

Manual Edit Reason: * Forgotten Clo ▾

Comment: *
test

STAFF

Cancel Save

11.5.3 Saving and Submitting an Edited Service

Whether a Service Activity is Edited by a Provider user via the Service Activity Summary page or the Service Details page, when a user saves the Service Activity, the following occurs:

- **Status Update:** The Service Activity status gets updated to “**Provider in Progress**”
- **Overlap Check:** The system will validate the Service Activity does NOT have **overlapping Staff or Client** and display a warning message if overlap exists.

SERVICE OVERLAP

The entry is overlapping with existing service provided by this staff. Please review the Service Rendered report.
Overlapping Client Name: REM Client0008 Biniam and Client LTSS ID#: 2110508LC001200

Would you like to continue?

Yes No

When a Service Activity has been edited and all required information has been provided, Provider users can **Submit** for authorization.

SERVICE ACTIVITY SUMMARY

Start Time:

End Time:

11:35 AM

1:35 PM

Status: **Provider In Progress**

Exception Type: --

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

Comment:
test

STAFF

Name:

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

Discard

Edit

Details

+

New Service Activity

Submit Services

On **Submit** a message pop will appear to confirm submission, select **Yes** to submit the service activity and the Service Activity status will become “**Needs Authorization**”.

SUBMIT ALL SERVICE ACTIVITIES

Are you sure you want to submit all Service Activities?
You will not be able to make any modifications to the submitted services once MDH begins review.

Yes

No

SERVICE ACTIVITY SUMMARY

Start Time: End Time:
11:35 AM 1:35 PM

Status: **Needs Authorization**

Exception Type: --

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

Comment:
test

STAFF

Name: **Venkata Test ISAS Admin Samala**

ID # **3a5b22c8-** SSN # *****-**-******

Discard Edit Details

11.6 Discard Service Activity

As long as a Service Activity is still in one of the following statuses, it can be discarded by MDH or ISAS users:

- Ready
- Pending MDH
- Pending Provider
- Needs Authorization
- MDH In Progress
- MDH Reviewed

Note: Discarding a Service Activity does not change the status of other Service Activities in the claim group.

11.6.1 Discard from the Service Summary Page

From the Service Activity Summary page, a user can Discard a Service Activity by clicking the **Discard** button, located at the bottom of the Service Activity Summary card.

SERVICE ACTIVITY SUMMARY

Start Time: 🕒 **2:00 PM** End Time: --

Status: **New**

Exception Type: **Missing Clock-out**

Manual Edit Reason:

STAFF

Name: **Bayada HH**

ID # **8294c410-d06c-4154-a25a-1c969ab84969** SSN # *****.***.*******

Phone: **(800) 222-4444**

Discard **Edit** **Details**

11.6.2 Discard from the Service Details Page

A user can also discard a Service Activity from the Service Activity Details page.

1) To navigate to the Service Details page, click the **Details** button located on the bottom of the Service Activity Summary card:

SERVICE ACTIVITY SUMMARY

Start Time: 🕒 **2:00 PM** End Time: --

Status: **New**

Exception Type: **Missing Clock-out**

Manual Edit Reason:

STAFF

Name: [REDACTED]

ID # [REDACTED] SSN # *****.***.*******

Phone: [REDACTED]

Discard **Edit** **Details**

1

2) Navigate to the **Service Details** page.

3) Click the **Discard** button in the bottom right corner:

07/05/2022 SERVICE DATE DETAILS

DETAILS	CLAIM SUMMARY	CLIENT INFORMATION	PROVIDER INFORMATION
Service Date: 07/05/2022 Service Type: RN-1 Participant Client Profile	Program Type: REM Claim #: -- Billing Week: 06/30/2022 - 07/06/2022 Services Rendered Report	Procedure Code: T1002 Total Paid: -- Client Name: MWClaimsClient01 ID #: 2410035RB470220	Primary Phone #: 5343453456 MA #: 23445667854 Provider #: -- Provider FEIN: --

SERVICE AUTHORIZATION | **SERVICE** | Status: Pending Provider | [Back to Summary](#)

Start Time: 8:20 AM End Time: 9:20 AM <input type="checkbox"/> Next day Clock-out Clock-in OTP: -- Clock In Phone #: -- Clock-out OTP: -- Clock Out Phone #: -- Total Time: 1 Hr (4 units) Reason for Manual Edit: Other Comment: test Staff Name: Juanice Smith Staff ID: 0122dde9-9ba5-4275-acb3-ffd7b572c3ba Staff Phone: (410) 330-3333	Exception Type(s): 5 Client ineligible for program Provider not authorized for the service Client not authorized for Service Staff License Invalid Staff License Expiration
---	---

[POINTS](#)
[COMMENTS](#)
[WORKFLOW HISTORY](#)

3

Discard Edit

4) When the Discard button is clicked, a **confirmation pop-up** will appear:

DISCARD SERVICE ACTIVITY

Are you sure you wish to discard this Service Activity?

Comment: *

4

Discard Cancel

11.7 Service Activity Validations

After a PDN or HH Service Activity has been created, whether by IVR or manually, the system will run an overnight validation process to ascertain whether it is allowable per the client's Service Authorization form so that any unauthorized or incorrectly entered service activities are prevented from being submitted to MMIS for claim creation and be assigned exception(s) to be resolved.

During the Overnight Validation Process, PDN and HH Service Activities will be validated for a variety of information before becoming a claim. In the event that certain elements of the Service Activities do not pass

validation, exception(s) will be applied that must be resolved (by MDH or by the Provider) before final submission of the claim.

The below charts show validations and their associated exceptions, as well as the party who is responsible for resolving them.

BEFORE continuing other validations, the following Missing Clock-In/Out validations occur for both PDN and HH Services:

Missing Clock-In	Call-matching job must find a service activity with matching clock-in information for the given clock-out call transaction. If not, the SA will not proceed to the validation process	Provider
Missing Clock-Out	A call-matching job must find a service activity with matching clock-out information for the given clock-in call transaction. If not, the SA will not proceed to the validation process	Provider

11.7.1 Private Duty Nursing Services Validations

Exception Type	Validation failure reasons	Resolved By
Client ineligible for Medicaid	Client has an MA Eligibility # that was effective on the DOS, where the coverage group is in the list of non-eligible coverage groups (P10, S03, S06, S07, S14, T01, T02, T03, T04, T05, T99, L01, L98, L99, W01, X02, X03)	MDH
Provider # has been terminated	Provider location's enrollment status as reported from MMIS on the date of service is one of the Terminated codes: 66, 67, 68, 69, 70, 71, 72, 73.	MDH
Provider # has been suspended	Provider location's enrollment status as reported from MMIS on the date of service is in one of the Suspended codes: 51, 52, 53, 54, 55, 56, 57, 58, 59, 60	MDH
No approved Service Authorization found for Client	Client has no "Approved" Service Authorization form where the DOS falls within the parent span of the SAF, and the SAF's Program Type is HH	MDH
Client ineligible for program	once the SA is matched to a SAF for Program Types, MW or REM, then ensure: <ol style="list-style-type: none"> 1. The client is Enrolled in the SAF's Program Type on the DOS. 2. If (Denied, Disenrolled, or Declined), check if the client has an Appeal for the respective Program Type, that is Active on the DOS (Start Date before/on the DOS and either No End Date or End Date on/after the DOS), AND 3. If there is an NO active Appeal, if it has the "Request to continue to receive services" checkbox selected, then the SA would pass this validation. 	MDH
Client not authorized for Service	Service Type of the SA is NOT listed as an Authorized Service, and that the DOS dose not falls within the individual Service's span within the "Approved" SAF	MDH
No matching Client Sharing this Service	Once the system creates a duplicate SA for "2 or More Participants" services, for each "Client Sharing Service", then it will ensure that the	MDH

	duplicated SA's client(s) have an SAF with the original client and other duplicate client(s) listed as "Client(s) Sharing Service."	
Provider not authorized for the Service	Provider Location was not selected for the service type of the SA on the client's approved SAF	MDH
Staff overlap-Same Provider	Service Activity overlaps with another Service Activity provided by the same Staff ID through any Provider Location within the same agency.	Provider
Staff overlap-Different Provider	Service Activity overlaps with another Service Activity provided by the same Staff through a different Agency.	MDH
Staff overlap-Same Provider, Different Program	Service Activity overlaps with another Service Activity provided by the same Staff ID for the same service that is authorized through an SAF for a different Program Type (REM, MW, or EPSDT)	Provider
Staff overlap-Different Provider, Different Program	Service Activity overlaps with another Service Activity provided by the same Staff SSN or same staff for the same service, by a different provider location and/or agency, that is authorized through an SAF for a different Program Type. (REM, MW, or EPSDT)	MDH
PDN Client Overlap	Service Activity overlaps with one of the following services: <ol style="list-style-type: none"> 1. RN-1 Participant 2. RN- 2 or More Participants 3. LPN-1 Participant 4. LPN- 2 or More Participants 5. HHA-CNA- 1 Participant 6. HHA-CNA- 2 or More Participants 7. HHA-CNA/CMT- 1 Participant 8. HHA-CNA/CMT- 2 or More Participants 9. Personal Assistant Services 10. Daily Personal Assistant Services 11. Daily Shared Attendant Services 12. Shared Attendant 	Provider
Staff License Invalid	Staff providing the Service does not have the correct License Type: <ol style="list-style-type: none"> 1. "RN" must have the License Type, RN 2. "LPN" must have the License Type, RN, or LPN 3. "HHA-CNA" must have the License Type, RN or LPN or CNA 4. "HHA-CNA/CMT" must have one of the following License Type, RN or LPN or CNA and CMT 	Provider
Staff License Expiration	Service Activity's DOS falls outside the span (Effective Date-End Date) of the License of Staff providing the Service.	Provider
PDN Staff Hours Maximum	Staff associated with the SA is has an aggregate total of more than 240 units for the billing week for any PDN SA that is in the status of "Ready" or "Closed", in addition to the SA's units that is being validated.	Provider
Contact MDH ISAS	Service Activity has a Service, Client, Provider, and/or Staff that has been flagged for by MDH	Provider

11.7.2 Home Health Services Validations

Exception Type	Validation failure reasons	Resolved By
Client ineligible for Medicaid	Client has an MA Eligibility # that was effective on the DOS, where the coverage group is in the list of non-eligible coverage groups (P10, S03,	MDH

	S06, S07, S14, T01, T02, T03, T04, T05, T99, L01, L98, L99, W01, X02, X03)	
Provider # has been terminated	Provider location's enrollment status as reported from MMIS on the date of service is in one of the Terminated codes: 66, 67, 68, 69, 70, 71, 72, 73.	MDH
Provider # has been suspended	Provider location's enrollment status as reported from MMIS on the date of service is in one of the Suspended codes: 51, 52, 53, 54, 55, 56, 57, 58, 59, 60	MDH
Staff overlap-Same Provider	Service Activity overlaps with another Service Activity provided by the same Staff ID through any Provider Location within the same agency.	Provider
Staff overlap-Different Provider	Service Activity overlaps with another Service Activity provided by the same Staff through a different Agency.	MDH
HH Client Overlap	Service Activity overlaps with one of the following services: <ol style="list-style-type: none"> 1. Home Health Aide 2. Occupational Therapy 3. Physical Therapy 4. Skilled Nursing 5. Speech Pathology 	Provider
Staff License Invalid	Staff providing the Service has the incorrect License Type: <ol style="list-style-type: none"> 1. "Home Health Aide" must have the License Type, CNA. 2. "Occupational Therapy" must have the License Type, OT. 3. "Physical Therapy" must have the License Type, PT. 4. "Skilled Nursing" must have the License Type, RN. 5. "Speech Pathology" must have the License Type, SP. 	Provider
Staff License Expiration	Service Activity's DOS falls outside the span (Effective Date-End Date) of the License of Staff providing the Service.	Provider
Multiple Same HH Service on Same Day	another Service Activities of the same Service on the same DOS, regardless of the Provider Location, unless there is an associated SAF that has the checkbox selected to allow it.	MDH
Home Health Aide without Skilled Nursing	There is no "Skilled Nursing" SA as well as a "Home Health Aide" SA for the client on the same DOS, regardless of the Provider Location, unless there is an associated SAF that has the checkbox to allow it.	MDH
Contact MDH ISAS	Service Activity has a Service, Client, Provider, and/or Staff that has been flagged for by MDH	Provider

12. Exceptions Review and Troubleshooting

Before a claim can be submitted for payment, all Service Activities must pass through a nightly validation process to ensure that they are authorized and correctly entered. In the event that a Service Activity fails one or more validations, an Exception will be applied, and the claim for that activity date cannot be submitted for payment until it is resolved by the correct party at MDH or the Provider Agency whose staff provided the service.

When the authorized user enters Provider Portal and lands on the Home Page, they can see an overview of the Actions Required, including Authorizations for certain service activities and Exception items to Resolve (by MDH and by the Provider).

12.1 Exceptions Policy

Service exceptions must be resolved before a claim can be submitted for payment. **Exceptions must be resolved and processed within one year from the date of service.** Otherwise, the billing entries cannot be paid by the LTSSMaryland system.

When there are many exceptions in Provider Portal, differentiating between active (resolvable) exceptions and exceptions that are no longer actively being worked on for resolution can be difficult and creates unnecessary load on the system.

1. In order to make it easier for providers and MDH to find actively resolvable exceptions and reduce system processing load, pending services may be disapproved by MDH.
 1. Services pending exceptions longer than 90 days and are not actively being resolved will be disapproved by MDH.
2. Disapproved activities will be removed from the count in the Actions Required section of the Provider Portal Homepage.
3. Disapproved activities can be found using the “Service & Claim Search” and the Services Rendered Reports for activities that were “Not Authorized” or “Discarded”.
4. If after disapproval the issue is resolved (i.e., eligibility and/or service authorization updated), the billing activity may be re-entered and submitted by your agency for payment.
 1. Services can be resubmitted up to one year from the original date of service through the Provider Portal.
 2. Providers should contact MDH if they have any questions about these disapproved services.

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

12.2 Exception Categories

There are three categories of exceptions in the Provider Portal:

Authorization-Based Exceptions

Cause: Exception occurs when there is an error in either the billing entry or the service authorization.

- Provider not authorized for the Service
- No approved Service Authorization found for Client
- Referring Provider Information Missing
- No matching Client Sharing this Service

Eligibility-Based Exceptions

Cause: Exception occurs when a participant is not fully enrolled, or if there is a mismatch in eligibility information.

- Client ineligible for program (must be enrolled in MW & REM)
- Client Ineligible for Medicaid
- Client not authorized for Service

Provider Number-Based Exceptions

Cause: Exception occurs when a provider or provider location status is either suspended or terminated.

- Provider # has been terminated
- Provider # has been suspended

Service-based Exceptions

Cause: Exception occurs when a participant is not fully enrolled, or if there is a mismatch in eligibility information.

- Missing Clock-in
- Missing Clock-out
- PDN Client Overlap – PDN Service Activities for the client with same Dates/Times
- Staff License Expiration
- Staff License Invalid
- Staff Overlap – Same Provider
- Staff Overlap – Same Provider, Different Program
- Contact MDH ISAS
- PDN Staff Hours Maximum
- Staff overlap - Different Provider
- Staff overlap - Different Provider, Different Program

12.3 Finding Services in an Exception status

When an EVV Service Activity provided by staff from a location associated to the logged-in user has gone through the validations process and is found to contain Exceptions, it will be included the Counts by **Exception Type** in the **Actions Required** list **on the Home Page**.

The list is divided into:

- 1) Exceptions for services rendered by the Provider that MDH is responsible for resolving
- 2) Exceptions for services rendered by the Provider that require the Provider to respond or adjust

Exceptions may also be viewed by searching via the Services tab and entering search parameters for the exception.

To be Resolved by MDH

ACTIONS REQUIRED	
▼ RESOLVE BY MDH (AS OF 07/19/2022 1:30 PM)	
▼ EVV SERVICES	
Exception Type	Counts
Client Ineligible for Medicaid	5
Client Ineligible for program	0
Client not authorized for Service	0
Contact MDH ISAS	0
Home Health Aide without Skilled Nursing	2
Multiple Same HH Service on Same Day	2
No approved Service Authorization found for Client	0
No matching Client Sharing this Service	1
PDN Staff Hours Maximum	2
Provider # has been suspended	0
Provider # has been terminated	0
Provider not authorized for the service	1
Staff Overlap - Different Provider	0
Staff Overlap - Different Provider, Different Program	0

- The **Counts** column displays the number of EVV services for each Exception Type for services rendered by the Provider that **require attention by MDH**.
 - Upon clicking the count number, a hyperlink navigates the user to the Services Search Results page with the services that comprise the count listed.
- 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.

To be Resolved by Provider

ACTIONS REQUIRED	
▼ RESOLVE BY PROVIDER (AS OF 07/19/2022 1:30 PM)	
▼ EVV SERVICES	
Exception Type	Counts
HH Client Overlap	0
Missing Clock-in	0
Missing Clock-out	0
PDN Client Overlap	0
Staff License Expiration	1
Staff License Invalid	0
Staff Overlap - Same Provider	0
Staff Overlap - Same Provider, Different Program	0

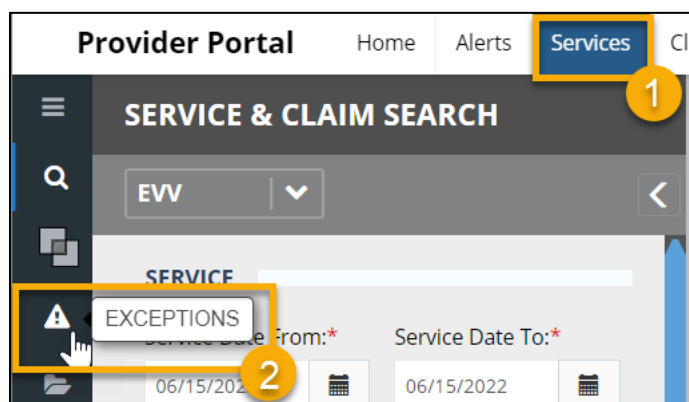
- The **Counts** column displays the number of EVV services for each Exception Type for services rendered by the Provider that **require attention by the Provider**.
 - The counts in the table are hyperlinks, which redirect to the Services Search Results page which lists the services comprised in the count.
- 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.

12.4 Exceptions Search

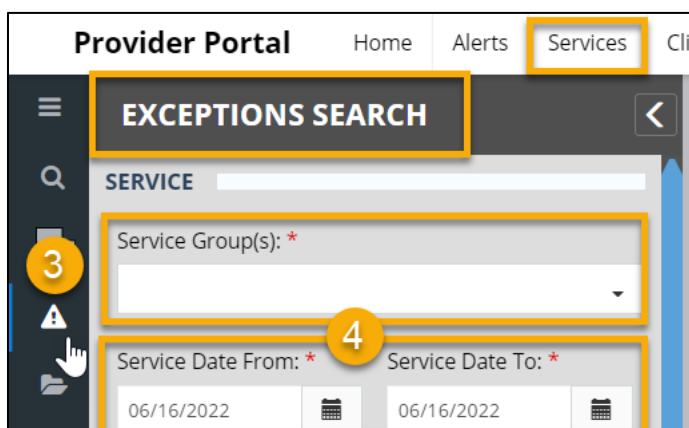
To facilitate the process of viewing and managing exceptions, authorized users are able to search and view records for PDN or HH service activities rendered by any Provider Agency with PDN or HHA location attributes using the **Exceptions Search** form.

To begin a search for Exceptions for PDN and HH EVV Service Activities in Provider Portal:

- 1) To navigate to the Exceptions Search, select the **Services** tab.
- 2) The Service & Claim Search window will appear, and there will be a **warning icon** ⚠ in the left navigation.



- 3) Upon clicking the warning icon, the **Exceptions Search** window will open.



4) To complete a search for PDN and HH Service Activities, the minimum information required is **Service Group(s)** and **Service Date From** and **Service Date To**.

- **Service Date From** and **Service Date To** – The search for services with exceptions is limited to a 365-day range. The From and To date cannot be more than 365 days apart.
- **Service Group(s)** – **Provider users** will have access to their existing **Service Groups**, for services they can provide.

The screenshot shows a mobile application interface for an "EXCEPTIONS SEARCH". At the top, there is a dark header bar with the title "EXCEPTIONS SEARCH" and a back arrow icon. Below the header, the "SERVICE" section is visible. It contains a text input field for "SERVICE" and a label "Service Group(s): *" followed by a dropdown menu. The dropdown menu is open, showing a list of service groups with checkboxes: "Select all", "HDM/EA", "Home Health", "Personal Assistant Services", and "Private Duty Nursing".

12.4.1 Exception Search by Service Information

Users can search for services using any of the below parameters in combination with the **Service Group(s)** and **Service Date From** and **Service Date To** fields to see services with information that matches the search criteria

- **Submission Date From** and **Submission Date to** – Submission date is the date the Service was submitted by the provider. This parameter can be used to return services with exceptions that were entered between the date ranges.
- **Service Type** – Service type is the type of service provided within the selected, Provider users are not able to edit this field.
- **Service Status** – Presents only those service workflow status options that are relevant for the processing of service activities with Exceptions. Provider users are not able to edit this field.

Service Status: *

All selected (6)

- ☒ Select all
- ☒ New
- ☒ Pending MDH
- ☒ Pending Provider
- ☒ Provider In Progress
- ☒ MDH In Progress
- ☒ Needs Authorization

- **Exception Type** – Exception type is the exception that is currently associated with the activity. Provider users are not able to edit this field.
- **Claim Type** – Allows search to be limited by the type of claim for services with exceptions.
 - No Claim
 - Adjustment
 - Original
 - Void

12.4.2 Exception Search by Client Information

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

CLIENT

Client ID/MA #:

Client Region:

Last Name:

First Name:

- **Client ID/MA#** - Allows searching for services using Participant's LTSS Client ID/MA#
- **Client Region** – Allows searching for services by Regional Office
 - All or None
 - CMRO (Central Maryland)
 - ESRO (Eastern Shore)
 - WMRO (Western Maryland)
 - SMRO (Southern Maryland)
- **Client Last Name**
- **Client First Name**

12.4.3 Exception Search by Provider

PROVIDER

Provider #/Name: *

Staff Name:

Staff SSN/ID:

Provider

- **Provider #/Name** - Allows search to be limited to one of the Provider's Locations by entering their name or number.
- **Staff name** - Allows searching for services with exceptions by name of the staff assigned to the provider's location who provided the service.
- **Staff SSN/ID** - Allows search to be limited to a staff member by searching their social security number or ID

12.5 Exceptions Troubleshooting and Common Resolution

12.5.1 Authorization-Based Exceptions

Authorization-based exceptions occur due to an error in either the billing entry or the service authorization.

Provider not authorized for the service.

This exception can occur for several reasons:

1. If the Provider's staff selected the wrong service type when clocking in and out or submitting the billing entry, then this exception is assigned.
2. If the wrong Provider number was used in the service authorization, then this exception is assigned.
3. If the wrong service type was listed on the service authorization and your staff billed under the system-expected service type, then this exception is assigned.
4. If the service authorization that lists this service/site is not yet approved and active, then this exception is assigned.
5. If your agency is not listed to provide the service, then this exception is assigned.

No Approved Service Plan

This exception means that the participant did not have an approved and active plan on the date of service.

This can occur for a few reasons.

1. The effective date of the authorized plan is set to a date after the billed date of service.
2. The participant has a gap period between plan authorizations; or
3. The participant is not authorized for any services.

Referring Provider Information Missing

This exception occurs if the referring provider information is not entered for the service billed.

No matching Client Sharing this Service

This exception occurs if a shared service was selected and any or all of the following are true:

- There is no participant linked to that service in the service authorization
- In the service authorization, shared services are linked to the other individual sharing the service
- The service type selected is not on the service authorization

Client not authorized for Service

This exception occurs if the service is listed in the service authorization, but the DOS falls outside of the authorized span

A. Wrong Service Type Billed

1. If the wrong type of service was billed, discard the service and re-enter it under the correct service type.
2. Please select “Correcting staff clock in and out” as the category and enter a comment stating the wrong service type was entered.

B. Wrong Provider Number Billed

1. If the wrong provider number was used, discard the service
2. Re-enter the service under the correct service type.

C. Service authorization Issue

1. If the service authorization lists the wrong provider number, is pending approval longer than expected, or has any other issue, contact the case manager.
2. The case manager can help determine the appropriate steps that need to be taken for any needed service authorization corrections, as well as the expected timelines.

D. Referring Provider Issue

If missing referring provider information causes an exception, find the client, and enter the information for each service line your agency is authorized for

12.5.2 Eligibility-Based Exceptions

Client Ineligible for Program

This exception occurs when the participant is missing a program enrollment in their profile.

Client Ineligible for Medicaid

This exception occurs in the following situations:

- A. The participant was never MA eligible
 - **Note:** *They may still be pending enrollment*
- B. The participant lost MA eligibility
- B. The participant's MA eligibility information is missing from LTSS/MMIS

Exception Resolution Pathways

Providers should work with the case manager to understand the cause of the eligibility issue. The case manager will need to work with MSDE and/or MDH to correct the issue.

12.5.3 Provider Number-Based Exceptions

A provider's Medicaid number may be suspended or terminated due to:

1. Noncompliance with the state regulations (COMAR 10.09.36 General Medical Assistance Provider Participation Criteria) or the Medicaid Provider Agreement.
2. Evidence of fraud, waste, abuse; or
3. Non-compliance with the federal community setting rule.

In the event the provider's number is terminated for cause, Maryland Medicaid sends a formal letter to the provider

Provider # has been terminated

1. If the Provider providing the service has an Enrollment Status = Terminated (Enrollment Status: 66 – 73) as of the Date of service, then this exception is assigned.
2. Providers should verify that the provider number used to bill the service is correct and is active.

Provider # has been suspended

1. If the Provider providing the service has an Enrollment Status that is Suspended in LTSSMaryland (Enrollment Status code: 51 to 60) as of the Date of service, then this exception is assigned.
2. Providers should verify that the provider number used to bill the service is correct and is active.

Exception Resolution Pathways

Providers can view their provider number by doing the following:

1. Search for the service in Provider Portal

2. Go to the Service Details Tab
3. Look at the Provider # field towards the top right corner of the screen
 - If the provider number is incorrect, please discard the service and rebill under the correct number
 - If the provider number is correct, continue to the next step

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

05/26/2020 SERVICE DATE DETAILS

DETAILS	Service Date: 05/26/2020	CLAIM SUMMARY		CLIENT INFORMATION		PROVIDER INFORMATION
	Service Type: Personal Supports (DDA)	Program Type: DDA State Funded Authorized Services Report	Procedure Code: -- Total Paid: --	Client Name: Training-Abbott, Libbie ID #: 30095991687122	Primary Phone #: -- MA #: 61873636485 Client Service Plan	Provider #: 730013100 Provider FEIN: 520575305

4. Go to the Providers Tab to search for the provider number information.
5. Providers can then check the enrollment status of that provider number by searching for the location, clicking the blue details button, and finding the enrollment status on the right of the screen.
 - Type 36 means that the location is active.
 - If you have the “Provider # has been suspended” exception, the number will instead be between 51 to 60
 - If you have the “Provider # has been terminated” exception, the number will instead be between 66 to 73

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

PROVIDER DETAILS

PROVIDER PROFILE	AGENCY INFORMATION			
	Agency Name:		Status: Active	
	LOCATION INFORMATION			
	Location Name:	Program Type:	Provider Type Code: 90	Enrollment Status: 36 - Active - Pay (Federal and State)
	Provider FEIN: 526055211	Provider Number: 887278300	List of Specialty Codes:	

COS	COS Description	Spans Start Date	Spans End Date
2E	Licensed DDA Vocational Services	07/01/2019	12/31/9999
2H	DDA Approved Community Development Services	07/01/2019	12/31/9999
2I	DDA Approved Employment Service	07/01/2019	12/31/9999
2J	DDA Approved Family Supports Provider	07/01/2019	12/31/9999

This exception can be resolved in one of several ways, depending on the underlying cause of the issue:

A. The provider number used to bill the service was terminated:

1. Contact the Medicaid Provider Enrollment team to investigate the suspension or termination, and
2. If possible, take steps to reactivate the provider number.

B. Wrong Provider Number Billed:

1. Please discard the service, and
2. Rebill under the correct number.

C. Provider number used to bill is correct, service authorization has the wrong provider number:

1. Please contact the participant's case manager to determine if a service authorization revision is needed to update the provider number.
2. If the case manager determines that a revised service authorization is needed to update the provider number, they will work with MDH to complete the revision
3. Please contact the PBSO if a new service authorization can not be created.

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

12.5.4 Service-based Exceptions

1.5 Missing Clock in/Out

If a clinical staff forgets or is unable to clock in and/or out for services using EVV, this exception will trigger. Providers should resolve the exception by entering a Missing Time Request (MTR).

1.6 Overlaps

MDH only authorizes payment for one service per client at a time. When EVV service times overlap, this is considered double billing and is against MDH policy. The purpose of resolving overlapping service exceptions is to remove the possibility of double billing for a service by adjusting the provider clock in or out times.

1.7 Types of Overlaps - Agency Resolves

These overlaps will a pending service with a "Pending Provider" status and can in a few ways the most common way is to use the exception count on the provider portal homepage. MDH also provides a report that can help agencies get a better overall view of what services are pending for an overlap, how to use this report can be found in Part C - Reports - 1.4 using the overlap services report.

Client Overlap – Same Agency

If two or more staff providers from the same agency were clocked in for the same participant at the same time, this exception will be assigned.

Example:

- Staff A. worked from 11am-3pm and staff B. worked from 2pm-7pm.
- There is an overlap of 1 hour. Your agency will need to fix one or both of the services accordingly.
- Resolution Option: Reduce staff A's shift by 1 hour for 11PM-1:59PM

Staff Overlap - Same Provider

If a staff provider is clocked in for more than one participant at the same time for the same agency, then this exception will be assigned.

Staff Overlap - Same Provider, Different Program:

If a staff provider is clocked in for more than one program at the same time for the same agency, then this exception will be assigned.

Types of Overlaps - MDH Resolves**Staff Overlap - Different Provider**

Overlaps with service provided by the same staff through a different agency as they work for more than one provider under the same program.

Client Overlap - Different Provider

Overlaps with another service provided to the participant by another agency as the participant receives services from more than one provider under the same program.

Client Overlap - Different Program

Overlaps with another service provided to the client by the same provider but for a different program and agency.

Staff Overlap - Different Program

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

Overlap Examples:**Client Overlap between two or more staff**

Service overlaps by 2 hours (3PM - 5PM)

12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM
Service- DSP One						
			Service- DSP Two			

If the shift is overlapping across programs or agencies (Pending MDH), MDH will remove all parts of the shift that overlap to prevent double billing. For the example above, this means that Service One will end at 3PM and Service Two will begin at 5PM. No one will be paid for the overlapping time.

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

Staff Overlap over two or more participants

Service overlaps by 4 hours (1PM - 5PM)

12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	6:00 PM
Service - Participant 1							
	Service- Participant 2						

Agency providers must resolve these overlaps to receive payment. How the agency resolves overlapping time is up to the agency, however they must remove all overlapping time in order to avoid double billing.

The agency can do one of the following to resolve the overlap:

- Reduce a service time
- Discard a service time
- Note: Agency **MAY NOT** add anytime

How to Reduce Service Time

1. Within the service tile select "Edit"

SERVICE ACTIVITY SUMMARY

Start Time: 🕒 **2:03 PM** End Time: 🕒 **12:13 PM +1**

Status: **Pending Provider**

Exception Type: **Client Overlap, Staff Overlap - Same Provider**

Manual Edit Reason:

STAFF

Name:

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

Phone:

SERVICE ACTIVITY SUMMARY

Start Time: * 🕒 End Time: * 🕒

☒ Next day Clock-out

Status: **Provider In Progress**

Exception Type: **Client Overlap, Staff Overlap - Same Provider**

Manual Edit Reason: *

Comment: *

2. Edit service time and fill in all required information.
3. Save and Submit Note: You must hit SUBMIT in order to submit the service for billing.

13. Claims

After a Service Activity has passed all validations and is in a “Ready” status, it will continue to Claim Generation, Validations, and Adjustments prior to being submitted to MMIS. Once Provider Portal submits a validated claim to MMIS, then MMIS will complete its validations and release payment to the Provider.

13.1 User Role Permissions

Authorized Provider Users:

- Admin Provider of the Provider Location that rendered the Service Billing Provider of PDN Location
- Billing Provider of the Provider Location that rendered the Service Billing Provider of HHA Location
 - ❖ Users listed above have access to the following functionalities:
 - i. View Claims
 - ii. Adjust Services (Add or Edit Service Activity)
 - iii. Void Services

13.2 Search Claims

The **Advanced Search** feature within the Services and Claims Search allows providers to search for entered services based on claim and remittance information, as well as tag and assignment information.

The screenshot shows a web form titled "ADVANCED SEARCH OPTIONS" with a sub-header "CLAIM". Below the header, there are several search criteria fields:

- Claim Status:** A dropdown menu showing "All selected (7)".
- Claim Type:** A dropdown menu showing "All selected (4)".
- ICN:** A text input field.
- RA NO:** A text input field.
- Claim #:** A text input field.
- Requested Adjustment:** A dropdown menu showing "All selected (2)".

Advanced Search Options: Claim

- **Claim Status** – This parameter is used to get services based on their status. Multiple statuses can be selected to search. Claims can have one of the following statuses:
 - **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
 - **Submitted to MMIS** – Services have passed the overnight checks, and a claim has been submitted to MMIS
 - **Paid** – The claim submitted to MMIS has been paid
 - **Rejected** – When MMIS returns remittance with no payment for the submitted claim, the claim status will be Rejected
 - **Open** – The claim is still in progress.
 - **Ready** – The claim has cleared the Exceptions process and is ready to be reviewed by MDH.
 - **Not Submitted to MMIS**
- **Claim Type** - This parameter is used to get services based on the type of claim created for it. Multiple claims can be selected to search. Claims can have one of the below types:
 - **Original** – The Original or Initial claim submitted for the service, after the service is first entered and successfully clears the service validation
 - **Adjustment**- Claims created for modifications made to services after an original claim has been submitted to MMIS and either *Paid* or *Rejected*
 - **Void**- Claims that are reduced to 0 units
 - **No claim**- There is no Claim created for the service yet. This may be due to the services being held up due to exceptions that need to be resolved prior to claim creation

- **RA No. (RA Number)** – Allows search by the Remittance Advice Number received with a payment made by Medicaid to the Provider. Remittance Advice Number identifies all services paid with the associated check or payment (EFT)
 - **Note: Service Date From and To** fields that are required for other searches become optional when **RA Number** search is used, and the **Submission Date** parameters are disabled for selection
- **ICN** – Allows search by the Internal Control Number (ICN) received from MMIS. ICN is a 13-digit number assigned to each claim in Medicaid.
 - Since an ICN identifies a single claim, entering an input parameter in the ICN field disables the other search fields within the search panel.
- **Claim#** – Allows search by the Claim Number assigned in Provider Portal for services billed to MMIS. The Claim# field is available when viewing services with a claim and can be used for internal communication within the Provider Agency or in communication with MDH.
- **Requested Adjustment** – If a claim's status is "Submitted to MMIS", the user can limit the search to those services that do or do not have a requested adjustment.

13.3 View Claim Details

On the Service Date Details page, users can view the Details of the Claim for all Service Activities that fall on the same date. The Service Activity Claim Details section includes the following information:

- **Claim Type** – Indicates the type of claim: N/A (No Claim), Adjustment, Original, Void
- **Claim Status** – Indicates the current status of the claim: N/A (No Status), Submitted to MMIS, Paid, Rejected, Open, Ready, Not Submitted to MMIS
- **Procedure Code** – displays the code for the service activity, if available.
- **Services with Exceptions** – displays the number of Services in the claim that have exceptions
- **Net: Billed, Paid, Units** – displays the change in the totals for the claim after adjustment
- **Total: Billed, Paid, Units** – displays running totals for the claim
- **Claim Creation Date** – **Displays** the date the claim was submitted
- **Claim ICN** – Internal Control Number, if available
- **RA No** – Remittance Advice Number if available (for services paid with the associated check or payment (EFT))
- **RA Date** – Date of the Remittance Advice payment, if available

CLAIM DETAILS

Claim is Paid

Claim Type: **Original** Claim Status: **Paid**
Procedure Code: **0571** Services with Exception: --

Net:	Billed: \$308.70	Paid: \$308.70	Units: 6
Total:	Billed: \$308.70	Paid: \$308.70	Units: 6

Claim Creation Date: **05/16/2022**
Claim ICN: **6XM62XTV9WUAER2UYA00**
RA No: **NP8FIR**
RA Date: **05/16/2022**

[Claim Details](#)

Paid Claim Example

SERVICE ACTIVITY SUMMARY

Start Time: **12:00 AM** End Time: **8:01 PM**

Status: **Closed**
Manual Edit Reason: **New or Substitute Staff**
Comment: test

STAFF

Name: **Staff HHA PB Health Neelu**
ID # **62f71129-9b49-4aed-8987-c333bf67e607** SSN # *****-**-******
Phone: **(888) 777-8888**

[Details](#)

CLAIM DETAILS

To-Do for Provider

Claim Type: **Adjustment** Claim Status: **N/A**
Procedure Code: **0551** Services with Exception: **1**

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

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

Adjustment Claim Example

SERVICE ACTIVITY SUMMARY

Start Time: **1:35 PM** End Time: **2:35 PM**

Status: **Pending Provider**
Exception Type: **Staff License Invalid**
Manual Edit Reason: **OTP Issue**
Comment: test

STAFF

Name: **Staff Provider 2 Samala**
ID # **2cc5a277-e7ea-496a-bf18-b316e69d81d5** SSN # *****-**-******

[Void](#) [Edit](#) [Details](#)

CLAIM DETAILS				SERVICE ACTIVITY SUMMARY	
Claim is Paid Claim Type: Original Claim Status: Paid Procedure Code: 0571 Services with Exception: --				Start Time: 12:00 AM End Time: 8:01 PM Status: Closed Manual Edit Reason: New or Substitute Staff Comment: test STAFF Name: Staff HHA PB Health Neelu ID # 62f71129-9b49-4aed-8987-c333bf67e607 SSN # ***-**-**** Phone: (888) 777-8888	
Net: Total:	Billed: \$308.70 Billed: \$308.70	Paid: \$308.70 Paid: \$308.70	Units: 6 Units: 6		
Claim Creation Date: 05/16/2022 Claim ICN: 6XM62XTV9WUAER2UYA00 RA No: NP8FIR RA Date: 05/16/2022					
Claim Details				Details	

When **Claim Details** is clicked, the user is navigated to view additional details about the claim's submission and results, including:

- The **Client's Weekly Service Authorization Limit Snapshot** captured upon submission
- Any **Modified Information** that resulted from a claim adjustment.

CLAIM DETAILS - ORIGINAL CLAIM - 05/20/2022		Collapse All	Back to Summary
✓ CLIENT WEEKLY SERVICE AUTHORIZATION LIMIT SNAPSHOT Snapshot Date/Time: 05/20/2022 01:13:04 PM Effective Date of Service Authorization: N/A Maximum Daily Units of Service Allowed: 1 Maximum Weekly Units of Service Allowed: N/A Units of Service Already Billed for Week: 0			
✓ MODIFIED INFORMATION Provider exceeded daily client Service Authorization limit by 2 unit(s). Service Authorization allows 1 unit(s) per day. Claim was adjusted from 3 unit(s) to 1 unit(s).			

Client's Weekly Service Authorization Limit Snapshot

- **Snapshot Date/Time:** Date and time of submission of the claim (when information has been snapshot)
- **Effective Date of Service Authorization:** Effective date of the associated Approved Service Authorization. Blank if there is no associated Service Authorization.
- **Maximum Daily Units of Service Allowed:** Displays the authorized Daily limit for PDN Services of the Billing Type, "Fixed" or Daily limit of HH Services from the associated Service Authorization.
- **Maximum Weekly Units of Service Allowed:** Displays the authorized Weekly limit for PDN Services of the Billing Type, Global" from the associated Service Authorization.

- **Units of Service Already Billed for Week:** Displays the number of Units that have already been processed for payment within the same billing week, for the same Service Type, by the same Provider, for the same Client.

13.4 Claim Validations and Automatic Adjustments

13.4.1 Claim Creation

After Service Activities have been validated, and they are in “Ready” Status, a second overnight process occurs to validate and create claims. During this process, the Service Activities will be compared against a client’s Service Authorization Form and grouped (by date, client, and provider), client/provider information will be verified, service time will be converted to units, and billing rates will be applied before the system creates and original or adjustment claim.

Validations and Claim Creation (PDN Services):

Step	Action
1	Group Service Activities with same Service Date, Procedure code, Provider #, and Client ID that are in the status of “Ready” = (1) claim
2	Verify that Client has Address, MA #, and DOB
3	Verify that Provider has Check Address (Provider Address Type 2)
4	Verify that the DOS is no more than 365 days from the current system date
5	Convert Clock-In and Clock-Out duration to Units: 15 min=1 Unit
6	Apply billing rate based on the Service Definition that is valid on the DOS

Validations and Claim Creation (HH Services):

Step	Action
1	Group Service Activities with same Service Date, Procedure code, Provider #, and Client ID that are in the status of “Ready” = (1) claim
2	Verify that Client has Address, MA #, and DOB
3	Verify that Provider has Check Address (Provider Address Type 2)
4	Verify Geographic Differential Rate Address (Provider Address Type 1) has a MD jurisdiction effective on the DOS
5	Verify that the DOS is no more than 365 days from the current system date
6	Convert Clock-In and Clock-Out duration to Units: 4 hours=1 Unit
7	Apply billing rate based on the Service Definition that is valid on the DOS, for the jurisdiction of the Provider

13.4.2 Claim Adjustments

During the Claim Validation process, when the system compares the claims submitted with the client’s Service Authorization form, there are some adjustments that are made automatically to claims for PDN or HH services that exceed daily or weekly limits, or in the case of HH services, that exceed the Monthly Medicaid Nursing Facility Rate.

PDN Service Claim Adjustments

System adjustments made to PDN Services are based on the Billing Type for the service. For any given PDN service, if the Units (15-minute increments) exceed the limits for the billing type, the claim will automatically be adjusted to meet the requirements set out in the client's Service Authorization.

Adjustment Logic for PDN Service Claims:

Billing Type	Adjustment Logic
Fixed	<ol style="list-style-type: none"> Units are not greater than allowed units per day (## hours per day) Units are not greater than allowed units per billing week (## hours per day for ## days per week)
Global	<ol style="list-style-type: none"> Units are not greater than allowed units per billing week (## hours per week)
Fixed and Global	<ol style="list-style-type: none"> Units are not greater than allowed units per billing week (## hours per day for ## days per week) for "Fixed." Units are not greater than allowed units per billing week (## hours per week) for "Global"

Daily Limits for PDN Services

When a specific PDN Service has been authorized with the **Billing Type Fixed**, a provider cannot claim more than a maximum number of hours per day and per a given number of days a week that have been allotted in the Approved SAF.

- **If a claim is validated and found to exceed the daily maximum units allowed by the SAF, the claim will be adjusted accordingly, and the billable units reduced.** However, the system will also validate whether the hours claimed exceed the maximum allowed per week (hours x days per week), such that:
 - Hours not used per allowed day can be claimed on other days within the week.
 - Hours that exceed the total hours allotted for the week will be adjusted down to meet that maximum allowed for the claim.

Example of an adjustment to Daily Units in the Modified Information on the Claim Details page:

CLAIM DETAILS - ADJUSTMENT CLAIM - 05/20/2022
[Collapse All](#)
[Back to Summary](#)

▼ CLIENT WEEKLY SERVICE AUTHORIZATION LIMIT SNAPSHOT
 Snapshot Date/Time: **05/20/2022 02:13:12 PM**
 Effective Date of Service Authorization: **09/01/2021 - 07/01/2022**
 Maximum Daily Units of Service Allowed: **4**
 Maximum Weekly Units of Service Allowed: **N/A**
 Units of Service Already Billed for Week: **0**

▼ MODIFIED INFORMATION
 Provider exceeded daily client Service Authorization limit by 86 unit(s). Service Authorization allows 4 unit(s) per day. Claim was adjusted from 90 unit(s) to 4 unit(s).

Weekly Limits for PDN Service

When a specific PDN Service has been authorized with the **Billing Type Global**, a provider cannot claim more than a maximum number of hours per week, but those hours can occur at any time during the week.

- If a claim is validated and found to exceed the weekly maximum units allowed by the SAF, the claim will be adjusted accordingly, and the billable units reduced.

For billing purposes, if a service has been authorized for both **Fixed** and **Global** billing, a claim will first access hours that are allotted on a daily basis, then any additional hours will be taken from the global/weekly hours allowed.

Example of an adjustment to Weekly Units in the Modified Information on the Claim Details page:

CLAIM DETAILS - ADJUSTMENT CLAIM - 06/21/2022
[Collapse All](#)
[Back to Summary](#)

▼ CLIENT WEEKLY SERVICE AUTHORIZATION LIMIT SNAPSHOT

Snapshot Date/Time: **06/21/2022 12:57:38 PM**
 Effective Date of Service Authorization: **09/01/2021 - 08/01/2022**
 Maximum Daily Units of Service Allowed: **N/A**
 Maximum Weekly Units of Service Allowed: **80**
 Units of Service Already Billed for Week: **0**

▼ MODIFIED INFORMATION

Provider exceeded weekly client Service Authorization limit by 108 unit(s). Service Authorization for "Global" Billing Type allows 80 unit(s) per week. Claim was adjusted from 188 unit(s) to 80 unit(s).

HH Service Claim Adjustments

System adjustments made to HH Services are based on two factors: 1) the Units (4-hour increments) allowable for the service and 2) the Monthly Nursing Facility Rate (MNFR). For any given HH service, if the Units exceed the max limits allowed by the client's Service Authorization (or if there is no Service Authorization at all), or the claim causes the client to exceed the MNFR, then the claim will automatically be adjusted to meet those limits.

Adjustment Logic for HH Service Claims:

Type	Adjustment Logic
Units	1. If no SAF, Claim is set to 1 unit. 2. If SAF, but DOS is outside of span, Claim is set to 1 unit. 3. If SAF, Units are not greater than allowed units per day
MMNFR	1. Aggregate the Total Billed/Paid for claims ("Submitted to MMIS", "Ready", and "Paid") within the last 30 days from the Claim Date for the client. 2. 30-day total + Claim does not exceed the MMNFR that is active on the Claim Date

Daily Limits for HH Services

An SAF is not required for HH service claims if only 1 unit (4 hours) is being billed.

If, however, a provider is claiming more than 1 unit, the system will validate that an Approved SAF exists with a span that includes the date of service—if no SAF is found, the claim will be automatically adjusted down to 1 unit.

- In addition, if a claim is validated and found to exceed the daily maximum units allowed by the SAF, the claim will be adjusted accordingly to match the remaining unit(s).

Example of an adjustment to Daily Units in the Modified Information on the Claim Details page:

CLAIM DETAILS - ADJUSTMENT CLAIM - 05/24/2022		Collapse All	Back to Summary
✓ CLIENT WEEKLY SERVICE AUTHORIZATION LIMIT SNAPSHOT Snapshot Date/Time: 05/24/2022 04:39:33 PM Effective Date of Service Authorization: 10/01/2021 - 09/01/2022 Maximum Daily Units of Service Allowed: 2 Maximum Weekly Units of Service Allowed: N/A Units of Service Already Billed for Week: 0			
✓ MODIFIED INFORMATION Provider exceeded daily client Service Authorization limit by 1 unit(s). Service Authorization allows 2 unit(s) per day. Claim was adjusted from 3 unit(s) to 2 unit(s).			

HH Services and Monthly Medicaid Nursing Facility Rate

Total Billed Claims for HH Services in a 30-day period should not exceed the current Monthly Medicaid Nursing Facility Rate. If, during the validation process, a client's HH services have been found to exceed this rate, the claims will be automatically adjusted down to the Monthly Medicaid Nursing Facility Rate.

Example of an adjustment based on MNFR in the Modified Information on the Claim Details page:

CLAIM DETAILS - ORIGINAL CLAIM - 06/07/2022		Collapse All	Back to Summary
✓ CLIENT WEEKLY SERVICE AUTHORIZATION LIMIT SNAPSHOT Snapshot Date/Time: 06/07/2022 07:04:18 PM Effective Date of Service Authorization: 12/02/2021 - 01/01/2022 Maximum Daily Units of Service Allowed: 6 Maximum Weekly Units of Service Allowed: N/A Units of Service Already Billed for Week: 0			
✓ MODIFIED INFORMATION Provider exceeded daily client Service Authorization limit by 1 unit(s). Service Authorization allows 6 unit(s) per day. Claim was adjusted from 7 unit(s) to 6 unit(s). Provider exceeded Monthly Nursing Facility rate limit by \$579.00. Claim was adjusted from \$864.30 to \$285.30.			

- However, if the checkbox to “Allow HH Service to exceed the Monthly Nursing Facility Rate” has been selected in the Approved SAF, this validation and adjustment will NOT occur.

14. Adjusting Paid or Rejected Claims

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

- Editing a Service (e.g., modifying the duration of an existing Service)
- Adding a new Service to the claim
- Voiding a Service
 - Voiding one / more Services in a claim will negate the payment received for its duration in the claim.
 - Voiding all Services in a claim will negate the payment received for the entire claim.

In addition to MDH DONS and ISAS users, Provider roles can also adjust EVV PDN or HH Services:

- Admin Provider (of the Provider Location that rendered the service)
- Billing Provider (of the Provider Location that rendered the service)

Adjustment Deadline

Adjustments can be submitted up to 365 days after the Date of Service of the claim. However, when submitting an adjustment, please keep in mind that a MDH DONS or ISAS user must still review and approve the changes. Therefore, please submit the adjustments 14 business days prior to the deadline to ensure your request is resolved before the deadline.

14.1 Adjustment or Missing Time Request?

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

- **CLAIM:** If a claim exists for the specific date – [Submit an adjustment.](#)
- **NO CLAIM:** If a claim does NOT exist for the specific date – [Submit a Missing Time Request.](#)

14.2 Adjusting PDN and HH Claims

If a Service Activity requires adjustment before resubmitting a claim, authorized users can:

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

CURRENT SEARCH FILTERS:

Service Status : All Selected Claim Status : Paid, Rejected Exception Type : All Selected Claim Type : All Selected Service Type : All Selected Assignment Status : All Selected

Service Date From : 12/01/2021 Service Date To : 12/30/2021

CLIENT Filter by Last Name TOTAL COUNT OF SERVICES: 31 TOTAL SERVICES FOR SELECTED CLIENT: 10 New Activity Group by Client Sort By:

Client Name: **Client0029**

ID # 2110509LC201200
MA # 00000000029

Services with Exceptions: 0
Services: 10 Claims: 10

Client Name: **516415 HH2**

ID # 3289102IJ765110
MA # 47103593800

Services with Exceptions: 0
Services: 2 Claims: 1

Client Name: **HH All HH Services**

ID # 1749983EW763110
MA # 44402904900

Services with Exceptions: 1
Services: 2 Claims: 2

Client Name: **Biniam, Client0029** ID # 2110509LC201200 MA # 00000000029

Service Date: 12/22/2021 Claim Status: Paid Claim Type: Original Total Billed: \$131.75 Total Paid: \$131.75 RA NO.: HHDISA

Service Type: Speech Pathology Proc Code: 0441 Program: HH Claim #: 67f45c5185e34955a685 Claim ICN: 1J1X2M2AQI6A70DUE2
976d07bf03b9 RT

Provider #: Provider FEIN: Provider Address: Provider Name:

Start Time	End Time	Service Status	Staff Name	Staff SSN	Completion Source	OTP Used	Exception Type	MDH Staff Assignment	Tags
7:00 AM	8:00 AM	Closed	HHA Admin P-B	****	MDH Manual	No	--		

Details

3. Click on the **Adjust Services** button.

CLAIM DETAILS

Claim is Paid

Claim Type: Original Claim Status: Paid
Procedure Code: 0441 Services with Exception: --

Net: Billed:\$131.75 Paid:\$131.75 Units: 1
Total: Billed:\$131.75 Paid:\$131.75 Units: 1

Claim Creation Date: 05/16/2022
Claim ICN: 1J1X2M2AQI6A70DUE2RT
RA No: HHDISA
RA Date: 05/16/2022

Claim Details

SERVICE ACTIVITY SUMMARY

Start Time: 7:00 AM End Time: 8:00 AM

Status: Closed

Manual Edit Reason: Staff Busy with Participant

Comment: cvb

STAFF

Name: HHA Admin
AGENCY: [REDACTED]

ID # 69d55280-5c6c-4599-86e1-3c4f8a5335db SSN # ***-**-****

Details

Adjust Services Void All Services

4. The System will create a new claim details row that appears above the ones already there in the system. Users can make Adjustments in this row.
- The **old claim** will move to the row below.
 - It will no longer have a button to Adjust Services
 - The Claim Status of the **new claim** row will be N/A.
 - Services in the new claim row will have **Void, Edit, and Details** buttons, and a **New Service Activity** can be added.

CLAIM DETAILS

Claim is Paid

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **0441** Services with Exception: --

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

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

Service Activity Summary

Start Time: **7:00 AM** End Time: **8:00 AM**

Status: **Closed**
 Manual Edit Reason: **Staff Busy with Participant**
 Comment: cvb

STAFF
 Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**
 ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****-**-******

Buttons: **Void** **Edit** **Details**

New Claim

CLAIM DETAILS

Claim is Paid

Claim Type: **Original** Claim Status: **Paid**
 Procedure Code: **0441** Services with Exception: --

Net:	Billed: \$131.75	Paid: \$131.75	Units: 1
Total:	Billed: \$131.75	Paid: \$131.75	Units: 1

Claim Creation Date: **05/16/2022**
 Claim ICN: **1J1X2M2AQI6A70DUEZRT**
 RA No: **HHDISA**
 RA Date: **05/16/2022**

Service Activity Summary

Start Time: **7:00 AM** End Time: **8:00 AM**

Status: **Closed**
 Manual Edit Reason: **Staff Busy with Participant**
 Comment: cvb

STAFF
 Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**
 ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****-**-******

Buttons: **Details**

Old Claim

5. **There are two options to Adjust**, based on the user's needs. Users can perform one or both options, as necessary.
- EDIT:** To modify the times of an existing Service, select **"Edit" button** in the Service
 - ADD NEW:** To enter a new full service, select **"New Service Activity"**

CLAIM DETAILS

Claim is Paid

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **0441** Services with Exception: --

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

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

Service Activity Summary

Start Time: **7:00 AM** End Time: **8:00 AM**

Status: **Closed**
 Manual Edit Reason: **Staff Busy with Participant**
 Comment: cvb

STAFF
 Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**
 ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****-**-******

Buttons: **Void** **Edit** **Details**

New Service Activity

A **B**

8.2.1 Adjustment by Editing a Service

1. Once Edit is selected, user can update any of the following values in the Service:
 - a. **Start Time**
 - b. **End Time**
 - c. Specify whether the End time is on the following calendar day.
2. User has to enter information before saving the changes.
 - a. Choose **Manual Edit Reason**
 - b. Enter **Comments** explaining the reason for the change
 - c. **Save** the changes

CLAIM DETAILS

Claim is Paid

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **0441** Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: * 7:00 AM End Time: * 8:00 AM
☐ Next day Clock-out

Status: **Provider In Progress**
 Exception Type: --

Manual Edit Reason:
 Comment:
 Your comment here..

STAFF

Cancel **Save**

+
New Service Activity

3. User MUST click the **Submit** button after edits have been made. The Service cannot be reviewed until submitted. Save is NOT the same as SUBMIT.
4. User MUST click the **Submit** button after edits have been made. The Service cannot be reviewed until submitted. Save is NOT the same as SUBMIT.

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **Adjustment** Claim Status: **N/A**
Procedure Code: **0441** Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Status: **Provider In Progress**

Exception Type: --

Manual Edit Reason: **Correcting Staff Clock In/Out Error**

Comment: Testing.

STAFF

Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**

ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****-**-******

Phone: **(444) 555-3333**

Submit Void Edit Details

+
New Service Activity

5. Once Submitted by Provider user, the status will become **Needs Authorization**.

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **Adjustment** Claim Status: **N/A**
Procedure Code: **0441** Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: **7:15 AM** End Time: **8:15 AM**

Status: **Needs Authorization**

Exception Type: --

Manual Edit Reason: **Correcting Staff Clock In/Out Error**

Comment: Testing.

STAFF

Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**

ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****-**-******

Void Edit Details

+
New Service Activity

8.2.2 Adjustment by Adding a New Service Activity

- Once user clicks on "New Service Activity", a new **Service Activity Summary card** will be created
- Enter data in all the required fields, including **Manual Edit Reason**, **Comment**, and **Staff Name**.
- Click Save to **Save** the new Service to the system

CLAIM DETAILS

Claim is Rejected

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **0431** Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: **7:00 AM** End Time: **8:00 AM**

Status: **Closed**
 Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: dfg

STAFF
 Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**
 ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****.**,******

Void Edit **Details**

SERVICE ACTIVITY SUMMARY

Start Time: * End Time: *
 ☐ Next day Clock-out

Status: **Provider In Progress**
 Exception Type: --

Manual Edit Reason:
 IVR Call #:
 Comment:

Cancel **Save**

STAFF
 Name: * Staff HHA PB Health Neelu
 ID # **62f71129-9b49-4aed-8987-c333bf67e607** SSN # *****.**,******
 Phone: --

4. User MUST click the **Submit Service** button after edits have been made. The Service cannot be reviewed until submitted. Save is NOT the same as SUBMIT.

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **0431** Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: **7:00 AM** End Time: **8:00 AM**

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

STAFF
 Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**
 ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****.**,******
 Phone: **(444) 555-3333**

Void Edit **Details**

SERVICE ACTIVITY SUMMARY

Start Time: **8:15 AM** End Time: **9:15 AM**

Status: **Provider In Progress**
 Exception Type: --

Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: Testing.

STAFF
 Name: **Staff HHA PB Health Neelu**
 ID # **62f71129-9b49-4aed-8987-c333bf67e607** SSN # *****.**,******

Submit Discard Edit **Details**

+ New Service Activity

5. Once Submitted by Provider, the status will become **Needs Authorization**.

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **Adjustment** Claim Status: **N/A**
 Procedure Code: **0431** Services with Exception: --

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

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

SERVICE ACTIVITY SUMMARY

Start Time: **7:00 AM** End Time: **8:00 AM**

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

STAFF
 Name: **HHA Admin P-B HEALTH HOME CARE AGENCY INC Neelu**
 ID # **69d55280-5c6c-4599-86e1-3c4f8a5335db** SSN # *****.**,******
 Phone: **(444) 555-3333**

Void Edit **Details**

SERVICE ACTIVITY SUMMARY

Start Time: **8:15 AM** End Time: **9:15 AM**

Status: **Needs Authorization**
 Exception Type: --

Manual Edit Reason: **Forgotten Clock In/Out**
 Comment: Testing.

STAFF
 Name: **Staff HHA PB Health Neelu**
 ID # **62f71129-9b49-4aed-8987-c333bf67e607** SSN # *****.**,******

Discard Edit **Details**

14.3 Voiding PDN and HH Claims

14.3.1 Voiding a Single Service

If a claim for PDN or HH Service was incorrectly entered or wrongly submitted, it can be voided by MDH DONS and ISAS users, as well as by the Admin or Billing Provider who rendered the service, when it is in one of the following statuses:

- Paid
- Rejected
- Not Submitted to MMIS

Note that, when user voids one or more Services in a claim that has multiple Services, it usually results in a net reduction in units in the adjustment claim. So, the system will submit an adjustment claim to MMIS for negating the units previously paid for the Voided Service(s). For example, if there were 3 one-hour services/shifts entered for a date and paid, and Provider voids one of the services as it was wrongly inputted, an adjustment claim is submitted to MMIS to reduce billing for the amount corresponding to one-hour or 4 units (since EVV services are billed in increments of 15 minutes).

To void a single Service Activity:

- 1) Locate the claim through the “Service and Claim Search” menu located within the Services tab
- 2) Upon Navigating to the **Service Date Details page**, click **Adjust Services** button.

06/02/2022 SERVICE DATE DETAILS

Client Profile

Service Authorization

SERVICE DATE
06/02/2022

Service Type:
Skilled Nursing

CLAIM SUMMARY

Program Type: HH Procedure Code: 0551

Claim #: dfa85e4390dc47a996ee Total Paid: \$242.68

5525b4a6308a

Billing Week: 06/02/2022 - 06/08/2022

[Services Rendered Report](#)

CLIENT INFORMATION

Client Name: Complete Primary Phone #: --

Claim Batch Process 1234

ID #: 12009990C991210 MA #: 42988299388

[Client Service Plan](#)

PROVIDER INFORMATION

Provider #: Provider FEIN: --

Provider Name: --

Provider Type: Home Health Agency

CLAIM DETAILS

Claim is Paid

Claim Type: Adjustment Claim Status: Paid

Procedure Code: 0551 Services with Exception: --

Net:	Billed: \$121.34	Paid: \$121.34	Units: 1
Total:	Billed: \$242.68	Paid: \$242.68	Units: 2

Claim Creation Date: 06/13/2022

Claim ICN: XT6ADHNQ7M1K6UTIPK5W

RA No: KIPVL8

RA Date: 06/13/2022

[Claim Details](#)

SERVICE ACTIVITY SUMMARY

Start Time: 9:00 AM End Time: 1:01 PM

Status: Closed

Manual Edit Reason: Forgotten Clock In/Out

Comment: test

STAFF

Name: Claim Batch All License PHR

ID # 4afee34b-cebe-4eae-be11-9c41b0afdb06 SSN # ***-**-****

Phone: (234) 098-2304

[Details](#)

[Adjust Services](#) [Void All Services](#)

3) From the Service Activity Summary card, click button to **Void** on the service.

CLAIM DETAILS

Claim is Paid

Claim Type: Adjustment Claim Status: N/A

Procedure Code: 0551 Services with Exception: --

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

Claim Creation Date: --

Claim ICN: --

RA No: --

RA Date: --

SERVICE ACTIVITY SUMMARY

Start Time: 9:00 AM End Time: 1:01 PM

Status: Closed

Manual Edit Reason: Forgotten Clock In/Out

Comment: test

STAFF

Name: Claim Batch All License PHR

ID # 4afee34b-cebe-4eae-be11-9c41b0afdb06 SSN # ***-**-****

Phone: (234) 098-2304

[Void](#) [Edit](#) [Details](#)

4) A **pop-up** will appear to confirm the Void. Comments must be entered before clicking the **Void** button

VOID SERVICE ACTIVITY

Please confirm that you would like to Void the Service Activity

Comment: *

Testing

Void

Cancel

5) The system will display a confirmation message

6) Once voided, the status of the service activity summary for that service will become **Provider in progress**, and a Voided watermark will be displayed on the card.

CLAIM DETAILS

Service Activities being processed by MDH

Claim Type: **Void**

Claim Status: **N/A**

Procedure Code: **0551**

Services with Exception: --

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

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

Claim Creation Date: --

Claim ICN: --

RA No: --

RA Date: --

SERVICE ACTIVITY SUMMARY

Start Time: 9:00 AM

End Time: 1:01 PM

Status: **Provider In Progress**

Exception Type: --

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

Comment: test

STAFF

Name: **Claim Batch All License PHR**

ID # **4afee34b-cebe-4eae-be11-9c41b0afdb06** SSN # *****-**-******

Edit

Details

8.3.2 Voiding all Services in a Claim

If claim was wrongly submitted when service(s) were not rendered to a participant on a specific date, MDH DONS and ISAS users, as well as the Admin or Billing Provider who rendered the service, can void the entire payment for that participant for a date of service.

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

To void an All-Service Activities in a Claim:

- 1) Locate the claim through the “Service and Claim Search” menu located within the Services tab
- 2) Upon Navigating to the **Service Date Details** page, click **Void All Services** button.

06/02/2022 SERVICE DATE DETAILS

Client Profile
Service Authorization

Service
Date: **06/02/2022**
Service Type: **Skilled Nursing**

CLAIM SUMMARY
Program Type: **HH**
Procedure Code: **0551**
Claim #: **dfa85e4390dc47a996ee5525b4a6308a**
Total Paid: **\$242.68**
Billing Week: **06/02/2022 - 06/08/2022**
[Services Rendered Report](#)

CLIENT INFORMATION
Client Name: **Complete**
Claim Batch Process **1234**
ID #: **12009990C991210**
Primary Phone #: **--**
MA #: **42988299388**
[Client Service Plan](#)

PROVIDER INFORMATION
Provider #: **--**
Provider FEIN: **--**
Provider Name: **--**
Provider Type: **Home Health Agency**

CLAIM DETAILS
Claim is Paid
Claim Type: **Adjustment**
Procedure Code: **0551**
Claim Status: **Paid**
Services with Exception: **--**
Net: Billed: **\$121.34** Paid: **\$121.34** Units: **1**
Total: Billed: **\$242.68** Paid: **\$242.68** Units: **2**
Claim Creation Date: **06/13/2022**
Claim ICN: **XT6ADHNQ7M1K6UTIPK5W**
RA No: **KIPVL8**
RA Date: **06/13/2022**
[Claim Details](#)

SERVICE ACTIVITY SUMMARY
Start Time: **9:00 AM** End Time: **1:01 PM**
Status: **Closed**
Manual Edit Reason: **Forgotten Clock In/Out**
Comment: **test**
STAFF
Name: **Claim Batch All License PHR**
ID # **4afee34b-cebe-4eae-be11-9c41b0afdb06** SSN # *****-**-******
Phone: **(234) 098-2304**
[Details](#)

[Adjust Services](#) [Void All Services](#)

- 3) A **pop-up** will appear to confirm the Void. Comments must be entered before clicking the **Void All** button

VOID ALL SERVICES

This action will void all closed service activities in the claim. Do you wish to proceed?

Comment: *

Testing Void All

[Void All](#) [Cancel](#)

- 4) The system will display a confirmation message
- 5) Once voided, the status of the service activity summary for that service will become **MDH Reviewed**, and a Voided watermark will be displayed on the card.

14.4 Anytime Adjustments

If a Service Activity has already been “Submitted to MMIS” for claims processing, but a Provider or MDH DONS/ISAS user realizes that it needs to be adjusted before receiving the claim results, they can Request Adjustment, anytime.

To Request Adjustment when SA is in status “Submitted to MMIS”:

- 1) Navigate to the **Claim Details** section of the Service Date Details page.
- 2) Click on the **Request Adjustment** button.

CLAIM DETAILS

Claim has been Submitted to MMIS

Claim Type: **Original** Claim Status: **Submitted to MMIS**

Procedure Code: **T1003** Services with Exception: --

Net:	Billed:\$37.68	Paid:\$0.00	Units: 4
Total:	Billed:\$37.68	Paid:\$0.00	Units: 4

Claim Creation Date: 06/22/2022

Claim ICN: --

RA No: --

RA Date: --

[Claim Details](#)

SERVICE ACTIVITY SUMMARY

Start Time: 6:40 PM End Time: 7:40 PM

Status: **Closed**

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

Comment: Test

STAFF

Name: **Admin PDN 561204700 and 423137600 Neelu**

ID # **08990dc7-46a1-4057-90dc-2a2408ccc5dd** SSN # *****-**-******

[Details](#)

[Request Adjustment](#)

- 3) A **pop-up** will open that offers multiple actions to **adjust the service**:

REQUEST ADJUSTMENT

Client Name: **Claim Test 2, Venkata** Claim Type: **Adjustment**

ID #: **2009062EV269111** Procedure Code: **T1003**

SERVICE ACTIVITY SUMMARY

Start Time: 6:40 PM End Time: 7:40 PM

Status: **Closed**

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

Comment: Test

STAFF

Name: **Admin PDN 561204700 and 423137600 Neelu**

ID # **08990dc7-46a1-4057-90dc-2a2408ccc5dd** SSN # *****-**-******

Phone: **(888) 555-9999**

[New Service Activity](#)

[Edit](#) [Void](#)

[Void All](#) [Close](#)

A. Add a New Service Activity will open a new Service Activity Summary form to complete.

REQUEST ADJUSTMENT Client Name: **Claim Test 2, Venkata** Claim Type: **Adjustment**
ID #: **2009062EV269111** Procedure Code: **T1003**

SERVICE ACTIVITY SUMMARY

Start Time: **6:40 PM** End Time: **7:40 PM**

Status: **Closed**

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

Comment: **Test**

STAFF

Name: **Admin PDN 561204700 and 423137600 Neelu**

ID # **08990dc7-46a1-4057-90dc-2a2408ccc5dd** SSN # *****.***.*****

Phone: **(888) 555-9999**

Edit **Void**

SERVICE ACTIVITY SUMMARY

Start Time: * End Time: *

☐ Next day Clock-out

Status: **Needs Authorization**

Manual Edit Reason: *

Comment:

STAFF

Name: *

Save **Cancel**

Void All **Close**

B. Edit the existing Service Activity will display the current service activity in Edit mode.

REQUEST ADJUSTMENT Client Name: **Claim Test 2, Venkata** Claim Type: **Adjustment**
ID #: **2009062EV269111** Procedure Code: **T1003**

SERVICE ACTIVITY SUMMARY

Start Time: * End Time: *

☐ Next day Clock-out

Status: **Closed**

Manual Edit Reason: *

Comment:

STAFF

Name: *

Save **Cancel**

+ New Service Activity

Void All **Close**

C. Void the Service Activity will open a pop-up to enter comments before completing void.

REQUEST ADJUSTMENT Client Name: Claim Test 2, Venkata ID #: 2009062EV269111 Claim Type: Adjustment Procedure Code: T1003

SERVICE ACTIVITY SUMMARY

Start Time: 6:40 PM End Time:

Status: Closed

Manual Edit Reason: Forgo

Comment: Test

STAFF

Name: Admin PDN 561204 Neelu

ID # 08990dc7-46a1-4057-90dc-2a2408ccc5dd

Phone: (888) 555-9999

VOID SERVICE ACTIVITY

Please confirm that you would like to Void the Service Activity

Comment: *

0 of 200 character limit

Void Cancel

Edit Void

Void All Close

D. Void ALL Service Activities will open a pop-up to enter comments before completing the void of all services in the claim.

REQUEST ADJUSTMENT Client Name: Claim Test 2, Venkata ID #: 2009062EV269111 Claim Type: Adjustment Procedure Code: T1021

SERVICE ACTIVITY SUMMARY

Start Time: 2:40 PM End Time:

Status: Closed

Manual Edit Reason: Forgo

Comment: Test

STAFF

Name: Admin PDN 561204

ID # 08990dc7-46a1-4057-90dc-2a2408ccc5dd

Phone: (888) 555-9999

VOID ALL SERVICES

This action will void all closed service activities in the claim. Do you wish to proceed?

Comment: *

0 of 200 character limit

Void All Cancel

Edit Void

Void All Close

4) After the adjustment request has been made, a message will display in the Claim Details section that “the requested adjustment will be submitted after the RA for the previous claim is received from MMIS”.

CLAIM DETAILS

4

i The requested adjustment will be submitted after the RA for the previous claim is received from MMIS

Claim has been Submitted to MMIS

Claim Type: **Original**

Claim Status: **Submitted to MMIS**

Procedure Code: **T1003**

Services with Exception: --

Net: Billed:\$37.68 Paid:\$0.00 Units: 4

Total: Billed:\$37.68 Paid:\$0.00 Units: 4

Claim Creation Date: 06/22/2022

Claim ICN: --

RA No: --

RA Date: --

Claim Details

After the Adjustment Request:

Until the Service Activity that was adjusted can pass through the validation process again, it will display a **"Pending Adjustment"** banner on the record:

CURRENT SEARCH FILTERS:

Client ID/MA # : 2009062EV269111

Service Status : All Selected

Exception Type : All Selected

Claim Type : All Selected

Service Type : All Selected

Assignment Status : All Selected

Requested Adjustment : All Selected

Service Date From : 06/19/2022

Service Date To : 07/19/2022

CLIENT

Filter by Last Name

TOTAL COUNT OF SERVICES: 6

TOTAL SERVICES FOR SELECTED CLIENT: 6

Assign

Unassign

New Activity

Group by Client

Sort By:

Client Name: Claim Test 2, Venkata

ID # 2009062EV269111

MA # 15975385205

Services with Exceptions: 2

Services: 6

Claims: 4

Client Name: Claim Test 2, Venkata

ID # 2009062EV269111

MA # 15975385205

PENDING ADJUSTMENT

Service Date: 06/19/2022

Claim Status: Submitted to MMIS

Claim Type: Original

Total Billed: \$37.68

Total Paid: --

RA NO.:

Proc Code: T1003

Program: MW

Claim #: 921cf18c53c146a69c82c4d51c7b6b89

Claim ICN:

Provider #:

Provider FEIN:

Provider Address:

Provider Name:

Start Time	End Time	Service Status	Staff Name	Staff SSN	Completion Source	OTP Used	Exception Type	MDH Staff Assignment	Assignment Date	Tags
6:40 PM	7:40 PM	Closed	Admin PDN 561204700 and 423137600 Neelu	***.*** ****	MDH Manual	No	--			

Details

After the overnight process runs to generate claims, a new adjustment row with the modifications made will be automatically added to the adjusted Service Activity.

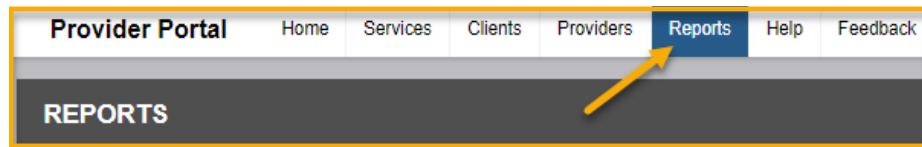
Part C

Reports

15. Reports

Provider Portal has a repository of reports that are integral for Administrative, Billing and MDH staff to be informed about the Services, Clients, Claims and Remittances related to their clients and services. These reports reside in a separate tab on the Provider Portal.

Navigation: Home Page - > Reports



REPORTS			
Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
Service Authorization	Service Authorization Report	Nightly	View

15.1 Service Authorization Report

The intent of the Service Authorization Report is so that users may view the details of Services that have been authorized by MDH DONS for REM, EPSDT, HH, and MW Participants.

As a “Nightly” report, the values in the report reflect the data that was captured in the system as of the previous day.

15.1.1 User Roles

This report can be viewed and exported by the following users.

Provider user roles, restricted to Client records where their Location has been authorized as Provider for a service:

- Admin Provider of a PDN Provider Location
- Billing Provider of a PDN Provider Location
- Admin Provider of a HHA Provider Location
- Billing Provider of a HHA Provider Location

15.1.2 Inputs

1. From the **Reports** tab in *Provider Portal*, select **Category, Service Authorization**.
2. Select **View** from the Actions column of the **Service Authorization Report**.

Provider Portal

Home

Alerts

Services

Clients

Providers

Reports

OTP

Batch Processes

Feedback

REPORTS

Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
Service Authorization	Service Authorization Report	Nightly	View

3. Users may filter the data that they would like to view by making selections for the following input parameters:

Effective Date From (mm/dd/yyyy) 1	<input type="text" value="6/4/2022 12:00:00 AM"/>	Effective Date To (mm/dd/yyyy) 2	<input type="text" value="4/2022 12:00:00 AM"/>	<input type="button" value="View Report"/>
Client ID 3	<input type="text"/>	Jurisdiction 4	<input type="text" value="Allegany, Anne Arundel, Baltimore, E"/>	
Program 5	<input type="text" value="EPSDT, HH, MW, REM"/>	Service 6	<input type="text" value="HHA-CNA-1 Participant, HHA-CNA-2"/>	
Agency Name/FEIN 7	<input type="text"/>	Provider Locations 8	<input type="text" value="All Locations"/>	
Include only the most recent Service Authorization? 9	<input type="text" value="No"/>			

1. Effective Date From

- Queries “Approved” Service Authorization forms with an Effective Date that is equal to or after the date selected.
- Manual entry permitted in **MM/DD/YYYY** format
- Defaults to 30 days prior to current system date

2. Effective Date To

- Queries “Approved” Service Authorization forms with an Effective Date that is equal to or after the date selected.
- Manual entry permitted in **MM/DD/YYYY** format
- Defaults to 30 days prior to current system date

3. Client ID

- Searches clients with an “Approved” Service Authorization form.
- LTSS ID of the client
- Free text: Exact match search
- Defaults to blank

4. Jurisdiction

- Queries “Approved” Service Authorization forms based on the Client’s Jurisdiction/County, as noted within the Client’s Profile.
- Defaults to **Select All**

5. Program

- Queries “Approved” Service Authorization forms by its Program Type
- Options:
 - Select all**
 - MW**
 - REM**
 - EPSDT**
 - HH**
- Defaults to **Select All**

6. Service

- Queries Authorized Services within an “Approved” Service Authorization form.
- Dynamically displays based on the **Program Type** selected

c. Options when the **Program Type** is **MW, REM, or EPSDT**:

- i. **Select All**
- ii. **HHA-CNA/CMT-1 Participant**
- iii. **HHA-CNA/CMT-2 or more Participants**
- iv. **HHA-CNA-1 Participant**
- v. **HHA-CNA-2 or more Participants**
- vi. **LPN-1 Participant**
- vii. **LPN-2 or more Participants**
- viii. **RN-1 Participant**
- ix. **RN-2 or more Participants**

d. Options when the **Program Type** is **HH**:

- i. **Select All**
- ii. **Home Health Aide**
- iii. **Physical Therapy**
- iv. **Occupational Therapy**
- v. **Skilled Nursing**
- vi. **Speech Pathology**
- vii. **Defaults to Select All**

7. Agency Name/FEIN

- a. Displays the Agency Name of the user's associated Agency for Provider user roles

8. Provider Locations

- a. Displays the Provider Locations to which the Provider user is authorized
- b. Queries SAF's based on the Provider selected for individual service
- c. Defaults to **Select All**

9. Include only the most recent Service Authorization?

- a. Options
 - i. **Yes**
 - When selected, if multiple Service Authorization forms were approved for a given client within the Effective Date range selected in the inputs, return data on only the most recently approved looking at the date that the Service Authorization was placed in an "Approved" status.
 - ii. **No**
 - When selected, if multiple Service Authorization forms were approved for a given client within the Effective Date range selected in the inputs, return all data with multiple rows per client.
- b. Defaults to **No**

15.1.3 Outputs for Summary View

Once all desired inputs have been selected, and the user selects **View Report**, then they will view the following table within the **Summary** view:

Date Created: 7/5/2022 9:31:26 AM

Service Authorization Report

Search Criteria:

Start Date: 4/5/2022

End Date: 7/5/2022

Client ID:

Jurisdiction: ☐ [25 Values were selected in the input, click + to see all](#)

Program: EPSDT, HH, MW, REM

Service: HHA-CNA-1 Participant, HHA-CNA-2 or more Participants, HHA-CNA/CMT-1 Participant, HHA-CNA/CMT-2 or more Participants, Home Health Aide, LPN-1 Participant, LPN-2 or more Participants, Occupational Therapy, Physical Therapy, RN-1 Participant, RN-2 or more Participants, Skilled Nursing, Speech Pathology

Agency Name/FEIN: Home

Provider Locations:

Include only the most recent Service Authorization?: No

Report Date: 07/05/2022

Service Name 1	Total # Of Services 2
HHA-CNA/CMT-1 Participant	2
Home Health Aide	1
LPN-1 Participant	1
Grand Total 3	4

Page 1 of 1

1. Service Name

- column can be sorted in ascending or descending order
- primary sort, in alphabetical order

2. Total # of Clients

- Displays the total number of clients with an Approved SAF, where the Service name is listed within the Authorized Services section.
- Given that any SAF has the same service listed more than once, then the summary count will only count the client once.
- Note: Should the user select “No” to “Include only the most recent Service Authorization?”, then this count could include a client more than once.
- hyperlink redirects the user to the Detail View of the Report, for all client data that make up the count.

3. Grand Total

- Displays aggregate total of Client Counts
- Note: Should the user select “No” to “Include only the most recent Service Authorization?”, then this count could include a client more than once.
- hyperlink redirects the user to the Detail View of the Report, for all client data that make up the count.

15.1.4 Outputs for Detail View

From the Summary table, when the user selects a count, then the user will be redirected to the **Detail** view with the following output columns:

Date Created: 7/5/2022 9:49:24 AM

Service Authorization Report

Number of Clients Returned: 4

Number of Services Returned: 4

Client ID ¹	Jurisdiction ²	Last Name ³	First Name ⁴	MA Number ⁵	Age ⁶	POC Type ⁷	Service Authorization Type ⁸
	Baltimore				9 years	N/A	SignificantChange
	Baltimore City				31 years	N/A	Initial
	Baltimore				31 years	N/A	Initial
	Baltimore					N/A	Initial

Service Name ⁹	Service Type ¹⁰	Billing Type ¹¹	Hours ¹²	Units ¹³	Cost ¹⁴	Effective Date ¹⁵	End Date ¹⁶	Provider Name ¹⁷	Provider Number ¹⁸
LPN-1 Participant	Waiver Service	Global	45 hours per week	182 Units	\$1,474.42	05/30/2022	06/04/2022		418885300
Home Health Aide	State Plan Service	N/A	4 hours per day	1 Units	\$765.18	06/01/2022	06/13/2022		423820600
HHA-CNA/CMT-1 Participant	Waiver Service	Global	3 hours per week	12 Units	\$59.76	05/05/2022	05/11/2022		418885300
HHA-CNA/CMT-1 Participant	Waiver Service	Global	1 hours per week	4 Units	\$91.03	05/01/2022	06/01/2022		418885300

Assigned Model CMA Agency ¹⁹	Model CMA Supervisor ²⁰	Model CMA Case Manager ²¹	Assigned REM CMA Agency ²²	REM CMA Supervisor ²³	REM CMA Case Manager ²⁴
The COORDINATING CENTER	Model CMA Supervisor, Test	Model CMA Case Manager, Test	The COORDINATING CENTER	Model CMA Supervisor, Test	Model CMA Case Manager, Test
COORD CTR HOME/COMM CARE			COORD CTR HOME/COMM CARE		

1. Client ID

- i. Displays the Client ID of the client with the “Approved” Service Authorization
- ii. Hyperlink invokes a new tab to the Client Profile in PP only if the SAF is “Approved” and “Active” or will be active in the future.

2. Last Name

- i. Displays Last Name of the client with the “Approved” Service Authorization
- ii. Primary sort order of the report is by this column in alphabetical order (A-Z)

3. First Name

- i. Displays First Name of the client of the client with the “Approved” Service Authorization

4. Jurisdiction

- i. Displays the client's current jurisdiction within Client profile

5. MA Number

- i. captured from current MA # within Client Profile
- ii. Blank if none

6. Age

- i. Pre-populated with the client's age as of current system date

7. POC Type

- i. Displays the **MW Plan of Care** type that was effective at the time that the Service Authorization was approved
- ii. **N/A** if none (REM, EPSDT, and HH forms may not be associated to a MW POC)

8. Service Authorization Type

- i. Display the Service Authorization Type of the service
- ii. Hyperlink invokes a new tab to List View of Service Plan in PP only if the SAF is "Approved" and "Active" or will be active in the future.

9. Service Name

- i. Displays Service of the "Approved" Service Authorization
- ii. For "Approved" Service Authorization with multiple approved services, display each service as a separate row.
- iii. Secondary sort order of the report is by this column in alphabetical order (A-Z)

10. Service Type

- i. Display the Service Type of the service

11. Billing Type

- i. Displays the Billing Type of the service
- ii. **N/A** if the none (HH services do not have a Billing Type)

12. Hours

- i. Displays the hours per week that have been authorized for the Service

13. Units

- i. Displays the units per week that have been authorized for the Service

14. Cost

- i. Displays the Cost of the service

15. Effective Date

- i. Displays the Effective Date of the service
- ii. Secondary sort order of the report is by this column, in oldest – newest

16. End Date

- i. Display the End Date of the service

17. Provider Name

- i. Displays the name of the Provider Location to render the service

18. Provider #

- i. Displays the Provider # of the Provider name

19. Assigned Model CMA

- i. name of currently assigned Model CMA Location
- ii. blank if none assigned

20. Model CMA Supervisor

- i. name of the currently assigned Model CMA Case Manager Supervisor of the client's assigned Model CMA Case Manager as indicated in their Staff Profile
- ii. blank if no Model CMA Case Manager is assigned

21. Model CMA Case Manager

- i. name of currently assigned Model CMA Case Manager
- ii. blank if none assigned

22. Assigned REM CMA

- i. name of currently assigned CMA REM Location
- ii. blank if none assigned

23. REM CMA Supervisor

- i. name of the currently assigned REM CMA Case Manager Supervisor of the client's assigned REM CMA Case Manager as indicated in their Staff Profile
- ii. blank if no REM CMA Case Manager is assigned

24. REM CMA Case Manager

- i. name of currently assigned CMA REM Case Manager
- ii. blank if none assigned

15.2 PDN and HH EVV Services Rendered Report Advanced

The intent of the PDN and HH EVV Services Rendered Report Advanced is so that users may view the details of Services that have been submitted for billing.

This report is also accessible as a link from PDN and HH Service Activities so that users may view the services rendered for the client on the associated Billing Week.

As a "Nightly" report, the values in the report reflect the data that was captured in the system as of the previous day.

15.2.1 User Roles

This report can be viewed and exported by the following users:

Provider user roles, restricted to Client records where their Location has been authorized as Provider for a service:

- Admin Provider of a PDN Provider Location
- Billing Provider of a PDN Provider Location
- Admin Provider of a HHA Provider Location
- Billing Provider of a HHA Provider Location

15.2.2 Inputs

1. From the **Reports** tab in *Provider Portal*, select **Category, EVV-Provider Portal**.
2. Select **View** from the Actions column of the **PDN and HH EVV Services Rendered Report Advanced**.

Provider Portal			
Home	Alerts	Services	Clients
Providers	Reports	OTP	Batch Processes
Feedback			
REPORTS			
Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
Service Authorization	Service Authorization Report	Nightly	View

3. Users may filter the data that they would like to view by making selections for the following input parameters:

Year 1	<input type="text" value="2022"/>	Month 2	<input type="text" value="July"/>	<input type="button" value="View Report"/>
Week 3	<input type="text" value="06/30/2022 - 07/06/2022"/>	Agency Name/FEIN 4	<input type="text"/>	
Provider Locations 5	<input type="text" value="All Locations"/>	Staff Name 6	<input type="text"/>	
Staff SSN# 7	<input type="text"/>	Client ID / MA# / SSN# 8	<input type="text"/>	
Client Name 9	<input type="text"/>	Show Comments 10	<input type="text" value="Yes"/>	
Service Type 11	<input type="text" value="RN-1 Participant, RN-2 or more Parti"/>	Requested Adjustment 12	<input type="text" value="Yes, No"/>	

1. **Year**
 - a. Drives the available selections for **Week**
 - b. Displays years from 2022 to the current system year
 - c. Defaults to the current year
2. **Month**
 - a. Drives the available selections for **Week**
 - b. Displays calendar months
 - c. Defaults to the current month
3. **Week**
 - a. Displays the Billing Weeks within the Year and Month selected
 - b. Queries PDN and HH Service Activities based on their Service Date
 - c. Defaults to **Select All**
4. **Agency Name/FEIN**
 - a. Displays the Agency Name of the user's associated Agency for Provider user roles
5. **Provider Locations**
 - a. Displays the Provider Locations to which the Provider user is authorized
 - b. Queries PDN and HH Service Activities based on the Provider Location that rendered the service
 - c. Defaults to **Select All**
6. **Staff Name**
 - a. exact match search
 - b. Queries PDN and HH Service Activities based on the Staff Name that rendered the service
7. **Staff SSN #**
 - a. exact match search

- b. Queries PDN and HH Service Activities based on the Staff Name that rendered the service
- c. Not available for input for Provider users

8. Client ID/MA #/SSN #

- a. exact match search by LTSS ID, Medicaid #, and/or SSN #
- b. Queries PDN and HH Service Activities based on the Client that received the service

9. Client Name

- a. exact match search
- b. Queries PDN and HH Service Activities based on the Client that received the service

10. Show Comments

- a. Report filter that will determine if the output columns display the Service Activity and Claim Comments
- b. Defaults to **Yes**

11. Service Type

- a. Queries PDN and HH Service Activities based on the Service Type
- b. Options for Provider users with the PDN Location Attribute:
 - i. **Select All**
 - ii. **HHA-CNA/CMT-1 Participant**
 - iii. **HHA-CNA/CMT-2 or more Participants**
 - iv. **HHA-CNA-1 Participant**
 - v. **HHA-CNA-2 or more Participants**
 - vi. **LPN-1 Participant**
 - vii. **LPN-2 or more Participants**
 - viii. **RN-1 Participant**
 - ix. **RN-2 or more Participants**
- c. Options for Provider user with the HHA Location Attribute:
 - i. **Select All**
 - ii. **Home Health Aide**
 - iii. **Physical Therapy**
 - iv. **Occupational Therapy**
 - v. **Skilled Nursing**
 - vi. **Speech Pathology**
- d. Defaults to **Select All**

12. Requested Adjustment?

- a. Report filter that will determine if the query specifically looks for PDN and/or HH Claims that have had an Adjustment requested
- b. Defaults to **Select All**

15.2.3 Outputs for Summary View

Once all desired inputs have been selected, and the user selects **View Report**, then they will view the following output columns within the **Summary** view:

Date Created: 7/19/2022 1:17:12 PM

PDN and HH EVV Services Rendered Report Advanced

Search Criteria:
 Year: 2022
 Month: January
 Week: 12/30/2021 - 01/05/2022, 01/06/2022 - 01/12/2022, 01/13/2022 - 01/19/2022, 01/20/2022 - 01/26/2022, 01/27/2022 - 02/02/2022
 Agency Name/FEIN:
 Provider Locations: All Locations
 Service Type: RN-1 Participant; RN-2 or more Participants; LPN-1 Participant; LPN-2 or more Participants; HHA-CNA-1 Participant; HHA-CNA-2 or more Participants; HHA-CNA/CMT-1 Participant; HHA-CNA/CMT-2 or more Participants; Home Health Aide; Occupational Therapy; Physical Therapy; Skilled Nursing; Speech Pathology
 Staff Name:
 Staff SSN#:
 Client ID/MA#/SSN#:
 Client Name:
 Show Comments: Yes
 Requested Adjustment: Yes, No
 Report Date: 07/19/2022

Client Name	Client MA #	Provider Name	Provider Number	Week	Service Type	Billing Type	Weekly Authorized Hours	Hours Worked	Weekly Authorized Units	Units Worked	Units Used (%)
		JERRY'S CARING HANDS INC	561204700	01/20/2022 - 01/26/2022	RN-1 Participant	Fixed	28.00	10.00	112	40	35.71
		JERRY'S CARING HANDS INC	561204700	01/20/2022 - 01/26/2022	RN-1 Participant	Fixed	3.00	28.98	12	100	833.33
		JERRY'S CARING HANDS INC	561204700	01/06/2022 - 01/12/2022	HHA-CNA-2 or more Participants	Fixed	4.00	7.00	16	20	125.00

1. Client Name

- Displays the name of the client of the Service Activity

2. Client MA

- Displays the Medicaid # of the client of the Service Activity

3. Provider Name

- Displays the name of the Provider Location that rendered the service

4. Provider Number

- Displays the name of the Provider number of the Provider Location

5. Week

- Displays the billing week in which the Service Activity's Service Date falls

6. Service Type

- Displays the Service name of the Service Activity

7. Billing Type

- Displays the Billing Type of the Service that has been authorized in the associated Service Authorization
- If the Service Type is listed more than once in the linked Service Authorization but with different Billing Types, then there will be one row per Billing type
- N/A if an HH Service

8. Weekly Authorized Hours

- Displays the **Hours per Week** of the Service that has been authorized in the associated Service Authorization
- N/A if no associated Service Authorization

9. Hours Worked

- Displays the total hours(s) and minute(s) of the Service Activity
- Hyperlink that will redirect the user to **Detail** View of the Report

10. Weekly Authorized Units

- Displays the total **Units** for the Service that has been authorized in the associated Service Authorization
- N/A** if no associated Service Authorization

11. Units Worked

- Displays the Unit(s) of the Service Activity

12. Units Used (%)

- Displays the % value of **Units Worked** of the **Weekly Authorized Units**
- N/A** if no associated Service Authorization

15.2.4 Outputs for Detail View

From the **Summary** view, when the user selects the **Hours Worked** value, then the user will be redirected to the **Detail** view with the following output columns:

Client Name	Provider Number	Day Of Service	Service Date	Start Time	End Time	Staff Name	Service Initiation Source	Authorized Hours	Service Length (Hours)	Service Status	Total Service Length (Hours)	Request Adjustment
	561204700	Thursday	1/20/2022	1/20/2022 7:00 AM	1/20/2022 8:00 AM	Neelu, PDN Admin JERRY'S CARING HANDS INC	MDH Manual	28.00	1.00	Closed	10	No
		Friday	1/21/2022	1/21/2022 7:00 AM	1/21/2022 9:00 AM	Neelu, Admin PDN 561204700 and 423137600	MDH Manual	28.00	2.00	Closed	10	No
		Saturday	1/22/2022	1/22/2022 7:00 AM	1/22/2022 10:00 AM	Neelu, PDN Admin JERRY'S CARING HANDS INC	MDH Manual	28.00	3.00	Closed	10	No

Total Service Length (Units)	Units Billed	Claim History	Amount Paid in PP (Gross)*	Service Comments	Claim Comments
4.00	4.00	SubmittedToMmis		MDH DONS Admin Test, MDH, May 10 2022 11:33AM Forgotten Clock In/Out - asd MDH DONS Admin Test, MDH, May 10 2022 11:32AM Client Ineligible for Medicaid: Sample Text - YR MDH DONS Admin Test, MDH, May 10 2022 11:32AM Forgotten Clock In/Out - asd MDH DONS Admin Test, MDH, May 10 2022 11:21AM Forgotten Clock In/Out - asd	
8.00	8.00	SubmittedToMmis		MDH DONS Admin Test, MDH, May 10 2022 11:33AM Forgotten Clock In/Out - asd MDH DONS Admin Test, MDH, May 10 2022 11:32AM Client Ineligible for Medicaid: Sample Text - YR MDH DONS Admin Test, MDH, May 10 2022 11:32AM Forgotten Clock In/Out - asd MDH DONS Admin Test, MDH, May 10 2022 11:22AM Forgotten Clock In/Out - asd	
12.00	12.00	SubmittedToMmis		MDH DONS Admin Test, MDH, May 10 2022 11:33AM Forgotten Clock In/Out - asd MDH DONS Admin Test, MDH, May 10 2022 11:31AM Client Ineligible for Medicaid: Sample Text - YR MDH DONS Admin Test, MDH, May 10 2022 11:31AM Forgotten Clock In/Out - asd MDH DONS Admin Test, MDH, May 10 2022 11:24AM Forgotten Clock In/Out - asd	

1. Client Name

- Displays the name of the Client of the Service Activity

2. Provider Number

- Displays the Provider # of the Provider that rendered the Service

3. Day of Service

- Displays the day of the week of the Service Activity's Service Date

4. **Service Date**

- a. Displays the Date of Service of the Service Activity

The following columns display information from the **Service Level** of the Service Activity:

5. **Start Time**

- a. Displays the Hour and Minute for the **Clock-In** value of the Service Activity

6. **End Time**

- a. Displays the Hour and Minute for the **Clock-Out** value of the Service Activity

7. **Staff Name**

- a. Displays the name of the Staff that rendered the service

8. **Service Initiation Source**

- a. Displays the creation source of the Service Activity
 - i. **MDH Manual**- manually created by an MDH user
 - ii. **HelpDesk Manual**- manually created by a Help Desk user
 - iii. **Provider Manual**- manually created by a Provider user
 - iv. **Shared Attendant split**- system created for PDN services for **2 or More Participants**
 - v. **Telephone**- Created via the IVR Call-in Process
 - vi. **EVV Application**- Created via the mobile app Clock-In/Out process

9. **Authorized Hours**

- a. Displays the **Hours per Week** of the Service that has been authorized in the associated Service Authorization
- b. **N/A** if no associated Service Authorization

10. **Service Length (Hours)**

- a. Displays the total hours(s) and minute(s) of the Service Activity

11. **Service Status**

- a. Displays the status of Service Activity, as of the current system date

12. **Total Service Length (Hours)**

- a. Displays the aggregated total of hour(s) and minute(s) for all Service Activities with the same Service, same Provider Location, same Client, on the same Service Date

13. **Requested Adjustment**

- a. Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.
- b. **N/A** if the Service Activity has not yet been generated into a Claim

The following columns display information from the **Claim Level** of the Service Activity:

14. **Total Service Length (Units)**

- a. Displays the aggregated total of hour(s) and minute(s) for all Service Activities with the same Service, same Provider Location, same Client, on the same Service Date
- b. **N/A** if the Service Activity has not yet been generated into a Claim

15. Units Billed

- a. Displays the number of Units billed within the Claim
- b. **N/A** if the Service Activity has not yet been generated into a Claim

16. Claim History

- a. Displays the status of the Claim, as of the current system date
- b. Displays if the claim is **Original** or **Adjusted**
- c. Displays if the claim is **Submitted to MMIS, Paid, or Rejected**
- d. **N/A** if the Service Activity has not yet been generated into a Claim
- e. Hyperlink invokes a new tab to the Claim Details page in PP

17. Amount Paid in PP (Gross)

- a. Displays the Gross amount paid via MMIS, if the Claim is **Paid**
- b. **N/A** if Claim is not **Paid**

18. Service Comments

- a. Display **Comments** from the Service Activity, if any are entered by a user that is resolving an Exception or processing a Service Activity to be approved for Claim generation.
- c. Displays only if **Show Comments** is set to **Yes** in the input parameters

19. Claim Comments

- a. Display **Comments** from the Claim, if any claim reasons noted by MMIS upon Paying or Rejecting a Claim
- d. Displays only if **Show Comments** is set to **Yes** in the input parameters

15.3 EVV Services Rendered Report

The intent of the EVV Services Rendered Report is so that users may view the details of Services that have been submitted for billing for all EVV Service types.

As a “Nightly” report, the values in the report reflect the data that was captured in the system as of the previous day.

15.3.1 User Roles

This report can be viewed and exported by the following users:

Provider user roles, restricted to Client records where their Location has been authorized as Provider for a service:

- Admin Provider of a PDN Provider Location
- Billing Provider of a PDN Provider Location
- Admin Provider of a HHA Provider Location
- Billing Provider of a HHA Provider Location

15.3.2 Inputs

1. From the **Reports** tab in *Provider Portal*, select **Category, EVV-Provider Portal**.
2. Select **View** from the Actions column of the **EVV Services Rendered Report**.

Provider Portal			
Home	Alerts	Services	Clients
Providers	Reports	OTP	Batch Processes
Feedback			
REPORTS			
Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
Service Authorization	Service Authorization Report	Nightly	View

3. Users may filter the data that they would like to view by making selections for the following input parameters:

Service Date From (mm/dd/yyyy)* 1	Service Date To (mm/dd/yyyy)* 2	View Report
Service Program Type* 3	Service* 4	
Agency Name/FEIN 5	Provider Locations* 6	
Exception Type* 7	Staff Name 8	
Staff SSN# 9	Client ID/ MA# 10	
Client SSN# 11	Client Name 12	
Service Activity Status* 13	Client Region* 14	
Report Data* 15	Requested Adjustment* 16	

1. Service Date From

- Queries Service Activities where the Service date is equal to or after the date selected
- Defaults to the current system date

2. Service Date To

- Queries Service Activities where the Service date is equal to or before the date selected
- Defaults to the current system date

3. Service Program Type

- Queries Service Activities based on their Program Type
- Defaults to **Select All**

4. Service

- Queries Services Activities based on the type of Service
- Dynamically displays options based on the **Program Type** selected
- If Program Type **MW**, **REM**, or **EPSDT** is selected, then the following options will display:
 - HHA-CNA-1 Participant**
 - HHA-CNA-2 or more Participants**
 - HHA-CNA/CMT-1 Participant**
 - HHA-CNA/CMT-2 or more Participants**
 - LPN-1 Participant**
 - LPN-2 or more Participants**
 - RN-1 Participant**
 - RN-2 or more Participants**
- If Program Type **HH** is selected, then the following options will display:
 - Home Health Aide**
 - Physical Therapy**
 - Occupational Therapy**
 - Speech Pathology**
 - Skilled Nursing**

- e. Defaults to **Select All**
- 5. **Agency Name/FEIN**
 - a. Displays the Agency Name of the user's associated Agency for Provider user roles
- 6. **Provider Locations**
 - a. Displays the Provider Locations to which the Provider user is authorized
 - b. Queries Service Activities based on the Provider Location that rendered the service
 - c. Defaults to **Select All**
- 7. **Exception Type**
 - a. Queries Services Activities based on any Exceptions that may be causing the Service Activity to pend.
 - b. Dynamically displays options based on the **Program Type** selected
 - c. If Program Type **MW, REM, or EPSDT** is selected, then the following options will display:
 - i. **Client ineligible for Medicaid**
 - ii. **Provider # has been suspended**
 - iii. **Provider # has been terminated**
 - iv. **No approved Service Authorization found for Client**
 - v. **Provider not authorized for the Service**
 - vi. **Client ineligible for program**
 - vii. **Client not authorized for the Service**
 - viii. **Missing Clock-in**
 - ix. **Missing Clock-out**
 - x. **Staff License Invalid**
 - xi. **Staff License Expiration**
 - xii. **Staff Overlap - Different Provider**
 - xiii. **Staff Overlap - Same Provider**
 - xiv. **Staff Overlap-Same Provider, Different Program**
 - xv. **Staff Overlap-Different Provider, Different Program**
 - xvi. **PDN Staff Hours Maximum**
 - xvii. **PDN Client Overlap**
 - xviii. **No matching Client Sharing this Service**
 - xix. **Contact MDH ISAS**
 - d. If Program Type **HH** is selected, then the following options will display:
 - i. **Client ineligible for Medicaid**
 - ii. **Provider # has been suspended**
 - iii. **Provider # has been terminated**
 - iv. **Missing Clock-in**
 - v. **Missing Clock-out**
 - vi. **Staff License Invalid**
 - vii. **Staff License Expiration**
 - viii. **Staff Overlap - Different Provider**
 - ix. **Staff Overlap - Same Provider**

- x. **HH Client Overlap**
 - xi. **Multiple Same HH Service on Same Day**
 - xii. **Home Health Aide without Skilled Nursing**
 - xiii. **Contact MDH ISAS**
- e. Defaults to **Select All**
- 8. **Staff Name**
 - a. exact match search
 - b. Queries Service Activities based on the Staff Name that rendered the service
- 9. **Staff SSN #**
 - a. exact match search
 - b. Queries Service Activities based on the Staff Name that rendered the service
 - c. Not available for input for CMA or Provider users
- 10. **Client ID/MA #**
 - a. exact match search by LTSS ID and/or Medicaid #
 - b. Queries Service Activities based on the Client that received the service
- 11. **Client SSN #**
 - a. exact match search by SSN #
 - b. Queries Service Activities based on the Client that received the service
- 12. **Client Name**
 - a. exact match search
 - b. Queries Service Activities based on the Client that received the service
- 13. **Service Activity Status**
 - a. Queries Service Activities based on their status as of the current system date
- 14. **Client Region**
 - a. Queries DDA Service Activities based on the Client's region
 - b. Not available for input for Provider users
- 15. **Report Data**
 - a. Displays options for Report outputs
 - b. Options:
 - i. **Provider Staff Services Summary**
 - ii. **Client Service Summary**
 - iii. **Service Activity Detail**
 - iv. **Service Activity Detail (Comments)**
 - c. Defaults to **Service Activity Detail (Comments)**
- 16. **Requested Adjustment?**
 - a. Report filter that will determine if the query specifically looks for PDN and/or HH Claims that have had an Adjustment requested
 - b. Defaults to **Select All**
- 17. **Weekly Service Authorization Hours**

- a. Report filter that will determine if the outputs display data from a client's **Plan of Service**
- b. Defaults to **Yes**
- c. **Note: Plan of Service is not applicable to PDN and HH Service Activities**

15.3.3 Outputs for Provider Staff Services Summary

Once all desired inputs have been selected for **Report Data** option **Provider Staff Services Summary**, and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/5/2022 10:15:24 AM

EVV Services Rendered Report - Provider Staff Service Summary

Search Criteria:
Service Date From: 04/04/2022
Service Date To: 07/04/2022
Service Program Type: Unknown, EPSDT, HH, MW, REM
Service: HHA-CNA-1 Participant, HHA-CNA-2 or more Participants, HHA-CNA/CMT-1 Participant, HHA-CNA/CMT-2 or more Participants, Home Health Aide, LPN-1 Participant, LPN-2 or more Participants, Occupational Therapy, Physical Therapy, RN-1 Participant, RN-2 or more Participants, Skilled Nursing, Speech Pathology
Exception Type: ☒ 23 Exception Types were selected in the input, click + to see all
Agency Name/FEIN: home
Provider Locations: ☒ 1466 Locations were selected in the input, click + to see all
Staff Name:
Staff SSN #:
Client ID / MA #:
Client SSN #:
Client Name:
Service Activity Status: New, Ready, Closed, Needs Authorization, Not Authorized, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH
Client Region: N/A
Report Data: Provider Staff Service Summary
Requested Adjustment: Yes, No
Total Records: 52

1 Agency Name	2 Provider Name	3 Provider Number	4 Staff Name	5 Staff ID	6 Program	7 Service	8 Temporary Service	9 # of Clients Served	10 Service Duration (hours)	11 Units Billed	12 # of services with Exceptions
A BLESSING AWAY FROM HOME	A BLESSING AWAY FROM HOME	495300200	A Blessing PDN	staff9b44e1f4-32b1-43f5-97ab-d05d0a70649b	MW	HHA-CNA/CMT-1 Participant	No	1	3.00	12	0
			OverlapPdn_VTest	staff2f0cc576-4571-4892-b906-dd57653ccc30	MW	LPN-1 Participant	No	1	9.92	40	0
						HHA-CNA/CMT-1 Participant	No	2	2.00	8	0
						HHA-CNA/CMT-1 Participant	No	2	2.00	8	0
						HHA-CNA/CMT-2 or more Participants	No	1	2.00	8	0
						HHA-CNA-1 Participant	No	1	1.00	4	0
						LPN-1 Participant	No	1	1.00	4	0

1. Agency Name

- a. Displays the name of the Agency of the Provider Location that rendered the service

2. Provider Name

- a. Displays the name of the Provider Location that rendered the service

3. Provider Number

- a. Displays the # of the Provider Location that rendered the service

4. Staff Name

- a. Displays the Staff that rendered the service
- b. Hyperlink that invokes a new tab to the Staff Profile

5. Staff ID

- a. Displays the LTSS Staff ID of the Staff that rendered the Service

6. Program

- a. Displays the Program Type of the Service Activity
- b. N/A if no associated Program type

7. Service

- a. Displays the name of the service
- b. Grouped by associated Program Type of the Service Activities

8. Temporary Service

- a. Displays if the service is considered temporary within the client's associated Plan of Service
- b. **No** for PDN and HH Services that are associated to a client's **Service Authorization**, rather than a **Plan of Service**

9. # of Clients Served

- a. Displays number of clients served by the Staff for each Service
- b. Hyperlink that invokes a new tab to the **Provider Staff Services Detail** view of the Report

10. Service Duration (Hours)

- a. Displays the hour(s) and minute(s) of the Service Activity

11. Units Billed

- a. Displays the units of the Service Activity

12. # of Services with Exceptions

- a. Displays the total number of Service Activities that have an **Exception** against them by the Staff for each Service

15.3.4 Outputs for Provider Staff Services Detail

From the **Provider Staff Services Summary**, when the user selects the **# of Clients Served** value, then the user will be redirected to the **Provider Staff Services Detail** view with the following output columns:

Service Date ¹	Agency Name ²	Provider Name ³	Provider Number ⁴	Staff Name ⁵	Staff ID ⁶	Client Name ⁷	Client ID ⁸	Client MA # ⁹	Program ¹⁰
01/03/2022	AAA PEDIATRIC N ADULT	AAA PEDIATRIC N ADULT	500168400	Staff/Provider Givens, Ashley	staff/24b4e3a5-7ed1-404a-95c0-30a2ee02c017				EPSDT
01/03/2022	AAA PEDIATRIC N ADULT	AAA PEDIATRIC N ADULT	500168400	Staff/Provider Givens, Ashley	staff/24b4e3a5-7ed1-404a-95c0-30a2ee02c017				EPSDT
01/03/2022	AAA PEDIATRIC N ADULT	AAA PEDIATRIC N ADULT	500168400	Staff/Provider Givens, Ashley	staff/24b4e3a5-7ed1-404a-95c0-30a2ee02c017				EPSDT
01/03/2022	AAA PEDIATRIC N ADULT	AAA PEDIATRIC N ADULT	500168400	Staff/Provider Givens, Ashley	staff/24b4e3a5-7ed1-404a-95c0-30a2ee02c017				EPSDT
01/04/2022	AAA PEDIATRIC N ADULT	AAA PEDIATRIC N ADULT	500168400	Staff/Provider Givens, Ashley	staff/24b4e3a5-7ed1-404a-95c0-30a2ee02c017				EPSDT
01/04/2022	AAA PEDIATRIC N ADULT	AAA PEDIATRIC N ADULT	500168400	Staff/Provider Givens, Ashley	staff/24b4e3a5-7ed1-404a-95c0-30a2ee02c017				EPSDT

Service ¹¹	Temporary Service ¹²	Service Initiation Source ¹³	Weekly POS Hours ¹⁴	Weekday of Service ¹⁵	Start Time ¹⁶	End Time ¹⁷	Points ¹⁸	Service Duration (hours) ¹⁹	Units ²⁰	Service Activity Status ²¹
HHA-CNA/CMT-2 or more Participants	N/A	MDH Manual	N/A	Monday	1/3/2022 1:00 AM	1/3/2022 1:15 AM	0	0.25	1	Pending Provider
HHA-CNA/CMT-2 or more Participants	N/A	MDH Manual	N/A	Monday	1/3/2022 7:30 AM	1/3/2022 7:45 AM	0	0.25	1	Pending Provider
HHA-CNA/CMT-2 or more Participants	N/A	Shared Attendant Split	N/A	Monday	1/3/2022 1:00 AM	1/3/2022 1:15 AM	0	0.25	1	Ready
HHA-CNA/CMT-2 or more Participants	N/A	Shared Attendant Split	N/A	Monday	1/3/2022 7:30 AM	1/3/2022 7:45 AM	0	0.25	1	Pending Provider
HHA-CNA/CMT-2 or more Participants	N/A	MDH Manual	N/A	Tuesday	1/4/2022 1:00 AM	1/4/2022 1:15 AM	0	0.25	1	Pending Provider
HHA-CNA/CMT-2 or more Participants	N/A	Shared Attendant Split	N/A	Tuesday	1/4/2022 1:00 AM	1/4/2022 1:15 AM	0	0.25	1	Pending Provider

Exception Type ²²	Reason for Manual Entry ²³	Requested Adjustment ²⁴
PDN Client Overlap; Staff License Expiration; Staff License Invalid	<i>For Clock-In/Clock-Out: Staff Busy with Participant</i>	No
PDN Client Overlap; Staff License Expiration; Staff License Invalid; Staff Overlap - Different Provider	<i>For Clock-In/Clock-Out: Staff Busy with Participant</i>	No
	<i>For Clock-In/Clock-Out:</i>	No
PDN Client Overlap; Staff License Expiration; Staff License Invalid; Staff Overlap - Different Provider	<i>For Clock-In/Clock-Out:</i>	No
PDN Client Overlap; Staff License Expiration; Staff License Invalid	<i>For Clock-In/Clock-Out: Staff Busy with Participant</i>	No
PDN Client Overlap; Staff License Expiration; Staff License Invalid	<i>For Clock-In/Clock-Out:</i>	No

1. **Service Date**
 - a. Displays the Date of Service of the Service Activity
 - b. Hyperlink will redirect the user to the Service Activity
2. **Agency Name**
 - a. Displays the name of the Agency of the Provider Location that rendered the service
3. **Provider Name**
 - a. Displays the name of the Provider Location that rendered the service
4. **Provider Number**
 - a. Displays the # of the Provider Location that rendered the service
5. **Staff Name**
 - a. Displays the Staff that the rendered the service
 - b. Hyperlink that invokes a new tab to the Staff Profile
6. **Staff ID**
 - a. Displays the LTSS Staff ID of the Staff that rendered the Service
7. **Client Name**
 - a. Displays the name of the Client of the Service Activity
 - b. Hyperlink redirects the user to Client Profile in Provider Portal
8. **Client ID**
 - a. Displays the LTSS ID of the Client
9. **Client MA #**
 - a. Displays the current Medicaid number for the Client
10. **Program**
 - a. Displays the Program Type that is applied to client's Service Activity
11. **Service**
 - a. Displays the name of the Service of the Service Activity
12. **Temporary Service**
 - a. Displays if the service is considered temporary within the client's associated Plan of Service
 - b. No for PDN and HH Services that are associated to a client's Service Authorization, rather than a Plan of Service

13. **Service Initiation Source**

- c. Displays the creation source of the Service Activity
 - i. **MDH Manual**- manually created by an MDH user
 - ii. **HelpDesk Manual**- manually created by a Help Desk user
 - iii. **Provider Manual**- manually created by a Provider user
 - iv. **Shared Attendant split**- system created for PDN services for **2 or More Participants**
 - v. **Telephone**- Created via the IVR Call-in Process
 - vi. **EVV Application**- Created via the mobile app Clock-In/Out process

14. **Weekly Service Authorization Hours**

- a. Displays the authorized weekly units from the Plan of Service
- b. **N/A** for PDN and HH Services that are associated to a client's Service Authorization, rather than a Plan of Service

15. **Weekday of Service**

- a. Displays the day of the week of the **Service Date**

16. **Start Time**

- a. Displays the Hour and Minute for the Clock-In value of the Service Activity

17. **End Time**

- a. Displays the Hour and Minute for the Clock-Out value of the Service Activity

18. **Points**

- a. Displays points associated with the Staff that rendered the service

19. **Service Duration**

- a. Displays the hour(s) and minute(s) of the Service Activity

20. **Units**

- a. Displays units of the Service Activity

21. **Service Activity Status**

- a. Displays the current status of the Service Activity

22. **Exception Type**

- a. Displays any exceptions that are pending against the Service Activity
- b. blank if no exceptions

23. **Reason for Manual Entry**

- a. Displays the Reason selected if the Service Activity had a manual entry for the Clock-In and/or Clock-Out value.

24. **Requested Adjustment**

- a. Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.

15.3.5 Outputs for Client Service Summary

Once all desired inputs have been selected for **Report Data** option **Client Service Summary**, and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/5/2022 11:57:07 AM

EVV Services Rendered Report - Client Service Summary

Search Criteria:

Service Date From: 01/01/2022
 Service Date To: 01/31/2022
 Service Program Type: Unknown, CFC, CO, CPAS, EPSDT, HH, ICS, MW, REM, CP, CS, DDA State Funded, FS
 Service: Daily Personal Assistant Services, Daily Shared Attendant, Personal Assistant Services, Shared Attendant
 Exception Type: ☒ 24 Exception Types were selected in the input, click + to see all
 Agency Name/FEIN: Home
 Provider Locations: ☒ 1466 Locations were selected in the input, click + to see all
 Staff Name:
 Staff SSN #:
 Client ID / MA #:
 Client SSN #:
 Client Name:
 Service Activity Status: New, Ready, Closed, Needs Authorization, Not Authorized, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH
 Client Region: N/A, CMRO, ESRO, SMRO, WMRO
 Report Data: Client Service Summary
 Requested Adjustment: Yes, No
 Total Records: 1

1 Client Name	2 Client ID	3 Client MA #	4 Agency Name	5 Provider Name	6 Provider Number	7 Staff Name	8 Staff ID	9 Program
			HOME INC			Vera	staffs/4717	CFC

10 Service	11 Temporary Service	12 Service Duration (hours)	13 Weekly POS Hours	14 Units Billed
Personal Assistant Services	No	0.50	28	2

1. **Client Name**
 - a. Displays the name of the Client who received the service
 - b. Hyperlink invokes a new tab to the Client Profile in PP
2. **Client ID**
 - a. Displays the LTSS ID of the Client who received the service
3. **Client MA #**
 - a. Displays the Medicaid number of the Client who received the service
4. **Agency Name**
 - a. Displays the name of the Agency of the Provider Location that rendered the service
5. **Provider Name**
 - a. Displays the name of the Provider Location that rendered the service
6. **Provider Number**
 - a. Displays the # of the Provider Location that rendered the service
7. **Staff Name**
 - a. Displays the Staff that the rendered the service
 - b. Hyperlink that invokes a new tab to the Staff Profile
8. **Staff ID**
 - a. Displays the LTSS Staff ID of the Staff that rendered the Service
9. **Program**
 - a. Displays the Program Type of the Service Activity

- b. **N/A** if no associated Program type

10. Service

- a. Displays the name of the service
b. Grouped by associated Program Type of the Service Activities

11. Temporary Service

- a. Displays if the service is considered temporary within the client's associated Plan of Service
b. **No** for PDN and HH Services that are associated to a client's **Service Authorization**, rather than a **Plan of Service**

12. Service Duration

- a. Displays the hour(s) and minute(s) of the Service Activity

13. Weekly Service Authorization Hours

- a. Displays the authorized weekly units from the Plan of Service
b. blank for PDN and HH Services that are associated to a client's **Service Authorization**, rather than a **Plan of Service**

14. Units Billed

- a. Displays units of the Service Activity

15.3.6 Outputs for Service Activity Detail

Once all desired inputs have been selected for **Report Data** option **Service Activity Detail**, and the user selects **View Report**, then they will view the following output columns:

EVV Services Rendered Report - Service Activity Detail									
<p>Date Created: 7/6/2022 3:16:12 PM</p> <p>Search Criteria:</p> <p>Service Date From: 01/05/2022</p> <p>Service Date To: 01/05/2022</p> <p>Service Program Type: Unknown, CFC, CO, CPAS, ICS</p> <p>Service: Daily Personal Assistant Services, Daily Shared Attendant, Personal Assistant Services, Shared Attendant</p> <p>Exception Type: 24 Exception Types were selected in the input, click + to see all</p> <p>Agency Name/FEIN: home</p> <p>Provider Locations: 1419 Locations were selected in the input, click + to see all</p> <p>Staff Name:</p> <p>Staff SSN #:</p> <p>Client ID / MA #:</p> <p>Client SSN #:</p> <p>Client Name:</p> <p>Service Activity Status: New, Ready, Closed, Needs Authorization, Not Authorized, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH</p> <p>Client Region: N/A, CMRO, ESRO, SMRO, WMRO</p> <p>Report Data: Service Activity Detail</p> <p>Requested Adjustment: Yes, No</p> <p>Total Records: 3,950</p>									
Service Date 1	Agency Name 2	Provider Name 3	Provider Number 4	Staff Name 5	Staff ID 6	Client Name 7	Client ID 8	Client MA # 9	Program 10
01/05/2022				Baruani	staffs/227874				CFC

Service 11	Temporary Service 12	Service Initiation Source 13	Weekly POS Hours 14	Weekday of Service 15	Start Time 16	End Time 17	Points 18	Service Duration (hours) 19	Units 20	Service Activity Status 21
Personal Assistant Services	No	Telephone	47	Wednesday	1/5/2022 10:48 PM	1/6/2022 10:03 AM	0	11.25	45	Closed

Exception Type ²²	Reason for Manual Entry ²³	Requested Adjustment ²⁴
	<i>For Clock-In/Clock-Out:</i>	No

2. Service Date

- a. Displays Date of Service
- b. Hyperlink invokes a new tab to the Service Activity Details

3. Agency Name

- a. Displays the name of the Agency of the Provider Location that rendered the service

4. Provider Name

- a. Displays the name of the Provider Location that rendered the service

5. Provider Number

- a. Displays the # of the Provider Location that rendered the service

6. Staff Name

- a. Displays the Staff that the rendered the service
- b. Hyperlink that invokes a new tab to the Staff Profile

7. Staff ID

- a. Displays the LTSS Staff ID of the Staff that rendered the Service

8. Client Name

- a. Displays the name of the Client who received the service
- b. Hyperlink invokes a new tab to the Client Profile in PP

9. Client ID

- a. Displays the LTSS ID of the Client who received the service

10. Client MA #

- a. Displays the Medicaid number of the Client who received the service

11. Program

- a. Displays the Program Type of the Service Activity
- b. **N/A** if no associated Program type

12. Service

- a. Displays the name of the service

13. Temporary Service

- a. Displays if the service is considered temporary within the client's associated Plan of Serviced
- b. **No** for PDN and HH Services that are associated to a client's **Service Authorization**, rather than a **Plan of Service**

14. Service Initiation Source

- a. Displays the creation source of the Service Activity
 - i. **MDH Manual**- manually created by an MDH user
 - ii. **Help Desk Manual**- manually created by a Help Desk user
 - iii. **Provider Manual**- manually created by a Provider user

- iv. **Shared Attendant split-** system created for PDN services for **2 or More Participants**
- v. **Telephone-** Created via the IVR Call-in Process
- vi. **EVV Application-** Created via the mobile app Clock-In/Out process

15. Weekly Service Authorization Hours

- a. Displays the authorized weekly units from the Plan of Service
- b. blank for PDN and HH Services that are associated to a client's **Service Authorization**, rather than a **Plan of Service**

16. Weekday of Service

- a. Displays the day of the week of the **Service Date**

17. Start Time

- a. Displays the Hour and Minute for the **Clock-In** value of the Service Activity

18. End Time

- a. Displays the Hour and Minute for the **Clock-Out** value of the Service Activity

19. Points

- a. Displays points associated with the Staff that rendered the service

20. Service Duration

- a. Displays the hour(s) and minute(s) of the Service Activity

21. Units

- a. Displays units of the Service Activity

22. Service Activity Status

- a. Displays the current status of the Service Activity

23. Exception Type

- a. Displays any exceptions that are pending against the Service Activity
- b. blank if no exceptions

24. Reason for Manual Entry

- a. Displays the Reason selected if the Service Activity had a manual entry for the **Clock-In** and/or **Clock-Out** value.

25. Requested Adjustment

- a. Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.

15.3.7 Outputs for Service Activity Detail (Comments)

Once all desired inputs have been selected for **Report Data** option **Service Activity Detail (Comments)**, and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/6/2022 4:37:28 PM

EVV Services Rendered Report - Service Activity Detail (Comments)

Search Criteria:

Service Date From: 05/05/2022
 Service Date To: 05/05/2022
 Service Program Type: Unknown, CFC, CO, CPAS, ICS
 Service: Daily Personal Assistant Services, Daily Shared Attendant, Personal Assistant Services, Shared Attendant
 Exception Type: ☒ 24 Exception Types were selected in the input, click + to see all
 Agency Name/FEIN: Home
 Provider Locations: ☒ 1419 Locations were selected in the input, click + to see all

Staff Name:
 Staff SSN #:
 Client ID / MA #:
 Client SSN #:
 Client Name:
 Service Activity Status: New, Ready, Closed, Needs Authorization, Not Authorized, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH
 Client Region: N/A, CMRO, ESRO, SMRO, WMRO
 Report Data: Service Activity Detail (Comments)
 Requested Adjustment: Yes, No

Total Records: 4,123

Service Date ¹	Agency Name ²	Provider Name ³	Provider Number ⁴	Staff Name ⁵	Staff ID ⁶	Client Name ⁷	Client ID ⁸	Client MA # ⁹	Program ¹⁰
05/05/2022				Smith	staff/48842ccf-7226-4efa-a795-e11820537bfd				CFC

Service ¹¹	Temporary Service ¹²	Service Initiation Source ¹³	Weekly POS Hours ¹⁴	Weekday of Service ¹⁵	Start Time ¹⁶	End Time ¹⁷	Service Duration (hours) ¹⁸	Units ¹⁹	Service Activity Status ²⁰
Personal Assistant Services	No	Provider Manual	58	Thursday	5/5/2022 10:00 AM	5/5/2022 7:00 PM	9.00	36	Needs Authorization

Exception Type ²¹	Reason for Manual Entry ²²	Service Activity Comments ²³	Requested Adjustment ²⁴	Points ²⁵
	For Clock-In/Clock-Out: Correcting Staff Clock In/Out Error	Correcting Staff Clock In/Out Error - Forget to clock in and out	No	2

1. **Service Date**
 - a. Displays Date of Service
 - b. Hyperlink invokes a new tab to the Service Activity Details
2. **Agency Name**
 - a. Displays the name of the Agency of the Provider Location that rendered the service
3. **Provider Name**
 - a. Displays the name of the Provider Location that rendered the service
4. **Provider Number**
 - a. Displays the # of the Provider Location that rendered the service
5. **Staff Name**
 - a. Displays the Staff that the rendered the service
 - b. Hyperlink that invokes a new tab to the Staff Profile
6. **Staff ID**
 - a. Displays the LTSS Staff ID of the Staff that rendered the Service
7. **Client Name**
 - a. Displays the name of the Client who received the service
 - b. Hyperlink invokes a new tab to the Client Profile in PP
8. **Client ID**
 - a. Displays the LTSS ID of the Client who received the service

9. **Client MA #**

- a. Displays the Medicaid number of the Client who received the service

10. **Program**

- a. Displays the Program Type of the Service Activity
- b. **N/A** if no associated Program type

11. **Service**

- a. Displays the name of the service

12. **Temporary Service**

- a. Displays if the service is considered temporary within the client's associated Plan of Service
- b. **No** for PDN and HH Services that are associated to a client's **Service Authorization**, rather than a **Plan of Service**

13. **Service Initiation Source**

- a. Displays the creation source of the Service Activity
 - i. **MDH Manual**- manually created by an MDH user
 - ii. **HelpDesk Manual**- manually created by a Help Desk user
 - iii. **Provider Manual**- manually created by a Provider user
 - iv. **Shared Attendant split**- system created for PDN services for **2 or More Participants**
 - v. **Telephone**- Created via the IVR Call-in Process
 - vi. **EVV Application**- Created via the mobile app Clock-In/Out process

14. **Weekly Service Authorization Hours**

- a. Displays the authorized weekly units from the Plan of Service
- b. blank for PDN and HH Services that are associated to a client's **Service Authorization**, rather than a **Plan of Service**

15. **Weekday of Service**

- a. Displays the day of the week of the **Service Date**

16. **Start Time**

- a. Displays the Hour and Minute for the **Clock-In** value of the Service Activity

17. **End Time**

- a. Displays the Hour and Minute for the **Clock-Out** value of the Service Activity

18. **Service Duration**

- a. Displays the hour(s) and minute(s) of the Service Activity

19. **Units**

- a. Displays units of the Service Activity

20. **Service Activity Status**

- a. Displays the current status of the Service Activity

21. **Exception Type**

- a. Displays any exceptions that are pending against the Service Activity
- b. blank if no exceptions

22. Reason for Manual Entry

- Displays the Reason selected if the Service Activity had a manual entry for the **Clock-In** and/or **Clock-Out** value.

23. Service Activity Comments

- Displays Comments from the Service Activity, if any are entered by a user that is resolving an Exception or processing a Service Activity to be approved for Claim generation.

24. Requested Adjustment

- Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.

25. Points

- Displays points associated with the Staff that rendered the service

15.4 EVV Services Overlap Report

The intent of the EVV Services Overlap Report is so that users may view the details of Services that submitted for billing but have an overlap in services by the Staff rendering multiple services at the same time for different clients, or the Client has had multiple services at the same some by different Providers.

As a “Real-Time” report, the values in the report reflect the data that was captured in the system as of the current system date and time.

15.4.1 User Roles

This report can be viewed and exported by the following users:

Provider user roles, restricted to Client records where their Location has been authorized as Provider for a service:

- Admin Provider of a PDN Provider Location
- Billing Provider of a PDN Provider Location
- Admin Provider of a HHA Provider Location
- Billing Provider of a HHA Provider Location

15.4.2 Inputs

- From the **Reports** tab in *Provider Portal*, select **Category, EVV-Provider Portal**.
- Select **View** from the Actions column of the **EVV Services Overlap Report**.

Provider Portal

Home

Alerts

Services

Clients

Providers

Reports

OTP

Batch Processes

Feedback

REPORTS

Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
Service Authorization	Service Authorization Report	Nightly	View

3. Users may filter the data that they would like to view by making selections for the following input parameters:

The screenshot shows a web form for filtering service activities. It contains the following fields and callouts:

- 1**: Service Date From (mm/dd/yyyy) * 5/2022 12:00:00 AM
- 2**: Service Date To (mm/dd/yyyy) * 7/5/2022 12:00:00 AM
- 3**: Agency Name/FEIN
- 4**: Provider Locations* All Locations
- 5**: Staff Name
- 6**: Staff SSN #
- 7**: Client Name
- 8**: Client ID/MA#
- 9**: Client SSN#
- 10**: Client Region* CMRO, ESRO, SMRO, WMRO, N/A
- 11**: Service* Personal Assistant Services, Shared
- 12**: Service Status* New, Ready, Closed, Needs Authoriz
- 13**: Service Overlap by* <Select a Value>

A "View Report" button is located to the right of the date fields.

1. **Service Date From**
 - a. Queries Service Activities where the Service date is equal to or after the date selected
 - b. Defaults to the current system date
2. **Service Date To**
 - a. Queries Service Activities where the Service date is equal to or before the date selected
 - b. Defaults to the current system date
3. **Agency Name/FEIN**
 - a. Displays the Agency Name of the user's associated Agency for Provider user roles
4. **Provider Locations**
 - a. Displays the Provider Locations to which the Provider user is authorized
 - b. Queries Service Activities based on the Provider Location that rendered the service
 - c. Defaults to **Select All**
5. **Staff Name**
 - a. exact match search
 - b. Queries Service Activities based on the Staff Name that rendered the service
6. **Staff SSN #**
 - a. exact match search
 - b. Queries Service Activities based on the Staff Name that rendered the service
 - c. Not available for input for CMA or Provider users
7. **Client Name**
 - a. exact match search
 - b. Queries Service Activities based on the Client that received the service
8. **Client ID/MA #**
 - a. exact match search by LTSS ID and/or Medicaid #
 - b. Queries Service Activities based on the Client that received the service
9. **Client SSN #**
 - a. exact match search by SSN #
 - b. Queries Service Activities based on the Client that received the service
10. **Client Region**
 - a. Queries DDA Service Activities based on the Client's region
 - b. Not available for input for Provider users

11. Service

- a. Queries Services Activities based on the type of Service

12. Service Activity Status

- a. Queries Service Activities based on their status as of the current system date

13. Service Overlap by

- a. Displays options for Report outputs

- b. Options:

i. Staff-Same Agency

- If Service(s) selected is a PDN Service, then this report option will query and display Service Activities that have the following Exception Types:
 - **Staff Overlap-Same Provider, Different Program**
 - **Staff Overlap-Same Provider**
- If Service(s) selected is a HH Service, then this report option will query and display Service Activities that have the following Exception Types:
 - **Staff Overlap-Same Provider**

ii. Client

- If Service(s) selected is a PDN Service, then this report option will query and display Service Activities that have the following Exception Types:
 - **PDN Client Overlap**
- If Service(s) selected is a HH Service, then this report option will query and display Service Activities that have the following Exception Types:
 - **HH Client Overlap**

iii. Staff-Multiple Agency

- If Service(s) selected is a PDN Service, then this report option will query and display Service Activities that have the following Exception Types:
 - **Staff Overlap-Different Provider, Different Program**
 - **Staff Overlap-Different Provider**
- If Service(s) selected is a HH Service, then this report option will query and display Service Activities that have the following Exception Types:
 - **Staff Overlap-Different Provider**
- **Option not available for Provider users**

15.4.3 Outputs for Staff-Same Agency

Once all desired inputs have been selected for **Report Data** option **Staff-Same Agency**, and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/6/2022 5:08:38 PM

EVV Services Overlap Report - Staff - same agency

Search Criteria:
 Service Date From: 05/05/2022
 Service Date To: 06/05/2022
 Agency Name/ FEIN: Home
 Provider Locations: ☒ 1416 Locations were selected in the input, click + to see all

Staff Name:
 Staff SSN:
 Client Name:
 Client ID / MA#:
 Client SSN#:
 Client Region: CMRO, ESRO, SMRO, WMRO, N/A
 Service: Personal Assistant Services, Shared Attendant, Daily Personal Assistant Services, Daily Shared Attendant
 Service Status: New, Ready, Closed, Needs Authorization, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH, State Payment Eligible, State Payment Reported
 Overlap By: Staff - same agency
 Requested Adjustment: Yes, No
 Total Records: 72

Staff Name	Service Date	Agency Name	Provider Name	Provider Number	Client Name	Client ID	Client MA#	Program	Service
Adekunle, [redacted]	05/16/2022	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CFC	Personal Assistant Services
	05/18/2022	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CFC	Personal Assistant Services

Service Status	Exception Type	Start Time	End Time	Actions	Requested Adjustment
Pending Provider	Staff Overlap - Same Provider	5/16/2022 6:11 AM	5/16/2022 12:06 PM		No

1. Staff Name

- Displays the name of the Staff that is rendering services at the same time for more than more than one client
- Hyperlink that invokes a new tab to the Staff Profile

2. Service Date

- Displays Date of Service
- Hyperlink invokes a new tab to the Service Activity Details

3. Agency Name

- Displays the name of the Agency of the Provider Location that rendered the service

4. Provider Name

- Displays the name of the Provider Location that rendered the service

5. Provider Number

- Displays the # of the Provider Location that rendered the service

6. Client Name

- Displays the name of the Client who received the service
- Hyperlink invokes a new tab to the Client Profile in PP (only if the service activity has passed through overnight validation).

7. Client ID

- Displays the LTSS ID of the Client who received the service

8. Client MA

- Displays the Medicaid number of the Client who received the service

9. Program

- Displays the Program Type of the Service Activity
- N/A if no associated Program type

10. Service

- a. Displays the name of the service

11. Service Status

- a. Displays the current status of the Service Activity

12. Exception Type

- a. Displays any exceptions that are pending against the Service Activity

13. Start Time

- a. Displays the Hour and Minute for the Clock-In value of the Service Activity

14. End Time

- a. Displays the Hour and Minute for the Clock-Out value of the Service Activity

15. Actions

- a. Displays **Resolve** if the Service Status is *Pending MDH* or *MDH in Progress* for MDH users
- b. Displays **Resolve** if the Service Status is *Pending Provider* for Provider users
- c. Hyperlink invokes a new tab to the Service Activity Details
- d. blank if Service Status is in any other status

16. Requested Adjustment

- a. Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.

15.4.4 Outputs for Client

Once all desired inputs have been selected for **Report Data** option **Client**, and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/6/2022 5:39:28 PM

EVV Services Overlap Report - Client

Search Criteria:
 Service Date From: 05/05/2022
 Service Date To: 06/06/2022
 Agency Name/ FEIN: Home
 Provider Locations: 1418 Locations were selected in the input, click + to see all
 Staff Name:
 Staff SSN#:
 Client Name:
 Client ID / MA#:
 Client SSN#:
 Client Region: CMRO, ESRO, SMRO, WMRO, N/A
 Service: Personal Assistant Services, Shared Attendant, Daily Personal Assistant Services, Daily Shared Attendant
 Service Status: New, Ready, Closed, Needs Authorization, Pending Provider, Provider In Progress, MDH In Progress, MDH Reviewed, Pending MDH, State Payment Eligible, State Payment Reported
 Overlap By: Client
 Requested Adjustment: Yes, No
 Total Records: 62

Client Name	Client ID	Client MA#	Service Date	Agency Name	Provider Name	Number	Staff Name	Program	Service	Service Status
			05/22/2022				Purcell		Personal Assistant Services	New
			05/23/2022				McClanahan		Personal Assistant Services	New

Service Overlap						
Service	Service Status	Exception Type	Start Time	End Time	Actions	Requested Adjustment
Personal Assistant Services	New		5/22/2022 6:23 PM	5/23/2022 12:13 PM		No
Personal Assistant Services	New		5/23/2022 9:24 AM	5/23/2022 6:55 PM		No
Personal Assistant Services	Pending Provider	Client Overlap: Staff Overlap - Same Provider	5/22/2022 7:00 AM	5/22/2022 10:03 PM		No
Personal Assistant Services	Pending Provider	Client Overlap: Staff Overlap - Same Provider	5/22/2022 7:01 AM	5/22/2022 10:02 PM		No

1. Client Name

- a. Displays the name of the Client who received more than one service at the same time
- b. Hyperlink invokes a new tab to the Client Profile in PP

2. Client ID

- a. Displays the LTSS ID of the Client who received the service

3. Client MA #

- a. Displays the Medicaid number of the Client who received the service

4. Service Date

- a. Displays Date of Service
- b. Hyperlink invokes a new tab to the Service Activity Details

5. Agency Name

- a. Displays the name of the Agency of the Provider Location that rendered the service

6. Provider Name

- a. Displays the name of the Provider Location that rendered the service

7. Provider Number

- a. Displays the # of the Provider Location that rendered the service

8. Staff Name

- a. Displays the Staff that rendered the service
- b. Hyperlink that invokes a new tab to the Staff Profile

9. Program

- a. Displays the Program Type of the Service Activity
- b. N/A if no associated Program type

10. Service

- a. Displays the name of the service

11. Service Status

- a. Displays the current status of the Service Activity

12. Exception Type

- a. Displays any exceptions that are pending against the Service Activity

13. Start Time

- a. Displays the Hour and Minute for the Clock-In value of the Service Activity

14. End Time

- a. Displays the Hour and Minute for the Clock-Out value of the Service Activity

15. Actions

- a. Displays **Resolve** if the Service Status is *Pending MDH* or *MDH in Progress* for MDH users
- b. Displays **Resolve** if the Service Status is *Pending Provider* for Provider users
- c. Hyperlink invokes a new tab to the Service Activity Details
- d. blank if Service Status is in any other status

16. Requested Adjustment

- a. Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.

15.5 Provider Portal Claims Report

The intent of the Provider Portal Claims Report is so that users may view the details of Services that have been submitted for Claims processing to MMIS.

As a “Nightly” report, the values in the report reflect the data that was captured in the system as of the previous day.

15.5.1 User Roles

This report can be viewed and exported by the following users:

Provider user roles, restricted to Client records where their Location has been authorized as Provider for a service:

- Admin Provider of a PDN Provider Location
- Billing Provider of a PDN Provider Location
- Admin Provider of a HHA Provider Location
- Billing Provider of a HHA Provider Location

15.5.2 Inputs

1. From the **Reports** tab in *Provider Portal*, select **Category, Claims**.
2. Select **View** from the Actions column of the **Provider Portal Claims Report**.

Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
Service Authorization	Service Authorization Report	Nightly	View

3. Users may filter the data that they would like to view by making selections for the following input parameters:

Service Date From (mm/dd/yyyy)* 1	7/6/2022 12:00:00 AM	<input type="checkbox"/> NULL	Service Date To (mm/dd/yyyy)* 2	7/6/2022 12:00:00 AM	<input type="checkbox"/> NULL	View Report
Submission Date From (mm/dd/yyyy)* 3		<input checked="" type="checkbox"/> NULL	Submission Date To (mm/dd/yyyy)* 4		<input checked="" type="checkbox"/> NULL	
Agency Name/FEIN 5			Provider Locations* 6	All Locations		
Program Type* 7	CFC, CO, CPAS, ICS		Service* 8	Daily Personal Assistant Services (W		
Claim Status* 9	Submitted to MMIS, Paid, Rejected,		Client SSN# 10			
Client ID/MA# 11			Client Name 12			
Client Region* 13	CMRO, ESRO, SMRO, WMRO, N/A		Requested Adjustment* 14	Yes, No, N/A		

1. **Service Date From**
 - a. Queries Claims where the Service date is equal to or after the date selected
 - b. Defaults to the current system date
2. **Service Date To**
 - a. Queries Claims where the Service date is equal to or before the date selected

- b. Defaults to the current system date
- 3. **Submission Date From**
 - a. Queries Claims where the date that the Service Activity was submitted to MMIS is equal to or after the date selected
 - b. Defaults to the null and entry allowed if no entry in in **Service Date From**
- 4. **Service Date To**
 - a. Queries Claims where the date that the Service Activity was submitted to MMIS is equal to or before the date selected
 - b. Defaults to the null and entry allowed if no entry in in **Service Date To**
- 5. **Agency Name/FEIN**
 - a. Displays the Agency Name of the user's associated Agency for Provider user roles
- 6. **Provider Locations**
 - a. Displays the Provider Locations to which the Provider user is authorized
 - b. Queries Claims based on the Provider Location that rendered the service
 - c. Defaults to **Select All**
- 7. **Program Type**
 - a. Queries Claims based on their Program Type
 - b. Defaults to **Select All**
- 8. **Service**
 - a. Queries Claims based on the type of Service
 - b. Dynamically displays options based on the **Program Type** selected
 - c. If Program Type **MW, REM, or EPSDT** is selected, then the following options will display:
 - i. **HHA-CNA-1 Participant**
 - ii. **HHA-CNA-2 or more Participants**
 - iii. **HHA-CNA/CMT-1 Participant**
 - iv. **HHA-CNA/CMT-2 or more Participants**
 - v. **LPN-1 Participant**
 - vi. **LPN-2 or more Participants**
 - vii. **RN-1 Participant**
 - viii. **RN-2 or more Participants**
 - d. If Program Type **HH** is selected, then the following options will display:
 - i. **Home Health Aide**
 - ii. **Physical Therapy**
 - iii. **Occupational Therapy**
 - iv. **Speech Pathology**
 - v. **Skilled Nursing**
 - e. Defaults to **Select All**
- 9. **Claim Status**
 - a. Queries Claims based on its status as of the current system date
- 10. **Client SSN #**
 - a. exact match search by SSN #
 - b. Queries Claims based on the Client that received the service
- 11. **Client ID/MA #**
 - a. exact match search by LTSS ID and/or Medicaid #
 - b. Queries Claims based on the Client that received the service

12. Client Name

- exact match search
- Queries Claims based on the Client that received the service

13. Client Region

- Queries DDA Service Activities based on the Client's region
- Defaults to **N/A** for MDH DONS users
- Not available for input for CMA or Provider users

14. Requested Adjustment

- Report filter that will determine if the query specifically looks for PDN and/or HH Claims that have had an Adjustment requested
- Defaults to **Select All**

15.5.3 Outputs

Once all desired inputs have been selected and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/7/2022 12:38:44 PM

Provider Portal Claims Report

Search Criteria
Submission Date From :
Submission Date To :
Service Date From : 05/01/2022
Service Date To : 05/15/2022
Program Type : CFC, CO, CPAS, ICS
Service : Daily Personal Assistant Services (W5532), Daily Shared Attendant (W5533), Environmental Assessment (W5512), Home Delivered Meals (W5516), Personal Assistant Services (W5519), Personal Assistant Services (W5520), Personal Assistant Services (W5527), Personal Assistant Services (W5530), Shared Attendant (W5521), Shared Attendant (W5528)
Agency Name/FEIN : Home
Location : 1419 Location(s) were selected in the input, click + to see all
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: 50,958

Service Date	Client ID	Client MA#	Client Name	Agency Name	Provider #	Provider Name	Service	Program
05/01/2022							W5519 Personal Assistant Services	CFC

Claim Submission Date	Claim ICH	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
05/02/2022	32212200001013664	Original	Paid		\$82.14	\$82.14	16	\$82.14	\$82.14	16	Duplicate claim/service		No

1. Service Date

- Displays Date of Service
- Hyperlink invokes a new tab to the Service Activity Details

2. Client ID

- Displays the LTSS ID of the Client who received the service

3. Client MA

- Displays the Medicaid number of the Client who received the service

4. Client Name

- a. Displays the name of the Client who received more than one service at the same time
- b. Hyperlink invokes a new tab to the Client Profile in PP

5. Agency Name

- a. Displays the name of the Agency of the Provider Location that rendered the service

6. Provider Name

- a. Displays the name of the Provider Location that rendered the service

7. Provider Number

- a. Displays the # of the Provider Location that rendered the service

8. Service

- a. Displays the Procedure Code and the name of the service

9. Program

- a. Displays the Program Type of the Service Activity

10. Claim Submission Date

- a. Displays the date that the Service Activity was Submitted to MMIS

11. Claim ICN

- a. Displays the ICN assigned to the claim from MMIS

12. Claim Type

- a. Displays the whether the claim was **Original** or **Adjusted**

13. Claim Status

- a. Displays the status of the claim as of the current system date

14. Cost to Care

- a. Displays the Cost to Care value of the DDA service
- b. blank for non-DDA services

15. Net Paid Amount

- a. Displays the Net amount that is paid for the claim

16. Net Billed Amount

- a. Displays the Net amount that is billed for the claim

17. Net Units

- a. Displays the total Net units for the claim

18. Total Paid Amount

- a. Displays the total amount that is paid for the claim

19. Total Billed Amount

- a. Displays the total amount that is paid for the claim

20. Total Units

- a. Displays the total units for the claim

21. Claim Denial Reason

- a. Displays any possible Denial reason or comments from MMIS

22. Claim Comments

- a. Displays any comments regarding system adjustments to the claim

23. Requested Adjustment

- a. Displays if the claim has had an adjustment.

15.6 Remittance Advice Report

The intent of the Remittance Advice Report is so that users may view the details of 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.

As a “Nightly” report, the values in the report reflect the data that was captured in the system as of the previous day.

15.6.1 User Roles

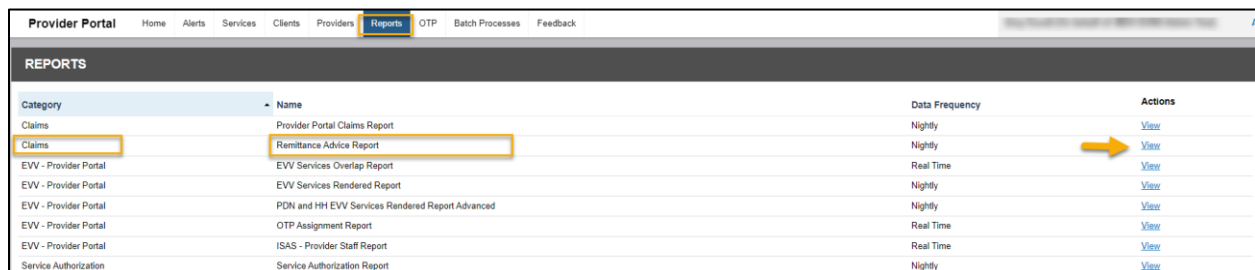
This report can be viewed and exported by the following users:

Provider user roles, restricted to Client records where their Location has been authorized as Provider for a service:

- Admin Provider of a PDN Provider Location
- Billing Provider of a PDN Provider Location
- Admin Provider of a HHA Provider Location
- Billing Provider of a HHA Provider Location

15.6.2 Inputs

1. From the **Reports** tab in *Provider Portal*, select **Category, Claims**.
2. Select **View** from the Actions column of the **Remittance Advice Report**.



Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
Service Authorization	Service Authorization Report	Nightly	View

3. Users may filter the data that they would like to view by making selections for the following input parameters:

The screenshot shows a web-based search form for claims. It is organized into two main columns. The left column contains: 'Filter By' (dropdown), 'RA Year' (dropdown), 'Service Date From (mm/dd/yyyy)' (text input with a NULL checkbox), 'Agency Name/FEIN' (text input), 'Service Category' (dropdown), 'Claim Status' (dropdown), 'Client Name' (text input), and 'Report Output' (dropdown). The right column contains: 'RA No' (text input), 'RA Date' (dropdown), 'Service Date To (mm/dd/yyyy)' (text input with a NULL checkbox), 'Provider Locations' (dropdown), 'Service' (dropdown), 'Client ID/MA#' (text input), and 'Client SSN' (text input). A 'View Report' button is located in the top right corner. Numbered callouts (1-15) are placed over the form elements to identify them for the legend.

1. **Filter By**
 - a. Report filter that allows the user to search claims by
 - **RA No**
 - **RA Date**
 - **Service Dates**
2. **RA No**
 - a. Queries claims by the Remittance Advice #
 - b. exact match search
 - c. required entry if **RA No** is selected in the **Filter By** input
3. **RA Year**
 - a. Drives the options available for the **RA Date** input based on the RA Dates available within the selected year
 - b. required entry if **RA Date** is selected in the **Filter By** input
4. **RA Date**
 - a. Queries claims by the Date that RAs are processed (each Wednesday of the month)
 - b. Dynamically displays available Dates within the RA Year that is selected
 - c. required entry if **RA Date** is selected in the **Filter By** input
5. **Service Date From**
 - a. Queries Claims where the Service date is equal to or after the date selected
 - b. Defaults to the current system date
 - c. required entry if **Service Date** is selected in the **Filter By** input
6. **Service Date To**
 - a. Queries Claims where the Service date is equal to or before the date selected
 - b. Defaults to the current system date
 - c. required entry if **Service Date** is selected in the **Filter By** input
7. **Agency Name/FEIN**
 - a. Displays the Agency Name of the user's associated Agency for Provider user roles
8. **Provider Locations**
 - a. Displays the Provider Locations to which the Provider user is authorized
 - b. Queries Claims based on the Provider Location that rendered the service
 - c. Defaults to **Select All**
9. **Service Category**
 - a. Drives the options available for the **Service** input
10. **Service**
 - a. Queries Claims based on the type of Service
 - b. Dynamically displays options based on the **Service Category** selected
 - c. If Service Category **PDN** is selected, then the following options will display:
 - **HHA-CNA-1 Participant**

- HHA-CNA-2 or more Participants
 - HHA-CNA/CMT-1 Participant
 - HHA-CNA/CMT-2 or more Participants
 - LPN-1 Participant
 - LPN-2 or more Participants
 - RN-1 Participant
 - RN-2 or more Participants
- d. If Service Category **HH** is selected, then the following options will display:
- Home Health Aide
 - Physical Therapy
 - Occupational Therapy
 - Speech Pathology
 - Skilled Nursing
- e. Defaults to **Select All**
11. **Claim Status**
- a. Queries Claims based on its status as of the current system date
12. **Client ID/MA #**
- a. exact match search by LTSS ID and/or Medicaid #
- b. Queries Claims based on the Client that received the service
13. **Client Name**
- a. exact match search
- b. Queries Claims based on the Client that received the service
14. **Client SSN**
- a. exact match search by SSN #
- b. Queries Claims based on the Client that received the service
15. **Report Output**
- a. Options to for different views of the Report data
- Summary Report
 - Detail Report

15.6.3 Outputs for Summary Report

Once all desired inputs have been selected for Report Output **Summary Report** and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/7/2022 3:30:33 PM

Remittance Advice Summary Report

Search Criteria:

Filter By: RA Date
RA No: N/A
RA Year: 2022
RA Date: July 02, 2022; June 25, 2022; June 18, 2022; June 11, 2022; June 04, 2022; May 28, 2022; May 21, 2022; May 14, 2022; May 07, 2022; April 30, 2022; April 23, 2022; April 16, 2022; April 09, 2022; April 02, 2022; March 26, 2022; March 19, 2022; March 12, 2022; March 05, 2022; February 26, 2022; February 19, 2022; February 12, 2022; February 05, 2022; January 29, 2022; January 22, 2022; January 15, 2022; January 08, 2022; January 01, 2022
Service Date From: N/A
Service Date To: N/A
Agency Name/FEIN: Home
Provider Locations: ☒ 1420 Locations were selected in the input, click + to see all
Service Category: ISAS
Service: Daily Personal Assistance - Shared Attendant - W5533; Daily Personal Assistance - Shared Attendant - W5535; Daily Personal Assistance - W5532; Personal Assistance — Shared Attendant - W5521; Personal Assistance — Shared Attendant - W5528; Personal Assistance — Shared Attendant - W5532; Personal Assistance Agency - W5519; Personal Assistance Agency - W5527
Claim Status: Paid; Rejected
Client ID/MA#:
Client Name:
Client SSN#:
Report Output: Summary Report

Total Records: 3,160

RA No ¹	RA Date ²	Agency Name ³	Provider # ⁴	Provider FEIN ⁵	Provider Name ⁶	Paid Amount ⁷	Rejected Amount ⁸
054091	05/11/2022					\$22,368.02	\$0.00
923800	01/26/2022					\$24,144.27	\$0.00
027331	04/20/2022					\$2,787.65	\$0.00

1. **RA No**
 - a. Displays the Remittance Advice # for the group of paid claims for the Provider
 - b. Hyperlink invokes a new tab to the Detail Report view
2. **RA Date**
 - a. Displays the date that the RA was distributed to the Provider
3. **Agency Name**
 - a. Displays the name of the Agency of the Provider Location that rendered the service
4. **Provider #**
 - a. Displays the # of the Provider Location that rendered the service
5. **Provider FEIN**
 - a. Displays the Agency's FEIN number of the Provider Location that rendered the service
6. **Provider Name**
 - a. Displays the name of the Provider Location that rendered the service
7. **Provider #**
 - a. Displays the # of the Provider Location that rendered the service
8. **Paid Amount**
 - a. Displays the total amount **Paid** to the Provider for the RA
9. **Rejected Amount**
 - a. Displays the total amount **Rejected** and not paid to the Provider for the RA

15.6.4 Outputs for Detail Report

Once all desired inputs have been selected for Report Output **Detail Report** and the user selects **View Report** or selected the **RA No** hyperlink from the **Summary Report**, then they will view the following output columns:

Service Date ¹	Client Id ²	Client MA# ³	Client Name ⁴	Agency Name ⁵	Provider # ⁶	Provider Name ⁷	Provider Address ⁸	Service ⁹
04/28/2022							PIKESVILLE, MD 21208	Personal Assistance Agency - W5519
05/03/2022							PIKESVILLE, MD 21208	Personal Assistance Agency - W5519

Program ¹⁰	RA NO ¹¹	RA Date ¹²	Claim Submission Date ¹³	Claim ICN ¹⁴	Claim Type ¹⁵	Claim Status ¹⁶	Cost To Care ¹⁷	Net Paid Amount ¹⁸
CFC	054091	05/11/2022	04/30/2022	32212200001064450	Original	Paid		\$205.35
CFC	054091	05/11/2022	05/04/2022	32212500001059230	Original	Paid		\$143.75

Net Billed Amount ¹⁹	Net Units ²⁰	total Paid Amount ²¹	total Billed Amount ²²	total Unit ²³	Claim Denial Reason ²⁴
\$205.35	40	\$205.35	\$205.35	40	
\$143.75	28	\$143.75	\$143.75	28	

1. **Service Date**
 - a. Displays Date of Service
 - b. Hyperlink invokes a new tab to the Service Activity Details
2. **Client ID**
 - a. Displays the LTSS ID of the Client who received the service
3. **Client MA #**
 - a. Displays the Medicaid number of the Client who received the service
4. **Client Name**
 - a. Displays the name of the Client who received more than one service at the same time
 - b. Hyperlink invokes a new tab to the Client Profile in PP
5. **Agency Name**
 - a. Displays the name of the Agency of the Provider Location that rendered the service
6. **Provider #**
 - a. Displays the # of the Provider Location that rendered the service
7. **Provider Name**
 - a. Displays the name of the Provider Location that rendered the service
8. **Provider Address**
 - a. Displays the Remittance/Check Address of the Provider Location that rendered the service
9. **Service**
 - a. Displays the name of the service and the procedure code
10. **Program**
 - a. Displays the Program Type of the claim
11. **RA No**
 - a. Displays the Remittance Advice # for the group of paid claims for the Provider
 - b. Hyperlink invokes a new tab to the Detail Report view
12. **RA Date**

- c. Displays the date that the RA was distributed to the Provider
- 12. **Claim Submission Date**
 - a. Displays the date that the Service Activity was Submitted to MMIS
- 13. **Claim ICN**
 - a. Displays the ICN assigned to the claim from MMIS
- 14. **Claim Type**
 - a. Displays the whether the claim was **Original** or **Adjusted**
- 15. **Claim Status**
 - a. Displays the status of the claim as of the current system date
- 16. **Cost to Care**
 - a. Displays the Cost to Care value of the DDA service
 - b. blank for non-DDA services
- 17. **Net Paid Amount**
 - a. Displays the Net amount that is paid for the claim
- 18. **Net Billed Amount**
 - a. Displays the Net amount that is billed for the claim
- 19. **Net Units**
 - a. Displays the total Net units for the claim
- 20. **Total Paid Amount**
 - a. Displays the total amount that is paid for the claim
- 21. **Total Billed Amount**
 - a. Displays the total amount that is paid for the claim
- 22. **Total Units**
 - a. Displays the total units for the claim
- 23. **Claim Denial Reason**
 - a. Displays any possible Denial reason or comments from MMIS

15.7 ISAS Provider Staff Report

The intent of the ISAS Provider Staff Report is so that users may view Provider Locations, their associated Staff Providers, and their Call Transactions.

As a “Real-Time” report, the values in the report reflect the data that was captured in the system as of the current system date and time.

15.7.1 User Roles

This report can be viewed and exported by the following users:

Provider user roles, restricted to Client records where their Location has been authorized as Provider for a service:

- Admin Provider of a PDN Provider Location
- Billing Provider of a PDN Provider Location
- Admin Provider of a HHA Provider Location
- Billing Provider of a HHA Provider Location

15.7.2 Inputs

1. From the **Reports** tab in *Provider Portal*, select **Category, EVV-Provider Portal**
2. Select **View** from the Actions column of the **ISAS Provider Staff Report**.

Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Overlap Report	Real Time	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View
EVV - Provider Portal	PDN and HH EVV Services Rendered Report Advanced	Nightly	View
EVV - Provider Portal	OTP Assignment Report	Real Time	View
EVV - Provider Portal	ISAS - Provider Staff Report	Real Time	View
Service Authorization	Service Authorization Report	Nightly	View

3. Users may filter the data that they would like to view by making selections for the following input parameters:

From Date (mm/dd/yyyy) 1 /7/2022 12:00:00 AM To Date (mm/dd/yyyy) 2 /7/2022 12:00:00 AM

Agency 3 Provider Number 4 All Locations

[View Report](#)

1. **From Date**
 - a. Queries Service Activities where the Service date is equal to or after the date selected
 - b. Defaults to the current system date
2. **To Date**
 - a. Queries Service Activities where the Service date is equal to or before the date selected
 - b. Defaults to the current system date
3. **Agency Name/FEIN**
 - a. Displays the Agency Name of the user's associated Agency for Provider user roles
4. **Provider Number**
 - a. Displays the Provider Locations to which the Provider user is authorized
 - b. Queries Service Activities based on the Provider Location that rendered the service
 - c. Defaults to **Select All**
 - d. Queries Claims based on the Client that received the service

15.7.3 Outputs

Once all desired inputs have been selected and the user selects **View Report**, then they will view the following output columns:

Date Created: 7/7/2022 4:34:03 PM

ISAS - Provider Staff Report

Total records returned: 92514

Provider Name ¹	Provider Number ²	Staff Name ³	Used ISAS? ⁴	Number of Manual Call Transactions ⁵	Total Points ⁶	Most Recent Call Date ⁷
		Edwards	Yes	5	N/A	10/02/2022
		Brownlee	Yes	1	2	07/02/2022

1. Provider Name

- a. Displays the name of the Provider Location that rendered the service within the report date range

2. Provider Number

- a. Displays the # of the Provider Location that rendered the service within the report date range

3. Staff Name

- a. Displays the name of the Staff that is rendering services within the report date range

4. Used ISAS?

- a. Displays whether the Staff uses the Call Transaction/IVR system within the report date range

5. Number of Manual Call Transactions

- a. Displays the amount of Call Transactions/IVR/App entries by the Staff within the report date range


6. Total Points

- a. Displays the sum of points within Service Activities completed by the Staff Provider within the report date range.

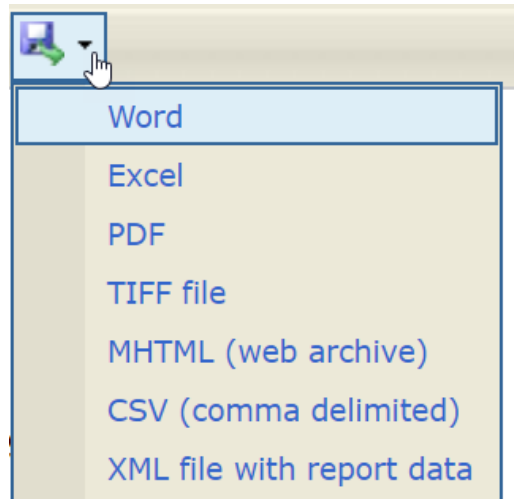
7. Most Recent Call Date

- a. Displays the date of the most recent call (using telephone or mobile app) completed by the Staff Provider within the report date range

15.8 Export Report Output

Providers can download the output of any report by selecting the  icon in the navigation bar. The following export options are available:

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



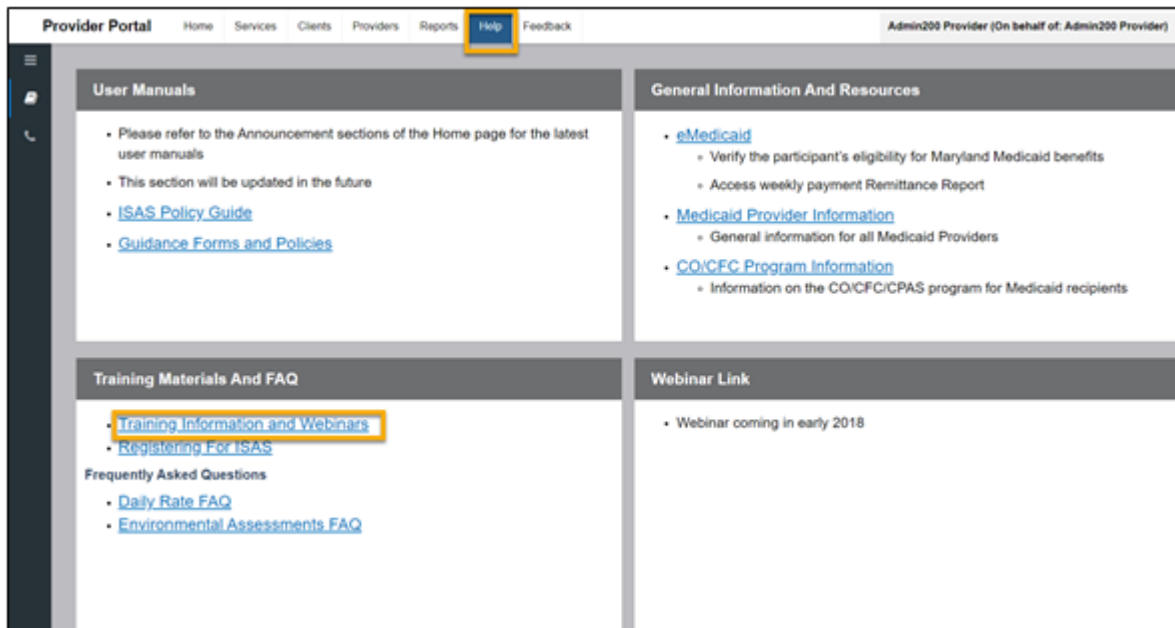
NOTE: It is recommended that the Excel option is utilized for best formatting view and ability to modify for external use.

Appendix A Help


The help tab on the top menu contains links for webinars and documents related to Frequently Asked Questions for different programs and service types.

To access training documents,

1. Select **Help** tab on the top menu
2. System displays the Training page
3. Click on “Training Information and Webinars” link to access training materials



To access contact details of Helpdesk

1. Select **Help** tab on the top menu
2. Select the **Contacts**  icon on the left navigation panel view Contacts

Provider Portal Home Services Clients Providers Reports **Help** Feedback Admin200 Provider (On behalf of: Admin200 Provider)

MDH ISAS DIVISION

MDH ISAS Division Phone: 1-410-767-1719

MDH Email Address: mdh.isashelp@maryland.gov

Contact for assistance on the following:

ISAS Policy Questions

ISAS Payment Issues

*Due to high volume of issues, please either send an email or leave voicemail

ISAS HELPDESK CONTACT

ISAS Helpdesk Phone: 1-855-463-5877

ISAS Email Address: isashelpdesk@itssmaryland.org

Hours: Monday - Friday: 6 AM - 8 PM excluding state holidays

Contact for assistance on the following:

New Accounts & Passwords Issues

Technical Issues

Website Navigation Assistance

MDH CO AND CFC UNIT

MDH CO and CFC Unit Phone Number: 410-767-1739

Email: mdh.coprovers@maryland.gov

DDA SERVICE DESK

DDA Service Desk Phone Number: 410-767-0747

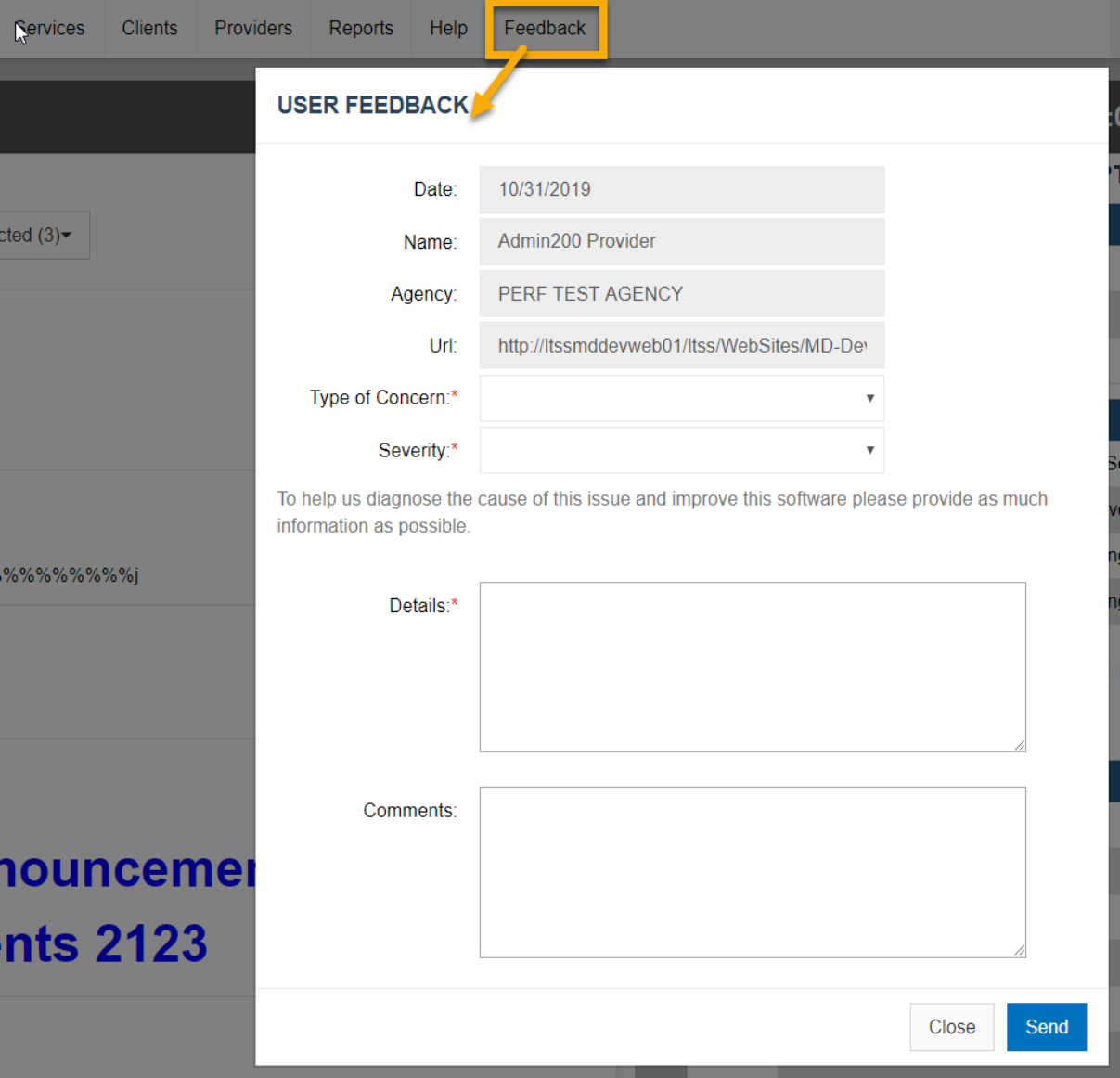
Email: servicedesk.dda@maryland.gov

Appendix B Reporting Technical Issues

Feedback tool is feature in Provider Portal that allows Providers to submit helpdesk tickets for technical issues and questions they have in the system.

Whenever you encounter a system issue or have a question while using the system,

1. Click on Feedback option in the top menu



USER FEEDBACK

Date: 10/31/2019

Name: Admin200 Provider

Agency: PERF TEST AGENCY

Url: http://ltssmddevweb01/ltss/WebSites/MD-De

Type of Concern:*

Severity:*

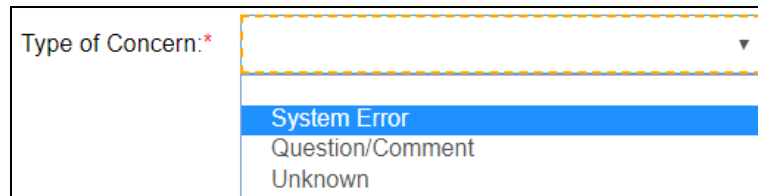
To help us diagnose the cause of this issue and improve this software please provide as much information as possible.

Details:*

Comments:

Close Send

2. Choose the type of concern and severity of the issue



The image shows a web form with a label 'Type of Concern:' followed by a red asterisk. To the right is a dropdown menu. The menu is open, showing three options: 'System Error' (highlighted in blue), 'Question/Comment', and 'Unknown'. The dropdown menu has a dashed orange border.

3. Add details describing the issue or the feature you are requesting. If the ticket is for an issue that you have, list the steps that you took until the issue occurs. This will assist helpdesk users to replicating the same issue from their end
4. Add additional comments, if needed

Note: Providers can log a ticket from any page in Provider Portal by simply clicking on the Feedback option.