



Autism Waiver Agency Provider System
Reference and Policy Guide

Version: 1.1

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Common Terms

Adjustment	This falls under the Service Modification (SM) umbrella, when a service needs to be edited or an additional service needs to be added to a service date and there is a closed claim for that date, the agency will need to adjust the claim to submit the edit or new service by submitting an adjustment.
Admin Provider	The admin provider role is used by agency administrators. This role can create and edit staff profiles and manage all billing functions. The admin provider is able to add additional admin providers.
Agency Provider	An organization that employs and manages staff providers for the purpose of providing services to people who need assistance with Activities of Daily Living (ADLs).
Billing Provider	The billing provider role is used to manage billing. Billing providers are not able to create or edit staff profiles. This role is assigned by the admin provider.
Claim	A combination of one or more services bundled together based on shared agency provider number, participant Medicaid (MA) number, procedure code, and date of service. Services are bundled into claims and submitted to MMIS nightly.
DSP/Staff Provider	The staff provider (DSP) administers services to the participant according to the POC. The staff provider/DSP must clock in and out for every service provided using the EVV Mobile app or IVR telephone system if the app is not unavailable.
EVV	Federal law requires that Maryland use electronic visit verification (EVV) to verify data elements for certain services. EVV refers to technology that electronically verifies that services are delivered at the right time, to the right place for the right person.
EVV Mobile App	A mobile application used by staff providers/DSPs to clock in and out for EVV services.
IVR Telephone System	A telephone based call-in/clock-out system. While the EVV app is the preferred method, the IVR call-in system is an option when the app is not available.

Missing Time Request	This falls under the Service Modification (SM) umbrella and occurs when a agency needs to submit a manual clock in and/or out and there is no claim for the date of service
MMIS	Medicaid Management Information system (MMIS). MMIS is the state’s Medicaid claims payment system.
OTP Device	A One Time Passcode Device (OTP) is a time-synchronized device issued to some participants for use with clocking in and out.
Participant / Client	Refers to the person that is receiving services from an agency according to an active POC
Proc Codes	Medicaid waiver service billing code
Provider Portal	The Provider Portal (PP) is the LTSS <i>Maryland</i> billing management module for agency providers giving services in specific Home and Community Based Service (HCBS) programs.
Remittance Advice (RA)	<ul style="list-style-type: none"> ■ A report of Medicaid claims payments (and rejections). ■ RA Number is the check number for the RA payment. This comes from Medicaid. ■ RA Date is the date on which the payment was completed in the Medicaid system. The provider agency will receive the payment sometime shortly after this date.
Service	A complete shift created when a staff provider/DSP clocks in and out
Service Modification	A Service Modification (SM) occurs any time a service needs to be manually entered, edited or voided. A modification can be submitted as a new service, as an edit to an existing service, or as an edit to a service with an associated claim. All SM’s must reflect the EXACT date, time and reason for the modification. All modifications submitted that do not reflect accurate information can be considered fraudulent billing.

1. Getting Started with the Provider Portal

The Provider Portal

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

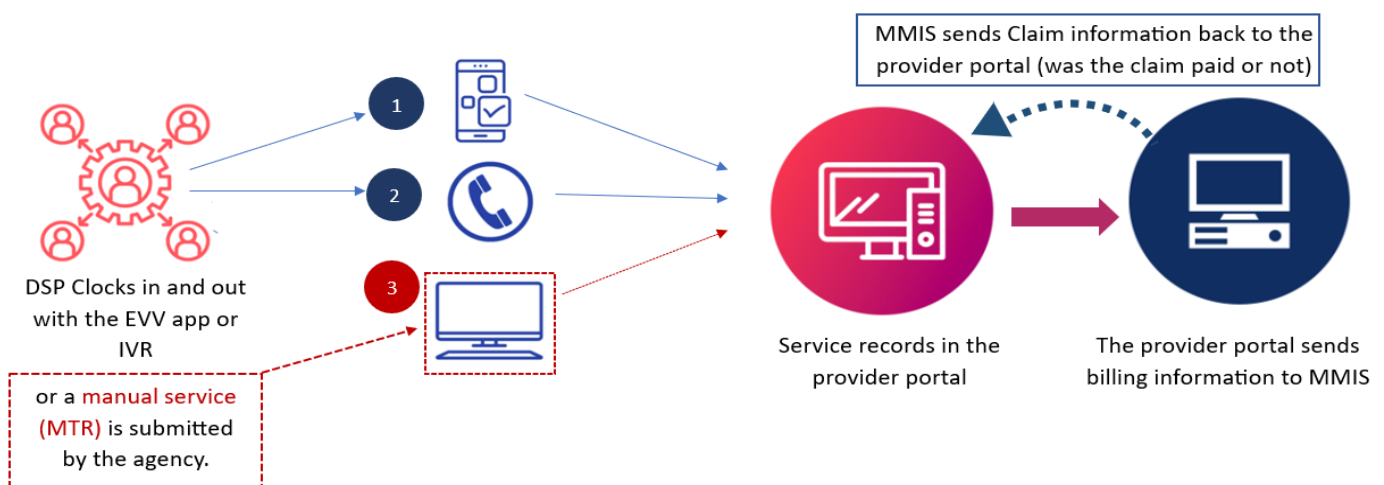
- Manage Clients
- Manage Staff
- Manage Services Provided
- Manage Billing
- Manage Claims

The Provider Portal works in conjunction with the Medicaid Management Information system (MMIS). MMIS is the state's Medicaid claims payment system. PP integrates directly with MMIS and serves as an administration and billing tool for services rendered by Providers who are associated with Long Term Care Agencies within the state of Maryland.

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 administers the billing process in Provider Portal to facilitate and monitor the services and claims of the Providers.

How the Provider Portal Works with Other Systems: Infographic



Registering for the Provider Portal

IMPORTANT: LTSS*Maryland* and Provider Portal users **must not** share login credentials. Each user needs their own username and password.

Steps for adding a new user to the system:

1. A new user, John Smith, joins an agency.
2. Admin Provider enters staff profile for John Smith in LTSS.

When setting up a new staff profile within LTSS*Maryland*, Administrators will check the 'Allow login' box as seen in the Figure 1 below, create a login name for their staff and reenter the login email that should match the email address provided in the beginning of the staff profile.

Login Information

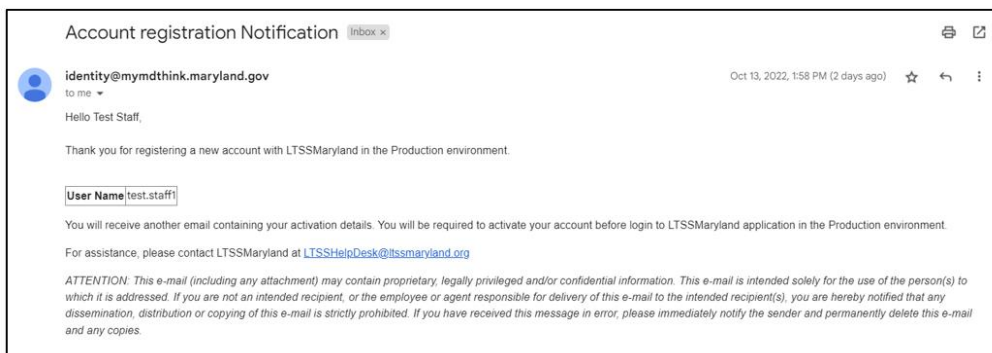
Allow login

Login Name: *

Login Email: *

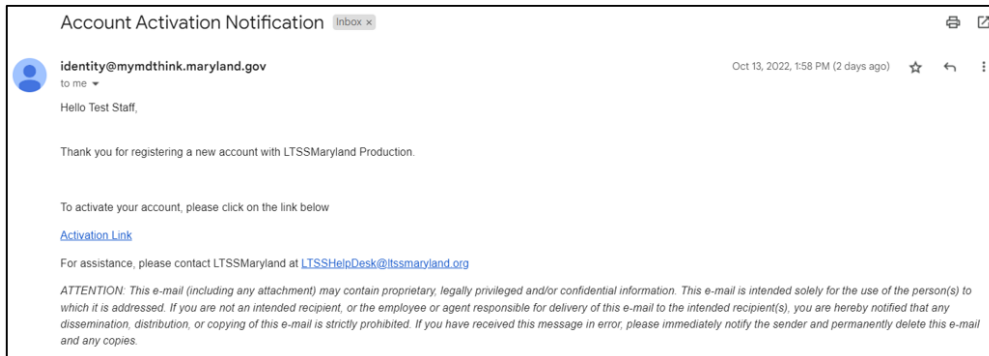
LTSS*Maryland* will automatically verify that the login name provided is unique within the system, and if not, will prompt the user with an error. Login names should be created by the system using a standard naming convention and pre-populate automatically.

3. Supervisor informs John Smith of the newly created user ID
Note: Previously Administrators had to first fill in the primary sections of the staff profile and then contact the Help Desk to request a login name and password setup for that staff. Changes have been made so that going forward, this will no longer be necessary.
4. John Smith will receive two separate emails for **account registration notification** and **account activation notification**. The first email received by the new staff will be an account registration notification. This informs the staff that they have been registered with LTSS*Maryland* and provided them with their user name/login name to be used when logging into the LTSS*Maryland* system.



The second email received by the new staff will be the account activation notification. This email

provides the staff with an activation link that can be used to direct them to LTSSMaryland, where they can set up their password.



5. After clicking the activation link, the user will be presented with the password setup page.

The system requires specific criteria when setting up a new password, as seen in the screenshot below. If the proper criteria are not entered, the user will be presented with an error message letting them know which criteria they failed to meet. For security purposes, the password cannot contain the username.

- At least 14 characters and no more than 20
- At least two (2) Upper Case letters
- At least two (2) Lower Case letters
- At least two (2) Numbers
- At least two (2) Special Character (Example: %, #, !, >)
- No spaces

Passwords cannot be re-used and should not be shared. A password change will be required every 60 days.

Maryland.gov

myMDTHINK Account Activation

Password Policy Rules

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

- a. Uppercase letters.
- b. Lowercase letters.
- c. Numbers.
- d. Special characters. (-!@#\$\$%^*_+=[\]{}|;:?,.)

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

Email/Username:*

Enter New Password:*

[Show/Hide Password](#)

Confirm Password:*

[Show/Hide Password](#)

Submit

6. After successfully setting up a password, the user will receive the confirmation message seen in the figure below. Click the 'Sign In' button to proceed to the LTSSMaryland login page.

myMDTHINK Account Activated

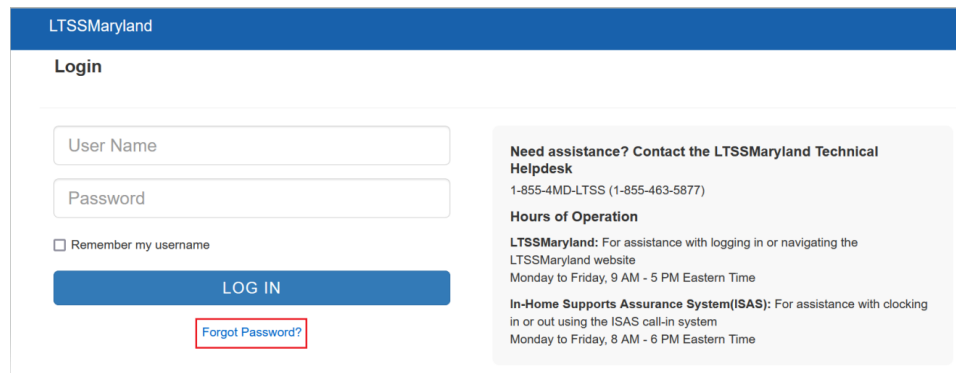
Congratulations! your email account has been activated. Please click the Sign In button below to access your LTSSMaryland application Page.

Sign In

Accessing Provider Portal Online

1. Access Provider Portal at: <https://ltss.health.maryland.gov>
2. To log into *LTSSMaryland*, enter the username that was provided in your account registration notification email. Then enter the unique password that you set up during your activation process. Click the “Sign In” button to enter the *LTSSMaryland* system.

NOTE: In the event you incorrectly enter your login information three times, your account will be locked. You should use the Forgot Password link on the login page. For assistance please reach out to the Helpdesk: 1-855-463-5877.



LTSSMaryland

Login

User Name

Password

Remember my username

LOG IN

[Forgot Password?](#)

Need assistance? Contact the LTSSMaryland Technical Helpdesk
1-855-4MD-LTSS (1-855-463-5877)

Hours of Operation
LTSSMaryland: For assistance with logging in or navigating the LTSSMaryland website
Monday to Friday, 9 AM - 5 PM Eastern Time
In-Home Supports Assurance System (ISAS): For assistance with clocking in or out using the ISAS call-in system
Monday to Friday, 8 AM - 6 PM Eastern Time

3. New users will be prompted to read and accept the Terms and Conditions when logging in for the first time.
4. Log in to *LTSSMaryland* where the system will pre-populate your username and agency.
 - Some MDH users will be authorized to delegate as other users and can do so by entering the desired user’s 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

5. Click on **Login** to enter the *LTSSMaryland* system.
6. From the **Account** option in the top navigation, select **Go to Provider Portal**



Navigating Provider Portal

Along the top panel of the LTSS Provider Portal are the following menu options:

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

Tab	Functions
Home	<ul style="list-style-type: none"> Displays announcements from MDH and pending tasks for the MDH and the Provider Agencies
Alerts	<ul style="list-style-type: none"> Displays notifications for users which may include New POCs, POC updates and DSP EVV Application access requests
Services	<ul style="list-style-type: none"> All services entered into the provider portal either by the EVV App. or The IVR telephone system will be located in this tab. The user can also submit Service modifications and resolve exceptions in this tab.
Clients	<ul style="list-style-type: none"> The user can access client information including POC information and service start and end dates
Providers	<ul style="list-style-type: none"> The user can review staff profiles and users with admin provider accounts can create and edit staff profiles and allow DSP access to the EVV App.
Reports	<ul style="list-style-type: none"> The user can view and download daily monitoring and billing reports
Help	<ul style="list-style-type: none"> Links to training material, FAQs, and important phone numbers
Feedback	<ul style="list-style-type: none"> The feedback tab allows the user to give feedback to the ISAS technical helpdesk. This tab is generally used for reporting errors the user may encounter while navigating the system or for questions/ comments the user has about their experience using the system. <p>Feedback only goes to the technical helpdesk and the feedback tool should not be used to request information about billing or program-specific policies or procedures.</p>

Home Page

The home page is the default page that displays upon navigation to the Provider Portal. Here you can view announcements from MDH and pending tasks for the MDH and the Provider Agencies.

Announcements

The **ANNOUNCEMENTS** title is located on the left side of the page. Here, users will view important communications from MDH.

ANNOUNCEMENTS Recent Archived

Announcement Category: All selected (3) Filter:

12/22/21 All Providers

(IMPORTANT) Pay Schedule Change Due to Christmas/New Years (2021.12.22)

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
 - **AW:** Announcements applicable to Provider Portal users for Autism Waiver services
2. The filter option allows the user to enter keywords 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.

ANNOUNCEMENTS Recent Archived

Announcement Category: All selected (3) Filter:

Actions Required

The **Actions Required** panel populates by default upon logging into Provider Portal. This section of Provider Portal provides a comprehensive overview of service activities that are pending action.

When an EVV Service Activity has gone through the validation process and is found to contain Exceptions, it will be included in the Counts by **Exception Type** in the **Actions Required** list on the Home Page.

The list is divided into:

- 1) Exceptions MDH is responsible for resolving
- 2) Exceptions the Provider is responsible for resolving

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

ACTIONS REQUIRED	
▼ RESOLVE BY MDH (AS OF 04/19/2023 11:30 AM)	
▼ EVV SERVICES	
Exception Type	Counts
▶ Client Ineligible for Medicaid	0
▶ Client ineligible for Medicaid but has active waiver program in MMIS	0
▶ Client ineligible for program	0
▶ Client Overlap - Different Program	1
▶ Client POC has no AW service	0
▶ Contact MDH ISAS	0
▶ No submitted POC found for Client	0
▶ Provider not authorized for the service	2
▶ Staff Overlap - Different Provider	0

To be Resolved by MDH

- 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

▼ RESOLVE BY PROVIDER (AS OF 04/19/2023 11:30 AM)

▼ EVV SERVICES

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

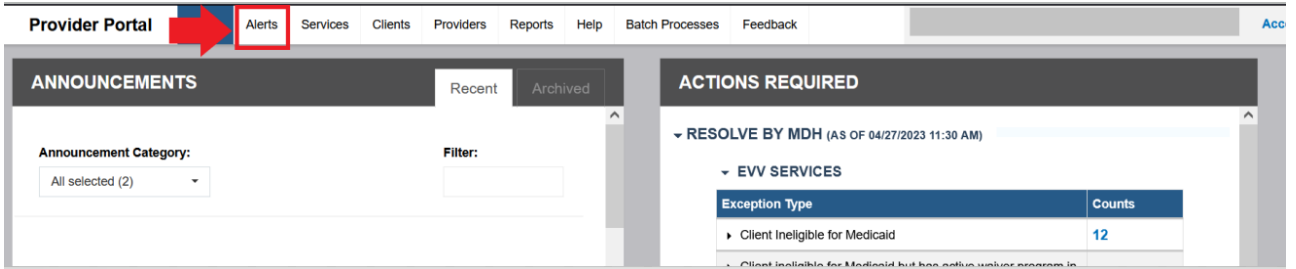
Alerts Tab

The **Alerts** page displays notifications for users which may indicate further actions necessary.

View Alerts

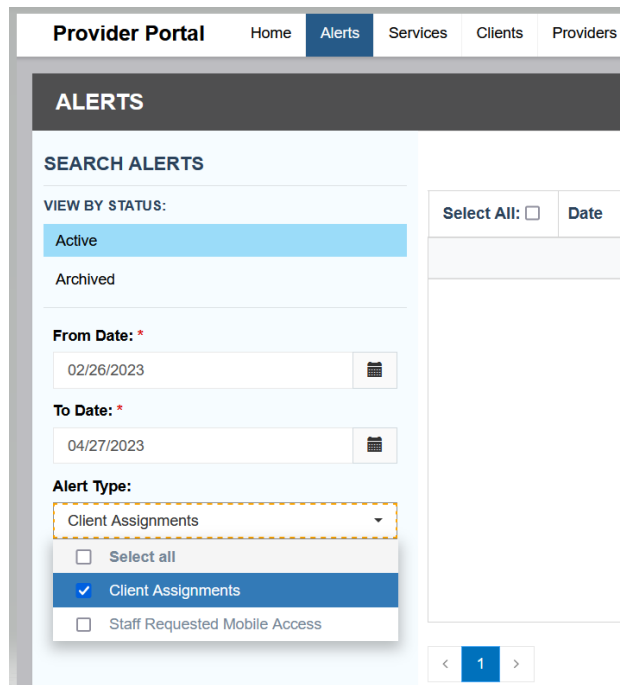
To access alerts:

As an *Admin Provider* or *Billing Provider* for an AW service provider Location, select the **Alerts** tab in the top navigation.



Client Assignment Alerts

View **Alert Type**, **Client Assignments** to view the message that will outline the client, service, and its span.



View Authorized POC

From the alert message, the user may select **Action**, then **Details** where they will be redirected to the **Client Profile > Service Plans** view in Provider Portal.

The screenshot shows the 'Alerts' page in the Provider Portal. The top navigation bar includes 'Home', 'Alerts', 'Services', 'Clients', 'Providers', 'Reports', 'Help', and 'Feedback'. The user is identified as 'Amy Duvall (On behalf of: PDN Test)'. The main heading is 'ALERTS'. On the left, there is a 'SEARCH ALERTS' section with filters for 'VIEW BY STATUS:' (Active, Archived), 'From Date:' (04/30/2022), 'To Date:' (06/29/2022), and 'Alert Type:' (All selected (3)). The main table displays alerts with columns for 'Select All', 'Date', 'Details', 'Type', and 'Actions'. The 'Actions' column contains a 'Details' button for each alert, which is highlighted with a yellow box and an arrow. The table shows several alerts, including 'Client Assignments' and 'Staff Requested Mobile Access'.

Archive Alerts

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

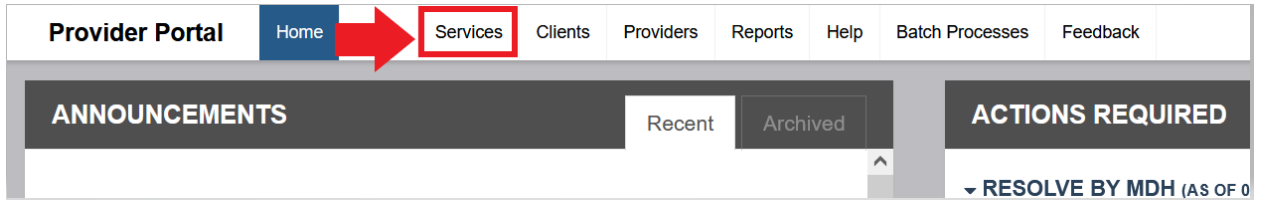
This screenshot shows the 'Alerts' page with the 'Archive Selected' button highlighted by a yellow arrow. The 'Active' status filter is also highlighted with a yellow box and an arrow. The table shows the same alerts as the previous screenshot, but the 'Archive Selected' button is now active, indicating that the selected alert has been moved to the 'Archived' status.

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

This screenshot shows the 'Alerts' page with the 'Archived' status filter selected in the 'VIEW BY STATUS:' section. The 'Active' filter is no longer selected. The table now only displays the alert that was previously archived, showing its date and details. The 'Archive Selected' button is no longer visible, as the alert is now in the 'Archived' view.

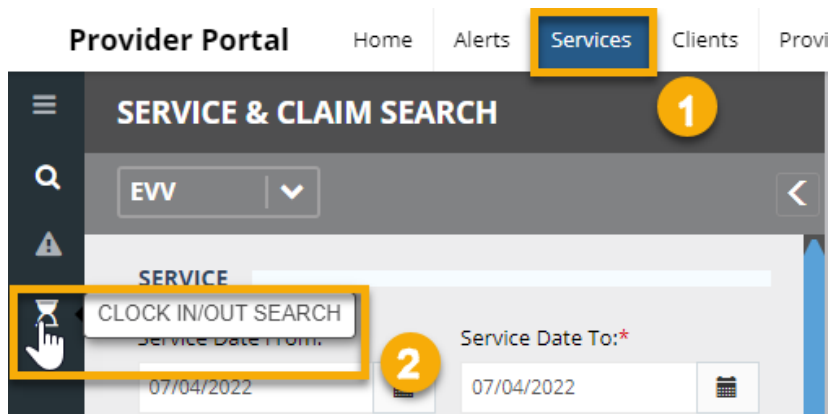
Services Tab

The **Services** tab in the Provider Portal can be used to search for specific services and claims. By selecting the **Services** tab in the top navigation menu, users will be prompted to enter service date, type, and status information to search for services. Users can also search for services with exceptions, or those that failed to pass the validation process.



Search - Clock-In / Clock Out by provider and staff

Users can search for EVV service clock in and outs that were created within the past 72 hours within the provider portal search tab. The user can use one of the following or a combination of the following parameter searches:



- 1) To navigate to the Search for Clock In/Outs for EVV Service Activities, select the Services tab.
- 2) To Search by Clock In/Out, click the hourglass icon in the left navigation bar
- 3) The Clock In/Out Search will appear.

The screenshot shows the 'CLOCK IN/OUT SEARCH' interface. At the top, there are navigation tabs: 'Home', 'Alerts', 'Services', and 'Client'. Below the title, there is a search icon and a warning icon. The main content area contains the following fields and options:

- PROVIDER** section:
 - Provider Name / #: Aut-Training Agency 1_SCALocation 0-786626001 (highlighted with a red box)
 - Staff Name: (empty text input)
 - Selected Staffs: All Staffs at Selected Locations (button)
- CLIENT** section:
 - Client ID/MA #: (empty text input)
 - Client Last Name: (empty text input)
 - Client First Name: (empty text input)

At the bottom, there is a 'Saved Search Filters' button and a 'Search' button (highlighted with a red box and a red arrow pointing to it).

4) The agency provider name and number will auto-populate.

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

Search - Clock-In / Clock Out by client

Search - Clock-In / Clock Out 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:
 - a. **Client ID/MA#** - Allows searching for services using Participant’s LTSS Client ID or MA#
 - b. **Client Last Name**
 - c. **Client First Name**

Provider Portal Home Alerts **Services** Client

CLOCK IN/OUT SEARCH

This search is to find the most recent clock-in/out (*with no built-in delays*). The search is limited to the past 72 hours

PROVIDER

Provider Name / #:
Aut-Training Agency 1_SCALocation 0-786626001

Staff Name:

Selected Staffs: **All Staffs at Selected Locations**

CLIENT

Client ID/MA #:

Client Last Name: Client First Name:

Saved Search Filters Reset **Search**

Search - Clock-In / Clock by Service and Clock In/Out Type

Clock In/Outs for services can be searched by using any of the below parameters in combination with the Provider fields:

- **Service Type** – allows users to filter for one or more specific service types. By default, all IISS and Respite service types are selected.
- **Clock In/Out Type** – allows users to search by the type of clock-in action. Defaults to Select All with individual options:
 - Clock In Only - will only display records with a start time, but no end time.
 - Clock Out Only - will only display records with an end time, but no start time
 - Both - will only display records which 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 as 1111111111) entered by the Provider Staff to clock in or out.

CLOCK IN/OUT

Service Type:

Clock In/Out Type:

Telephone Number:

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** - Last Name, First Name
- **Client Name** - Last Name, First Name
- **Client ID**
- **Service**
- **Service Status** - Workflow status of the service activity.
- **Start Time**
- **End Time**
- **Source** - The system will display Clock In – “Method”/ Clock Out “Method.”
- **OTP Used** – Indicates if One Time Passcode Device was used (Yes or No)
- **Actions** - The system will display the View button if the “Call Matching” job has run, otherwise the field will remain blank.

Sort By ▼

Download

Save Search

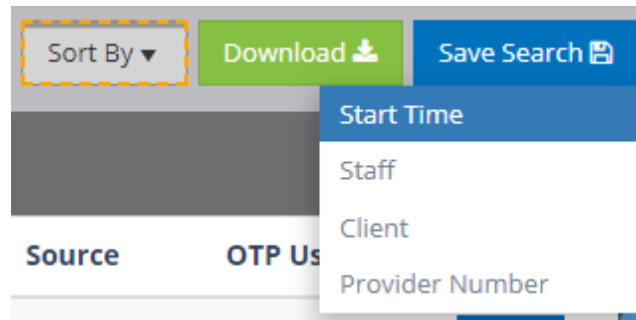
Clock In/Out Results - Total : 46

Client MA	Staff Name	Client Name	Client ID	Service Type							
Client MA	Staff Name	Client Name	Client ID	Service Type	New	07/25/2023 12:13 PM	--	Clock-In (240) 609-8860	Yes	View	
Client MA	Staff Name	Client Name	Client ID	Service Type	New	07/25/2023 12:09 PM	--	Clock-In (301) 693-2370	Yes	View	
Client MA	Staff Name	Client Name	Client ID	Service Type	New	07/25/2023 11:35 AM	--	Clock-In	No	View	
Client MA	Staff Name	Client Name	Client ID	Service Type	New	07/25/2023 11:16 AM	--	Clock-In (301) 707-1428	Yes	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).

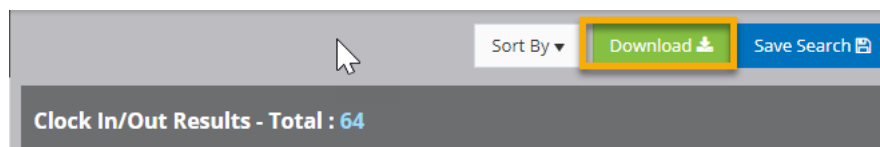
The user can also **Sort By**:



- **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)

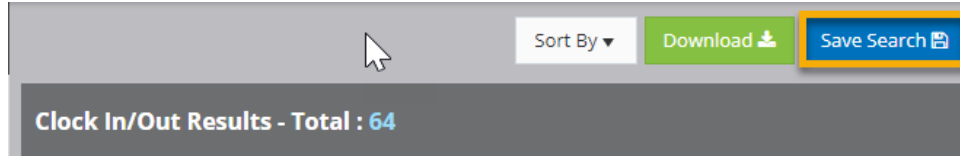
Results: Download

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.

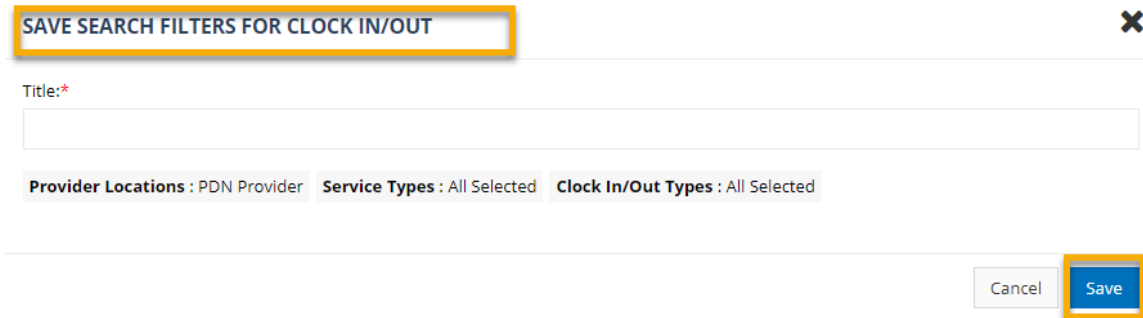


Results: Save Search

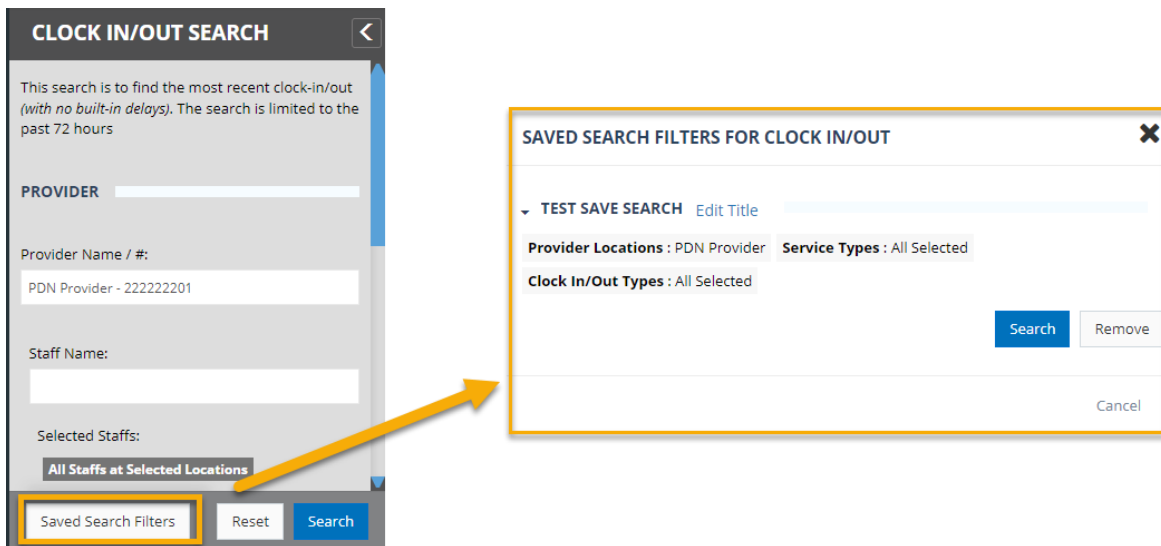
After a search has been performed based on selected parameters, when results are displayed, the user may decide that they wish to perform the same search at a future date (since the search only yields results for the last 72 hours).



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:



Service and Claim Search

Service Vs. Claim

- A **Service** is an individual service delivered to a participant.

- A **Claim** is a combination of one or more services bundled together based on shared agency provider number, participant Medicaid (MA) number, procedure code, and date of service. Services are bundled into claims and submitted to MMIS nightly.

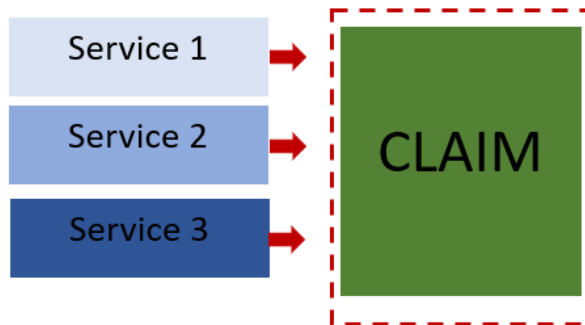
Service:

- 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 activity.”

Claim:

- One or more services that share the following information are bundled together during the nightly process to make a claim:
 - i. Date of Service
 - ii. Provider Number
 - iii. Client LTSS ID/ Client MA Number
 - iv. Service Type

Service- Claim example:



Service Details

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

Service Date:	CLAIM SUMMARY	CLIENT INFORMATION	PROVIDER INFORMATION
07/24/2023	Program Type: -- Claim #: -- Billing Week: 07/20/2023 - 07/26/2023 Services Rendered Report	Procedure Code: -- Total Paid: -- ID #:	Client Name: -- Primary Phone #: Provider #: Provider FEIN: MA #:

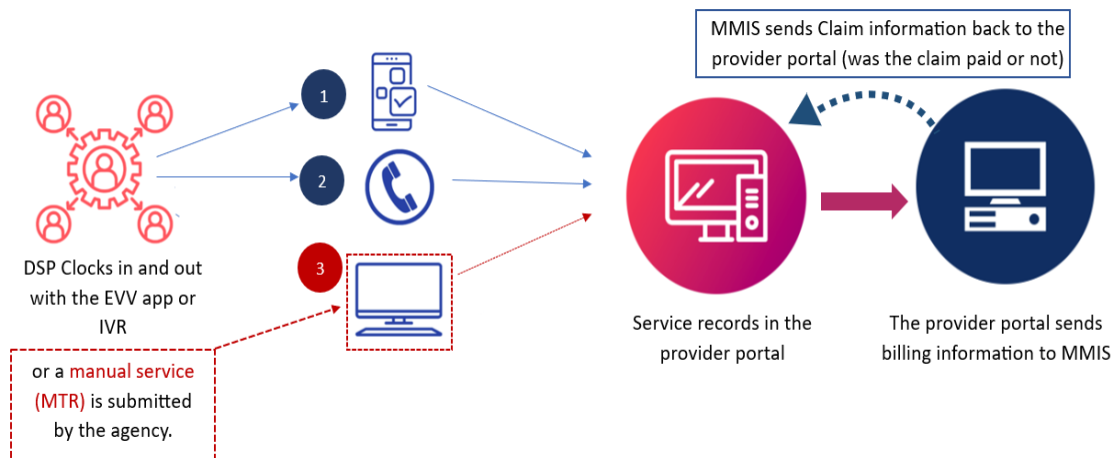
SERVICE	Status: New	Back to Summary
Start Time: --	End Time: 11:18 PM	<input type="checkbox"/> Next day Clock-out
Clock-in OTP: --	Clock-out OTP: 829584	Total Time: -- (0 units)
Clock In Phone #: --	Clock Out Phone #:	Exception Type(s): 1 Missing Clock-in
Reason for Manual Edit:	ISAS Staff Assigned:	
Staff Name:	Staff ID:	
Staff Phone:		
COMMENTS WORKFLOW HISTORY		
		Discard Edit

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.
- B. **Service Information** – This section includes all 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 Points, 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. **Comments** - Displays any comments regarding the activity.
- E. **Workflow History** - Displays a full history of the Actions and various status of the activity from start to end.

Claim Details

After a Service Activity has passed all validations and is in a “Ready” status, it will continue to the Claim validation/ generation process prior to being submitted to MMIS. Once The Provider Portal submits a validated claim to MMIS, then MMIS will complete its validations and report the claim status back to the provider portal. If the claim is approved for payment the MMIS will issue payment.



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**

CLIENT

Client ID/MA #:

Client Last Name: Client First Name:

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.

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 Last**
- **First Name**

Providers tab

System Roles

Admin Provider Role

The admin provider role is used by agency administrators. This role can create and edit staff profiles and manage all billing functions. The admin provider can add additional admin providers.

Billing Provider Role

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

Staff Provider Role

The staff provider must have a staff profile in order to use the EVV application and the IVR Telephone system. Agency administrators are responsible for entering accurate information into the staff profiles.

Additionally, agency administrators are required by the provider agreement to check the Federal List of Excluded Individuals and Entities (LEIE) as well as the State of Maryland Sanctioned Providers list prior to hiring Staff. You can find the links on the Medicaid Provider Information page. Staff providers do not have access to the Provider Portal.

How to Create Profiles

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

The screenshot shows the 'Provider Portal' interface with the 'Providers' tab selected. The left sidebar has a 'Staff' icon highlighted with an orange box. The main content area is titled 'STAFF SEARCH' and contains search fields for 'Date of Birth', 'SSN', 'Staff Last Name', and 'Staff First Name'. A 'STAFF RESULTS' column is visible on the right.

3. Click the "Create Staff" box to the upper right



4. Enter the required information on each screen clicking through with the "next" button
5. Choose the appropriate system user role from the drop-down menu under "Role(s)"
6. 'Review' and 'submit'

The screenshot shows a staff profile form with three sections: DEMOGRAPHICS, EMPLOYMENT, and CONTACT. Each section has an 'Edit' button in the top right corner.

DEMOGRAPHICS					Edit
Prefix:	First Name: Jane	Middle Name: M.	Last Name: Doe	Suffix:	
Gender:	SSN: 000 - 00 - 0000	Date of Birth: 07/26/1999	Fluent Language(s): Spanish	Other Language:	

EMPLOYMENT			Edit
Business Title: Staff Provider	Employment Type: Full Time	Staff Effective Start Date: 07/26/2023	

CONTACT			Edit
Type: Mobile	Phone #: (443) 999-9999 Primary	Phone Notes:	
Email Address: NotAvailable@gmail.com			

At the bottom of the form, there are buttons for 'Cancel', 'Previous', and 'Submit'.

Viewing and Editing Profiles

1. Go to the 'Provider' tab in the Provider Portal
2. Click the 'Staff' icon to the left.
3. Search for Staff

The screenshot shows a mobile application interface titled "STAFF SEARCH". On the left side, there is a vertical navigation bar with a "Staff" icon (a group of people) highlighted by an orange box. The main form contains several input fields: "Date of Birth:" with a calendar icon, "SSN:" with a calendar icon, "Staff Last Name:" (filled with "Doe"), "Staff First Name:" (filled with "Jane"), "Status:" (dropdown menu set to "All"), "Phone #:" (filled with "(555) 555-5555"), "Provider #:" (dropdown menu set to "All selected (3)"), "Provider Attribute:*" (dropdown menu set to "Personal Assistance Services - Agency"), and "Provider Role:" (dropdown menu set to "All selected (5)"). At the bottom right of the form, there are two buttons: "Reset" and "Search", with the "Search" button highlighted by an orange box.

4. Select 'Details' button to view Staff details

The screenshot shows the details page for a staff member. At the top, there is a dark header bar with the following information: "Staff Name: Doe, Jane", "SSN # ***-**-****", and "Status: Active". Below the header, the details are organized into three columns: "Date of Birth: 02/24/1971", "Primary Phone #:", and "User Role: Billing Provider, Staff Provider, Admin Provider". Below these, there are two rows of information: "Provider FEIN:" and "Agency Name:", followed by "Provider Locations (3):" which is represented by three grey rectangular boxes. At the bottom right of the page, there is a blue "Details" button highlighted by an orange box.

5. Select *'Edit'* on the bottom right-hand corner

Deactivating/ Reactivating Staff

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

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

EMPLOYMENT			
Business Title:	Employment Type:	Status:	Deactivate Staff
	Full Time	Active	
Effective Start Date:	Reactivation Date:		
01/22/2021	01/22/2021		
Points for Jul 2023: 1			
CONTACT			
Type:	Phone #	Phone Notes:	
Mobile		Primary	

Clients Tab

Client Profiles

the following users can search and view a client's profile in Provider Portal:

Admin Provider, Billing Provider. The provider should belong to location(s) with Autism Provider Service Provider attribute.

Searching for Participants

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

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

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

- The user will be able to view the current active and approved POC for that participant.
- The user will be able to view any inactive POC that lists the agency for that participant.

The user should use the client profile and POC in the Provider Portal as reference material but must still consult with the Case Manager before beginning or ending services for a participant.

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

The screenshot shows the 'Provider Portal' navigation bar with 'Clients' highlighted. Below is the 'CLIENTS SEARCH' form with the following fields and callouts:

- 1: Date of Birth (calendar icon)
- 2: Phone # (text input with '(555) 555-5555')
- 3: Last Name (text input)
- 4: First Name (text input)
- 5: Client ID (text input)
- 6: MA # (text input)
- 7: Client Region (dropdown menu: 'All selected (5)')
- 8: Enrolled Program (dropdown menu: 'All selected (3)')
- 9: Client MA Eligible (dropdown menu: 'All selected (2)')
- 10: Jurisdiction (dropdown menu: 'All selected (25)')
- 11: Provider Name / # / FEIN (text input)
- 12: Waiver Eligibility (dropdown menu: '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 Regional Office for the participant (CMRO, ESRO, SMRO, WMRO)
- 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: <input type="text"/>		First Name: <input type="text"/>		ID #: <input type="text"/>	
MA#: <input type="text"/>	Service Plan Program: AW	Enrolled Program: AW	MA Eligible: Yes	Date of Birth: <input type="text"/>	Jurisdiction: Baltimore
OTP Device Assigned: No	OTP Serial Number: N/A	Client Region: N/A	Primary Phone#: --		
					Details


- **MA #** - Participant’s Medicaid number
- **Service Plan Program** - Program Type of the Service Authorization
- **Enrolled Program** -Waiver(s) or Program(s) in which the participant is enrolled.
- **MA Eligible** -Whether the participant is eligible for Medicaid or not.
- **Date of Birth** -Participant’s date of birth
- **Jurisdiction** -County of the client’s Current Address
- **Client Region** -N/A for participant’s receiving AW Services, however, region will be displayed for clients enrolled in programs where region applies.
- **Primary Phone #** -Participant’s phone number, marked as Primary.
- **OTP Device Assigned** - Whether the participant has an OTP Device
- **OTP Serial Number** - Serial # of the OTP Device that is assigned, if applicable.

Viewing a 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 a participant, the **Client Profile** information of the participant can be viewed by selecting **Details** from the search results panel.

Last Name: [REDACTED]		First Name: [REDACTED]		ID #: [REDACTED]
MA#: [REDACTED]	Service Plan Program: AW	Enrolled Program: AW	MA Eligible: Yes	
Date of Birth: [REDACTED]	Jurisdiction: Baltimore	Client Region: N/A	Primary Phone#: --	
OTP Device Assigned: No	OTP Serial Number: N/A			



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

CLIENT INFORMATION FOR [REDACTED] ✕

CLIENT PROFILE	Client LTSS ID #: [REDACTED] Current MA#: [REDACTED] Service Plan Program: AW Enrolled In: AW MA Eligible: Yes
SERVICE PLANS	Waiver: AUT

CLIENT PROFILE Expand All ↕

- CLIENT DEMOGRAPHIC OVERVIEW
- ADDRESS TO RECEIVE SERVICES
- WAIVER/PROGRAM ENROLLMENT STATUS
- CURRENT ASSIGNMENTS
- CLIENT OTP
- REPRESENTATIVES
- 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 *Maryland*.

CLIENT PROFILE Expand All ↕

▼ CLIENT DEMOGRAPHIC OVERVIEW

Client Name: [REDACTED]	MA#: [REDACTED]	Current Address: [REDACTED]	DOB: [REDACTED]
Age: [REDACTED]	Primary Phone #: [REDACTED]	Guardian of Person: [REDACTED]	

Narrative:

2. Address to Receive Services

- Displays the participant’s address to receive services from the client’s Plan of Care and will be blank if there is no Plan of Care, as noted in the client’s record in LTSS *Maryland*.

- Displays if the client’s address **Meets the Definition of a Community Setting**, if a Community Setting Questionnaire has been completed by their respective case management agency in LTSSMaryland.

▼ ADDRESS TO RECEIVE SERVICES

Address Type: **Community** Full Address: [REDACTED] Meets Definition of Community Setting?: **NO** Home Setting: **House**

Lives with Family: **No**

3. Waiver/Program Enrollment Status

- Displays information about the participant’s Plan of Care, if applicable, as noted in the client’s record in LTSSMaryland.
- Displays the recent program history, special program code, and current enrollment information.

▼ WAIVER/PROGRAM ENROLLMENT STATUS

POS/PCP Type: **Annual** POS/PCP Effective Date: [REDACTED] Financial Redetermination Date:

▶ RECENT PROGRAM HISTORY

Program	Status	Last Application Date	Last Enrollment Date	Last Disenrollment Date
[REDACTED]	Enrolled	N/A	[REDACTED]	N/A

▶ SPECIAL PROGRAM CODE

Special program:	Start Date	End Date
No data available		

4. Current Assignments

- Displays any current staff assignments for the participant and their contact information

▼ CURRENT ASSIGNMENTS

Assignment Type	Date Assigned	Staff Name	Agency	Phone Number	Email
[REDACTED]	[REDACTED]	[REDACTED]	LHD - Baltimore City Local Health Department	[REDACTED]	[REDACTED]

5. Client OTP

- Displays the participant’s assigned OTP device’s serial number, if applicable

▼ CLIENT OTP

OTP Serial Number: [REDACTED]

6. Representatives

- Displays the 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
		Sister			No	No	No	

7. Insurance and Benefits

- Displays participant’s private primary and secondary insurance information, if applicable

▼ INSURANCE AND BENEFITS

Primary Insurance

[Redacted]

Secondary Insurance

[Redacted]

Service Plan: POC

This section will list approved service plans for the participant provided by the user’s agency. The user can ‘Click’ the ‘details’ [hyperlink](#) to view details of a specific service plan.

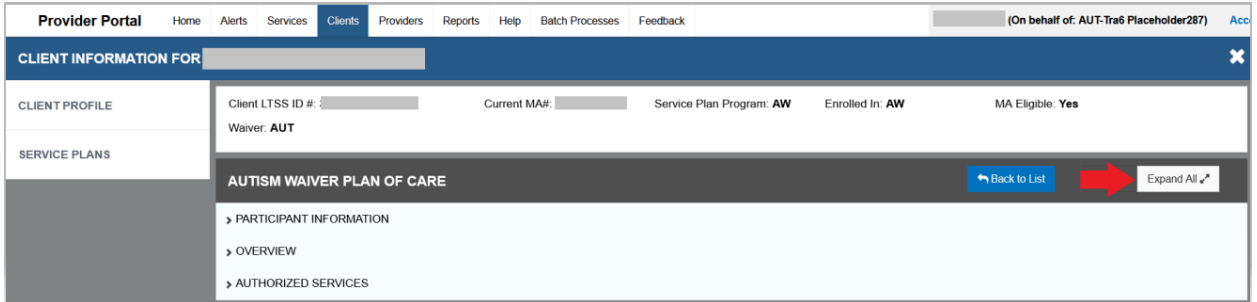
1. From the **Client Profile** in Provider Portal, select **Service Plans** on the left navigation, to view a list of approved service plans.
2. From the List view, the user may select the Action, **Details**, to view the complete information of the associated plan.

The screenshot shows the 'Provider Portal' interface. The top navigation bar includes 'Home', 'Alerts', 'Services', 'Clients', 'Providers', 'Reports', 'Help', 'Batch Processes', and 'Feedback'. The user is logged in as '(On behalf of: AUT-Tra6 Placeholder287)'. The main content area is titled 'CLIENT INFORMATION FOR [Redacted]'. On the left, there is a sidebar with 'CLIENT PROFILE' and 'SERVICE PLANS'. The 'SERVICE PLANS' section displays a table with the following data:

Program Type	Date Created	Service Plan Type	Effective Date	End Date	Status	Active	Actions
AW	12/05/2021	Annual	03/05/2023	03/04/2024	Submitted	Active	Details

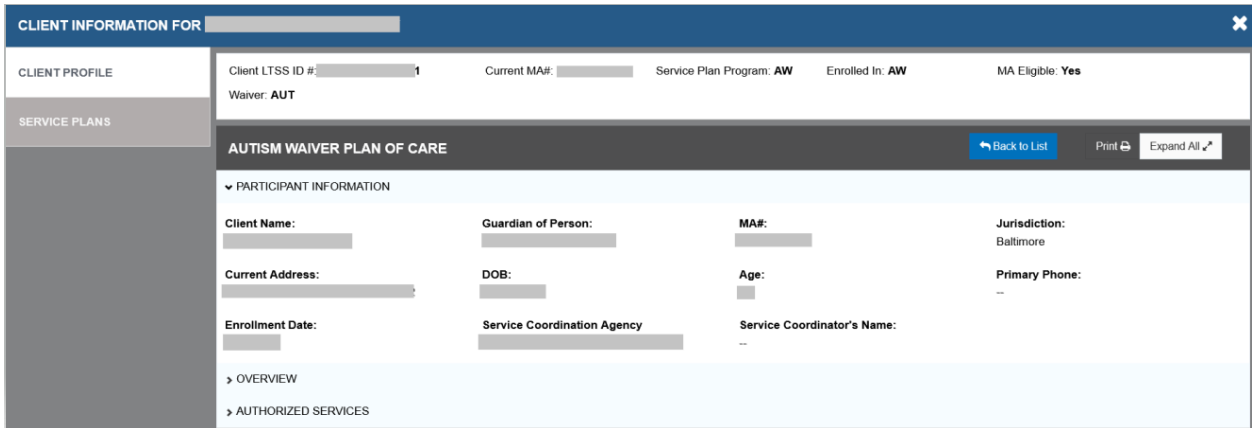
A red arrow points to the 'Details' link in the 'Actions' column.

3. From the Details view of a service plan, the user will view the following sections. Select **Expand All** for a comprehensive view:



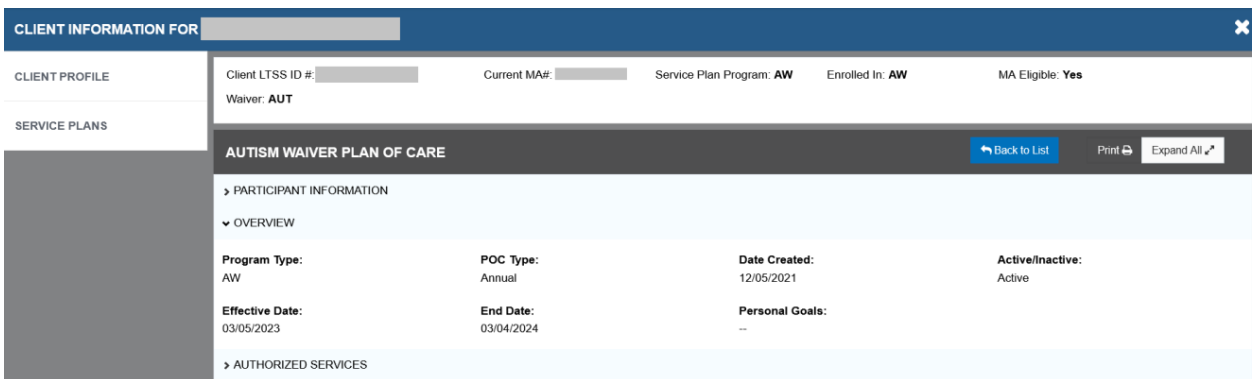
1. Participant Information

- Displays participant’s general demographic information.



2. Overview

- Displays general information about the Service Authorization form.



3. Authorized Services

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

CLIENT INFORMATION FOR [Redacted]

CLIENT PROFILE
 Client LTSS ID #: [Redacted] Current MA#: [Redacted] Service Plan Program: **AW** Enrolled In: **AW** MA Eligible: **Yes**
 Waiver: **AUT**

SERVICE PLANS

AUTISM WAIVER PLAN OF CARE [Back to List](#) Print [Expand All](#)

> PARTICIPANT INFORMATION
 > OVERVIEW
 ✓ AUTHORIZED SERVICES

Saved Services

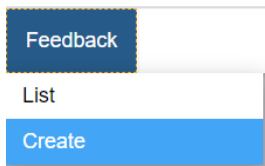
Service	Provider Name	Provider MA	Units per Week	Units per Year	Effective Date	End Date	Rate	Cost
RES	[Redacted]	[Redacted]	--	300	12/05/2021	12/04/2022	8.4	\$2,520.00
IISS	[Redacted]	[Redacted]	300	300	12/05/2021	12/04/2022	10.75	\$3,225.00

Feedback Tab

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

Feedback only goes to the technical helpdesk and the feedback tool should not be used to request information about service or program specific policies or procedures. Any billing or program related questions/ comments should be directed to the ISAS Team at MDH by phone or email.

When selecting the feedback tab, the user will have 2 options from a drop down: List and Create



List

This area will store past submitted feedback the user has submitted.

FEEDBACK SEARCH <

Status: All selected (3) Severity: All selected (2)

Staff Name: [Text Input]

Show Only My Tickets

[Export To CSV](#)

- **Status**
 - **Pending** – Feedback submission that has yet to be resolved.
 - **In-Progress** – Feedback that is currently being worked on.

- **Resolved**- Feedback that has been addressed and corrected by the LTSS Help Desk. If the feedback is in resolved status and you feel the feedback was not addressed correctly, please contact the ISAS team at mdh.ltssbilling@maryland.gov
- **Severity**
 - Normal
 - Urgent
- **Staff Name**
- **Show Only My Tickets**- If the user leaves this box unchecked, feedback submitted by all agency admins will be included in the search outcome.

Create

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

- The following areas are auto populated:
 - **Date reported.**
 - **Staff Name**
 - **Agency**
 - **Error URL:** The URL of the page the user is on when they select Feedback – Create option.
- **Type of concern:** The agency can select from the following in the drop down:
 - **System Error**
 - **Question/Comment**
 - **Unknown**
- **Severity**
 - **Normal** – This option should be used if there is an issue/comment/concern that is an annoyance but is not disrupting or impacting billing and/or daily operations.
 - **Urgent** – This option should be used if the issue is disrupting and impacting billing and/or daily operations. **Please also notify the ISAS Team at mdh.ltssbilling@maryland.gov**

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

2. Clocking in and out for services (Staff Provider/DSP)

Federal law requires that Maryland use electronic visit verification (**EVV**) to verify data elements for personal assistance services:

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

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

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

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

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

EVV Application

Providers can now use the LTSSMaryland EVV App to clock in and out of IISS and Respite Service Activities.

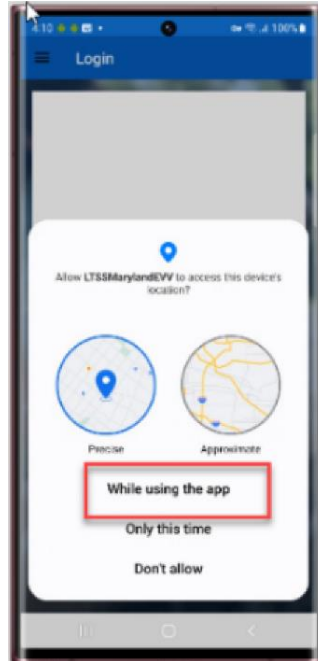
The mobile application is only for users assigned the Staff Provider role in the Provider Portal.

Installing, Creating & Managing Accounts

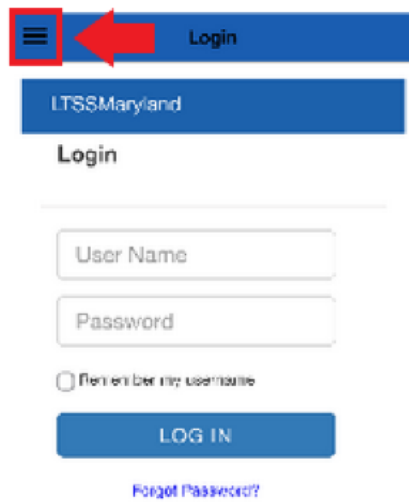
- On your phone, navigate to the application store
(Google Play Store for Android devices, App Store for Apple iOS devices)
- Note: Tablet devices such as iPads are not supported
- Search for LTSSMaryland EVV



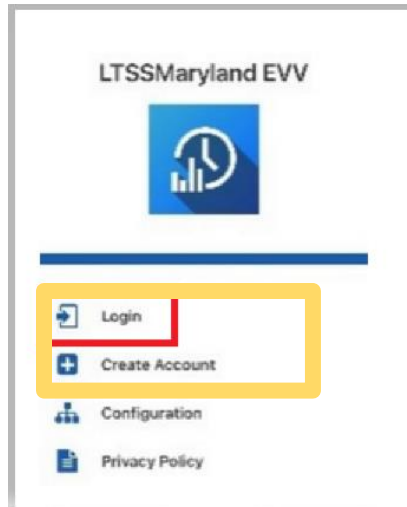
- Download the app to your phone
- When you open the app for the first time, you may receive a message to enable location services
 - Select the *While using the app* option (note: The app only records location when clocking/out and will not record location when the app is not in use)



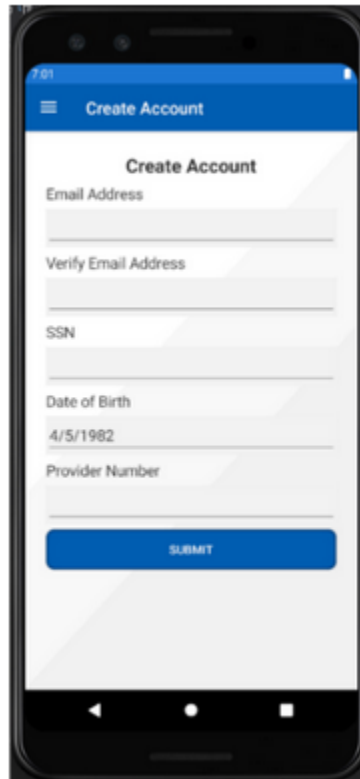
- Open the app, and click the menu bar in the upper left screen



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



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



- Click **Submit**

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

Creating your Password

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

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

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

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

The first email will have the subject line:

“Account Registration Notification”

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

The second email will have the subject line:

“Account Activation Notification”

This email will have an activation link.

To activate your account, please click on the link below

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

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

myMDTHINK Account Activation

Password Policy Rules

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

- a. Uppercase letters.
- b. Lowercase letters.
- c. Numbers.
- d. Special characters. (~!@#%&^*._+=[\|/]{;:~)

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

Email/Username:*

Enter New Password:*

Show/Hide Password

Confirm Password:*

Show/Hide Password

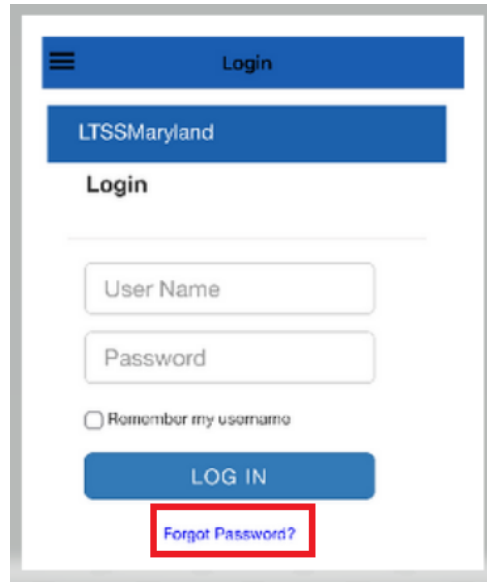
Submit

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

Password Reset

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

1. Select **Forgot Password?**

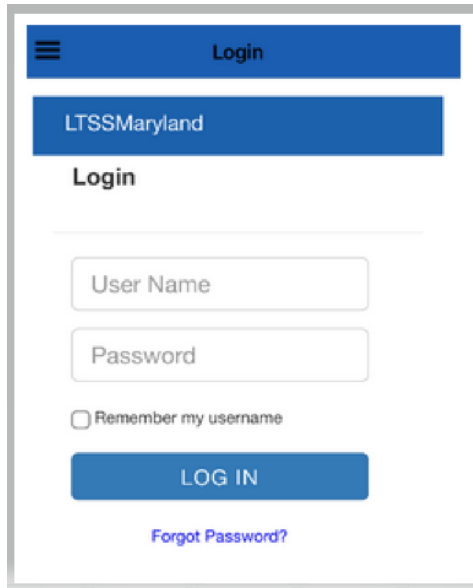


2. On the Forgot Password screen, enter your email and click on the **Forgot Password** button. You will receive an email with a passcode.
3. Enter the passcode into the app and click **Submit Passcode**. You will be redirected to the password reset screen.
4. Enter your new password and confirm, then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

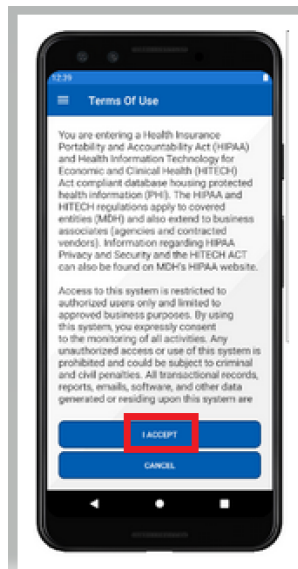
Logging In and Using the LTSSMaryland EVV app

Logging into the App for the First Time

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



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



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

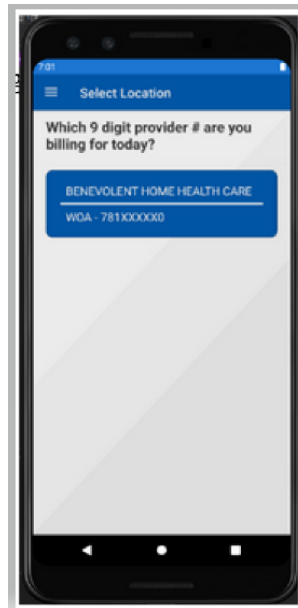
Clocking In and Out with the LTSSMaryland EVV app

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

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

- Agency Name
- Program Offered
- Provider MA Number

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

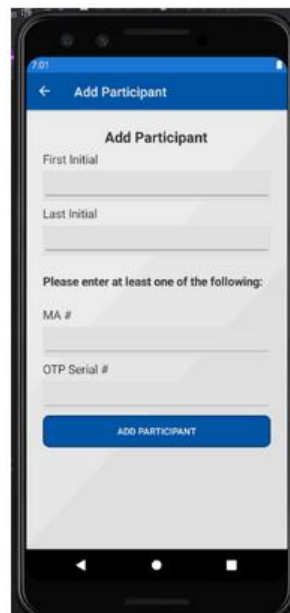


2. Next, you will be directed to the Participant Select page, which will show a list of all the participants you have added to your list in the app.
 - You can add or remove participants from this list at any time, see instructions below.
3. Select the Participant you will be working with
 - Participants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

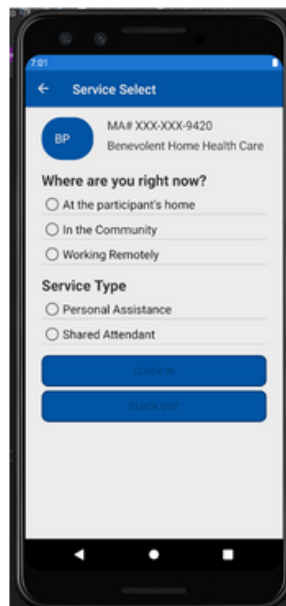


If you do not see your participant listed, you can add them by selecting the **Add Participant** button at the bottom of the page.

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



4. After selecting your participant, the Service Select screen will appear.
 - You may click the back arrow button on the upper left screen if you need to change your selection
5. Answer the first question based on where you are:
“Where are you right now?”
 - At the participant’s home
 - In the Community
 - Working Remotely - only for select programs.

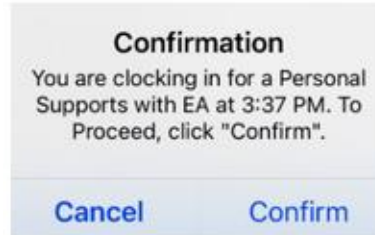


- 5A. If your participant has an OTP device assigned to them, you select.
In the Community, a new box labeled *Please enter your OTP* will appear.
 - Enter the 6-digit OTP code in the app.



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

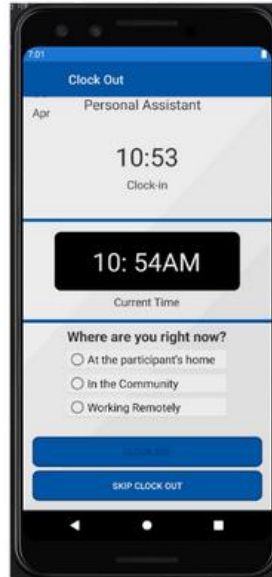
7. Finally, select **Clock In** if you are clocking in for the service.
 - A verification message will pop up.
 - Select **Confirm** if the information is correct.
 - Your clock in will be accepted, and you will be directed to the Easy Access Clock Out Page
 - Select **Cancel** if the information is not correct.



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

Easy Access Clock Out Page

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



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

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

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

- If you did not clock out at the end of your shift, click the *Skip Clock Out* button.
 - You will receive a confirmation message.
 - Click **Continue** to be taken to the landing page.
 - Click **Cancel** to return to the Easy Access Clock Out page.
- If you want to use other features in the app, but are not yet ready to clock out, click the X button in the upper right corner of the screen to be taken to the landing page.
 - The next time you log in to the app you will return to the Easy Access Clock Out Page

Managing Participants in the LTSSMaryland EVV app

Add Participant Page

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



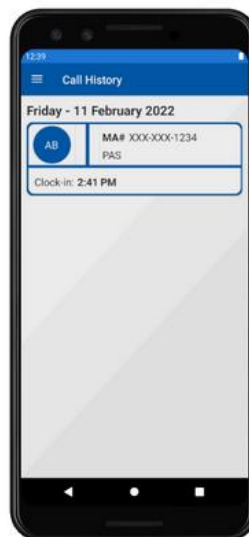
5. Select the location for the Participant to be listed under
 - Enter the required information:
 - First Initial of the Participant
 - Last Initial of the Participant
 - Participant's MA number
 - If you do not know the participant's MA number, you may enter the Serial Number located on the back of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

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

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

Service History Screen

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



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

- Service Type
- Clock In/Out Time

EVV App MTR Entry

If a DSP is unable to or forgets to clock in/out for a service, they will now have the ability to submit a Missing Time Request through the EVV Mobile application.

EVV APP-MTR Entry Overview:

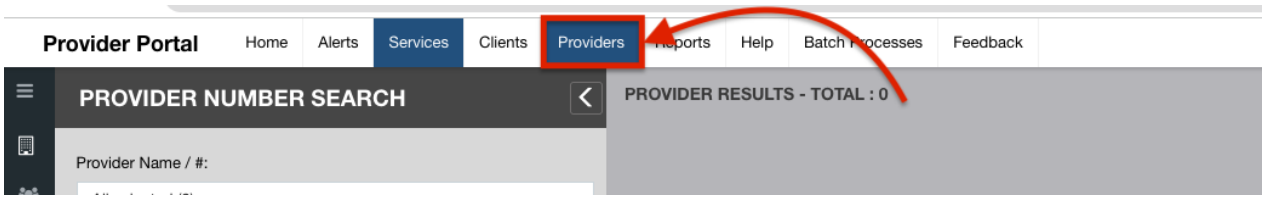
Agency administrators can allow or disallow missing time requests (MTRs) to be submitted by the staff via the app in the provider portal.

- **Note:** by default, all staff are allowed MTR access.
- **Note:** MTR submission is limited to the past 7 days.

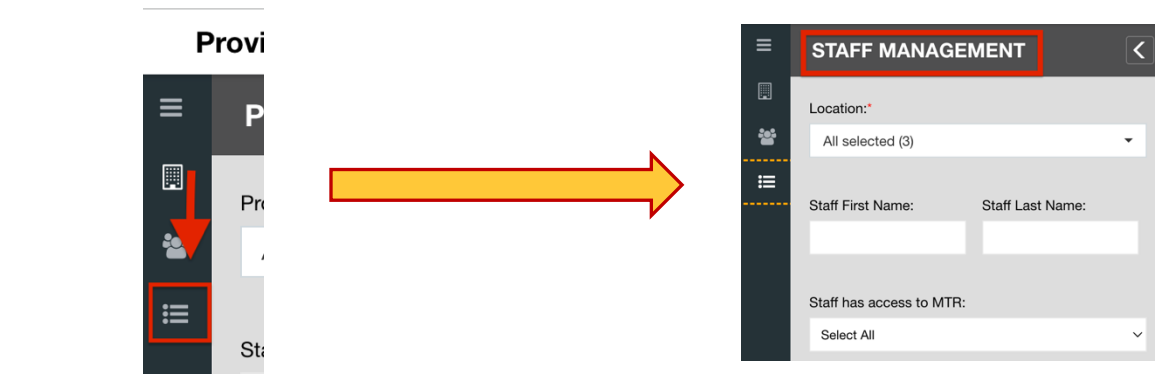
After staff submits an MTR via the application the agency admin can authorize, edit, or discard the staff manual entry. MDH PBSO team reviews the MTRs using the normal MTR review process.

Allowing Staff MTR Management in the Provider Portal:

Log into the *LTSSMaryland* Provider Portal and navigate to the **Providers** tab



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



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

The screenshot shows three search filter sections. The first section is labeled 'Location:' and contains a dropdown menu with 'All selected (3)' and a downward arrow. The second section is labeled 'Staff First Name:' and 'Staff Last Name:' and contains two empty text input boxes. The third section is labeled 'Staff has access to MTR:' and contains a dropdown menu with 'Select All' (highlighted in blue), 'Yes', and 'No' options.

3

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

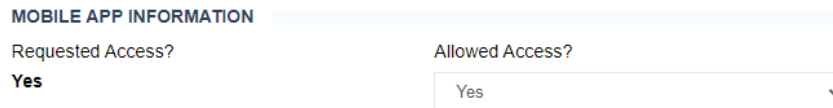
The screenshot shows a search interface with two buttons: a white 'Reset' button and a blue 'Search' button with a white border.

Admin Provider Processes

Creating an account for Staff Providers in the Provider Portal

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

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

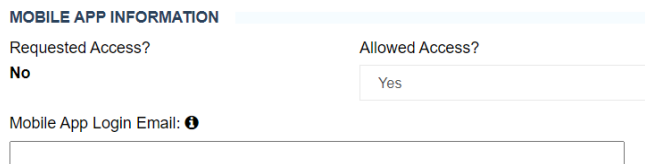


MOBILE APP INFORMATION

Requested Access?	Allowed Access?
Yes	Yes

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

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



MOBILE APP INFORMATION

Requested Access?	Allowed Access?
No	Yes

Mobile App Login Email: ⓘ

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

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

The emails will allow them to set up their account and password.

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

Important Information:

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

Granting Access to the LTSSMaryland EVV App Via Alerts

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

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

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

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

Note:

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

Removing Access to the *LTSSMaryland* EVV App

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

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

MOBILE APP INFORMATION

Requested Access?

Yes

Allowed Access?

No

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

Important Note:

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

Denying a Request for Access

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

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

Updating a Staff Provider’s Email

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

LOGIN INFORMATION

Allow Login?

Login Name:

Login Email:

You may update the Login Email field in the Provider Portal

HOWEVER, this will **only** update the email address where the Staff Provider will receive a password reset email

This **will not** change the username the Staff Provider must use to log in to the app.

Contact the Helpdesk if you wish to change the Login Name

MOBILE APP INFORMATION

Requested Access? **No**

Allowed Access?

Mobile App Login Email: ⓘ

If you change the email address in the **Mobile App Login Email** field, it will automatically change the email address in the **Login Email** field under the Login Information section (shown above)

Phone Requirements

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

Android Devices

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

Apple iOS Devices

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

Location Services

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

- Android Devices

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

Data Services

To use the *LTSSMaryland* EVV App, cellular data or a Wi-Fi connection must be enabled. If neither cellular data nor Wi-Fi services are available, the Staff Provider must use the toll-free telephone IVR system to clock in and out.

New Version Requirements

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

System Maintenance

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

IVR Call-in System

While the EVV app is the preferred method, the IVR call-in system is an option when the app is not available.

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.

To clock in and out through the IVR system, the staff provider or Provider should **call 1-833-735-3533**.

DSPs will need the following information when they clock in or out through the 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)

Providers should follow the in-call instructions to complete a clock-in or clock-out using the IVR system.

The IVR (ISAS) Telephone System Call Flow Script

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 1A: Sometimes Required (Required if Staff Provider is not calling from Participant phone and using an OTP Device to authorize) "Enter the Participant's MA number

Prompt 2: "Enter your nine- digit provider number."

Prompt 3: "Enter your nine-digit Social Security Number"

Prompt 4A: Sometimes Required (Required if Staff Provider is not calling from participant phone and using an OTP device to authorize) "Enter the 6-digit OTP passcode."

Prompt 4B: "The phone number you are calling from is not listed on the Client's 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 5: "For IISS, press 1. For Respite, press 2"

If you pressed 1: "You selected IISS. If this is the correct service, press 1. If not, press 2"

If you pressed 2 : "You selected Respite. If this is the correct service, press 1. If not, press 2"

Prompt 6: "To clock in, press '1'. To clock out, press '2'."

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

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

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

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

One Time Passcode Device (OTP)



A One Time Passcode Device (OTP) is a time-synchronized device issued to a Participant by the Participant's Service Coordination Agency. The OTP device has been designed to assist Providers in recording clock in/out times in *Provider Portal*.

OTP Policy

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

When should an OTP device be assigned?

1. If the EVV app is used:
 - a. Services will start or stop in the community.
2. If the telephone is used:
 - a. Participant does not have a reliable phone that the DSP can use.
 - b. More than one participant lives in the same household and they share one phone.
 - c. No mobile phone is available for community-based services.
 - d.

Who will assign the OTP device?

OTP devices will be assigned by the participant's SCA. If the agency feels the participant is in need of a device or a device is broken, missing or the agency feels the device was assigned in error, the agency should contact the participant's SCA for assistance.

How to use an OTP device

- The OTP device will generate a new six-digit code every 60 seconds. This code is synchronized to a specific time within the EVV system.
- The bars located on the left of device will indicate when the code changes:
 - A new bar will be added every 10 seconds. The DSP can tell if the number will change soon by looking at the bars to the left of the number.
 - A new passcode will appear after the device has displayed 6 bars or 60 seconds have passed.
 - The DSP may wish to write down the OTP code before logging into the EVV app or calling the IVR telephone system so that the code will not change.



- The DSP will enter the six-digit code either in the EVV app or the IVR telephone system when clocking in and/or out. In the example above the OTP code is: 728197.

The OTP and Multiple Programs

If a participant receives services from multiple programs and an OTP device is assigned, the device may be shared between all service programs. Multiple devices **DO NOT** need to be assigned.

Common OTP issues

The OTP breaks or is missing

The agency administrator should report the incident to the participant's SCA as soon as possible. The agency will need to submit MTRs until the OTP device is replaced.

DSP cannot receive reception at the participant's home

The DSP can write down the clock in and out codes from the OTP devices and clock in and out with the codes when they are in an area with reception.

Note: To avoid payment issues, all codes should be called in by 11:59 PM the same day of service. Codes should not be called in after midnight the next day unless the service was an overnight service that continued into the next day.

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



If there are multiple participants in a household and multiple OTP devices, the DSP needs to ensure they are using the device that is assigned to the specific participant. Each device will have a specific serial code on the back. The serial code is assigned to a specific participant profile. The DSP should know which serial number belongs to which participant.

The System is showing a different clock in/out time than what the staff recorded.

This can be due to a "drifting OTP". This means that the OTP isn't working as well as it should.

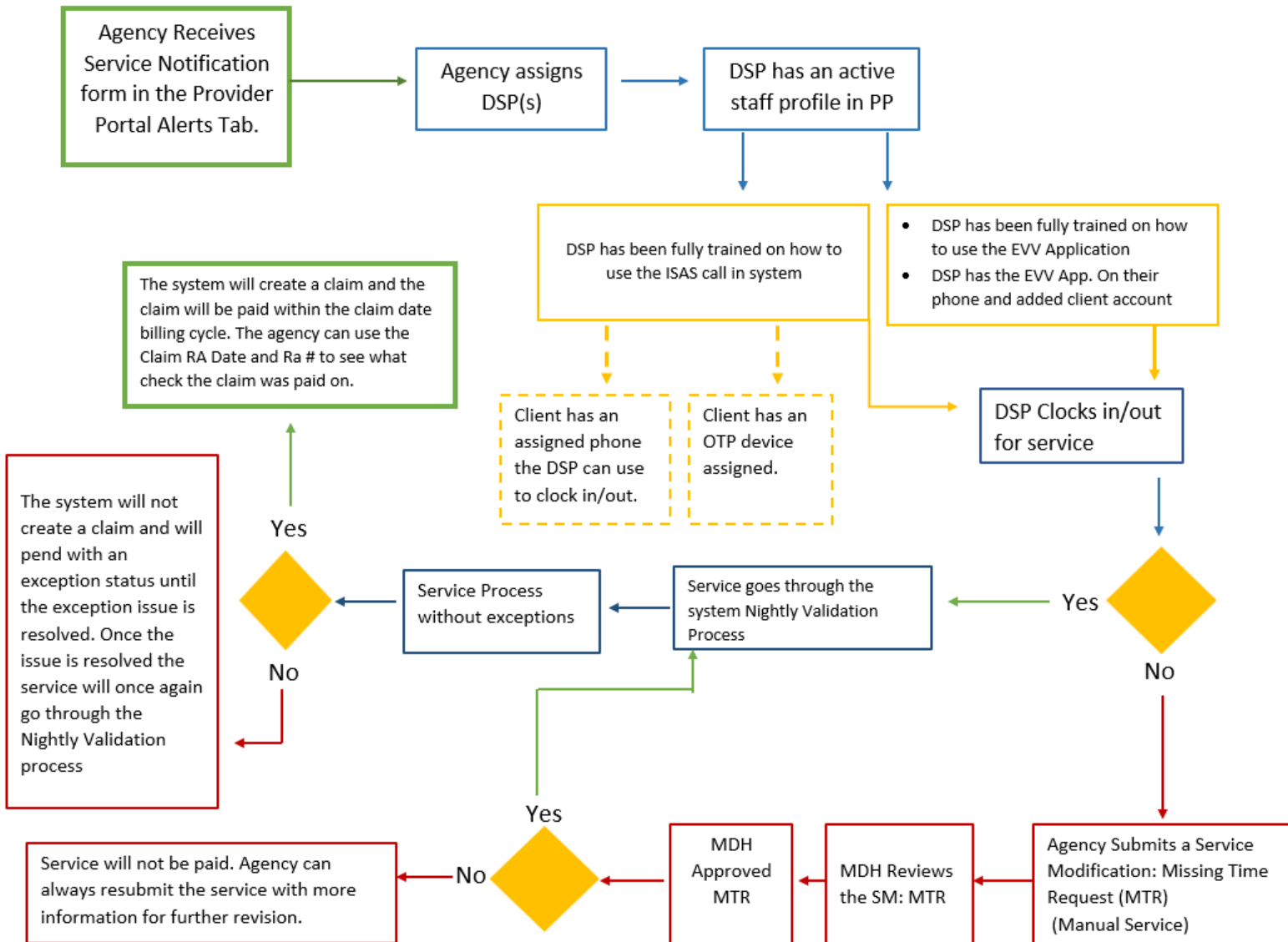
- Usually this does not affect services or payment and the staff can continue using the device.
- If the "drift" is causing service/payment issues, such as service overlaps, the agency should notify the participants SCA and request a new device.

3. Agency Billing

When to Start Using Provider Portal

Effective March 31st, 2024, Provider Portal will be used for authorization of claims for Autism EVV services rendered by the provider identified in the participant’s Plan of Care for IISS or Respite Care services.

EVV Billing Workflow



Billing week

MDH defines the Billing Week/ Work Week as starting on **Sunday** (12:00am EST) and ending on **Saturday** (11:59pm EST) for all providers of Autism EVV services.

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim	Service Provided						
Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim	Claim submitted to MMIS						Payment issued to agency

Note: If Service Billing Week has not finished, Service is held in system (Ready status) until end of billing week. If Service Billing Week is finished, Service is held in system (Ready status) until **midnight that day**

Note: MMIS, the state’s payment system adjudicates payments on Saturdays. EFT or checks for most providers will arrive the following week most often on the following Friday

Ready status : This means the service was submitted but the claims has not yet been created. These services will

Service Modification

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

Different types of SMs:

Missing Time Request (MTR): If a DSP is unable to or forgot to Clock in AND/OR out for a service the agency can submit a manual submission in the provider portal called a Missing Time Request (MTR).

Adjustment: If a service has an associated closed claim for that date, but the agency finds an error or missing services (The staff did not clock in and out), the agency can adjust the claim and submit an edit to the existing service or an entirely new service for that day.



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

MTR Billing Cycle Example

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim				MTR Submitted			
Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim			PBSO Reviews MTR				
Week 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim	Original claim submitted to MMIS due to Pay Cycle Delay						Payment for original claim issued to agency
Week 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Original Claim					Claim appears as paid in PP		

*Note: MMIS, the state’s payment system adjudicates payments on Saturdays. EFT or checks for most providers will arrive the following week most often on the following Friday

Adjustment Billing Cycle Example

***MMIS issues payment on Saturday, Explanation Of Benefits (EOB) visible in E-Medicaid on the following Tuesday. Most agency see EFT or check on the following Friday or sometimes earlier depending on your bank.**

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Original Claim	Service Provided (see note *5)	Service is held in system (Ready status) *4*5						
Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Adjusted claim	Provider requests an adjustment Original claim submitted to MMIS due to pay cycle delay	Adjustment is held in system *1					Payment issued from MMIS for original claim to agency *3	
Week 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Adjusted claim	Adjustment is held in system *2				Claim appears as paid in PP Adjustment created and authorized by MDH			
Week 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Adjusted claim	Adjusted claim submitted to MMIS						Payment issued from MMIS for adjustment claim to agency	

Notes about adjustments:

- No billing system can adjust a claim until MMIS returns results.
 - Providers can submit and queue up Adjustments before MMIS returns claims results
 - MDH will review the queued-up Adjustment if the time is adjusted
- MMIS sends results the Tuesday after the Saturday Adjudication claims back to billing system
 - LTSSMaryland takes up to 3 days to process the MMIS claims results
 - LTSSMaryland submits a queued adjustment the very next day after the MMIS results is uploaded
- MMIS, the state’s payment system adjudicates payments on Saturdays. EFT or checks for most providers will arrive the following week most often on the following Friday
- Services are held in a Ready status until the end of the billing week to allow all service for the same week to be paid together.
- If Service Billing Week has not finished, Service is held in system (Ready status) until end of billing week. If Service Billing Week is finished, Service is held in system (Ready status) until midnight that day

When to submit an MTR or Adjustment

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

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

Service Modification Submission Deadlines

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

Example:

March MTR Due Dates						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3/28	3/29	3/30	3/31	4/1	4/2	4/3
Dates of service in March 2021 become due beginning March 31			03/01/21 MTRs Due	03/02/21 MTRs Due	03/03/21 MTRs Due	03/04/21 MTRs Due
4/4	4/5	4/6	4/7	4/8	4/9	4/10
03/05/21 MTRs Due	03/06/21 MTRs Due	03/07/21 MTRs Due	03/08/21 MTRs Due	03/09/21 MTRs Due	03/10/21 MTRs Due	03/11/21 MTRs Due
4/11	4/12	4/13	4/14	4/15	4/16	4/17
03/12/21 MTRs Due	03/13/21 MTRs Due	03/14/21 MTRs Due	03/15/21 MTRs Due	03/16/21 MTRs Due	03/17/21 MTRs Due	03/18/21 MTRs Due
4/18	4/19	4/20	4/21	4/22	4/23	4/24
03/19/21 MTRs Due	03/20/21 MTRs Due	03/21/21 MTRs Due	03/22/21 MTRs Due	03/23/21 MTRs Due	03/24/21 MTRs Due	03/25/21 MTRs Due
4/25	4/26	4/27	4/28	4/29	4/30	
03/26/21 MTRs Due	03/27/21 MTRs Due	03/28/21 MTRs Due	03/29/21 MTRs Due	03/30/21 MTRs Due	03/31/21 MTRs Due	

Calendar Date

Date of Service Due on this date

- **Adjustment:** These SM's can be submitted 364 days after the service date. MDH is unable to pay any services entered via the LTSS/Provider Portal system after 364 days have passed since the original Date of Service. All billing entries must be complete within this time to comply with Medicaid's 1 year billing limit. Keep in mind all SMs will be manually reviewed and researched, so please submit all SM's with enough time for revision. MDH recommends at least 20 days before the 364-day cut off.

In-Progress Service Modifications

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

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

Service Modification Revision Process

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

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

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

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

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

Service Modification Category Guide

The agency will need to select a SM reason from the drop-down menu in the provider portal. Use this guide to help determine the best reason for the SM. Choosing the reason that best suits the incident will help the PBSO team better research the SM and will speed up the revision process. The agency should also include information within the comment section in the provider portal, if required.

<p>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.</p>		<p>2 Determine if a comment is needed. If not put N/A in the comment section.</p>
Forgot to clock in/out	DSP Forgets to use the system	<p>Comment is optional (N/A)</p>
Staff Busy with Participant	DSP was busy with client duties and could not use the system	
New or Substitute Staff	New or substitute DSP did not know how to use the system or did not have the proper information to use the system	
ISAS Call-in System Outage	A notification will be sent to all agencies during an outage	
Correcting Staff Clock in/out Error	DSP made an error when using the system that affected the clock in/out. Example: Selected wrong service, clock in/out instead of out/in, System confirmed wrong time.	
ISAS call incomplete	DSP said they clocked in/out but there is no record in the provider portal	
Participant Phone Problems	Client phone: Broken, out of minutes, missing, no reception	<ul style="list-style-type: none"> • Date SC was notified. • Name of SC that was notified
OTP Issue	OTP: Broken, Missing, waiting on new device	
Emergency Situation	Emergency that prevented DSP from using the system: Client had to go to hospital, House fire	<ul style="list-style-type: none"> • Date SC was notified. • Name of SC 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. <ul style="list-style-type: none"> <u>1. Telehealth Services</u> [IISS Telehealth Services] <u>2. Deaf Staff:</u> Staff is deaf or hard of hearing. <u>3. Live in caregiver</u>

Service Modification (SM) Category Examples

In this example the DSP stated that they did clock in and out for services. However, when the agency checked the Provider Portal no services appear for that date. The agency selected **ISAS call incomplete category** because that best fits the situation according to the SM category Guide. This category will let PBSO know to verify the DSP attempted to use the system. If an attempt was made, the service will be approved with no penalty.

According to the category Guide no further information is needed in the comments section, so the agency wrote N/A.

SERVICE ACTIVITY SUMMARY

Manual Edit Reason: ISAS Call Incc

IVR Call #: *

Comment: N/A

STAFF

Name: *

ID # -- SSN # --

Phone: --

Cancel Save

In this example the DSP was unable to use the system because the client's OTP device was lost. The agency immediately notified the SCA so that they can provide a new OTP device ASAP.

The agency selected the category "**OTP Issue**" and provided the required information (according to the SM category guide). This will provide the PBSO team with the needed information to research the issue and result in a quicker resolution time.

SERVICE ACTIVITY SUMMARY

Manual Edit Reason: OTP Issue

IVR Call #:

Comment: CCS Bugs Bunny notified 12/9/2019
Client OTP device is missing

STAFF

Name: *

ID # -- SSN # --

Phone: --

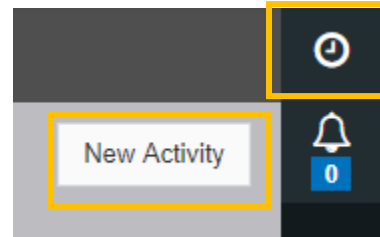
Cancel Save

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

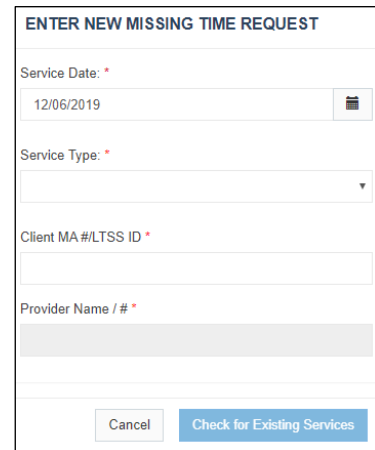
If the DSP does not clock in AND out for a service and there is not a closed claim for that specific date you will need to submit a full-service MTR.



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



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



The screenshot shows the 'ENTER NEW MISSING TIME REQUEST' form. The fields are: Service Date (12/06/2019), Service Type (dropdown menu), Client MA #/LTSS ID (text field), and Provider Name / # (text field). There are 'Cancel' and 'Check for Existing Services' buttons at the bottom.

3A. Enter the MTR information and verify that there is no existing service for that date.

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

3B. Enter the MTR information and verify that there is no existing service for that date.

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

If there is an existing service for the date you will receive the above message. This means you will need to adjust the existing claim or edit the existing partial service.

- Once the system verifies there is not an existing claim or service for the date you will be able to enter the MTR information.

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

SERVICE INFORMATION

Start Time:

End Time:

Next day Clock-out

Manual Entry Reason: *

IVR Call#:

Comment: *

Provider:

Client Name:

Staff Name: *

Staff ID#:

Staff SSN:

Staff Phone:

Fill in the service information:

Service start time

Service end time (**Note:** if it is an overnight service that proceeds into the next day, check the **“Next day clock-out”** box)

Manual entry reason: Select from the drop down (**view SM category guide**)

IVR call#: This is the number the staff generally uses to clock in and out for services. Providing the correct number, the staff used to attempt to clock in and out will help ISAS verify the issue if staff was having issues using the system.

Comment: Enter information if required (**view SM category guide**)

Provider and **client** information will auto populate

Staff Name: Start typing staff name and select staff name from list that will populate. (**Note:** If staff name is NOT appearing ensure that staff has an ACTIVE profile within the Provider Portal)

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

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

There are 2 ways to locate a partial service

1. The provider portal homepage

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

2. The service Tab

Once you have located the partial service you wish to edit select details to view the services activities and select one of the following options:

Discard: If the partial service is incorrect you can choose to “Discard” the service.

Edit: Here you can quickly edit the Partial Service.

Details: You can view further details regarding the service and client within the details page:

- Service Details
- Client Profile
- Client PCP

You can also edit the service within the details page.

How to Enter MTRs Through LTSSMaryland Mobile Application

You can print this section out for your Staff!

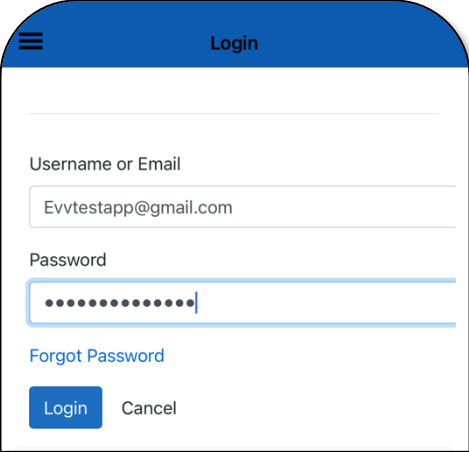
Once your agency administrator authorizes your EVV app account, you should use your account for real-time clock in/out. This is the primary method for recording services since it takes the least amount of time and results in faster claims payment.

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 would 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.

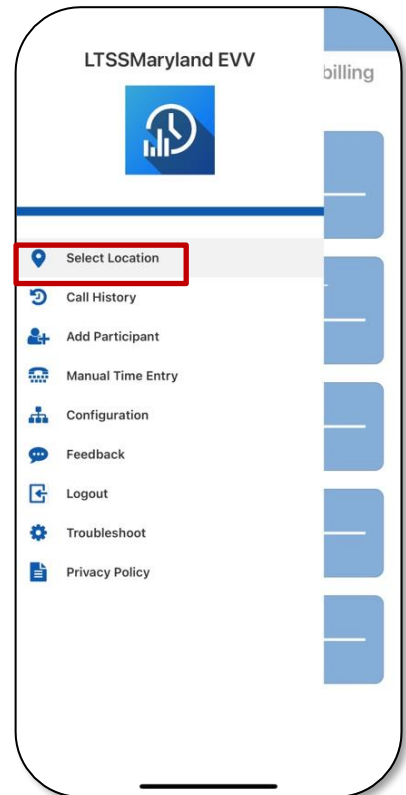
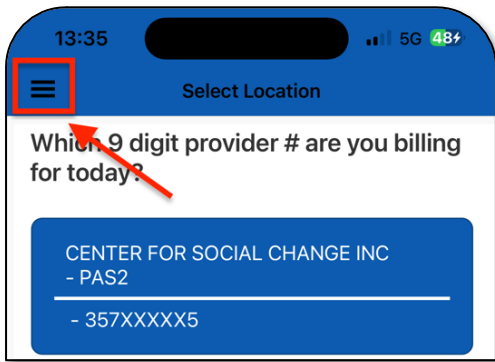
1



The screenshot shows a mobile application login screen. At the top, there is a blue header with a hamburger menu icon on the left and the word "Login" in the center. Below the header, there are two input fields: "Username or Email" containing the text "Evvtestapp@gmail.com" and "Password" containing masked characters. Below the password field is a blue link that says "Forgot Password". At the bottom of the form are two buttons: a blue "Login" button and a grey "Cancel" button.

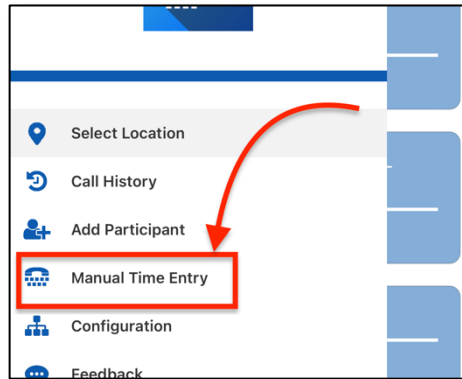
Navigate to the main menu by pressing the menu button (three lines) in the upper left and corner.

2

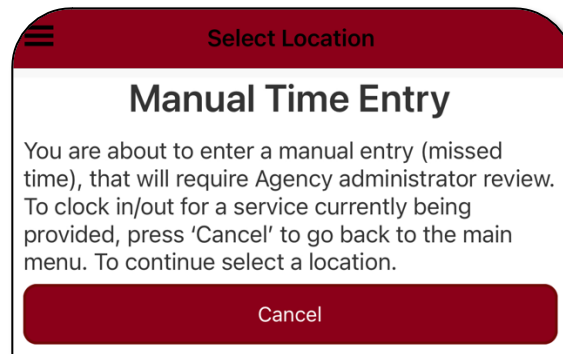


3

Select the “Manual Time Entry” menu option.

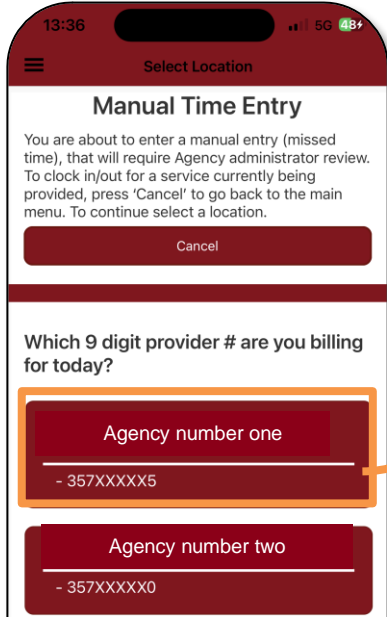


NOTE: If you do not see this option, please contact your agency administrator for access. The screen will turn red- this is how you know you are in (MTR) submission area of the app. Pressing the cancel button will bring you back to the real-time clock in/out pages.

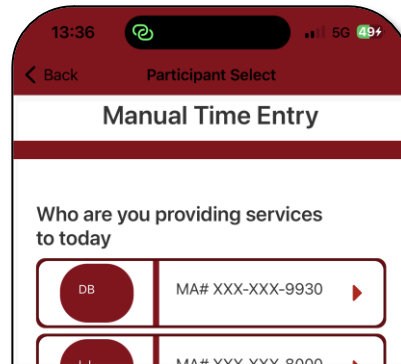


The process for submitting missing time request is mostly the same as submitting real time clock in/ out.

1: Select your agency.

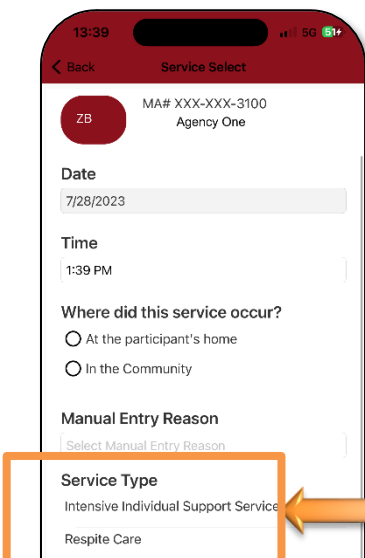


2: Select your participant.

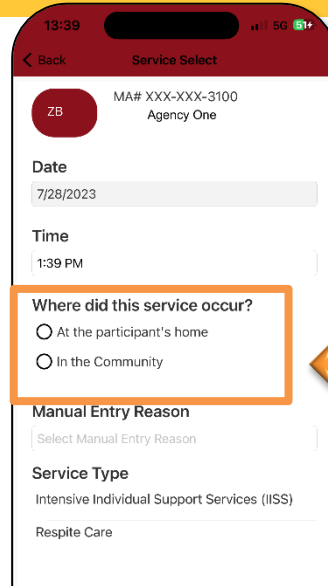


4

3: Select the type of service you are providing.



4: Select the location of your service.



The next few steps are different from the normal process

5: Tap the **Date** field and a date picker or calendar will

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

7: Tap the **Manual Entry Reason**. Select the reason that

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

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

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 (ISS)

Done

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

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".

Manual Entry Reason
Forgot to Clock In/Out

Service Type
Personal Assistant
Shared Attendant

Cancel Confirm

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.

Discarding a Service

When discarding a service, you will need to enter the reason you are discarding the service. Please be clear and use the exact reason for the service discard. **NOTE:** You cannot discard a service with a claim, rather you will need to VOID the service.

DISCARD SERVICE ACTIVITY

Are you sure you wish to discard this Service Activity?

Comment: *

We are discarding the service because the DSP meant to clock out but accidentally clocked in.

How to Locate a Discarded Service

Within the service tab of the provider portal go to the service status and select “discarded”.



SERVICE

Service Date From: * 12/01/2019 Service Date To: * 12/01/2019

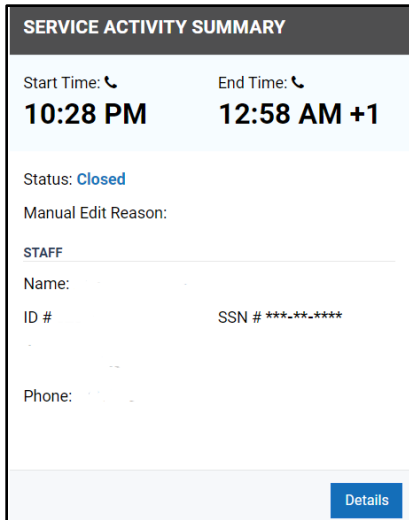
Submission Date From: Submission Date To:

Service Type: 4 selected

Service Status: Discarded

- Select all
- New
- Ready
- Closed
- Discarded
- Needs Authorization

Service Statuses



The screenshot shows a 'SERVICE ACTIVITY SUMMARY' tile. At the top, it displays 'Start Time: 10:28 PM' and 'End Time: 12:58 AM +1'. Below this, the status is 'Closed'. There is a field for 'Manual Edit Reason:'. Under the 'STAFF' section, there are fields for 'Name:', 'ID #', 'SSN # ***-**-****', and 'Phone:'. A 'Details' button is located at the bottom right of the tile.

The service status can be found on the service tile, in this example the status is “Closed”.

New: This status indicates that a new clock in and/or out was submitted to the PP by the ISAS call-in system or the EVV application.

Needs Authorization: This status indicates that the provider submitted a Service Modification. The service will remain in this status until MDH reviews and processes the service.

Provider in Progress: This status indicates that a provider is still working on the service and has not submitted it to MDH for review. The provider can continue making further edits in this status and a 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 reviewed and acted on an exception. This service is ready for the overnight process to become a claim. The provider cannot make changes to the Service in this status.

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. A “not authorized” service cannot be modified.

Discarded: This status indicates that the 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 the 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.

How to Submit an Adjustment

If a Service Activity has already been “Submitted to MMIS” for claims processing, but a Provider user realizes that it needs to be adjusted before receiving the claim results, they can Request an Adjustment, anytime.

To Request Adjustment when SA is in the “Submitted to MMIS” status.

- 1) Navigate to the **Claim Details** section of the Service Date Details page.
- 2) Click on the **Request Adjustment** button.

The screenshot displays two main sections: 'CLAIM DETAILS' and 'SERVICE ACTIVITY SUMMARY'. The 'CLAIM DETAILS' section on the left shows a claim status of 'Submitted to MMIS' with a 'Claim Details' button. The 'SERVICE ACTIVITY SUMMARY' section on the right shows a 'Closed' status with a 'Details' button. A 'Request Adjustment' button is located at the bottom right of the interface. A yellow circle with the number '1' is positioned above the 'Claim Details' button, and a yellow circle with the number '2' is positioned above 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: --			

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 # ***.**-****

3) A pop-up will open that offers multiple actions to **adjust the service:**

The screenshot shows the 'REQUEST ADJUSTMENT' interface. At the top, it displays 'Client Name: Claim Test 2, Venkata' and 'ID #: 2009062EV269111'. On the right, it shows 'Claim Type: Adjustment' and 'Procedure Code: T1003'. A large orange circle with the number '3' is positioned above the 'REQUEST ADJUSTMENT' header. The main content area features a 'SERVICE ACTIVITY SUMMARY' tile on the left and a large dashed box on the right. The tile contains the following information: Start Time: 6:40 PM, End Time: 7:40 PM, Status: Closed, Manual Edit Reason: Forgotten Clock In/Out, Comment: Test, and STAFF information for Admin PDN 561204700 and 423137600 Neelu. Below the tile are 'Edit' and 'Void' buttons. The dashed box contains a '+ New Service Activity' button. At the bottom right, there are 'Void All' and 'Close' buttons. Callouts A, B, C, and D are placed over the '+ New Service Activity' button, the 'Edit' and 'Void' buttons, the 'Void All' button, and the 'Close' button respectively.

A. +New Service Activity will open a new Service Activity Summary tile to complete.

This screenshot shows the same 'REQUEST ADJUSTMENT' interface as above, but with a new 'SERVICE ACTIVITY SUMMARY' tile being added to the right of the existing one. The new tile is highlighted with a yellow border and contains the following fields: Start Time and End Time (both with clock icons), a 'Next day Clock-out' checkbox, Status: Needs Authorization, Manual Edit Reason (a dropdown menu), Comment (a text area with the placeholder 'Your comment here..'), and STAFF Name (a text input field). At the bottom of the new tile are 'Save' and 'Cancel' buttons. The 'Void All' and 'Close' buttons remain at the bottom right of the main interface.

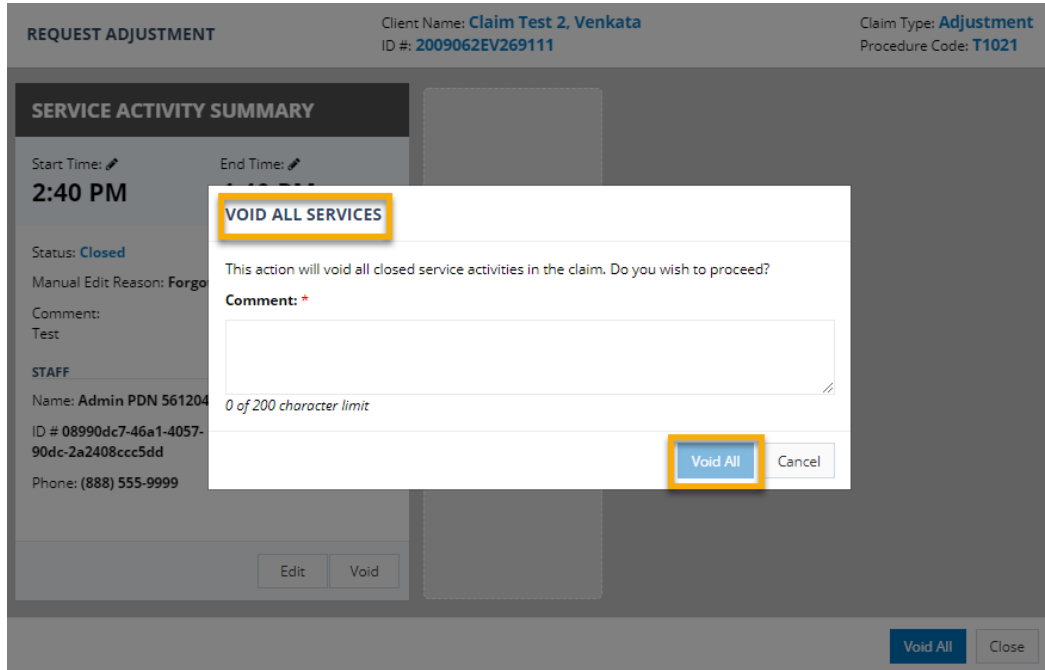
B. Edit the existing Service Activity will display the current service activity in Edit mode.

The screenshot shows the 'REQUEST ADJUSTMENT' interface. At the top, it displays 'Client Name: Claim Test 2, Venkata' and 'ID #: 2009062EV269111'. On the right, it shows 'Claim Type: Adjustment' and 'Procedure Code: T1003'. The main content area is titled 'SERVICE ACTIVITY SUMMARY' and is highlighted with a yellow border. It contains the following fields: 'Start Time:' with a value of '6:40 PM' and a clock icon; 'End Time:' with a value of '7:40 PM' and a clock icon; a checkbox for 'Next day Clock-out'; 'Status:' set to 'Closed'; 'Manual Edit Reason:' with a dropdown menu showing 'Forgotten Clo'; a 'Comment:' text area containing the word 'Test'; and 'STAFF' information including 'Name:' with the value 'Admin PDN 561204700 and 42313'. At the bottom of the form are 'Save' and 'Cancel' buttons. To the right of the form is a '+ New Service Activity' button. At the bottom right of the page are 'Void All' and 'Close' buttons.

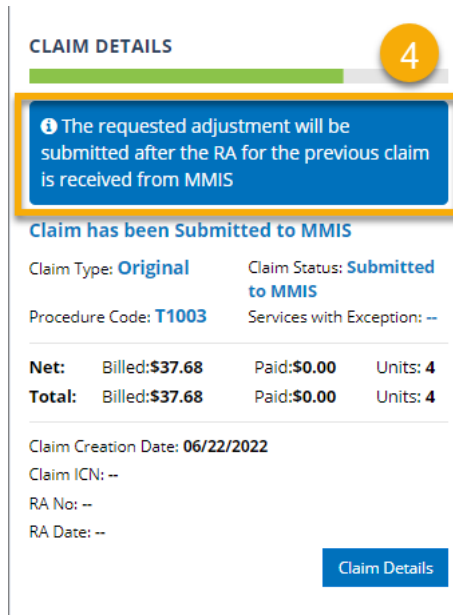
C. Void the Service Activity will open a pop-up to enter comments before completing void.

The screenshot shows the 'REQUEST ADJUSTMENT' interface with the 'SERVICE ACTIVITY SUMMARY' form in the background. A 'VOID SERVICE ACTIVITY' pop-up dialog is open in the foreground, highlighted with a yellow border. The dialog contains the text 'Please confirm that you would like to Void the Service Activity' and a 'Comment:' text area with a '0 of 200 character limit' indicator. At the bottom of the dialog are 'Void' and 'Cancel' buttons. The background form shows the 'Start Time:' as '6:40 PM' and 'Manual Edit Reason:' as 'Forgotten Clo'. At the bottom right of the page are 'Void All' and 'Close' buttons.

D. Void ALL Service Activities will open a pop-up to enter comments before completing the void of all services in the claim.



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”.



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:

The screenshot shows the MDH Provider Portal interface. At the top, there are search filters for Client ID/MA #, Service Status, Exception Type, Claim Type, Service Type, Assignment Status, and Requested Adjustment. Below this, the client information for 'Claim Test 2, Venkata' is displayed, including ID # 2009062EV269111 and MA # 15975385205. A yellow banner with a 'P' icon and the text 'PENDING ADJUSTMENT' is visible in the top right corner of the record. The record details include Service Date (06/19/2022), Claim Status (Submitted to MMIS), Claim Type (Original), Total Billed (\$37.68), and Total Paid (--). A table below shows a single service activity with a start time of 6:40 PM, end time of 7:40 PM, and status of 'Closed'. The staff name is 'Admin PDN' and the completion source is 'MDH Manual'.

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.

4. Exception and Overnight Validation Process

Exceptions Policy

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

When there are too 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. 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.
 - a. Services pending exceptions longer than 90 days and are **not actively being resolved** will be disapproved by MDH.
2. Disapproved activities will be removed from the count in the Actions Required section of the Provider Portal Homepage.

3. Disapproved activities can be found using the “Service & Claim Search” and the Services Rendered Reports for activities that were “Not Authorized” or “Discarded”.
4. If after disapproval the issue is resolved (i.e., eligibility and/or POC updated), the billing activity may be re-entered and submitted by your agency for payment.
 - a. Services can be resubmitted up to one year from the original date of service through the Provider Portal.
 - b. 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.

Types of Exceptions

There are three categories of exceptions for the Autism Waiver in the Provider Portal:

Authorization-Based Exceptions

Cause: Exception occurs when there is an error in either the billing entry or the Plan of Care (POC).

- Provider not authorized for the service.
- No approved service plan found

Eligibility-Based Exceptions

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

- Client ineligible for program
- Client ineligible for Medicaid

Service-based Exceptions

- Missing Clock in/Out
- Staff Overlap - Different Provider
- Client Overlap - Different Program
- Staff Overlap - Same Provider
- Staff Overlap - Different Program
- Client Overlap

Authorization-Based Exceptions

Authorization-based exceptions occur due to an error in either the billing entry or the Plan of Care (POC).

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 POC, then this exception is assigned.

3. If the wrong service type was listed on the POC and your staff did bill under the system-expected service type, then this exception is assigned.
4. If the POC 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; and
3. The participant is not authorized for any services.

Exception Resolution Pathways

A. Wrong Service Type Billed

1. If the wrong type of service was billed, discard the service and re-enter it under the correct service type.
2. 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. POC Issue

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

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
- C. The participant's MA eligibility information is missing from LTSS/MMIS

Exception Resolution Pathways

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

Service-based Exceptions

Missing Clock in/Out

If a DSP 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).

Overlaps

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

Types of Overlaps - Agency Resolves

These overlaps will pend with a “Pending Provider” status and can be found on the provider portal homepage.

▼ RESOLVE BY PROVIDER (AS OF 08/03/2023 4:30 PM)

▼ EVV SERVICES

Exception Type	Pending	In-Progress	Total
▶ Client Overlap - Different Program	0	0	0
▶ Missing Clock-in	4	0	4
▶ Missing Clock-out	64	0	64

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 both 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. Note: This only applies to provider agencies that are both Autism Waiver IISS or Respite providers and Personal Assistance Services (PAS) providers.

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

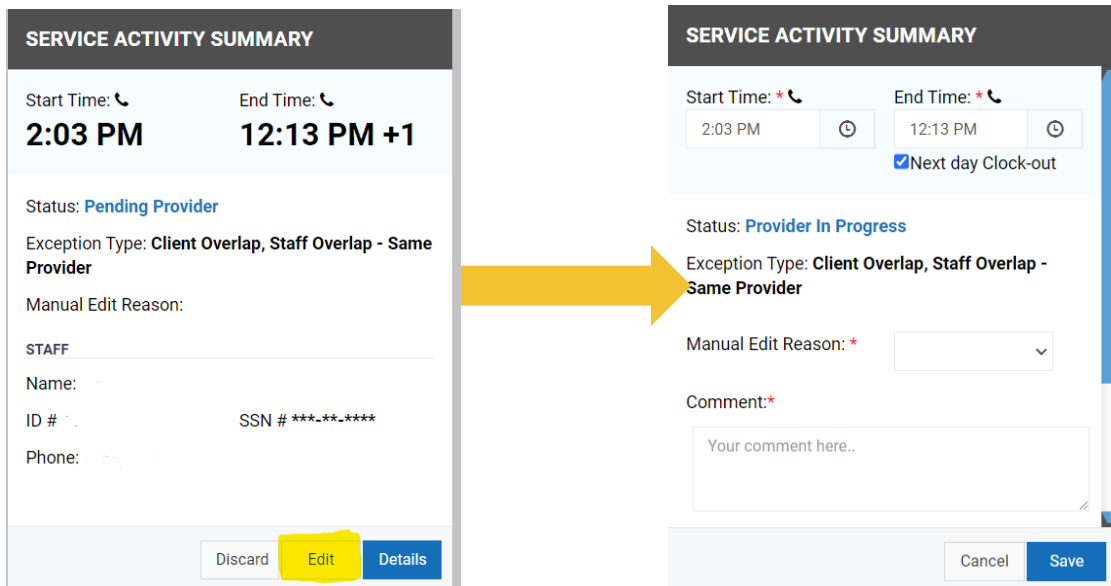
overlapping time is up to the agency, however they must remove all overlapping time in order to avoid double billing.

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”



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.

Pending Exceptions for MDH & Provider Resolution

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

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

ANNOUNCEMENTS

Recent Archived

Announcement Category: All selected (2) Filter:

7/31/23 All Providers

Learn About Entering MTRs on the EVV App! - Provider Portal Post Volume 7

Greetings, agency providers and welcome to the monthly Provider Portal Post! Is your organization having trouble maneuvering the ins and outs of the provider portal?

Well, look no further!

Here, you will find general updates, technical defect announcements, information for training opportunities and tips for success.

Today's Provider Portal Post message includes **big news about the LTSS Maryland EVV Mobile App**. This issue also includes information for **DDA providers about using the Check Tracing Self-Service option** and the **MTR due dates for July dates of service**.

[To review the full message, click here!](#)

July MTR Deadline

Dates of service in July 2023 first become due beginning **July 31**. Please refer to the below calendar for a quick reference of when MTRs are due for each date of service in June.

ACTIONS REQUIRED

▼ RESOLVE BY MDH (AS OF 08/03/2023 5:00 PM)

▼ EVV SERVICES

Exception Type	Counts
▶ Client Ineligible for Medicaid	3
▶ Client ineligible for program	1
▶ Client Overlap	0
▶ Client Overlap - Different Program	1
▶ Client POS has no ISAS Service	1
▶ Contact MDH ISAS	0
▶ Daily Service	0
▶ Daily Service by Multiple Providers	0
▶ Mismatch Service	0
▶ No approved service plan found	1
▶ No matching share attendant in POS	0
▶ Over 14 hours shift	0
▶ Provider not authorized for the service	1
▶ Shared attendant service not found in POS	0
▶ Staff Overlap - Different Provider	0

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

Note: 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 04/19/2023 11:30 AM)	
▼ EVV SERVICES	
Exception Type	Counts
▶ Client Ineligible for Medicaid	0
▶ Client ineligible for Medicaid but has active waiver program in MMIS	0
▶ Client ineligible for program	0
▶ Client Overlap - Different Program	1
▶ Client POC has no AW service	0
▶ Contact MDH ISAS	0
▶ No submitted POC found for Client	0
▶ Provider not authorized for the service	2
▶ Staff Overlap - Different Provider	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

▼ RESOLVE BY PROVIDER (AS OF 04/19/2023 11:30 AM)

▼ EVV SERVICES


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

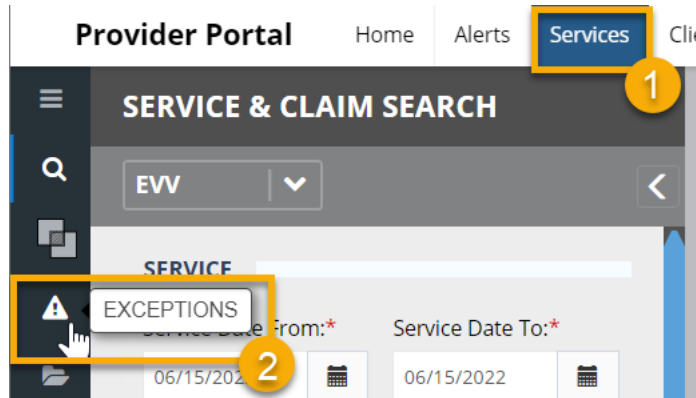
- The **Counts** column displays the number of EVV services for each Exception Type for services rendered by the Provider that **require attention by the Provider**.
 - The counts in the table are hyperlinks, which redirect to the Services Search Results page which lists the services included in the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

Exceptions Search

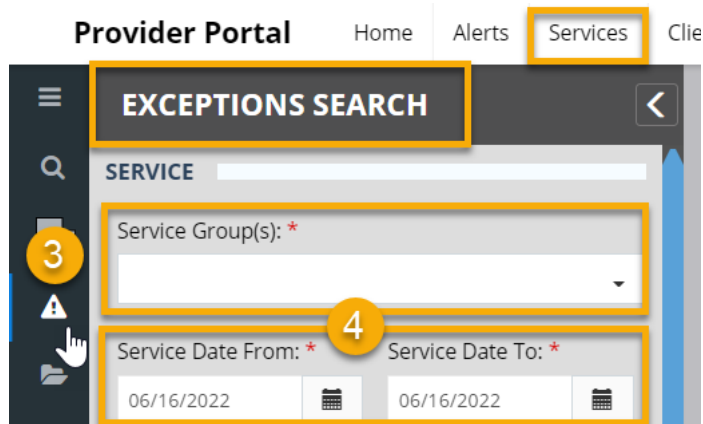
To facilitate the process of viewing and managing exceptions, authorized users are able to search and view records for AW service activities rendered by any Provider Agency with IISS or Respite Location attributes using the **Exceptions Search** form.

To begin a search for Exceptions for AW 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.

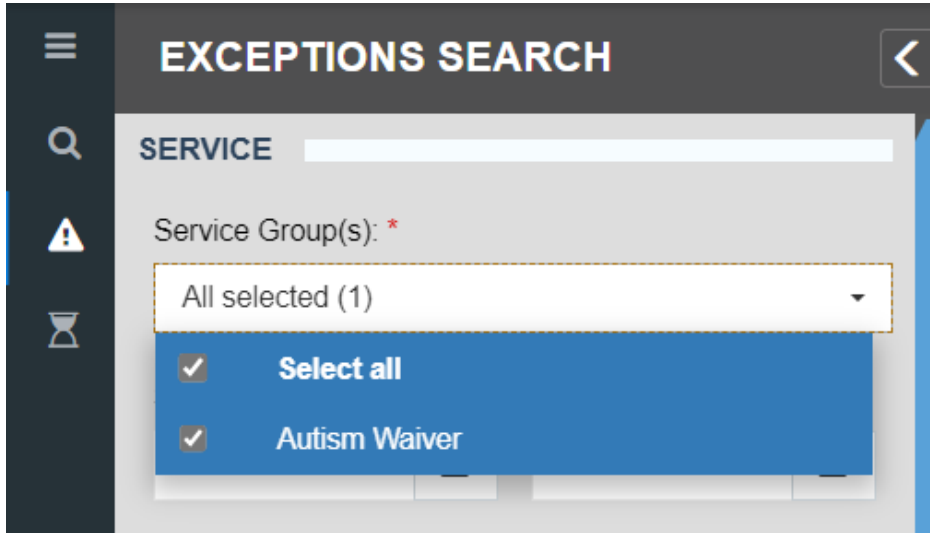


3) Upon clicking the warning icon, the **Exceptions Search** window will open.



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

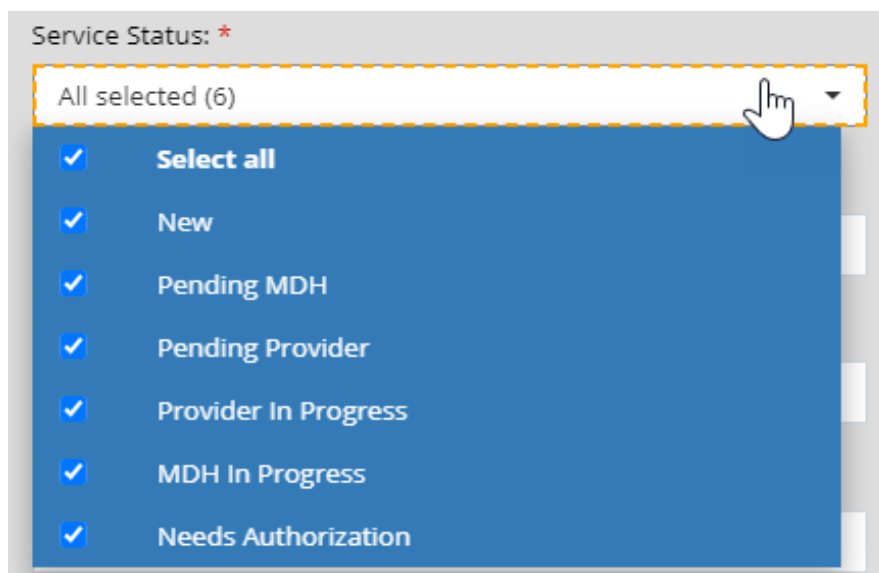
- **Service Date From** and **Service Date To** – The search for services with exceptions is limited to a 365-day range. The From and To date cannot be more than 365 days apart.
- **Service Group(s)** – **Provider users** will have access to their existing **Service Groups**, for services they can provide.



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

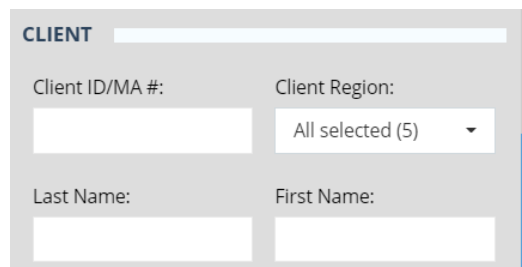
- **Service Group** - Autism Waiver in the drop-down
- **Service Type** - IISS and Respite Care options in the drop-down
- **Service Status** – Presents only those service workflow status options that are relevant for the processing of service activities with Exceptions. Provider users are not able to edit this field.



- **Exception type**- Displays exceptions list that correspond to Autism Service, based on the selection made in the “Service Type” field.
 1. Client ineligible for Medicaid
 2. Client ineligible for program
 3. Client ineligible for Medicaid but has active waiver program in MMIS
 4. Client POC has no AW service
 5. No approved Service Plan found
 6. Provider not authorized for the service
 7. Missing Clock-in
 8. Missing Clock-out
 9. Staff Overlap - Different Provider
 10. Staff Overlap - Same Provider
 11. Staff Overlap - Same provider, different program
 12. Client Overlap
 13. Client Overlap - Different Program
 14. Contact MDH ISAS
 15. No submitted POC found for client
 16. No Exception
- **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.
- **Claim Type** – Allows search to be limited by the type of claim for services with exceptions.
 - No Claim
 - Adjustment
 - Original
 - Void

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.

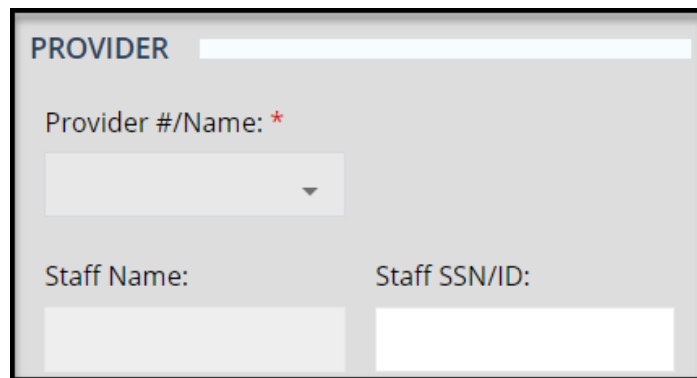


The screenshot shows a search form titled "CLIENT". It contains four input fields arranged in a 2x2 grid. The top-left field is labeled "Client ID/MA #:" and is empty. The top-right field is labeled "Client Region:" and is a dropdown menu showing "All selected (5)". The bottom-left field is labeled "Last Name:" and is empty. The bottom-right field is labeled "First Name:" and is empty.

- **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**

Exception Search by Provider



The screenshot shows a search form titled "PROVIDER" with a search bar. Below the search bar, there is a label "Provider #/Name: *" followed by a dropdown menu. Below the dropdown menu, there are two input fields: "Staff Name:" and "Staff SSN/ID:".

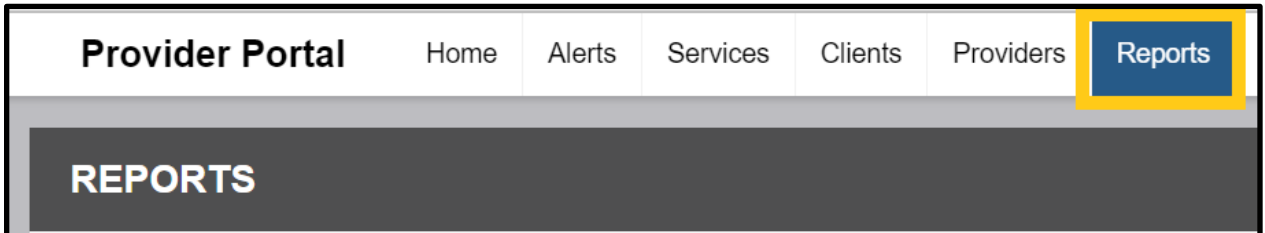
Provider

- 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 Staff ID

5. Reports

The provider portal contains reports that will help with daily monitoring and billing management. These reports can be found within the reports tab of the provider portal.

Navigation: Home Page - > Reports



Data Frequency

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

- Real Time - Every 30 mins
- Nightly - After Overnight Processing

REPORTS			
Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Claims	HDM and EA Claims Report	Real Time	View

Daily Monitoring Reports:

Daily monitoring reports are designed to assist the user with daily activities:

- Monitoring POCs
- Participant Service Enrollment
- Participant Authorized Services
- OTP Assignment

Autism Waiver Plans of Care Report

The intent of the Autism Waiver Plans of Care Report is so that users may view all submitted Plans of Care for an agency including historical POCs. Agencies can only see client POC's that have them listed as an authorized provider.

As a “Nightly” report, the values in the report reflect the data that was captured in the system as of the previous day.

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 an AW Provider Location
- Billing Provider of an AW Provider Location

Inputs

1. Select **View** from the Actions column of the **Autism Waiver Plans of Care Report**.

REPORTS			
Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

2. Users may filter the data that they would like to view by making selections for the following input parameters:

Effective From (mm/dd/yyyy)	<input type="text" value="12/12/2021 12:00:00 AM"/>	Effective To (mm/dd/yyyy)	<input type="text" value="12/12/2022 12:00:00 AM"/>	<input type="button" value="View Report"/>
Agency Name/FEIN	<input type="text"/>	Provider Locations	<input type="text" value="All Locations"/>	
Service	<input type="text" value="Adult Life Planning (ALP), Environm"/>	Client First Name	<input type="text"/>	
Client Last Name	<input type="text"/>	Client ID/MA#	<input type="text"/>	

1. **Effective From (mm/dd/yyyy)**
 - a. Defaults to a year prior to the current system date
 - b. The date range provided cannot be for more than 1 year.
2. **Effective To (mm/dd/yyyy)**
 - a. Defaults to the current system date
 - b. The date range provided cannot be for more than 1 year.
3. **Agency Name/FEIN**
 - a. Optional field
 - b. Field pertains to locations with Provider Type of Provider Organization

4. Provider Locations

- a. Optional field
- b. A multi-select dropdown that includes the AW Service Provider locations the user is assigned to and the field defaults to having all locations checked.

5. Service

- a. Optional field
- b. Multi-select dropdown to include:
 - 1. (Select All)
 - 2. Adult Life Planning
 - 3. Environmental Accessibility Adaptations
 - 4. Family Consultation
 - 5. Intensive Individual Support Services (IISS)
 - 6. Intensive Residential Habilitation
 - 7. Intensive Therapeutic Integration
 - 8. Residential Habilitation
 - 9. Respite Care
 - 10. Therapeutic Integration

6. Client First Name

- a. Optional field

7. Client Last Name

- a. Optional field

8. Client ID/MA#

- a. Optional field

9. View Report

- a. Upon selection, the system should display the report detail view.

Outputs for Autism Waiver Plans of Care Report

Once all desired inputs have been selected, and the user selects **View Report**, then they may view the following output columns:

Autism Waiver Plans of Care Report	
Search Criteria:	
Effective From:	3/16/2022
Effective To:	3/16/2023
Agency Name/FEIN:	test
Provider Locations:	Fake Agency For Testing_Location 1 - 066077810, Fake Agency For Testing_Location 1 - 942233210,
Service:	Adult Life Planning (ALP), Environmental Accessibility Adaptations (EAA), Family Consultation (FC) Integration (TI)
Client First Name:	
Client Last Name:	
Client ID/MA#:	
Report Date:	03/16/2023
Total Number of Records Returned:	4
Total Number of POCs:	2

Client ID	Client MA#	Coverage Group	Client First Name	Client Last Name	Enrolled Program	POC Type	Active	Effective Date	End Date
		F01			AW	Annual	Inactive	12/5/2021	12/4/2022
		F01			AW	Annual	Inactive	12/5/2021	12/4/2022

POC Service	Approved Weekly Units	Approved Annual Units	Service Effective Date	Service End Date	Provider Name	Provider Number
RES		300	12/5/2021	12/4/2022	Fake Agency For Testing_Location 1	795099810
IISS	300	300	12/5/2021	12/4/2022	Fake Agency For Testing_Location 1	795099810

1. **Client ID**
 - a. Hyperlink that redirects user to the Client Summary module of LTSS
2. **Client MA#**
 - a. Display Client's current MA number from Client Profile
3. **Coverage Group**
 - a. Display coverage group associated to current MA# of Client Profile
4. **Client First Name**
 - a. Authorized users will have the individuals assigned to their Agency displayed.
5. **Client Last Name**
 - a. Authorized users will have the individuals assigned to their Agency displayed.
6. **Enrolled Program**
 - a. Display the program(s) the client is currently enrolled in. Comma separated, if enrolled in multiple programs.
7. **POC Type**
 - a. Display the POC type of the AW POC
 - b. Hyperlink redirects the user to the Service Plans page of Provider Portal.
8. **Active**
 - a. Displays Active/Inactive Status
9. **Effective Date**
 - a. Display the Effective Date of the corresponding AW POC
10. **End Date**
 - a. Display the End Date of the corresponding AW POC
11. **POC Service**
 - a. Display the Service name from the corresponding AW POC
 - b. Providers only have access to the services they are providing.
12. **Approved Units**
13. **Service Effective Date**
 - a. Display the Effective Date of the specific service from the corresponding POC
14. **Service End Date**
 - a. Display the End Date of the specific service from the corresponding POC
15. **Provider Name**
16. **Provider Number**

Autism Waiver Services Tracking Log Report

This report will allow the user to view all participants under your agency enrolled in Intensive Individual Support Services and Respite Care utilization by county.

is a “Nightly” report, the values in the report reflect the data that was captured in the system as of the previous day.

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 an AW Provider Location
- Billing Provider of an AW Provider Location

Inputs

1. Select **View** from the Actions column of the **Autism Waiver Services Tracking Log Report**.

REPORTS			
Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

2. Users may filter the data that they would like to view by making selections for the following input parameters:

Effective From (mm/dd/yyyy)	<input type="text" value="11/1/2022 12:00:00 AM"/>	Effective To (mm/dd/yyyy)	<input type="text" value="11/30/2022 12:00:00 AM"/>	<input type="button" value="View Report"/>
Provider Locations	<input type="text" value="A & R COMFORT CARE LLC - 412301"/>	County	<input type="text" value="Allegany, Anne Arundel, Baltimore, "/>	

1. Effective From
 - a. Required field
 - b. Defaults to first day of the previous month
 - c. Any client that was authorized for the service for at least one day during that date range
 - d. POC effective date range to be looked at to pull this info
 - e. The field is editable, and the date range provided cannot be for more than 1 year. A hard stop shall be in place restricting the user from pulling the data for over a year.

2. Effective To
 - a. Required field
 - b. Defaults to last day of the previous month
 - c. The field is editable, and the date range provided cannot be for more than 1 year. A hard stop shall be in place restricting the user from pulling the data for over a year.
3. Provider Locations
 - a. Required field
 - b. Business Rule:
 - i. For Provider user roles, this is a multi-select dropdown that includes the AW Service Provider locations the user is assigned to and the field defaults to all locations.
 - c. Defaults to Select All
4. County
 - a. Required field
 - b. Multi-select dropdown including:
 - i. (Select All)
 - ii. Allegany
 - iii. Anne Arundel
 - iv. Baltimore
 - v. Baltimore City
 - vi. Calvert
 - vii. Caroline
 - viii. Carroll
 - ix. Cecil
 - x. Charles
 - xi. Dorchester
 - xii. Frederick
 - xiii. Garrett
 - xiv. Harford
 - xv. Howard
 - xvi. Kent
 - xvii. Montgomery
 - xviii. Other
 - xix. Prince George's
 - xx. Queen Anne's
 - xxi. Somerset
 - xxii. St. Mary's
 - xxiii. Talbot
 - xxiv. Washington
 - xxv. Wicomico
 - xxvi. Worcester
 - c. Defaults to Select All
5. View Report
 - a. Upon selection, the system should display the report detail view.

If the user tries to view the report without selecting a value for a required field, then the system will display an error message saying, "Please enter a value for the parameter 'XXXXX*'. The parameter cannot be blank.

Outputs for Summary Report

Once all desired inputs have been selected for the AW Service Tracking Log, and the user selects **View Report**, then they will view the following output columns:

Autism Waiver Services Tracking Log				
Search Criteria:				
Effective From:	5/1/2022			
Effective To:	3/31/2023			
Provider Locations:	AccessAbility Medicare_Location 0 - 343839500			
County:	Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Other, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester			
Report Date:	04/10/2023			
Total Number of Records Returned: 1				
Provider Location	County	# of Clients Authorized	# of Clients Not Served	# of Clients Served
Total		8	8	0
AccessAbility Medicare_Location 0	Total	8	8	0
	Baltimore	8	8	0

1. **Provider Location** – Displays the Provider name rendering services during the date range provided for the report
2. **County** – Displays the county in which the Provider is rendering services
3. **# of Clients Authorized**
 - a. Displays the number of clients authorized to receive services for the Provider and County combination for at least one day during the specified date range
 - b. Hyperlink that redirects the user to a sub-report which displays the list of clients authorized to receive services
4. **# of Clients Not Served**
 - a. Displays the number of clients not being served for the Provider and County combination for the specified date range
 - b. Hyperlink that redirects the user to a sub-report which displays the list of clients not served
5. **# of Clients Served**
 - a. Displays the number of clients being served for the Provider and County combination for the specified date range
 - b. Hyperlink that redirects the user to a sub-report which displays the list of clients served along with the hours they were served for

Outputs for Detail Report

From the **AW Services Tracking Log Summary**, when the user selects the value on # of Clients Authorized, # of Clients Not Served or # of Clients Served, then the user is redirected to a sub-report that displays the list of clients and the hours authorized/used and should be able to view the following output columns:

Autism Waiver Services Tracking Log

Search Criteria:

Start Date: 5/1/2022
 End Date: 3/31/2023
 Provider Locations: AccessAbility Medicare_Location 0 - 343839500
 County: Baltimore
 Report Date: 04/10/2023

Total Number of Records Returned: 16

Client ID	Client First Name	Client Last Name	County	Provider Location	POC Effective Date
			Baltimore	AccessAbility Medicare_Location 0	3/5/2023
			Baltimore	AccessAbility Medicare_Location 0	3/5/2023
			Baltimore	AccessAbility Medicare_Location 0	3/5/2023

POC End Date	Service Name	Service Effective Date	Service End Date	Authorized Weekly Units	Authorized Annual Units	Units Used
3/4/2024	IISS	12/5/2021	12/4/2022	300	300	0
3/4/2024	RES	12/5/2021	12/4/2022	N/A	300	0
3/4/2024	RES	12/5/2021	12/4/2022	N/A	300	0

1. **Client ID**
 - a. Hyperlink that redirects the user to the Client Summary module of LTSS in a new tab
2. **Client First Name**
 - a. Displays the Client First Name pulled from the Demographics section of the Client Profile
3. **Client Last Name**
 - a. Displays the Client Last Name pulled from the Demographics section of the Client Profile
4. **County**
5. **Provider Location**
6. **POC Effective Date**
 - a. Displays the Effective Date of the corresponding AW POC
 - b. Hyperlink that redirects the user to the summary page of that POC in a new tab
7. **POC End Date**
 - a. Displays the End Date of the corresponding AW POC
8. **Service Effective Date**
 - a. Displays the Effective Date of the specific service from the corresponding POC that overlaps with the specified date range
9. **Service End Date**
 - a. Displays the End Date of the specific service from the corresponding POC that overlaps with the specified date range
10. **IISS Authorized Weekly Units**
 - a. Displays the IISS authorized units per week where at least one day of the IISS service authorization period falls within the date range provided for the report

- b. For the same Service Effective Date and Service End Date duration, if there's no Respite service available, displays N/A
- 11. IISS Authorized Annual Units**
- a. Displays the IISS authorized units per year where at least one day of the IISS service authorization period falls within the date range provided for the report
 - b. For the same Service Effective Date and Service End Date duration, if there's no Respite service available, displays N/A
- 12. IISS Units Used**
- a. Displays the summation of the units used by referencing all IISS Service Activities for the specific provider and client combination for the specified date range provided for the report
 - b. The Service Activities included will be in the statuses of New, Ready, Closed, Needs Authorization, Pending Provider, Provider in Progress, MDH In Progress, MDH Reviewed, Pending MDH
- 13. Respite Authorized Annual Units**
- a. Displays the Respite authorized units per year where at least one day of the Respite service authorization period falls within the date range provided for the report
 - b. For the same Service Effective Date and Service End Date duration, if there's no IISS service available, display N/A
- 14. Respite Units Used**
- a. Displays the summation of the units used by referencing all Respite Service Activities for the specific provider and client combination for the specified date range provided for the report
 - b. The Service Activities included will be in the statuses of New, Ready, Closed, Needs Authorization, Pending Provider, Provider in Progress, MDH In Progress, MDH Reviewed, Pending MDH

Autism Waiver Authorized Services Report

The intent of the Authorized Autism Waiver Services Summary & Detailed Report is so that users may view the number of units that have been billed against the authorized units on the service plan.

As a "Nightly" report, the values in the report reflect the data that was captured in the system as of the previous day.

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 an AW Provider Location

- Billing Provider of an AW Provider Location
- Staff Provider of an AW Provider Location

Inputs

1. Select **View** from the Actions column of the **Authorized Autism Waiver Services Report**.

REPORTS			
Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

2. Users may filter the data that they would like to view by making selections for the following input parameters:

Plan of Care Authorization Period	<input type="text" value="Annual"/>	Plan of Care Year	<input type="text" value="2023"/>	<input type="button" value="View Report"/>
Plan of Care Month	<input type="text" value="Not available for input"/>	Plan of Care Week	<input type="text" value="Not available for input"/>	
Agency Name/FEIN	<input type="text" value="Fake Agency"/>	Provider Locations	<input type="text" value="Fake Agency For Testing_Location 1"/>	
Plan of Care Service	<input type="text" value="Intensive Individual Support Service"/>	Client ID/MA#	<input type="text"/>	
Client SSN#	<input type="text"/>	Client Name	<input type="text"/>	
Requested Adjustment	<input type="text" value="Yes, No"/>			

1. **Plan of Care Authorization Period**
 - a. Required field
 - b. Single-select dropdown:
 - <Select a Value>
 - Weekly
 - Annual
 - c. Defaults to <Select a Value>
2. **Plan of Care Year**
 - a. Required field
 - b. Single-select dropdown displaying values up to the last 6 years
 - c. Defaults to current year
3. **Plan of Care Month**

- a. Required field
- b. Multi-select dropdown
- c. Defaults to current month
- 4. Plan of Care Week**
- 5. Agency Name/FEIN**
 - a. Optional field
- 6. Provider Locations**
 - a. Required field
 - b. A multi-select dropdown that includes the AW Service Provider locations the user is assigned to and the field defaults to having all locations checked.
- 7. Plan of Care Service**
 - a. Required field
 - b. Multi-select dropdown:
 - Intensive Individual Support Services (IISS)
 - Respite Care
- 8. Client ID/MA#**
- 9. Client SSN#**
- 10. Client Name**
- 11. Requested Adjustment**
 - a. Required field
 - b. Multi-select dropdown:
 - Select All
 - Yes
 - No
- 12. View Report**
 - a. Upon selection, the system should display the report detail view

Outputs for Summary Report

Autism Waiver Annual Authorized Services Summary Report

Search Criteria:

Plan of Care Authorization Period: Annual
Plan of Care Year: 2022
Plan of Care Month: Not available for input
Plan of Care Week: Not available for input
Agency Name/FEIN:
Provider Locations: All Locations
Plan of Care Service: Intensive Individual Support Services (IISS)
Client ID/MA#:
Client SSN#: Not available for input
Client Name:
Requested Adjustment: Yes, No
Report Date: 04/25/2023
Total Number of Records Returned: 320

Client ID	Client Name	Client MA#	Agency Name	Provider Location Name	Provider Location Number
			Aut-Training Agency 6	Aut-Training Agency 6_Location 0	229334300
			American Caregivers Inc.	American Caregivers Inc._Location 0	897829200
			The League for People with Disabilities	The League for People wit_Location 0	821492400

Plan of Care Period	Plan Of Care Service	Service Period	Unit Type	Authorized Units
07/01/2022- 06/30/2023	IISS	12/05/2021-12/04/2022	15 minute increment	300
07/01/2022- 06/30/2023	IISS	12/05/2021-12/04/2022	15 minute increment	300
07/01/2022- 06/30/2023	IISS	12/05/2021-12/04/2022	15 minute increment	300

Billed		Entered	
Services Units	Balance (Authorized - Services Entered)	Services Units	Balance (Authorized - Services Entered)
0	300	0	300
0	300	0	300
0	300	0	300

- a. **Client ID**
 - i. Displays LTSS ID of the individual receiving services
- b. **Client Name**
 - i. Displays name of the individual receiving services
 - ii. Hyperlink that redirects the user to the Client Profile page of LTSS in a new tab
- c. **Client MA#**
 - i. Displays MA# of the individual receiving services
- d. **Agency Name**
 - i. Displays the name of the Agency through which the services are provided
- e. **Provider Location Name**
 - i. Displays the name of the Provider Location through which the services were rendered
- f. **Provider Location Number**
 - i. Displays the number of the Provider Location through which the services were rendered
- g. **Plan of Care Period**
 - i. Monthly - Displays the start and end date of the selected month/months
 - ii. Annual - Displays the date range of the plan year based on the entered search criteria
- h. **Plan of Care Service**
 - i. Displays the type of the service authorized on the Service plan
- i. **Unit Type**
 - i. Displays the billing unit type of the service on the Service plan
- j. **Authorized Units/Cost**
- k. **Billed Services Units**
 - i. Displays the sum of units/cost for service activities that are in Closed status
 - ii. Hyperlink that redirects the user to the Services detail sub-report
 - iii. If the value is 0, then it would not be a hyperlink to the sub-report
- l. **Billed Balance**
 - i. Displays the difference of Authorized Units/Cost to Billed Units/Cost
- m. **Entered Services Units/Cost**
 - i. Displays the sum of units/cost for service activities that are in Ready, Closed, Pending, Pending MDH, New without Missing time exceptions, Needs authorization, MDH in Progress, MDH reviewed and Pending Provider. Should not include Discarded, Not authorized and voided.
 - ii. Hyperlink that redirects the user to the Services detail sub-report
 - iii. If the value is 0, then it would not be a hyperlink to the sub-report
- n. **Entered Balance**
 - 1. Displays the difference of the Authorized Units/Cost to Entered Units/Cost
- o. **Entered Count of Services with Exceptions**
 - i. Displays the count of service activities with Exception
 - ii. Hyperlink that redirects the user to a sub-report of service activity details with Exceptions for the selected period
 - iii. If the value is 0, then it would not be a hyperlink to the sub-report

Outputs for Detail Report

Once all desired inputs have been selected for the Authorized Autism Waiver Services Summary & Detailed Report in LTSS, when users select the value on Billed Services Units/Cost or Entered Services Units/Cost or Count of Services with Exceptions, then the user is redirected to a sub-report that displays the service activity detail.

If the user selected the value entered on Billed Services Units/Cost then, all service activities of the Service type for the selected authorization period that are in either Closed or state Payment Eligible status are displayed along with the below listed output elements

- a. If the user selected the value on Entered Services Units/Cost then, all service activities of the Service type on the Selected service plan that are in either Closed, State Payment Eligible, Pending, Pending MDH, Pending Provider and Ready status are displayed along with the below listed output elements
- b. If the user selected the value on Count of Services with Exceptions, then, all service activities of the Service type on the Selected service plan that are in either Pending, Pending MDH, Pending Provider and Ready status are displayed along with the below listed output elements

System shall display the following output columns on the detail report:

- c. **Client ID**
 - i. Displays LTSS ID of the individual receiving services
- d. **Client Name**
 - i. Displays name of the individual receiving services
- e. **Provider Location Number**
 - i. Displays the number of the Provider Location through which the services were rendered
- f. **Service Date**
 - i. Displays the date on the service activity
- g. **Service Type**
 - i. Displays the service type on the service activity
- h. **Service Status**
 - i. Displays the status on the service activity
- i. **Unit Type**
 - i. Displays the billing unit type on the service of the service activity
- j. **Service Activity Units/Cost**
 - i. Displays the amount of units rendered on the service activity
- k. **Claim Level: Billed Units**
 - i. Displays the units that have been billed for the services provided
- l. **Claim Level: Billed Amount**
 - i. Displays the amount billed for the services provided
- m. **Claim Level: Claim Type**
 - i. Displays the claim type if, exists. Else, displays blank
- n. **Claim Level: Claim Status**
 - i. Displays the status of the claim if, exists. Else, displays blank
- o. **Claim Level: Total Paid**
 - i. The total amount paid for that date of service based on the most recent claim submitted
- p. **Claim Level: Claim ICN**

- i. Displays the most recent Claim ICN if claim has been generated for the claim
- q. **Claim Level: RA Date**
 - i. Displays the most recent RA date if Remittance exists for the claim
- r. **Claim Level: RA No**
 - i. Displays the most recent RA number if Remittance exists for the claim
- s. **Claim Level: Requested Adjustment**
- t. **Exception Type**
 - i. Displays the Exceptions assigned on the Service activity if, any

Billing Reports:

Billing reports are designed to assist the user with service billing and payment:

- Manage services billed within the provider portal
- Manage services pending with an exception
- Manage claims within the provider portal
- Manage services rendered and payment

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.

This report is also accessible as a link from Autism 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.

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 an AW Provider Location
- Billing Provider of an AW Provider Location

Inputs

1. Select **View** from the Actions column of the **EVV Services Rendered Report**.

REPORTS

Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

2. 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)*	<input type="text" value="3/15/2023 12:00:00 AM"/>	Service Date To (mm/dd/yyyy)*	<input type="text" value="3/15/2023 12:00:00 AM"/>	<input type="button" value="View Report"/>
Service Program Type**	<input type="text" value="AW"/>	Service**	<input type="text" value="Intensive Individual Support Services"/>	
Agency Name/FEIN	<input type="text"/>	Provider Locations**	<input type="text" value="All Locations"/>	
Exception Type**	<input type="text" value="No Pending reason, Client Ineligible for"/>	Staff Name	<input type="text"/>	
Staff SSN#	<input type="text"/>	Client ID/ MA#	<input type="text"/>	
Client SSN#	<input type="text"/>	Client Name	<input type="text"/>	
Service Activity Status**	<input type="text" value="New, Ready, Closed, Needs Authorizati"/>	Client Region**	<input type="text" value="N/A"/>	
Report Data**	<input type="text" value="Service Activity Detail (Comments)"/>	Requested Adjustment**	<input type="text" value="Yes, No"/>	
Weekly POS Hours	<input type="text" value="Yes"/>			

1. **Service Date From (mm/dd/yyyy)**
 - i. Required field
 - ii. Corresponds to the Service date on the Service activity
 - iii. Default it to the current system date
2. **Service Date To (mm/dd/yyyy)**
 - i. Required field
 - ii. Corresponds to the Service date on the Service activity
 - iii. Default it to the current system date
3. **Service Program Type**
 - i. Required field
 - ii. Multi-select dropdown:
 1. (Select All)
 2. Unknown
 3. AW
 4. CP
 5. CS

6. FS
7. DDA State Funded
8. CFC
9. CO
10. CPAS
11. ICS

4. Service

- i. Required field
- ii. Multi-select dropdown to include existing services and new ones including:
 1. (Select All)
 2. Intensive Individual Support Services (IISS)
 3. Respite Care

5. Agency Name/FEIN

- i. Optional field corresponding to the short name of the provider agencies

6. Provider Locations

- i. Displays the Provider Locations to which the Provider user is authorized
- ii. Queries AW Service Activities based on the Provider Location that rendered the service
- iii. Defaults to **Select All**

7. Exception Type

- i. Dropdown to include and defaults to:
 1. (Select All)
 2. Client Ineligible for Medicaid
 3. Client ineligible for Medicaid but has active waiver program in MMIS
 4. Client ineligible for program
 5. Client Overlap
 6. Client Overlap – Different Program
 7. Client POC has no AW Service
 8. Missing Clock-in
 9. Missing Clock-out
 10. No submitted POC found for client
 11. Provider not authorized for the service
 12. Staff Overlap – Different Provider
 13. Staff Overlap – Same Provider
 14. Staff Overlap – Same Provider, Different Program

8. Staff Name

- i. Exact match search
- ii. Queries AW Service Activities based on the Staff Name that rendered the service

9. Staff SSN #

- i. Exact match search
- ii. Queries AW Service Activities based on the Staff Name that rendered the service

- iii. Not available for input for Provider users

10. Client ID/MA #/SSN #

- i. Exact match search by LTSS ID, Medicaid #, and/or SSN #Queries AW Service Activities based on the Client that received the service

11. Client Name

- i. Exact match search
- ii. Queries AW Service Activities based on the Client that received the service

12. Service Activity Status

- ii. Required field
- iii. Multi-select dropdown:
 - 1. (Select All)
 - 2. New
 - 3. Ready
 - 4. Closed
 - 5. Discarded
 - 6. Needs Authorization
 - 7. Not Authorized
 - 8. Pending Provider
 - 9. Provider In Progress
 - 10. MDH In Progress
 - 11. MDH Reviewed
 - 12. Pending MDH
 - 13. State Payment Eligible
 - 14. State Payment Reported
- iv. Defaults to having all values checked except Discarded, State Payment Eligible and State Payment Reported

13. Client Region

- i. Required field and it's based on the user logged in.
 - 1. Dropdown to include and defaults to:
 - 1. Not available for input

14. Report Data

- i. Required field
- ii. Single-select dropdown:
 - 1. Provider Staff Service Summary
 - 2. Client Service Summary
 - 3. Service Activity Detail
 - 4. Service Activity Detail (Comments)
- iii. Defaults to Service Activity Detail (Comments)

15. Requested Adjustment

- i. Required field
- ii. Multi-select dropdown
 - 1. (Select All)
 - 2. Yes
 - 3. No

iii. Defaults to Select All

16. View Report

i. Upon selection, the system should display the report accordingly.

Outputs for Service Activity Detail

Once all desired inputs have been selected, and the user selects Service Activity detail and then View Report, then they should be able to view the following output columns:

EVV Services Rendered Report - Service Activity Detail					
Search Criteria:					
Service Date From:	04/27/2023				
Service Date To:	04/27/2023				
Service Program Type:	AW				
Service:	Intensive Individual Support Services (IISS), Respite Care				
Exception Type:	No Pending reason; Client Ineligible for Medicaid; Client ineligible for Medicaid but has active waiver program in MMIS; Client ineligible for program; Client Overlap; Client Overlap - Different Program; Client POC has no AW service; Contact MDH ISAS; Missing Clock-in; Missing Clock-out; No submitted POC found for Client; Provider not authorized for the service; Staff Overlap - Different Provider; Staff Overlap - Same Provider; Staff Overlap - Same Provider, Different Program				
Agency Name/FEIN:					
Provider Locations:	All Locations				
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				
Requested Adjustment:	Yes, No				
Weekly POS Hours	Yes				
Service Date	Agency Name	Provider Name	Provider Number	Staff Name	Staff ID
04/27/2023					
04/27/2023					
04/27/2023					
Client Name	Client ID	Client MA #	Program	Service	
			AW	Respite Care	
			AW	Respite Care	
			AW	Respite Care	

Temporary Service	Service Initiation Source	Weekly POS Hours	Weekday of Service	Start Time	End Time
No	Telephone	19	Thursday	4/27/2023 1:02 PM	4/27/2023 4:28 PM
No	Telephone	67	Thursday	4/27/2023 7:25 AM	4/27/2023 4:00 PM
No	Telephone	35	Thursday	4/27/2023 8:59 AM	4/27/2023 2:36 PM

Service Duration (hours)	Units	Service Activity Status	Exception Type	Reason for Manual Entry	Requested Adjustment
3.43	14	Ready	Missing Clock-out	For Clock-In/Clock-Out:	No
8.57	34	Ready	Missing Clock-out	For Clock-In/Clock-Out:	No
5.63	23	Ready		For Clock-In/Clock-Out:	No

1. **Service Date**
 - a. Displays the date on which services were rendered
 - b. Hyperlink that redirects the user to the Service Date details page
2. **Agency Name**
 - a. Displays the name of the Agency through which the services are provided
3. **Provider Name**
 - a. Displays the name of the Provider location through which the services were rendered
4. **Provider Number**
 - a. Displays the number (MA#) of the Provider location through which the services were rendered
5. **Staff Name**
 - a. Displays the name of the staff who rendered the service
 - b. Hyperlink that redirects the user to Staff profile page
6. **Client Name**
 - a. Displays the name of the individual receiving services
 - b. Hyperlink that redirects the user to Client profile page
7. **Client ID**
 - a. Displays the LTSS ID of the individual receiving services
8. **Client MA#**
 - a. Displays the MA# of the individual receiving services
9. **Program**
 - a. Displays the Program Type stored in the Service activity
10. **Service**
 - a. Displays the Service type on the Service activity
11. **Temporary Service: NA**
12. **Service Initiation Source**

- a. Displays the Service initiation source with additional information related to the Call transaction
- b. Service Initiation source field values:
 - i. EVV Application
 - ii. Telephone (for IVR Entry)
 - iii. Provider Manual (Manual entry through Provider Portal)

13. Start Time

- a. Displays the timestamp entered by the Provider Staff at Clock in

14. End Time

- a. Displays the timestamp entered by the Provider Staff at Clock out

15. Service Duration (hours)

- a. Displays the duration of the Services rendered by calculating the span between the service start time and service end time
- b. If start or end time is missing, display "Missing Time"

16. Units

- a. Displays units of the Service Activity

17. Service Activity Status

- a. Displays the current status of the Service activity

18. Exception Type

- a. Displays all exceptions generated against the Service activity and are currently still assigned

19. Reason for Manual Entry

- a. Displays the value selected in the "Reason for Manual Entry" field with the comments entered during manual entry

20. Requested Adjustment

- a. Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.

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:

EVV Services Rendered Report - Service Activity Detail (Comments)

Search Criteria:
Service Date From: 04/27/2023
Service Date To: 04/27/2023
Service Program Type: AW
Service: Intensive Individual Support Services (IISS), Respite Care
Exception Type: No Pending reason; Client Ineligible for Medicaid; Client ineligible for Medicaid but has active waiver program in MMIS; Client ineligible for program; Client Overlap; Client Overlap - Different Program; Client POC has no AW service; Contact MDH ISAS; Missing Clock-in; Missing Clock-out; No submitted POC found for Client; Provider not authorized for the service; Staff Overlap - Different Provider; Staff Overlap - Same Provider; Staff Overlap - Same Provider, Different Program
Agency Name/FEIN:
Provider Locations: All Locations
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
Weekly POS Hours: Yes

Service Date	Agency Name	Provider Name	Provider Number	Staff Name	Staff ID
04/27/2023					
04/27/2023					
04/27/2023					

Client Name	Client ID	Client MA #	Program	Service
			AW	Respite Care
			AW	Respite Care
			AW	Respite Care

Temporary Service	Service Initiation Source	Weekly POS Hours	Weekday of Service	Start Time	End Time
No	Telephone	19	Thursday	4/27/2023 1:02 PM	4/27/2023 4:28 PM
No	Telephone	67	Thursday	4/27/2023 7:25 AM	4/27/2023 4:00 PM
No	Telephone	35	Thursday	4/27/2023 8:59 AM	4/27/2023 2:36 PM

Service Duration (hours)	Units	Service Activity Status	Exception Type	Reason for Manual Entry	Service Activity Comments	Requested Adjustment
3.43	14	Ready	Missing Clock-out	For Clock-In/Clock-Out:		No
8.57	34	Ready	Missing Clock-out	For Clock-In/Clock-Out:		No
5.63	23	Ready		For Clock-In/Clock-Out:		No

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. **Provider Manual**- manually created by a Provider user
 - iii. **Shared Attendant split**- system created for PDN services for **2 or More Participants**
 - iv. **Telephone**- Created via the IVR Call-in Process
 - v. **EVV Application**- Created via the mobile app Clock-In/Out process
- 14. **Weekly POS Hours**
 - a. Displays the authorized weekly units from the Plan of Care
- 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**
 - a. 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**
 - a. 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**

- a. Displays if the Service Activity has been processed for a Claim and if that Claim has had an adjustment.

Outputs for Provider Staff Service 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 **Provider Staff Service Summary** view:

EVV Services Rendered Report - Provider Staff Service Summary												
Search Criteria:												
Service Date From: 12/01/2022												
Service Date To: 03/15/2023												
Service Program Type: AW												
Service: Intensive Individual Support Services (IISS), Respite Care												
Exception Type: No Pending reason; Client Ineligible for Medicaid; Client ineligible for Medicaid but has active waiver program in MMIS; Client ineligible for program; Client Overlap; Client Overlap - Different Program; Client POC has no AW service; Contact MDH ISAS; Missing Clock-in; Missing Clock-out; No submitted POC found for Client; Provider not authorized for the service; Staff Overlap - Different Provider; Staff Overlap - Same Provider; Staff Overlap - Same Provider, Different Program												
Agency Name/FEIN:												
Provider Locations: All Locations												
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												
Agency Name	Provider Name	Provider Number	Staff Name	Staff ID	Staff ID	Program	Service	Temporary Service	# of Clients Served	Service Duration (hours)	Units Billed	# of Services with Exceptions
ENDLESS OPTIONS LLC	ENDLESS OPTIONS LLC	341102800	AWtestlast, AWTest	staff/325c9dcd-756c-42f1-90ed-4283aefe863b		AW	Respite Care	No	1	2.00	8	0
			TS_EndlessAdminProvider	staff/5585a2fc-3e2c-4c82-b338-ede6cc014110		AW	Intensive Individual Support Services (IISS)	No	4	11.75	47	0
			TS_EndlessBillingProvider	staff/31c4754d-a1de-4c29-9898-5698ec651436		AW	Respite Care	No	5	23.00	92	0
						AW	Intensive Individual Support Services (IISS)	No	6	65.75	263	0
						AW	Respite Care	No	4	13.48	54	0

1. **Agency Name**
 - a. Displays the name of the Agency through which the services were rendered to the individual
2. **Provider Name**
 - a. Displays the name of the Provider location through which the services were rendered

3. **Provider Number**
 - a. Displays the number of the Provider location through which the services were rendered
4. **Staff Name**
 - a. Displays the name of the staff who rendered the service
 - b. Hyperlink that redirects the user to Staff profile page
5. **Program**
 - a. Displays the Program Type stored in the Service activity
6. **Service**
 - a. Displays the Service type on the Service activity
7. **Temporary Service**
8. **# of Clients Served**
 - a. Displays a count of the total number of clients served by Staff within the timeframe specified in the input filter
 - b. Hyperlink that redirects the user to a sub-report which displays every individual service activity rendered to the clients by the specific staff for that Provider
9. **Service Duration (hours)**
 - a. Displays the number of hours of services rendered by specific staff for all the clients through the selected Provider location within the timeframe specified in the input filter
10. **# of Services with Exceptions**
 - a. Displays a count of the total number of services with exceptions generated for service activities by the staff within the timeframe specified in the input filter

Outputs for Client Service Summary

From the EVV Services Rendered Report, when the user selects the Client Service Summary as Report Data and hit View Report, then they should be able to view the following output columns:

EVV Services Rendered Report - Client Service Summary	
Search Criteria:	
Service Date From:	04/27/2023
Service Date To:	04/27/2023
Service Program Type:	AW
Service:	Intensive Individual Support Services (IISS), Respite Care
Exception Type:	No Pending reason; Client Ineligible for Medicaid; Client ineligible for Medicaid but has active waiver program in MMIS; Client ineligible for program; Client Overlap; Client Overlap - Different Program; Client POC has no AW service; Contact MDH ISAS; Missing Clock-in; Missing Clock-out; No submitted POC found for Client; Provider not authorized for the service; Staff Overlap - Different Provider; Staff Overlap - Same Provider; Staff Overlap - Same Provider, Different Program
Agency Name/FEIN:	
Provider Locations:	All Locations
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
Weekly POS Hours	Yes

1. **Client Name**
 - a. Displays the name of the individual receiving services
 - b. Hyperlink that redirects the user to Client Profile page
2. **Client ID**
 - a. Displays LTSS ID of the individual receiving services
3. **Client MA#**
 - a. Displays the MA# on the Service activity
4. **Agency Name**
 - a. Displays the name of the agency through which services were provided to the individual
5. **Provider Name**
 - a. Displays the name of the Provider location through which the services were rendered
6. **Provider Number**
 - a. Displays the number of the Provider location through which the services were rendered
7. **Staff Name**
 - a. Displays the name of the staff who rendered the service
 - b. Hyperlink that redirects the user to staff profile page
8. **Program**
 - a. Displays the Program Type stored in the Service activity
9. **Service**
 - a. Displays the Service type on the Service activity
10. **Temporary Service**
11. **Service Duration (hours)**
 - a. Displays the sum of all services duration on Service activities provided to the client by the staff for the range specified in the input filter (The sum of all the Service Activities duration on a specific date for an individual, service type and provider combination is divided by 15 minutes and converted into units. And if there is any remainder that is greater than or equal to 7 min 30 sec, then it is converted to 1 unit. If the remainder that is less than 7 min 30 sec, then it is converted to 0 units)

Provider Portal Claim Report

The intent of the Provider Portal Claims Report is so that users may view all claims paid to a provider based on date of service and/or provider number. As a “Nightly” report, the values in the report reflect the data that was captured in the system as of the previous day.

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 an AW Provider Location
- Billing Provider of an AW Provider Location

Inputs

1. Select **View** from the Actions column of the **Provider Portal Claims Report**.

REPORTS			
Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

2. 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)*	<input type="text" value="3/16/2023 12:00:00 AM"/>	Service Date To (mm/dd/yyyy)*	<input type="text" value="4/16/2023 12:00:00 AM"/>	<input type="button" value="View Report"/>
	<input type="checkbox"/> NULL		<input type="checkbox"/> NULL	
Submission Date From (mm/dd/yyyy)*	<input type="text"/>	Submission Date To (mm/dd/yyyy)*	<input type="text"/>	
	<input checked="" type="checkbox"/> NULL		<input checked="" type="checkbox"/> NULL	
Agency Name/FEIN	<input type="text"/>	Provider Locations*	<input type="text" value="All Locations"/>	
Program Type*	<input type="text" value="AW"/>	Service*	<input type="text" value="Intensive Individual Support Service"/>	
Claim Status*	<input type="text" value="Submitted to MMIS, Paid, Rejected"/>	Client SSN#	<input type="text"/>	
Client ID/MA#	<input type="text"/>	Client Name	<input type="text"/>	
Client Region*	<input type="text" value="Not available for input"/>	Requested Adjustment*	<input type="text" value="Yes, No"/>	

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
 - i. Multi-select dropdown:
 1. (Select All)
 2. AW
 3. CFC
 4. CO
 5. CPAS
 6. ICS
 7. CP
 8. CS
 9. FS
 - b. Defaults to **Select All**

8. **Service**
 - a. Queries Claims based on the type of Service
 - b. Required field
 - i. Multi-select dropdown to include existing services and new ones including:
 1. (Select All)
 2. Intensive Individual Support Services (IISS)
 3. Respite Care
 - ii. 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**
 - a. exact match search
 - b. Queries Claims based on the Client that received the service

13. **Client Region**
 - a. Queries AW Service Activities based on the Client's region
 - b. Defaults to **N/A** for MDH users
 - c. Not available for input for or Provider users

14. **Requested Adjustment**
 - a. Report filter that will determine if the query specifically looks for AW Claims that have had an Adjustment requested

b. Defaults to **Select All**

Outputs

Once all desired inputs have been selected and the user selects **View Report**, then they will view the following output columns:

Provider Portal Claims Report

Search Criteria

Submission Date From :
Submission Date To :

Service Date From : 04/26/2022
Service Date To : 04/26/2023

Program Type : AW

Service : Intensive Individual Support Services (IISS) (W9306), Respite Care (W9314)

Agency Name/FEIN : AccessAbility Medicare

Location : 0 Main Street - 722276801 - AccessAbility Medicare_SCALocation 0; 0 Main Street - 722276800 - AccessAbility Medicare_Location 0

Client ID/MA# :
Client SSN# : Not Available for Input

Client Name :
Client Region : Not available for input

Claim Status : Submitted to MMIS, Paid, Rejected, Not Submitted to MMIS

Requested Adjustment: Yes, No

Total Records: 5

Service Date	Client ID	Client MA#	Client Name	Provider #	Provider Name	Service		
08/02/2022				722276800	AccessAbility Medicare_Location 0	W9314: Respite Care		
08/02/2022				722276800	AccessAbility Medicare_Location 0	W9314: Respite Care		
08/02/2022				722276800	AccessAbility Medicare_Location 0	W9314: Respite Care		
Program	Claim Submission Date	Claim ICN	Claim Type	Claim Status	Cost To Care	Net Paid Amount	Net Billed Amount	Net Units
AW	04/12/2023		Original	Submitted to MMIS		\$0.00	\$33.60	4
AW	04/12/2023		Original	Submitted to MMIS		\$0.00	\$33.60	4
AW	04/12/2023		Original	Submitted to MMIS		\$0.00	\$33.60	4
Total Paid Amount	Total Billed Amount	Total Units	Claim Denial Reason	Claim Comments	Requested Adjustment			
	\$33.60	4			No			
	\$33.60	4			No			
	\$33.60	4			No			

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 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. **Net Paid Amount**
 - a. Displays the Net amount that is paid for the claim
15. **Net Billed Amount**
 - a. Displays the Net amount that is billed for the claim
16. **Net Units**
 - a. Displays the total Net units for the claim
17. **Total Paid Amount**
 - a. Displays the total amount that is paid for the claim
18. **Total Billed Amount**
 - a. Displays the total amount that is paid for the claim
19. **Total Units**
 - a. Displays the total units for the claim
20. **Claim Denial Reason**
 - a. Displays any possible Denial reason or comments from MMIS
21. **Claim Comments**
 - a. Displays any comments regarding system adjustments to the claim
22. **Requested Adjustment**
 - a. Displays if the claim has had an adjustment.

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.

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 an AW Provider Location
- Billing Provider of an AW Provider Location

Inputs

1. Select **View** from the Actions column of the **Remittance Advice Report**.

REPORTS			
Category	Name	Data Frequency	Actions
Autism Waiver	Autism Waiver Authorized Services Report	Nightly	View
Autism Waiver	Autism Waiver Plans of Care Report	Nightly	View
Autism Waiver	Autism Waiver Services Tracking Log	Nightly	View
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
EVV - Provider Portal	EVV Services Rendered Report	Nightly	View

2. Users may filter the data that they would like to view by making selections for the following input parameters:

The screenshot shows a filter form for the Remittance Advice Report. A red box highlights the 'Filter By*' dropdown menu, which is currently set to 'Service Dates'. A red arrow points to this dropdown, and a callout box lists the options: 'RA Number', 'RA Date', and 'Service Dates'. A blue circle with the number '1' and an arrow points to the 'Report Output*' dropdown menu, which is currently set to '<Select a Value>'. A blue circle with the number '2' and an arrow points to the 'Summary Report' option in the 'Report Output*' dropdown menu. The form includes various input fields for RA No, RA Date, Service Date From, Service Date To, Agency Name/FEIN, Provider Locations, Service Category, Service, Claim Status, Client ID/MA#, Client Name, and Client SSN. A 'View Report' button is located on the right side of the form.

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. Multi-select dropdown to include existing services and new ones including:
 1. (Select All)
 2. Intensive Individual Support Services (IISS)
 3. Respite Care
 - d. 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**

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:

Remittance Advice Summary Report							
Search Criteria:							
Filter By:	Service Dates						
RA No:	N/A						
RA Year:	N/A						
RA Date:	N/A						
Service Date From:	4/6/2023						
Service Date To:	4/13/2023						
Agency Name/FEIN:							
Provider Locations:	All Locations						
Service Category:	AW Services						
Service:	Respite Care						
Claim Status:	Paid; Rejected						
Client ID/MA#:							
Client Name:							
Client SSN#:							
Report Output:	Summary Report						
RA No	RA Date	Agency Name	Provider #	Provider FEIN	Provider Name	Paid Amount	Rejected Amount
504998	04/19/2023	A & C SUPPORT SERVICES INC.			A & C SUPPORT SERVICES INC	\$2,857.02	\$0.00
514378	04/26/2023	A & C SUPPORT SERVICES INC.			A & C SUPPORT SERVICES INC	\$1,116.84	\$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. **Paid Amount**
 - a. Displays the total amount **Paid** to the Provider for the RA
8. **Rejected Amount**
 - a. Displays the total amount **Rejected** and not paid to the Provider for the RA

Outputs for Detail Report

Provider user roles authorized to view detailed report:

- Admin Provider of an AW Provider Location
- Billing Provider of an AW Provider Location

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:

Remittance Advice Detail Report	
<u>Search Criteria:</u>	
Filter By:	Service Dates
RA No:	N/A
RA Year:	N/A
RA Date:	N/A
Service Date From:	4/20/2023
Service Date To:	4/27/2023
Agency Name/FEIN:	
Provider Locations:	All Locations
Service Category:	AW Services
Service:	Intensive Individual Support Services (IISS) - W9306; Respite Care - W9314
Claim Status:	Paid; Rejected
Client ID/MA#:	
Client Name:	
Client SSN#:	
Report Output:	Detail Report

Total Units	Claim Denial Reason
9	
16	

1. **Service Date**
 - a. Displays Date of Service

Service Date	Client Id	Client MA#	Client Name	Agency Name
04/11/2023				PENN MAR ORGANIZATION INC
04/13/2023				THE CENTER FOR LIFE ENRICHMENT

Provider #	Provider Name	Provider Address	Service
			Respite Care
			Respite Care


Program	RA NO	RA Date	Claim Submission Date	Claim ICN	Claim Type
AW	504369	04/19/2023	04/12/2023	32310200001034958	Original
AW	512993	04/26/2023	04/15/2023	32310700001065008	Original

Claim Status	Cost To Care	Net Paid Amount	Net Billed Amount	Net Units	Total Paid Amount	Total Billed Amount
Paid		\$94.41	\$94.41	9	\$94.41	\$94.41
Paid		\$167.84	\$167.84	16	\$167.84	\$167.84

- 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

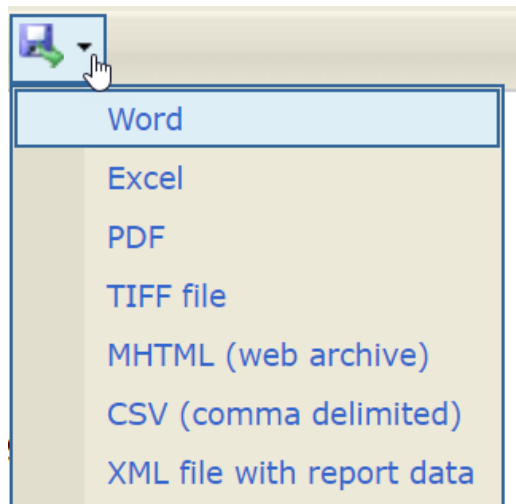
6. **Provider #**
 - a. Displays the # of the Provider Location that rendered the service
7. **Provider Name**
 - a. Displays the name of the Provider Location that rendered the service
8. **Provider Address**
 - a. Displays the Remittance/Check Address of the Provider Location that rendered the service
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. **Net Paid Amount**
 - a. Displays the Net amount that is paid for the claim
17. **Net Billed Amount**
 - a. Displays the Net amount that is billed for the claim
18. **Net Units**
 - a. Displays the total Net units for the claim
19. **Total Paid Amount**
 - a. Displays the total amount that is paid for the claim
20. **Total Billed Amount**
 - a. Displays the total amount that is paid for the claim
21. **Total Units**
 - a. Displays the total units for the claim
22. **Claim Denial Reason**
 - a. Displays any possible Denial reason or comments from MMIS

Exporting 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.

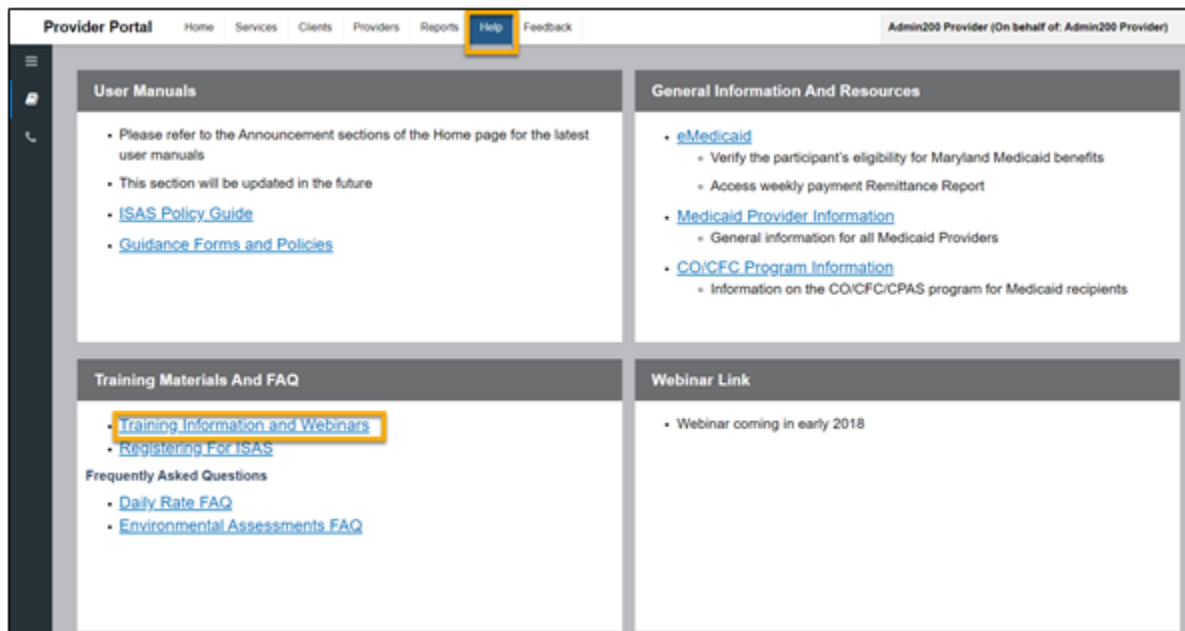
6. Policy and Resources

Help


Help tab on the top menu contains links for webinars and documents related to Frequently Asked Questions for different programs and service types.

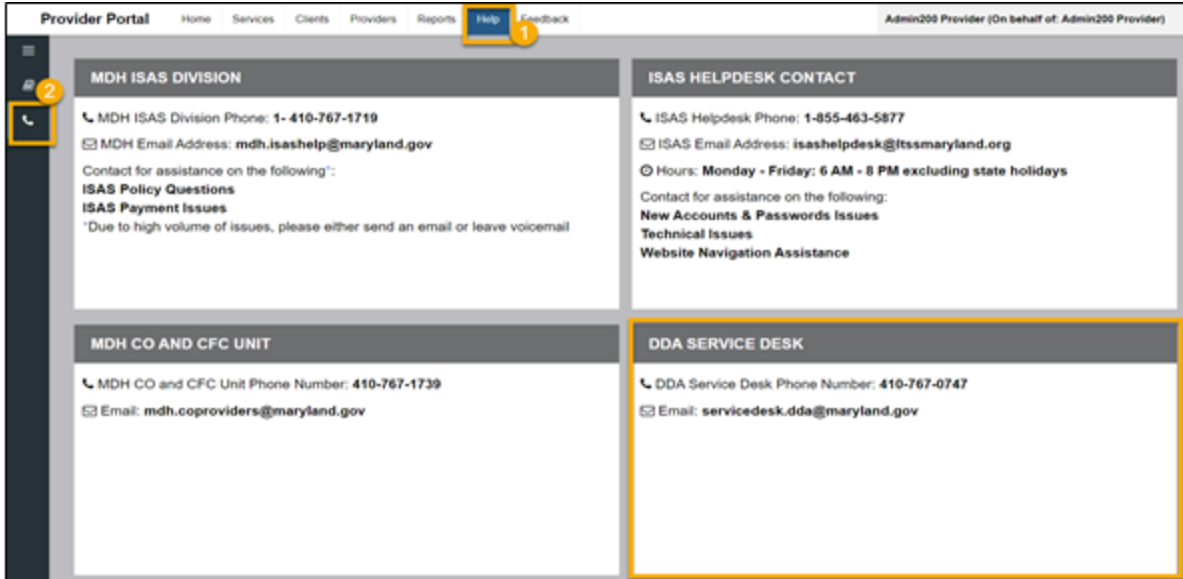
To access training documents,

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

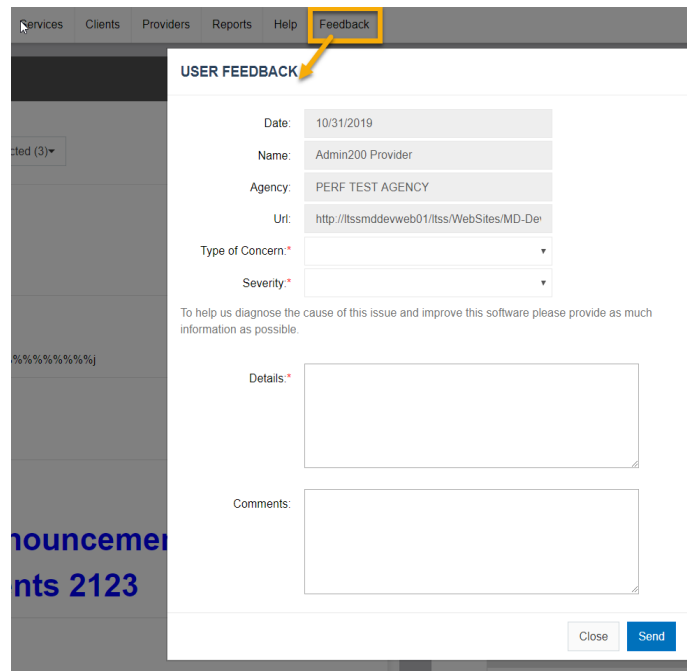


Reporting Technical Issues

Feedback tool is a feature in Provider Portal that allows Providers to submit help desk tickets for technical issues and questions they have in the system.

To submit feedback on a system issue or have a question while using the system:

1. Click on Feedback option in the top menu



2. Choose the type of concern and severity of the issue

Type of Concern:*

System Error
Question/Comment
Unknown

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.

Frequently Asked Questions

Q: We are a new agency, and we need to set up a Provider Portal account/ I am locked out of my account. What do I do?

A: The agency should Contact the LTSS help desk at LTSSHelpDesk@Ltssmaryland.org or 1-855-463-5877

Q: Who do I contact if I have issues setting my staff up with the EVV Mobile App?

A: The agency should Contact the LTSS help desk at LTSSHelpDesk@Ltssmaryland.org or 1-855-463-5877

Q: When I try to enter my staff email address for the application it says that the email address is incorrect. What should I do?

A: This means the staff has already created an account, please leave this section blank and the staff should use the account information they submitted when creating the account.

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

A: The agency should contact the participant's SC immediately to report the incident. The agency should also submit MTRs for all services the staff is unable to use the system.

Q: My staff clocked in and out but the services are recording under a different participant. What should we do?

A: This happens when the phone number the staff is using is attached to a separate participant account. The agency should do the following:

1. Ensure the staff provider is using the phone number associated with the participant
2. If the staff is using the correct number, the agency should reach out to the SC. The SC can then contact MDH to resolve the issue.

Q: How long will it take for an MTR to be reviewed by MDH?

A: When an agency submits an MTR, it can take up to 10 business days from the date of submission for the PBSO team to review the request. However, it can take longer for resolution depending on the reason for the MTR.

Q: When is the monthly MTR deadline? Where is it listed in Provider Portal?

A: MTRs Are due 30 business days after the service date, MTRs will not be approved if they are submitted past that date. You can find reminders on the homepage under announcements.

Q: The staff received points on an MTR even though we reported the MTR incident to the participant's CCS.

A: To expedite payment to the agency, the PBSO team will point MTRs up to the 6 Missing time Policy. If a staff provider exceeds 6 points, the team will then investigate the situation and reevaluate all points that were assigned before rejecting a MTR. Agencies will only need to contact the PBSO team regarding points if a service has been rejected due to exceeding points and the agency would like to contest.

Q: When is the adjustment deadline?

A: Agencies can submit adjustments up to 364 days after the claim date of service, however the agency should allow 20 days for revision, ideally the adjustment should be submitted within 344 days.

Services Tab > Left Nav Menu > 'Billing Entries' icon > Single or Multiple Entries. Fill out service information just as if you were completing an MTR.

Q: What are CTC deductions and how do they work?

A: The Contribution to Care (CTC) deduction is an amount of money participants are expected to pay out due to having too much in assets. CTC only impacts Residential Services and will be deducted from the first few billing entries entered for the given month.

Helpful Resources

- [Electronic Visit Verification \(EVV\) for DDA Providers](#)
- [LTSSMaryland Training Center](#)
- [LTSSMaryland Provider Portal Training](#)
- [MDH Training Site for EVV App](#)

Helpful Contacts

Type of Issue	Department	Contact Information
Change of address or phone number	Provider Enrollment	https://eprep.health.maryland.gov/sso/login.do?
<ul style="list-style-type: none"> ● Billing policy questions ● Services not authorized ● Service exceptions ● Payment questions ● PBSO Policy questions 	LTSSMaryland Provider Billing Support Office (PBSO)	MDH.ltssbilling@maryland.gov 410-767-1719
<ul style="list-style-type: none"> ● New/ Registering for Provider Portal ● Unable to log into the Provider Portal ● technical issues with the Provider Portal ● EVV mobile app technical support ● Staff having trouble clocking in/out ● How to use the Provider Portal, EVV mobile app and the ISAS Telephone EVV 	Technical Help Desk	ltsshelpdesk@ltssmaryland.org 1-855-463-5877
<ul style="list-style-type: none"> ● OTP device issues ● Client phone not working. ● Client eligibility questions ● Client eligibility questions ● POC Questions 	SCA	Specific to participant

Newsletters

PBSO will send out monthly newsletters to keep your agency up to date on issues and updates that may affect your agency. Make sure to keep your email address up to date in your staff and agency profile. You can expect to see the following in the newsletters:

- **LTSS *Maryland* Monthly Spotlight**
 - System Updates
 - Upcoming Maintenance
 - System enhancements, technical issues, and bugs
- **Provider Portal Newsletter**
 - Provider Portal technical issues and workarounds
 - Provider Portal updates
 - Important Announcements
 - Upcoming Trainings
 - New/updated guide information
 - Tips for success