



**DEPARTMENT OF HEALTH**

**Service Modification Guide for PDN & HH Providers**

**What is a SM?**

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.

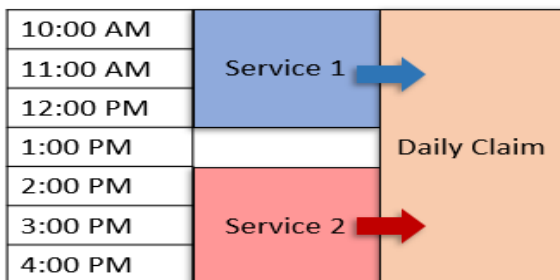
**Different Types of SMs**

**Missing Time Request (MTR):** If a clinical staff is unable to Clock in **AND/OR** out for a service an agency can submit a manual entry known as an MTR.

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

When to Submit an MTR or Adjustment

**All Participant's completed daily services from 1 agency , with the same service type are combined nightly into 1 claim**



**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 Service	Adjustment
YES	Voiding a service	Adjustment <i>Note: Voids will not receive points</i>
NO	Adding a New Service	MTR
NO	Editing Existing Service	MTR

## Service Modification Deadlines

**Missing Time Request (MTR):** All Missing Time Requests must be submitted within 30 days of the date of service.

**Example:** Service 9/23/2020  SM must be submitted by 10/23/2020

**Adjustment and Staff Overlap - Same Provider:** These SM's can be submitted 364 days after the service date. Keep in mind all SMs will be manually reviewed and researched, please submit all SM's with enough time for revision. MDH recommends at least 7-14 days before the 364-day cut off.

- **Staff Overlap - Same Provider:** This occurs when 2 clinical staff are clocked in under the same provider for the same participant, at the same time. This is considered double billing and is against policy.

## In-Progress SMs

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	7
Missing Clock-in	15	0	5
Missing Clock-out	30	1	11

## Service Modification Revision Process

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


1 Point	Missed Clock in
1 Point	Missed Clock out
2 Point	Missed Clock in and out

If a clinical staff 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 clinical staffs or Agency's control, the SM will **NOT** be pointed and will be approved.

**Note:** Some SMs may receive points prior to research. This is to expedite payment to the agency, after the SM is researched and if it is found excusable the point(s) will be removed. The agency will not need to contact PBSO 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 (SM) Category Guide

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

## Service Modification (SM) Category Examples

In this example the clinical staff 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 clinical staff 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.

In this example the clinical staff was unable to use the system because the client's OTP device was lost. The agency immediately notified the case manager 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.

If your agency needs further assistance submitting Service Modifications, please contact the Technical Help Desk at [ISASHelpDesk@LTSSMaryland.org](mailto:ISASHelpDesk@LTSSMaryland.org) or (833) 735-3533

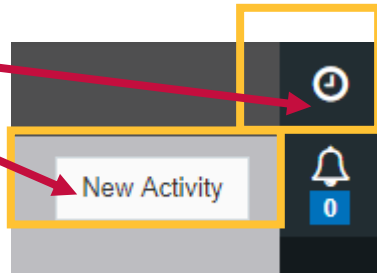
The image displays two screenshots of the 'SERVICE ACTIVITY SUMMARY' form. The top screenshot shows the 'Manual Edit Reason' dropdown set to 'ISAS Call Incc'. The 'IVR Call #' field is empty. The 'Comment' field contains 'N/A'. The 'STAFF' section includes fields for 'Name: \*', 'ID # --', 'SSN # --', and 'Phone: --'. The bottom screenshot shows the 'Manual Edit Reason' dropdown set to 'OTP Issue'. The 'IVR Call #' field is empty. The 'Comment' field contains the text: 'CCS Bugs Bunny notified 12/9/2019 Client OTP device is missing'. The 'STAFF' section includes fields for 'Name: \*', 'ID # --', 'SSN # --', and 'Phone: --'. Both screenshots have 'Cancel' and 'Save' buttons at the bottom right.

# How to Submit a Full MTR

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



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



**Note:** The "Clock" can be selected from any tab within the Provider Portal

**ENTER NEW MISSING TIME REQUEST**

Service Date: \*  
12/06/2019

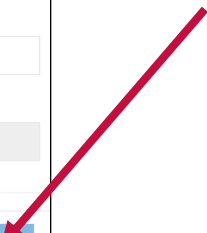
Service Type: \*  
[Dropdown menu]

Client MA #/LTSS ID \*  
[Text input field]

Provider Name / # \*  
[Text input field]

Cancel    Check for Existing Services

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



## 2.A

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

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

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

## 2.B

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

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

Proceed to step 3

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: \*

## 3. Fill in the service information:

1. **Service start time**
2. **Service end time:** (**Note:** if it is an overnight service that proceeds into the next day, check the “**Next day clock-out**” box)
3. **Manual entry reason:** Select from the drop down (view SM categories on PG\_ for more information)
4. **IVR call#:** This is the number the clinical staff generally uses to clock in and out for services. Providing the correct number the clinical staff used to attempt to clock in and out will help PBSO verify the issue if the clinical staff was having issues using the system.
5. **Comment:** Enter information if required (view SM categories for more information)
6. **Provider** and **client** information will auto populate
7. **Staff Name:** Start typing clinical staff name and select clinical staff name from list that will populate. (**Note:** If clinical staff name is NOT appearing, ensure that clinical staff has an ACTIVE profile within the Provider Portal)
8. **Staff ID** and **Staff SSN** will auto populate
9. **Select “Submit”**

**SERVICE ACTIVITY SUMMA...**

Start Time:  End Time:   
**3:25 PM 3:30 PM**

Status: **Provider In Progress**

+

New Service Activity

STAFF

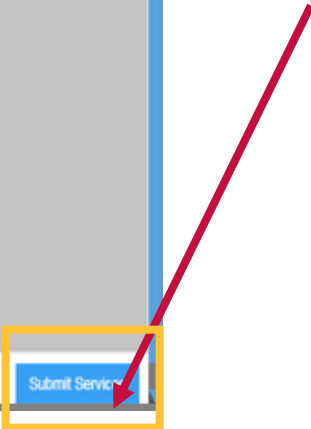
Name:

Manual Edit Emergency

Discard Edit **Details**

**Submit Service**

**4.** Locate service in the system and select submit.





## How to Submit a Partial MTR

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

The screenshot shows the Provider Portal navigation menu with 'Home' highlighted. Below it, the 'RESOLVE BY PROVIDER' section is expanded to show 'EVV SERVICES'. A table lists exception types and their counts:

Exception Type	Counts
Staff Overlap - Same Provider	21
Missing Clock-in	20
Missing Clock-out	64

A red arrow points to the '20' count for 'Missing Clock-in'.

**1.** On the Provider Portal Home page under “Actions required” go to the section “Resolve by Provider” **Missing Clock in** and **Missing Clock out**. The count will let you know how many partial services are pending. In this example there are 20 services with a missing clock in. That means the clinical staffs clocked out but failed to clock in. The agency is responsible for resolving these exceptions. Click on the number to open the pending partial services.

**2.** Select a specific tile to resolve.

The screenshot shows two client tiles, 'Client A' and 'Client B', each displaying ID #, MA #, Services with Exceptions: 1, Services: 1, and Claims: 0. A red box highlights 'Client B'. To the right, a sorting menu is shown with options: 'New Activity', 'Group by Client', and 'Sort By: Submitted Date'. A yellow arrow points to the 'Sort By: Submitted Date' dropdown.

You can also sort the tiles to your specific needs.

### 3. Select Details

Client Name: [REDACTED] ID # 1 [REDACTED] MA # [REDACTED]

Service Date: <b>11/28/2019</b>	Claim Status: <b>N/A</b>	Claim Type: <b>N/A</b>	Total Billed --	Total Paid --	RA NO.:
Service		Program:	Claim #	Claim ICN:	
		Provider FIRM	Provider Address	Provider Name	

Start Time	End Time	Service Status	Staff Name	Exception Type
--	8:37 AM	New		Missing Clock-in

[Details](#)

### 4. Choose an action to take

**SERVICE ACTIVITY SUMMARY**

Start Time: -- End Time: **8:37 AM**

Status: **New**

Exception Type: **Missing Clock-in**

Manual Edit Reason:

STAFF

Name: |

ID # **54275** SSN # **\*\*\*-\*\*-1381**

Phone: **(443) 501-6640**

[Discard](#) [Edit](#) [Details](#)

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

**Edit:** Here you can quickly edit the Partial Service.

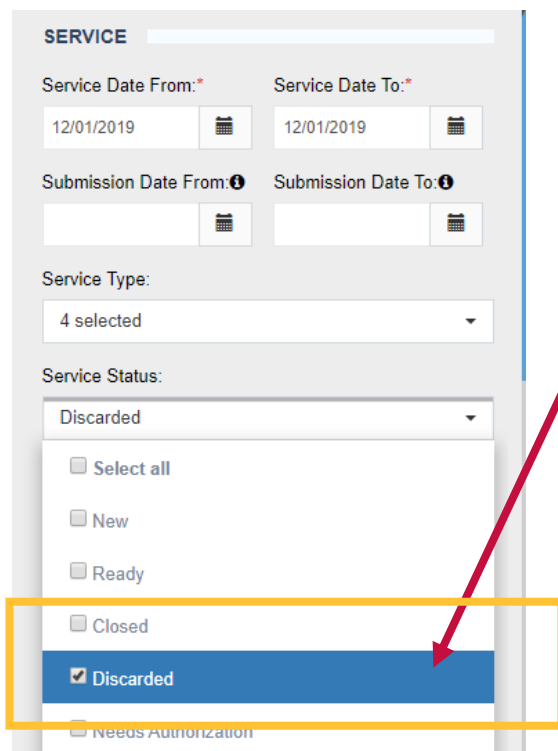
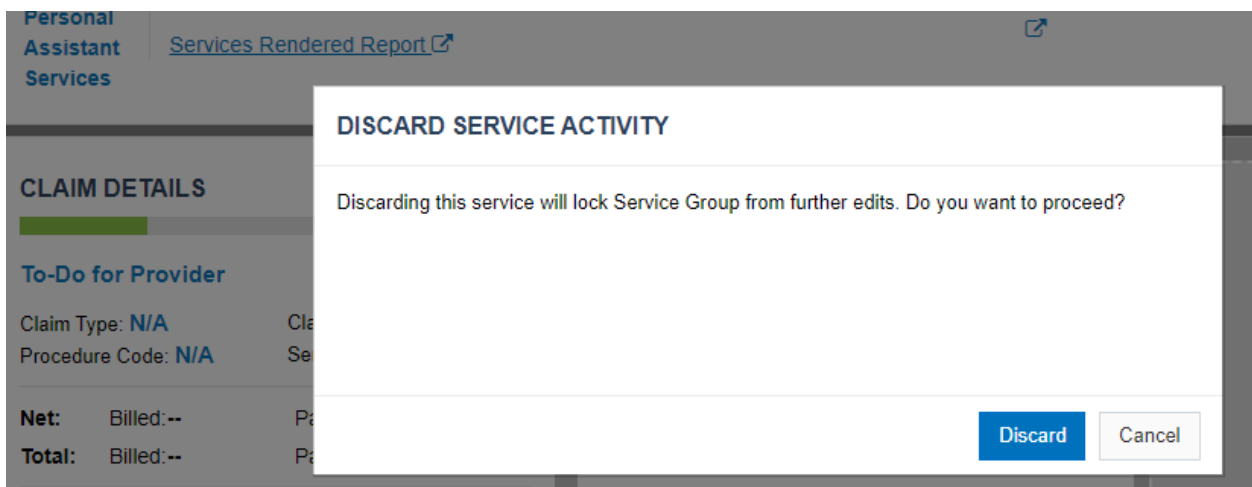
**Details:** You can view further details regarding the service and client within the details page:

- Service Details
- Client Profile
- Service Authorization

You can also edit the service within the details page.

## 4A. Discarding

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.



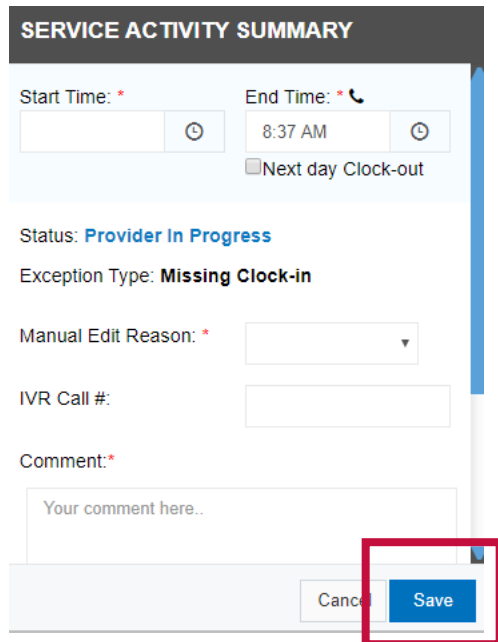
## Discarded Service Search

You can search for all discarded services in the service search tab.

- Service Tab
- Service Date From
- Service Date to
- Service Status: Check the “Discarded” box
- Click “Search”

## 4B. Editing a service

Once you select the service “Edit” option you will then be able to edit the information in the service box.



**SERVICE ACTIVITY SUMMARY**

Start Time: \*  End Time: \*   Next day Clock-out

Status: **Provider In Progress**

Exception Type: **Missing Clock-in**

Manual Edit Reason: \*

IVR Call #:

Comment: \*

### Enter Missing Time

- **Manual Edit Reason:** Select the exact reason the clinical staff was unable to clock in or out from the drop down (view SM categories on PG\_ for more information)
- **IVR call#:** This is the number the clinical staff generally uses to clock in and out for services. Providing the correct number the clinical staff used to attempt to clock in and out will help PBSO verify the issue if the clinical staff was having issues using the system.
- **Comment:** Enter information if required (view SM categories on PG 9 for more information)
- **Provider** and **client** information will auto populate
- **Staff Name:** Start typing DSP name and select DSP name from list that will populate. (**Note:** If DSP name is NOT appearing ensure that DSP has an ACTIVE profile within the Provider Portal)
- **Staff ID** and **Staff SSN** will auto populate
- **Select “Save”**

Once you select save, you will then see a submit button in the service box. Select “Submit”

**REMINDER: PROVIDERS MUST “SAVE” and “SUBMIT” SERVICES:**

The screenshot shows a web form titled "SERVICE ACTIVITY SUMMARY". The form contains the following fields and buttons:

- Start Time: 5:40 PM (with an edit icon)
- End Time: 8:45 PM (with an edit icon)
- Status: Provider In Progress
- Exception Type: --
- Manual Edit Reason: Forgotten Clock In/Out
- Comment: isas TEST
- STAFF section with fields for Name, ID # 60299, SSN # \*\*\*-\*\*-8383, and Phone: (443) 421-6658.
- Buttons: Discard, Edit, and Details.
- A "Submit Services" button is located at the bottom right of the form, highlighted with a red box.

You must **submit** all services to MDH in order for them to be reviewed. When editing or entering an MTR you must first **SAVE** and then **SUBMIT**. If you do not **“Submit Services,”** your services will stay in a service status of “Provider In Progress” and MDH cannot review and pay services.

**We recommend that agencies regularly review unsubmitted services. To review saved and unsubmitted services:**

- Select services tab
- Under the Service Status heading, unselect all service statuses and then select “Provider In
- Select Search

# How to Submit an Adjustment

## CLAIM DETAILS

### Claim is Paid

Claim Type: **Original**

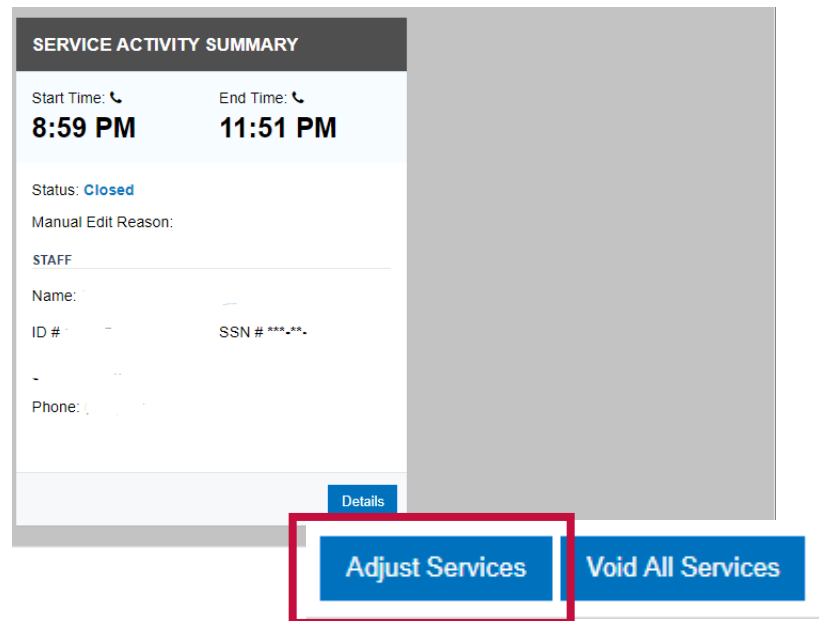
Procedure Code: '1'

Claim Status: **Paid**

Services with Exception: --

1. Once the existing claim has been paid or rejected for the specific date of service your agency will be able to submit an adjustment to the existing claim:

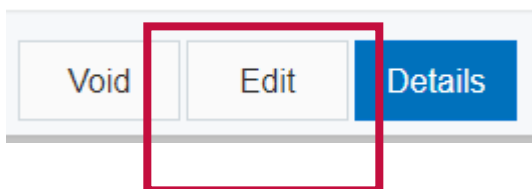
2. Select the “Adjust Services” button in the right hand corner. This button will not appear until the claim is in “Paid” or “Rejected” status. This means you must wait until the status is in a paid or rejected status to submit an adjustment.



3. Decide whether you would like to edit an existing service or submit a new service for that date

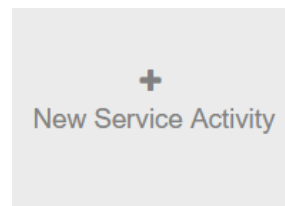
### Edit:

To edit the service select the “Edit” button at the bottom of the service tile. Proceed with same steps as editing an MTR.



### New Service Activity:

To submit a new service select the “New Service Activity” tile next to the existing service tiles. Proceed with same steps as entering a MTR.



## How to Edit a Staff Overlap - Same Provider

1. On the Provider Portal Home page under “Actions required” go to the section “Resolve by Provider” **Staff Overlap - Same Provider**. The count will let you know how many Overlaps are pending. In this example there are 17.

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

2. Select a service tile and select details to open the service activity summary

**SERVICE ACTIVITY SUMMARY**

Start Time: **10:37 AM**      End Time: **6:23 PM**

Status: **Pending Provider**

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

Manual Edit Reason: **ISAS Call Incomplete**

Comment:  
1. Staff attempted to clock out. 2. System did not register it.

STAFF

Client Name:

ID #

MA #

Services with Exceptions: **1**

Services: **1**      Claims: **0**

3. Select details on the service activity summary to open the details summary page

4. In the detail’s summary page – select “View Overlap Service” This will open the overlapping service’s detail summary page. You can then compare service times and remove the overlapping time by editing or voiding one of the services.

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

Start Time: **10:37 AM**      End Time: **6:23 PM**       Next day Clock-out

Clock-in OTP:      Clock-out OTP:      Total Time: **7 Hr 46 min (31 units)**

Clock In Phone #      Clock Out Phone #

Reason for Manual Edit:

**Exception Type(s): 1**

Staff Overlap - Same Provider

[View Overlap Service](#)