Provider Portal

Home Delivered Meals

HDM Provider User Guide

Version 2.0

Contents

1 Home Delivered Meals Overview

Home delivered meals is a type of service that substitutes for human assistance. Once enrolled, pre-packed meals are delivered to clients up to two times a day for daily and emergency needs.

LTSSMaryland system has the service type of Home Delivered Meals (HDM), which could be added to a Plan of Service for eligible clients. During the effective period of a client's Plan of Service, Service Providers deliver meals to the client's location, and will submit billing through Provider Portal.

Provider Portal enables providers to record information about meals they provided to their clients. The system will run validations on the meals, facilitate the billing process – creating claims, and submitting them to the MMIS for adjudication. Once processed by MMIS, Provider Portal allows users to see the processed claim information and modify meals in an adjudicated claim (adjustment process), if needed. Additionally, Providers can manage their staff, access basic information about their clients and relevant Plan of Service, and view Reports.

1.1 Getting Started with Provider Portal

To bill for Home Delivered Meals, the agency administrator needs to register their agency with Provider Portal:

To register please follow the steps below:

1. Contact Provider Portal Help Desk at ISASHelpDesk@LTSSMaryland.org or 1-855-463-5877 to create an administrator account and register your email address. You will need to provider the following information:
    - Your Name
    - Your Email Address
    - Agency Phone Number
    - Agency Provider Number
    - Agency's Waiver Program eligibility (e.g. CO, CFC, or ICS)
2. Watch the training webinar found at www.LTSStraining.org for using Provider Portal.

1.1.1 Steps for adding a new user to the system:

1. A new user John Smith is hired by an agency
2. Administrator (Admin) enters staff profile for John Smith in LTSS
3. The supervisor emails ISAS Help Desk (ISASHelpDesk@LTSSMaryland.org) with John Smith's details
4. ISAS Help Desk creates a login entry for John Smith
5. ISAS Help Desk informs John Smith of his user ID (via email)
6. John Smith shares his User ID with his supervisor.

Sample email format:
The supervisor sends an email to **ISASHelpDesk@LTSSMaryland.org** requesting a new staff person receive access to the system
The email includes:

- Supervisor name: Anna Scott
- Supervisor email: Anna.Scott@agency.com
- Supervisor Phone Number: 410-111-2233
- Agency: Sample agency o New User name: John Smith
- New User email: *John.Smith@agency.com*
- New User phone: 410-222-3344
- A statement that this email serves as authorization to add this new user John Smith

1.1.2 How to Receive Payment for Home Delivered Meals

To receive payment for Home Delivered Meals, the following criteria must be met:

- The participant must be Medicaid eligible and fully enrolled in CO, CFC, or ICS.
- The provider must be an enrolled and active Medicaid Provider.
- Participant must not be living in an Assisted Living Facility.
- The participant must have "Home Delivered Meals" listed on the approved/active plan:

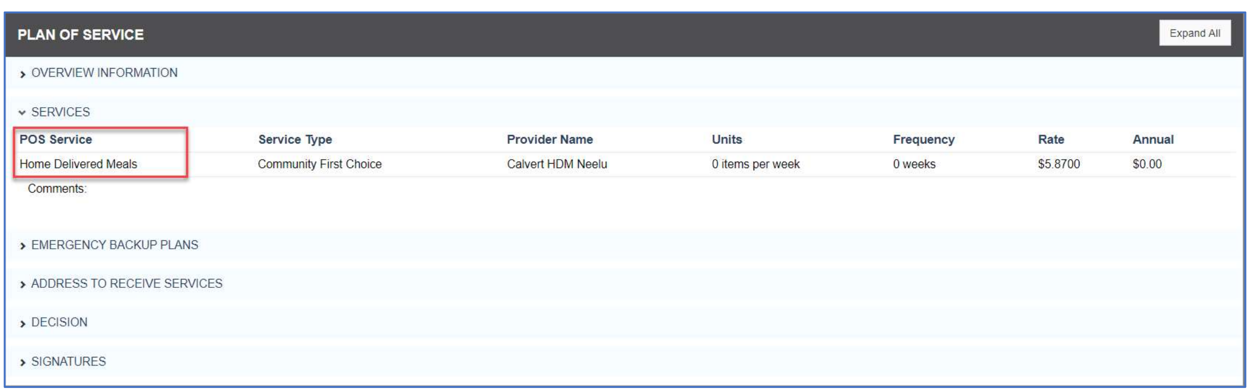


Figure 1-Plan of Service

Billing Procedure Code
For CO, CFC, and ICS, the following procedure code will be assigned to Home Delivered Meals submissions:

W5516- Home Delivered Meals

1.1.3 When to Start Using LTSS Maryland

Any date of service after **October 23, 2019** must be submitted via ***Provider Portal***, and any date of service prior to **October 24, 2019** must be submitted via ***eMedicaid.***

Note: Provider Portal will only authorize claims for Home Delivered Meals by the provider identified in the participant's approved plan of service (POS).

1.1.4 Accessing Provider Portal Online

1. Access LTSS Maryland at: https://LTSSMaryland.org
2. Enter 'User Name' and 'Password' (Important: Do NOT share you user name or password with anyone.)

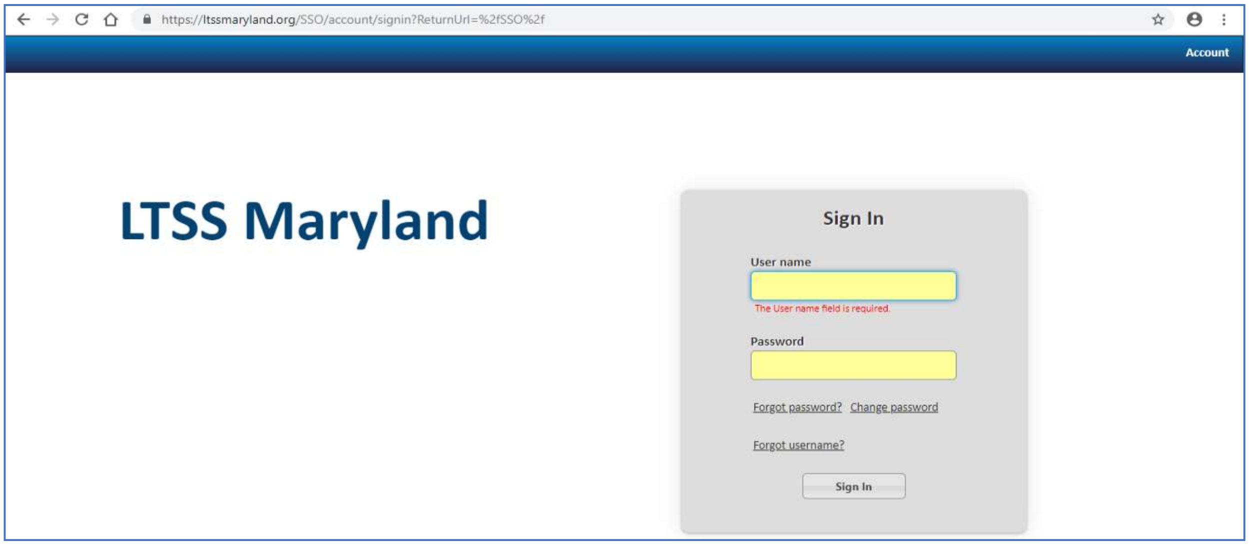


Figure 2-LTSSMaryland Sign-In

3. Select **LTSS/ISAS Live** from the Choose a site selection.

Figure 3-Choose a site

1.2 Common Terms and Definitions

TERM	DEFINITION
Admin Provider	A user role for Providers in Provider Portal. This role can create and manage staff profiles, and bill for services.
Billing Entry	Initial record of single or multiple meals for a client that is stored in the system. A billing entry is then converted to a service for validations and eventual submission to MMIS.
Billing Provider	A user role in Provider Portal. Billing Providers may carry out administrative tasks apart from entering new staff provider profiles.
Claims	A combination of one or more services bundled together based on Agency Provider number, Client's Medicaid (MA) number, Procedure code for the Service Type, and date of service. Services are converted into claims and submitted to MMIS nightly.
Claim Status: ***Paid***	The claim has been paid by MMIS and the Agency will receive or has received payment.
Claim Status: ***Rejected***	The claim has been rejected by MMIS and no payment has been issued.
Claim Status: ***Submitted to MMIS***	The claim has been sent from Provider Portal to MMIS and Provider Portal is awaiting confirmation that the claim has been paid or rejected.
Claim Type: ***Original***	An initial claim for the Service submitted to Provider Portal.
Claim Type: ***Adjustment***	A claim that has been changed. Both Original and Adjustment claims can be modified to create an "Adjustment" claim.
Claim Type: ***Void***	A claim that has been reduced to zero units.
Claim Type: ***N/A***	No claim has been created for the service(s).
Code of Maryland Regulations (COMAR)	The official compilation of all administrative regulations issued by agencies of the State of Maryland. Agency providers are legally responsible for following guidance set forth in COMAR.
Cost-Based	Service that is classified by an Upper Pay Limit. Examples: Transportation (recurring), Vehicle Modification (non-recurring)
Duration-Based	Service that is classified by the duration and time spent with participant. Examples: Personal Assistance Services that require clock-in and clock-out EVV.
EVV	Electronic Visit Verification. Example: Duration-Based services require Clock-In and Clock-Out confirmation.
Exception	A failed validation in a Service in Provider Portal. A service that has one or more exceptions will be pended in the system for the users to take steps on.

Home Delivered Meals (HDM)	A Service type that is approved within a participant's POS. Up to two meals per day may be delivered to a participant as a part of the CFC, CO, or ICS Programs.
Local Health Department (LHD)	Locality of the State of Maryland responsible for public health issues. A local health department is in Baltimore City and each of the twenty-three Maryland counties.
Maryland Department of Health (MDH)	An Agency of the State of Maryland responsible for public health issues. The Department is led by a secretary who is a member of the Cabinet of the Governor of Maryland.
Medicaid Management Information System (MMIS)	Claims processing and information retrieval system for Medicaid that is required by the federal government.
Non EVV	Services that do not require Electronic Visit Verification (EVV). Examples: Unit-Based and Cost-Based Services.
Participant	Any person enrolled in CFC, CO, or ICS programs. **Note: LTSS and Provider Portal system may use the term, "Client".**
Plan of Service (POS)	The POS is a document that describes the Participant's needs and goals, and the services that MDH authorizes to meet the Participant's needs and goals. The POS include important information about the Participant, the Agency Provider, the Supports Planner, and the services authorized by MDH.
Provider Enrollment Admin	MDH staff with an Administrative Role in LTSSMaryland and Provider Portal for Non EVV Services.
Provider Enrollment Staff	MDH staff with billing oversight Role in LTSSMaryland and Provider Portal for Non EVV Services.
RA	Remittance Advice
Service	EVV or Non EVV Service that is billable in Provider Portal (PP).
(Service) Adjustment	A modification (Void or Edit to a voided claim) to Service with a paid or rejected claim.
Service Status: ***Recorded***	A new service has been created, and/or Service is ready for the overnight validation process.
Service Status: ***Ready***	A service that has passed overnight validations, and a claim is yet to be created.
Service Status: ***Closed***	A service for which a claim has been created.
Service Status: ***Pending Provider***	A service that generated an exception during nightly exception checks. This service will need review by the Provider before it can be processed into a claim.
Service Status: ***Provider In Progress***	Agency provider has started added or is editing the service but has not yet submitted it.
Service Status: ***Pending MDH***	A service that generated an exception during nightly exception checks. This service will need to be reviewed by MDH before it can be processed into a claim.
Service Status: ***MDH In Progress***	A service that is being edited and/or is under review by MDH but has not yet been submitted.
Service Status: ***Not Authorized***	A service that has been rejected by MDH.
Service Status:	A service that has been discarded by the Provider or MDH.

Discarded	
Supports Planning Agency (SPA)	Agency of Support Planners who assist applicants and participants with accessing Medicaid and non-Medicaid funded home and community-based services and supports. SPA user roles have access to Provider Portal to view client records and services.
Unit-Based	Service that is classified by the number of units assigned to the type of service.

Table 1-Terms and Definitions

1.3 Process Overview

Home Delivered Meals are provided to clients who have this Service listed in their authorized Plan of Service. Once meals are delivered, service providers will add details about the meals to Provider Portal so that they can be compensated for the service.

Billing for Home Delivered Meals Services through Provider Portal is explained in the following process flow diagram:

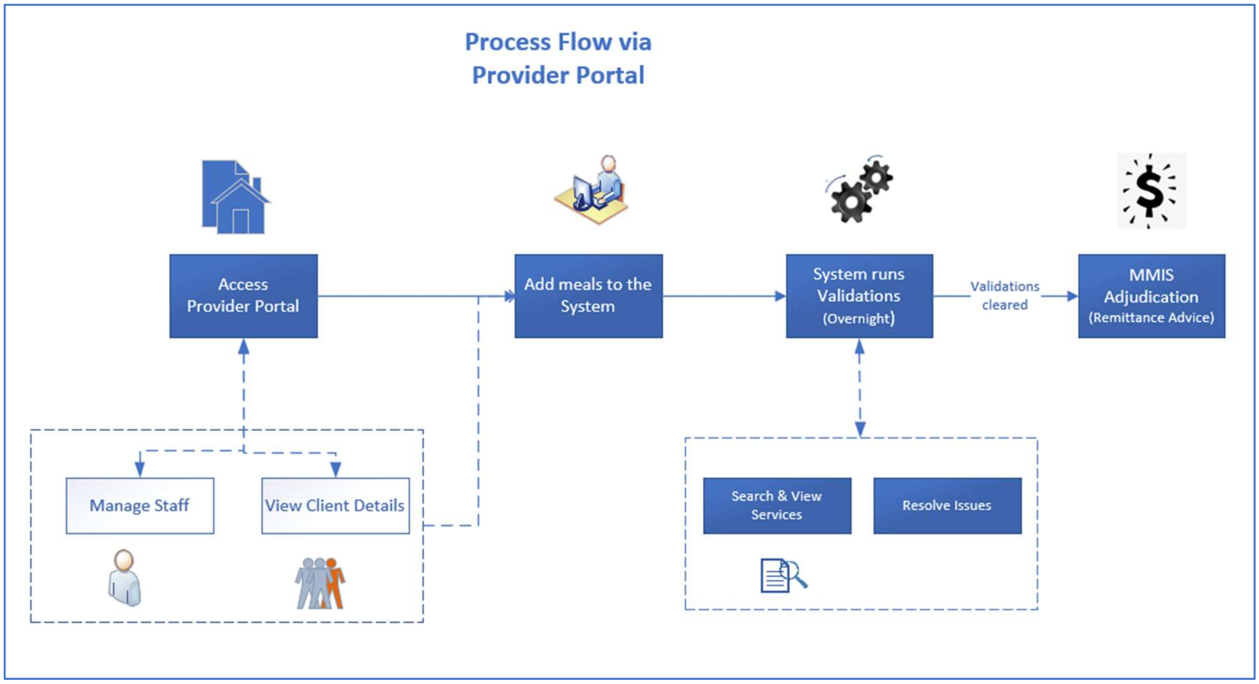


Figure 4-Process Flow

Once service providers are set up with credentials to access Proivder Portal, they can add meals and details of the meals they delivered to the system. The system processes the details of meals every night and converts them into “Home Delivered Meals Services”. These Services go through a sequence of validation rules and those that pass all the rules are converted into claims and submitted to MMIS. MMIS adjudicates claims and sends the Remittance Advice (RA) back. The RA indicates whether the claims have been Paid and relevant details about payment, which are updated in Provider Portal .

Services that fail the validation process usually need manual intervention to resolve the issues. Failed validations can be resolved by the Provider or resolved by MDH, depending on the exception type (**see also Section** 6.7 Exceptions) When the issues / exceptions are fixed the service(s) will go through the validation process again and follow the normal worklfow from there on.

Besides billing, providers can access the latest information about their clients in Provider Portal. They will be able to readily access the latest contact details, updates to Plans of Service, and other such items through the system.

2 Home Page

2.1 Announcements

Upon login to Provider Portal, users will land on the Home page of Provider Portal. The **ANNOUNCEMENTS** tile is located on the left side of the page. Here, users will find important communications from MDH that are relevant to the billing processes of the service(s) of which the user is authorized.

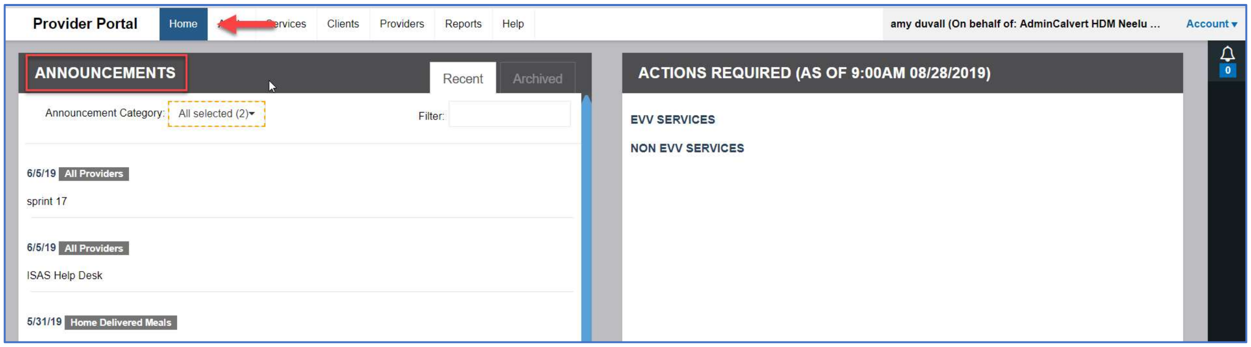


Figure 5-Announcements

2.1.1 Announcement Category

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
- **EA**: Announcements applicable to Provider Portal users for Environmental Assessment billing
- **ISAS**: Announcements applicable to Provider Portal users for Personal Assistance and In-Home supports services
- **DDA**: Announcements applicable to Provider Portal users for DDA billing services
- **Home Delivered Meals**: Announcements applicable to Provider Portal users for Home Delivered Meals services

  NOTE: Categories are available based on which program(s) the user's Agency is associated

An Announcement Category is displayed at the heading of the announcement, next to its created date.

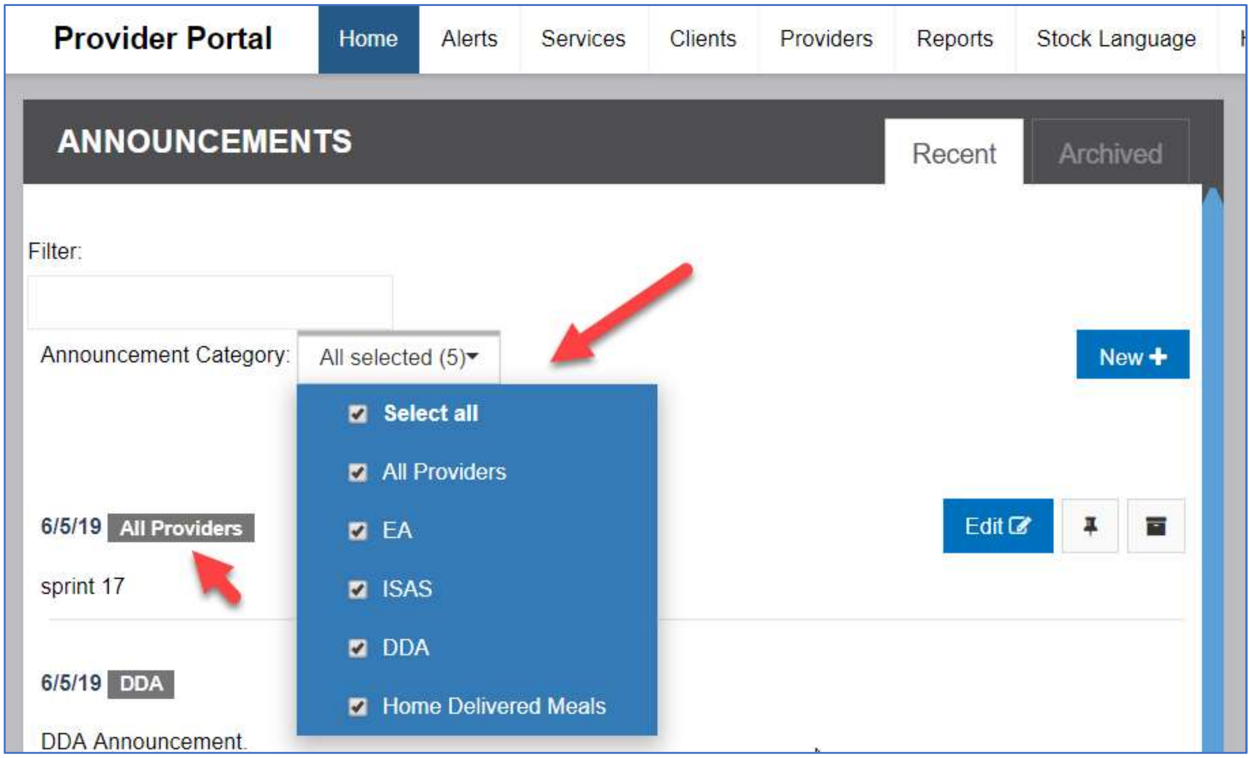


Figure 6-Announcement Categories

2.1.2 Filtering Announcements

The filter option allows the user to enter key words into the search field. Once a user enters text into the textbox, only the announcement(s) that contain the entered text will be displayed within the Announcement tab.

Users may select the other tab (Recent or Archived) and filter the contents within that tab.

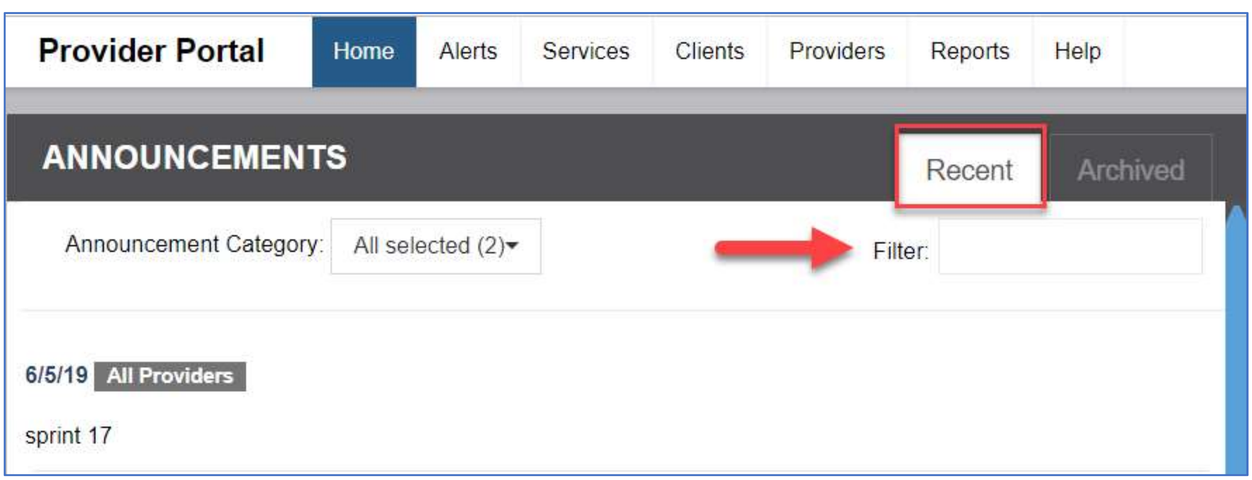


Figure 7-Filter Announcements

2.1.3 Archived Announcements

Announcements will display under the **Recent** tab. Once they have been displayed for 30 days, they will be automatically archived and can be viewed under the **Archived** tab.

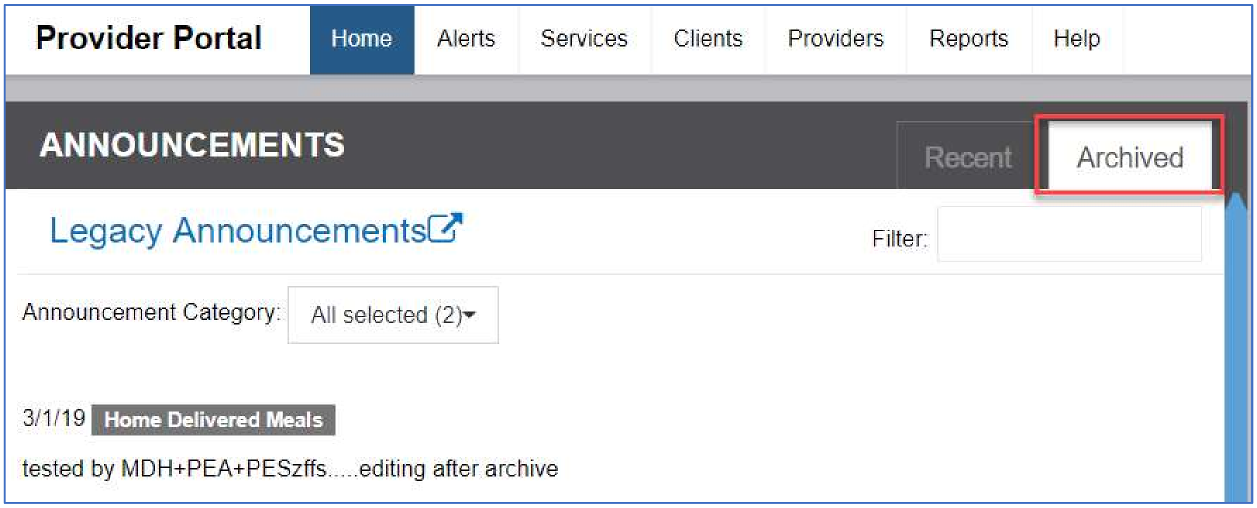


Figure 8-Archived Announcements

2.2 Actions Required

Upon login to Provider Portal, users will be directed to the Home page of Provider Portal. The **ACTIONS REQUIRED** tile is located on the right side of the page. This section displays a count of services with exceptions that the user can resolve. This count is made up of services with exception(s) that have a submission date within 365 days of the current date, as of 9:00 AM EST. By selecting the number displayed for the required authorization or exception type(s), the user can view the services that have the exception.

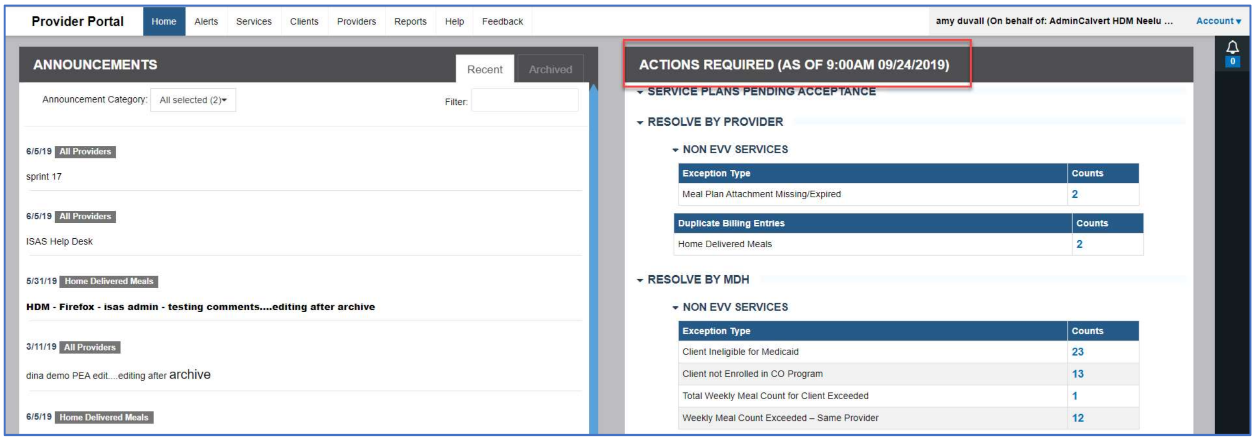


Figure 9-Actions Required

2.2.1 Resolve by Provider

In this section, authorized users can view services with exception that can be resolved by Providers.

2.2.1.1 Non EVV Services

This section displays Non EVV services, like HDM, with exceptions that require Providers to update and edit for the service to pass validations and complete billing processing.

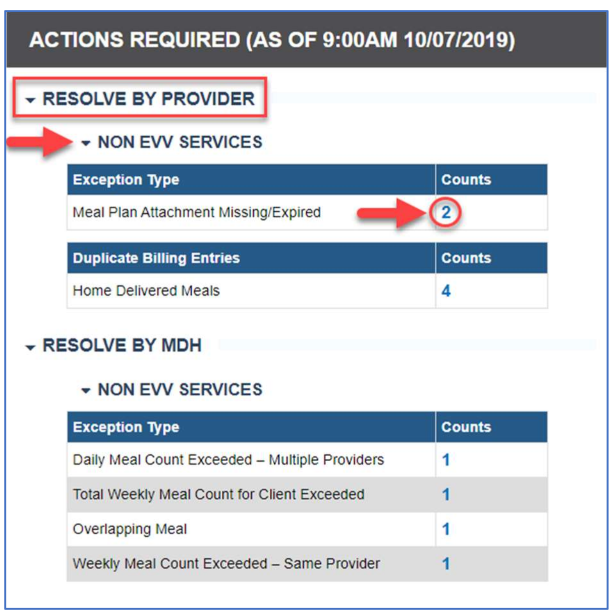


Figure 10-Resolve by Provider: Non EVV Service Count

By selecting a count, the user will be redirected to the Services & Claim Search tab where they will view the services or claims to review for the specific exception type that was selected.

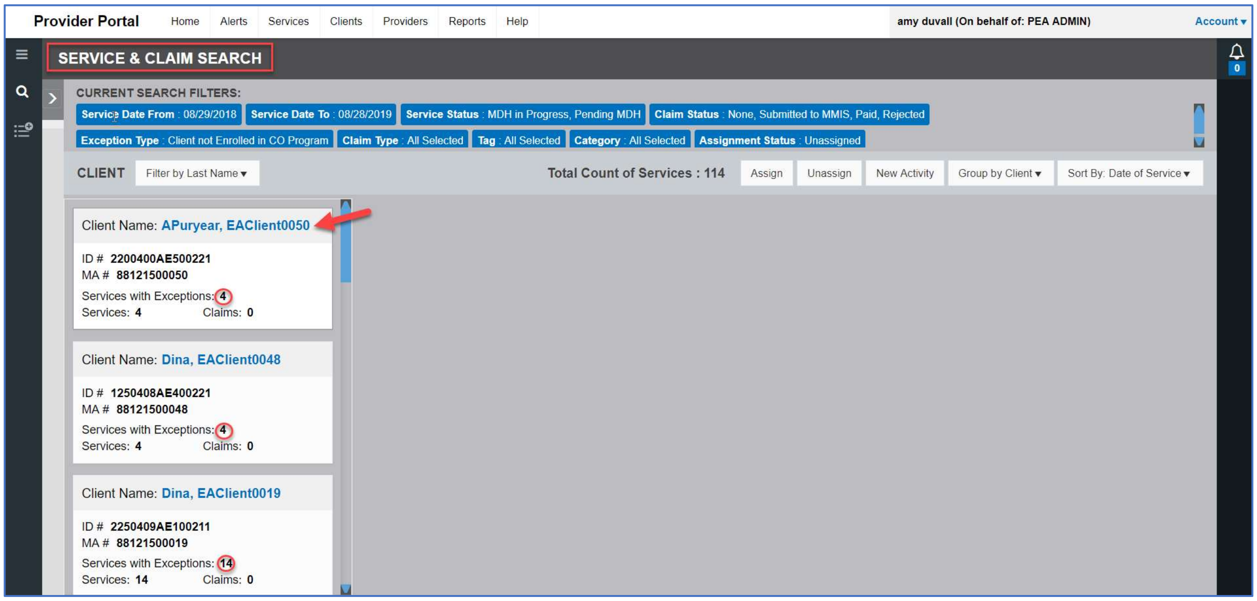


Figure 11-Services & Claim search results from Actions Required

2.2.2 Resolve By MDH

In this section, users can view services with exceptions to be resolved by MDH.

2.2.2.1 Non EVV Services

This section displays Non EVV services, like HDM, with exceptions that require MDH's actions for moving to the subsequent stages of processing in Provider Portal.

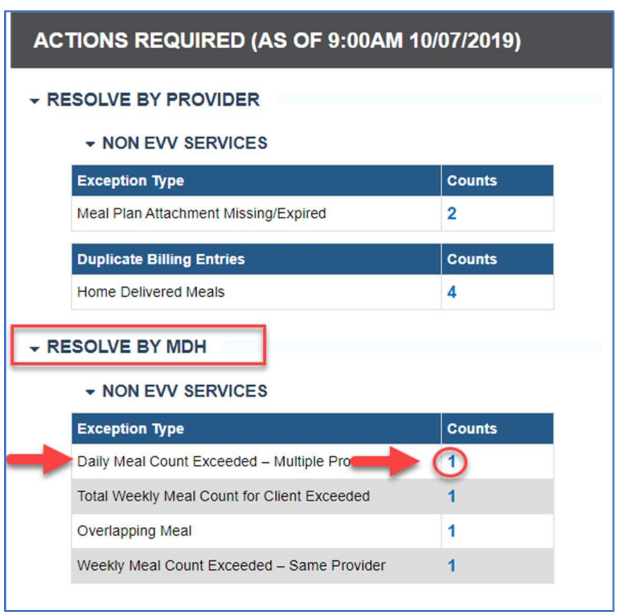


Figure 12-Resolve by MDH: Non EVV Service Count

By selecting a count, the user will be redirected to the Services & Claim Search tab where they will view the services or claims to review for the specific exception type that was selected.

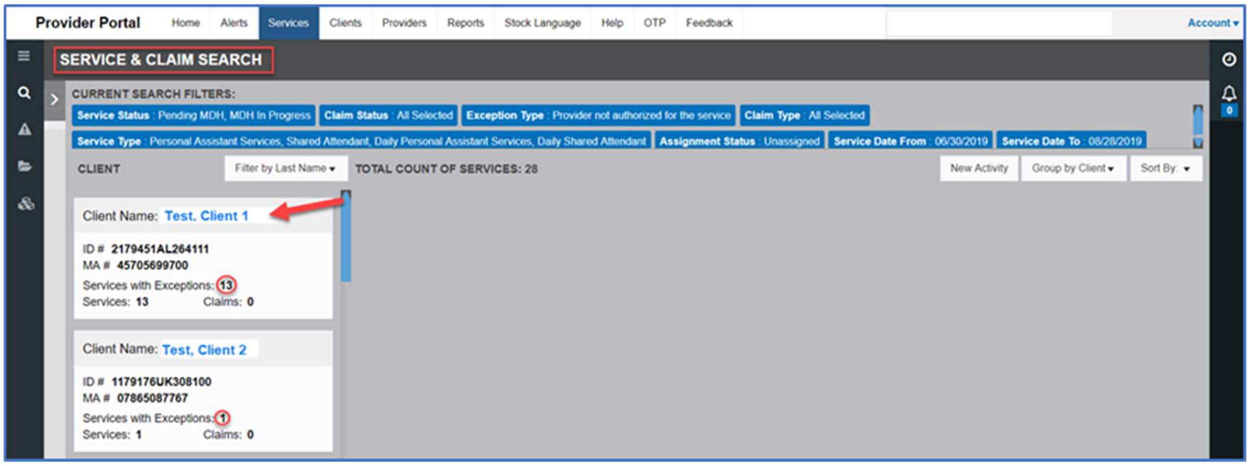


Figure 13-Actions Required Results (Services & Claims View)

2.3 Alerts

Provider Portal sends alerts to HDM Provider users to inform them of assignment to clients.

1. Select the **Alerts** tab in the navigation header.

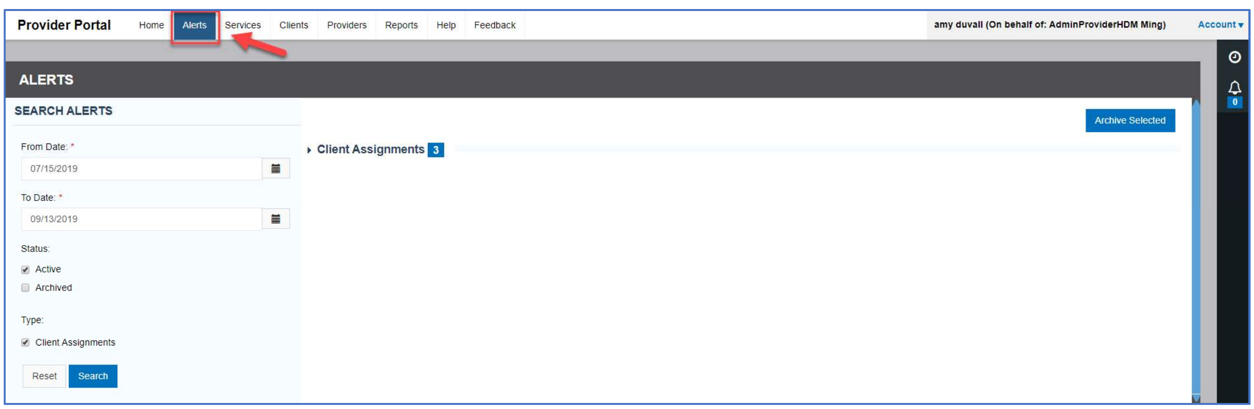


Figure 14-Provider Alerts

2. The Alerts tab will default to display *Active* alerts within the last 60 days of the current system date.

3. Users may enter their desired date range (no more than 60-day span) in the **From Date** and **To Date** fields.

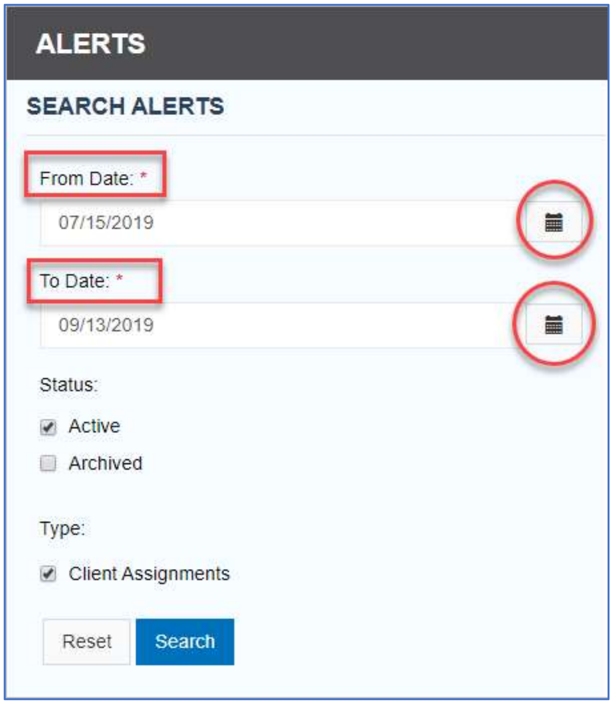


Figure 15-Alerts Date Range

4. Users may view *Active* alerts, *Archived* alerts, or both by making the desired **Status** selection.

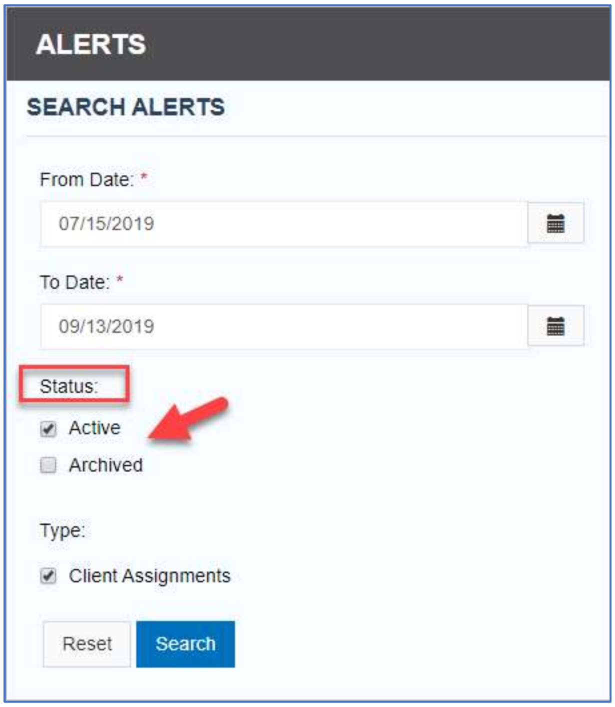


Figure 16-Alert Status

5. Users may select the alert **Type** they wish to view.

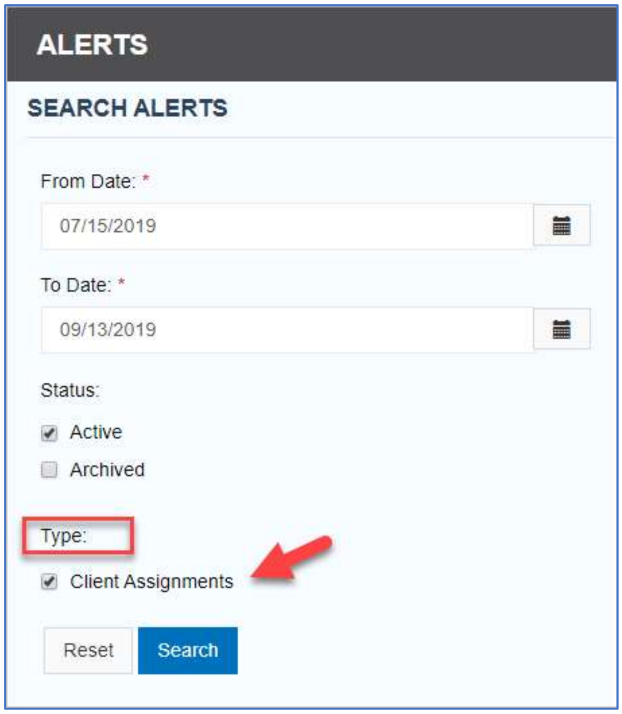


Figure 17-Provider Alert Types

2.3.1 View Client Assignment Alerts

Admin and Billing Provider Roles will receive notifications when:

1. Their Provider Location is newly assigned to a participant's new Plan of Service for the service type, Home Delivered Meals.
2. Their Provider Location is removed from, or no longer listed on, a previously assigned participant's new Plan of Service for the service type, Home Delivered Meals.
3. A previously assigned participant's Plan of Service is inactivated, with no subsequent POS approved.

Upon selection of the **Details** button next to the alert message, a new tab will populate to the Client Profile of the participant.

Figure 18-Client Assignment Alert Details

2.3.2 Archive Alerts

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

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

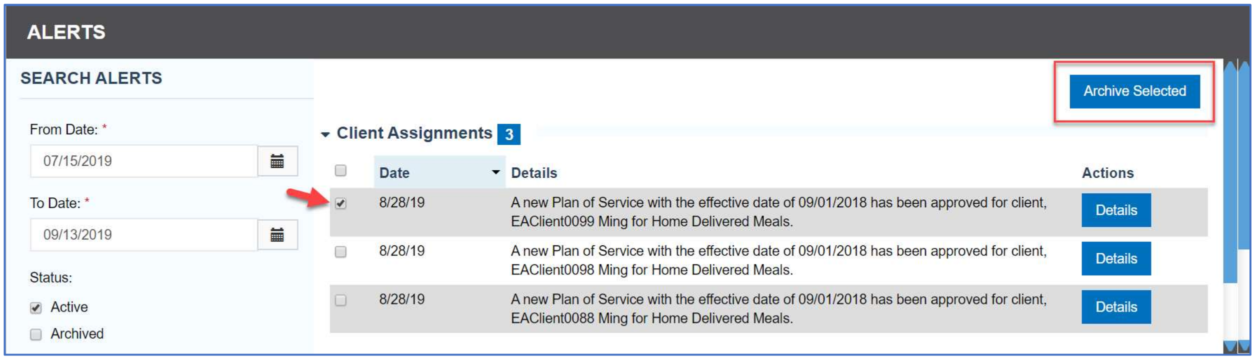


Figure 19-Archiving Alerts

3 Providers

3.1 Search and View Location in Provider Portal

Users may use the Provider Search function to view the details of Agency Locations that they are authorized to view.

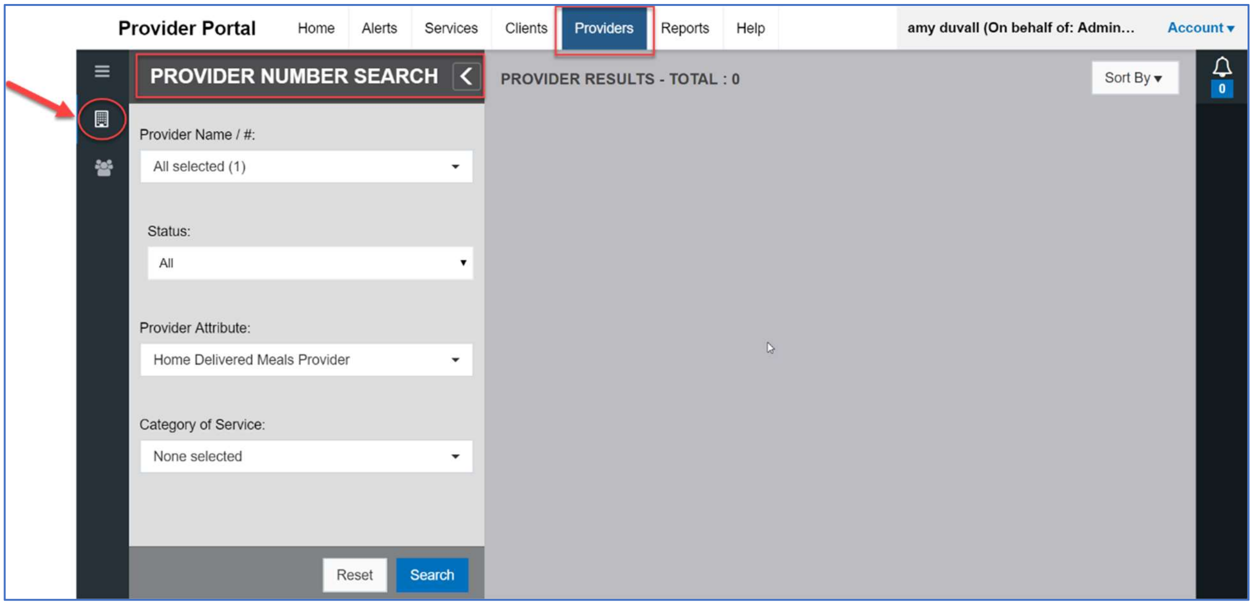


Figure 20-Provider Tab

1. Navigate to the **Provider** tab
2. Select to view Provider-specific information.
3. Input desired search criteria:
   a. **Provider Name/#**
      i. Defaults to *Select All*
      ii. Lists the locations to which the user is assigned within their agency.
   b. **Status**
      i. Defaults to *Select All*
      ii. *Active*, populates only provider locations that are actively providing services.
      iii. *Inactive*, populates only provider locations that are no longer providing services.
   c. **Provider Attribute**
      i. Defaults to *Select All*
      ii. Populates the attributes of the Provider Location to which the user is assigned.

Users may search without any input entry. Selecting **Search** will result in all Locations for which the provider is authorized.

Users may adjust the order in which the results are listed by selecting to **Sort By:**

- **Location Number**
    - Lists results in ascending order of Provider Number
- **Status**
    - Lists results by active locations, then inactive locations

Upon selecting the **Details** button within the search results tile, the user will be directed to the **Provider Profile**.

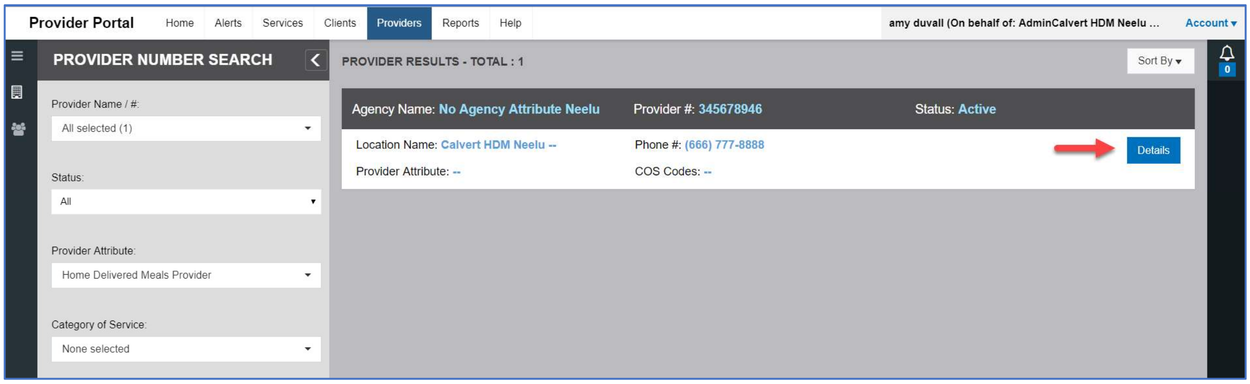


Figure 21-Provider search results view

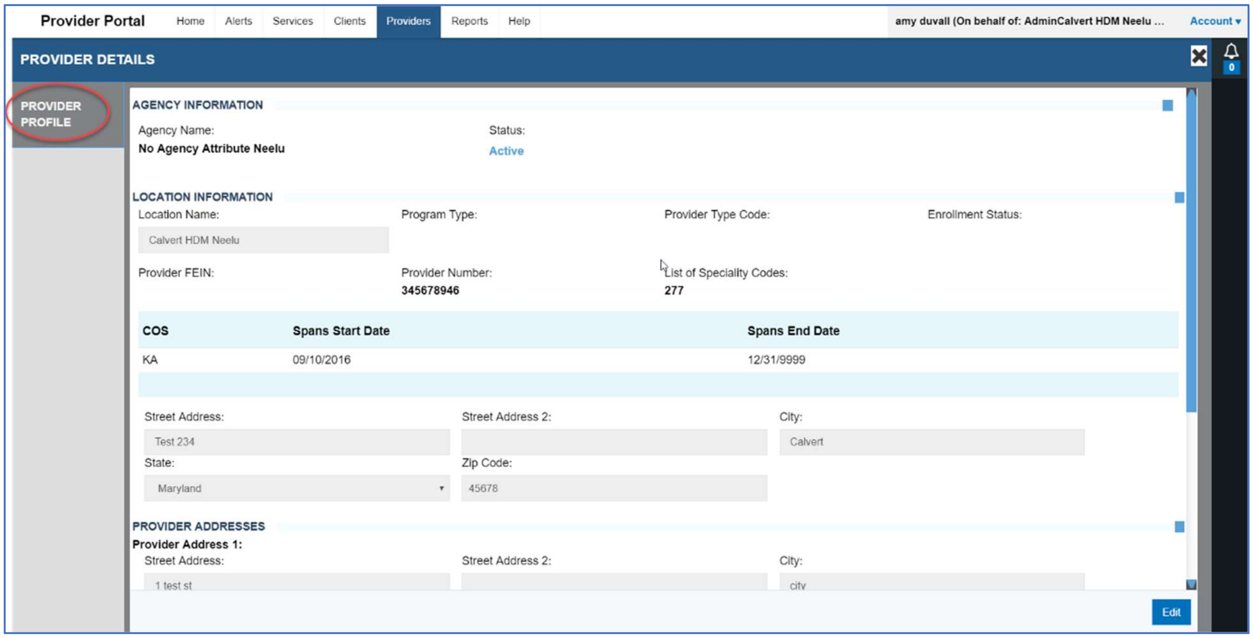


Figure 22-Provider Profile

3.1.1 Edit Provider Profile

The Admin Provider role has access to edit the **Business Phone** and **Business Email** within their Provider Profile in Provider Portal.

1. Select the **Edit** from the Provider Profile.

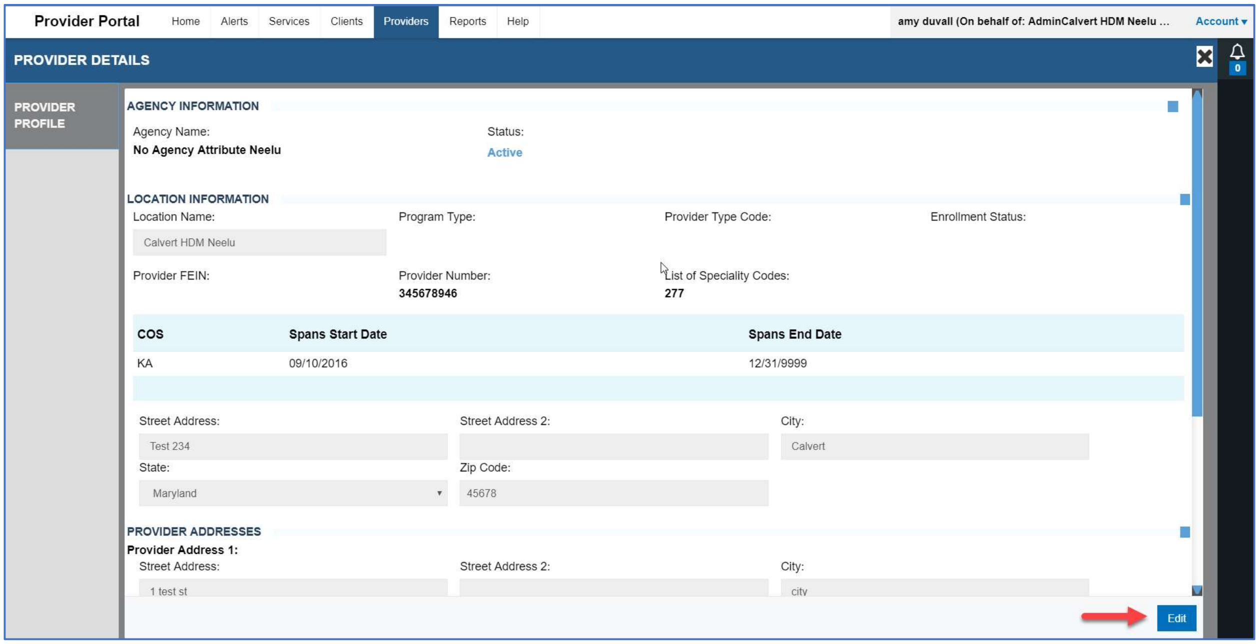


Figure 23-Edit Provider Profile

2. Users may add additional contact information by clicking the **+** icon in the desired section.

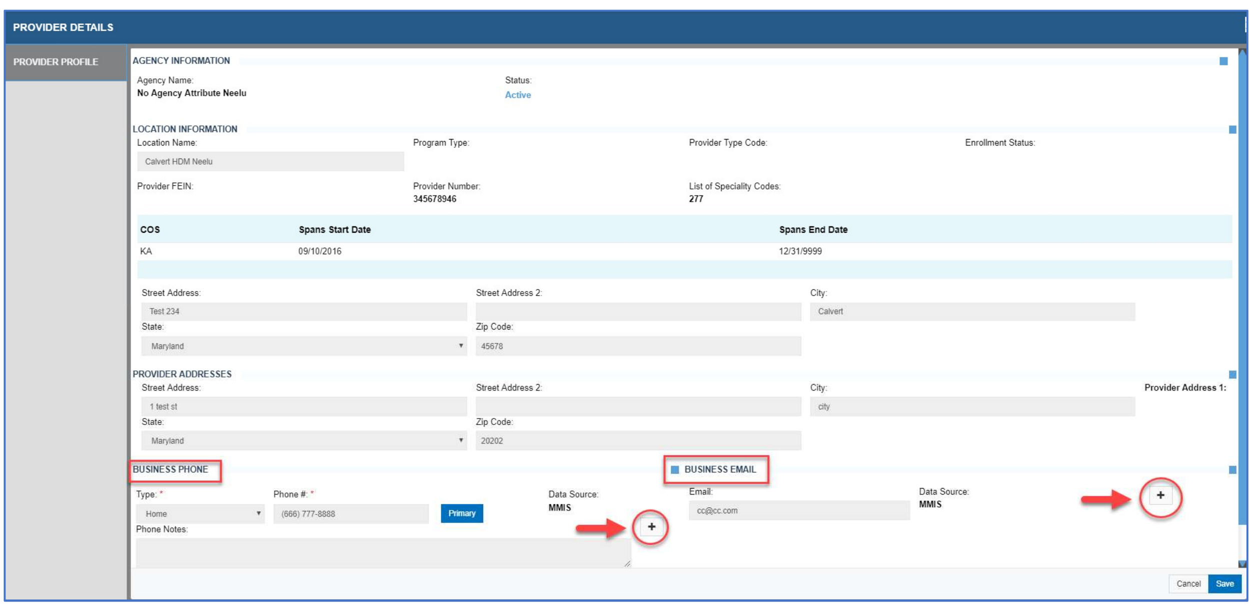


Figure 24-Editable fields

3.2 Search and View Staff in Provider Portal

Provider user roles can search Staff to view the Staff Profiles within the agency location to which they are authorized.

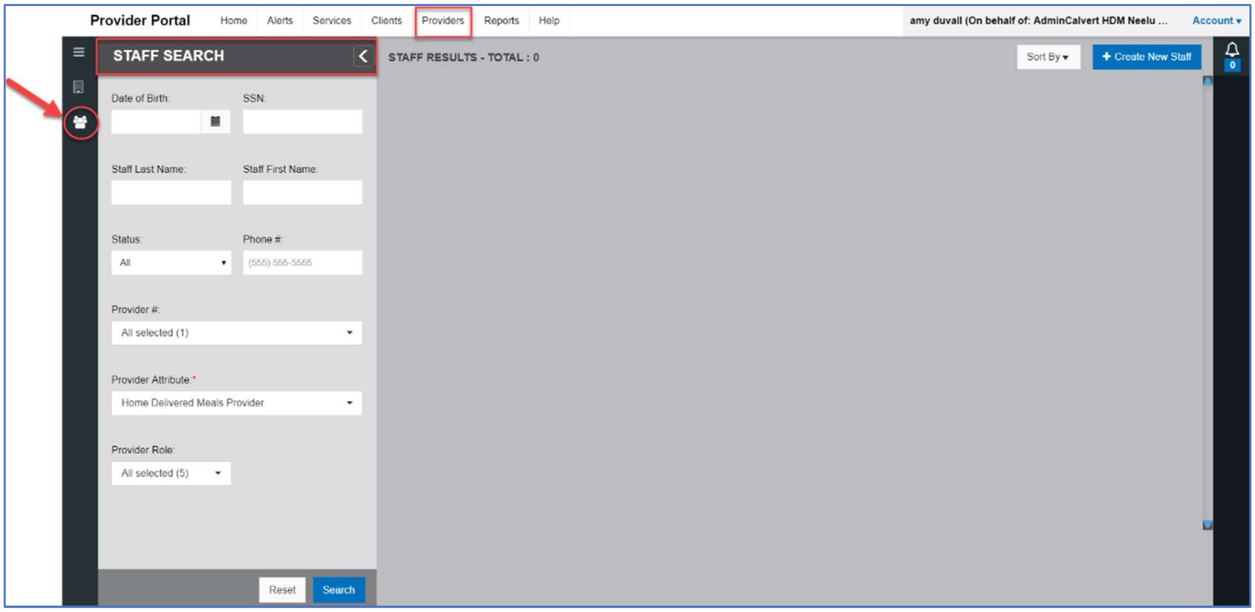


Figure 25-Staff Search

1. Navigate to the **Provider** tab
2. Select [icon] to view Staff-specific information.
3. Input desired search criteria:
   a. **Date of Birth**
      - Calendar selection
      - MM/DD/YYYY
   b. **SSN**
      - 9-digit number
      - Exact match
   c. **Staff Last Name**
      - Results will populate based on "starts with" letter entry
      - Example, "L", "Le", "Leo" will populate the client(s) with the last name "Leonard"
   d. **Staff First Name**
      - Results will populate based on "starts with" letter entry
      - Example, "L", "Le", "Leo" will populate the client(s) with the first name "Leonard"
   e. **Status**
      - Defaults to *All*
      - *Active*, populates only staff who have active profiles
      - *Inactive*, populates only staff who are no longer active in Provider Portal.

f. **Phone #**
   - 10-digit number
   - Exact match

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

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

Users may search without any input entry. Selecting **Search** will result in all Staff within their authorized Provider Locations.

Users may adjust the order in which the results are listed by selecting to **Sort By:**

- **Staff's First Name**
  - Lists search results in ascending alphabetical order by First Name
- **Staff's Last Name**
  - Lists search results in ascending alphabetical order by Last Name

Upon selecting the **Details** button within the search results tile, the user will be directed to the **Staff Profile**.

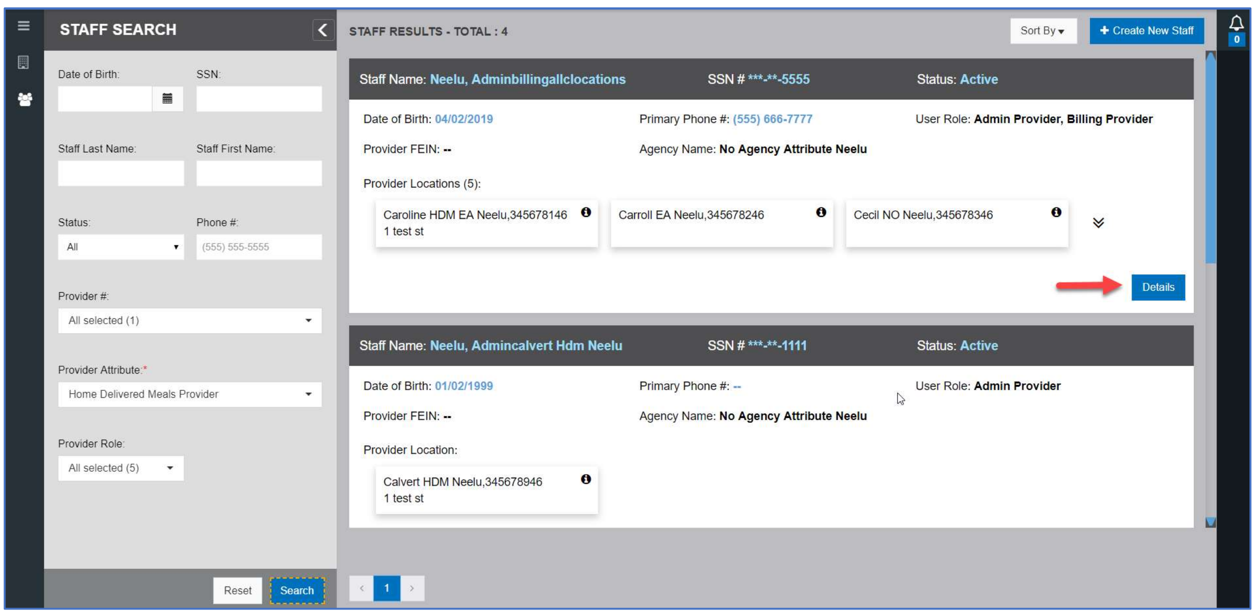


Figure 26-Staff search results view

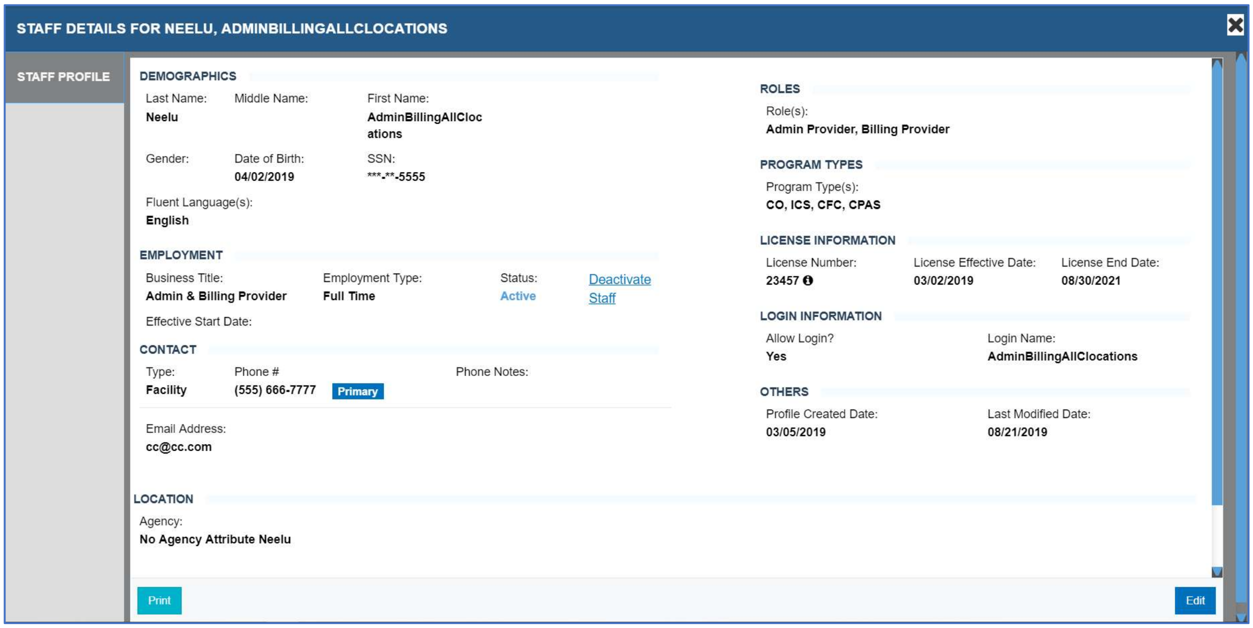


Figure 27-Staff Profile

3.2.1 Manage Staff

3.2.1.1 Create New Staff

Admin Provider users may create Staff Profiles in Provider Portal for the staff within their Location. The roles that may be created are Admin Provider and Billing Provider.

Any Staff Profiles created in Provider Portal will append to LTSS. Authorized Help Desk and MDH roles may access these profiles and activate the staff's system login within LTSS. Similarly, Staff Profiles created in LTSS by authorized users will append to Provider Portal where Admin Provider roles can manage the profile. *NOTE: Provider roles cannot authorize system logins within Provider Portal.*

1. Select **Staff** Search from the **Providers** tab.
2. Select **+ Create New Staff** and complete sections 1 through 5**.**

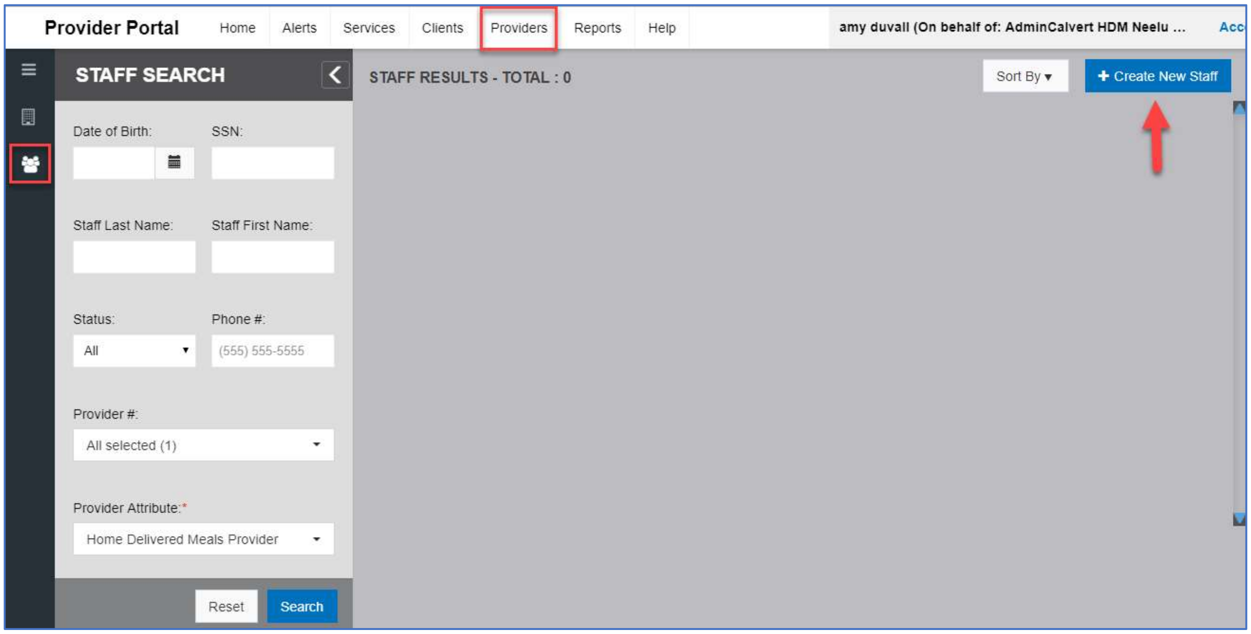


Figure 28-Create New Staff

Note: * Indicates a required field.

1. Role Selection

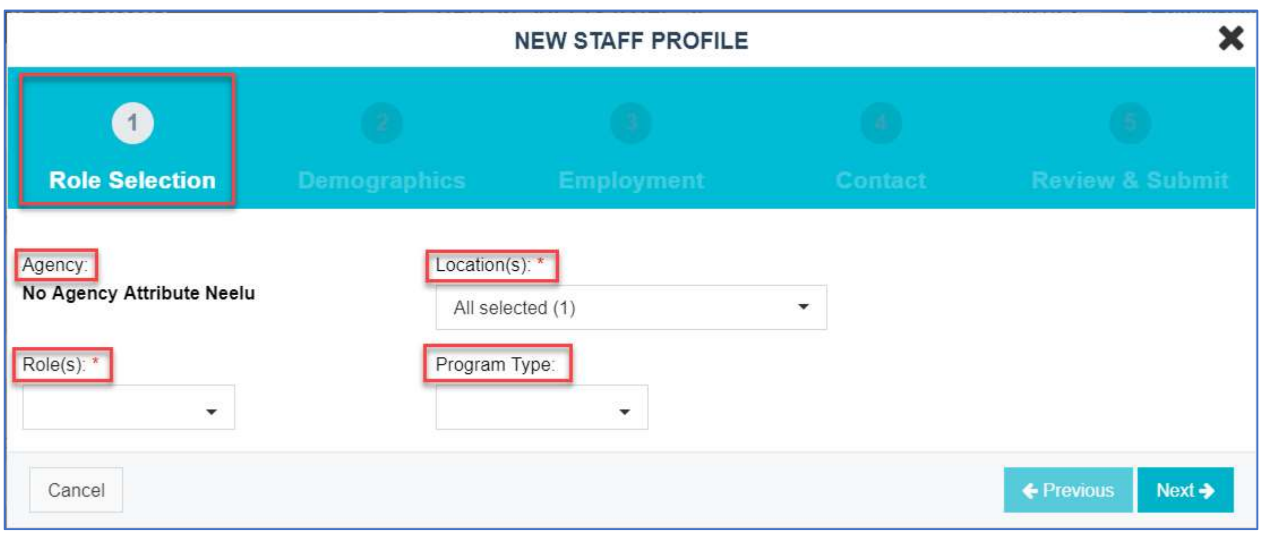


Figure 29-Role Selection

- **Agency**
  - Prepopulated based on users associated agency.
- **Locations**
  - Defaults to *Select All*
  - Prepopulated based on users associated agency.

- **Roles**
    - Options based on Location attribute to which the user is associated.
    - *Admin Provider* or *Billing Provider*
- **Program Type**
    - Options based on Location's Program types to which the user is associated.
    - *Select All, CPAS, CO, CFC*, or *ICS*

2. Demographics

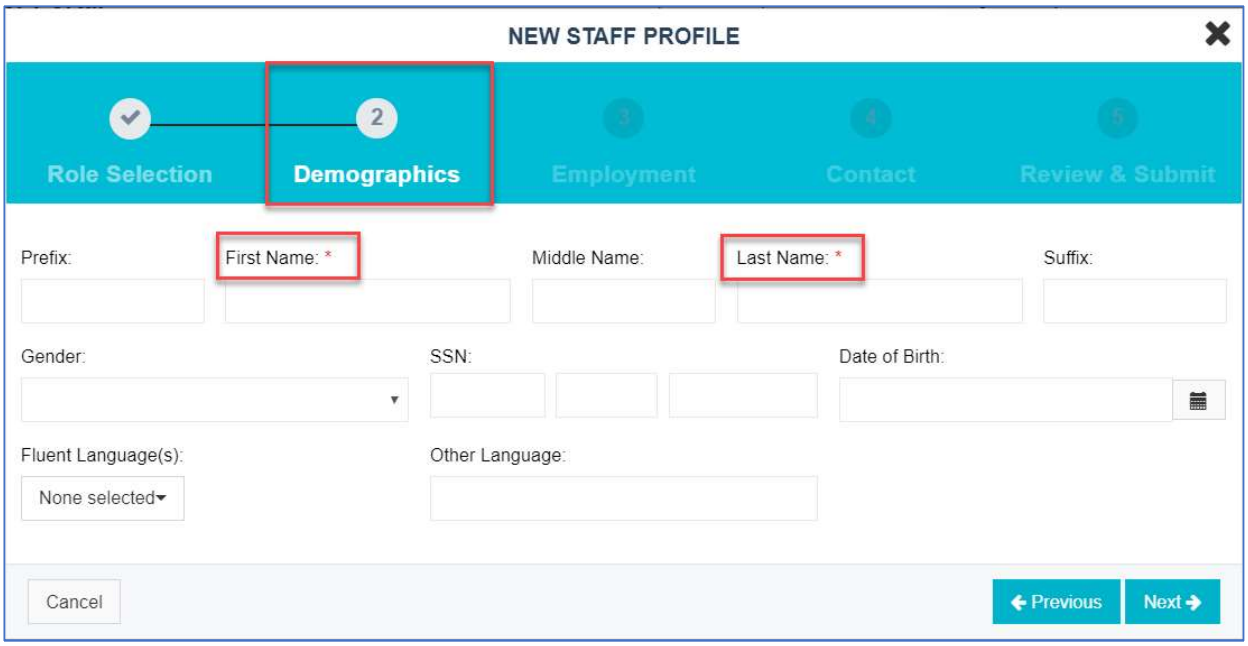


Figure 30-Demographics

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

3. Employment

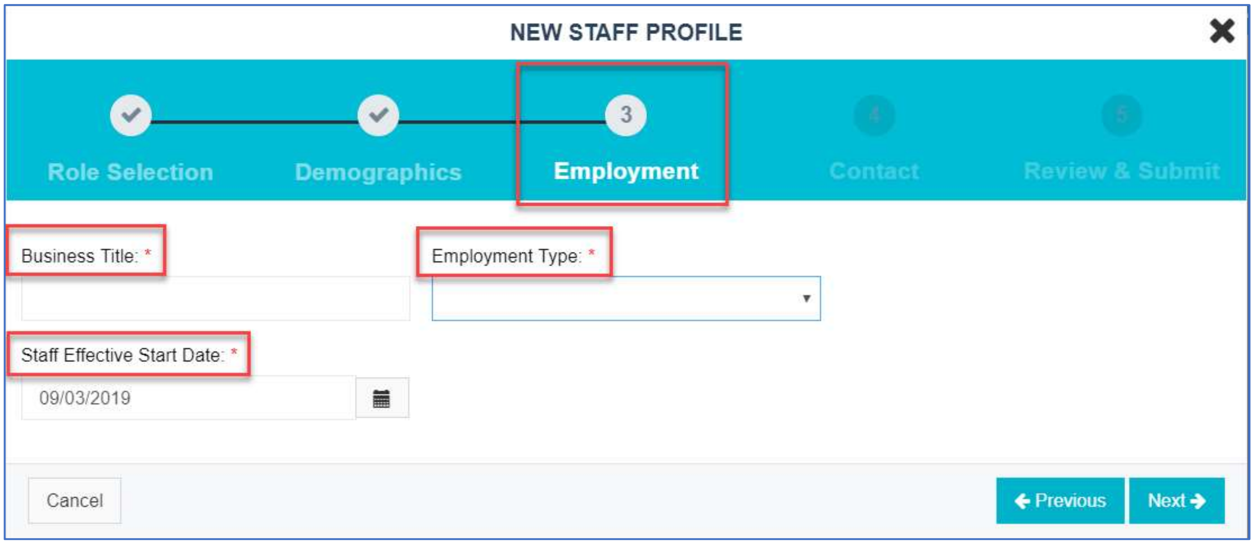


Figure 31-Employment

- **Business Title**
- **Employment Type**
    - *Full Time, Contractor, Part Time*, or *N/A*
- **Staff Effective Start Date**

4. Contact

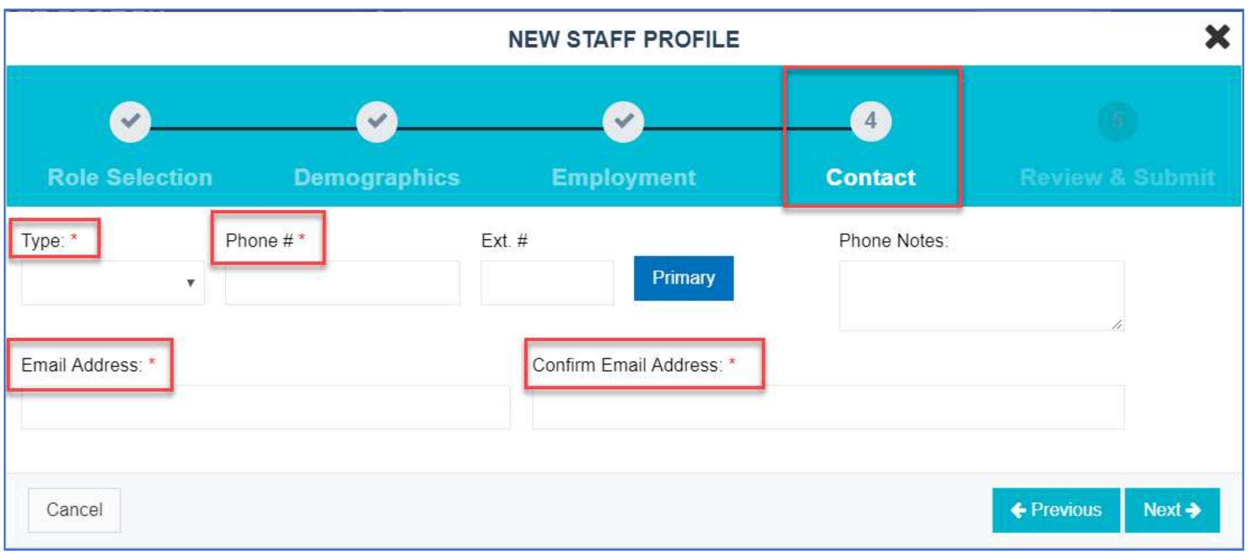


Figure 32-Contact

- **Type, Phone #, Ext #, Phone Notes**
- **Email Address**

5. Review & Submit

Information entered in sections 1 through 4 will prepopulate in one consolidated view. Here the user may **Edit** each section. Once reviewed, the user will select **Submit**.

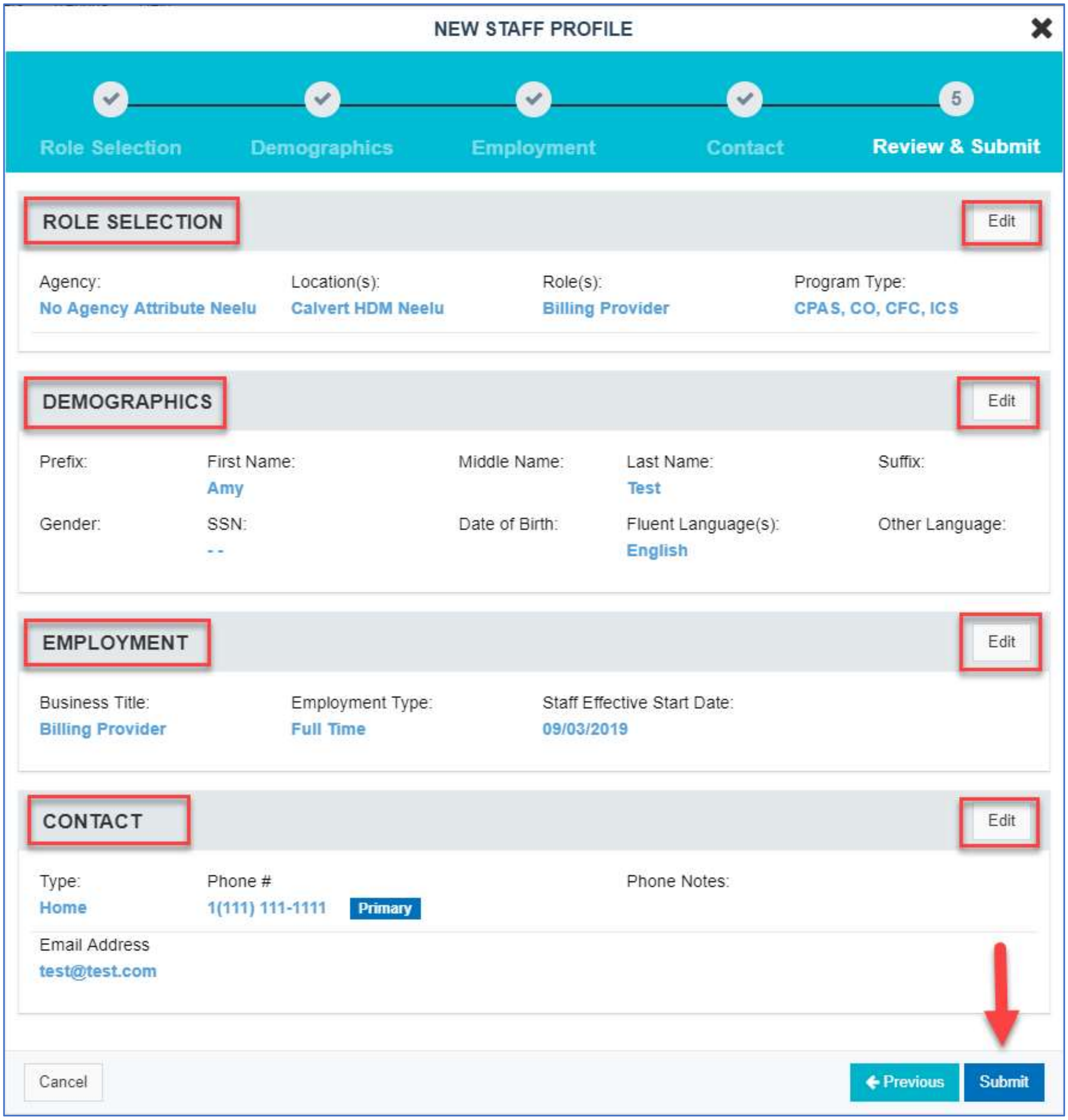


Figure 33-Review & Submit

3.2.1.2 Edit Staff Profile

Admin Provider users can edit an existing Staff Profile within Provider Portal.

1. Select **Staff Search** from the **Providers** tab.
2. Entered relevant search criteria and **Search** for desired Staff Profile.
3. Select the **Details** button on the Staff Profile search results.

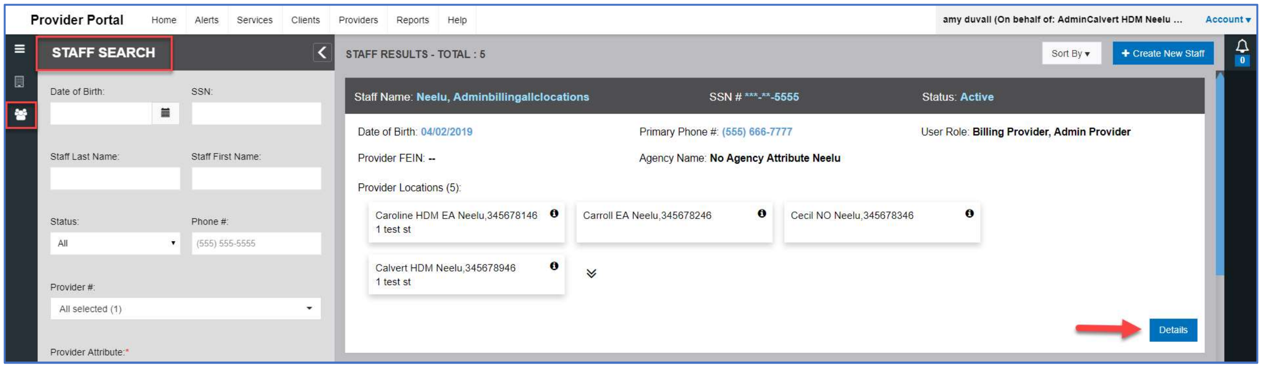


Figure 34-Staff Profile search results

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

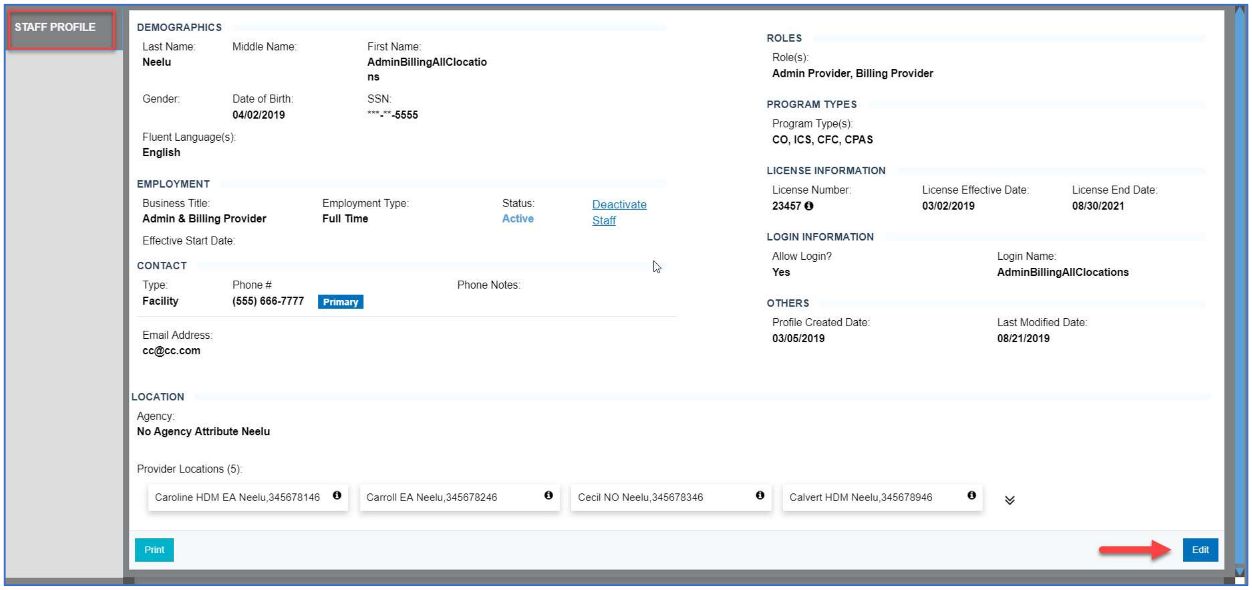


Figure 35-Staff Profile details view

5. Users may edit the following sections of the Staff Profile:
    - **Demographics**
        - Personal Information of Staff
    - **Employment**
        - Title, Type, and Status of Profile within Provider Portal
    - **Contact**
        - Phone Number and Email
    - **Location**
        - Locations to which the profile may be assigned
        - User role assignment (Admin or Provider)
    - **Program Types**
        - Programs of which the user is authorized as a Provider (CPAS, CO, CFC, and/or ICS)
    - **Login Information**
        - Permits user to login to Provider Portal

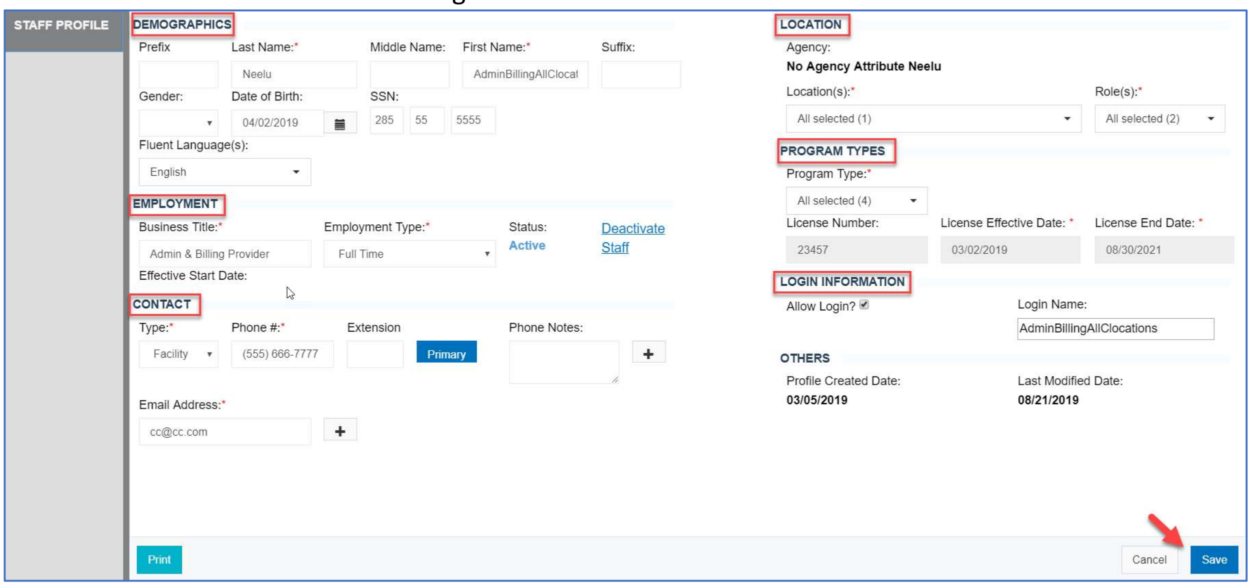


Figure 36-Edit Staff Profile

6. Upon selecting **Save**, updates are also appended to LTSS, where it may be viewed and managed by MDH and Help Desk roles.

4 Clients

4.1 Search and View Clients

Provider users may search Clients served by their Agency to view the participant's Client Profile, approved Plan(s) of Service, and Client Attachments.

1. Navigate to the **Clients** tab

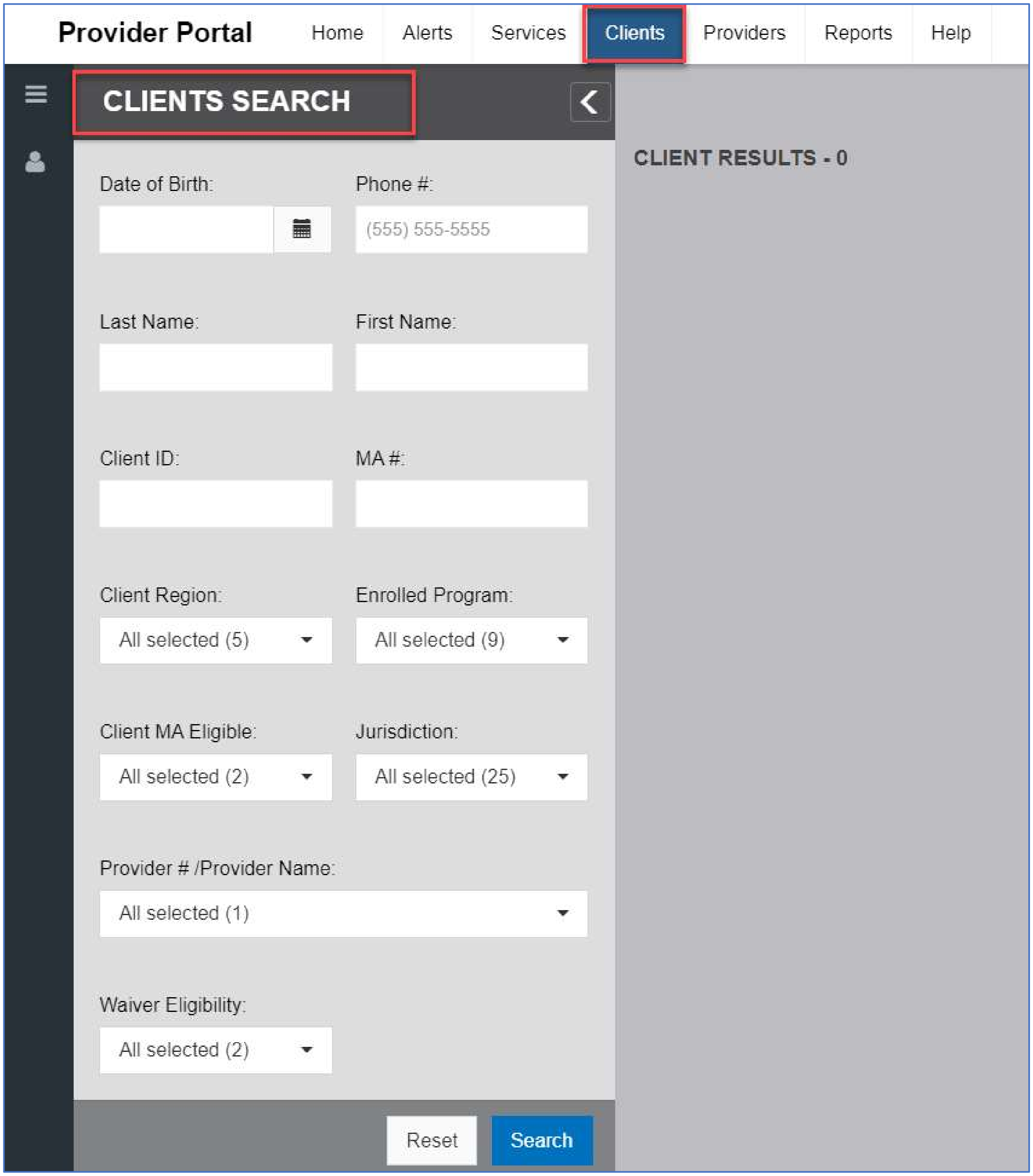


Figure 37-Client Search tab

2. Input desired search criteria:
   - **Date of Birth**
     - Calendar selection
     - MM/DD/YYYY
   - **Phone #**
     - 10-digit number
     - Exact match
   - **Last Name**
     - Results will populate based on “starts with” letter entry
     - Example, “L”, “Le”, “Leo” will populate the client(s) with the last name “Leonard”
   - **First Name**
     - Results will populate based on “starts with” letter entry
     - Example, “L”, “Le”, “Leo” will populate the client(s) with the first name “Leonard”
   - **MA#**
     - 9-digit number
     - Exact Match
   - **Client Region**
     - Defaults to *Select All*
   - **Client MA Eligible**
     - Defaults to *Select All*
     - *Yes*, populates clients with active MA#’s
     - *No,* populates clients without active MA#’s.
   - **Enrolled Program**
     - Defaults to *Select All*
     - *CO, ICS, CFC, CPAS* populates clients with active enrollment in the selected program.
     - *Not Enrolled*, populates clients enrolled in other programs or without an active enrollment in a program.
   - **Jurisdiction**
     - Defaults to *Select All*
     - Populates all Counties within the state of Maryland
   - **Provider #/Provider Name** (*Provider Roles only*)
     - Defaults to *Select All*
     - Pre-populates the Providers to which the user is associated.
   - **Provider Name/#/FEIN** (*MDH and SPA Roles only*)
     - Results will populate based on “starts with” letter entry
     - Example, “L”, “Le”, “Leo” will populate the provider(s) with the name “Leonard”
   - **Waiver Eligibility**
     - Defaults to *Select All*
     - *Yes*, populates clients eligible for a Waiver
     - *No,* populates clients ineligible for a Waiver

3. Click on the **Search** button.
   Note: Users may search without any input entry. Selecting Search will result in all Clients for which the provider is authorized.

   Users may adjust the order in which the results are listed by selecting to "**Sort By:**"

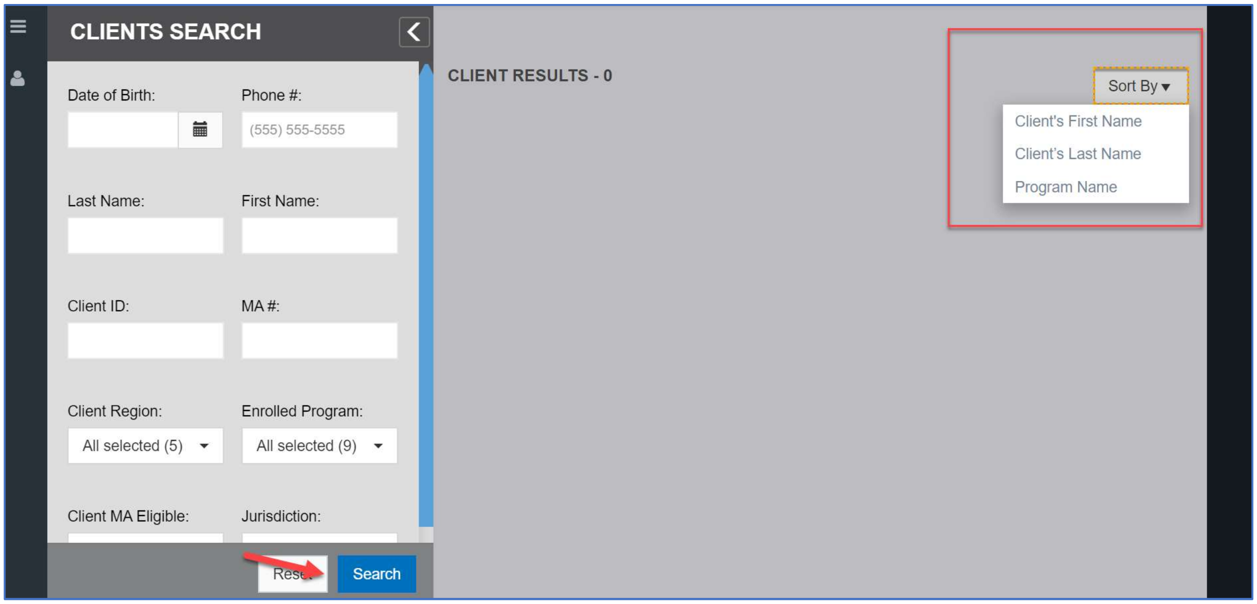


Figure 38-Sorting Client Search Results

- **Client's First Name**
  - Lists search results in ascending alphabetical order by First Name
- **Client's Last Name**
  - Lists search results in ascending alphabetical order by Last Name
- **Program Name**
  - Lists search results in ascending alphabetical order by Enrolled Program

4.2 View Client Profile

Provider users can view the details of a client's profile for clients that are being served by their agency at present or authorized through an approved Plan of Service to start services in the future.

1. Once the user has searched and located the desired client, select the **Details** within the search results tile.

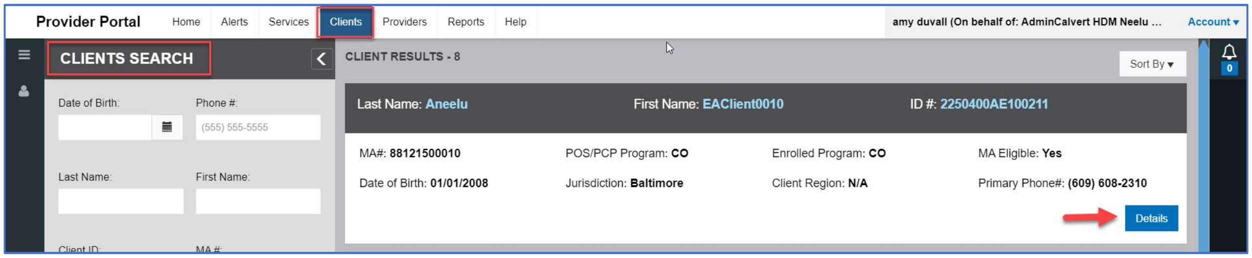


Figure 39-Client search: Details

2. Select **Client Profile** tab on the left navigation panel.
3. Here, the user may view the **Client Profile**:
    - *Client Demographic Overview*
    - *Address to Receive Services*
    - *Waiver/Program Enrollment Status*
        - *Recent Program History*
        - *Special Program Code*
    - *Current Assignments*
    - *Representatives*

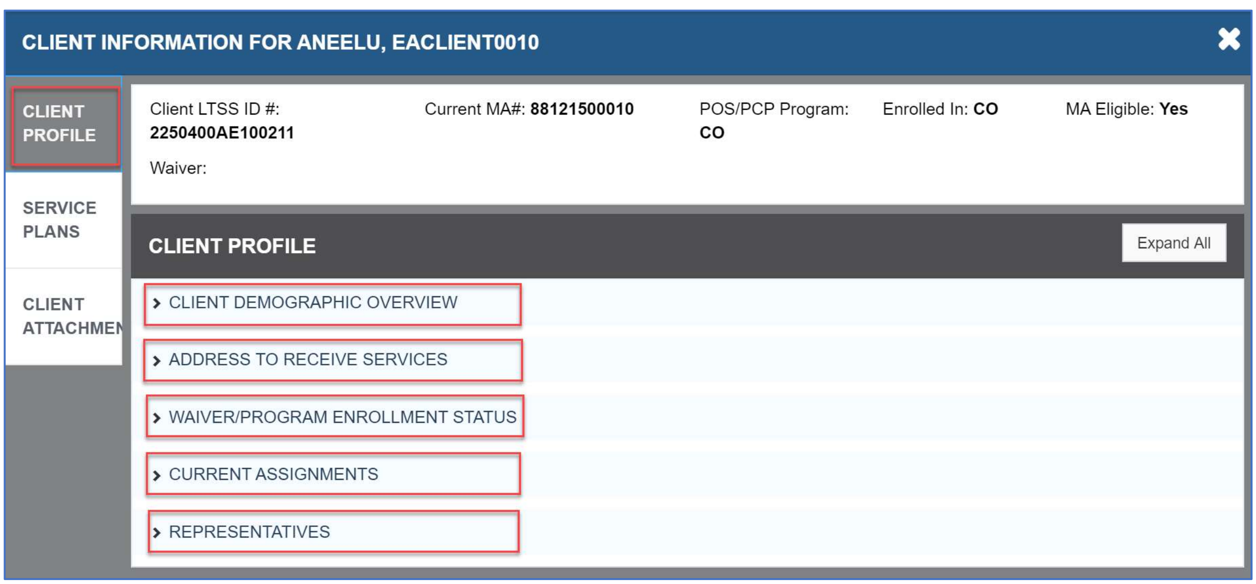


Figure 40-Client Profile

4. Users may click **Expand All** or **Collapse All** to view or hide the details of each banner. Or may select the [>] or [v] of each individual banner and view or hide the details of the selection.

4.3 View Service Plans for Clients

Provider users can view the details of a client's Plan of Service for clients that are being served by their agency.

1. Once the user has searched and located the desired client, select the **Details** within the search results tile.

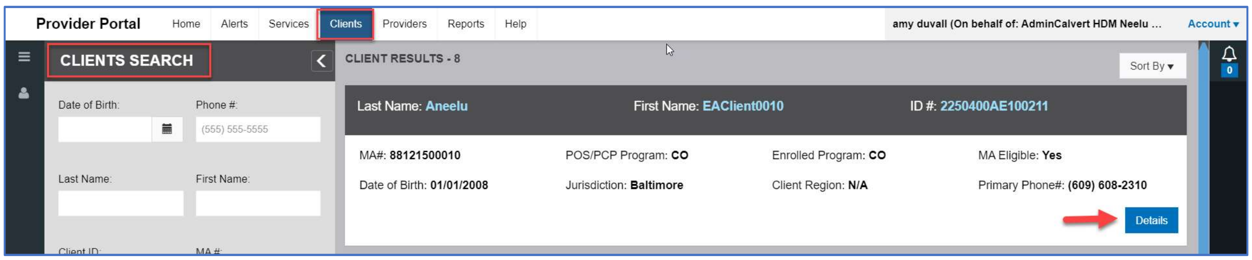


Figure 41-Client search: Details

2. Select **Service Plans** tab on the left navigation panel.
3. Here, the user may view a list of Service Plans for which their agency has been authorized as a Provider and may select the **Details** hyperlink to view the Plan of Service.

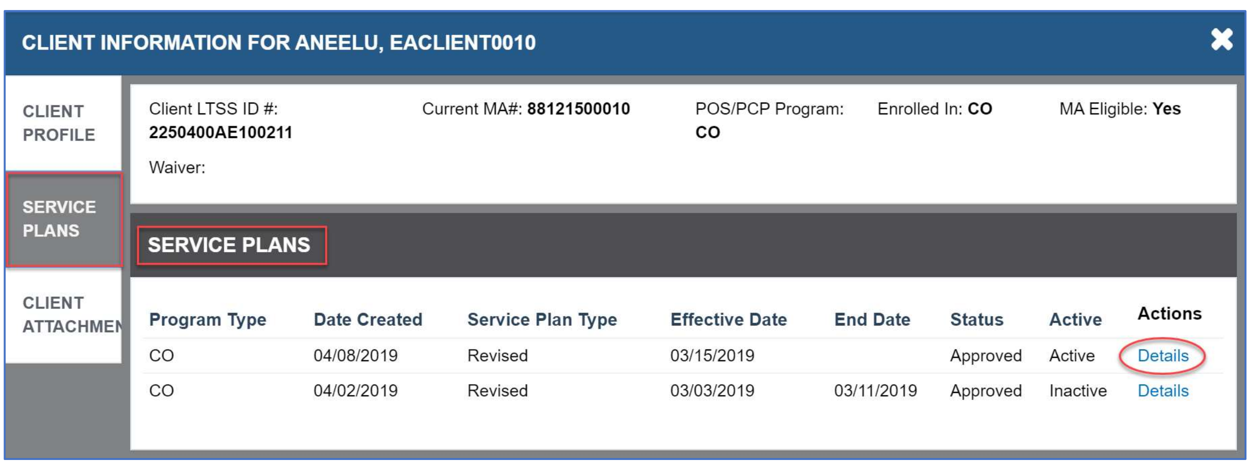


Figure 42-Service Plans List view

4. From the Details view of the client's Service Plan, the user can view the following:
    - *Overview Information*
    - *Services*
    - *Address to Receive Services*
    - *Decision*
    - *Signatures*

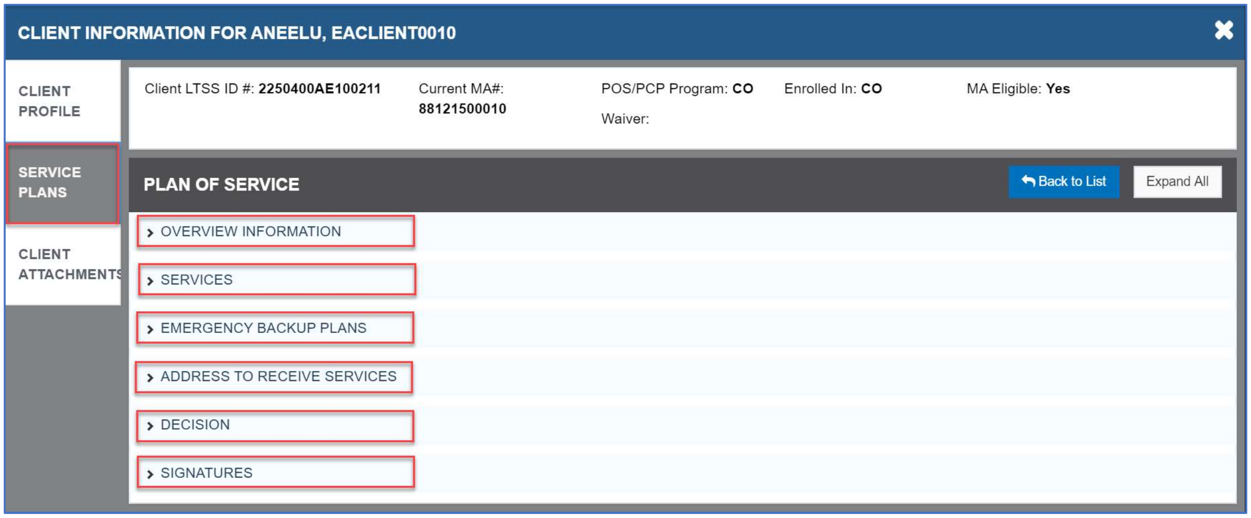


Figure 43-Plan of Service

5. Users may click **Expand All** or **Collapse All** to view or hide the details of each banner or may select the  or  of each individual banner and view or hide the details of the selection.

5 Manage Meal Plan Attachments

A current (*within 1 year of the date of service*) Meal Plan must be uploaded to a Client's Attachment section for a meal to be successfully submitted for billing. The system will verify this date based on the date that the attachment was saved to the client's record.

While MDH and SPA roles may upload Meal Plans to a client's record to LTSS or to Provider Portal, the active Provider is responsible for uploading a Meal Plan for their client(s) in Provider Portal.

5.1 View Meal Plan(s) in Provider Portal

1. Once the user has searched and located the desired client, select the **Details** within the search results tile.

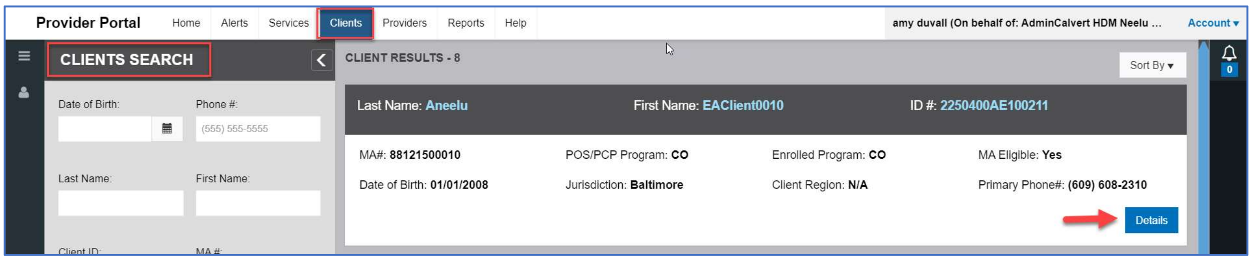


Figure 44-Client search: Details

2. Select **Client Attachments** tab on the left navigation panel.
3. Select the *Category*, **Meal Plan** and then select **Filter**.

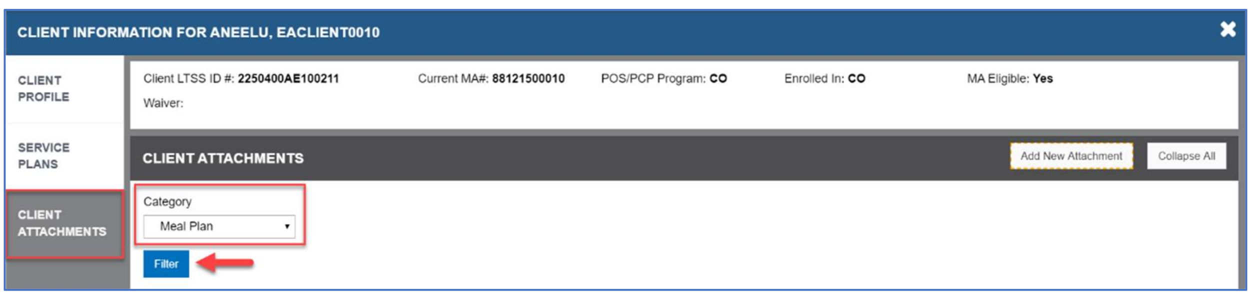


Figure 45-Client Attachments section

4. Here, users may view information about the Meal Plan attachment:
    - **File Name**
        - Name of file that was uploaded from the user's PC.
    - **Type**
        - Category of Attachment
    - **Created Date**
        - Date of upload
    - **Comments**
        - Comment entered at time of upload
        - For Discarded Meal Plans, displays *Discarded Reason*
    - **Status**
        - *Discarded* indicates a Meal Plan that has been discarded by a user in LTSS or in Provider Portal
        - *Discarded* can also be a result of service actions (i.e. *Discarded* or *Not Authorized*)
    - **Actions**
        - *Discard*
        - Users can discard a Meal Plan by selecting this link

By selecting the File Name hyperlink, the file will be downloaded to the user's PC for viewing.

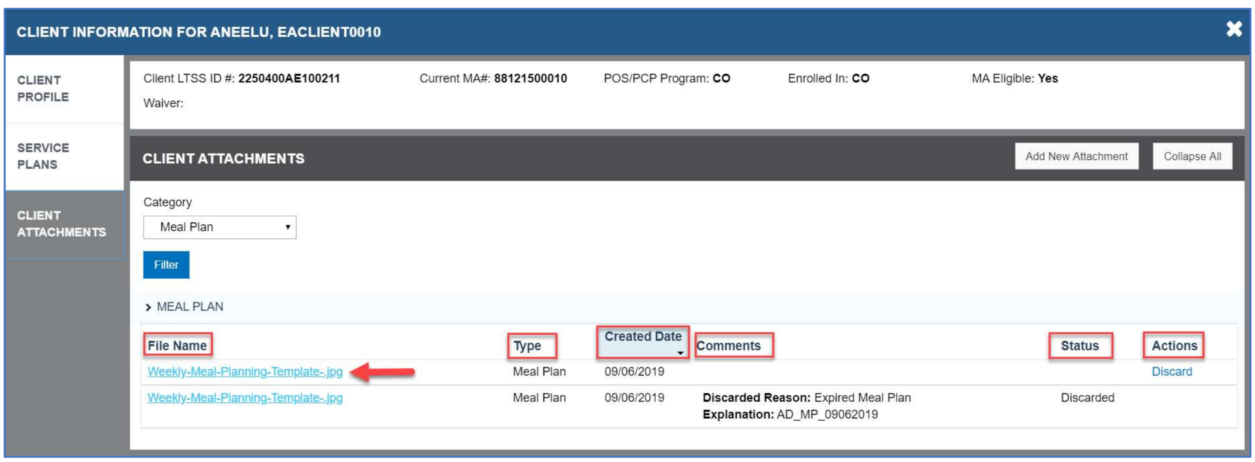


Figure 46-View Meal Plans

5.2 Add Meal Plan(s) in Provider Portal

1. Once the user has searched and located the desired client, select the **Details** within the search results tile.

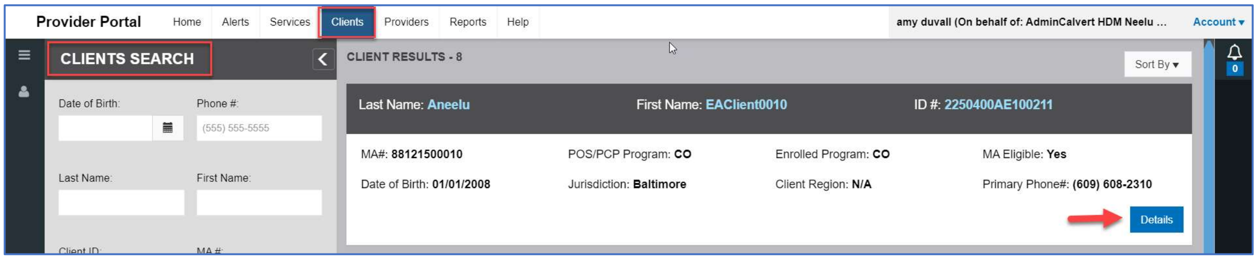


Figure 47-Client search: Details

2. Select **Client Attachments** tab on the left navigation panel.
3. Select **Add New Attachment**.

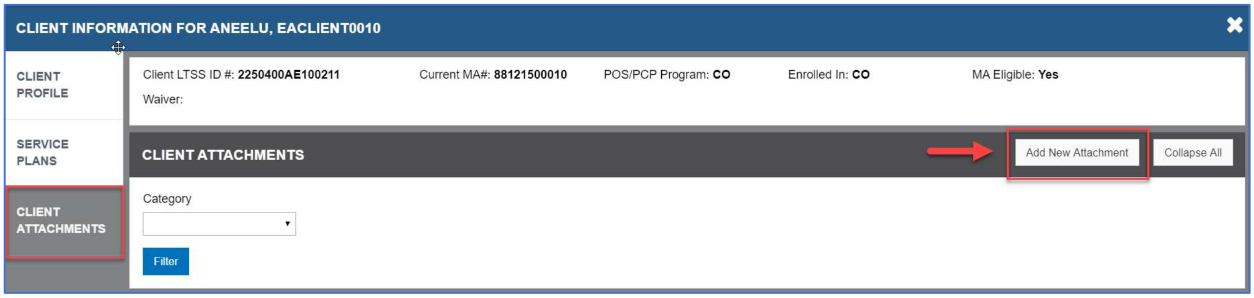


Figure 48-Add New Attachment

4. Select **Choose File** and select the desired file from the pop-up window.

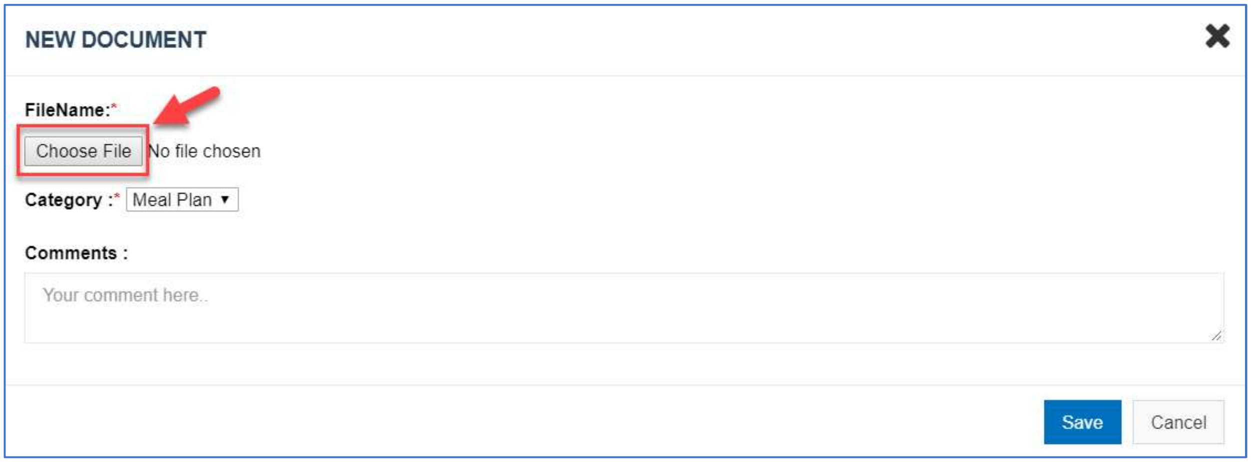


Figure 49-Choose File

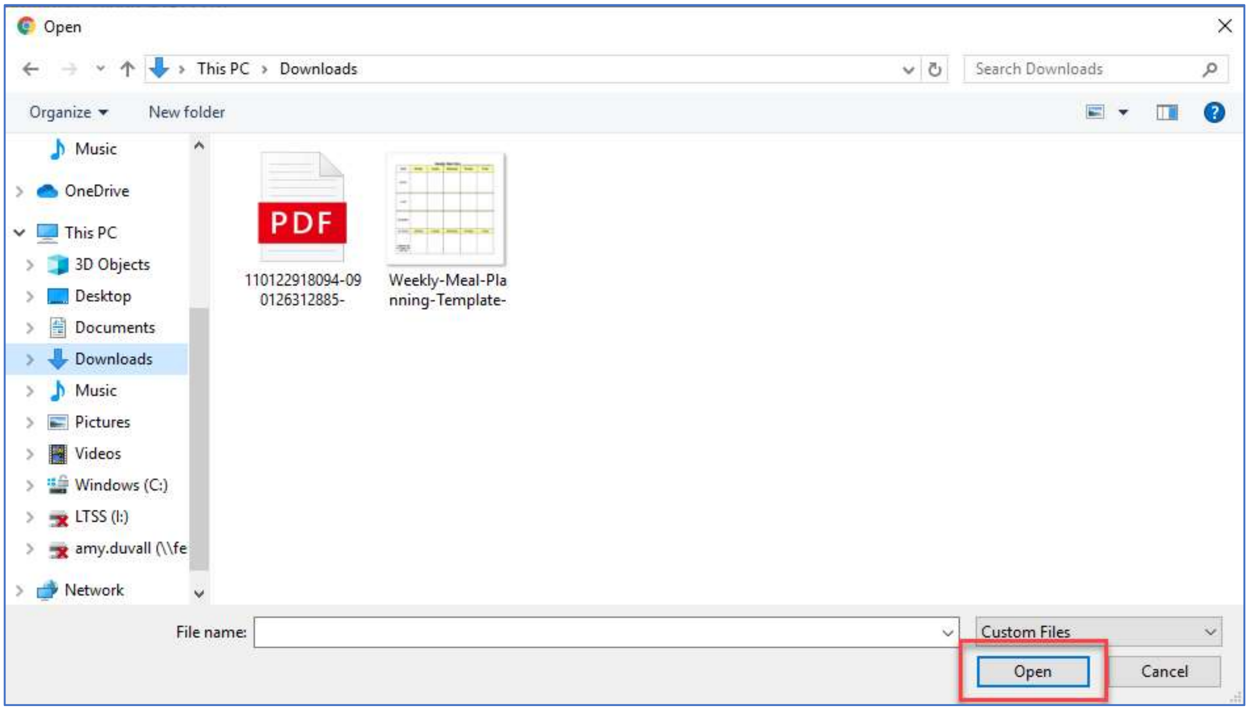


Figure 50-File Selection

NOTE: Files should be named in the following format:

FirstNameLastName_DateofMealPlan

- *First Name* and *Last Name* of Client
- Date of Meal Plan in the following format: *MMDDYYYY*
- Example: AmyDuvall _09062019

5. Select **Category**, ***Meal Plan***
6. Enter **Comments** if applicable
7. Select **Save**

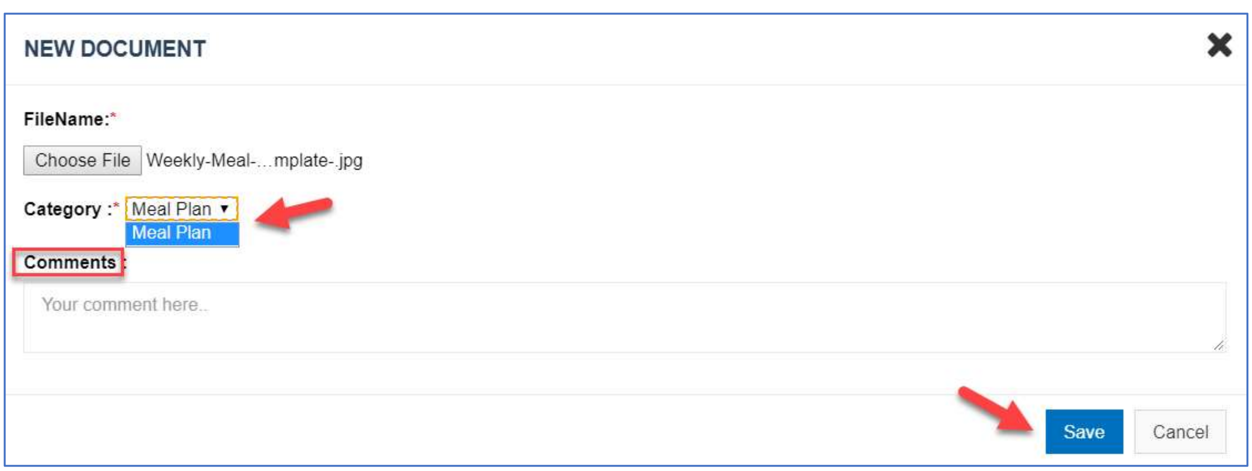


Figure 51-Meal Plan Upload

8. When a Meal Plan is uploaded to the **Client Attachments** section within *Provider Portal*, it will append to the **Client Attachments** section in *LTSS*, where authorized MDH, SPA, and LHD users may view the Meal Plan within the client's record. Similarly, Meal Plans that have been uploaded by authorized users to the **Client Attachments** section in *LTSS* will append to *Provider Portal*.

5.3 Discard Attachment

1. Once the user has searched and located the desired client, select the **Details** within the search results tile.

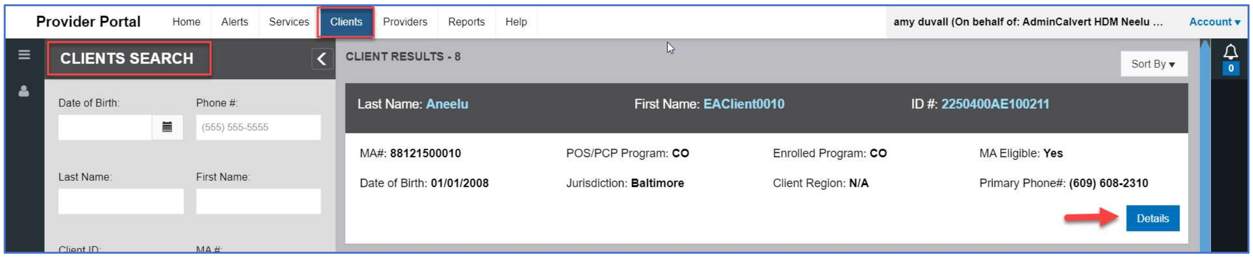


Figure 52-Client Search Details

2. Select **Client Attachments** tab on the left navigation panel.
3. Select the *Category*, **Meal Plan** and then select **Filter**.

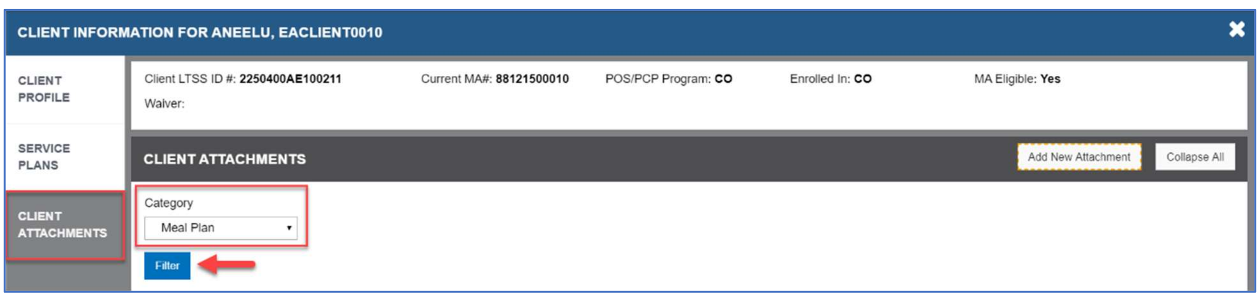


Figure 53-Client Attachments section

4. Select the **Discard** action for the Meal Plan attachment that is no longer applicable for the client.

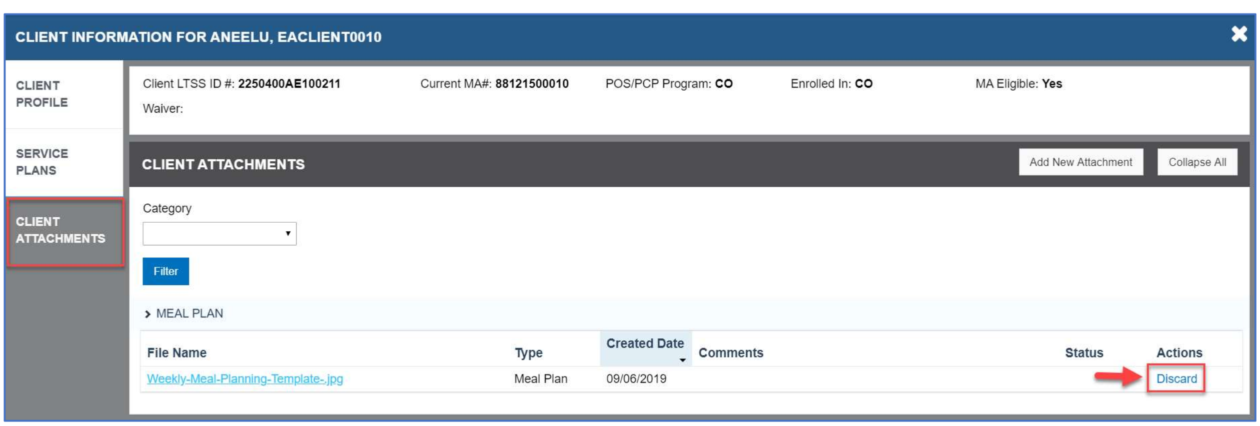


Figure 54-Discard Meal Plan

5. Within the *Confirmation* screen, enter the reason for discard in the **Comment** section, and select **YES** to discard.

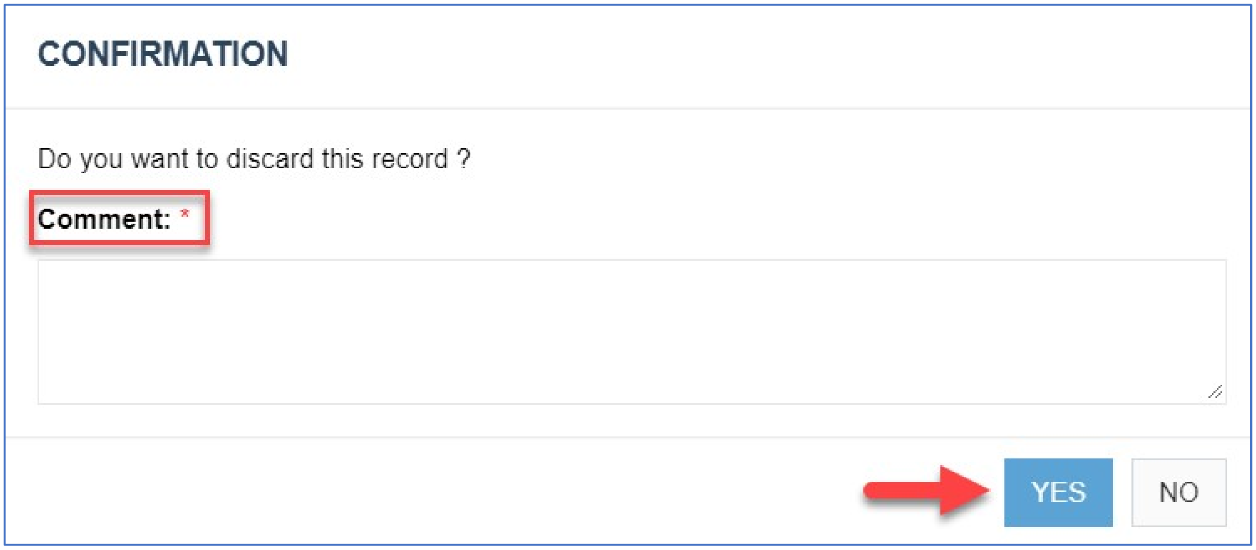


Figure 55-Discard Comments

6. Upon **Discard**, the Meal Plan will display as *Discarded* in the client's record in Provider Portal and in LTSS.

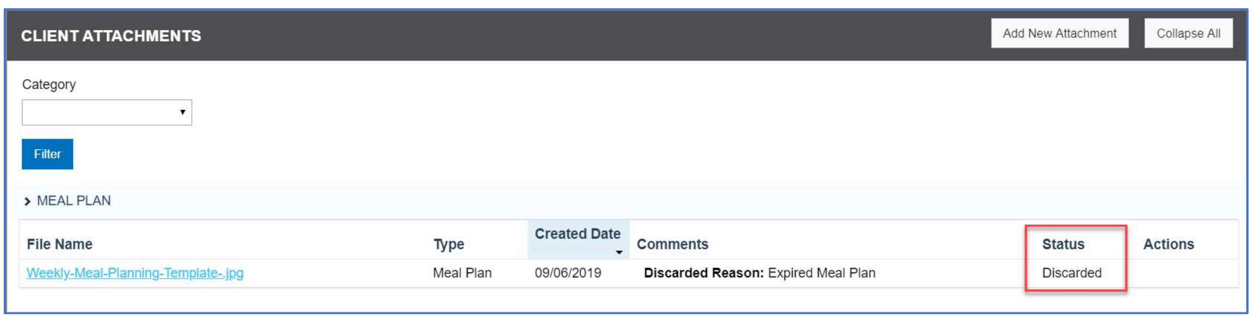


Figure 56-Discarded Attachment in Provider Portal

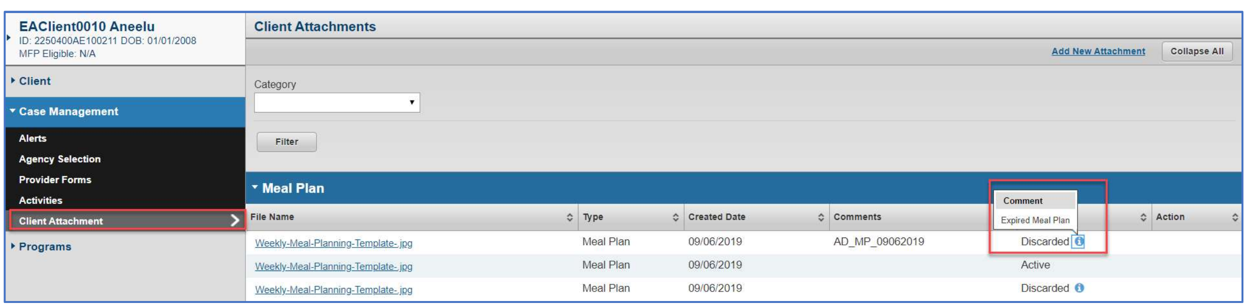


Figure 57-Discarded Attachment in LTSS

6 Billing

6.1 Process Overview

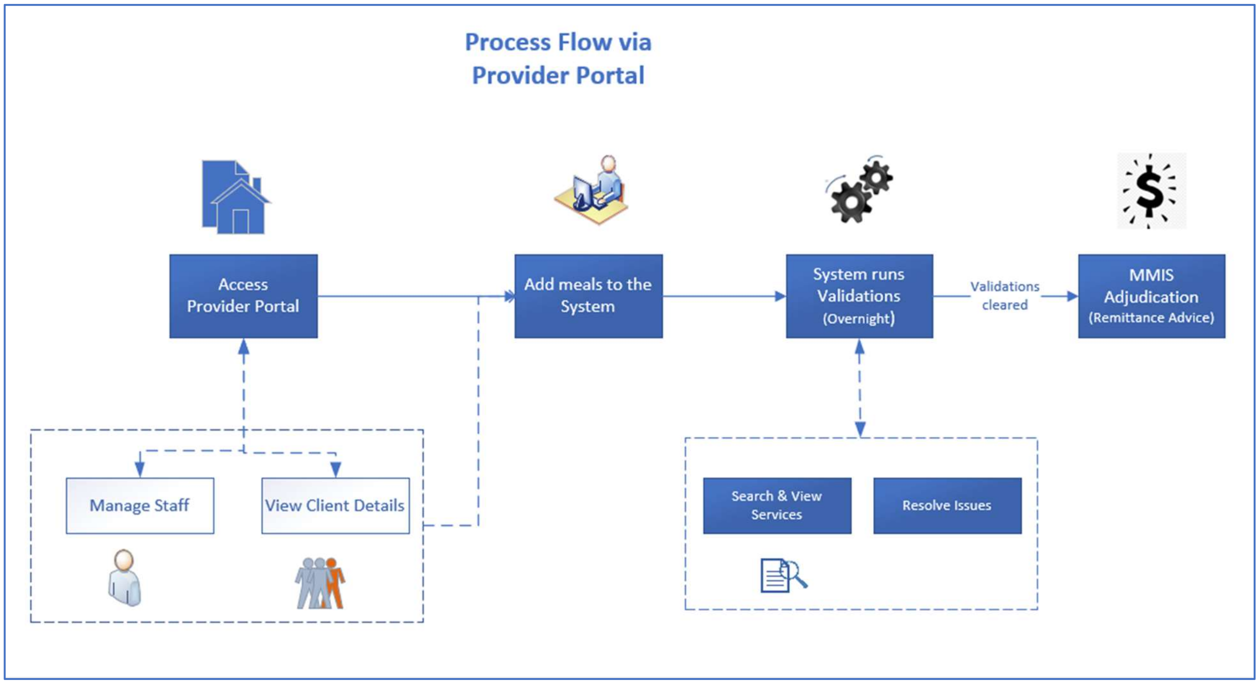


Figure 58- Process Flow in Provider Portal

Providers deliver meals to their clients as authorized in the clients' Plan of Service. Once the meals are delivered, providers will add the information to the system to get compensated for their Services. As each meal delivered has a cost associated with it, details of meals and their cost must be entered in the system.

The user logs into the system and enters details of meals delivered. These entries are represented by the system as "Billing Entries". The system stores billing entries a temporary bucket indicated as "Queue". Users with provider roles can view all HDM billing entries submitted by the locations they belong to. In addition, they can review and discard incorrect / duplicate entries, if needed. Users with authorized roles in MDH can access the Queue and view billing entries submitted by any provider location.

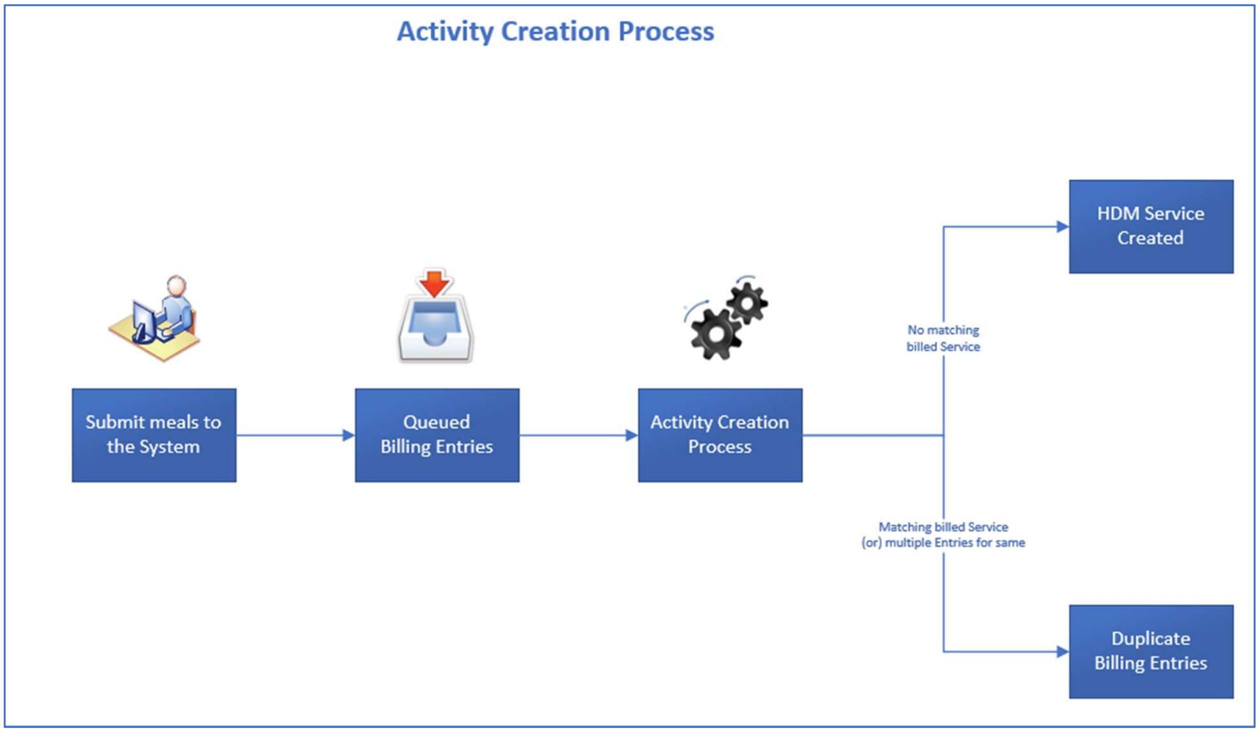


Figure 59-Service Creation Process from Billing Entries

System processes billing entries in the Queue every night and converts them into Services or marks them as duplicate billing entries.

Services go through a validation process, where the system checks each service against a list of rules. A Service that passes all the validations will be indicated as ready for claim creation. For HDM, each valid service will be converted into a claim and submitted to MMIS for adjudication. MMIS will process the claims and send the results back to Provider Portal. When the results are received, system updates the claim with payment information such as Paid value, Remittance Advice number, Claim number, and so on.

A claim for which adjudication results are received will be in the status of either Paid or Rejected. If necessary, users can further adjust Services for which claims have been processed and submit the updates to the system. System routes adjusted services through the validation process again, and submits the Adjustment claim if the service(s) successfully clears all the validations.

Any Service that fails one or more criteria during the validation process will marked as Pending, with an appropriate status indicating which group of users should act on fixing the issue(s). Each failed validation on the Service will be denoted as an “Exception”. Users from MDH can instruct the system to bypass one or more exceptions on a Service if necessary, thereby allowing it to become a claim.

6.2 Workflow and statuses in the System

An HDM Service goes through different statuses after being added to the system until it gets converted into a claim. Status of the Service indicates its current position in the billing workflow and if a user group responsible for taking an action on it.

6.2.1 Common Workflow

A common pattern observed in processing Services is that a majority are processed without any exceptions (i.e. failed validations). The figure below is a depiction of the status flow for services that pass all validations.

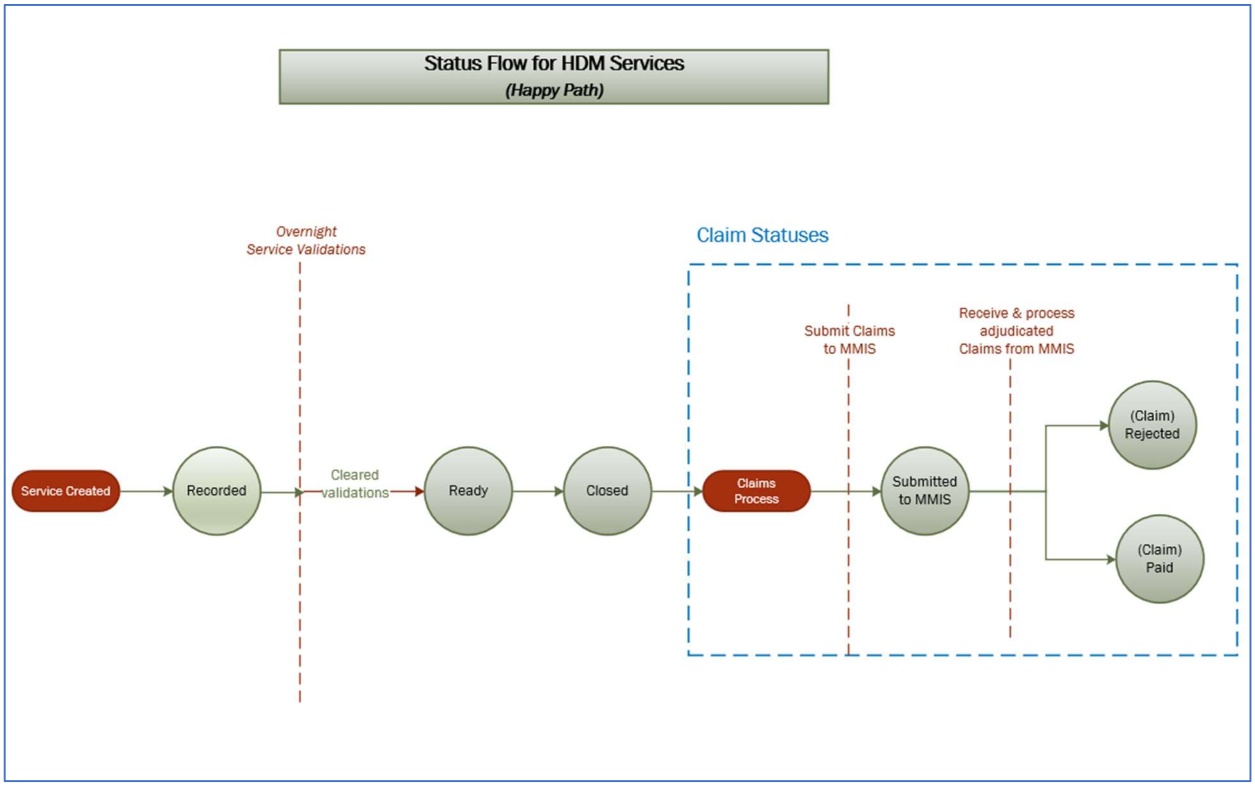


Figure 60-Status Flow for HDM Services-Happy Path

The workflow starts with Service creation from billing entries. Once a service is created, it gets the status of Recorded. The system picks up Services in Recorded status and runs them through the overnight Service Validation process. Services that clear this process without any exceptions get the status of Ready, which indicates to the system that the Service is ready to be converted into a Claim.

Claims are the entities that are submitted to MMIS for adjudication. Once a Service is processed into a claim, the Service gets the status of Closed. Provider Portal groups claims into batches and submits them to MMIS. MMIS takes around two weeks to process and send the adjudication results for claims to Provider Portal. During this period, the claim will have the status of “Submitted to MMIS”.

When adjudication results are received, system processes the details and updates to a claim’s status to indicate whether it has been Paid or Rejected. The happy path scenario ends with the processing of adjudication results from MMIS.

6.2.2 Comprehensive Workflow

The comprehensive workflow builds on top of the happy path workflow to accommodate various scenarios that an HDM Service can go through. The scenarios can be broadly classified into two major groups:

- Handling Services with Exceptions
- Adjusting Services after they have been adjudicated by MMIS

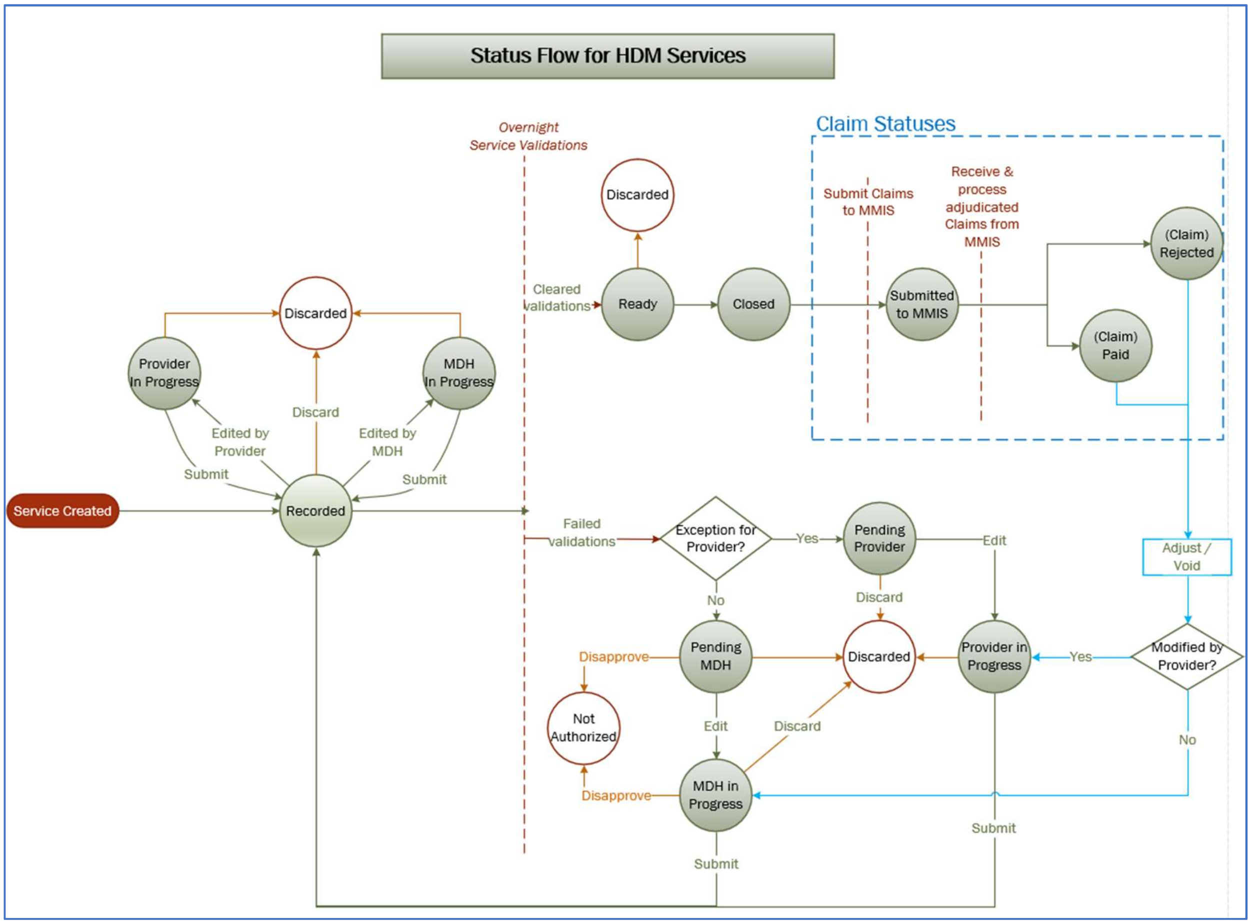


Figure 61-Status Flow for HDM Services-Comprehensive

Note: The User's role controls the ability of users to perform certain actions on the Service. For instance, only users with authorized MDH roles can **Disapprove** a Service.

6.2.3 Handling Services with Exceptions

When a Service fails one or more validations during the Overnight Service Validation process, system marks it as Pending. Based on the user group responsible to act upon / resolve the exception, the status will be:

- *Pending MDH*: indicates actions required by MDH
- *Pending Provider*: indicates actions required by the Provider

Whenever a Service is edited, it gets an "In Progress" status prefixed by the user group actively modifying it. The relevant statuses are: "MDH In Progress", and "Provider In Progress". Users should submit Services with "In Progress" status to let the system know that it can be picked up for the next step in the workflow, such as the validation process. Upon submitting an "In progress" Service, it gets the status of "Recorded". Services in recorded status can be edited and submitted again as many times as the user needs.

MDH roles can Disapprove a Service, and this changes its status to "Not Authorized". Users can discard a Service if it's in a status that allows them to modify its contents – such discarded Services are given the status of "Discarded". Please note that Discarded and "Not Authorized" are end statuses for an Activity and cannot be modified any further once the status is reached.

6.2.4 Adjusting Services after Adjudication

Users can modify Services after their corresponding claims have been Paid / Rejected to update incorrect information. In some cases, the claim must be voided to negate the payment received. System allows such adjustments if the Service is in Closed status and the claim associated with it is in Paid / Rejected status.

Upon adjusting a Service in such a scenario, it gets the status of either "Provider In Progress" or "MDH In Progress" based on the user role making the adjustment. Once the changes the made, user can submit it and the Service will go through the regular workflow process of Overnight Service Validation and claim creation.

Since a claim is already associated with the service (when it originally got Paid / Rejected by MMIS), system automatically creates an Adjustment claim and submits it to MMIS for adjudication. Once MMIS completes its process, system displays the result of the adjudication on the Adjusted claim. Adjusted claims can be further adjusted / voided – such repeated adjustments will follow the same workflow as any other adjusted Service described in this section.

6.3 Adding Meals

Users can add meals to the Provider Portal system through the billing entry module. Meals can be added for any calendar day in the past, until the day before the current system date.

1. Navigate to the **Services** tab
2. Select the icon for **Billing Entry** in the left navigation panel.

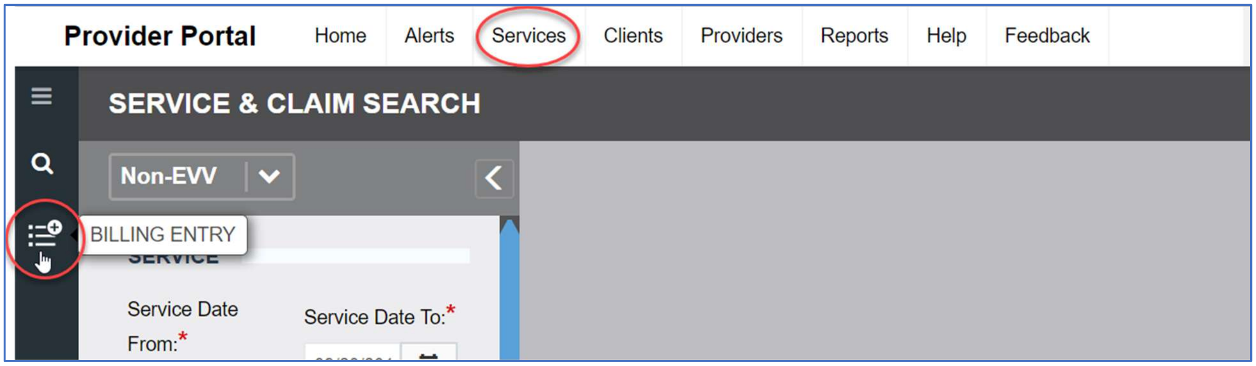


Figure 62-Billing Entry

6.3.1 Multiple Entries

To add meals for multiple clients on multiple days, select the **Multiple Entries** tab.

1. Select **Service Type**
   - Defaults to *Home Delivered Meals.*

Figure 63-Service Type

2. **From Date of Service**
   - Select any date after 10/24/2019 and prior to the current date system date
3. **To Date of Service**
   - Select any date after 10/24/2019 and prior to the current date.

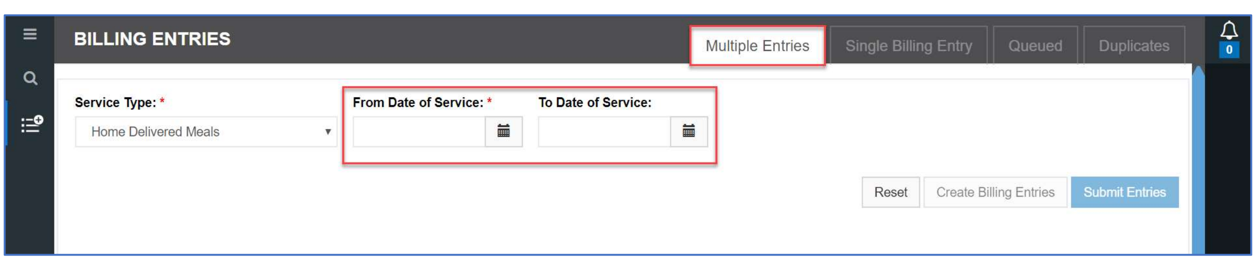


Figure 64-Date Range

4. **Provider Name/#**
   - Populates Provider locations with “Home Delivered Meals Provider” attribute for which the user is authorized.

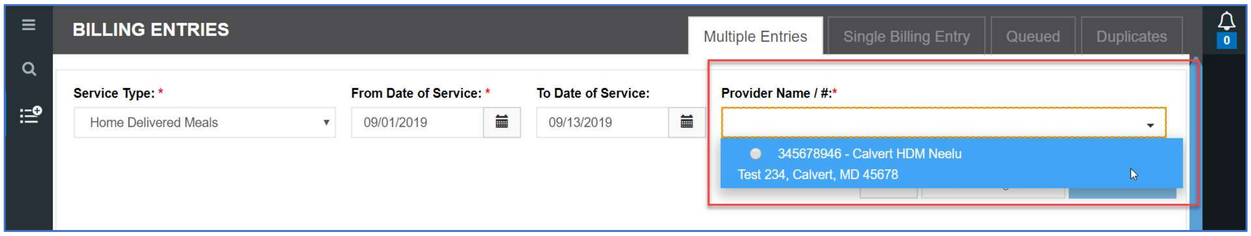


Figure 65-Provider Name/ #

5. Select the **Day of Week**
   - Days that the Meals were delivered during the date range

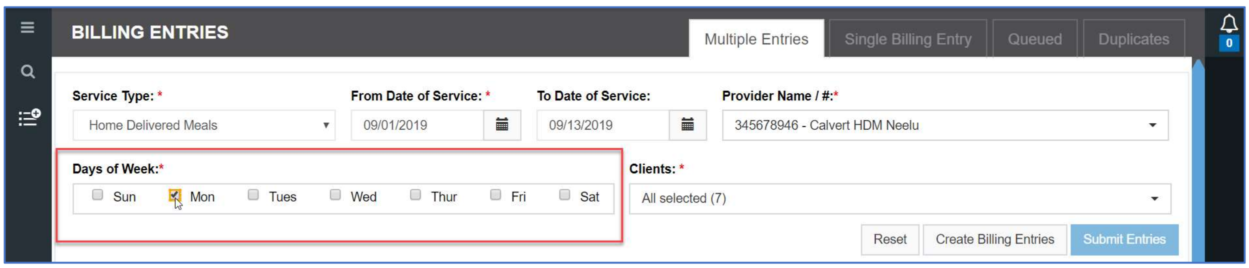


Figure 66-Days of Week

6. Select the **Clients**
   - Populates a list of clients for whom the Provider is actively assigned.
   - By checking or unchecking the box next to the corresponding client name in the **Available Clients** column, the system will add or remove the clients from the **Selected Clients** column.

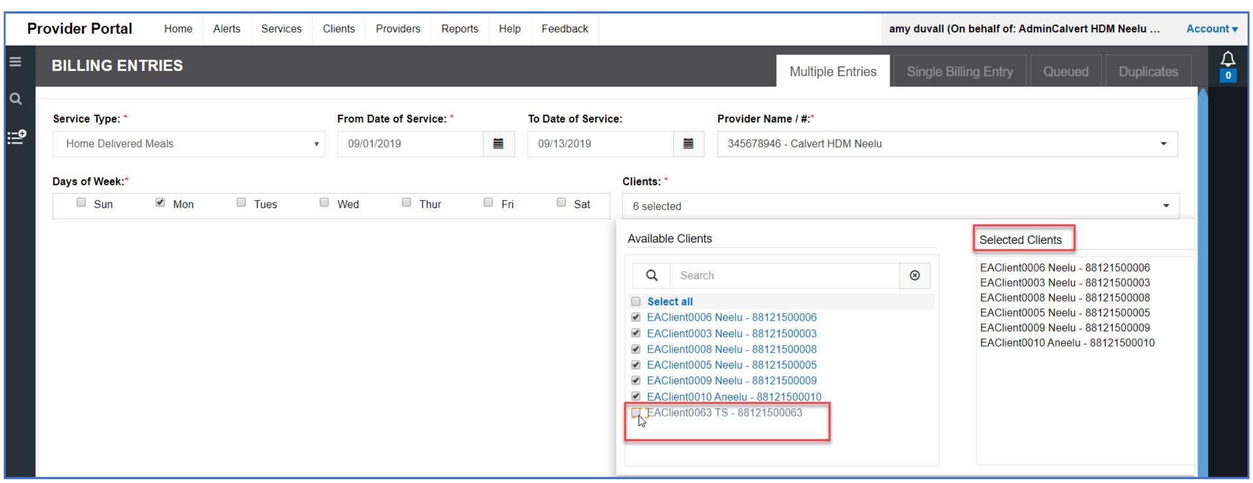


Figure 67-Select Clients

7. Select **Create Billing Entries**.

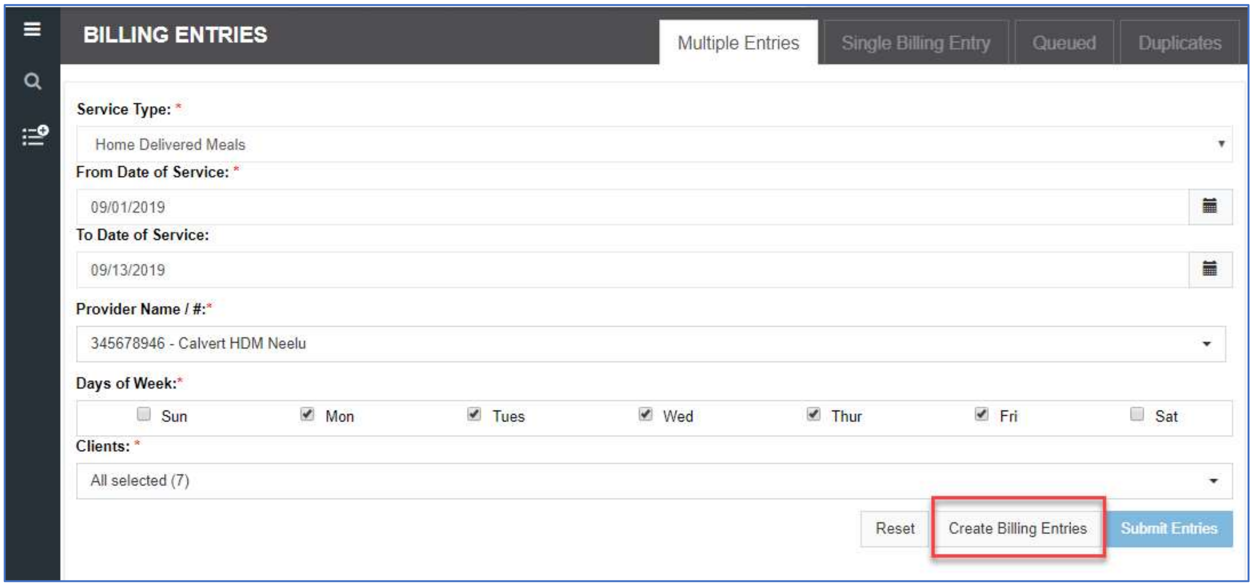


Figure 68-Create Billing Entries

8. The system will populate an entry for each day and each client that was selected.
    - **Billing Entry #**
    - **Date of Service**
    - **DOW (Day of Week)**
    - **Client MA #**
    - **Last Name**
    - **First Name**

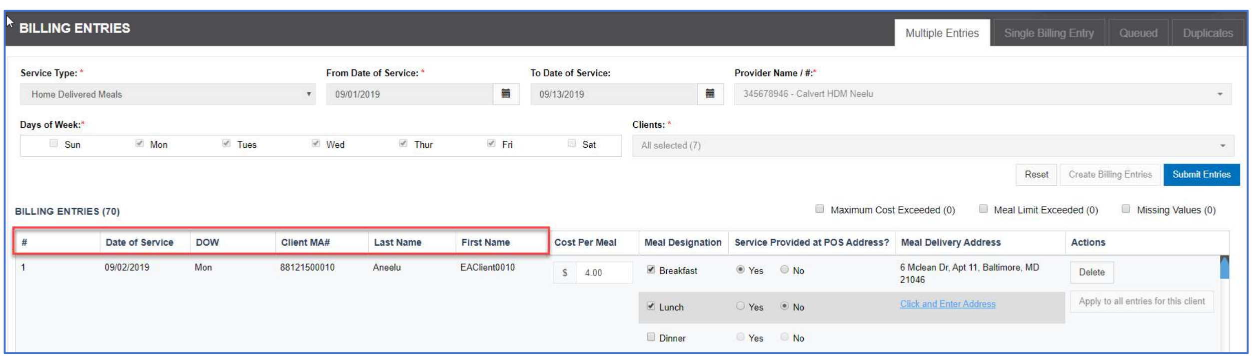


Figure 69-Billing Entry populated fields

9. The user must then enter the values in the following fields:
    - **Cost Per Meal**
        - Entry applies to each meal for the client for that date.
        - If cost exceeds allowed value, system will display error message upon selecting Submit.
    - **Meal Designation**
        - Select the meals delivered for that day
        - User can select up to two (2) meals for any billing entry. If all three meals are selected, system will display error message when user clicks on Submit.

- **Service Provided at POS Address?**
    - **Yes** will populate the approved POS address within the Client's profile
    - **No** will populate a hyperlink for the user to enter the address
- **Meal Delivery Address**
    - Populates based on the selection in the previous field
    - Enables option for user to enter the address of delivery, if not the POS Address
- **Actions**
    - **Delete**: enables user to delete an entry
    - **Apply to all entries for this client**: auto-fills all information entered for the date for all occurrences for the client.
    - If there are any incomplete values in a row, this button will be disabled on that row

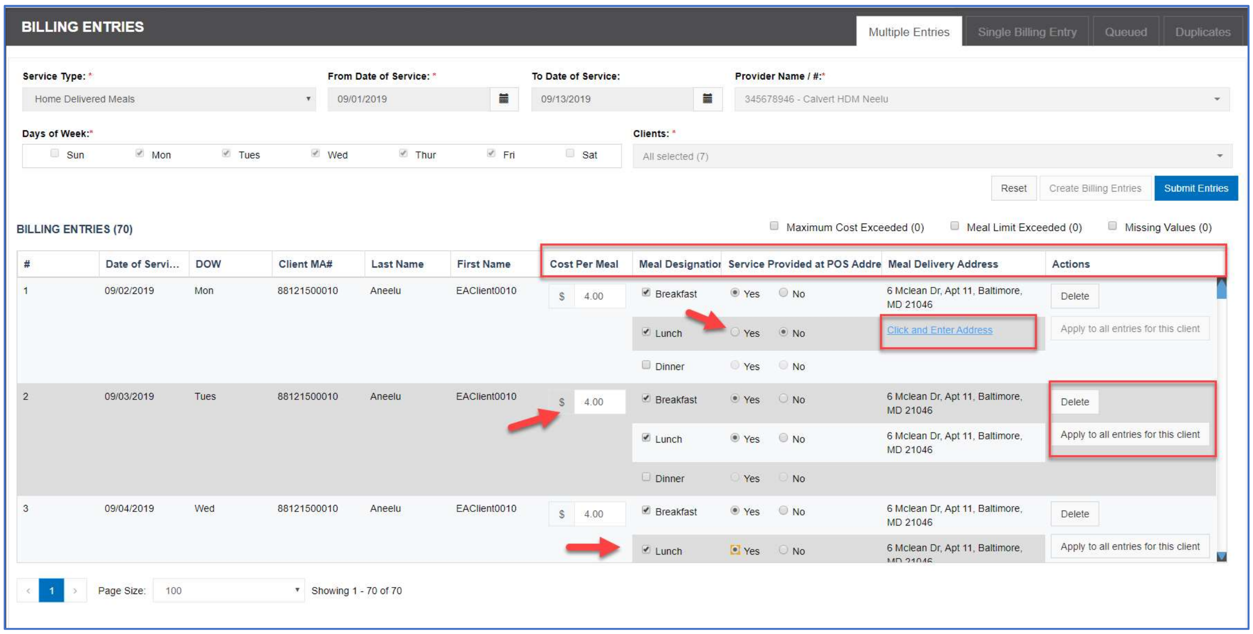


Figure 70-Billing Entry Fields

10. Once the user has reviewed the entries for accuracy, select **Submit Entries**.

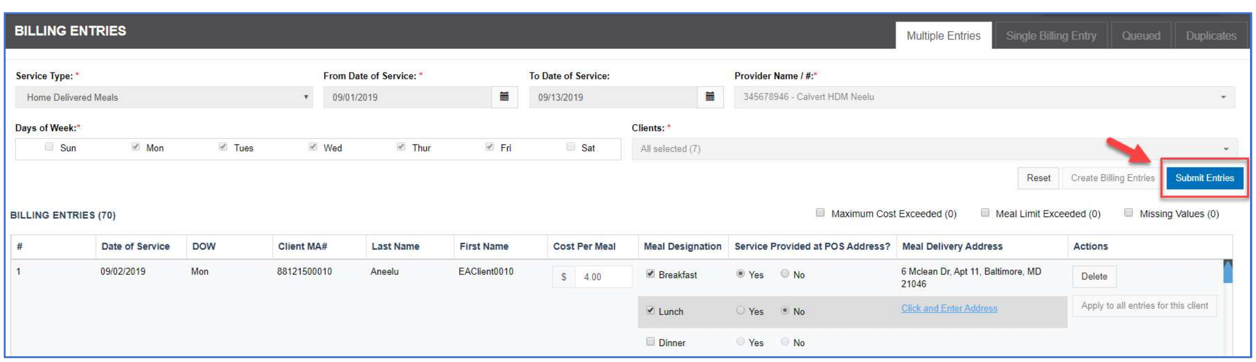


Figure 71-Submit Entries

11. Upon Submit, if there are any entries with a **Maximum Cost Exceeded**, **Meal Limit Exceeded**, or **Missing Values,** the system will highlight those errors.

12. By selecting one / more filter option in the header, the user can view only the entries that have the selected error types.

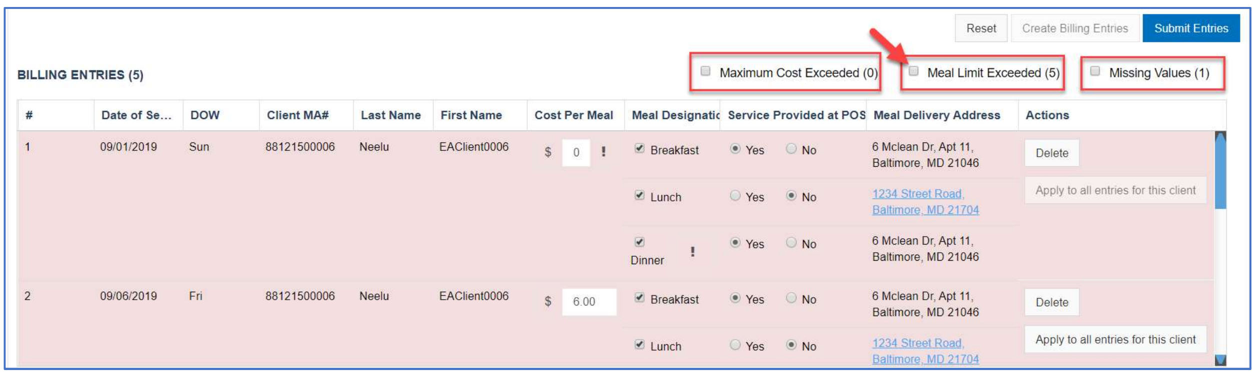


Figure 72-Filter by Error

13. Once corrections have been made and the user has selected **Submit Entries**, an Attestation will appear for the user to complete by selecting the checkbox, and the **OK**.

Figure 73-Attestation

6.3.2 Single Billing Entry

This feature serves two purposes for Providers:

- Allow adding meals for a single client on one specific date.
- Allow adding meals for Clients for whom the provider is not listed on the Plan of Service, provided they have the client's ID or MA #.

From the **Single Billing Entry** tab:

1. Select **Service Type**

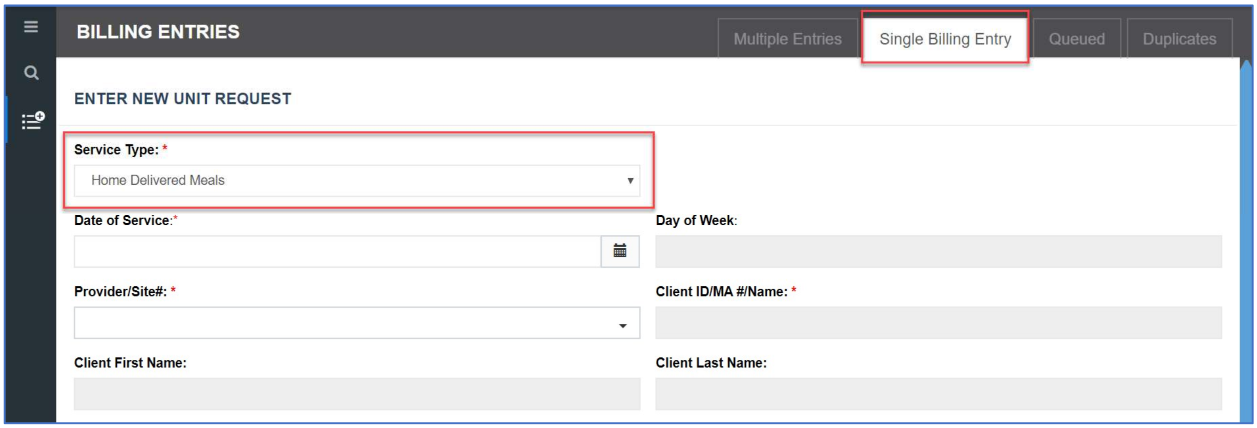


Figure 74-Service Type

2. **Date of Service**
    - Select any date after10/24/2019 and prior to the current date system date

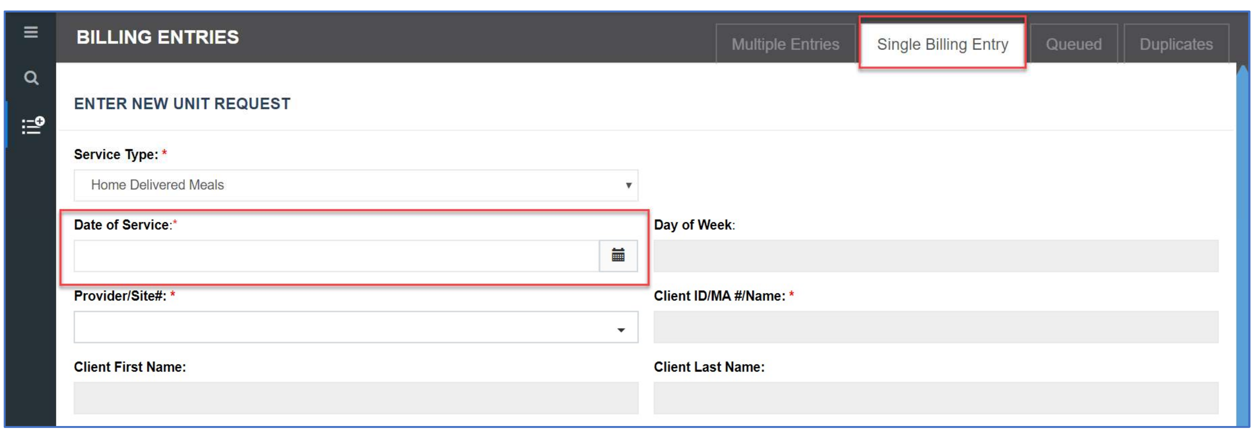


Figure 75-Date Range

3. **Provider/ Site #**
    - Populates Provider locations for which the user is authorized.

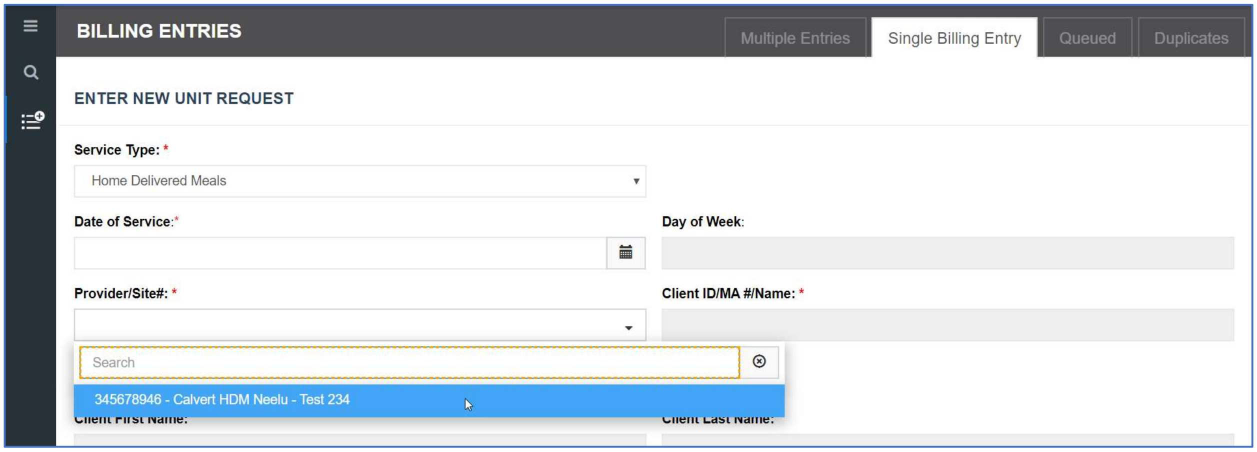


Figure 76-Provider/ Site #

4. Select the **Day of Week**
    - Prepopulates based on the **Date of Service** selected.

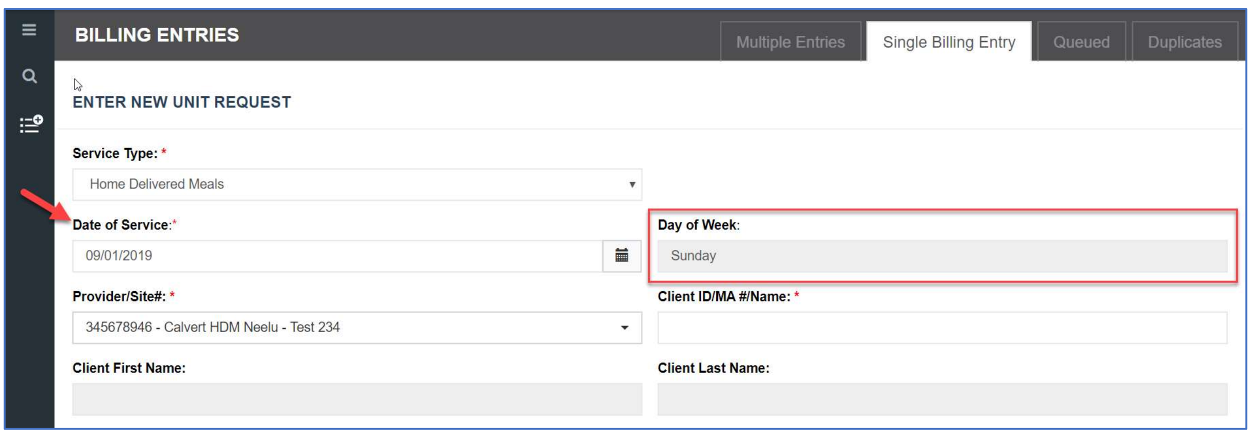


Figure 77-Days of Week

5. Enter **Client ID/ MA #**
   - System allows two methods of entering client's information from Single Billing Entry module:
      i. Selecting the name of a client for whom the provider is listed on an approved Plan.
         1. Once user starts typing in the name / ID, system displays the list of clients matching the input.
      ii. Or, use the full LTSS ID or MA# of a client.

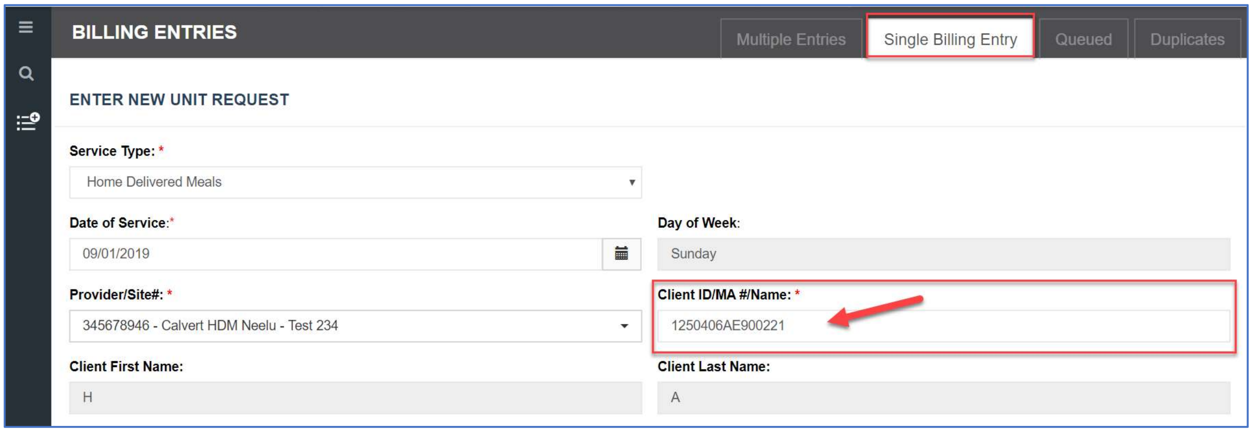


Figure 78-Client ID/ MA #

6. **Client First Name** and **Client Last Name** will populate based on the Client ID/MA # that was entered. **Note:** If provider is not listed on an active Plan for the Date of Service, only the initials will be displayed.

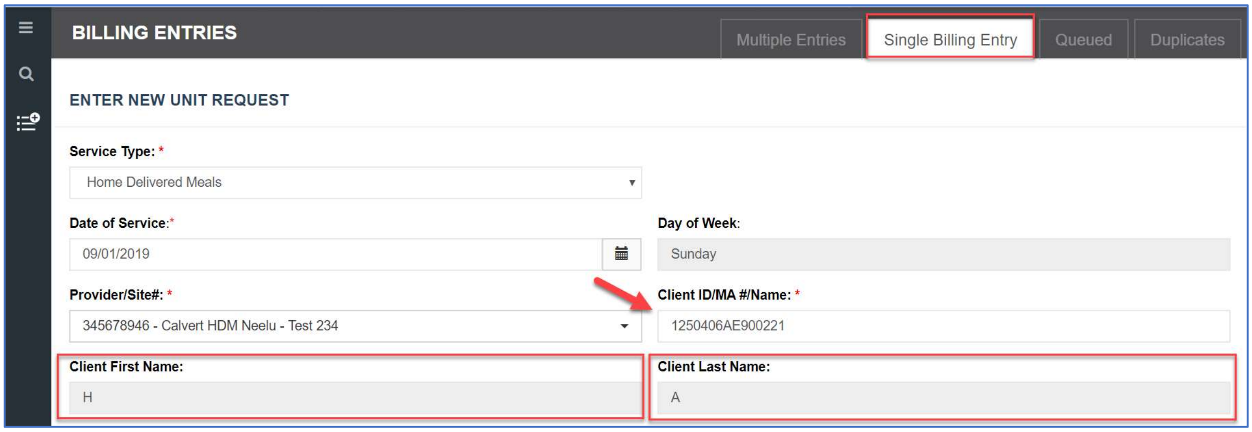


Figure 79-Client First and Last Name

7. Enter **Cost** per Meal.
    - If cost exceeds allowed value, system will display error message.

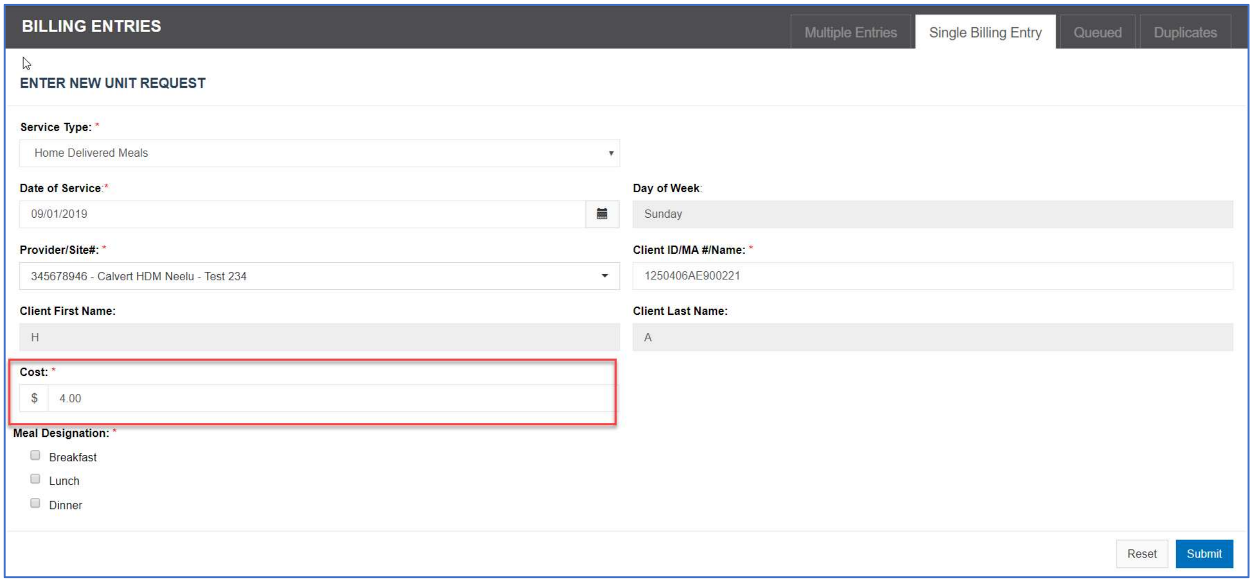


Figure 80-Cost per Meal

8. Select **Meal Designations.**
    - User should select one or two values under this field to submit the billing entry.

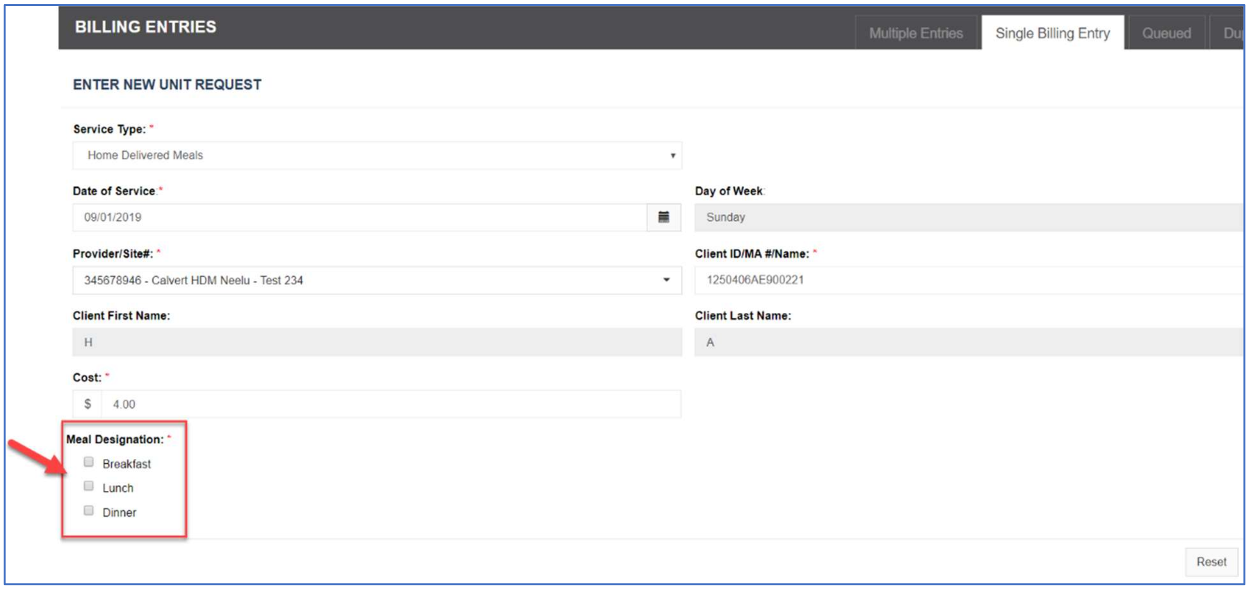


Figure 81- Meal Designation

9. Upon selection of the **Meal Designation**,
   - System will prompt user to select whether the meal was delivered at Plan of Service Address or not, if the provider is authorized to provide meals on the Date.
     - If user selects **Yes**, system will populate the address to receive services from the Plan of Service.
     - If user selects **No**, system will prompt user to enter the address.
   - System will display a hyperlink for the user to enter the Address of delivery, if the provider is not listed on an active Plan for the Date of Service.

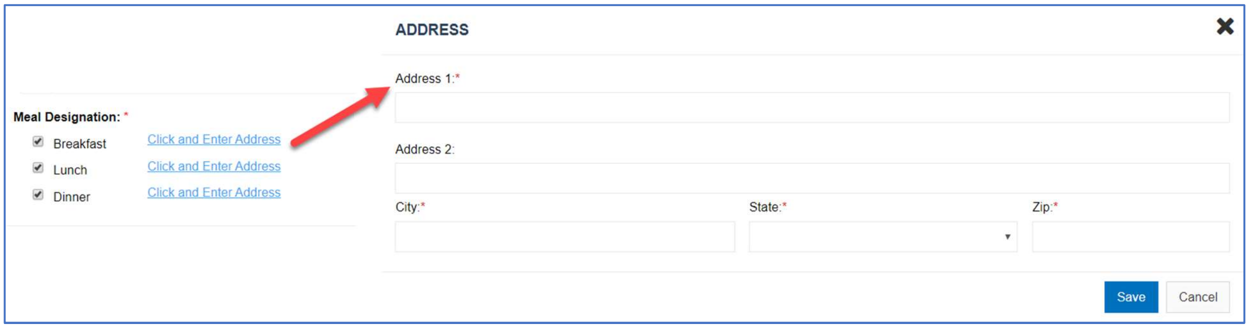


Figure 82-Address of Meal Delivery

10. Once the user has reviewed the entries for accuracy, select **Submit**.

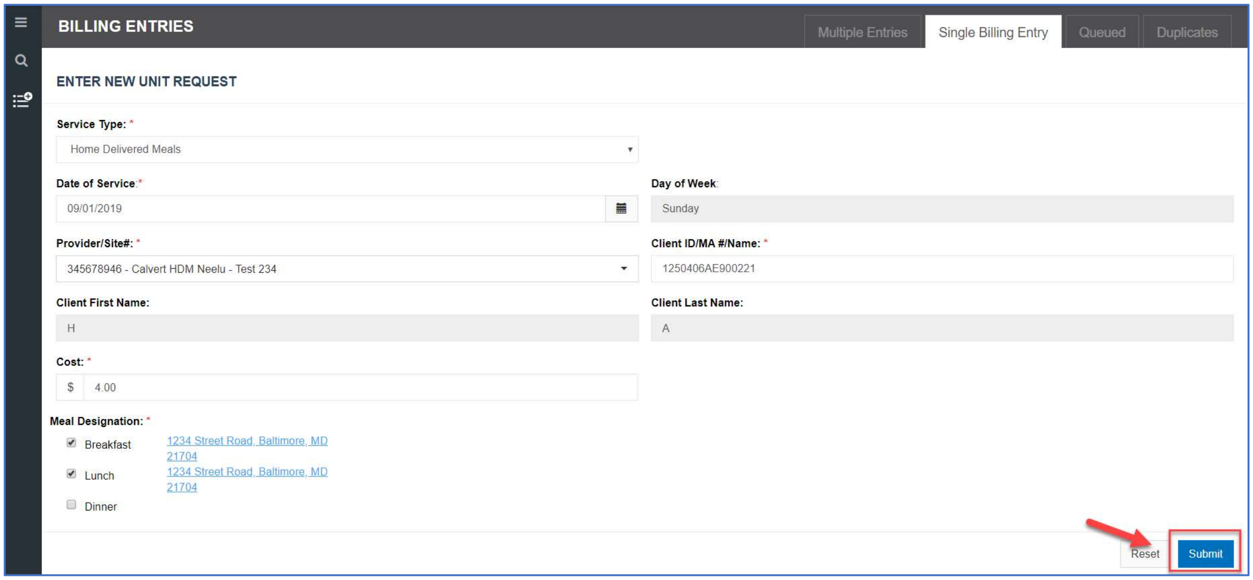


Figure 83-Submit Entry

11. Upon **Submit**, an Attestation will appear for the user to complete by selecting the checkbox, and the **OK**.

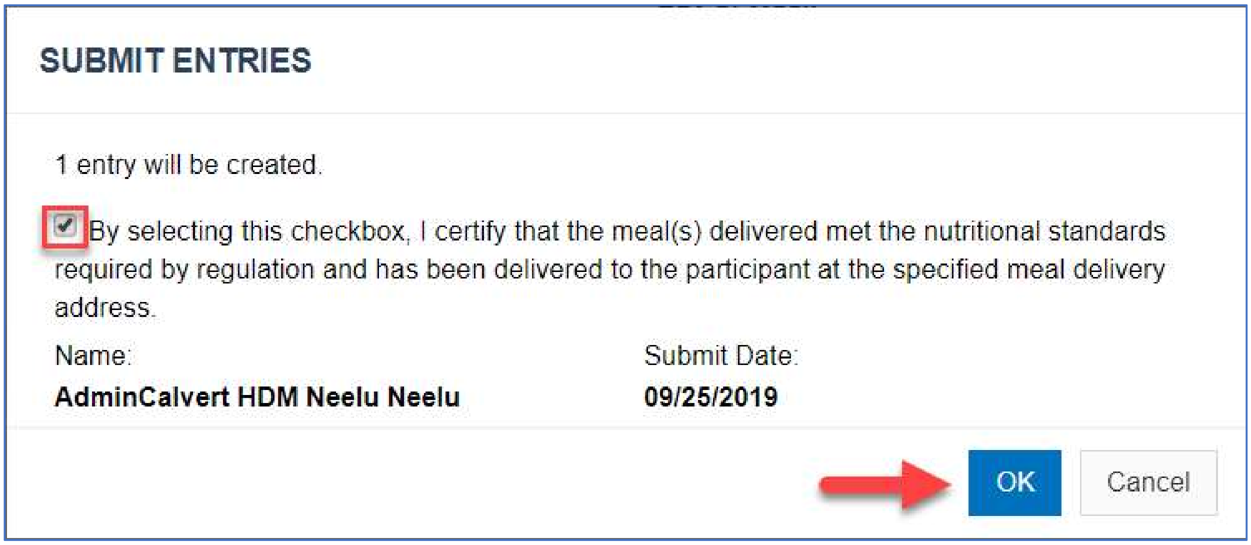


Figure 84-Attestation

12. If the provider is listed on the Plan, system will create a billing entry and display a confirmation message
13. If the provider is not listed on an active Plan for the client for the Date of Service, an information message will display reminding the same.
    - To continue, the user will select **Ok**.
    - A billing entry will be created, and a confirmation message will be displayed.

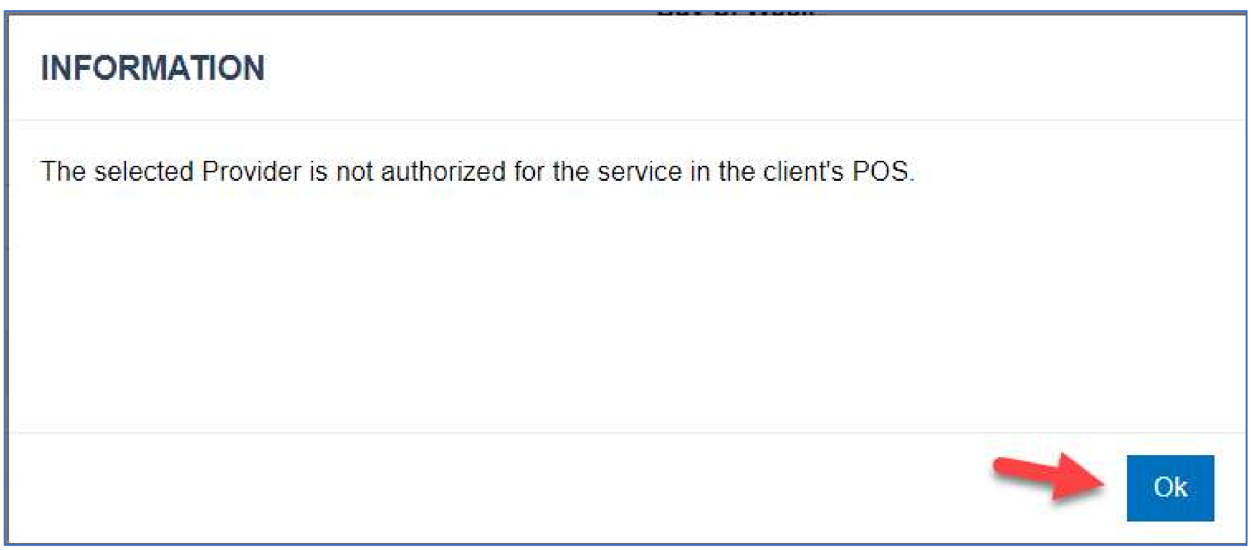


Figure 85-Warning Message

6.3.3 Queued Billing Entries

System processes billing entries on a nightly basis and coverts them into valid HDM Services or marks them as duplicates. Until then, users may view all the billing entries that are queued for this process from the **Queued** tab.

Providers can view billing entries added by all the locations that they belong to that can provide Home Delivered Meals. Authorized user roles from MDH can view queued billing entries added by all provider locations. They also the ability to filter and view entries added by just a few locations.

Please note that the Queue tab displays billing entries that are waiting to be processed in the Activity Creation process which runs that night. Those that went through the process will <u>not</u> be visible in the Queue tab.

1. From the **Queued** tab, the user may select the following options to view entries:
   - **Category of Service**
     - *Home Delivered Meals*

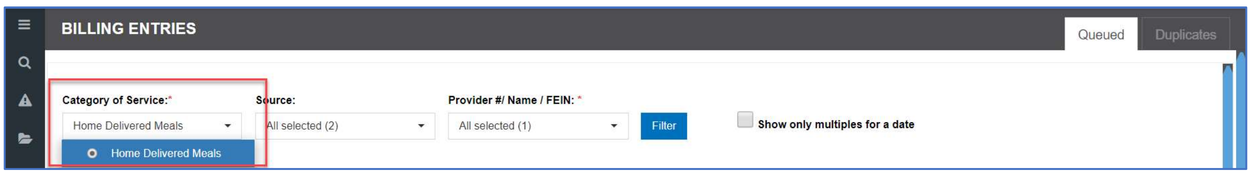


Figure 86-Category of Service

   - **Source**
     - Defaults to *Select All*
     - Options *Single Entry* and *Multiple Entry*

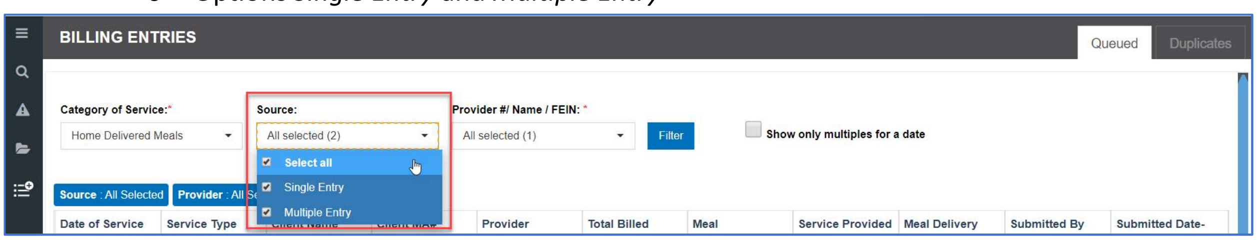


Figure 87-Source

- **Provider #/FEIN**
    - For MDH Roles, populates *Available Providers* (Providers authorized for the **Category of Service**)
    - By checking or unchecking the box next to the corresponding Provider name in the **Available Providers** column, the system will add or remove the provider from the **Selected Providers** column.

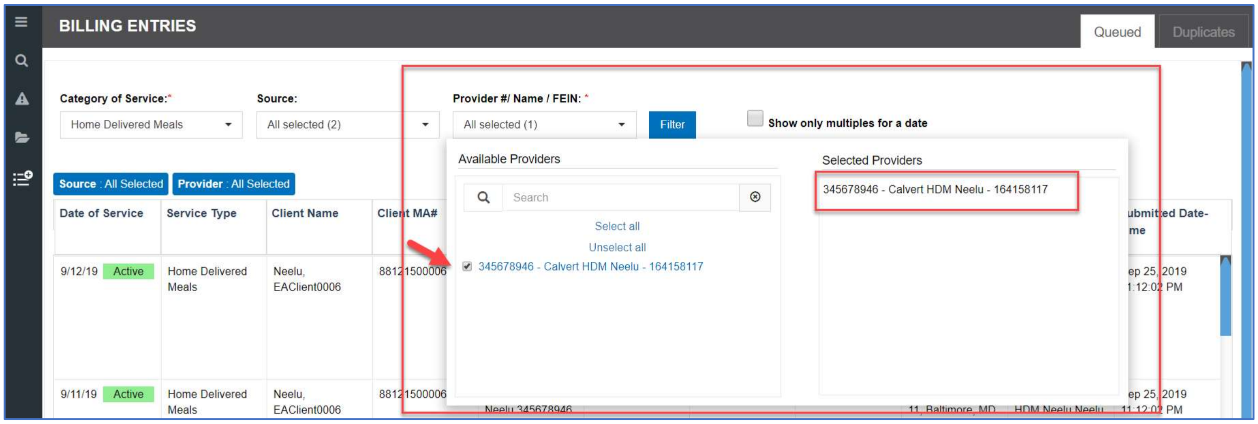


Figure 88-Provider #/FEIN

- **Submitted By**
    - For Provider Roles, populates *Available Staff* within the location to which they are associated.
    - By checking or unchecking the box next to the corresponding Staff name in the **Available Staff** column, the system will add or remove the staff from the **Selected Staff** column.

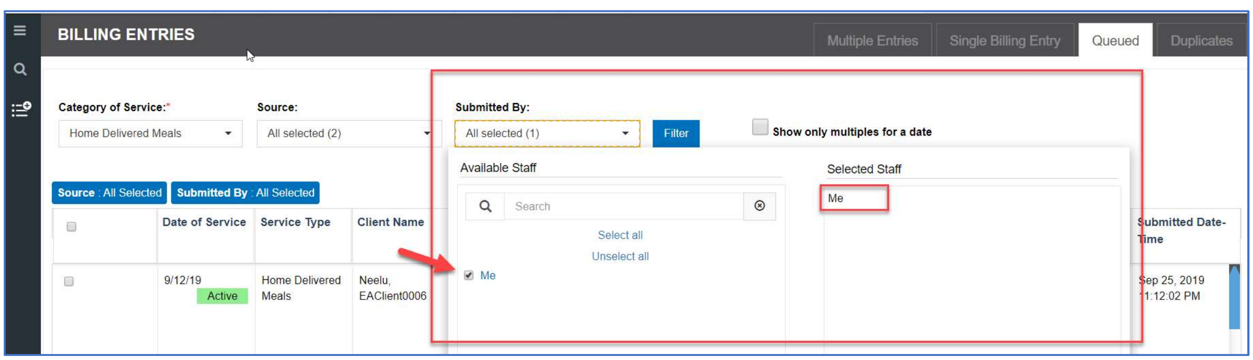


Figure 89-Submitted By

- By selecting **Show only multiples for a date**, the Queued list will display only those Billing Entries that have been added multiple times for the same date.

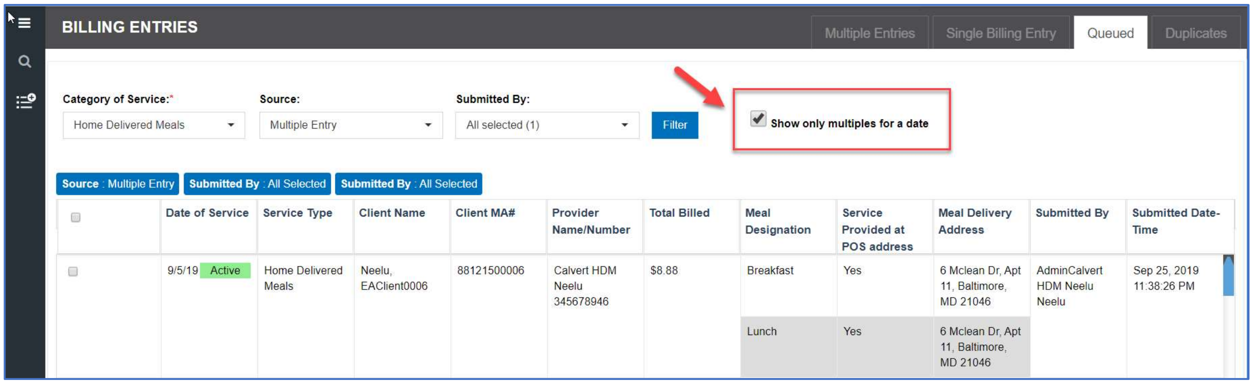


Figure 90-Show only Multiples

2. Users will be able to view the following details of the queued billing entries:
   - **Date of Service**
     - **Active:** Latest entry for Date of Service for the Client.
       1. The ones with "Active" label will most likely be converted into an HDM Service during the Service Creation process. Please refer to "Duplicates" section and "Activity Creation Process" in this manual for additional details.
     - **Duplicate:** Entry that has identical Client, Service Date, and Provider submission to another *Active* entry.
   - **Service Type**
   - **Client Name**
   - **Client MA #**
   - **Provider Name/Number**
   - **Total Billed**
   - **Meal Designation**
   - **Service Provided at POS address**
   - **Meal Delivery Address**
   - **Submitted By**
   - **Submitted Date-Time**

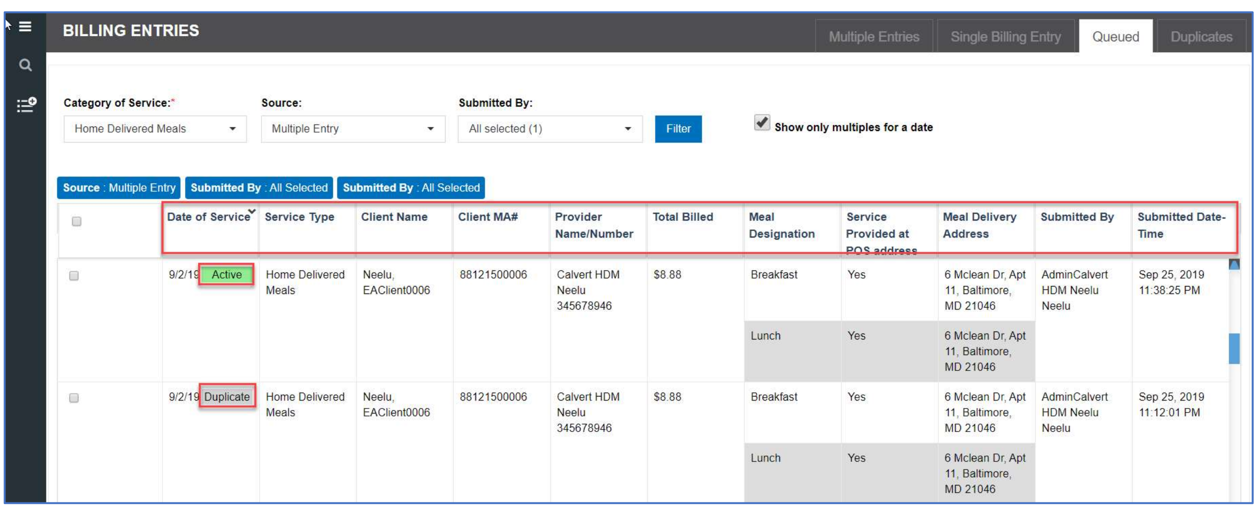


Figure 91-Queued Billing Entries

3. By selecting the checkbox next to an entry and then selecting Discard, the user may Discard entries that are queued for the nightly validation process.

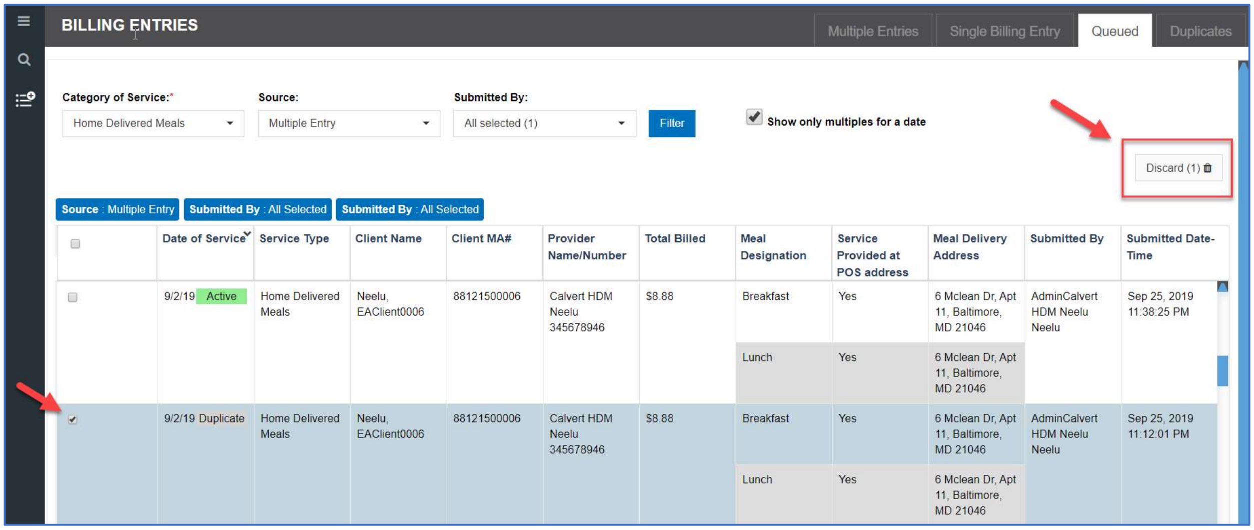


Figure 92-Discard Queued Billing Entries

6.3.4 Duplicate Billing Entries

While submitting claims to MMIS, system ensures that there is only one claim for the same combination of Date of Service, Provider Number, Client, and Service type. This combination will be referred in this section as “Matching combination”.

System ensures a similar rule when converting billing entries into Services:

1. If there already exists a valid Service with the same matching combination as that of a billing entry, the billing entry will be marked as a Duplicate.
2. If there are multiple billing entries with the same matching combination, **the latest one submitted to the system will be converted into a Service**, provided rule #1 is not met.
    - An exclusion to this rule is - If the latest billing entry has only one meal and the one submitted before that also has one meal that is not the same as the latest, system will combine the two billing entries into a single Service. For example, one entry was made for lunch, and one entry was made for dinner.
    - **Note:** When combining two billing entries into a single service, the average of the cost per meal value used in both the billing entries will be applied to the Service.

Users may view entries that are marked as Duplicates in the **Duplicates** tab.

1. From the **Duplicates** tab, the user may select the following options to view entries:
    - **Category of Service:** *Home Delivered Meals*

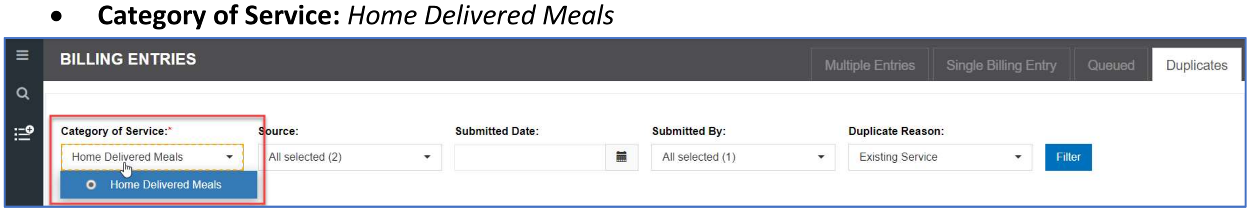


Figure 93-Category of Service

- **Source**
  - Defaults to *Select All*
  - Options *Single Entry* and *Multiple Entry*

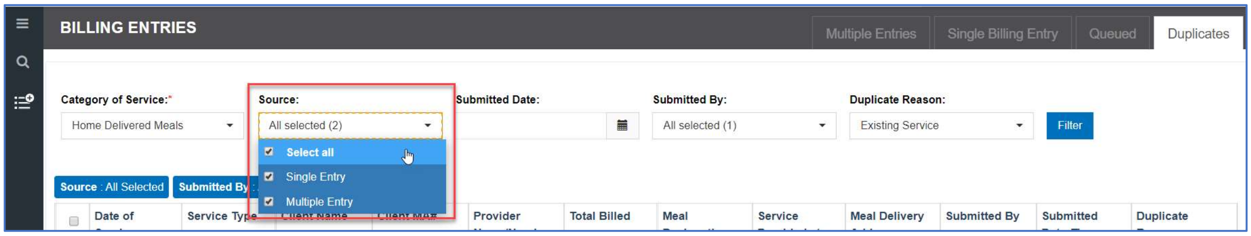
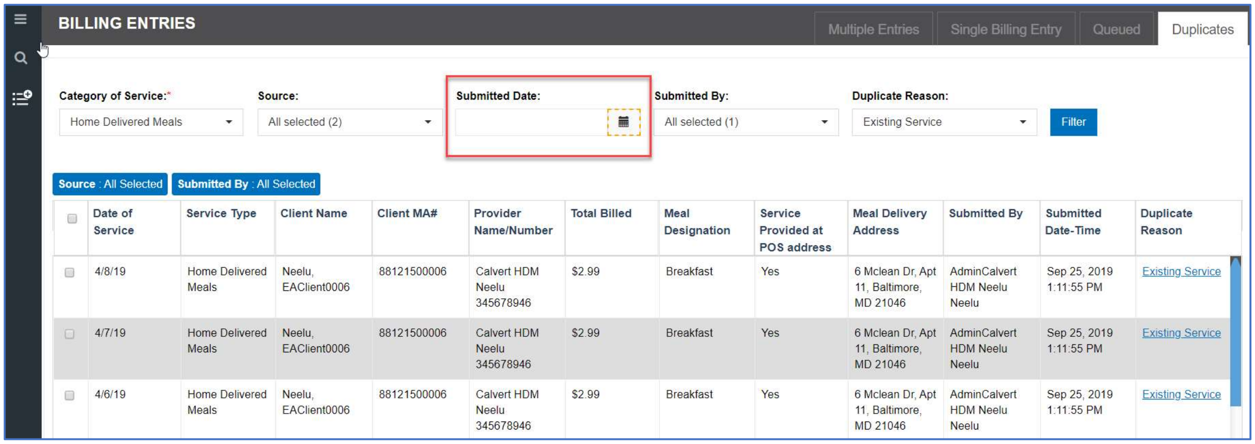


Figure 94-Source

- **Submitted Date**
  - Select the Date of Billing Entry submission
  - Tab will default to display all duplicate entries within 1 year of the current system date, unless otherwise indicated by this field.



Date of Service	Service Type	Client Name	Client MA#	Provider Name/Number	Total Billed	Meal Designation	Service Provided at POS address	Meal Delivery Address	Submitted By	Submitted Date-Time	Duplicate Reason
4/8/19	Home Delivered Meals	Neelu, EAClient0006	88121500006	Calvert HDM Neelu 345678946	$2.99	Breakfast	Yes	6 Mclean Dr, Apt 11, Baltimore, MD 21046	AdminCalvert HDM Neelu Neelu	Sep 25, 2019 1:11:55 PM	Existing Service
4/7/19	Home Delivered Meals	Neelu, EAClient0006	88121500006	Calvert HDM Neelu 345678946	$2.99	Breakfast	Yes	6 Mclean Dr, Apt 11, Baltimore, MD 21046	AdminCalvert HDM Neelu Neelu	Sep 25, 2019 1:11:55 PM	Existing Service
4/6/19	Home Delivered Meals	Neelu, EAClient0006	88121500006	Calvert HDM Neelu 345678946	$2.99	Breakfast	Yes	6 Mclean Dr, Apt 11, Baltimore, MD 21046	AdminCalvert HDM Neelu Neelu	Sep 25, 2019 1:11:55 PM	Existing Service

Figure 95-Submitted Date

- **Submitted By**
  - For Provider Roles, populates *Available Staff* within the location to which they are associated.
  - By checking or unchecking the box next to the corresponding Staff name in the **Available Staff** column, the system will add or remove the staff from the **Selected Staff** column.

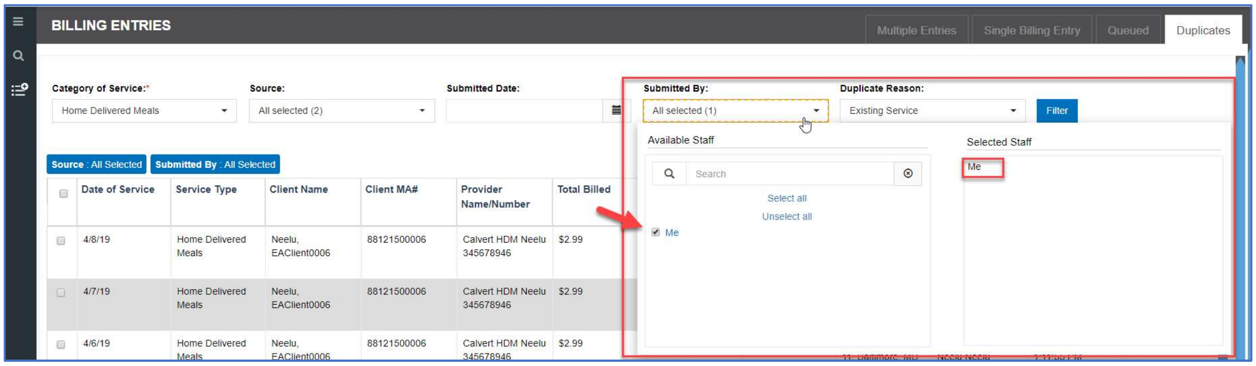


Figure 96-Submitted By

- **Duplicate Reason**
  - *Existing Service:* Another HDM Service exists that is a duplication
  - *Replaced with Subsequent Entry:* Another HDM Billing Entry exists that is a duplication

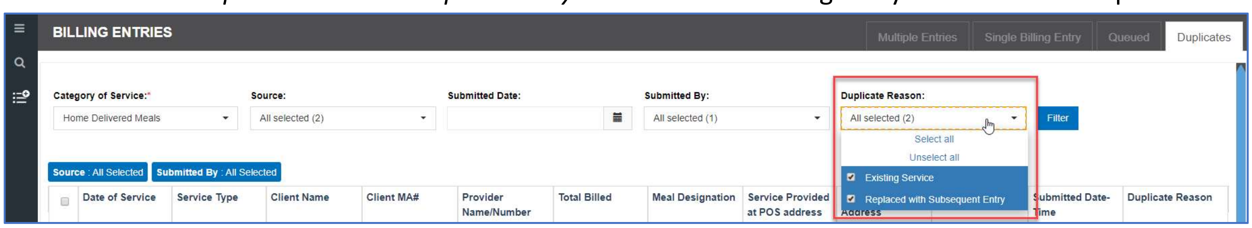


Figure 97-Duplicate Reason

2. Users will be able to view the following details of the Duplicate entries:
   - **Date of Service**
   - **Service Type**
   - **Client Name**
   - **Client MA #**
   - **Provider Name/Number**
   - **Total Billed**
   - **Duplicate Reason**
     - Hyperlink that will navigate the user to the **Service Date Details** of the existing service.
   - **Meal Designation**
   - **Service Provided at POS address**
   - **Meal Delivery Address**
   - **Submitted By**
   - **Submitted Date-Time**

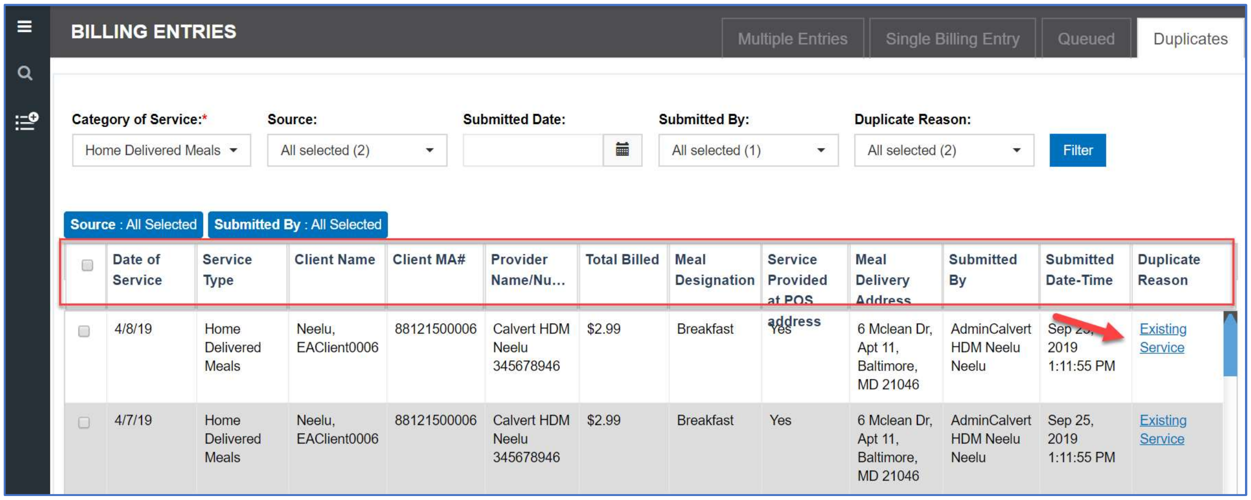


Figure 98-Duplicates

3. By selecting the checkbox next to an entry and then selecting Discard, the user may Discard the selected entry(s).

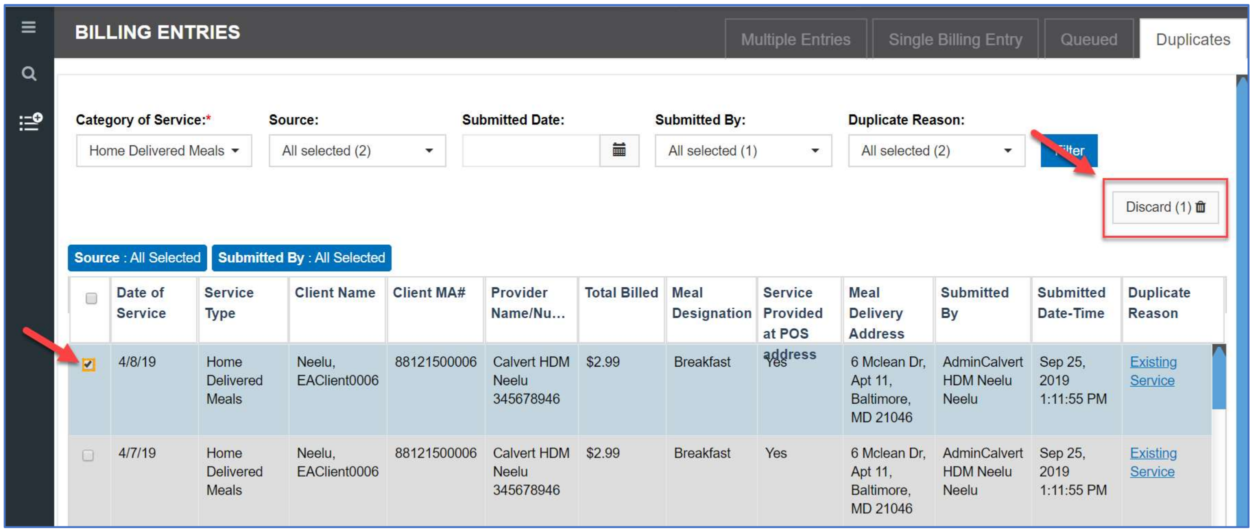


Figure 99-Discard Duplicate Billing Entries

6.4 Search Services

Provider users may search, and view Services and Claims of participants to which they are authorized. Providers may also view services that they may have submitted but are not yet authorized. (These services will be Pending MDH approval and not submitted to MMIS for payment)

6.4.1 Basic Search

1. Navigate to the **Services** tab
2. MDH users must select **Non-EVV** in the top left header**.**

3. Users may search per the following search criteria:

   SERVICE

   - **Service Date From:**
     - Searches data based on the Date of Service
     - Calendar selection
     - MM/DD/YYYY
     - Required to search
   - **Service Date To:**
     - Searches data based on the Date of Service
     - Calendar selection
     - MM/DD/YYYY
     - Required to search
   - **Submission Date From:**
     - Searches data based on the Date of Submission of the service
     - Calendar selection
     - MM/DD/YYYY
   - **Submission Date To:**
     - Searches data based on the Date of Submission of the service
     - Calendar selection
     - MM/DD/YYYY
   - **Service Type:**
     - Searches Service Types for which the user's associated agency is authorized
     - Defaults to *Select All*
   - **Service Status:**
     - Searches based on status of service: *Recorded, Provider in Progress, MDH in Progress, Pending Provider, Pending MDH, Ready, Closed, Not Authorized, Discarded, Pending*
     - Defaults to search all statuses, except *Discarded*.

- **Exceptions Type:**
  - Searches based on exceptions associated with a service type for which the user's associated agency is authorized
  - Defaults to *Select All*

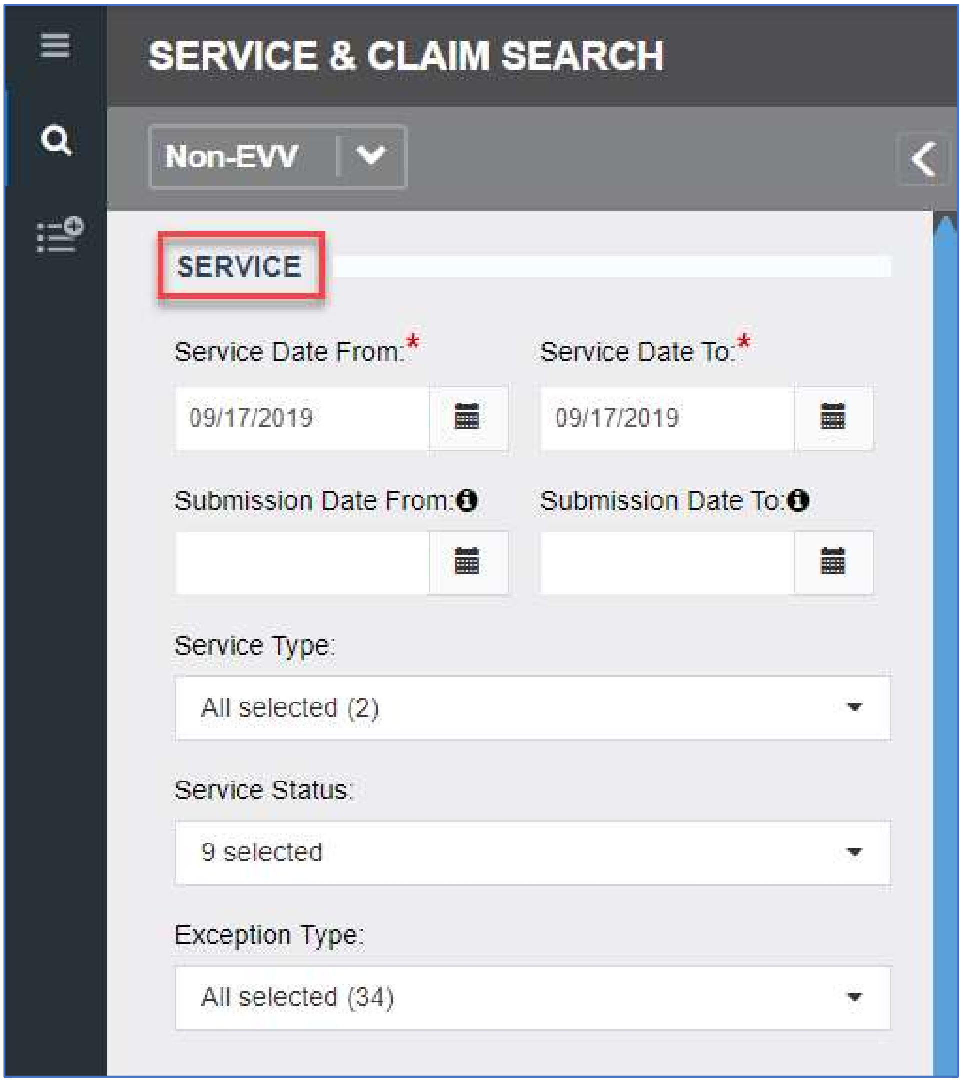


Figure 100-Service info search Inputs

CLIENT

- **Client ID/MA #**
  - Exact match search
- **Client Last Name**
  - Results will populate based on "starts with" letter entry
  - Example, "L", "Le", "Leo" will populate the client(s) with the last name "Leonard"
- **Client First Name**
  - Results will populate based on "starts with" letter entry
  - Example, "L", "Le", "Leo" will populate the client(s) with the first name "Leonard"

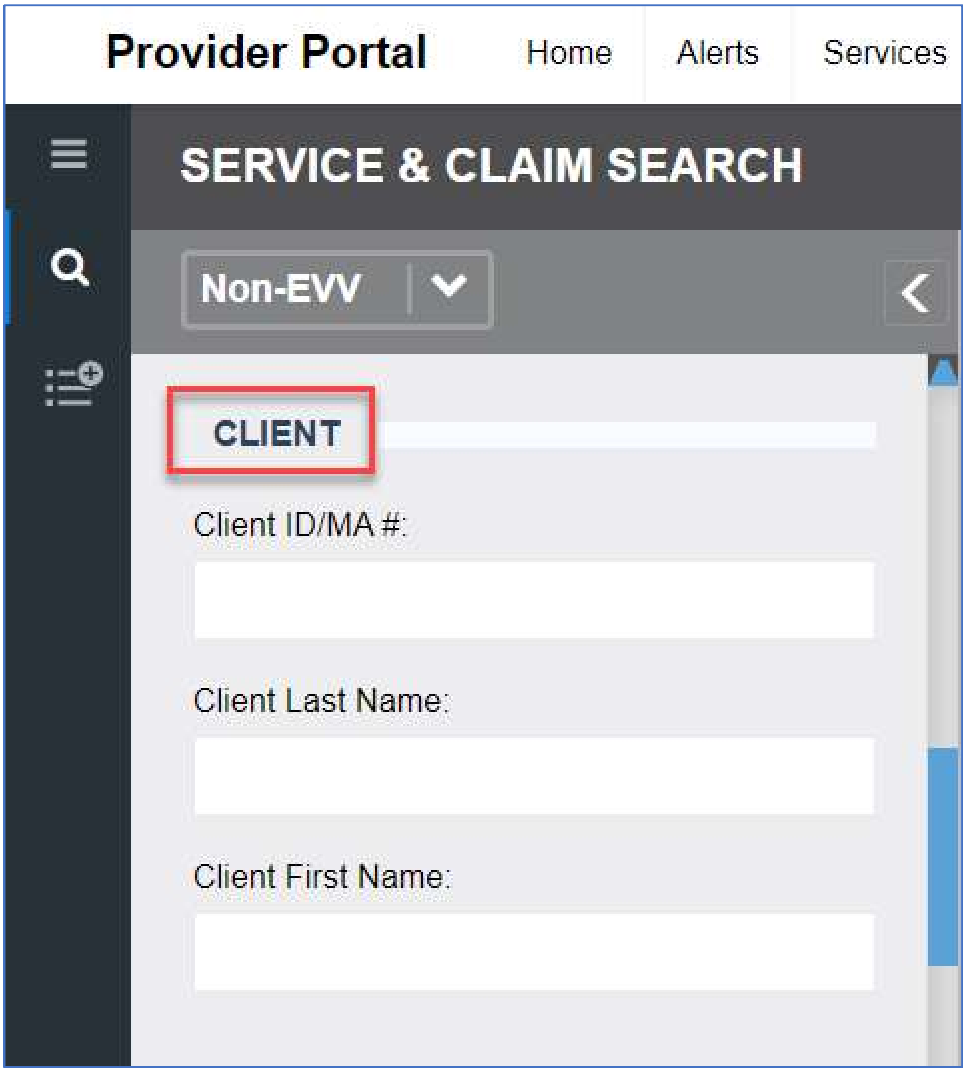


Figure 101-Client info search inputs

PROVIDER

- **Provider #/Name**
  - Defaults to *Select All*
  - Lists the locations to which the user is assigned within their agency
- **Staff Name**
  - Results will populate based on Staff Name entry in the service
  - Suggestive search based on “starts with” 3-letter entry for First or Last Name of Staff
  - Suggestive search populates staff associated with the users Provider location
- **Staff SSN/ID**
  - Results will populate based on Staff Name entry in the service
  - Exact match search

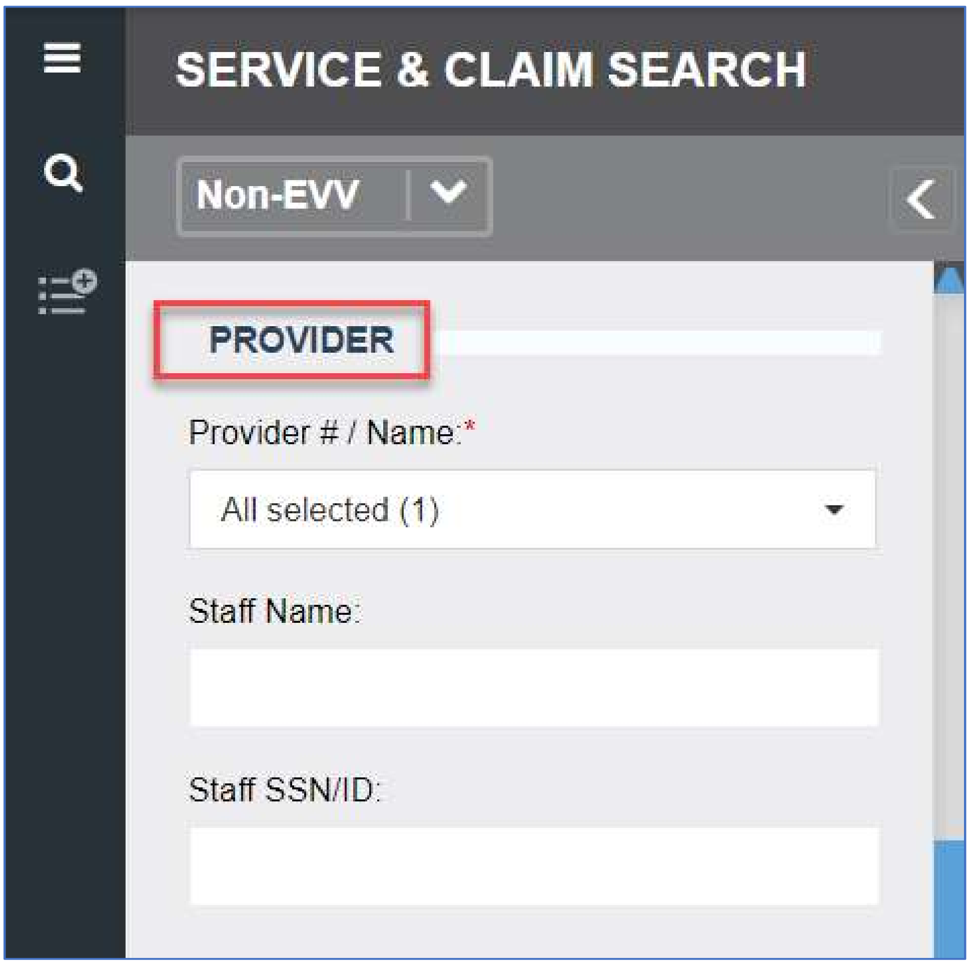


Figure 102-Provider info search inputs

6.4.2 Advanced Search Options

1. Navigate to the **Services** tab
2. MDH users must select **Non-EVV** in the top left header. *(Note: For HDM Providers this option is limited to Non-EVV only)*
3. Select the **>** to expand the Advanced Search Options below the basic search fields.

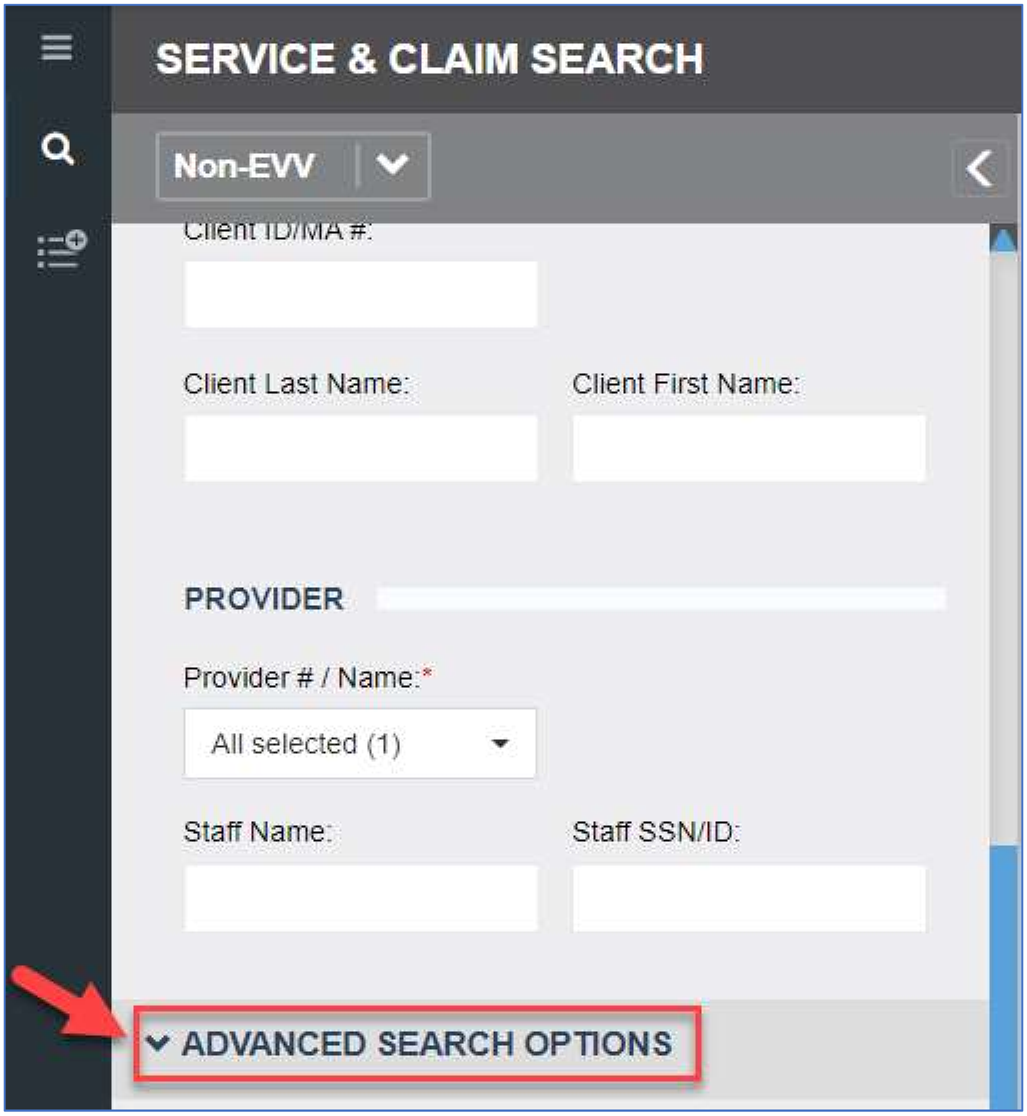


Figure 103-Advanced Search Options

4. Users may search per the following search criteria:
   CLAIM
   - **Claim Status:**
     - Searches based on status of claim: *None, Submitted to MMIS, Paid, Rejected*
     - Defaults to *Select All*
   - **Claim Type:**
     - Searches based on type of claim: *Original, Adjustment, Void, No Claim*
     - Defaults to *Select All*
   - **RA NO:**
     - Results will populate based on the Remittance Advice number of a claim
     - Exact match search
   - **ICN:**
     - Results will populate based on the Internal Control Number of a claim
     - Exact match search
   - **Claim #:**
     - Results will populate based on the Claim # of a claim. This claim # is a "local" number generated by Provider Portal as soon as a claim is generated
     - Exact match search

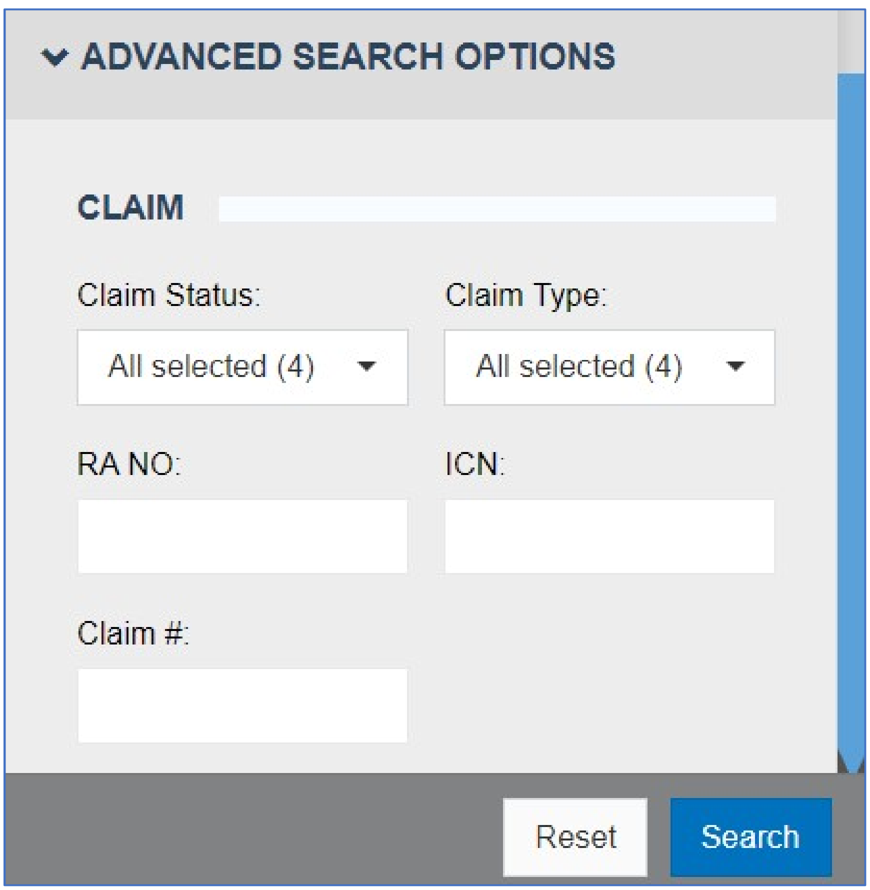


Figure 104-Claim info search inputs

6.4.3 Search Results

Search results will default to listing by Client Name in ascending alphabetical order, and each service of the client will populate in descending order by Service Date.

Users may Filter, Group, or Sort search results.

1. Filter

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

Figure 105-Filter by Last Name

2. Group By

- **Group by Client** to view results based on Client Name
- **Group by Provider** to view results based on Provider Location
- **Group by Service Type** to view results based on type of Service (HDM)
- **No Grouping** to view results in descending order based on Service Date

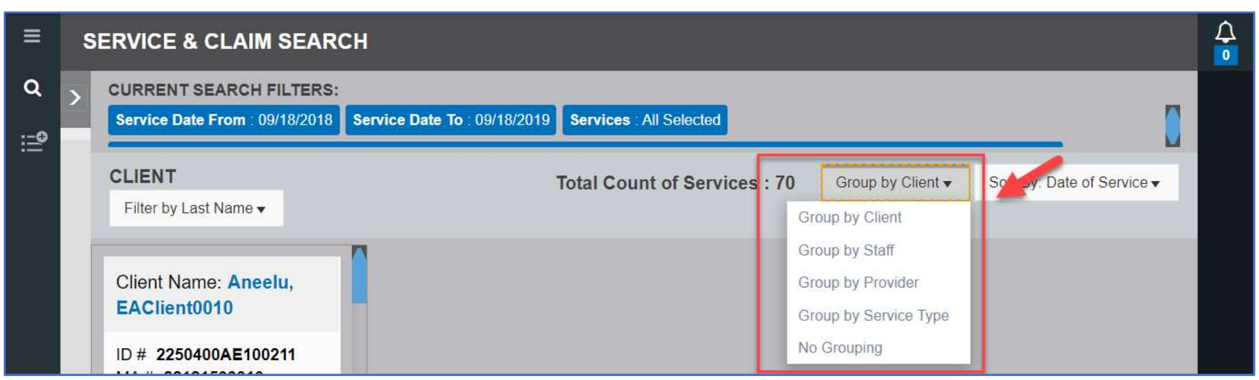


Figure 106-Group By

3. **Sort By**

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

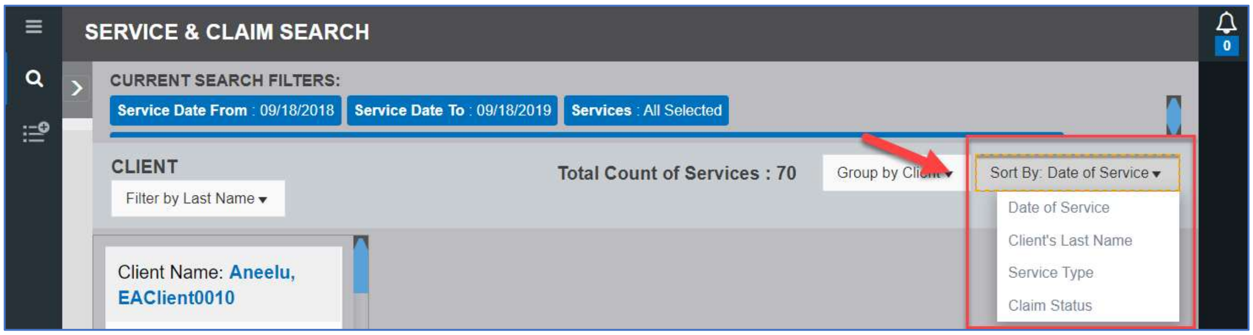


Figure 107-Sort By

6.5 View Service Summary

From the search results, the user may click on the desired client's tile to view a summary of the client service.

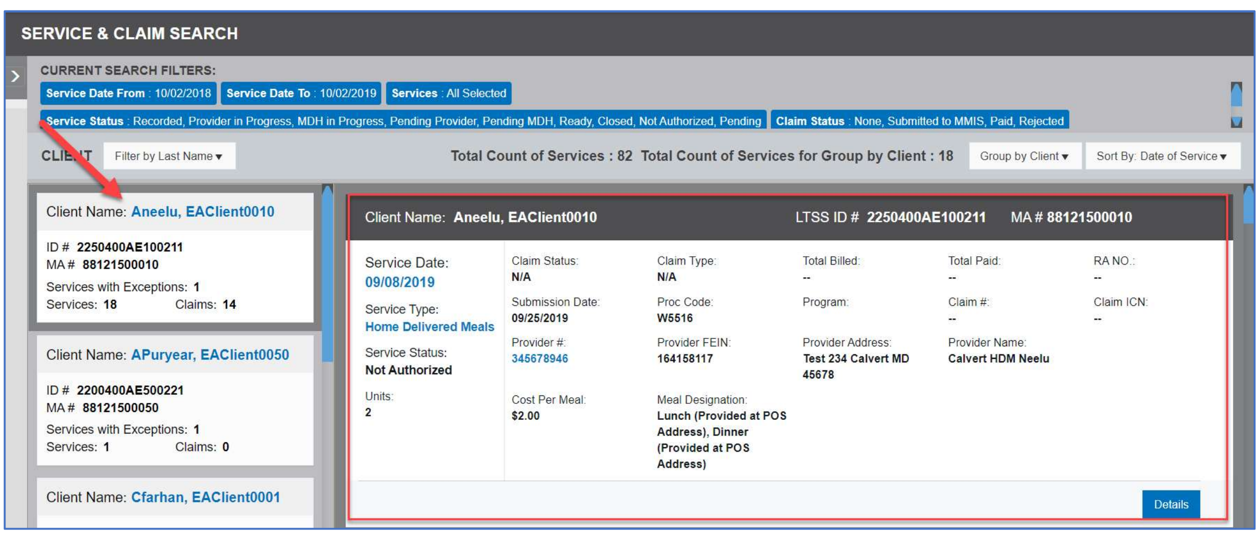


Figure 108-Service Summary View

From here, the user can view the following information about the client:

- *Client Name*
- *LTSS ID #*
- *MA #*
- *Service Date*
- *Service Type*
- *Service Status*
- *Claim Status*
- *Submission Date*
- *Provider #*
- *Claim Type*
- *Proc Code*
- *Provider FEIN*
- *Total Billed*
- *Total Paid*
- *RA NO*
- *Claim #*
- *Claim ICN*
- *Provider Address*
- *Provider Name*
- *Cost Per Meal*
- *Meal Designation*

6.6 View Service Date Details

From the Service summary view, the user may select the **Details** button to view more information for the Service Date.

From here, the user may view the **Details** of the Service, the **Client Profile**, the **Plan of Service**, and **Client Attachments**.

6.6.1 Details Tab

The **Details** tab will display the following in the top banner:

- ***Service Date***
- ***Service Type***
- ***Claim Summary***
    - Program Type
    - Claim #
    - Procedure Code
    - Total Paid
    - Hyperlink to Services Rendered Report
        - Selecting this link will open a new tab for users to view a Report of services rendered to the client during the most recent POS period.
- ***Client Information***
    - Client Name
    - ID#
    - MA#
    - Primary Phone#
- ***Provider Information***
    - Provider #
    - Provider FEIN
    - Provider Name
        - Selecting this link will open a new tab for authorized users to view the Provider Profile in LTSS

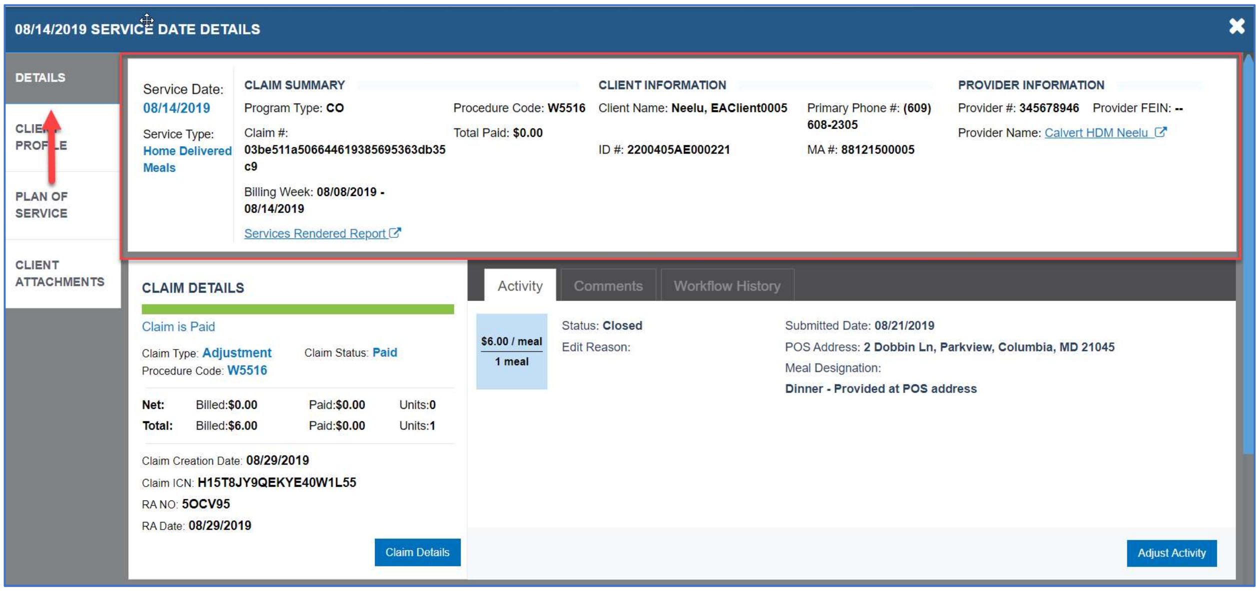


Figure 109-Details: Top Banner

The **Details** tab will display the following in the **Claim Details** tile:

- ***Progress bar*** to show state of the service in the workflow process
- ***Claim Type***
- ***Claim Status***
- ***Net Billed, Paid, and Units***
- ***Total Billed, Paid, and Units***
- ***Claim Creation Date***
- ***Claim ICN***
- ***RA NO***
- ***RA Date***

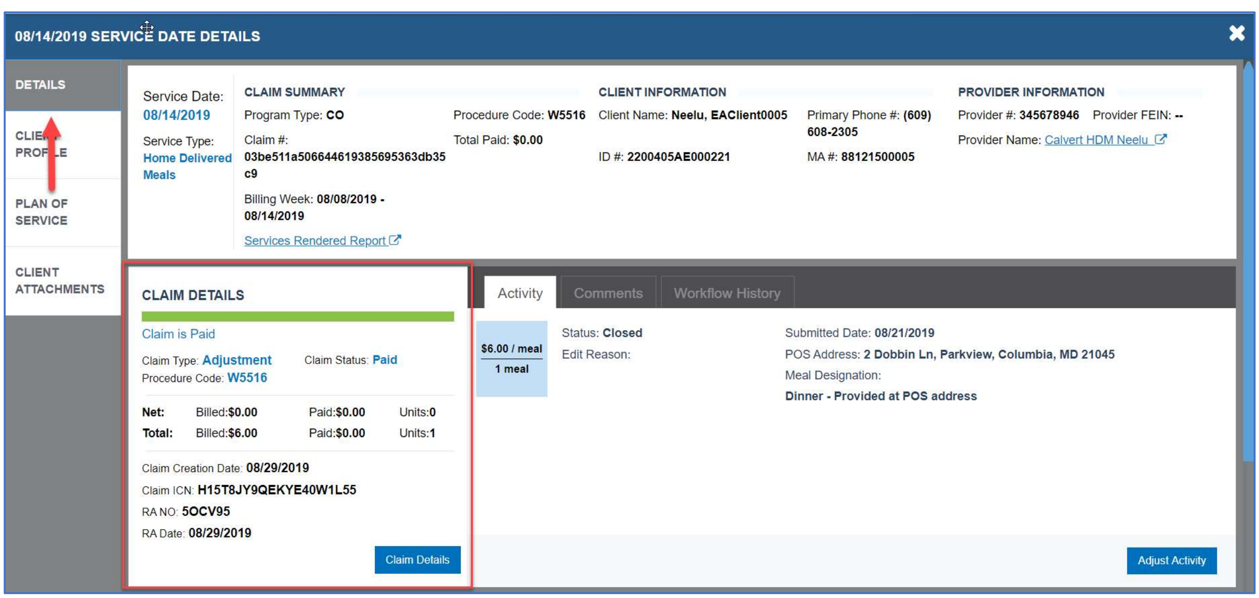


Figure 110-Details: Claim Details

For services that have been converted into a claim, the Claim Details tile will have a **Claim Details** button.

Figure 111-Claim Details for Processed Claims

Users may click this button and view a snapshot of the claim information:

- **Client POS Limit Snapshot**
  - ***Snapshot Date Time***
  - ***Effective Date of POS***
  - ***Maximum Units Allowed in Active POS***
- **MMIS Decision Reason**

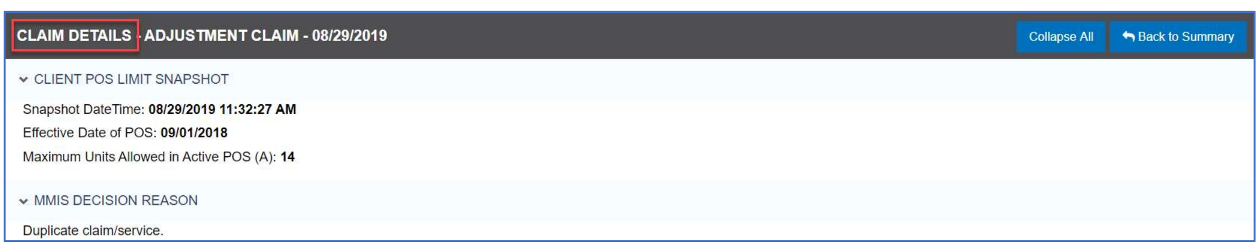


Figure 112-Claim Details

The **Details** tab will display the following in the **Activity** tab:

- ***Cost per Meal*** and the ***# of Meals***
- ***Status***
- ***Edit Reason*** (if applicable)
- ***Explanation*** (if applicable)
- ***Submitted Date***
- ***POS Address***
- ***Meal Designation***
- ***Exceptions*** (if applicable)

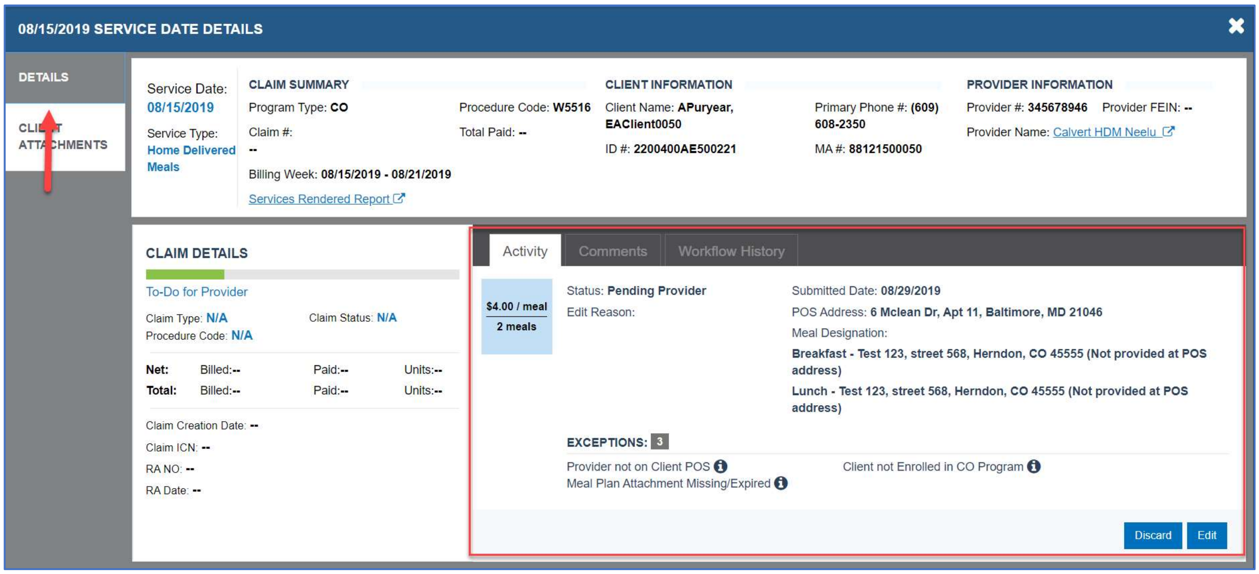


Figure 113-Details: Activity tab

The **Details** tab will display the following in the **Comments** tab:

- ***Comments*** entered by Provider when submitting the Service after modifications
- ***Comments*** entered by MDH as communication to the assigned Provider
  Note: MDH can add additional comments through this tab at any stage of the Activity's workflow.
- ***Comments*** related to MDH actions (i.e. Exceptions handling, Discard, Disapprove, etc.)

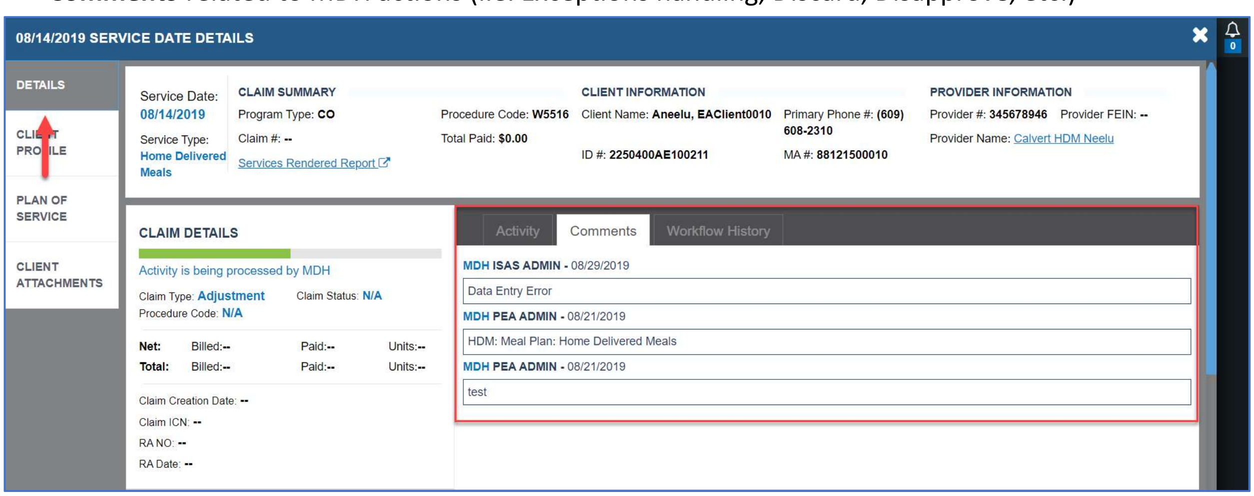


Figure 114-Details: Comments tab

The **Details** tab will display the following in the **Workflow History** tab, which captures and displays information at each stage of the workflow process:

- ***Date Time***
- ***Activity Status***
- ***Cost per Meal***
- ***Last Updated By*** (Name of User)
- ***Modification Source*** (Agency or System)
- ***Comments/Reasons*** (applicable for actions that require comments)

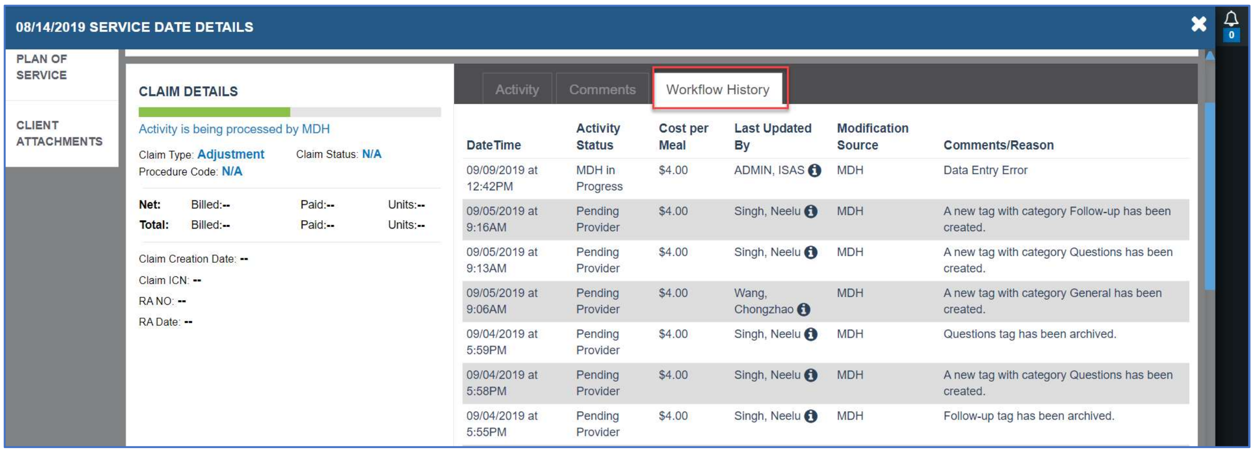


Figure 115-Workflow History tab

6.6.2 Client Profile Tab

The **Client Profile** tab will display the following client information:

a. ***Client Demographic Overview***

- Client Name
- Age
- MA#
- Primary Phone #
- Current Address
- Guardian of Person
- DOB
- Narrative

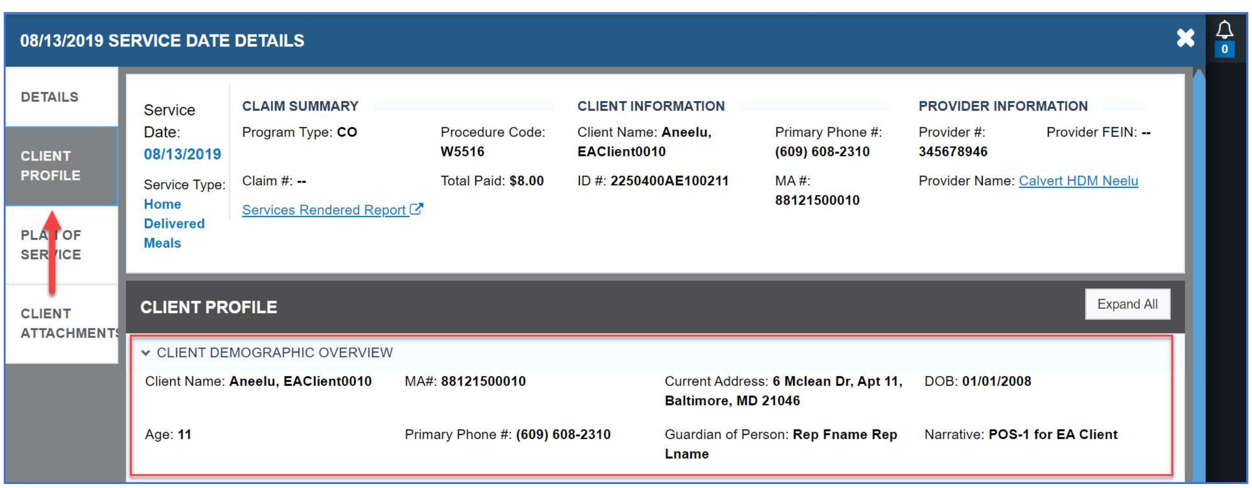


Figure 116- Client Profile: Client Demographic Overview

b. *Address to Receive Services*

- Address Type
- Lives with Family
- Full Address
- Meets Definition of Community Setting?
- Home Setting

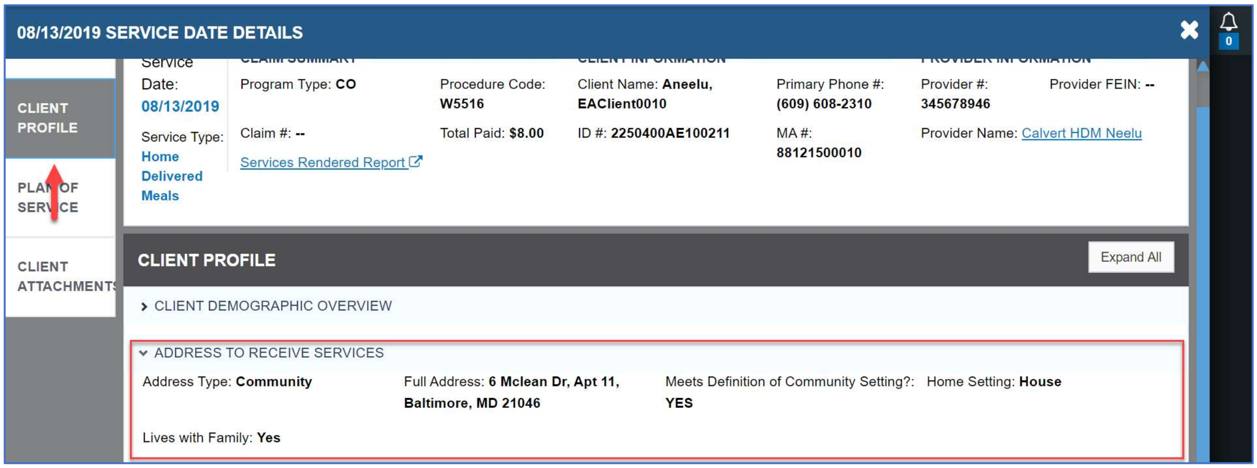


Figure 117-Client Profile: Address to Receive Services

c. *Waiver/Program Enrollment Status*

- POS/PCP Type
- POS/PCP Effective Date
- Financial Redetermination Date
- Recent Program History
- Special Program Code

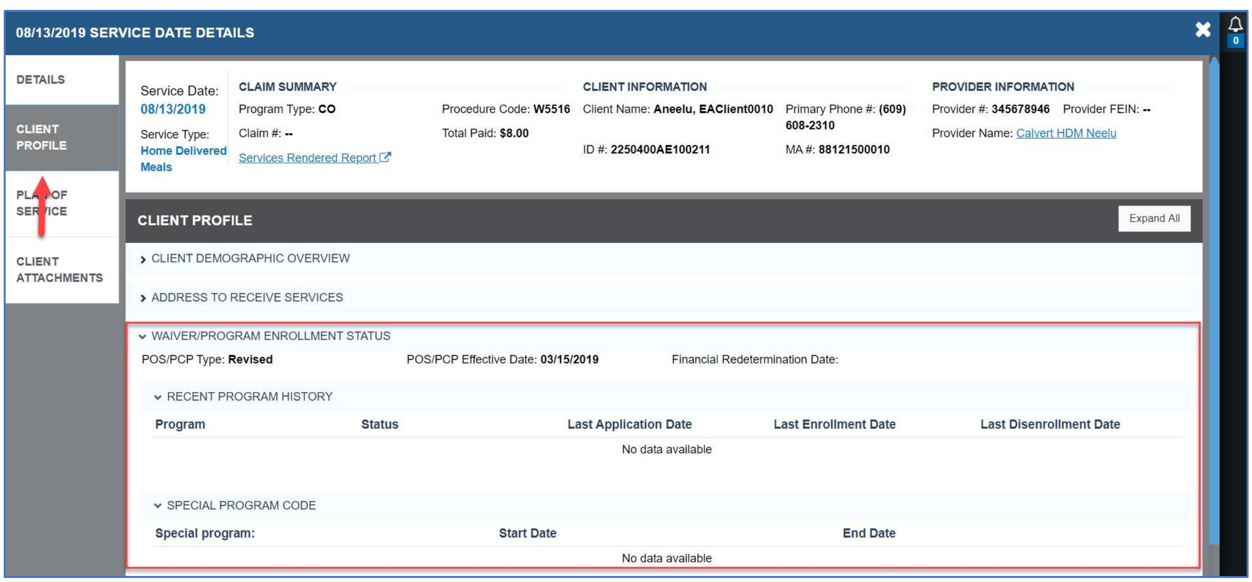


Figure 118-Client Profile: Waiver/Program Enrollment Status

d. ***Current Assignments***

- Assignment Type
- Date Assigned
- Staff Name
- Agency
- Phone Number
- Email

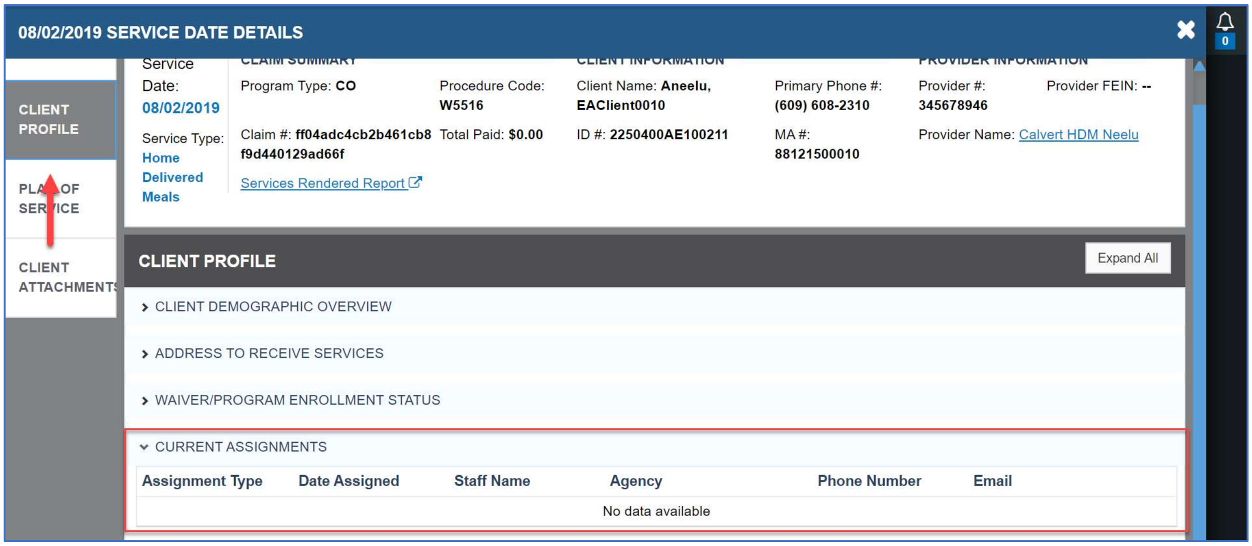


Figure 119-Client Profile: Current Assignments

e. ***Representatives***

- Representative Name
- Date of Birth
- Relationship
- Guardian of
- Power of Attorney Over
- Representative Payee
- Primary Caregiver
- CFC Representative
- Phone Number

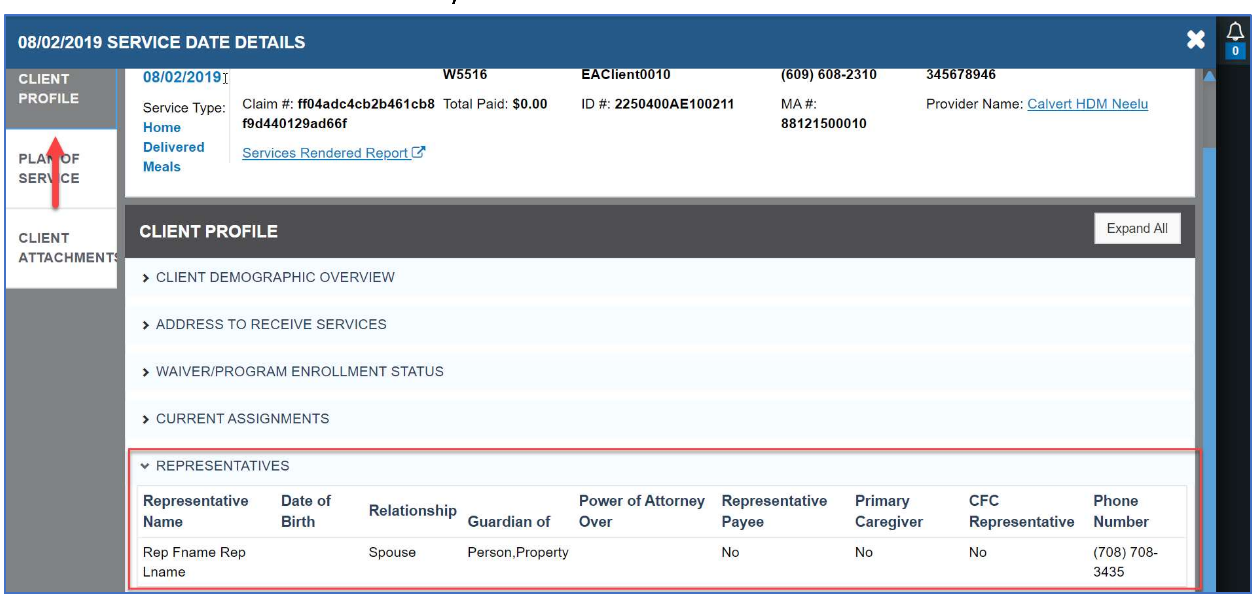


Figure 120-Client Profile: Representatives

6.6.3 Plan of Service Tab

The **Plan of Service** tab will display the following client information:

a. *Overview Information*

- Client Name
- MA #
- Current Address
- DOB
- Age
- Program Type
- Primary Phone #
- Guardian of Person
- POS Type
- Created Date
- POS Effective Date
- POS End Date
- Client's Current Support Planning Agency
- Narrative

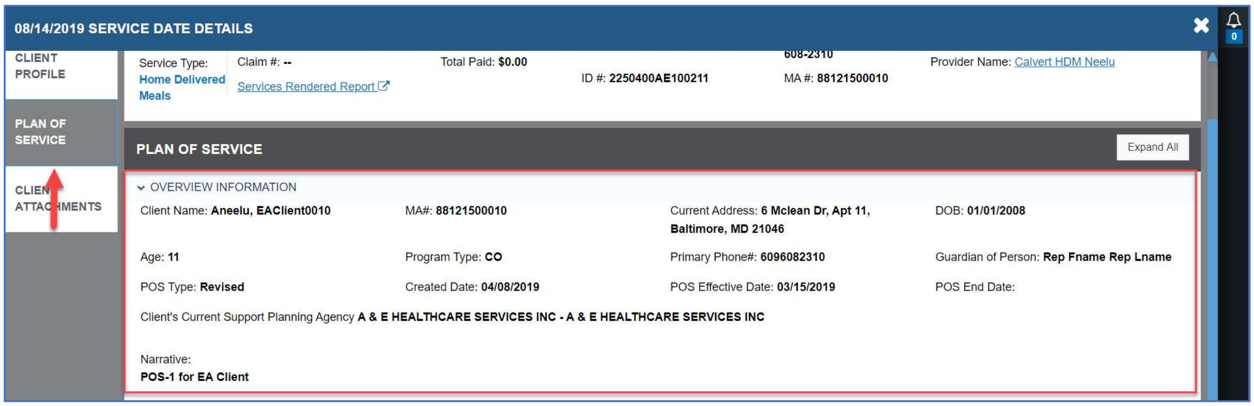


Figure 121-Plan of Service: Overview Information

b. *Services*

- POS Service
- Service Type
- Provider Name
- Units
- Frequency
- Rate
- Annual

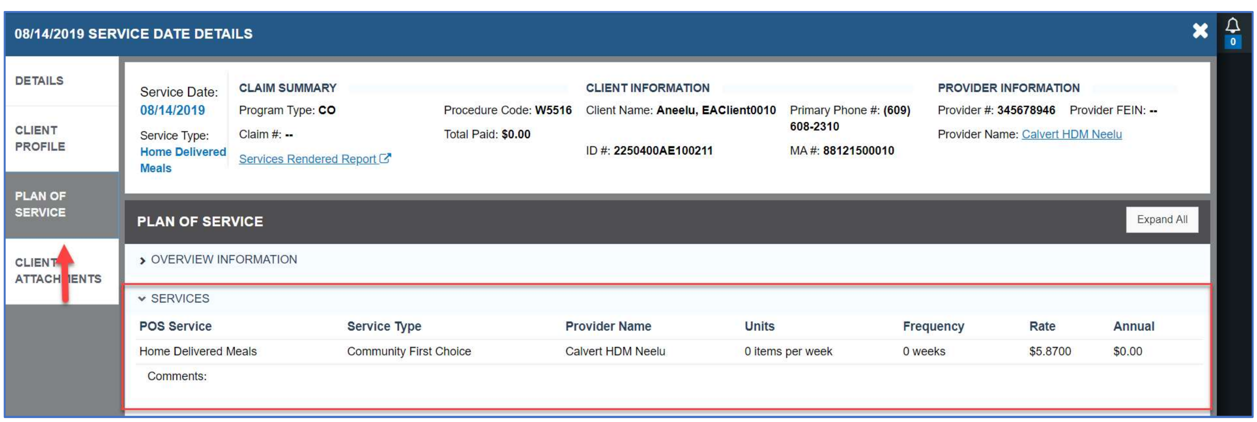


Figure 122-Plan of Service: Services

c. *Emergency Backup Plans*

- Primary
- Name
- Relationship
- Enrolled
- Provider

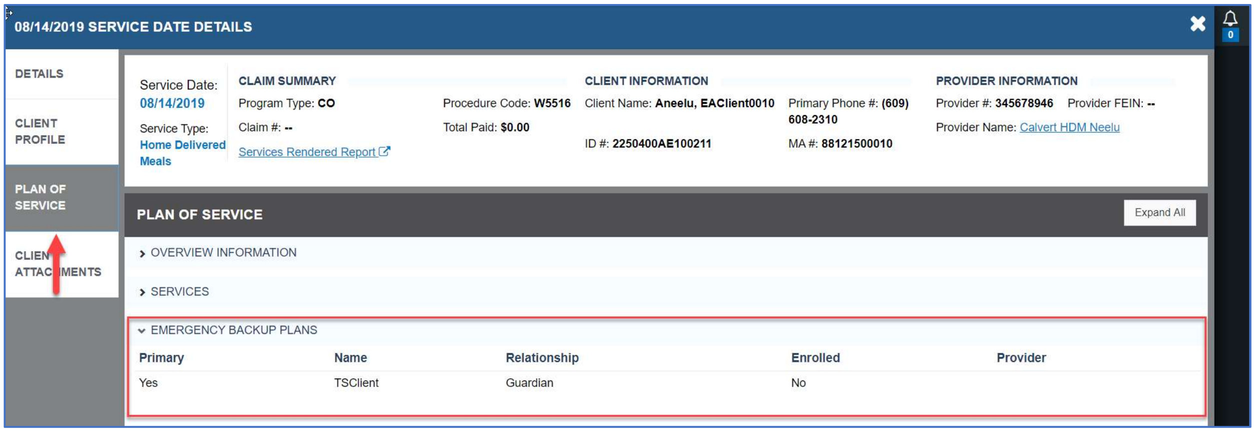


Figure 123-Plan of Service: Emergency Backup Plans

d. *Address to Receive Services*

- Address Type
- Full Address
- Home Type
- Home Setting
- Lives with Family
- Is setting chosen by the participant?
- Is setting chosen by guardian of person?

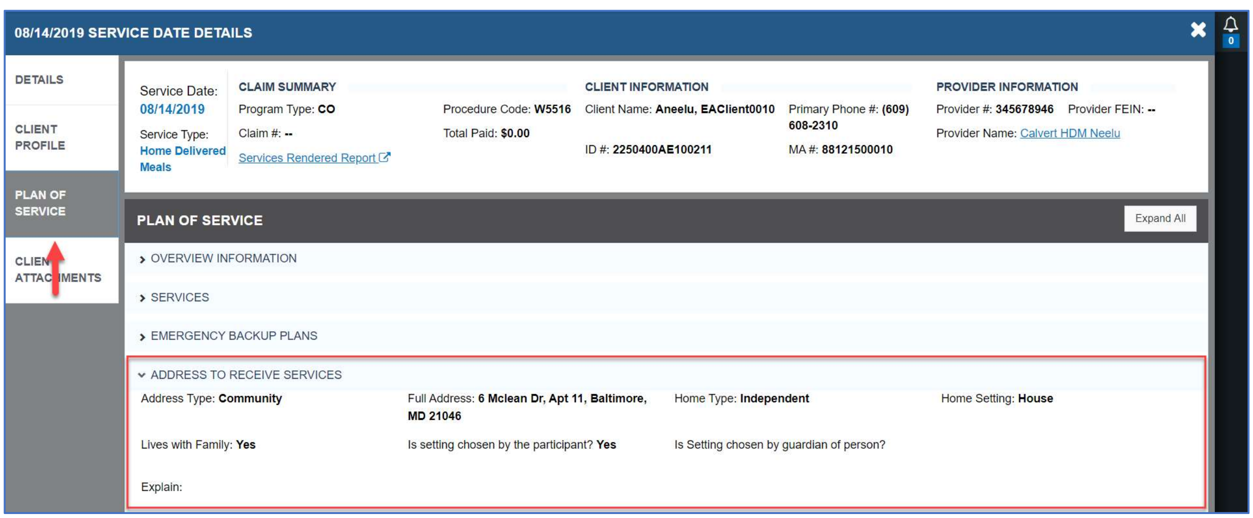


Figure 124- Plan of Service: Address to Receive Services

e. *Decision*

- Decision
- Decision Date
- Decision Staff Name
- Decision Comments

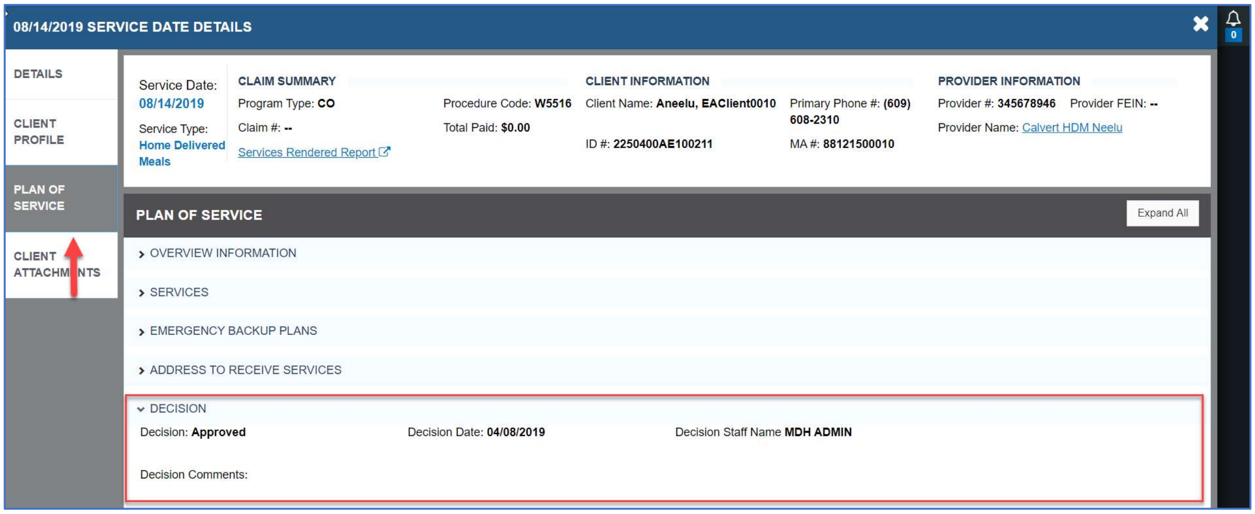


Figure 125-Plan of Service: Decision

f. *Signatures*

- Type
- Name
- Service
- Printed Name
- Signature Date

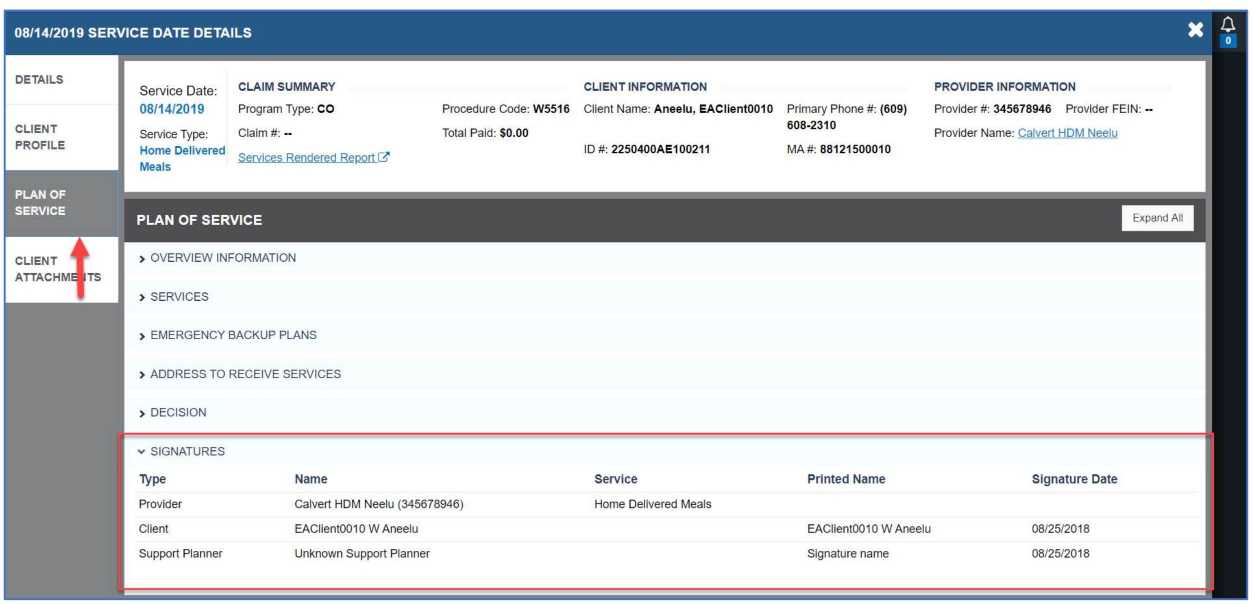


Figure 126-Plan of Service: Signatures

6.6.4 Client Attachments Tab

The **Client Attachments** tab will display the following attachment information:

- File Name (Hyperlink to download the attachment to the user's PC)
- Type
- Created Date
- Comments
- Status
- Actions (Authorized users may *Discard)*

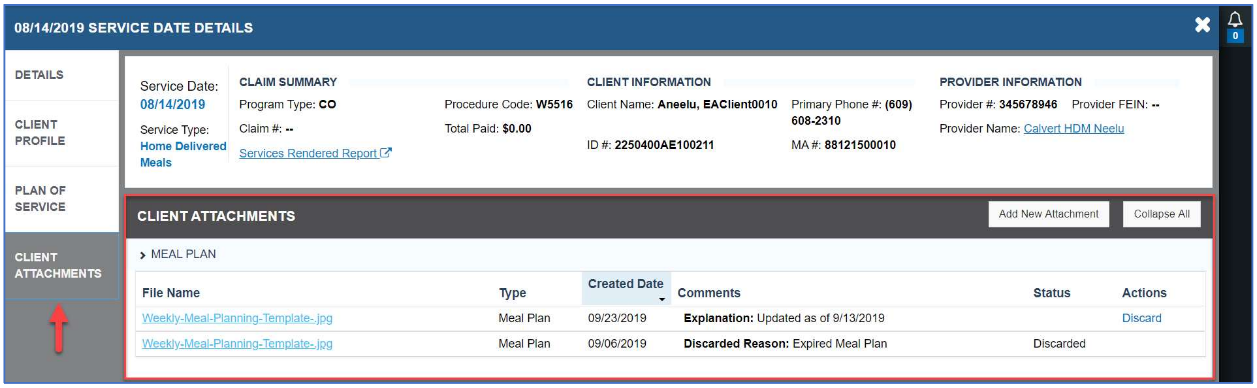


Figure 127-Client Attachments

6.7 Exceptions

6.7.1 Exception Types

An exception is a circumstance (i.e. failed validation) that prevents a claim from generating. The service will be in a pending status until the issue is resolved. Some issues need to be resolved by MDH, while others can be resolved by the Provider. The list below describes every exception type, the criteria on which it is based, and how it can be resolved.

6.7.1.1 Meal Plan Attachment Missing/Expired

A Meal Plan has not been uploaded to the Client Attachments section of the client profile by the active HDM Provider within 365 days of the service date. A Provider may resolve by:

- Uploading the client's current Meal Plan to the Client Attachments section within Provider Portal.

6.7.1.2 Daily Meal Count Exceeded-Multiple Providers

More than 2 meals have been submitted for a client on a day by multiple provider locations. MDH may resolve by:

- Ensuring that the correct Provider has accurately billed.
- *Discard* the unapproved duplicate submission.
- *Void* previously processed claims.

6.7.1.3 Weekly Meal Count Exceeded-Same Provider

The number of meals in a service submission exceed the number of meals allowed per week on the client's approved Plan of Service. MDH may resolve by:

- Ensuring that the correct meals have been accurately billed.
- *Discard* or *Disapprove* the unapproved submissions.
- *Void* previously processed claims.

6.7.1.4 Total Weekly Meal Count for Client Exceeded

The total number of meals billed for the week exceed the sum of the maximum number of meals authorized in the client's approved Plan of Service. MDH may resolve by:

- Ensuring that the correct meals have been accurately billed.
- *Discard* or *Disapprove* the unapproved submissions.
- *Void* previously processed claims.

6.7.1.5 Overlapping Meal

Client has 2 meals or more with the same designations submitted by two different Providers MDH may resolve by:

- Updating the meal designation to reflect the correct meal type delivered.
- Ensuring that the correct meals have been accurately billed.
- *Discard* or *Disapprove* the unapproved submissions.
- *Void* previously processed claims.

6.7.1.6 Assisted Living Facility in Client's Plan

Client's active Plan of Service has "Assisted Living Facility" as a service. MDH may resolve by:

- Revising the client's POS if necessary.
- *Discard* or *Disapprove* the unapproved submissions.

6.7.1.7 Daily Service Exists for the Day

Client's has received "Daily Personal Assistance Services" or "Daily Personal Assistance Services-Shared Attendant" on the same Service Date as that of Home Delivered Meals Service. MDH may resolve by:

- Revising the client's POS if necessary.
- *Discard* or *Disapprove* the unapproved submissions.
- *Void* previously processed claims.

6.7.1.8 Provider not on Client POS

Client's active approved Plan of Service relevant for the Date of Service does not have the Provider # listed for the Service type, Home Delivered Meals. MDH must resolve by ensuring that:

- The participant's Plan of Service is active and approved on the date of service *and/or*
- The correct Provider # is listed on the POS for the Service Date *and/or*
- *Discard* or *Disapprove* the unapproved submission.

6.7.1.9 Client Ineligible

Participant does not have an active or valid Medical Assistance number documented in MMIS/LTSS. MDH must resolve by:

- Ensuring that the Client has an approved and valid MA# and is eligible for LTC services within a Maryland state program *and/or*
- *Discard* or *Disapprove* the unapproved submission.

6.7.1.10 Client not Enrolled in CO Program

Participant is not enrolled in a state program that provides Home Delivered Meals as a service. Current programs approved for HDM are CO, CFC, and ICS only. MDH must resolve by:

- Ensuring that the client's Overall Decision Form is complete and up-to-date with the appropriate program enrollment *and/or*
- *Discard* or *Disapprove* the unapproved submission.

6.7.1.11 No Active POS Found for Client

Participant does not have an active Plan of Service on the Service Date. MDH must resolve by:

- Ensuring that the client has an active and approved POS on the Service Date *and/or*
- *Discard* or *Disapprove* the unapproved submission.

6.7.2 View Exceptions

Provider users can view pending services by searching the system for exceptions. There are two ways to search for exceptions in Provider Portal.

1. Exceptions can be viewed by accessing the Home page and viewing the **Actions Required** panel.
2. Exceptions can be viewed by searching via the **Services** tab and entering search parameters for the exception.

Once the user has searched and selected the desired service, the exceptions can be found on the search results view:

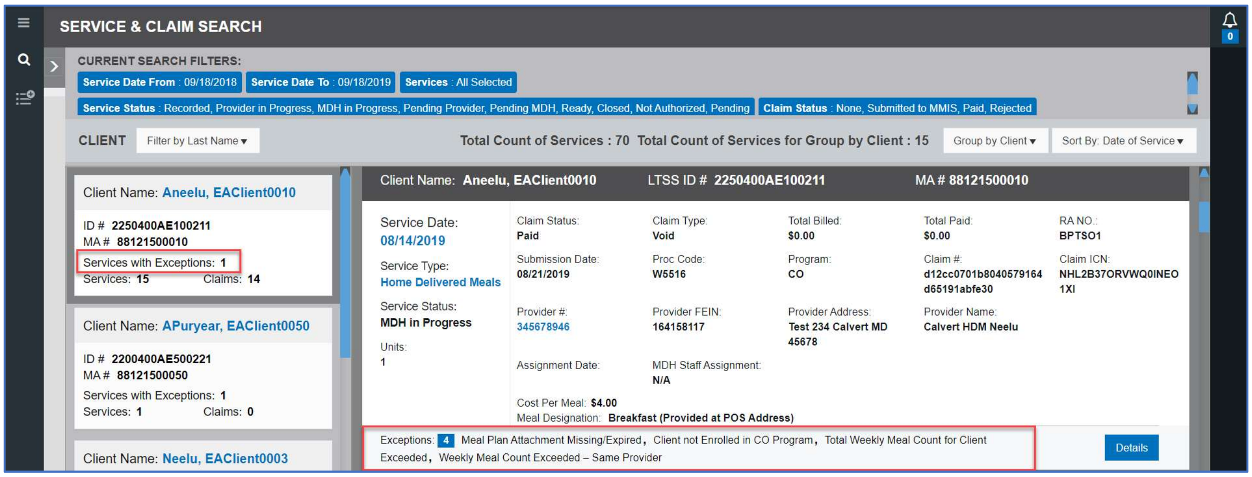


Figure 128-Exceptions: search results view

Upon selecting the **Details** button from the search results view, the exceptions can be found on the *Service Date Details* view. When hovering over the info tip next to the exception, the user will be able to view a brief description of the exception.

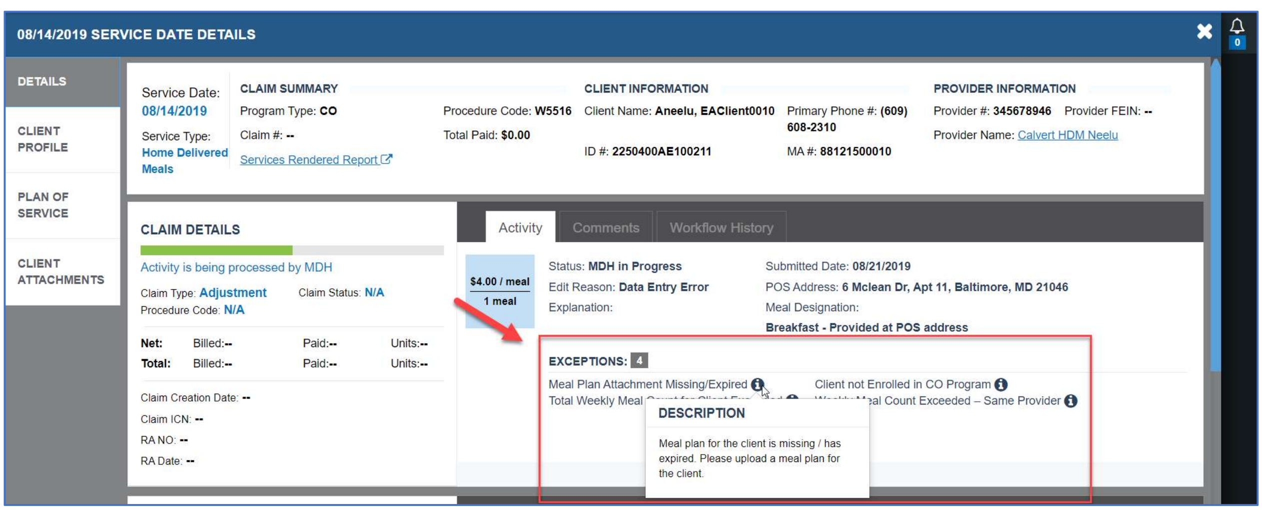


Figure 129-Exceptions: Details View

6.8 Discard a Service

System allows users to discard HDM Services if it's in a status that allows the user to modify its contents. In most cases, this feature will be used for discarding Services that were erroneously added for incorrect Service Date or client. Users should specify a reason for discarding the Service to system to mark it as "Discarded".

Note: *Discard* is not an option available for Services that have been adjudicated – they can only be voided.

1. User can navigate to the details page of the Service by searching for it and selecting **Details** from the search results.
2. In the details page, **Discard** button will be visible, if the Service is in a status that allows user to discard.
3. Click **Discard**

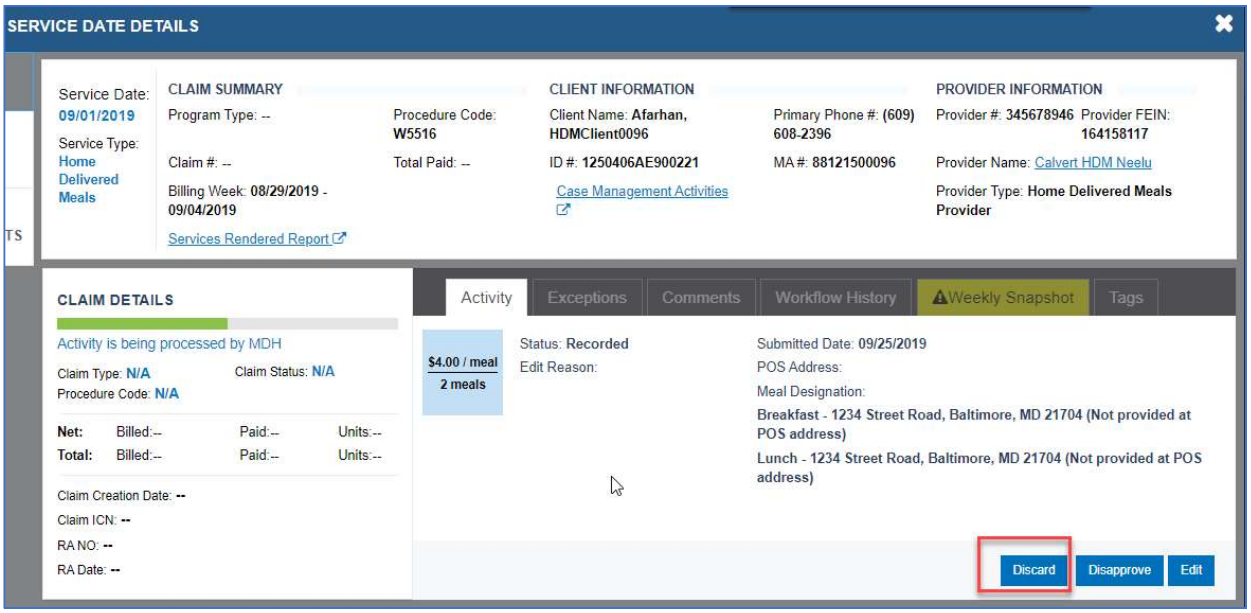


Figure 130-Discard a Service

4. Select reason for Discarding in the pop up that appears. Add additional explanation is necessary.

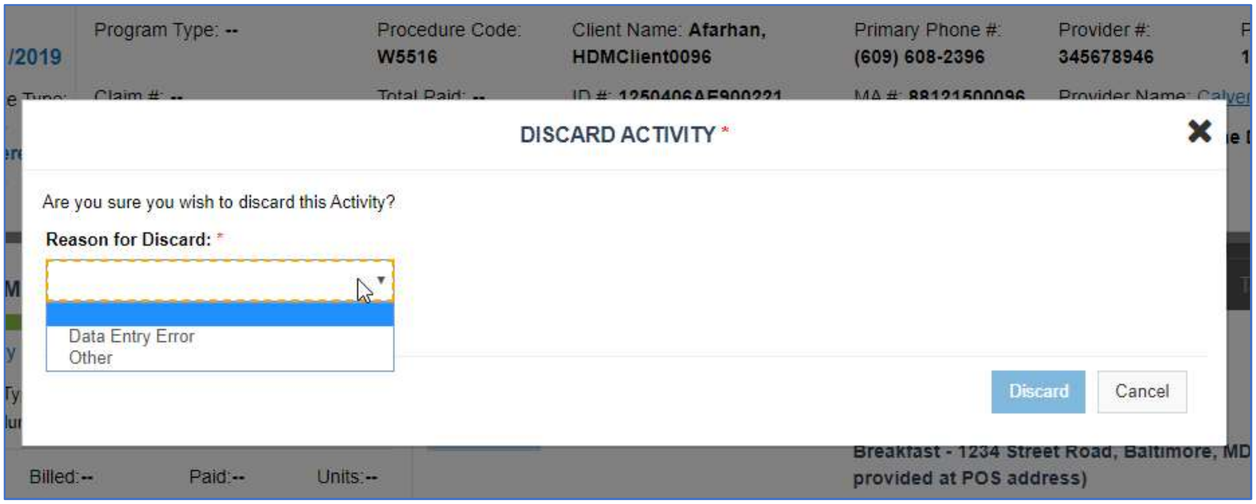


Figure 131-Discard Reason

5. Click **Discard** once the reason is selected.
6. Service gets the status of *Discarded.* A confirmation message is displayed. Discarded watermark is applied across the Service.

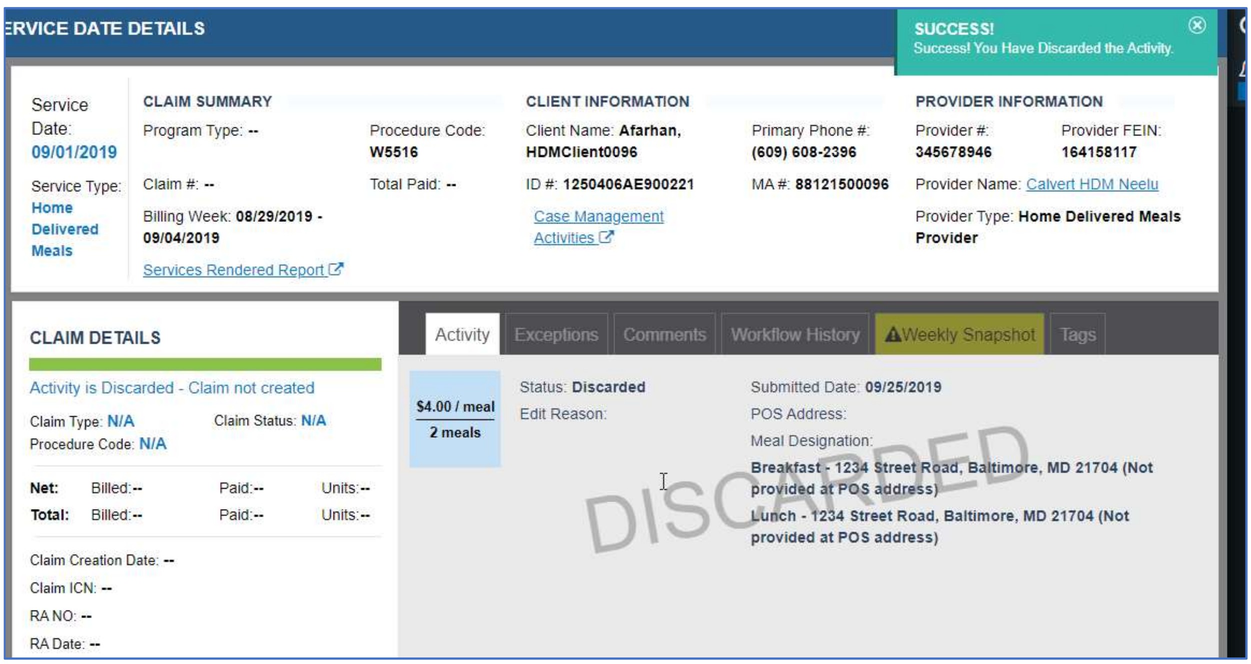


Figure 132-Discarded Service

6.9 Claims and Adjustments

Once a Service has been recorded, passed the overnight validations, and processed by MMIS as a claim (Paid or Rejected), users may still have the need to make modifications to the Service. Such modifications are represented as “Adjustments”. Examples of adjustments include modifying the number of meals, updating the cost, voiding to negate the payment received for the claim, and so on.

6.9.1 Adjust a Service

Provider users may edit a claim that has been Closed

1. Navigate to the **Services** tab and search for the claim by entering the relevant search criteria.
2. Click the **Details** button on the desired Service search results panel from the search results.
3. Click on **Adjust Activity** button. System will create a claim row that allows user to edit / void.
4. Click **Cancel** if *Adjust Activity* has been accidentally selected.
5. Click the **Edit** button on the new row. System displays relevant fields in Edit mode.

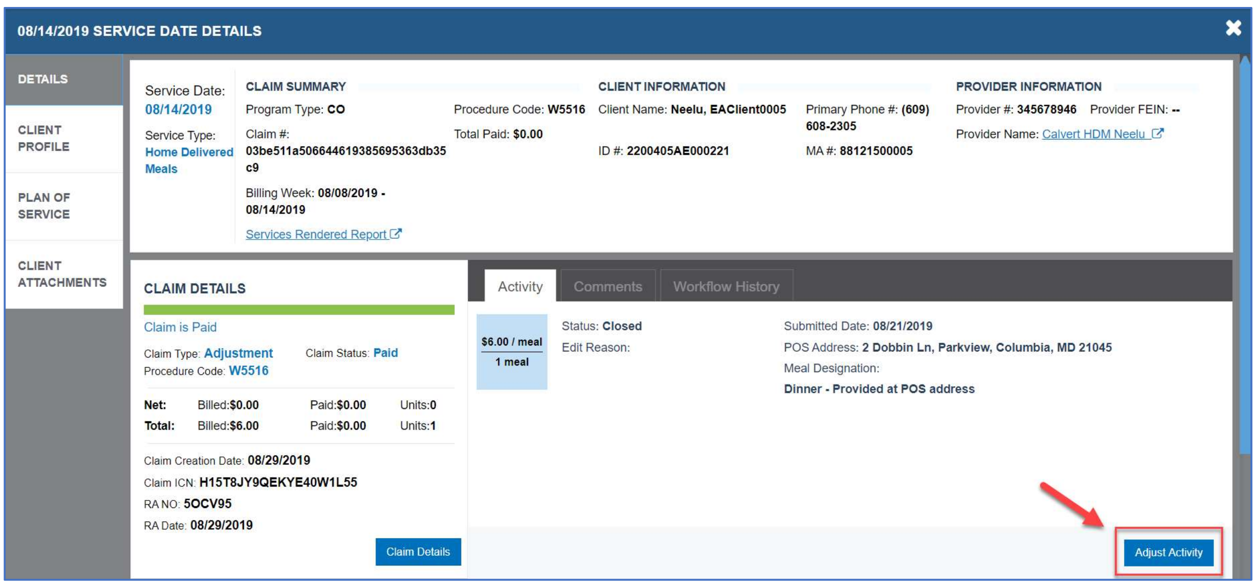


Figure 133-Adjust Activity

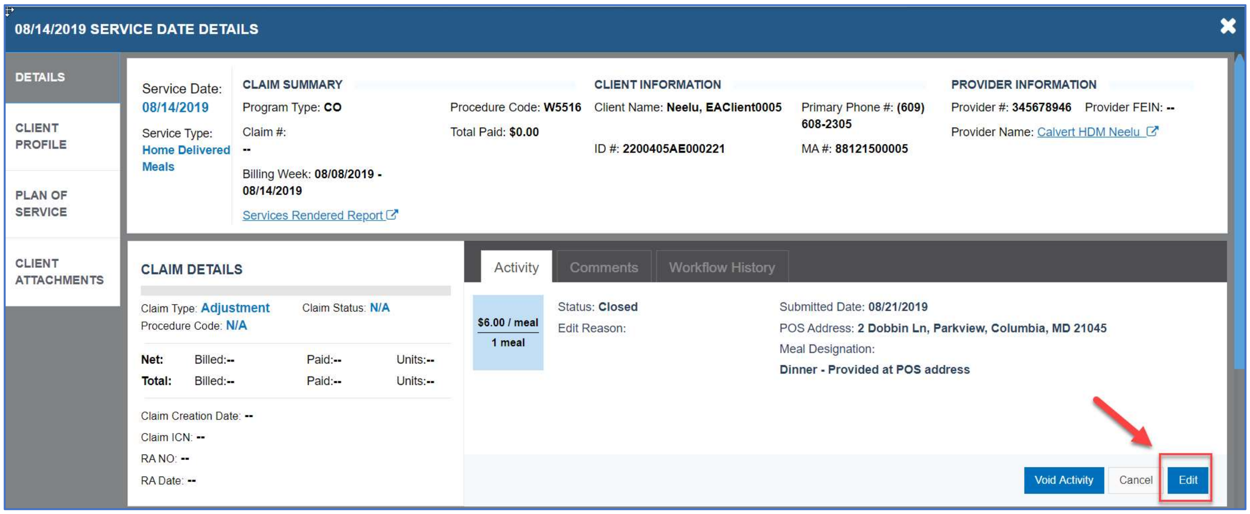


Figure 134- Claim: Edit

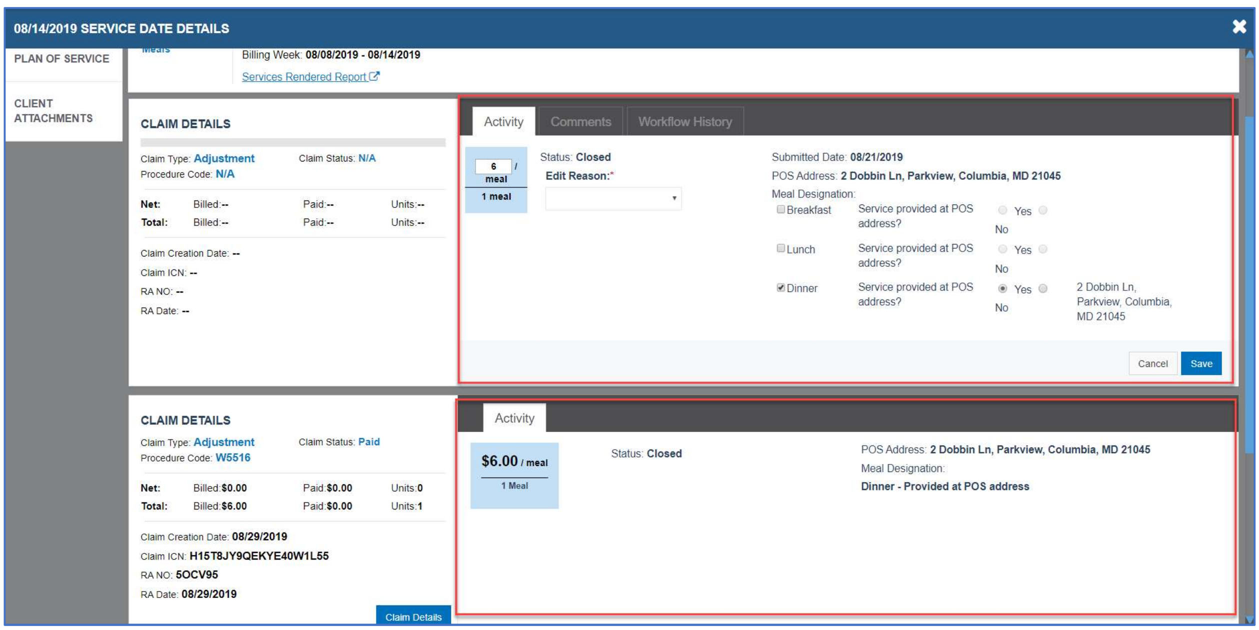


Figure 135-Editing a Claim

6. Update the following fields as needed:
    - **Cost per Meal**

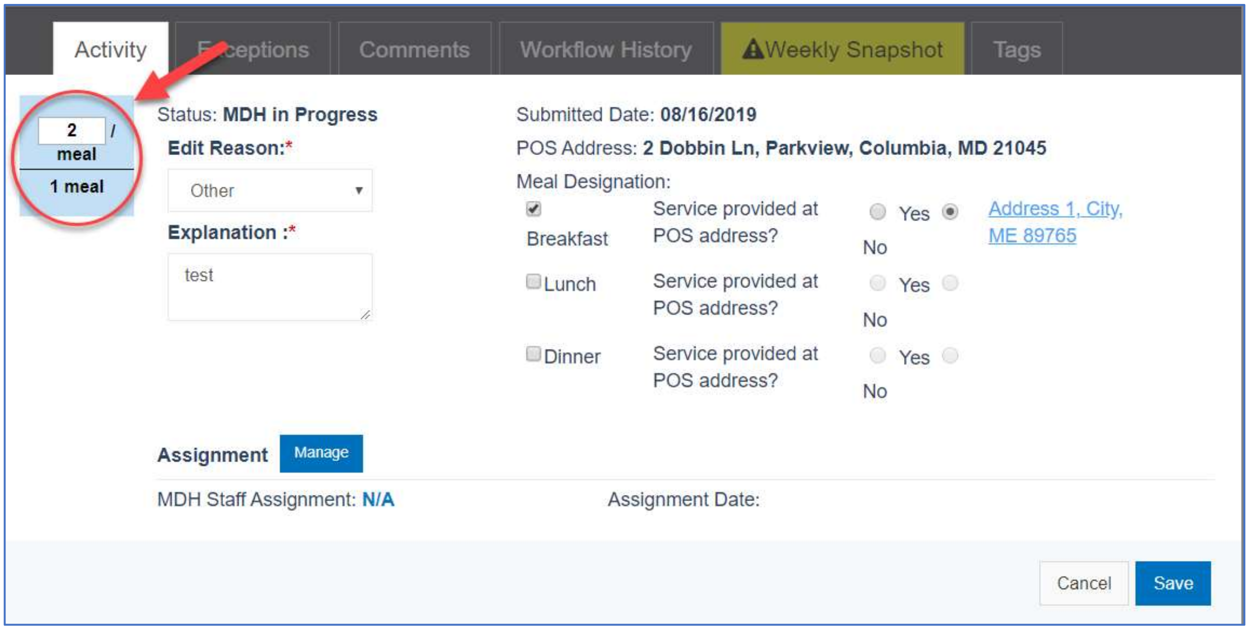


Figure 136-Edit Meal Cost

- **Edit Reason**
    - Required
    - Defaults to *Other*
    - *Data Entry Error, Emergency Situations, Other*

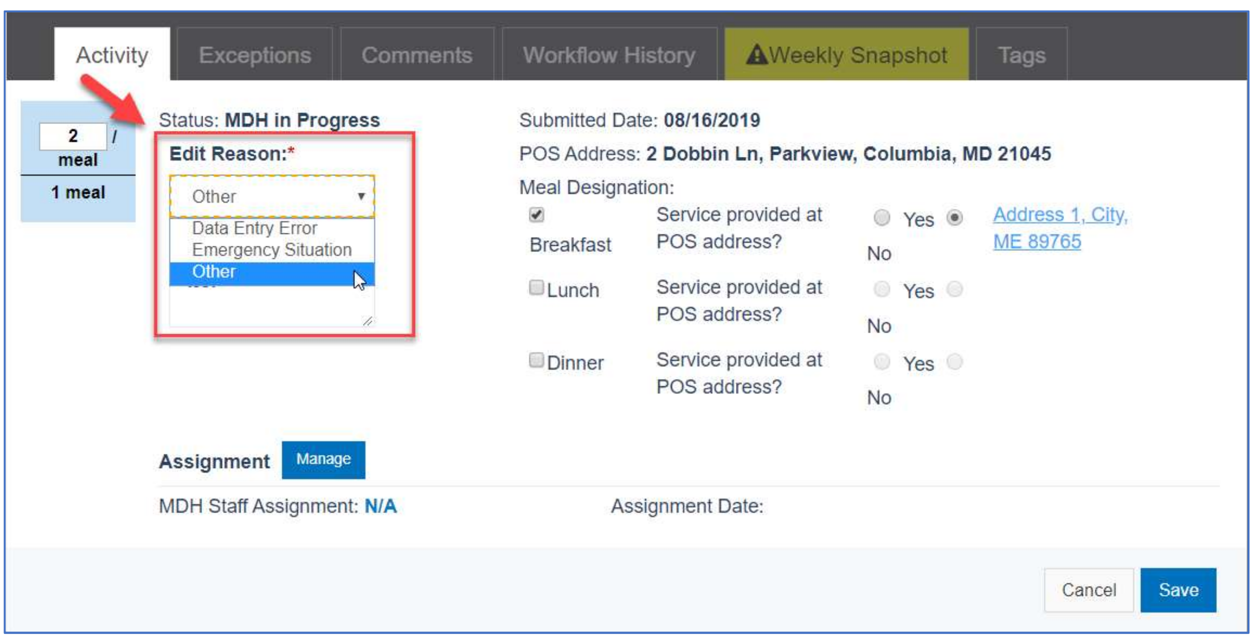


Figure 137-Edit Reason

- **Explanation**
  - Only required for Edit Reason = *Other*

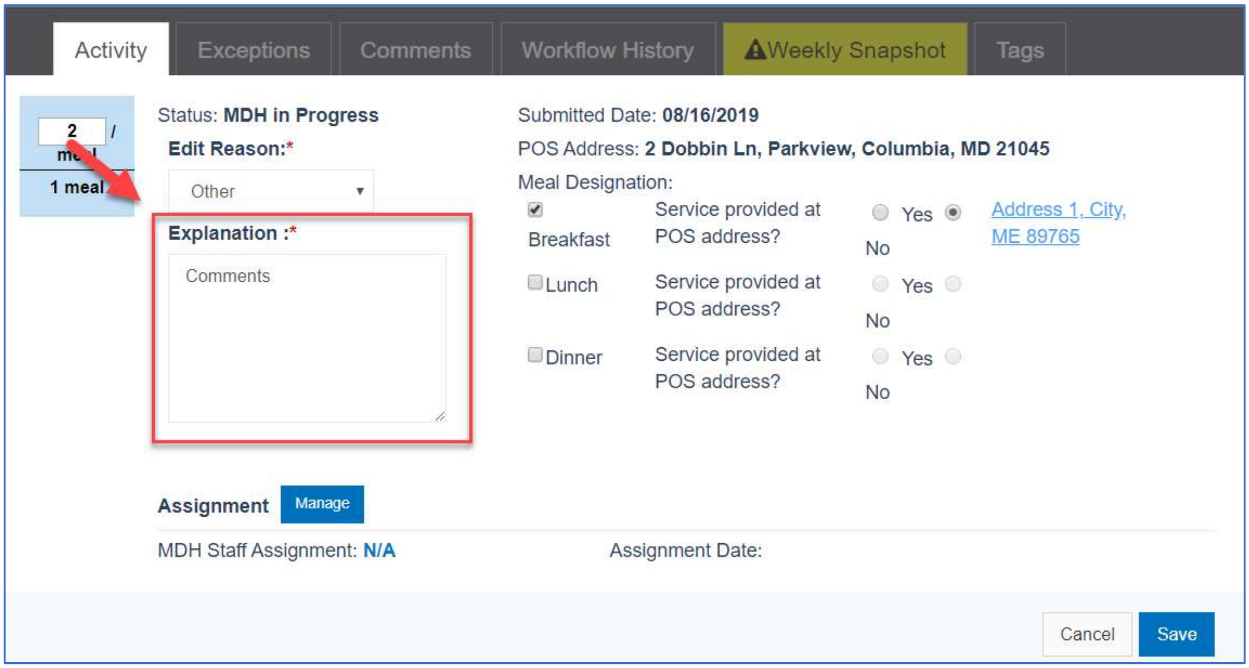


Figure 138-Explanation

- **Meal Designation**
  - Users can modify meal designation details to by updating these fields **Meal Type**, **Service provided at POS address?**, **Click and Enter Address** (if not provided at POS address.)
  - **Note:** As a part of the adjustment, user may simply update the address where the meal was delivered while retaining all other information as it was originally submitted.

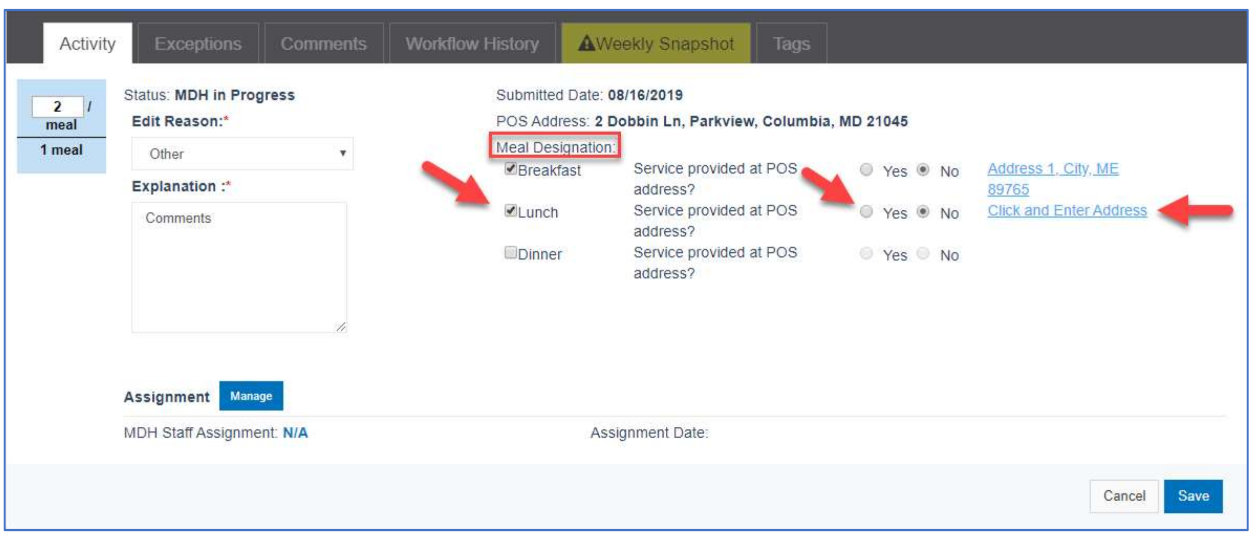


Figure 139-Meal Designation

7. Upon selecting **Save**, the screen will display the Original claim on a lower panel, and the adjusted/voided submission on the top panel.

8. In the case of an Adjustment done on an adjusted claim, system will display the latest adjustment in the top most row followed by the ones modified earlier.

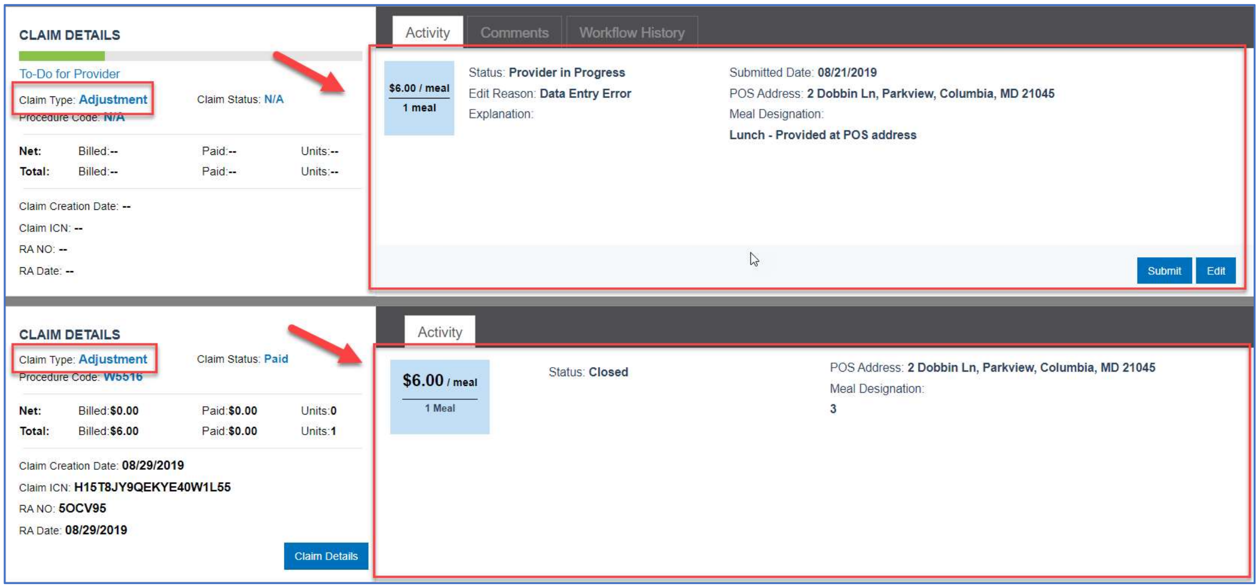


Figure 140-Adjusted Claim View

5. The status of the Service will become:
   - *MDH In Progress,* if the adjustment was done by MDH users
   - *Provider In Progress,* if the adjustment was done by Providers
6. Once all edits are confirmed, select **Submit.**

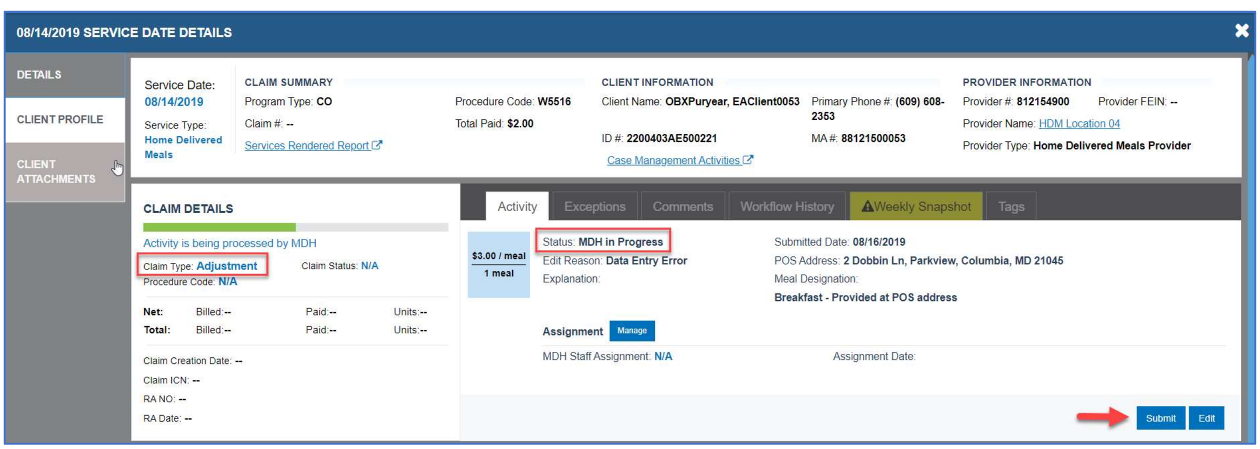


Figure 141-Submit Claim edits

7. Complete the attestation and select **Submit**.

Figure 142-Attestation

8. Once submitted, the Service status will become Recorded, and it will be validated in the overnight process, after which it may be processed for payment with MMIS.

6.9.2 Void a Claim

Provider Users may void a Service that MMIS has Paid. This action will result in a voided claim getting submitted to MMIS.

1. Navigate to the **Services** tab and search for the claim by entering the relevant search criteria
2. Click the **Details** button on the desired Service search results panel from the search results
3. Click the **Edit** button on the Service Date Details view
4. Click **Cancel** if Adjust Services has been accidentally selected
5. Click **Void** on the new row that has been created

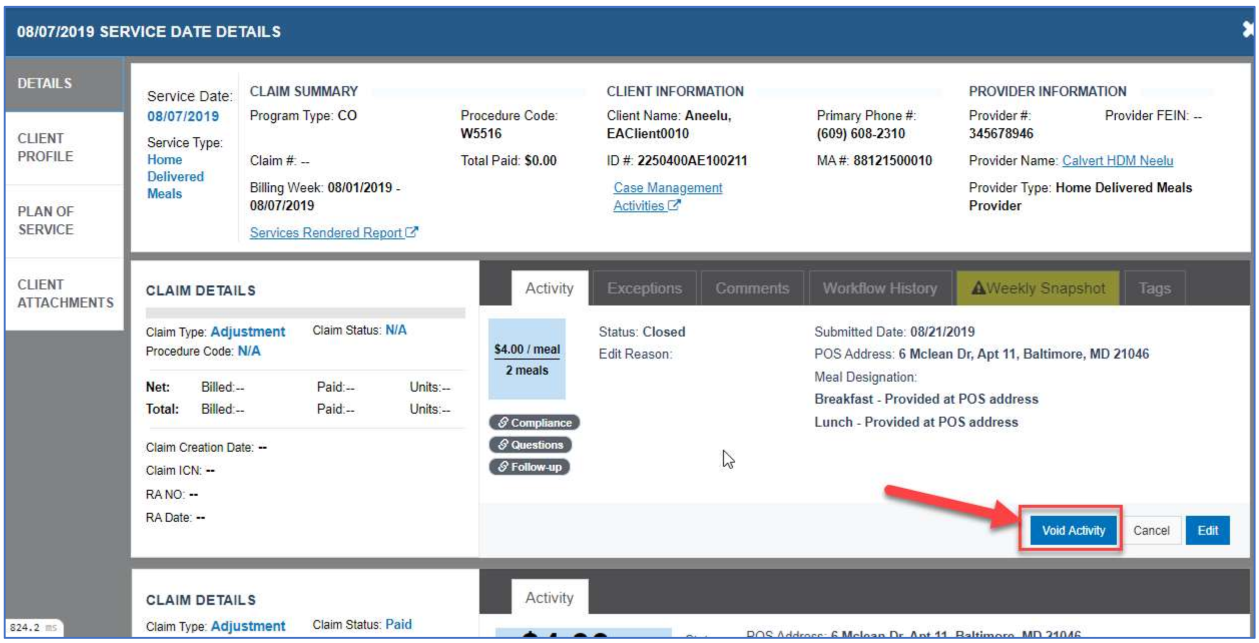


Figure 143-Void a Claim

6. Upon selecting **Save**, the user will be required to enter Comments and then select **Void**.

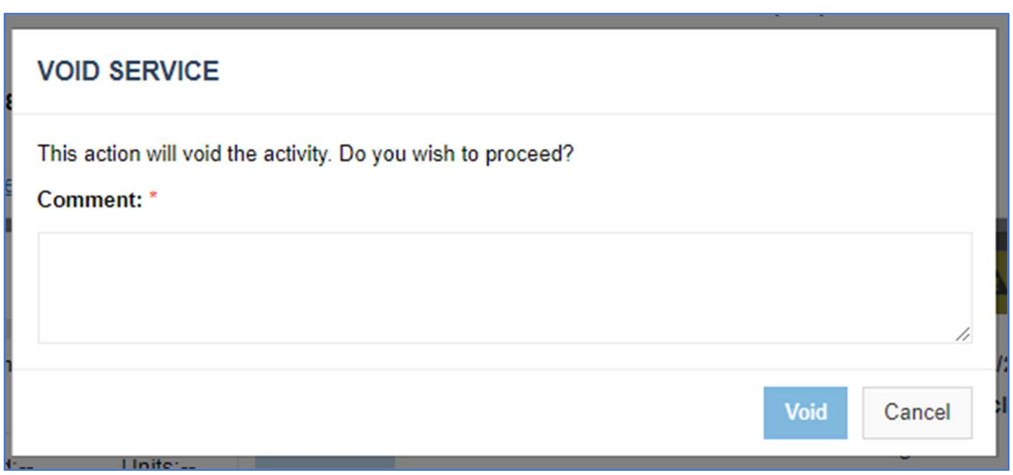


Figure 144-Void Confirmation

7. Upon voiding, the service status will become *Recorded*, and a watermark will display on the service indicating that it has been Voided.

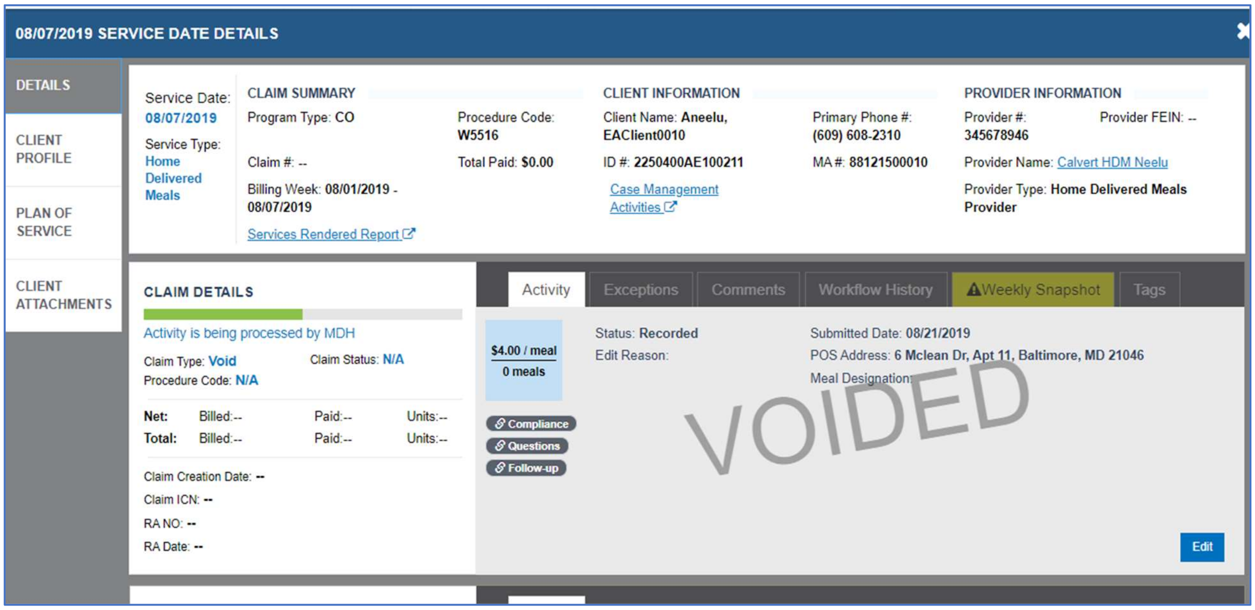


Figure 145-Voided Claim

8. The voided service will be processed in the overnight validations, and subsequently processed by MMIS.
9. Once MMIS has processed the voided service, the claim status will become *Voided*. The Voided claim will be a deduction from the Provider's next scheduled payment.

6.9.2.1 Void – Alternate method:

When Adjusting an Activity after it has been Paid, user can Void an HDM Service by simply removing the meals listed in that Service.

1. When adjusting an HDM Service, select **Edit**

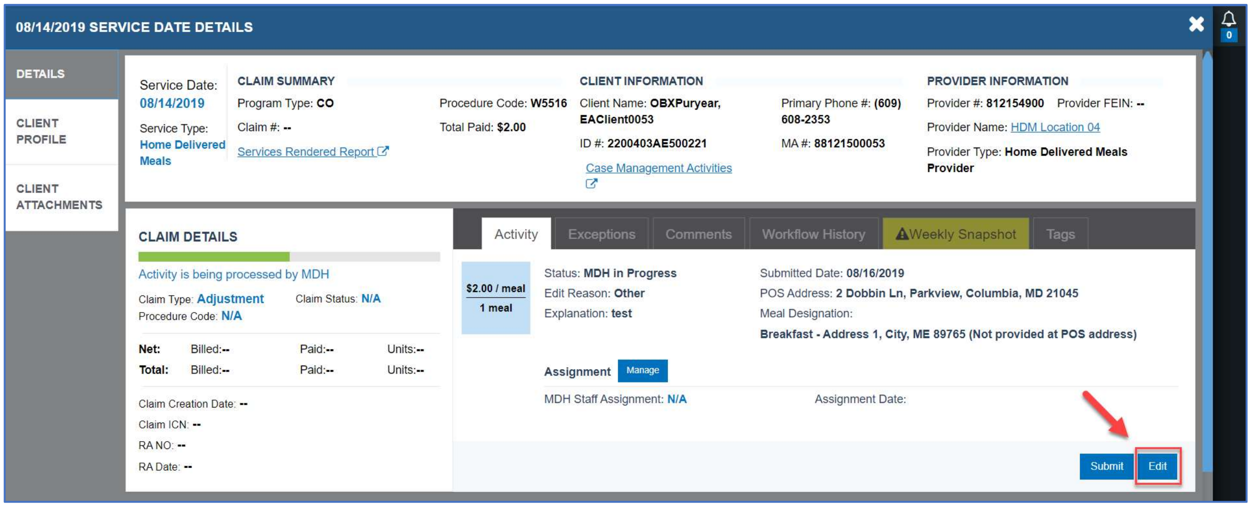


Figure 146- Claim: Edit

2. To *Void*, ***uncheck*** the **Meal Designation** checkboxes.

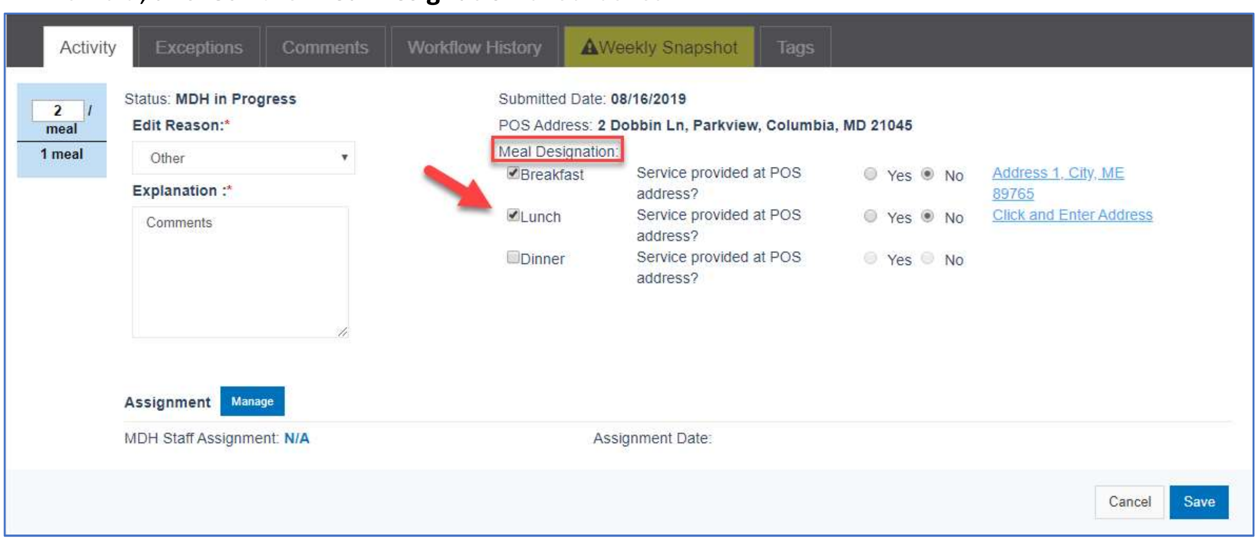


Figure 147-Void Meals

3. Complete the **Edit Reason**

- Required
- Defaults to *Other*
- *Data Entry Error, Emergency Situations, Other*

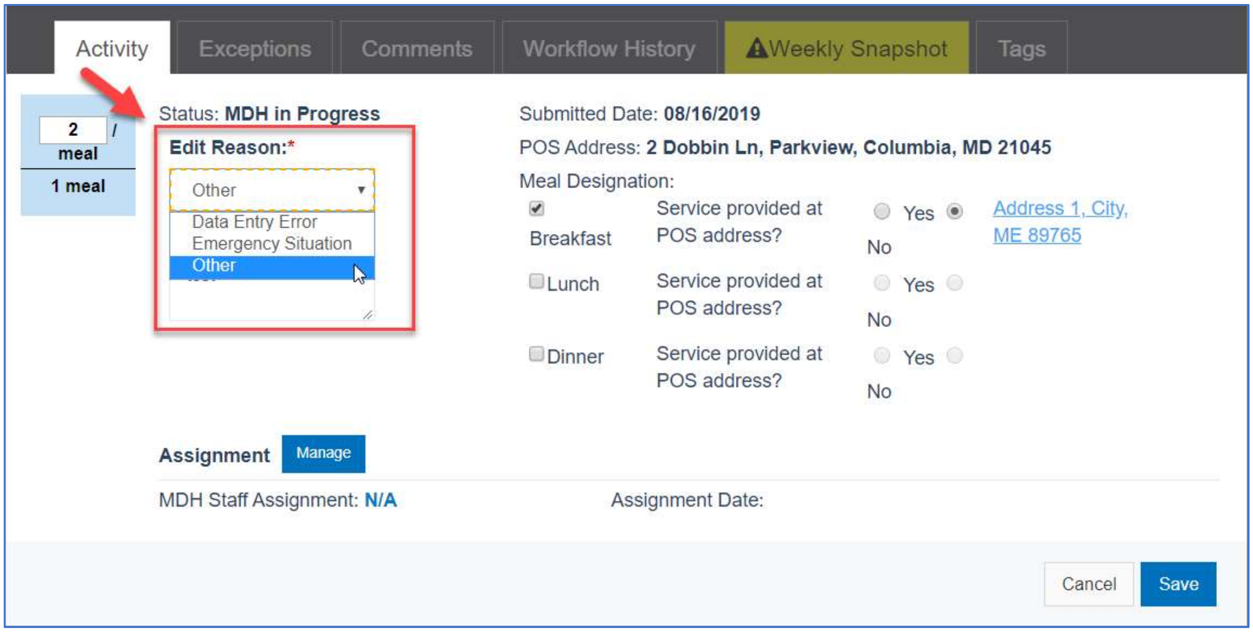


Figure 148-Edit Reason

4. Complete the **Explanation** (only required for Edit Reason = *Other*)

- Free text

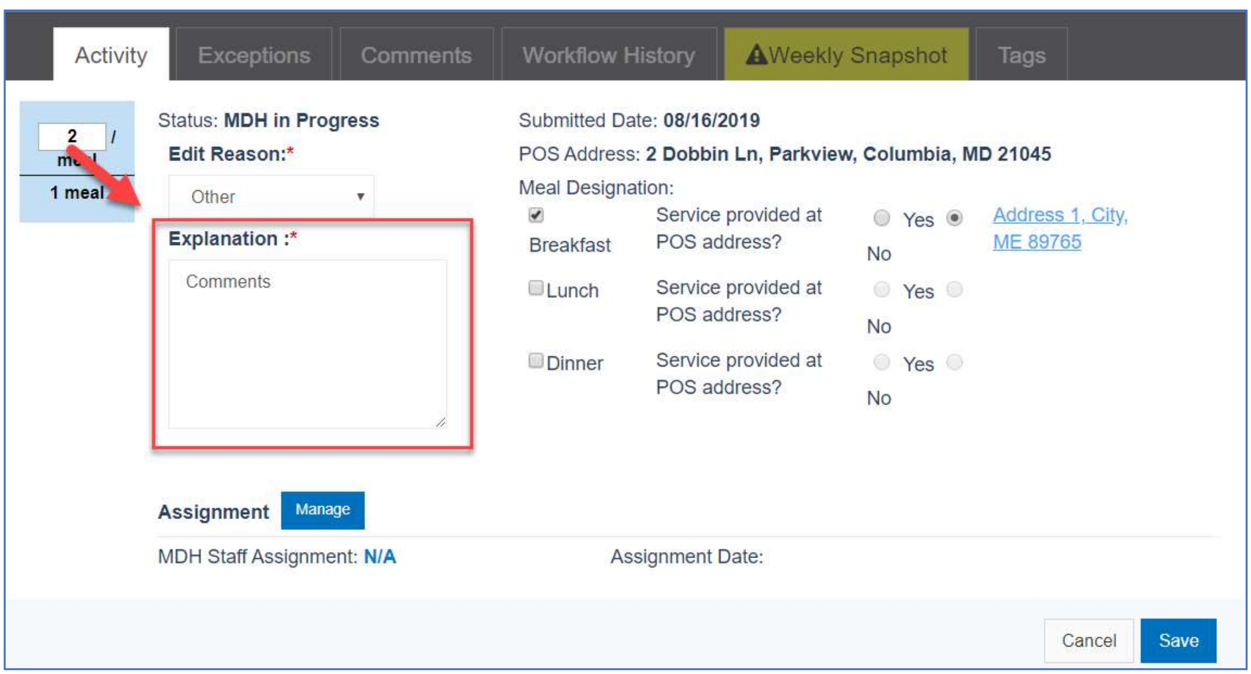


Figure 149-Explanation

5. Upon selecting **Save**, the user will be required to enter Comments and then select **Void**.

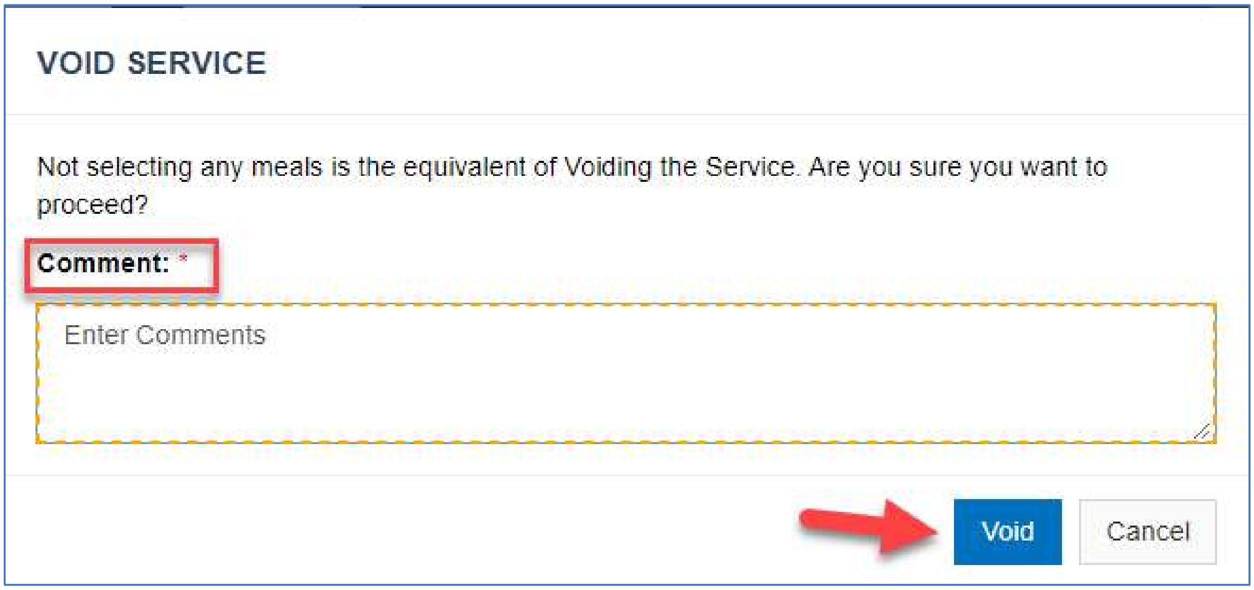


Figure 150-Void a Claim

6. Upon voiding, the service status will become *Recorded*, and a watermark will display on the service indicating that it has been Voided.

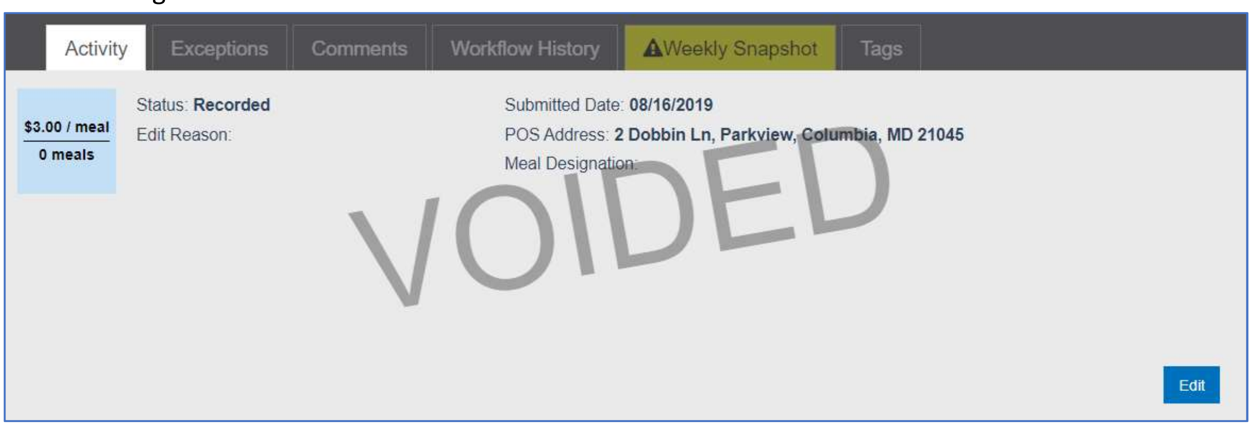


Figure 151-Voided Claim

7. The voided service will be processed in the overnight validations, and subsequently processed by MMIS.
8. Once MMIS has processed the voided service, the claim status will become *Voided*. The Voided claim will be a deduction from the Provider's next scheduled payment.

6.9.3 Adjust a Voided Claim

Provider Users may adjust a previously *Voided* claim.

1. Navigate to the **Services** tab and search for the claim by entering the relevant search criteria
2. Click the **Details** button on the desired service search results panel from the search results
3. Click the **Adjust Activity** button on the *Voided* service

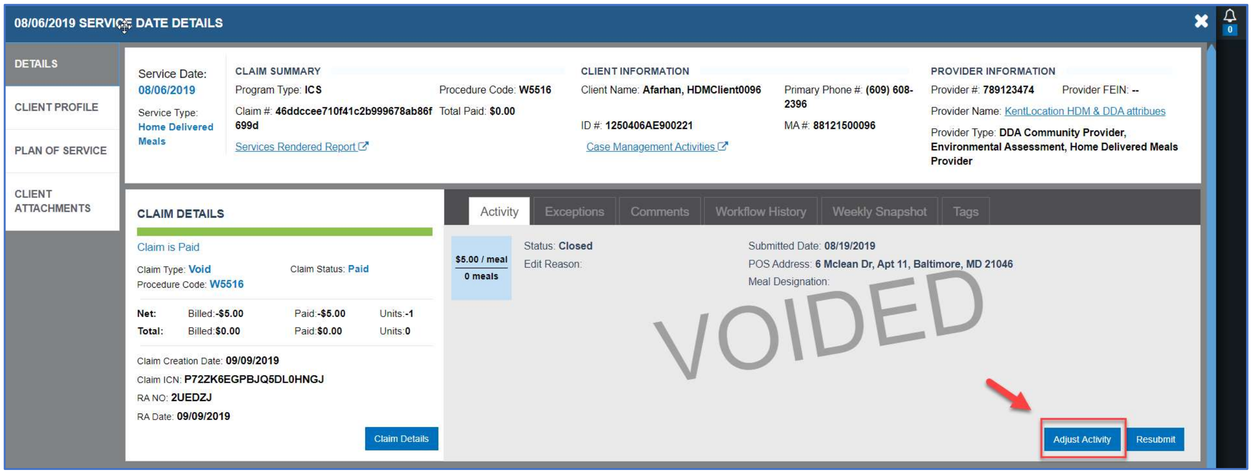


Figure 152-Adjust Activity

4. Users can adjust the Service by selecting **Edit** in the latest claim line.

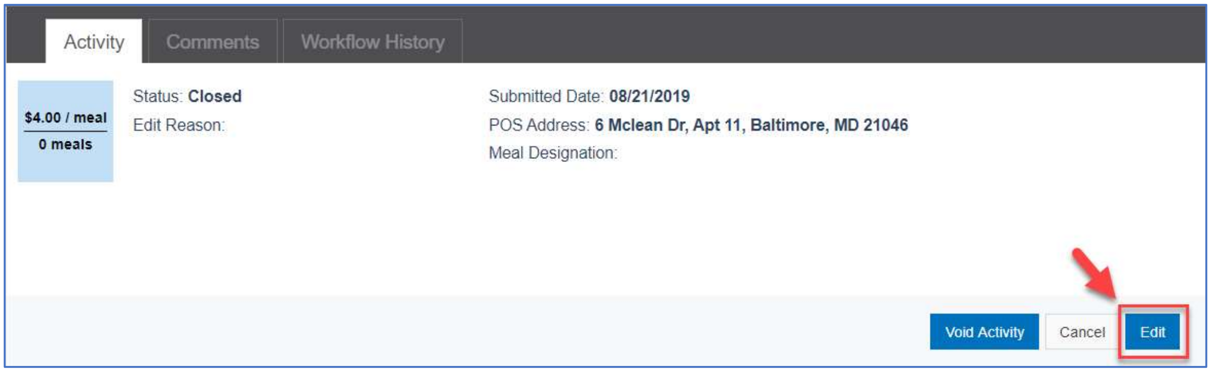


Figure 153-Adjust Voided Claim

5. Users may edit the following fields and then select **Save**.
   - Cost Per Meal
   - Edit Reason
   - Explanation (if Edit Reason = *Other*)
   - Meal Designation
   - Service provided at POS address?
   - Click and Enter Address (If Service provided at POS address = *No*)

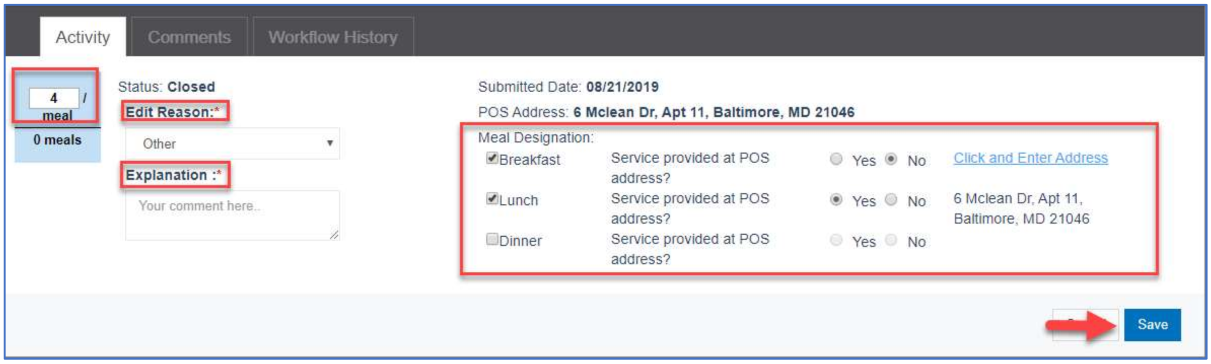


Figure 154-Adjust Activity

6. Upon Save, the service is no longer voided, and its status will be *Provider In Progress* or *MDH In Progress*, respective to the user completing the action. Then select **Submit.**

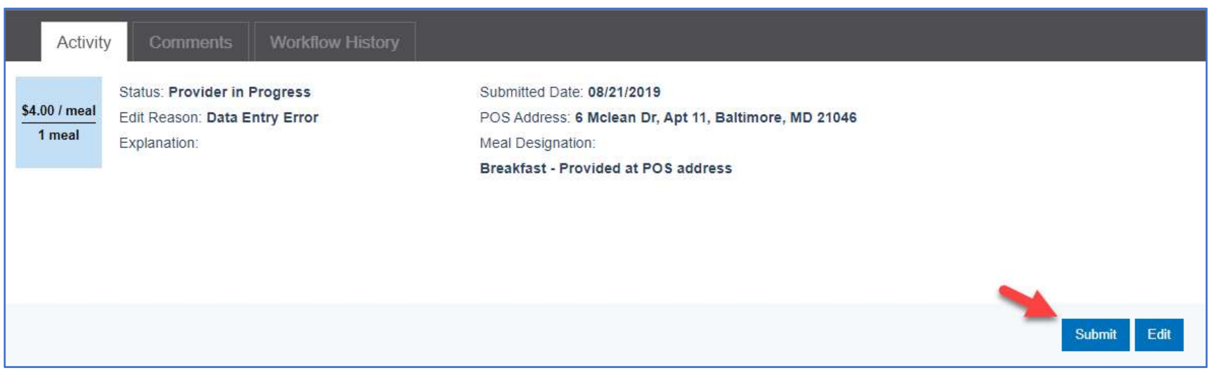


Figure 155-Submit adjusted claim

7. Complete the Attestation and **Submit**.

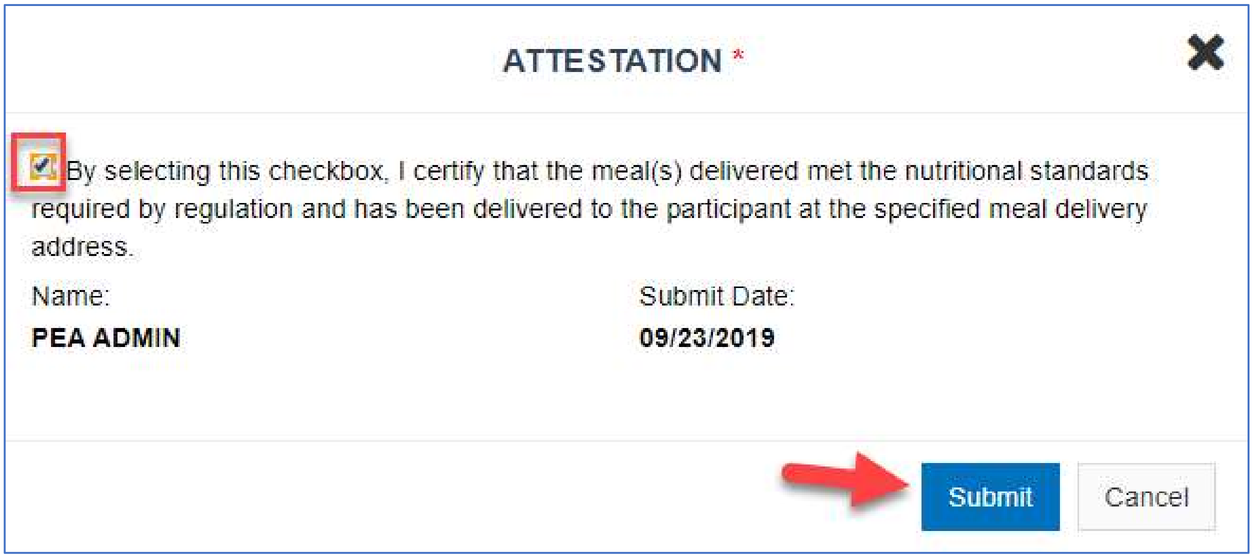


Figure 156-Attestation

8. Upon selecting **Submit**, the service is no longer *Voided* and its status will be *Recorded.*
9. The Service will go through the usual Overnight Service Validation process. Once it's cleared, the system will process the service as an **Adjustment** Claim Type and submit it to MMIS for payment.

7 Reports

Provider users can utilize HDM Reports to monitor and view HDM Services and Claims in one consolidated format.

7.1 HDM Services Rendered Report

This report provides a list of HDM services and clients that have received the HDM service.

1. Navigate to the **Reports** tab in Provider Portal
2. Select the <u>View</u> hyperlink next to **HDM Services Rendered Report**

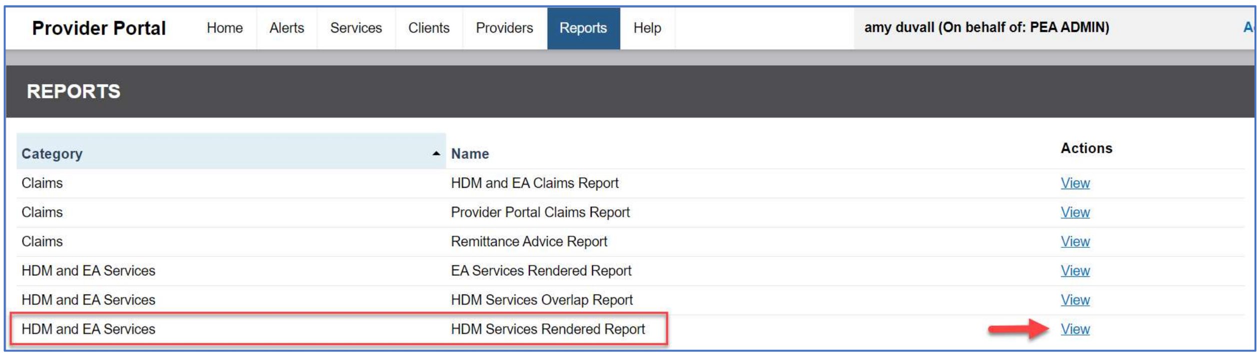


Figure 157-HDM Services Rendered Report: View

3. Enter the desired parameters for the desired Report content and select **View Report**:
   - **Year**
     - Defaults to current year
   - **Quarter**
     - Defaults to current quarter
     - Quarter(s) available for selection reflect the Year that is selected
   - **Month**
     - Defaults to current month
     - Months available for selection reflect the Quarter(s) that is selected
   - **Billing Week**
     - Defaults to current billing week (Thursday to Wednesday)
     - Weeks available for selection reflect the Month(s) that is selected
   - **Agency Name/FEIN**
     - Defaults to the Agency to which the user is associated
   - **Provider Locations**
     - Defaults to Locations to the user is associated
   - **Client ID/MA #**
     - Users may enter the specific Client ID or MA#
   - **Client Name**
     - Users may enter the specific Client Name
     - System will search for text entered in the first and last name of the client
   - **Group By**
     - Defaults to *Group By Client*
     - *Group By Client* or *Group By Provider*

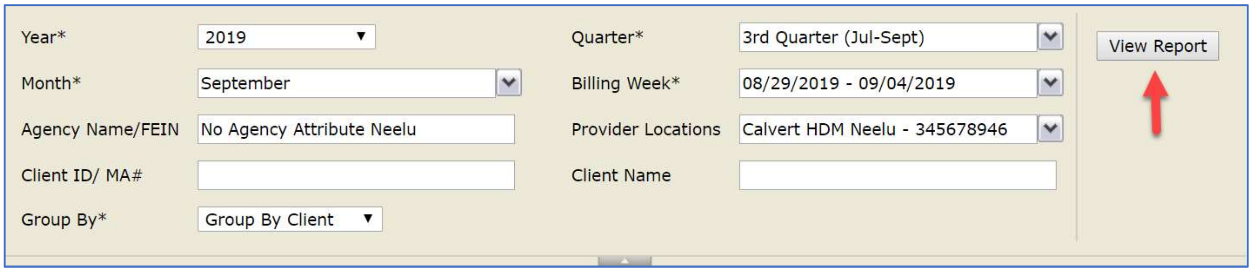
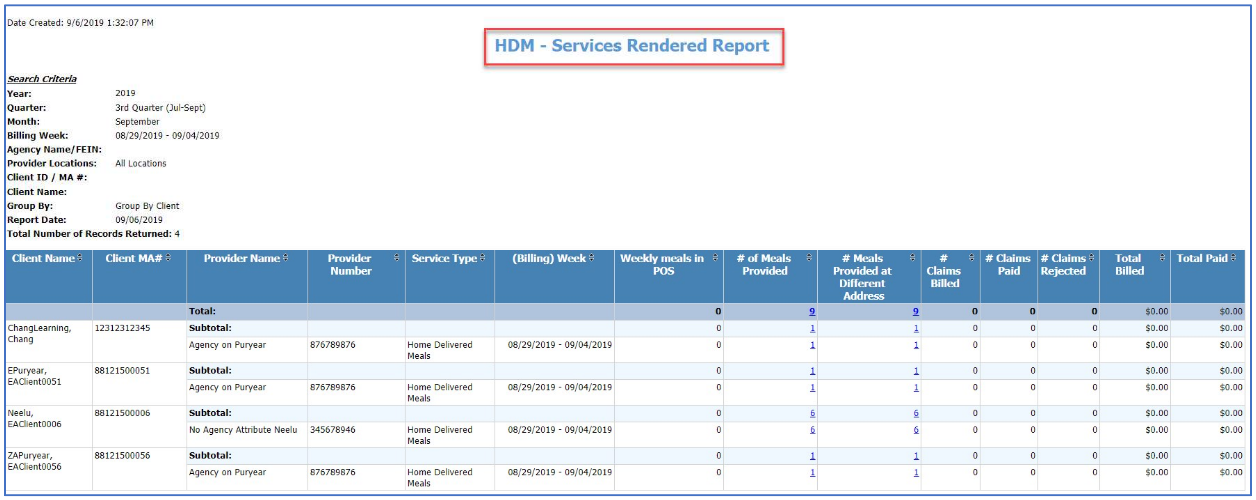


Figure 158-HDM Services Rendered Report: Inputs

7.1.1 Summary View

Once the user enters desired Report parameters and selects View Report, the HDM Services Rendered Report will display a list of services specific to the service type, Home Delivered Meals.



Date Created: 9/6/2019 1:32:07 PM

HDM - Services Rendered Report

Search Criteria
Year: 2019
Quarter: 3rd Quarter (Jul-Sept)
Month: September
Billing Week: 08/29/2019 - 09/04/2019
Agency Name/FEIN:
Provider Locations: All Locations
Client ID / MA #:
Client Name:
Group By: Group By Client
Report Date: 09/06/2019
Total Number of Records Returned: 4

Client Name	Client MA#	Provider Name	Provider Number	Service Type	(Billing) Week	Weekly meals in POS	# of Meals Provided	# Meals Provided at Different Address	# Claims Billed	# Claims Paid	# Claims Rejected	Total Billed	Total Paid
		Total:				**0**	9	9	**0**	**0**	**0**	$0.00	$0.00
ChangLearning, Chang	12312312345	**Subtotal:**				0	1	1	0	0	0	$0.00	$0.00
		Agency on Puryear	876789876	Home Delivered Meals	08/29/2019 - 09/04/2019	0	1	1	0	0	0	$0.00	$0.00
EPuryear, EAClient0051	88121500051	**Subtotal:**				0	1	1	0	0	0	$0.00	$0.00
		Agency on Puryear	876789876	Home Delivered Meals	08/29/2019 - 09/04/2019	0	1	1	0	0	0	$0.00	$0.00
Neelu, EAClient0006	88121500006	**Subtotal:**				0	6	6	0	0	0	$0.00	$0.00
		No Agency Attribute Neelu	345678946	Home Delivered Meals	08/29/2019 - 09/04/2019	0	6	6	0	0	0	$0.00	$0.00
ZAPuryear, EAClient0056	88121500056	**Subtotal:**				0	1	1	0	0	0	$0.00	$0.00
		Agency on Puryear	876789876	Home Delivered Meals	08/29/2019 - 09/04/2019	0	1	1	0	0	0	$0.00	$0.00

Figure 159-HDM Services Rendered Report Summary View

1. Users can view the following fields and may sort the report by each column:
   - *Client Name*
   - *Client MA#*
   - *Provider Name*
   - *Provider Number*
   - *Service Type*
   - *(Billing) Week*
   - *Weekly meals in POS*
   - *# of Meals Provided*
   - *# Meals Provided at Different Address*
   - *# Claims Billed*
   - *# Claims Paid*
   - *# Claims Rejected*
   - *Total Billed*
   - *Total Paid*

2. Fields that calculate Sub-Totals (per service) and are aggregated to a Total (per Provider) are:
   - *Weekly Meals in POS*
   - *# of Meals Provided*
   - *# Meals Provided at Different Address*
   - *# Claims Billed*
   - *# Claims Paid*
   - *# Claims Rejected*

3. Users may select the hyperlink of the following field values and view the details of the relevant service:
    - *# of Meals Provided*
    - *# Meals Provided at Different Address*

7.1.2 Details View

Once the user selects the relevant field value hyperlink, the HDM Services Rendered Report details will display additional information about the services.

Date Created: 9/6/2019 1:46:43 PM

HDM - Services Rendered Report Detail

* Click blue arrow above to go back to the parent report

		Service Level					Claim Level						
Client Name	**Provider #**	**Day of Service**	**Service Date**	**Meal Designation(s)**	**Service Satus**	**Weekly meals in POS**	**Claim History**	**Amount Per Unit**	**Units Billed**	**Amount Billed**	**Amount Paid**	**Service Comments**	**Claim Comments**
Total:								**$4.64**					
ChangLearning, Chang	**Subtotal:**							$4.00					
	876789876	Thursday	8/29/2019	Breakfast, Dinner	Recorded	0		$4.00					
EPuryear, EAClient0051	**Subtotal:**							$3.90					
	876789876	Thursday	8/29/2019	Breakfast, Dinner	Recorded	0		$3.90					
Neelu, EAClient0006	**Subtotal:**							$4.76					
	345678946	Friday	8/30/2019	Lunch, Dinner	Recorded	0		$5.11					
		Sunday	9/1/2019	Breakfast, Lunch	Recorded	0		$4.00					
		Thursday	8/29/2019	Dinner	Recorded	0		$5.52					
		Monday	9/2/2019	Breakfast, Dinner	Recorded	0		$5.17					
		Tuesday	9/3/2019	Lunch, Dinner	Recorded	0		$4.19					
		Saturday	8/31/2019	Breakfast	Recorded	0		$4.56					
ZAPuryear, EAClient0056	**Subtotal:**							$5.30					
	876789876	Thursday	8/29/2019	Breakfast, Lunch	Recorded	0		$5.30					

Page 1 of 1

Figure 160-HDM Services Rendered Report Details View

1. Users can view the following fields and may sort the report by each column:
    - *Client Name*
    - *Provider #*
    - *Day of Service*
    - *Service Date*
    - *Meal Designation(s)*
    - *Service Status*
    - *Weekly meals in POS*
    - *Claim History*
    - *Amount Per Unit*
    - *Units Billed*
    - *Amount Billed*
    - *Amount Paid*
    - *Service Comments*
    - *Claim Comments*

2. Fields that calculate Sub-Totals (per service) and are aggregated to a Total (per Provider) are:
    - *Weekly Meals in POS*
    - *# of Meals Provided*
    - *# Meals Provided at Different Address*
    - *# Claims Billed*
    - *# Claims Paid*
    - *# Claims Rejected*

7.1.3 Export and Download

1. Users may export the Summary or Details view of the Report by selecting the icon in the navigation bar of the report. Available export options:
   - Word
   - Excel
   - PDF
   - TIFF file
   - MHTML (web archive)
   - CSV (comma delimited)
   - XML file with report data

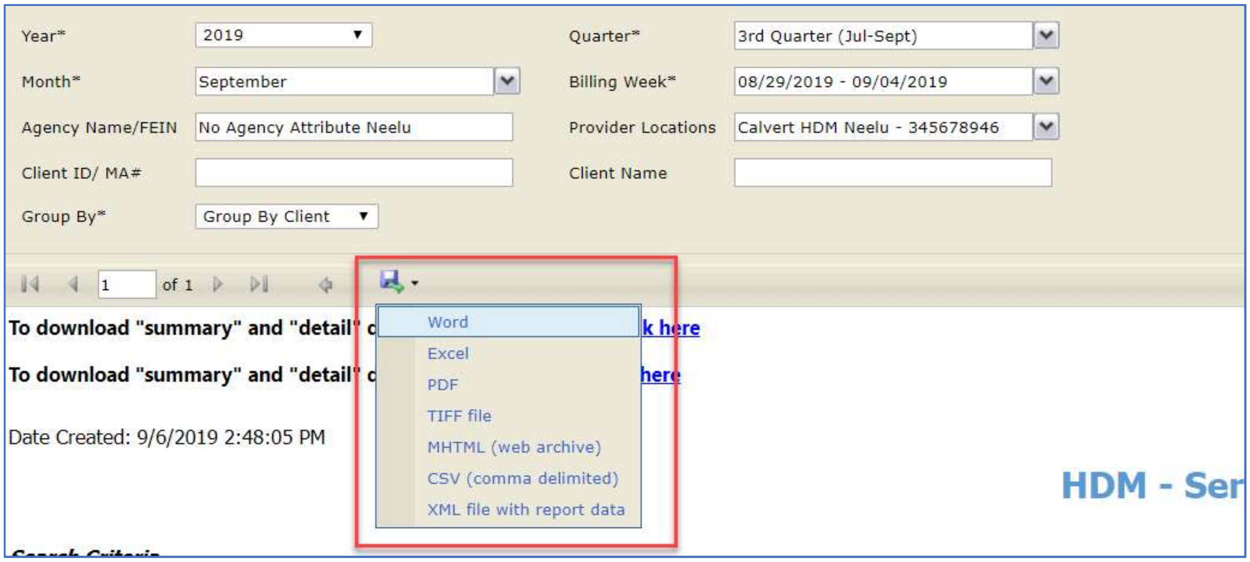


Figure 161-Export Options

2. Users may download the Summary and Detail view of the Report into one CSV or Excel file by selecting the links below the navigation bar of the report.

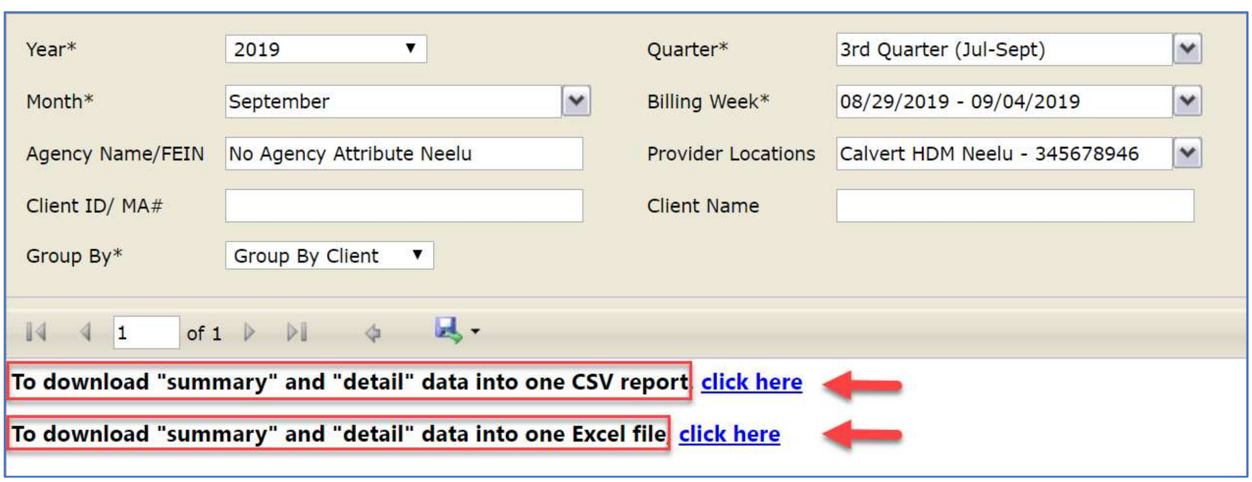


Figure 162-Download Options

7.2 HDM and EA Claims Report

This report provides a list of HDM claims and clients that have received the HDM service.

1. Navigate to the **Reports** tab in Provider Portal
2. Select the View hyperlink next to **HDM and EA Claims Report**

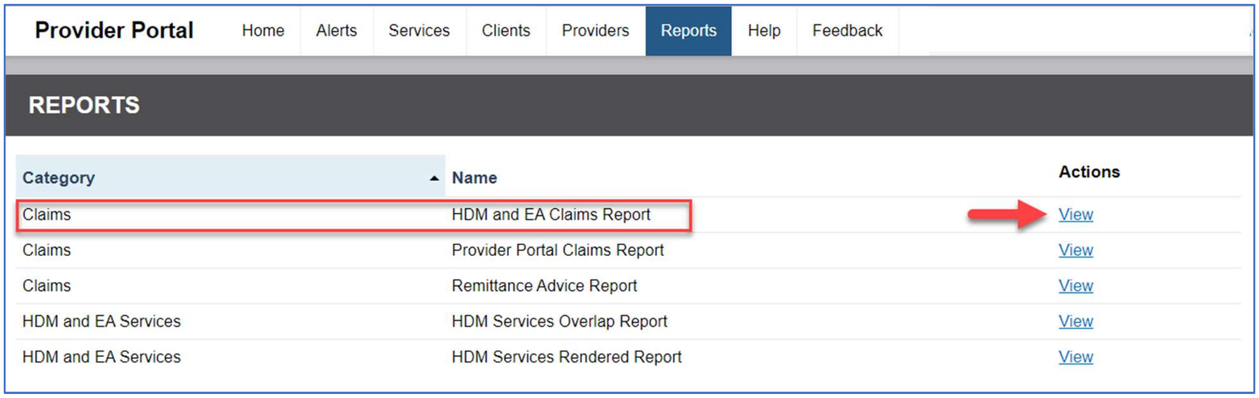


Figure 163-HDM and EA Claims Report View

3. Enter the desired parameters for the desired Report content and select **View Report**:
   - **From Date**
     - Searches data based on the Date of Service
     - MM/DD/YYYY
   - **To Date**
     - Searches data based on the Date of Service
     - MM/DD/YYYY
   - **Client ID/MA #**
     - Searches based on Client ID or MA#
   - **Client Name**
     - Users may enter the specific Client Name
     - System will search for text entered in the first and last name of the client
   - **Staff First Name**
     - If one or two characters are entered, the results will populate based on the beginning of the Staff's first name
     - If three or more characters are entered, the results will populate based on the set of characters
     - Example, "Bert" will return "Bert", "Robert", and so on
   - **Staff Last Name**
     - If one or two characters are entered, the results will populate based on the beginning of the Staff's last name
     - If three or more characters are entered, the results will populate based on the set of characters
     - Example, "Bert" will return "Bert", "Robert", and so on

- **Agency Name/FEIN**
  - Defaults to Agency to which the user is associated
- **Provider Locations**
  - Defaults to Locations to which the user is associated
- **Program Type**
  - Defaults to *Select All*
  - Options are *CO, CFC*, and *ICS*
- **Service**
  - Defaults to *W5516-Home Delivered Meals*
- **Claim Status**
  - Defaults to *Select All*
  - Options are *Paid, Rejected*, and *Submitted to MMIS*
- **Claim Type**
  - Defaults to *Select All*
  - Options are *Original, Adjustments,* and *Void*
- **Report Output**
  - Users must select a Report view
  - ***Staff Claim Summary, Claim Detail, or Staff Claim Detail***

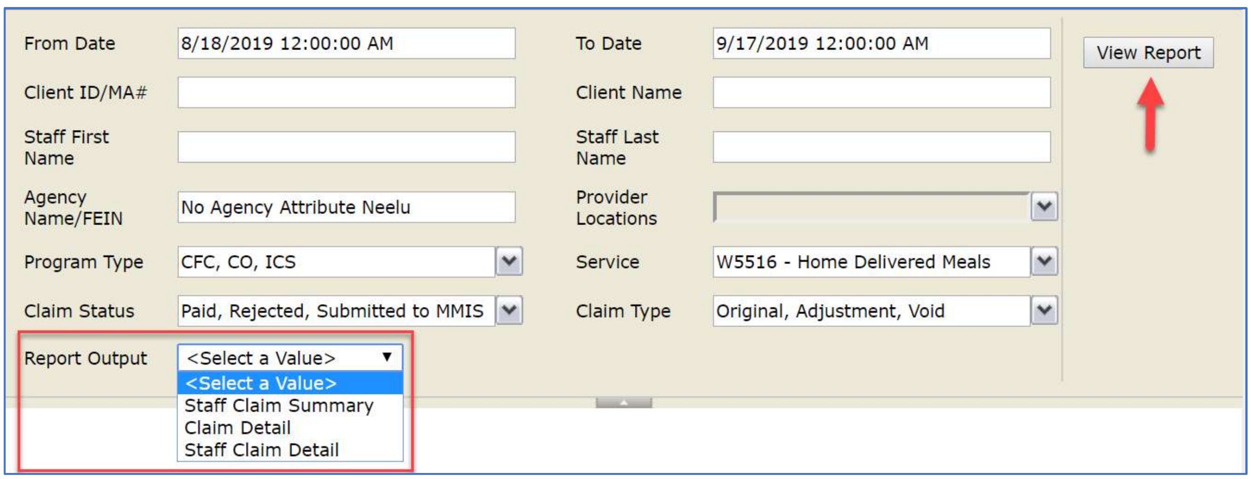
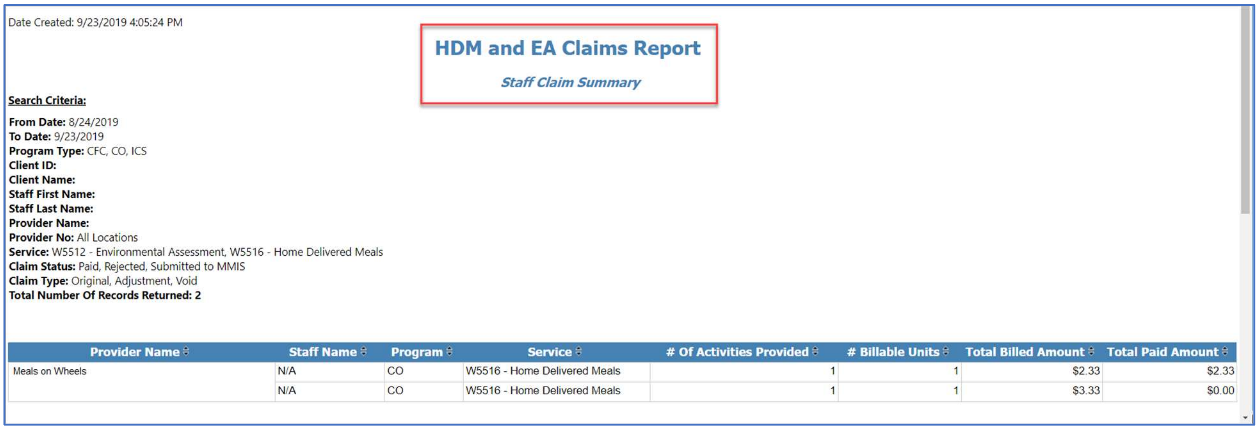


Figure 164-HDM and EA Claims Report: Inputs

7.2.1 Staff Claim Summary

Once the user enters desired Report parameters for **Staff Claim Summary** and selects **View Report,** the HDM and EA Claims Report will display a list of claims per Staff.


Date Created: 9/23/2019 4:05:24 PM

HDM and EA Claims Report

Staff Claim Summary

Search Criteria:

From Date: 8/24/2019
To Date: 9/23/2019
Program Type: CFC, CO, ICS
Client ID:
Client Name:
Staff First Name:
Staff Last Name:
Provider Name:
Provider No: All Locations
Service: W5512 - Environmental Assessment, W5516 - Home Delivered Meals
Claim Status: Paid, Rejected, Submitted to MMIS
Claim Type: Original, Adjustment, Void
Total Number Of Records Returned: 2

Provider Name	Staff Name	Program	Service	# Of Activities Provided	# Billable Units	Total Billed Amount	Total Paid Amount
Meals on Wheels	N/A	CO	W5516 - Home Delivered Meals	1	1	$2.33	$2.33
	N/A	CO	W5516 - Home Delivered Meals	1	1	$3.33	$0.00

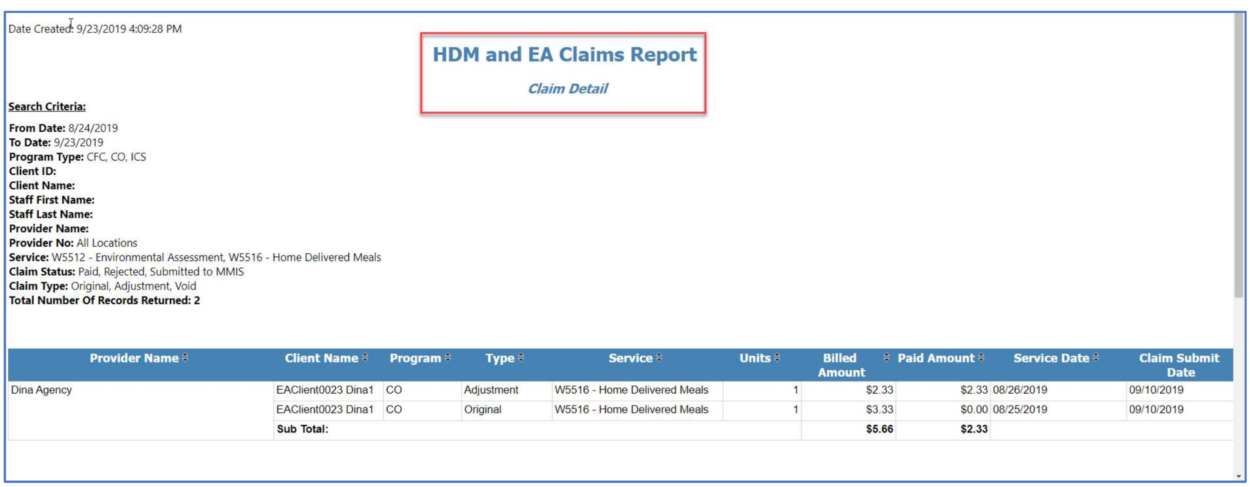
Figure 165-Staff Claim Summary

1. Users can view the following fields that may be sorted by column:

- *Provider Name*
- *Staff Name*
- *Program*
- *Service*
- *# of Activities Provided*
- *# of Billable Units*
- *Total Billed Amount*
- *Total Paid Amount*

7.2.2 Claim Detail

Once the user enters desired Report parameters for **Claim Detail** and selects **View Report,** the HDM and EA Claims Report will display a more detailed list of claims per Provider.


Date Created: 9/23/2019 4:09:28 PM

HDM and EA Claims Report

Claim Detail

Search Criteria:

From Date: 8/24/2019
To Date: 9/23/2019
Program Type: CFC, CO, ICS
Client ID:
Client Name:
Staff First Name:
Staff Last Name:
Provider Name:
Provider No: All Locations
Service: W5512 - Environmental Assessment, W5516 - Home Delivered Meals
Claim Status: Paid, Rejected, Submitted to MMIS
Claim Type: Original, Adjustment, Void
Total Number Of Records Returned: 2

Provider Name	Client Name	Program	Type	Service	Units	Billed Amount	Paid Amount	Service Date	Claim Submit Date
Dina Agency	EAClient0023 Dina1	CO	Adjustment	W5516 - Home Delivered Meals	1	$2.33	$2.33	08/26/2019	09/10/2019
	EAClient0023 Dina1	CO	Original	W5516 - Home Delivered Meals	1	$3.33	$0.00	08/25/2019	09/10/2019
	Sub Total:					**$5.66**	**$2.33**		

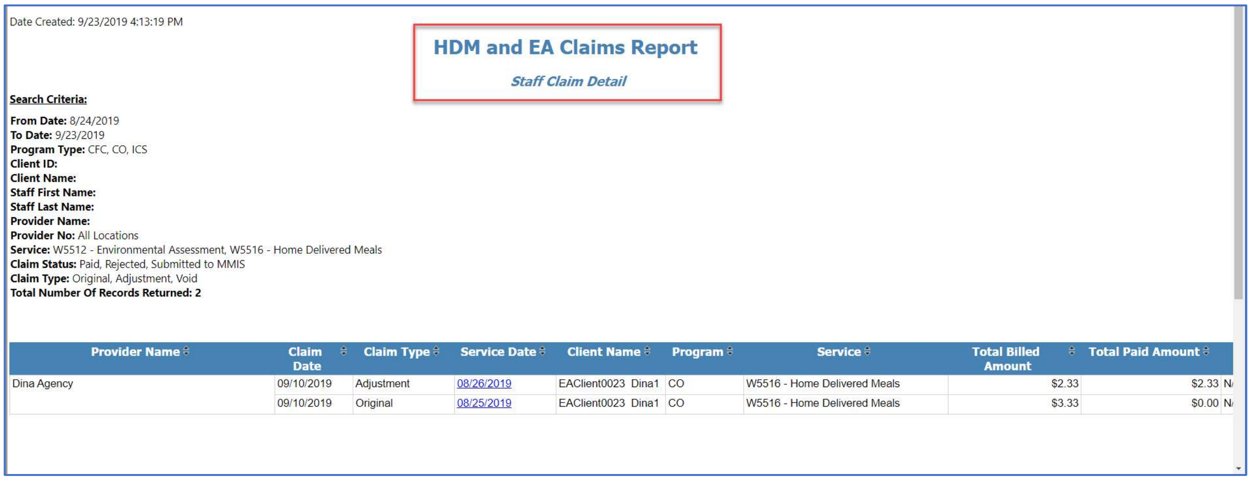
Figure 166-Claim Details

2. Users can view the following fields that may be sorted by column:

- *Provider Name*
- *Client Name*
- *Program*
- *Type*
- *Service*
- *Units*
- *Billed Amount*
- *Paid Amount*
- *Service Date*
- *Claim Submit Date*
- *Claim Status*
- *Claim Comments*

7.2.3 Staff Claim Detail

Once the user enters desired Report parameters for **Claim Detail** and selects **View Report,** the HDM and EA Claims Report will display a more detailed list of claims per Staff


Date Created: 9/23/2019 4:13:19 PM

HDM and EA Claims Report

Staff Claim Detail

Search Criteria:

From Date: 8/24/2019
To Date: 9/23/2019
Program Type: CFC, CO, ICS
Client ID:
Client Name:
Staff First Name:
Staff Last Name:
Provider Name:
Provider No: All Locations
Service: W5512 - Environmental Assessment, W5516 - Home Delivered Meals
Claim Status: Paid, Rejected, Submitted to MMIS
Claim Type: Original, Adjustment, Void
Total Number Of Records Returned: 2

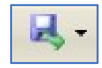
Provider Name	Claim Date	Claim Type	Service Date	Client Name	Program	Service	Total Billed Amount	Total Paid Amount	
Dina Agency	09/10/2019	Adjustment	08/26/2019	EAClient0023 Dina1	CO	W5516 - Home Delivered Meals	$2.33	$2.33	N/
	09/10/2019	Original	08/25/2019	EAClient0023 Dina1	CO	W5516 - Home Delivered Meals	$3.33	$0.00	N/

Figure 167-Staff Claim Detail

1. Users can view the following fields that may be sorted by column:

- *Provider Name*
- *Claim Date*
- *Claim Type*
- *Service Date*
- *Client Name*
- *Program*
- *Service*
- *Total Billed Amount*
- *Total Paid Amount*
- *Staff Name*
- *Staff Billable Units*
- *Staff Billable Amount*

7.2.4 Export

Users may export the Summary or Details view of the Report by selecting the  icon in the navigation bar of the report. Available export options:

- Word
- Excel
- PDF
- TIFF file
- MHTML (web archive)
- CSV (comma delimited)
- XML file with report data

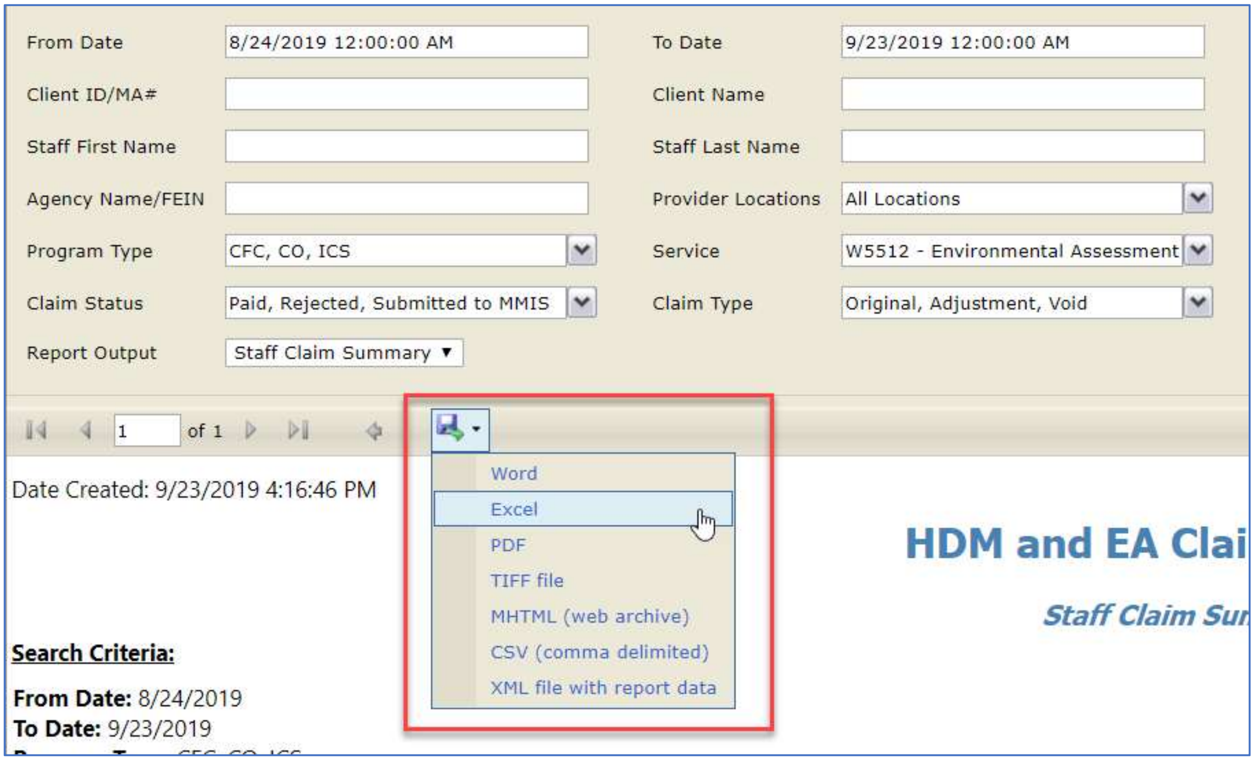


Figure 168-Export Options

7.3 Provider Portal Claims Report

This report provides a list of Services that have been submitted for Claims in Provider Portal for all services for which the user is authorized.

1. Navigate to the **Reports** tab in Provider Portal
2. Select the View hyperlink next to **Provider Portal Claims Report**

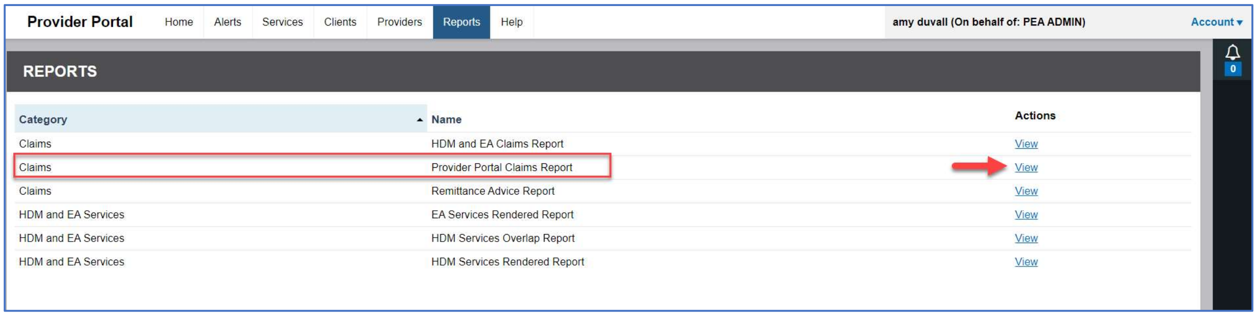


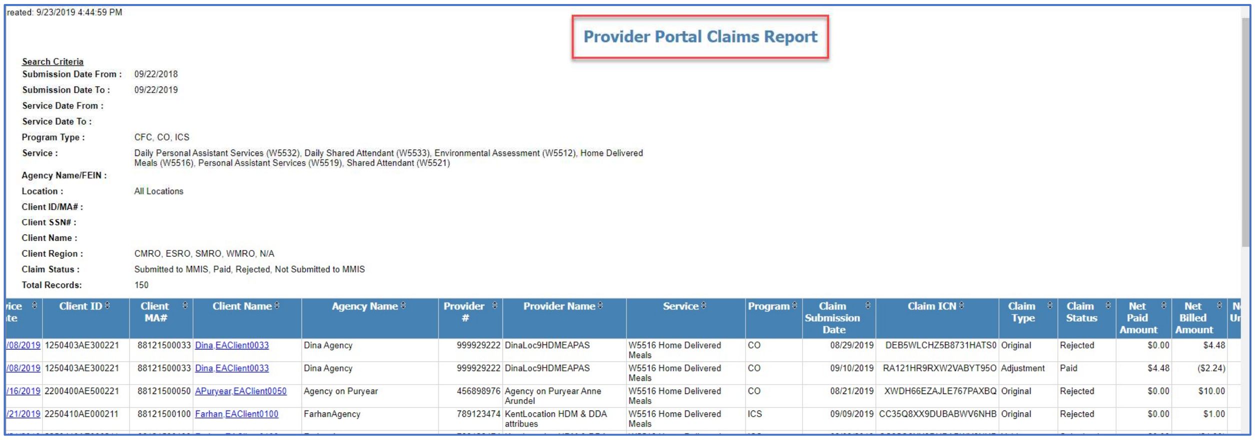
Figure 169-Provider Portal Claims Report view

3. Enter the desired parameters for the desired Report content and select **View Report**:
    - **Submission Date From**
        - Searches data based on the Date of Submission
        - MM/DD/YYYY
    - **Submission Date To**
        - Searches data based on the Date of Submission
        - MM/DD/YYYY
    - **Service Date From**
        - Searches data based on the Date of Service
        - MM/DD/YYYY
        - Defaults to Null
    - **Service Date To**
        - Searches data based on the Date of Service
        - MM/DD/YYYY
        - Defaults to Null
    - **Agency Name/FEIN**
        - Defaults to Agency to which the user is associated
    - **Provider Locations**
        - Defaults to Locations to which the user is associated
    - **Program Type**
        - Defaults to *CFC, CO, CP, CPAS, CS, FS, and ICS*
    - **Service**
        - Defaults to services that the user’s agency is authorized
    - **Claim Status**
        - Defaults to *Submitted to MMIS, Paid, Rejected, Not Submitted to MMIS*
        - Options are *Submitted to MMIS, Paid, Rejected, Open, Ready, Not Submitted to MMIS*
    - **Client ID/MA #**
        - Searches based on client’s specific ID # or MA #
    - **Client Name**
        - Users may enter the specific Client Name
        - System will search for text entered in the first and last name of the client

Figure 170-Provider Portal Claim Report

7.3.1 Summary View

Once the user enters desired Report parameters and selects View Report, the Provider Portal Claims Report will display a list of clients that have received services.


reated: 9/23/2019 4:44:59 PM

Provider Portal Claims Report

Search Criteria

Submission Date From : 09/22/2018
Submission Date To : 09/22/2019
Service Date From :
Service Date To :
Program Type : CFC, CO, ICS
Service : Daily Personal Assistant Services (W5532), Daily Shared Attendant (W5533), Environmental Assessment (W5512), Home Delivered Meals (W5516), Personal Assistant Services (W5519), Shared Attendant (W5521)
Agency Name/FEIN :
Location : All Locations
Client ID/MA# :
Client SSN# :
Client Name :
Client Region : CMRO, ESRO, SMRO, WMRO, N/A
Claim Status : Submitted to MMIS, Paid, Rejected, Not Submitted to MMIS
Total Records: 150

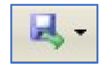
vice te	Client ID	Client MA#	Client Name	Agency Name	Provider #	Provider Name	Service	Program	Claim Submission Date	Claim ICN	Claim Type	Claim Status	Net Paid Amount	Net Billed Amount	N Ur
/08/2019	1250403AE300221	88121500033	Dina,EAClient0033	Dina Agency	999929222	DinaLoc9HDMEAPAS	W5516 Home Delivered Meals	CO	08/29/2019	DEB5WLCHZ5B8731HATS0	Original	Rejected	$0.00	$4.48	
/08/2019	1250403AE300221	88121500033	Dina,EAClient0033	Dina Agency	999929222	DinaLoc9HDMEAPAS	W5516 Home Delivered Meals	CO	09/10/2019	RA121HR9RXW2VABYT95O	Adjustment	Paid	$4.48	($2.24)	
/16/2019	2200400AE500221	88121500050	APuryear,EAClient0050	Agency on Puryear	456898976	Agency on Puryear Anne Arundel	W5516 Home Delivered Meals	CO	08/21/2019	XWDH66EZAJLE767PAXBQ	Original	Rejected	$0.00	$10.00	
/21/2019	2250410AE000211	88121500100	Farhan,EAClient0100	FarhanAgency	789123474	KentLocation HDM & DDA attribues	W5516 Home Delivered Meals	ICS	09/09/2019	CC35Q8XX9DUBABWV6NHB	Original	Rejected	$0.00	$1.00	

Figure 171-Provider Portal Claims Report Summary

1. Users can view the following fields:
   - *Service Date*
   - *Client ID*
   - *Client MA #*
   - *Client Name*
   - *Agency Name*
   - *Provider #*
   - *Provider Name*
   - *Service*
   - *Program*
   - *Total Units*
   - *Claim Denial Reason*
   - *Claim Submission Date*
   - *Claim ICN*
   - *Claim Type*
   - *Claim Status*
   - *Net Paid Amount*
   - *Net Billed Amount*
   - *Net Units*
   - *Total Paid Amount*
   - *Total Billed Amount*

2. Users may select the hyperlink of the following field values and view the details of the relevant service:
   - *Service Date:* Opens a new tab to the Claim Summary view
   - *Client Name:* Opens a new tab to the Client Profile

7.3.2 Export

Users may export the Summary or Details view of the Report by selecting the  icon in the navigation bar of the report. Available export options:

- Word
- Excel
- PDF
- TIFF file
- MHTML (web archive)
- CSV (comma delimited)
- XML file with report data

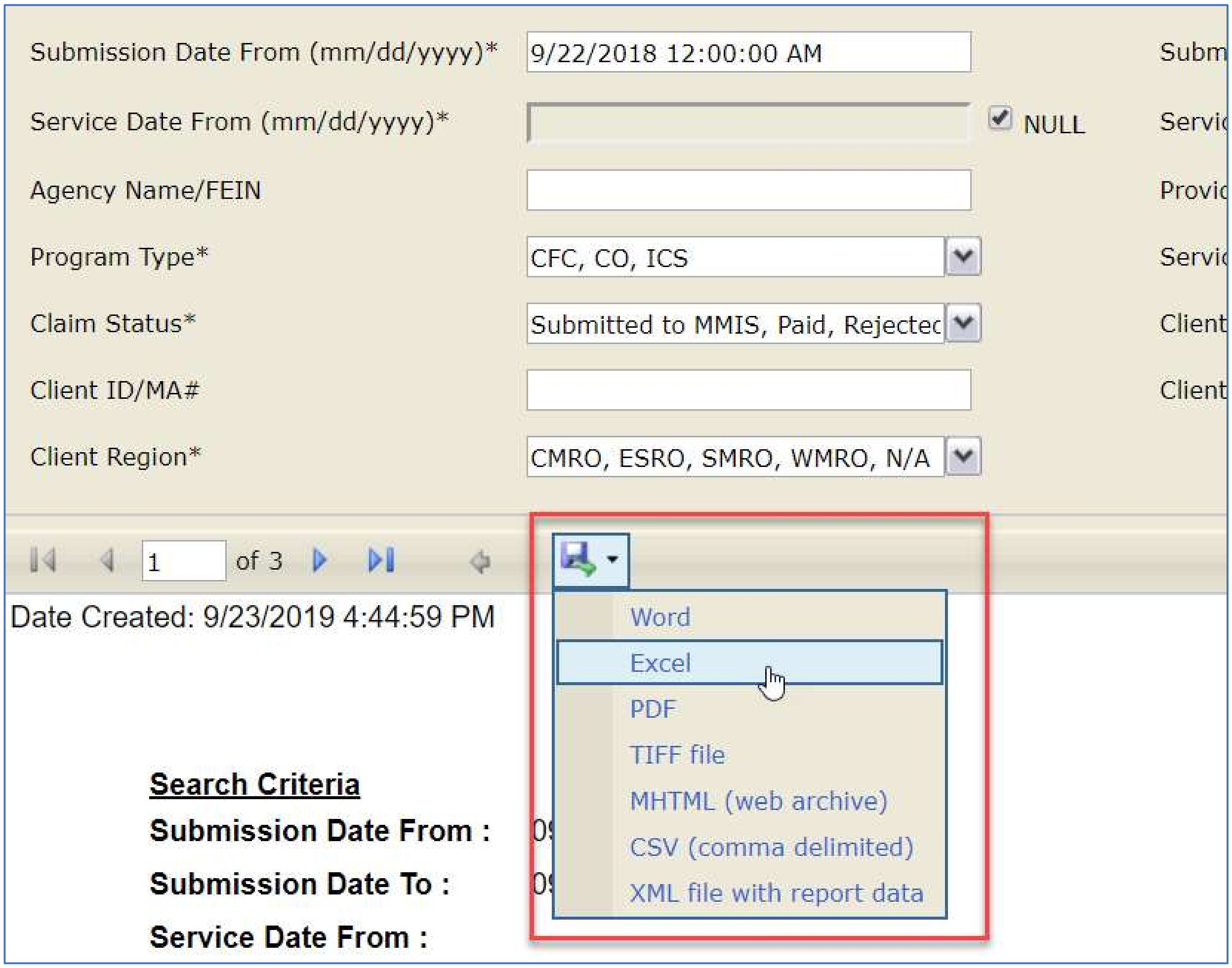


Figure 172-Export Options

7.4 Remittance Advice Report

This report provides a list of Services, with their corresponding RA details, that have been submitted for Claims in Provider Portal for all services for which the user is authorized.

1. Navigate to the **Reports** tab in Provider Portal
2. Select the View hyperlink next to **Provider Portal Claims Report**

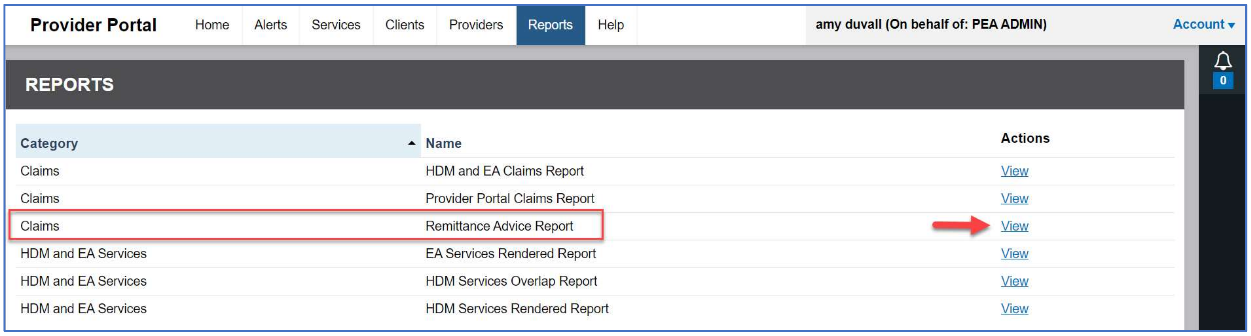


Figure 173-Remittance Advice Report view

3. Enter the desired parameters for the desired Report content and select **View Report**:
   - **Filter By**
     - *RA No, RA Date, Service Dates*
   - **RA No**
     - Searches based on RA No
   - **RA Year**
     - Option available for *RA Date* filter option
   - **RA Date**
     - Option available for *RA Date* filter option
     - Based on Billing week of the selected *RA Year*
   - **Service Date From**
     - Option available for *Service Dates* option
     - MM/DD/YYYY
     - Defaults to the beginning of the most current billing week
   - **Service Date To**
     - Option available for *Service Dates* option
     - MM/DD/YYYY
     - Defaults to the end of the most current billing week
   - **Agency Name/FEIN**
     - For MDH Roles, users may enter desired Agency Name or FEIN
     - For Provider Roles, prepopulates with Agency associated with the user
   - **Provider Locations**
     - For MDH Roles, prepopulates with Locations based on *Agency Name/FEIN*.
     - For Provider Roles, prepopulates with Location associated with the user

- **Service Category**
  - Defaults to Services for which the user's Agency is authorized
  - Options are *Coordination of Community Services, DDA Services, EA and HDM Services, InterRAI, ISAS, Nurse Monitoring, and Supports Planning*
- **Service**
  - Options available based on *Service Category* selection
- **Claim Status**
  - Defaults to *Paid and Rejected*
- **Client ID/MA #**
  - Searches based on MA #
- **Client Name**
  - Users may enter the specific Client Name
- **Report Output**
  - Summary Report
  - Detail Report

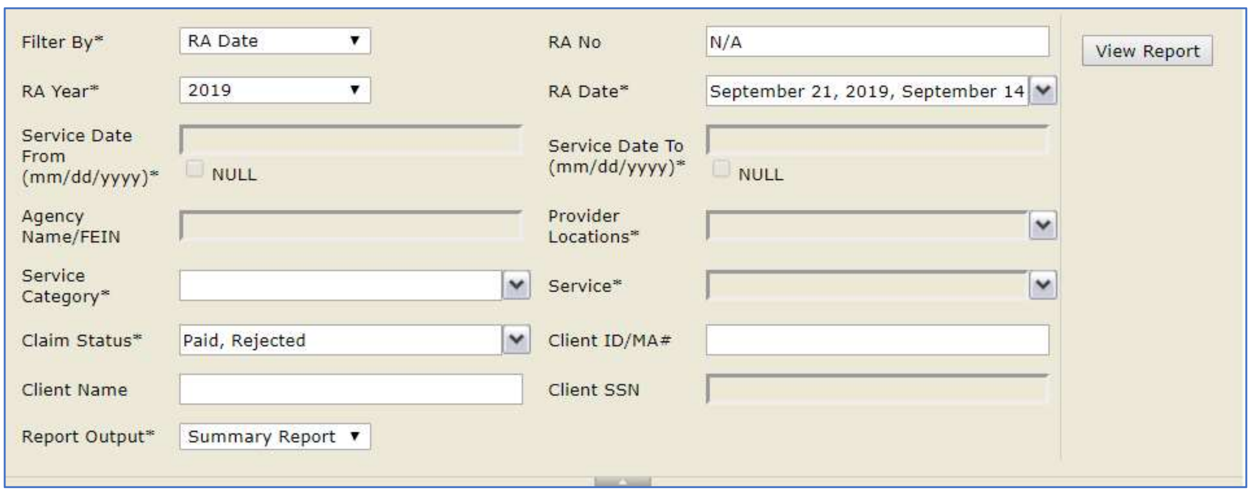


Figure 174-Remittance Advice Report: Inputs

7.4.1 Summary Report

Once the user enters desired Report parameters with *Summary Report* as the **Report Output**, and selects **View Report**, the Remittance Advice Report will display a list of Remittance Advice Numbers and their corresponding Providers

Date Created: 9/25/2019 9:57:11 AM

Remittance Advice Summary Report

Search Criteria:

Filter By:	Service Dates
RA No:	
RA Year:	N/A
RA Date:	N/A
Service Date From:	9/1/2018
Service Date To:	9/1/2019
Agency Name/FEIN:	No Agency Attribute Neelu
Provider Locations:	Calvert HDM Neelu - 345678946
Service Category:	HDM
Service:	Home Delivered Meals - W5516
Claim Status:	Paid; Rejected
Client ID/MA#:	
Client Name:	
Client SSN#:	Not available for input
Report Output:	Summary Report
Report Date:	09/25/2019

Total Records: 38

RA No	RA Date	Provider #	Provider FEIN	Provider Name	Paid Amount	Rejected Amount
28GHXF	08/21/2019	345678946		Calvert HDM Neelu	$0.00	$0.00
	08/21/2019	345678946		Calvert HDM Neelu	$8.00	$0.00
2VZQ5B	08/23/2019	345678946		Calvert HDM Neelu	$6.00	$0.00
	08/23/2019	345678946		Calvert HDM Neelu	$8.00	$0.00
	08/23/2019	345678946		Calvert HDM Neelu	$4.00	$0.00
	08/23/2019	345678946		Calvert HDM Neelu	$0.00	$0.00

Figure 175-Remittance Advice Summary Report

1. Users can view the following fields:
   - *RA No*
   - *RA Date*
   - *Provider #*
   - *Provider FEIN*
   - *Provider Name*
   - *Paid Amount*
   - *Rejected Amount*

2. Users may select the hyperlink of the RA No to view the Details of the RA.

Total Records: 2

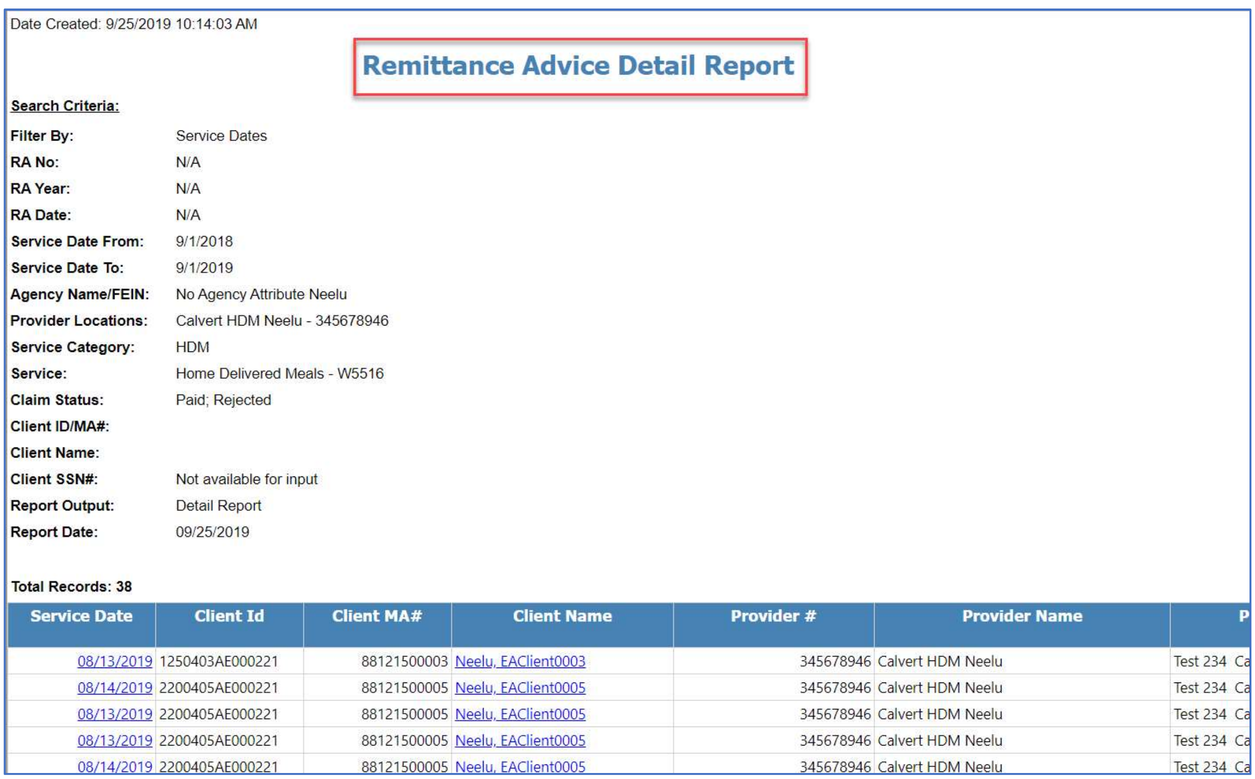
Service Date	Client Id	Client MA#	Client Name	Provider #	Provider Name	Provider Address	Service
08/12/2019	2250400AE100211	88121500010	Aneelu, EAClient0010	345678946	Calvert HDM Neelu	Test 234 Calvert Maryland 45678	Home Delivered Meals - W5516
08/11/2019	2250400AE100211	88121500010	Aneelu, EAClient0010	345678946	Calvert HDM Neelu	Test 234 Calvert Maryland 45678	Home Delivered Meals - W5516

Figure 176-RA Details

3. Users can view the following fields:
    - *Service Date*
    - *Client ID*
    - *Client MA #*
    - *Client Name*
    - *Provider #*
    - *Provider Name*
    - *Provider Address*
    - *Service*
    - *Program*
    - *RA NO*
    - *RA Date*
    - *Claim Submission Date*
    - *Claim ICN*
    - *Claim Type*
    - *Claim Status*
    - *Net Paid Amount*
    - *Net Billed Amount*
    - *Net Units*
    - *Total Paid Amount*
    - *Total Billed amount*
    - *Total Units*
    - *Claim Denial Reason*
4. Users may select the Service Date hyperlink, which will open a new tab to view the Service Date Details; or, they may select the Client Name hyperlink, which will open a new tab to view the Client Profile.

7.4.2 Details Report

Once the user enters desired Report parameters with *Detail Report* as the **Report Output**, and selects **View Reports**, the Remittance Advice Report will display a list of services and their corresponding details related to claim payments.



Date Created: 9/25/2019 10:14:03 AM

Remittance Advice Detail Report

Search Criteria:

Filter By:	Service Dates
RA No:	N/A
RA Year:	N/A
RA Date:	N/A
Service Date From:	9/1/2018
Service Date To:	9/1/2019
Agency Name/FEIN:	No Agency Attribute Neelu
Provider Locations:	Calvert HDM Neelu - 345678946
Service Category:	HDM
Service:	Home Delivered Meals - W5516
Claim Status:	Paid; Rejected
Client ID/MA#:	
Client Name:	
Client SSN#:	Not available for input
Report Output:	Detail Report
Report Date:	09/25/2019

Total Records: 38

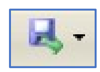
Service Date	Client Id	Client MA#	Client Name	Provider #	Provider Name	P
08/13/2019	1250403AE000221	88121500003	Neelu, EAClient0003	345678946	Calvert HDM Neelu	Test 234 Ca
08/14/2019	2200405AE000221	88121500005	Neelu, EAClient0005	345678946	Calvert HDM Neelu	Test 234 Ca
08/13/2019	2200405AE000221	88121500005	Neelu, EAClient0005	345678946	Calvert HDM Neelu	Test 234 Ca
08/13/2019	2200405AE000221	88121500005	Neelu, EAClient0005	345678946	Calvert HDM Neelu	Test 234 Ca
08/14/2019	2200405AE000221	88121500005	Neelu, EAClient0005	345678946	Calvert HDM Neelu	Test 234 Ca

Figure 177-Remittance Advice Detail Report

1. Users can view the following fields:
    - *Service Date*
    - *Client ID*
    - *Client MA #*
    - *Client Name*
    - *Provider #*
    - *Provider Name*
    - *Provider Address*
    - *Service*
    - *Program*
    - *RA NO*
    - *RA Date*
    - *Claim Submission Date*
    - *Claim ICN*
    - *Claim Type*
    - *Claim Status*
    - *Net Paid Amount*
    - *Net Billed Amount*
    - *Net Units*
    - *Total Paid Amount*
    - *Total Billed Amount*
    - *Total Units*
    - *Claim Denial Reason*

2. Users may select the <u>Service Date</u> hyperlink, which will open a new tab to view the Service Date Details; or, they may select the <u>Client Name</u> hyperlink, which will open a new tab to view the Client Profile.

7.4.3 Export

Users may export the Summary or Details view of the Report by selecting the  icon in the navigation bar of the report. Available export options:

- Word
- Excel
- PDF
- TIFF file
- MHTML (web archive)
- CSV (comma delimited)
- XML file with report data

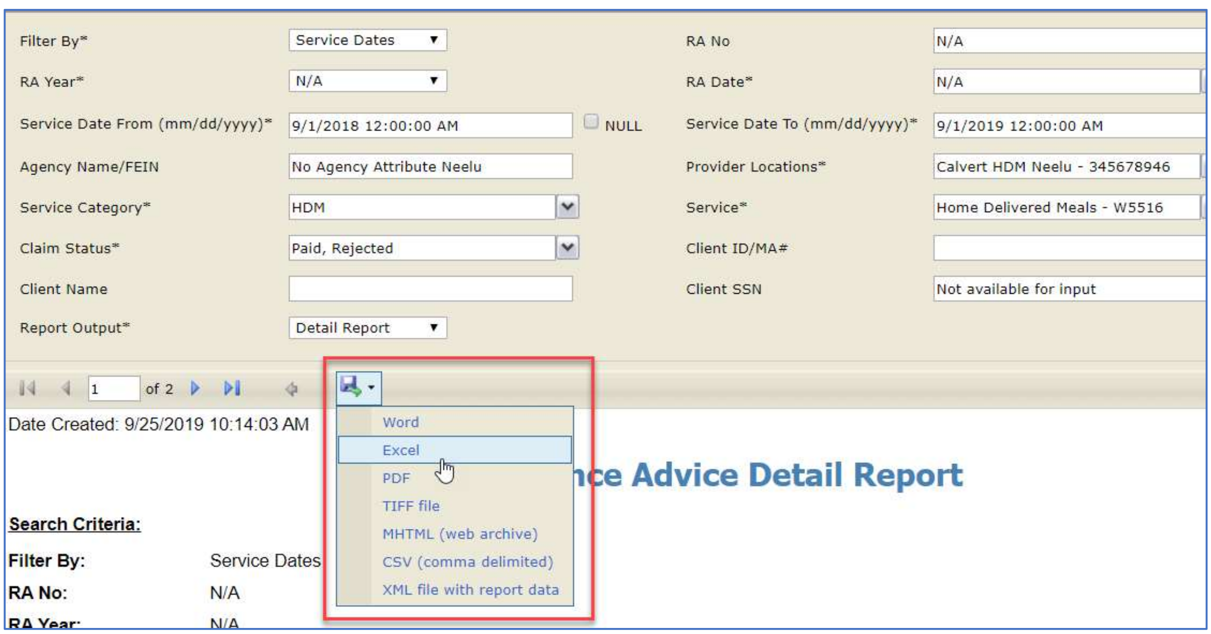


Figure 178-Export Options

8 Help and Contacts

1. Navigate to the **Help** tab
2. Select the Training Information and Webinars link to access the Home Delivered Meals Webinar and FAQ's

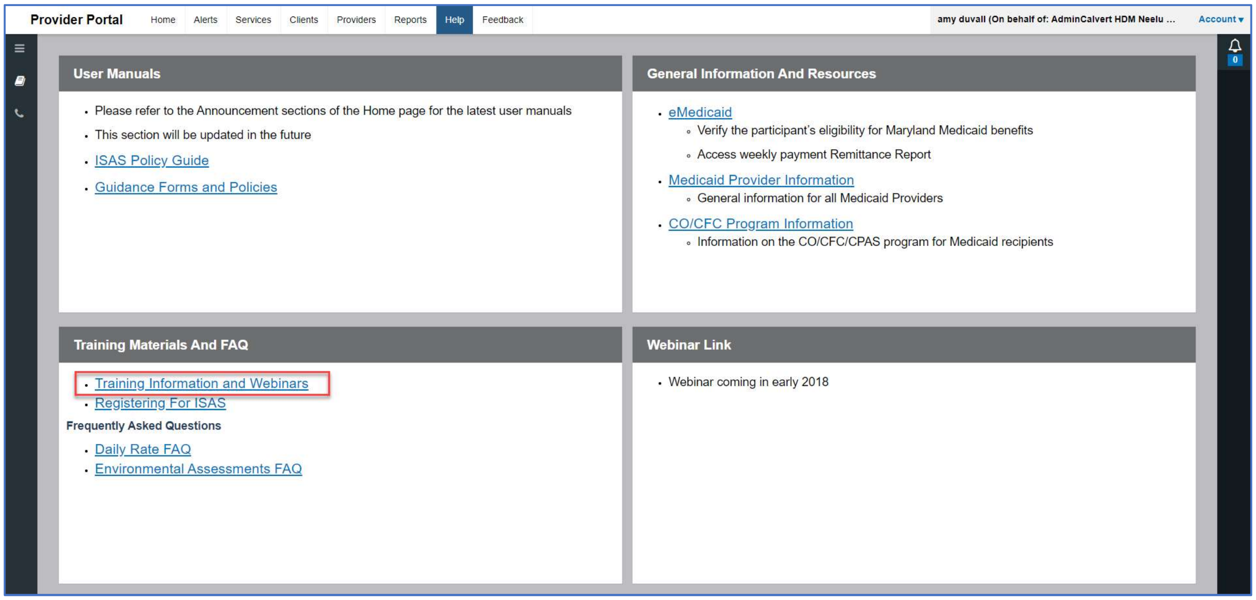
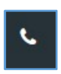


Figure 179-Training Materials and FAQ

3. Select the  icon to view Contacts

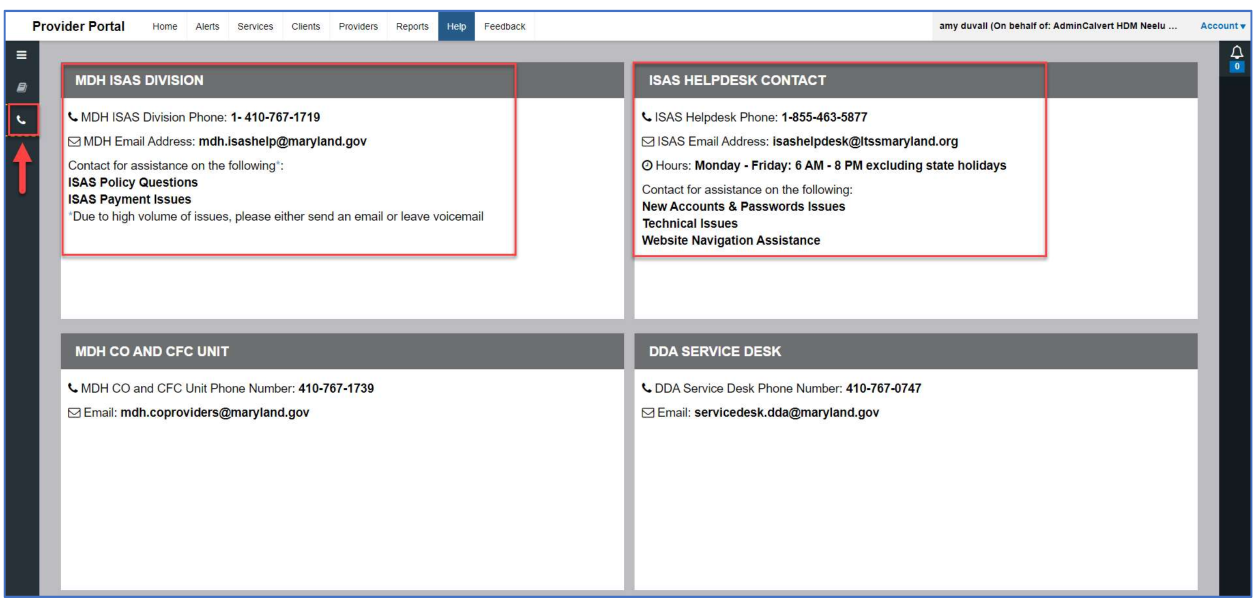


Figure 180-Help Contacts