

2014

ISAS Reference Guide for Exceptions, Billing and Adjustments

Agency and Independent Provider
Administrators

Note: Accurate as of January 2, 2014. Future guidance will supersede instructions.



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1 | ISAS Background Information

The In-house Support Assurance System (ISAS) will enable the Maryland Department of Health and Mental Hygiene (DHMH) to monitor the delivery of in-home personal care services. ISAS ensures that these services are provided as outlined in the recipient's Plan of Care (POC) and by an authorized service provider.

To access the ISAS phone system providers dial a toll-free number, and enter their credentials; upon successful credential authorization the service start time and end time are recorded. The ISAS phone system authenticates service delivery providers using an Integrated Voice Response (IVR) system and/or a One-Time Password (OTP) device.

- **Integrated Voice Response (IVR)** – During the initial enrollment process the provider is asked to speak a phrase into the phone system. The IVR application uses an algorithm to create a sound bite of the provider's voice and stores that sound bite for verification purposes. Each time the provider performs a service call they speak the same phrase initially provided at registration. The IVR application then matches the sound bite created during the service delivery against the sound bite created during initial enrollment. Assuming the sound bites match, the provider is authenticated.
- **One Time Password (OTP)** – In most cases the phone verification system verifies the client based on the phone number assigned to the landline where the service call is initiated. In circumstances where a landline is not available, patients are issued an OTP device. An OTP device is a time synchronized device used to authenticate the time that a service takes place. It is a keychain sized device kept in the client's home. The device has a serial number that is assigned to individual clients. The front of the device displays a randomly generated six-digit number. This randomly generated number changes every 60 seconds and can be traced back to a specific date and time, which in turn, is used to authenticate the service provided.

In addition to the phone verification system, ISAS also interacts with the Maryland Medical Information System (MMIS) and the Long Term Services and Support (LTSS) system. Interaction with MMIS authenticates both provider and client eligibility through daily batch file transfers of Provider Enrollment, Recipient Eligibility, and Service Rate files. Interaction with LTSS is strictly for verification of a clients' Plan of Service or Plan of Care (POS/POC), and ensures that the most recent recipient and provider information is validated.

2 | Exceptions Overview

2.1 What is an Exception?

An exception is created when a call transaction and the resulting service activity cannot be validated. There are 14 reasons that service activity cannot be validated:

1. *Missing Clock In*
2. *Missing Clock Out*
3. *14 Hour Exception*
4. *Provider Type / Client Program Mismatch*
5. *Provider Not on Client POC*
6. *Multiple Services*
7. *Share attendant service Not found in POC*
8. *No matching share attendant in POC*
9. *Overlap service found for the same client*
10. *Overlap service found for the same provider*
11. *Client Ineligible*
12. *Client not Enrolled in Waiver Program*
13. *No Active POC*
14. *Client POC does not have ISAS services*

Exception Types 1-2 are handled by Provider Administrators.

Exception Types 3-14 are handled by DHMH.

The purpose of the next section is to provide an overview of the 14 exceptions and how they are triggered.

2.2 Exception Types

1. **Missing Clock Out**– The triggers for this exception include:
 - a. Provider clocked in for service but never clocked out; OR
 - b. Provider clocked in for service but the clock out occurs over 14 hours from the time that the provider clocked in for the same service.
2. **Missing Clock In** – The triggers for this exception include:
 - a. Provider clocked out for service but never clocked in; OR
 - b. Provider clocked out for service but the clock in occurs over 14 hours prior to the time that the provider clocked out.
3. **14 Hour Exception**
 - a. Any shift that exceeds 14 hours automatically triggers a missing clock in/out exception (i.e. times beyond 14 hours are not linked). DHMH reviews shifts exceeding 14 hours prior to payment.
4. **Provider Type / Client Program Mismatch** – The triggers for this exception include:
 - a. Client is enrolled in the Living at Home Waiver (LAH) program but the provider clocked in or out with an Older Adults Waiver (WOA) provider number;
 - b. Client is enrolled in the Older Adults Waiver (WOA) program but the provider clocked in or out with a Living at Home Waiver (LAH) provider number;
 - c. *NOTE: ISAS will treat clients enrolled in ICS the same as those enrolled in LAH.*
5. **Provider Not on Client POC** – The trigger for this exception includes:
 - a. The client is enrolled in a waiver program, has an active POC with a billable ISAS service, but the provider is not assigned to the ISAS service on the POC
6. **Multiple Services** – The trigger for this exception includes:
 - a. The client has the same provider giving “Agency Provider (with meds)” and “Agency Provider (without meds)” services.
7. **Share attendant service Not found in POS**
 - a. The client only receives personal care services.
 - b. The provider mistakenly selected “Shared Assistance”
8. **No matching share attendant in POS**
 - a. The client is eligible to receive “Shared Attendant” service meaning that the client’s provider can give care to two clients in the same household at the same time.
 - b. The other client who receives care at the same time does not have “Shared Attendant” service listed on the Plan of Care.
9. **Overlap service found for the same client**
 - a. Two or more providers were clocked in for the same client for a period of time.
10. **Overlap service found for the same provider**
 - a. A provider clocked in for two or more clients for a period of time.
11. **Client Ineligible** – The trigger for this exceptions includes:
 - a. A client is deemed ineligible by the MMIS verification process (Screen 1 or Screen 8 issues).
12. **No Active POC** – The trigger for this exception includes:
 - a. Client is enrolled in a waiver program but has no active POC.
13. **Client not Enrolled in Waiver Program** – The trigger for this exception includes:
 - a. Client’s enrollment status is not equal to “Enrolled”; OR
 - b. No enrollment status is assigned to the client.
14. **Client POC has no ISAS service**
 - a. Client not eligible to receive “Personal Assistance Services”.

2.3 Viewing Exceptions in ISAS

The **Exceptions** tab allows provider administrators to view services that have generated an exception within the system and are being held off from billing.

You can view services that are being held off from billing by searching the system based on status date of service range (see screenshot below). The statuses that may be assigned to a service that has generated an exception include:

- **New** – The ISAS system has recorded a new service activity, however, the service has not gone through the eligibility checks. These are services in which either a clock in or clock out was recorded (but not both) through the ISAS IVR. Provider administrators need to resolve these services by entering the missing time.
- **Needs Authorization** – These are service activities in which a missing time or shift was entered manually by the provider administrator, and have been submitted to DHMH for review and approval.
- **Not Authorized** – These are service activities in which a missing time was entered by the provider administrator. DHMH reviewed and rejected the missing time or shift request.
- **Pending** – These are service activities that generated an exception during verification that must be resolved before the service can be processed. For more information regarding exceptions please refer to Exception Types 3-14 found on page 5.

ISAS FETbill.magro (On behalf of: Jones, Donald)
Location: ISAS-CO

Menu Account

Home Providers Enter Calls **Exceptions** Claims Reports

Provider Name / # 66666601 Staff Name: Status: All

Client Name / ID / MA# Service Start Date: 12/23/2013 Service End Date: 12/23/2013 Pending Reason: All

Search Clear

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
No data available in table							

How to View Exceptions

In order to view a listing of any service activities that have generated an exception during the verification process you need to:

1. Go to the **Exceptions** tab and perform a search for records with a **Status of Pending**. The search can be performed by entering the *Staff Name, Client Name, or Date of Service (Service Start and End Date)*.
2. Upon entering the search parameters, a listing of any service that must be resolved by DHMH before the service can be processed for payment will be displayed.

ISAS

FEIbill.magro

(On behalf of: Jones, Donald)

Menu Account

Home

Providers

Enter Calls

Exceptions

Claims

Reports

Provider Name / #

666666601

Staff Name:

Status:

Pending

Client Name / ID / IMA#

Service Start Date: *

12/01/2013

Service End Date: *

12/27/2013

Pending Reason:

All

Search

Clear

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
ISASDemo	Donald Jones	Mary Manning	W5519 - Personal Assistance	12/09/2013	Client POS has no ISAS Service	Pending	View
ISASDemo	Donald Jones	Julia Stantz	W5519 - Personal Assistance	12/08/2013	No Active POS Found for Client	Pending	View
ISASDemo	Donald Jones	Josh James	W5519 - Personal Assistance	12/08/2013	Client not Enrolled in Waiver Program	Pending	View

- Upon selecting the **View** link the service activity information (*provider name and number, client name and number, staff name, and service start and end date and time*) will be displayed. Please refer to Exception Types 3-14 found on page 5 for additional information regarding services that have generated exceptions during the verification process.

3 | Missing Times Request Process

3.1 What is the Process?

Section 3 of this manual explains how provider administrators – both agency and independent providers alike – can manually enter call transactions on behalf of you or your staff.

Beginning January 6, 2014 provider administrators have the ability to manually enter missing clock in or out times for you or your staff. **Please note that all manual time entries will be reviewed then approved or disapproved by DHMH before being processed for billing purposes.**

With this process the ISAS Help Desk will enter far fewer missing clock ins and clock outs. The ISAS Help Desk will now only enter missing times if: (1) the provider is having technical difficulties while attempting to clock in or out at the participant's home; or (2) the caller is an independent provider who does not have access to the online ISAS system.

There are two scenarios under which you can submit a missing time request.

Scenario A: An entire shift is missing or was forgotten (i.e. there is no shift recorded in the Services Rendered report). In this case, provider administrators will need to go to the "Enter Calls" tab to submit times for an entire shift (see screenshot below).

Scenario B: Part of a shift is missing or was forgotten (i.e. a clock in OR a clock out is recorded in the Services Rendered report, but not both). In this case, provider administrators will need to go to the "Exceptions" tab, search for the missing clock in or missing clock out, and resolve the exception (see screenshot below).

ISAS FEIbill.magro (On behalf of: Jones, Donald)
Location: ISAS-CO Menu Account

Home Providers **Enter Calls** Exceptions Claims Reports

Announcement

To setup voice registration, please dial: 1-888-963-4727 (1-888-9MD-ISAS)
To record time for services provided, please dial: 1-855-463-4727 (1-855-4MD-ISAS)

Viewing Claims in ISAS
The below message does NOT pertain to agencies.
Dear Independent Providers,
If you are a Living at Home waiver provider who previously submitted paper time sheets to ASI, you will be able to see claims in ISAS from 12/2/13 going forward. If you have questions about any claims prior to 12/2/13, contact ASI at 800.250.3754.
If you are Waiver for Older Adults provider who previously submitted paper time sheets to Maryland Dept. of Aging, you will be able to see claims in ISAS from 12/9/13 going forward. If you have questions about any claims prior to 12/9/13, contact Linda Smith at LindaL.Smith@maryland.gov.
Please email John Wilson at john.wilson@maryland.gov only if you are unsure of what this message means.

Recent Alerts

- 12/13/13 - ASI BI-weekly pay cycle has changed to a weekly pay cycle: [ASI BI-weekly pay cycle has changed to a weekly pay cycle memo.pdf](#)
- 11/26/13 - Resolving Missing Times: [Resolving Missing Times.pdf](#)
- 11/23/13 - Important ISAS Billing Manual: [ISAS Reference Guide for Billing and Exceptions 11.22.pdf](#)
- 10/29/13 - Major change to missing clock-in/clock out policy: [Agency personal care providers exceptions memo.pdf](#)
- 10/29/13 - Removal of e-Medicaid and Paper Billing for WOA providers: [Removal of paper billing and eMedicaid for WOA agencies memo.pdf](#)
- 10/03/13 - Guidance on viewing claim reports and requesting adjustments: [ISAS reference guide for billing and adjustments.docx](#) [ISAS provider](#)

3.2 Scenario A: Enter Call for Missing Shift

The **Enter Calls** tab allows you to submit a new call transaction for yourself or staff who forgot to clock in and out for an entire shift.

- Example A: If the Services Rendered Report does not show that a provider worked on 11/24 even though the provider gave services on 11/24 then the administrator should enter a new call transaction

You should not submit a new call transaction if a provider only forgot to clock in or clock out for part of a shift.

- Example B: If the Services Rendered Report shows that a provider clocked in at 2:00 PM on 11/24 but did not clock out, then the administrator should not enter a new call transaction. Instead the administrator should enter the missing clock out by resolving the time through the “Exceptions” tab.
- Example C: If the Services Rendered Report shows that a provider clocked out at 4:00 PM on 11/24 but did not clock in, then the administrator should not enter a new call transaction. Instead the administrator should enter the missing clock in by resolving the time through the “Exceptions” tab.

How to Enter Calls

The following steps are required to successfully submit a call transaction on behalf of yourself or one of your staff who missed clocking in and out through the ISAS IVR system for a full shift:

1. Go to the “Enter Calls” tab in ISAS (shown below) and enter the following information.

ISAS FEHbillmagro (On behalf of: Jones, Donald)
Location: ISAS-CO Menu Account

Home Providers Enter Calls Exceptions Claims Reports

New Call Transaction Create

Call Transaction Details

Service Information

Service Type:

Client MAA:

Client Name:

Provider #:

Provider Name:

Staff Name:

Staff Phone #: Ext:

Call Transaction

☒ Clock In

Service Date and Time:

☒ Clock Out

Service Date and Time:

You should submit a new call transaction ONLY IF a provider forgot to clock in or out for an ENTIRE shift.

Example: If the Services Rendered Report does not show that a provider worked on 11/24 even though the provider gave services on 11/24, then the administrator SHOULD enter a new call transaction

You should NOT submit a new call transaction if a provider only forgot to clock in or clock out for PART of a shift

Example: If the Services Rendered Report shows that a provider clocked in at 2:00 PM on 11/24 but did not clock out, then the administrator should NOT enter a new call transaction. Instead the administrator should enter the missing clock out by resolving the time through the 'Exceptions' tab.

If the Services Rendered Report shows that a provider clocked out at 4:00 PM on 11/24 but did not clock in, then the administrator should NOT enter a new call transaction. Instead the administrator should enter the missing clock in by resolving the time through the 'Exceptions' tab.

2. Input the following information:

- a. **Service Type** – The options are “Personal Assistance Services” and “Shared Attendant”. The majority of providers render personal care services and only a very small number are rendering shared services. In the majority of the cases you will select the “Personal Assistance Services” option.
 - 1) “Personal Assistance Services” refers to providers who are giving services to one client at a time.
 - 2) “Shared Attendant” refers to providers who are giving services to two or more clients at a time.
- b. **Client MA#** - You must enter the participant’s current eleven digit Medicaid Assistance Number
- c. **Client Name** – This will be automatically populated based on the Client MA # provided. Please verify that the participant name is correct.
- d. **Provider Number** – This will be automatically populated based on the login credentials you provide in order to access the system. The provider number equates to the location you selected when logging in. If you have multiple provider numbers please make sure that you are logged into the system with the correct number.
- e. **Provider Name** – This will be automatically populated based on the login credentials you provide in order to access the system.
- f. **Staff Name** – The dropdown will be populated with all staff assigned to the provider number. Select the staff that rendered the service. If the staff does not appear in the drop down then you will need to create their record.
- g. **Clock in Service Date and Time** – Enter the date and time that the staff started their shift. Please note that the date and time cannot be in the future.
- h. **Clock out Service Date and Time** – Enter the date and time that the staff completed their shift. Please note that the date and time cannot be in the future.

3. Upon entering the required information select the **Create** tab in order to submit the call transaction.

ISAS FERHill.magno (On behalf of: James, David) Location: ISAS-CO Menu Account

Home Providers Enter Calls Exceptions Claims Reports

New Call Transaction

Call Transaction Details

Service Information

Service Type: * Personal Assistant Services

Client MA# * 11122230191

Client Name: Douglas Pine

Provider # * 660999901

Provider Name: ISAS-CO

Staff Name * Isabella Mason - 6438

Staff Phone # 4105329865 Ext.

Call Transaction

☒ Clock In

Service Date and Time * 12/19/2013 08:26 AM

☒ Clock Out

Service Date and Time * 12/19/2013 12:21 PM

Create

You should submit a new call transaction ONLY if a provider forget to clock in or out for an ENTIRE shift.

Example: If the Services Rendered Report does not show that a provider worked on 11/24 even though the provider gave services on 11/24, then the administrator SHOULD enter a new call transaction

You should NOT submit a new call transaction if a provider only forgot to clock in or clock out for PART of a shift

Example: If the Services Rendered Report shows that a provider clocked in at 2:00 PM on 11/24 but did not clock out, then the administrator should NOT enter a new call transaction. Instead the administrator should enter the missing clock out by resolving the time through the 'Exceptions' tab.

If the Services Rendered Report shows that a provider clocked out at 4:00 PM on 11/24 but did not clock in, then the administrator should NOT enter a new call transaction. Instead the administrator should enter the missing clock in by resolving the time through the 'Exceptions' tab.

4. A pop-up box will load requesting a reason for manual time submission. Provide a valid reason for manually entering the call transaction and select the **Yes** button.

The screenshot shows a web application interface for 'Call Transaction Details'. A pop-up dialog box is centered on the screen, prompting the user to provide a reason for manual time submission. The dialog box contains a text area with the instruction 'Provide reason for staff missing clock in and out for date of service.' and two buttons, 'Yes' and 'No'. The background form is partially visible, showing fields for 'Service Type' (set to 'Personal Assistant Services'), 'Client ID' (14192325104), 'Staff ID', 'Staff P', 'Ext.', 'Service Date and Time' (12/19/2013 12:21 PM), and checkboxes for 'Clock In' and 'Clock Out'.

5. Upon selecting the **Yes** button you will receive a message stating the record has been successfully submitted. The call transaction will be sent to DHMH for review and approval.

3.3 Scenario B: Resolve Exception for Missing Part of Shift

In order to resolve a service that is missing a clock in **or** out you need to complete one of the following depending on date of service:

- Search by a status of **New** for any service with a missing clock in or clock out on or after 1/6/2013
- Search by a status of **Pending** for any service with a missing clock in or clock out prior to 1/6/2013

The search can be performed by entering the *Staff Name, Client Name, or Date of Service (Service Start and End Date)*.

How to Enter Calls

The following steps are required to successfully submit a missing time on behalf of yourself or one of your staff who missed clocking in OR out through the ISAS IVR system for part of a shift:

1. Go to the **Exceptions** tab in ISAS (shown below) and enter the following information.
2. Search for Missing Clock In or Missing Clock Out exceptions.
3. In order to enter and submit the missing time information for a service click on the **Resolve** link.

ISAS FENbill,magro (On behalf of Jones, Donald)
Location: ISAS-CD Menu Account

Home Providers Enter Calls **Exceptions** Claims Reports

Provider Name / # 66666601 Staff Name: Status: New

Client Name / ID / MA# Service Start Date: 12/01/2013 Service End Date: 12/23/2013 Pending Reason: All

Search Clear

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
ISASDemo	Donald Jones	Douglas Pine	W5519 - Personal Assistance	12/02/2013	Missing Clock-out	New	Resolve
ISASDemo	Donald Jones	Douglas Pine	W5519 - Personal Assistance	12/01/2013	Missing Clock-in	New	Resolve

4. Upon selecting the **Resolve** link the details of the service activity will load.
 - a. In the situation where the staff clocked in but did not clock out, the clock in information (service date and start time, client information, and type of service) will pre-fill. You will need to enter the *Clock Out Service Date and Time*.
 - b. In the situation where the staff clocked out but did not clock in, the clock out information (service date and start time, client information, and type of service) will pre-fill. You will need to enter the *Clock In Service Date and Time*.

5. Upon entering the missing information select the **Resolve** button to submit the service activity.

The screenshot shows the ISAS web application interface. The user is logged in as FERBIL magro (On behalf of: Jones, Donald). The main menu includes Home, Providers, Enter Calls, Exceptions, Claims, Reports, and Staff Details. The current view is 'Resolve Missing Clock-In/Clock-Out Service Activity'. The form contains the following details:

- Clock-In Transaction:** Service Date and Time: 12/2/2013 11:00 AM
- Clock-Out Transaction:** Service Date and Time: 12/2/2013 5:00 PM
- Service Information:**
 - Client MA#: 11122230191
 - Client Name: Douglas Pine
 - Client Address: 2024 Blue Street, Baltimore, MD 20103
 - Program Name:
 - Service Type: Personal Assistant Services

The 'Resolve' button is highlighted with a red box, and an arrow points to it.

6. A pop-up box will load requesting a reason for manual time submission. Provide a valid reason for manually entering the missing time for the service activity and select the **Yes** button.

The screenshot shows the same ISAS web application interface, but with a pop-up dialog box. The dialog box contains the following text:

Resolution Comments: *

Reason for submission of manual time entry

Resolution will submit the related call transactions and service activity to DHMH for approval. Are you sure you want to submit?

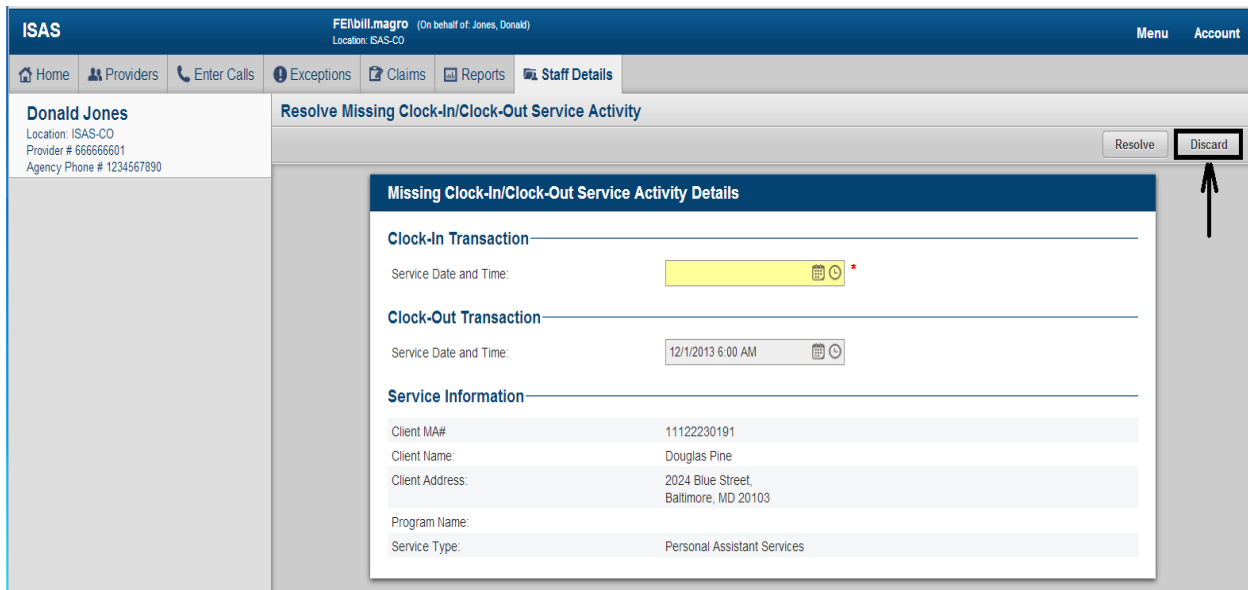
The 'Yes' button is highlighted with a red box.

7. Upon selecting the **Yes** button you will receive a message stating the record has been successfully submitted. The service activity will be sent to DHMH for review and approval.

3.4 Discard Missing Clock In or Out

In a scenario where you, as an administrator, have determined that the partial service recorded by the system is erroneous (i.e., duplicate time submission), you may discard the service activity. In order to perform this action, you will need to complete the following:

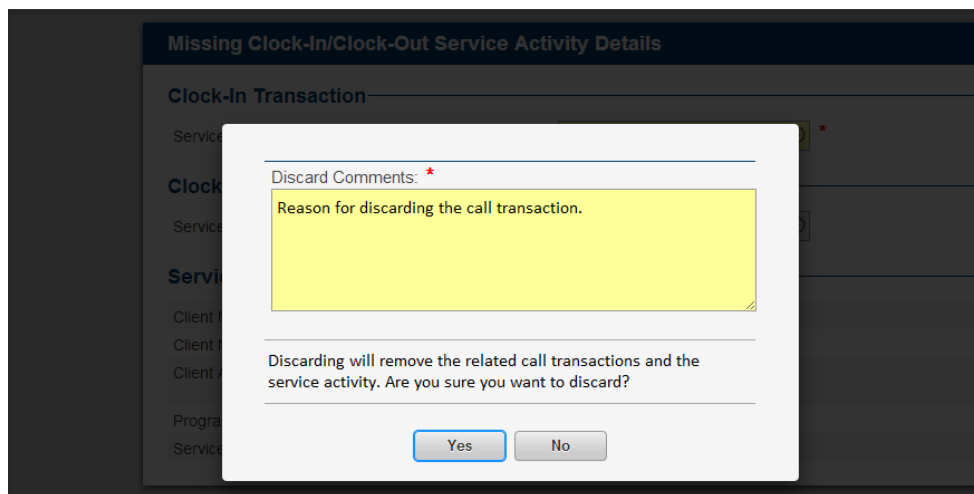
1. From the **Exceptions** tab find the service that you want to discard and click the *Resolve* link. A new window with service details will appear.
2. From the service details screen, select the **Discard** button.



The screenshot shows the ISAS system interface. The top navigation bar includes 'Home', 'Providers', 'Enter Calls', 'Exceptions', 'Claims', 'Reports', and 'Staff Details'. The 'Exceptions' tab is active. The main content area displays 'Resolve Missing Clock-In/Clock-Out Service Activity' for Donald Jones. A pop-up window titled 'Missing Clock-In/Clock-Out Service Activity Details' is open, showing service date and time fields, and a 'Discard' button highlighted with a red box and an arrow.

Missing Clock-In/Clock-Out Service Activity Details	
Clock-In Transaction	
Service Date and Time:	<input type="text"/>
Clock-Out Transaction	
Service Date and Time:	12/1/2013 6:00 AM
Service Information	
Client MA#	11122230191
Client Name:	Douglas Pine
Client Address:	2024 Blue Street, Baltimore, MD 20103
Program Name:	
Service Type:	Personal Assistant Services

3. A pop-up box will load requesting a reason for discarding the service activity record. Provide a reason and select the **Yes** button.



The screenshot shows a 'Discard Comments' pop-up box. It contains a text area for 'Reason for discarding the call transaction.' and a confirmation message: 'Discarding will remove the related call transactions and the service activity. Are you sure you want to discard?' with 'Yes' and 'No' buttons.

4. Upon selecting the **Yes** button you will receive a message stating the record has been successfully discarded. This service activity will no longer appear in the system or reports.

3.4 List Call Transactions Submitted to DHMH for Review

In order to view a listing of any service activities that have been sent to DHMH for review and approval you need to:

1. Go to the **Exceptions** tab and perform a search for records with a *Status of **Submitted to DHMH***. The search can be performed by entering the *Staff Name, Client Name, or Date of Service (Service Start and End Date)*.
2. Upon entering the search parameters, a listing of any service that is under review by DHMH. In order to enter and submit the missing time information for a service click on the **View** link.

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
ISASDemo	Donald Jones	Douglas Pine	W5519 - Personal Assistance	12/01/2013		Needs Authorization	View

3. Upon selecting the **View** link the service activity information (*provider name and number, client name and number, staff name, and service start and end date and time*) will be displayed along with the reason for manual time entry.

Service Activity Information	
Provider #	66666601
Provider Name:	
Client ID/MA#	2769621ET014110
Client Name:	Douglas Pine
Staff Name:	Donald Jones
Service Name:	
Service Date:	12/11/2013
Service Phone #:	(000) 000-0000
Service Start Time:	12/11/2013 8:15 PM
Service End Time:	12/11/2013 11:45 PM
Manual Submission Reason:	Reason for manual time submission

3.5 Review Call Transactions Rejected by DHMH

In order to view a listing of any service activities, based on manual time entries that have been rejected by DHMH you need to:

1. Go to the **Exceptions** tab and perform a search for records with a *Status of Not Authorized*. The search can be performed by entering the *Staff Name*, *Client Name*, or *Date of Service (Service Start and End Date)*.
2. Upon entering the search parameters, a listing of any service that has been rejected by DHMH will be displayed. In order to review the service activity that was rejected click on the **View** link.

ISAS FENbill.magro (On behalf of: Jones, Donald)
Location: ISAS-CO Menu Account

Home Providers Enter Calls Exceptions Claims Reports

Provider Name / # 666666601 Staff Name Status: Not Authorized

Client Name / ID / MA# Service Start Date: 12/01/2013 Service End Date: 12/23/2013 Pending Reason: All

Search Clear

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)	Status	Actions
ISAS Demo	Donald Jones	Douglas Pine	W5519 - Personal Assistance	12/11/2013		Not Authorized	View

3. Upon selecting the **View** link the service activity information (*provider name and number, client name and number, staff name, and service start and end date and time*) will be displayed along with the reason for rejection. You may keep this record or select the **Discard** button to remove the record.

ISAS FENbill.magro (On behalf of: Jones, Donald)
Location: ISAS-CO Menu Account

Home Providers Enter Calls Exceptions Claims Reports

Donald Jones
Location: ISAS-CO
Provider # 666666601
Agency Phone # 1234567890

Service Activity Status: Not Authorized
[Back to Search](#)

[Discard](#)

Service Activity Information

Service Activity

Provider # 666666601

Provider Name:

Client ID/MA# 2769621ET014110

Client Name: Douglas Pine

Staff Name: Donald Jones

Service Name:

Service Date: 12/11/2013

Service Phone #: (000) 000-0000

Service Start Time: 12/11/2013 8:15 PM

Service End Time: 12/11/2013 11:45 PM

DHMH Rejection Comments: Reason for rejection

4. A pop-up box will load requesting a reason for discarding the service activity record. Provide a reason and select the **Yes** button.

The screenshot shows a web application interface with a dark header bar labeled "Service Activity Information". Below the header is a form titled "Service Activity". On the left side of the form is a vertical list of labels: "Provider", "Provider", "Client", "Client", "Staff", "Service", "Service", "Service", "Service", "Service", "Service", and "DHMH". A modal dialog box is open in the center of the screen. The dialog has a title "Discard Comments:" followed by a red asterisk. Below the title is a large yellow text area with the placeholder text "Reason for discarding the service activity". At the bottom of the dialog, there is a message: "Discarding will remove all call transactions and related service activities. Are you sure you want to discard?" and two buttons labeled "Yes" and "No".

5. Upon selecting the **Yes** button you will receive a message stating the record has been successfully discarded. This service activity will no longer appear in the system.

4 | Frequently Asked Questions (FAQ)

Applicable to both Agency Administrators and Independent Providers

Q. What is the easiest way to view claims by staff provider?

A. Claims are submitted at an Provider / Client level, not at an Agency / Staff / Client level. Meaning that all services provided by you or your staff to a given individual will be grouped into one claim for the purposes of billing. This is to ensure that the correct number of billing units, based on rounding rules applied to 15 minute services, are processed and sent to MMIS for payment.

As an administrator you have access to three Claims reports, accessible by selecting the Reports tab after you log into ISAS and then by clicking the View link associated with the Claims reports. Once the Claims report loads you will have access to three different views of this report:

- **Staff Claim Summary** – This report provides a summary of services provided by you or your staff for the timeframe specified within the report input parameters. Specifically it lists the name of each staff that provided services within that timeframe, the number of services provided within that timeframe, the number of billable units associated with those services, the total amount billed to MMIS for those services provided, and the amount that MMIS will pay for those services. Please see screenshot below.

ISAS - Claims Report

Staff Claim Summary

Total Number of Records Returned: 3669

Provider Name	Staff Name	Program	Service	# Services Provided	# Billable Units	Total Billed Amount	Total Paid Amount
Agency Name	Staff Provider	LAH	W4000 - Attendant Care (Agency Provider)	11	402	\$1719.5550	\$1415.8525
	Staff Provider	LAH	W4000 - Attendant Care (Agency Provider)	14	224	\$958.1600	\$615.9600
	Staff Provider	LAH	W4000 - Attendant Care (Agency Provider)	28	476	\$2036.0900	\$1758.0525

- **Claim Detail** – This report provides a listing of each claim that has been sent to MMIS on behalf of you or your agency for the timeframe specified within the report input parameters. Specifically this report lists for each claim generated and sent to MMIS for processing the individual receiving the service, the type of service provided, the number of units billed for the service provided, the total amount billed to MMIS, the date the service was provided, the date the claim was sent to MMIS for processing, and the current status of the claim.
- **Staff Claim Detail** – This report is similar to the Claim Detail report in that it provides information regarding each claim sent to MMIS. The main difference is that it includes staff level information. Specifically this report lists the date the service was provided, the name of the individual receiving services, the amount sent to MMIS for services provided to the individual, the amount that MMIS will pay for the service, the name of the staff providing services to the client on that day, the length of time each provider was with the client providing services, the number of billable units for each staff based on duration of


service, and the total billable amount for that staff for services provided. Please see screenshot below.

Date Created: 11/20/2013 11:55:21 PM

ISAS - Claims Report

Staff Claim Detail

Total Number of Records Returned: 36972

Claim Date	Claim Type	Service Date	Provider Name	Client Name	Program	Service	Total Billed Amount	Total Paid Amount	Staff Name	Staff Minutes Of Service	Staff Billable Units	Staff Billable Amount
11/7/2013	Original	11/6/2013	Agency Name		LAH	W4000 - Attendant Care (Agency Provider)	\$183,9325	\$183,931	Staff Provider	246	16	\$68.4400
									Staff Provider	130	9	\$38.4975
									Staff Provider	262	17	\$72.7175

Q. What if the hours seem different from what the provider believes they have worked?

A. It is likely that an exception is preventing the claim from being submitted for billing.

To check if an exception is preventing your claims from being submitted, you need to login to ISAS. When you login, you will see the following screen.

LTSSMaryland

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

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

LTSSMaryland login

User Name

On Behalf Of

[DHMH Administrator]

Agency

Location

Login

Please note that the Location dropdown field is your provider number. If you have multiple provider numbers then all provider numbers will be listed in that dropdown.

Agencies/Independent Providers with one provider number:

- You will only see one provider number listed.

Agencies/Independent Providers with multiple provider numbers:

- The number that is selected as the location will correspond to the claims and pending service activities associated with that number.
- If you need to see information associated with your other provider number you will need to return to this page and select that provider number from the Location dropdown.

After you select the correct provider number, click on the 'Pending Service Activities' tab in ISAS. You will see the following screen.

Provider Name	Staff Name	Client Name	Service Name	Service Date	Pending Reason(s)
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When you search by staff name or client name, all associated exceptions will appear. Below are all exception types, definitions, and their estimated resolution times.

1. *Client Program and Provider Type Mismatch*

Problem: Provider number does not match the program in which client is enrolled. For example, if the client receives LAH services and the staff accidentally entered the WOA provider number rather than the LAH provider number.

Resolution: ISAS staff will contact program staff and resolve. **NO** action needed by agency/independent provider.

Estimated Resolution Time: 48 hours

2. *Provider not on Client POS*

Problem: Provider is not listed on participant's plan of service (POS).

Resolution: ISAS staff will contact waiver program staff and resolve. **NO** action by agency/independent provider needed.

Estimated Resolution Time: 48 hours

3. *Multiple Services*

(Specific only to WOA participants)

Problem: Currently no option exists for a WOA provider to select personal care without medical administration (W0202) or personal care with medical administration (W0203), when calling ISAS.

Resolution: ISAS staff reviews POS to determine on which days participant receives W0202 and W0203 then resolves exception. **NO** action needed by agency/independent provider.

Estimated Resolution Time: 48 hours

4. Missing Clock-In or Missing Clock-Out

Problem: Missing clock-in or clock-out.

Resolution: Agency/independent providers **MUST do three things:**

- a. View the Exceptions tab and note the staff provider, date of service, and whether the missing time is a clock out or clock in.
- b. Refer to Section 3 of this Manual.

Estimated Resolution Time: **1-5 business days**

General Information on Missing Clock in/Missing Clock out

5. Client Ineligible

Problem: Participant is ineligible to receive service.

Resolution: ISAS staff will contact waiver program staff and case managers to correct. Agencies/independent providers will not have to do anything unless asked.

Estimated Resolution Time: **7-10 business days**

6. No Active POS

Problem: Participant's plan of service (POS) has expired.

Resolution: ISAS staff will contact waiver program staff and case managers to resolve. NO action needed by agencies/independent providers.

Estimated Resolution Time: **7-10 business days**

7. Client Not Enrolled in Waiver Program

Problem: Participant is not currently enrolled for waiver services.

Resolution: ISAS staff will contact waiver program staff and case managers to correct. NO action needed by agencies/independent providers.

Estimated Resolution Time: **7-10 business days**

Note: This Q&A will be updated to reflect several new exception types in the coming weeks.

Q. Why is the paid amount of the claim different than what should have been billed?

A. Administrators may request adjustments in the system. This will require an explanation as to why the hours appear to be different. Adjustment requests may only be made for claims that have a "paid" or "rejected" status. (A claim with any other status, other than paid or rejected may not be adjusted.)

Q. Which report should we check regularly so we can avoid claims issues?

A. The Services Rendered report will be very useful to view daily. It will show all services provided by you or your staff on a given day, and the status of those services. The various statuses that you may see associated with a service are as follows:

- Ready – A record with this status means that the service has passed all verifications performed by the system and is awaiting claim generation. Claims are generated every morning between the hours of 2 AM and 6 AM. So, any service with this status will be processed the next day.
- Pending – A record with this status means that the service has failed one or more of the verifications performed by the system (e.g., missing clock in or clock out, etc) and is on hold pending review by DHMH. Once DHMH completes their review this status will be updated.
- Closed – A record with this status means that a claim has been generated and sent to MMIS for processing and payment for this service.

Q. Who is the best person to contact regarding additional billing/adjustments questions?

A. For technical questions that relate to using ISAS or viewing claims, contact the Help Desk at 1-855-463-5877. For questions that relate to billing policy, contact John Wilson at john.wilson@maryland.gov or 410-767-1719.

Q. Can we request adjustments for older claims?

A. **(Agencies Only)** If the claim is for an LAH service and has a date of service **prior to** October 3, 2013, OR if the claim is for an OAW service and has a date of service **prior to** November 7, 2013 contact the following:

LAH: Email Lamont Freeman at Lamont.freeman@maryland.gov

WOA: Contact Linda Smith at LindaL.smith@maryland.gov.

A. **(Independent Providers Only)** If the claim is for an LAH service and has a date of service **prior to** December 2, 2013, OR if the claim is for an OAW service and has a date of service **prior to** December 9, 2013 contact the following:

LAH: Email Lamont Freeman at Lamont.freeman@maryland.gov

WOA: Contact Linda Smith at LindaL.smith@maryland.gov.

Q. What do agency administrators have to do to submit claims?

A. Agency administrators and independent providers no longer have to submit claims. When a provider clocks in and clocks out, assuming an exception is not generated for the service, a claim is automatically created and sent to MMIS daily, and adjudicated weekly.

Q. Will our agency banking information carry over from the eMedicaid or the previous paper billing?

A. Yes.

Q. Will our independent provider banking information carry over from the old paper timesheet process?

A. No, you will need to register your EFT with the new fiscal intermediary, PPL. You should contact them at 1-800-686-0734 or PPL-MD-DHMHCS@pcgus.com.

Q. What information can and cannot be sent via email?

A. Agencies and independent providers **can** email information that includes:

- Use last 4 digits of provider number
- Client first initial and last name
- Last 4-digits of client MA number

Agencies and independent providers **cannot** email information that includes:

- Use full provider number
- Full MA number
- Full client name