RELEASE NOTES

KanTime

How better happens.

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KanTime PSO - PSO System Guide for HHSC & MCO Staff

KanTime PSO Read-Only Portal:

This guide provides step-by-step instructions for logging in to the KanTime PSO portal and its application. This is a read-only portal, and the users will be able to view/verify the data and will not be able to modify any data. The HHSC & Managed Care Organisation users (MCOs/payers) can use this application to crosscheck their Agency/Branch and Payer-related data for the corresponding Clients/members. The HHSC users can view all Member's information in this portal, whereas the MCO users will have access to view only the data of the Members contracted with the MCO or where MCO is the Payer.

Configuration for Setting up PSO Product for an Agency:

1. **PSO Product Request:** All Agencies that intend to use the PSO Read-Only Portal must request initial Configuration to KanTime. Upon receiving the request, the KanTime support will configure the PSO Product for the requested Agencies.

2. **User Creation:** Once the PSO product is configured, they can add new users for the respective Agency.

3. **Password Regeneration:** Once the new user is created, they must log in to the PSO Read-Only portal with the provided credentials. After the first time log in, the system will mandate the respective user to change the password. Once the password is regenerated the users can start to utilize the PSO Read-Only Portal.

System Access and Logon for Users:

To start using this application, the users must register their details with KanTime successfully. This will result in a response email from KanTime with login credentials for the users.

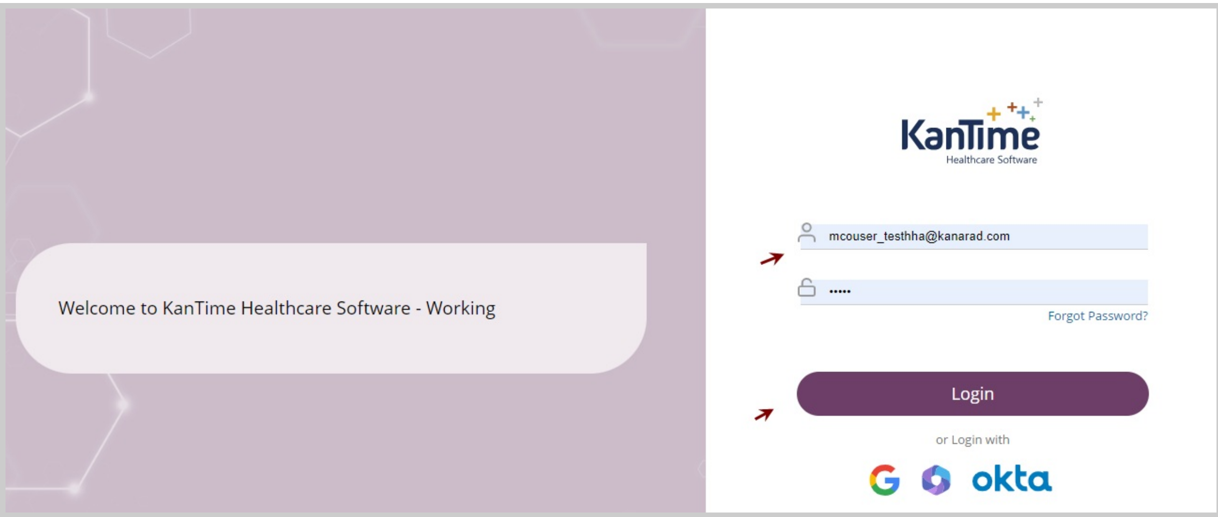
System Access and Logon for HHSC/MCO Users:

- **Step 1:** Contact KanTime support via email *at kantimesupport@kanrad.com* to register users and provide them with Portal Access and also for any technical clarification.
- **Step 2:** After successful registration and receipt of login credentials from KanTime via email, the HHSC/MCO user can log on to the PSO Read-Only Portal using the provided credentials.

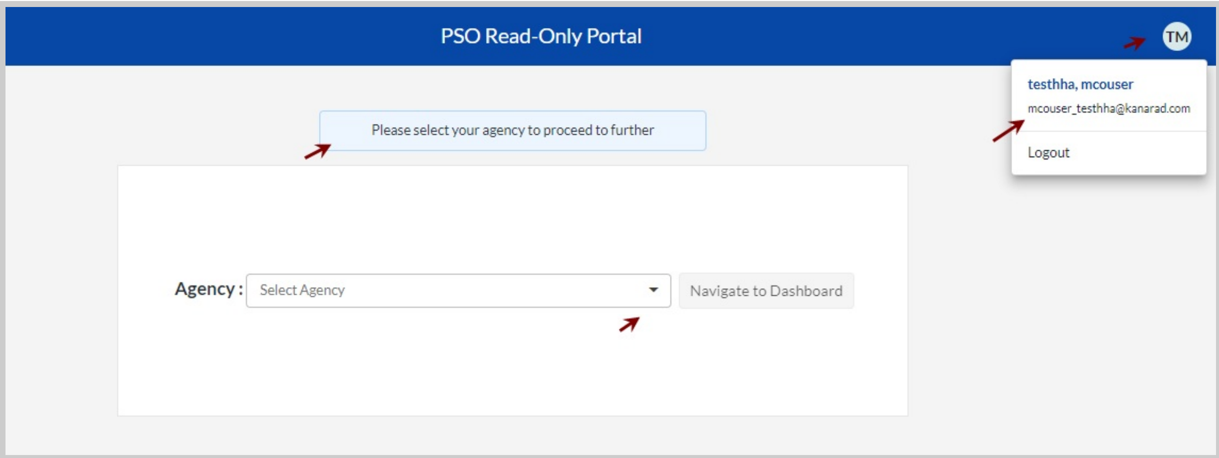
Once the user is registered and access is provided, the user can enter the necessary credentials and log on to the PSO portal.

URL Link:

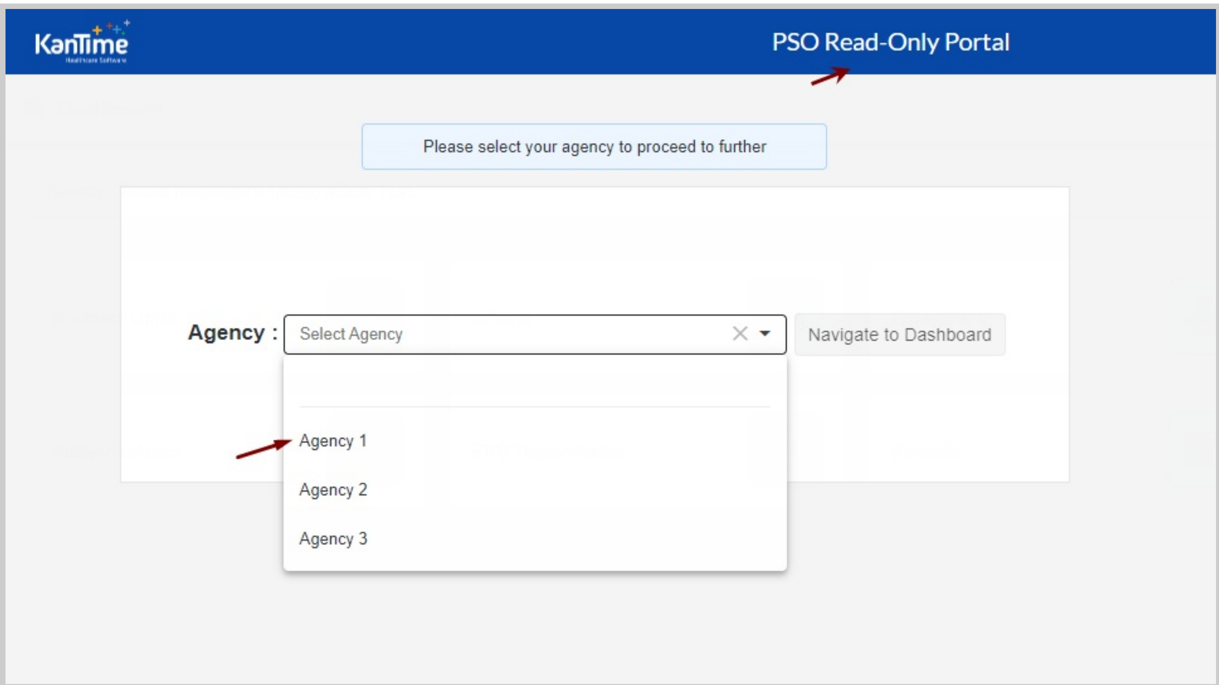
Click this link to log on to the PSO Portal for UAT Instance and enter the credentials.



Once the user logs on, the PSO Read-Only Portal Home screen will appear as shown and the user can view the personal information (User name, Login ID) in the top-left corner. The user can click on the Logout option to exit the PSO Read-Only Portal if required.



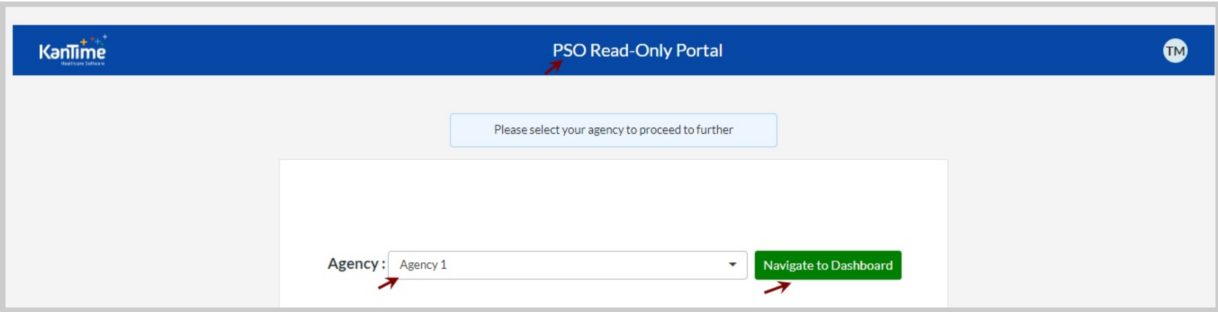
The user can click on the Agency dropdown, which will list all the applicable Agencies for the logged-in user.



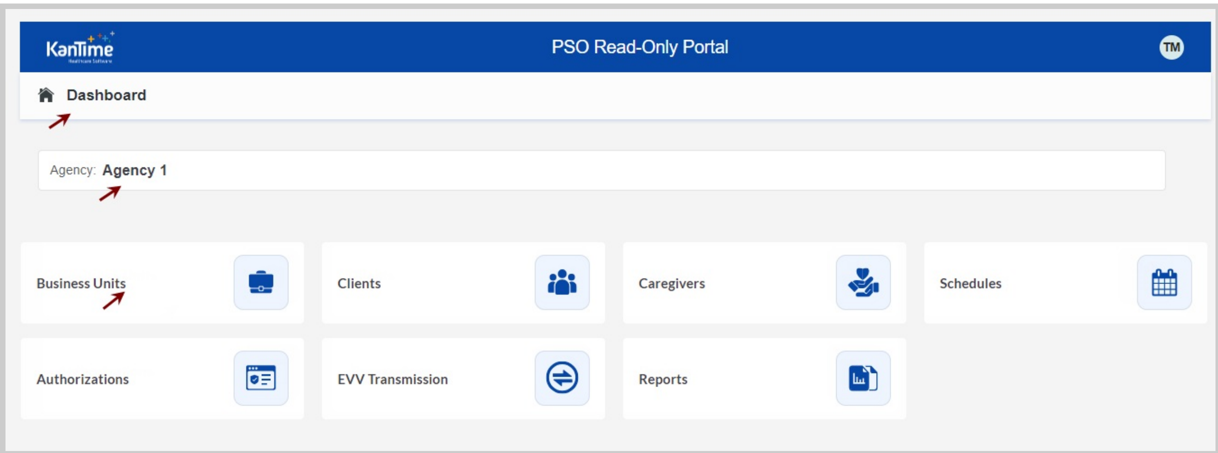
Select the required Agency from the dropdown and click on the 'Navigate to Dashboard' button.

Note:

In case the user is subscribed to only one Agency, then by default, the respective Agency will be auto-selected and the user can proceed to click on the Navigate to Dashboard button.



Clicking on the Navigate to Dashboard button will open a new screen that will list the available dashboard items for the selected Agency, as shown below. The user can click and navigate to the necessary menu item to view the details.



Note:

All the details specified in the Dashboard menu items will be in View Mode only, and the user will not be allowed to edit/modify the data.

Data Display:

The Data displayed under each section of the PSO Read-Only portal will be retrieved from the data entered in the Provider Portal. The users will only be able to view/verify the data under each section. To view any additional data (additional business units or clients, etc.), the users can place a request to Program providers and KanTime support to do so.

The below-listed details will flow from the Provider Portal to the PSO Read-only portal.

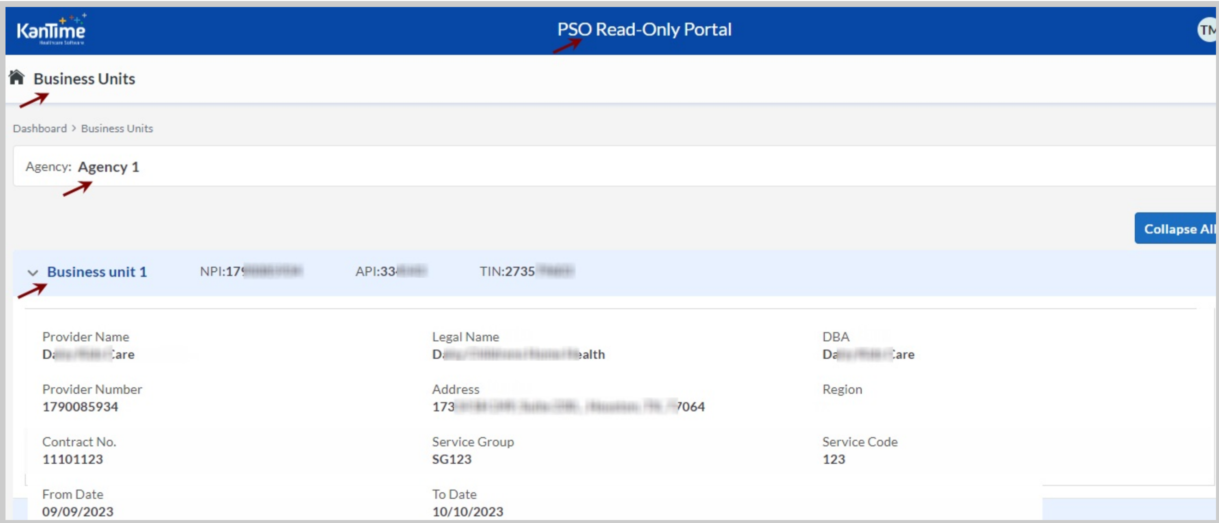
- **Business Units -** In this section, the data configured under the Agency and Branch level will be displayed.
- **Clients -** This section will display the data configured under each Member/Client profile of the Provider Portal.
- **Caregivers -** This section will display the data configured under each Caregiver/Clinician profile of the Provider Portal.
- **Schedules -** This section will display the Visit-related data created for each Client under the Provider Portal.
- **Authorizations -** This section will display the Authorization data created for each Client under the Provider Portal.
- **Transactions -** This section will display the EVV Visit Transactions data created/modified under the Provider Portal.
- **Reports -** This section will display the available report data generated under the Provider Portal.

PSO Read-Only Portal Dashboard View:

In this section, the users will have an in-depth understanding of the data displayed under each section of the PSO Read-Only portal dashboard.

Business Units:

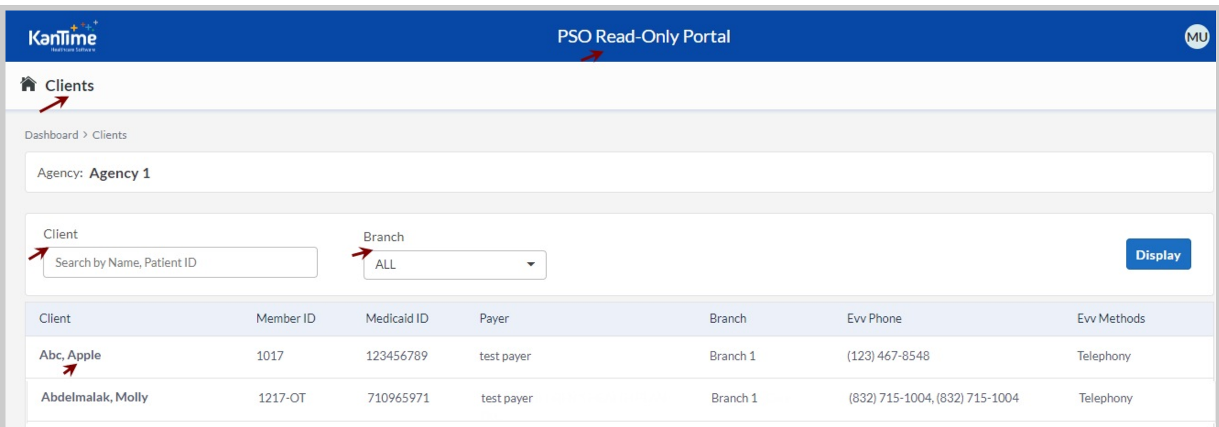
Business units, also called Branches, will provide the users with the basic details of all the Branches/Locations configured for that Agency. The screen also provides the option for the user to view the Branch details using Collapse/Expand.



To view the details, the user can click on the necessary Branch header, which will display the details (Provider Name, Legal Name, Provider Number, Region, Address, API, NPI, TIN, DBA, Contract Number, Service group, service Code, etc.) for that Branch. This will help the users to cross-verify the details of the Branches where the Clients and Payer are assigned.

Clients:

The users will be able to view the details of all the applicable Clients under the specific Payer for the selected Agency/Branch. The user can click on the Dashboard link and select the Clients menu to navigate to this screen. The user can also utilize the filters (Client (Single-select), Branch (Multi-select)) to list the Client records.



Level Of Access:

The HHSC users will be able to view all the Client's information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

Each Client record listed under this screen will have the following details applicable to that Client,

- Member ID - This column will display the applicable Client ID for each Client.
- Medicaid ID - This will display the Medicaid ID for the respective Payer attached to that Client.
- Payer - This will display the applicable Payer configured for the Clients.
- Branch - This will display the applicable Locations/Branches of the Client.
- EVV Phone - This will display the EVV phone numbers configured under the respective Client Profile.
- EVV Methods - This will display the applicable Clock-In/Out methods (Alternative Device, Telephone, Mobile) configured under the Client Profile.

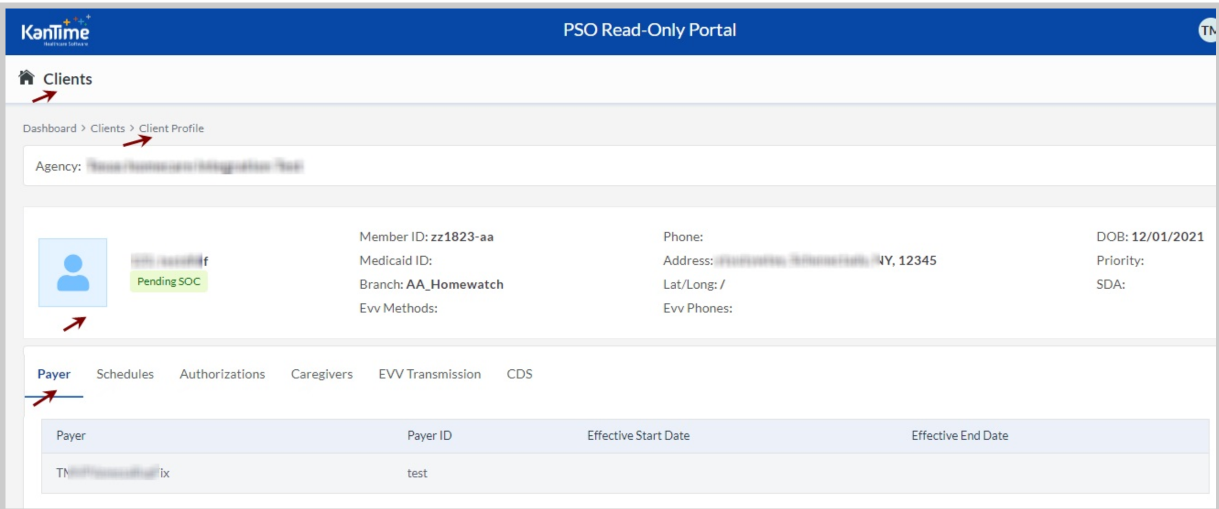
Please note that the KanTime system supports several features for Electronic Visit Verification (EVV) usage, including the Directed Services (CDS) Model as the Service Delivery Model, Landline and Alternate Device (FOB) as the EVV Data Collection Method, and Daily Fixed and Alternate Schedule Types.

However, these features have not been approved for use with TMHP PSO as of **December 2023.** To use them as part of PS, Agencies/Program Providers must register themselves with TMHP for an ORR session (Expedited Path) with KanTime.

Once the features are approved for TMHP PSO usage, agencies can use them in the system. You can **click here** to see the list of EVV PSO systems and their approved features by HHSC.

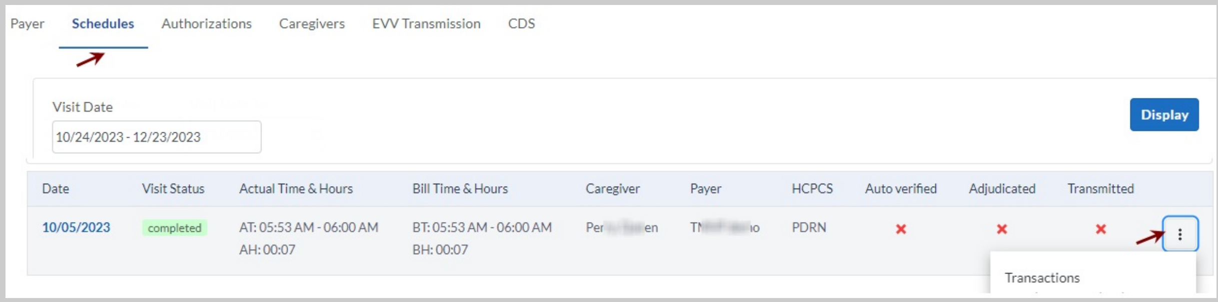
Contact KanTime Support: If you require any additional information or assistance throughout this process, please don't hesitate to contact KanTime Support (kantimesupport@kanrad.com) for guidance.

Each Client name listed in the record is a link, which, when clicked, will navigate the users to the respective Client profile.

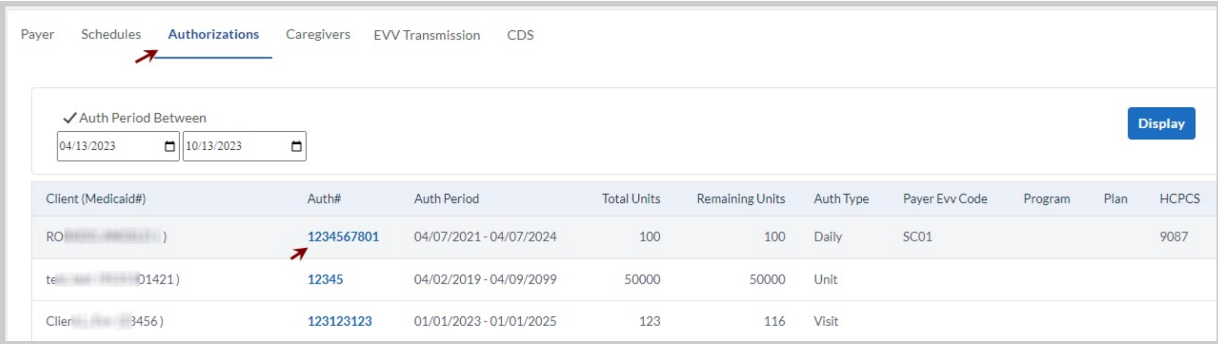


The users can see the Client's general information on this screen and can navigate to the respective tabs as listed below to view the details,

- Payer - This will list all the available Payers added under the Client Profile.
- Schedules - This tab will list all the visits performed/created for that particular Client and their respective visit status.



- Authorization - This tab will display the Authorization units (Total/Remaining) with respect to the Auth period created under the Client profile. Each Auth# is a link that, when clicked, will open a pop-up to display the visit details in which this Auth number is utilized.

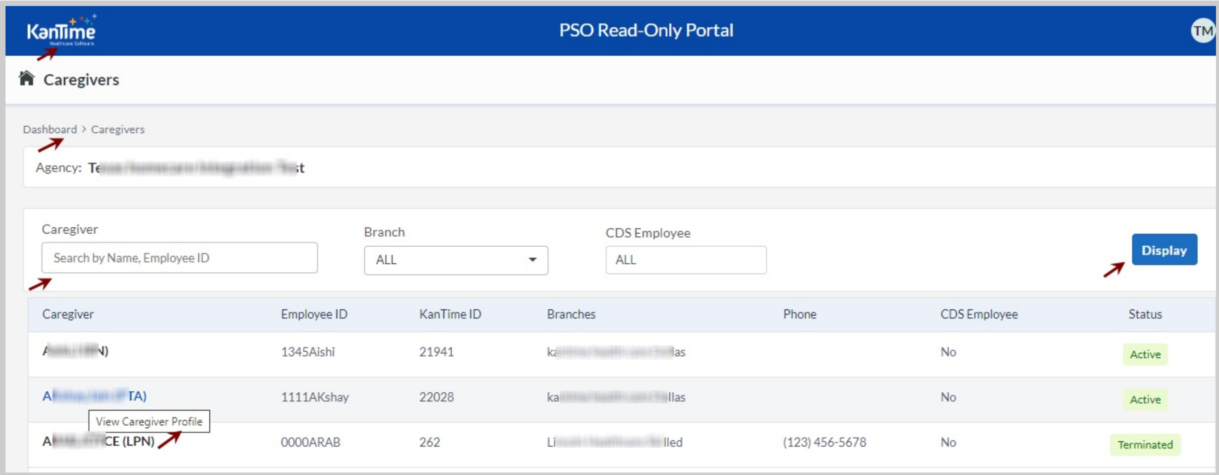


- Caregivers - This tab will list all the Caregivers who were rendering services to the Client. Each Caregiver's name is a link that will redirect the user to the respective Caregiver Profile.

- EVV Transmissions - This tab will list all the EVV Transactions that are linked to this Client.

Caregivers:

This screen will list all the applicable Caregivers who have performed Services for the Clients linked with the specific Payer. The user can click on the Dashboard link and select the Caregivers menu to navigate to this screen. The user can apply the necessary filters (Caregiver (Single-select), Branch (Single-Select), CDS Employee (Yes/No)) available on the screen to list the Caregiver records.



Level of Access for Users:

The HHSC users will be able to view all the Caregiver's information, whereas the MCO users will have access to view only the data of the Caregiver contracted with the MCO or where the MCO is the Payer.

Each Caregiver record listed under this screen will have the following details,

- Employee ID - This column will display the Employee ID for each Caregiver.
- KanTimeID - This will display the KanTimeID for the respective caregiver attached to that client.
- Branch - This will display the applicable Locations/Branches of the Caregiver.
- Phone - This will display the EVV phone numbers configured under the respective Clinician Profile.
- CDS Employee - This will display whether the Caregiver belongs to Consumer-Directed Services or not.
- Status - This will display the current status of the Caregiver.

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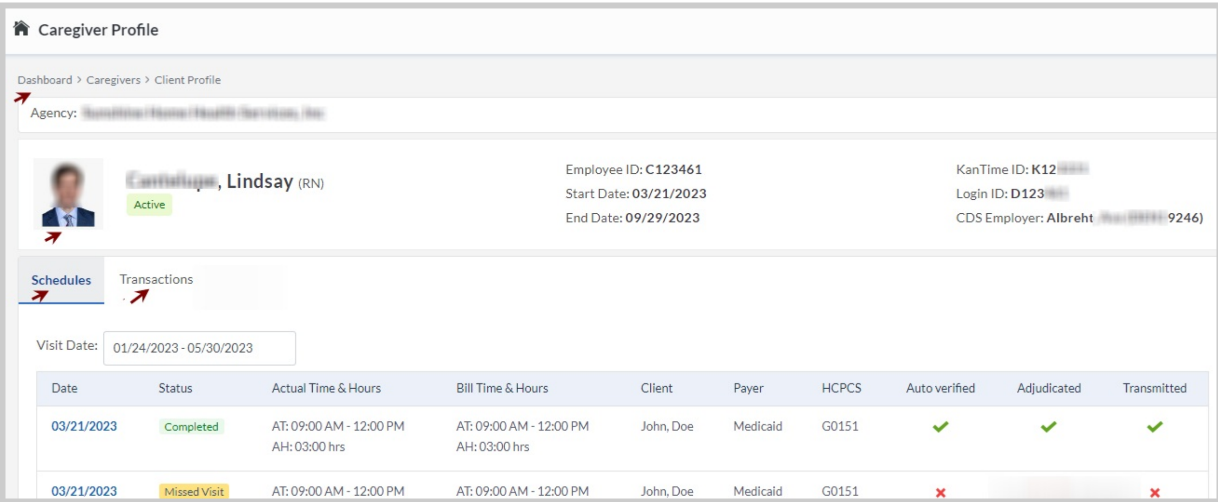
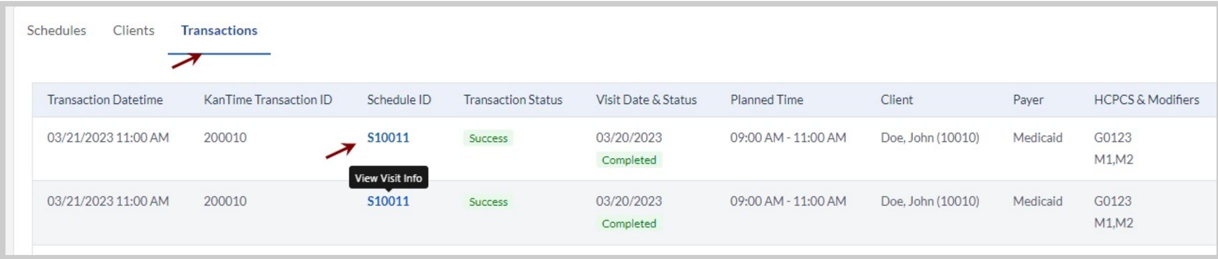
Each Caregiver's name listed in the record is a link, which, when clicked, will navigate the users to the respective Caregiver profile.



The users can see the Caregiver's general information on this screen and can navigate to the respective tabs as listed below to view the details,

- Schedules - This tab will display all the Visits performed by the Caregiver and their respective status. Each Visit date is a link, which, when clicked, will open a pop-up screen to display more details corresponding to that visit.

- **Transactions -** This tab will list all the EVV transactions performed for the visits under this Caregiver. Each Schedule ID is a link, which, when clicked, will open a pop-up that displays the visit-related data in detail.


Schedules Clients Transactions

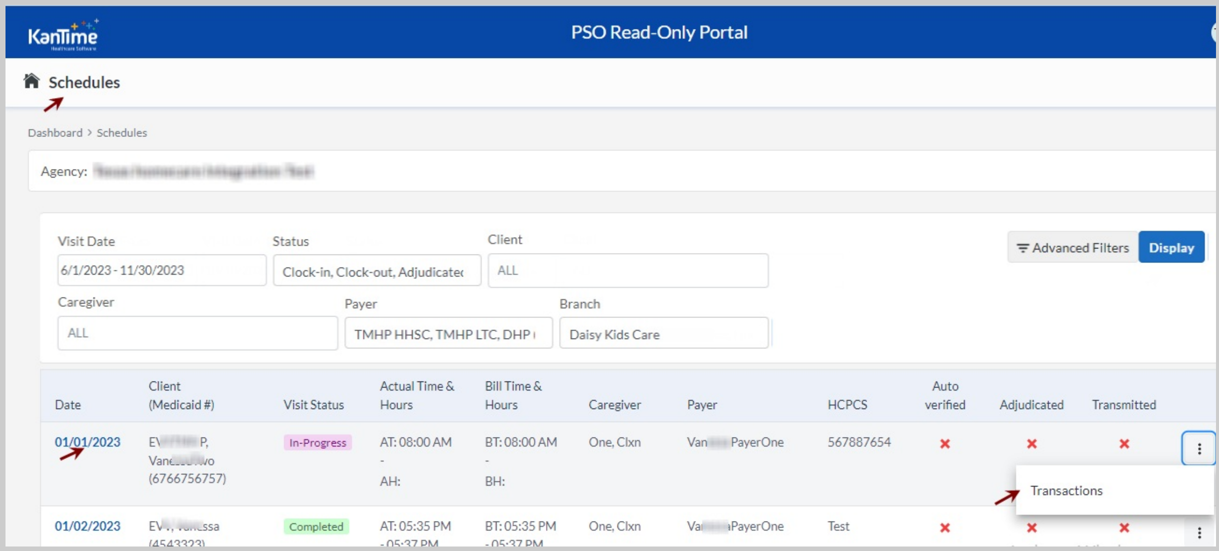
Transaction Datetime	KanTime Transaction ID	Schedule ID	Transaction Status	Visit Date & Status	Planned Time	Client	Payer	HCPCS & Modifiers
03/21/2023 11:00 AM	200010	S10011	Success	03/20/2023 Completed	09:00 AM - 11:00 AM	Doe, John (10010)	Medicaid	G0123 M1,M2
03/21/2023 11:00 AM	200010	S10011	Success	03/20/2023 Completed	09:00 AM - 11:00 AM	Doe, John (10010)	Medicaid	G0123 M1,M2

View Visit Info

Schedules:

This screen will list all the applicable Schedules of the Client having the specific Payer for the Agency/Branch. The user can click on the Dashboard link and select the Schedules menu to navigate to this screen. The user can apply the necessary filters to list the visit records. The filters are,

- Visit Date - The user can click on the Visit date box, which will open the calendar option. Specify the desired date range by clicking on the necessary dates (Start and End Date) and click on Apply.
- Status - This is a multi-select filter that allows the users to select the respective visit statuses (Clock-In, Clock-Out, Adjudicated, Transmitted)
- Client - Single-select filter that allows the user to specify the corresponding Client from the dropdown.
- Caregiver - Single-select filter that allows the user to specify the corresponding Caregiver from the dropdown.
- Payer - Multi-select filter that allows the user to specify the applicable Payers from the dropdown.
- Branch - Multi-select filter that allows the user to specify the applicable Branches from the dropdown.

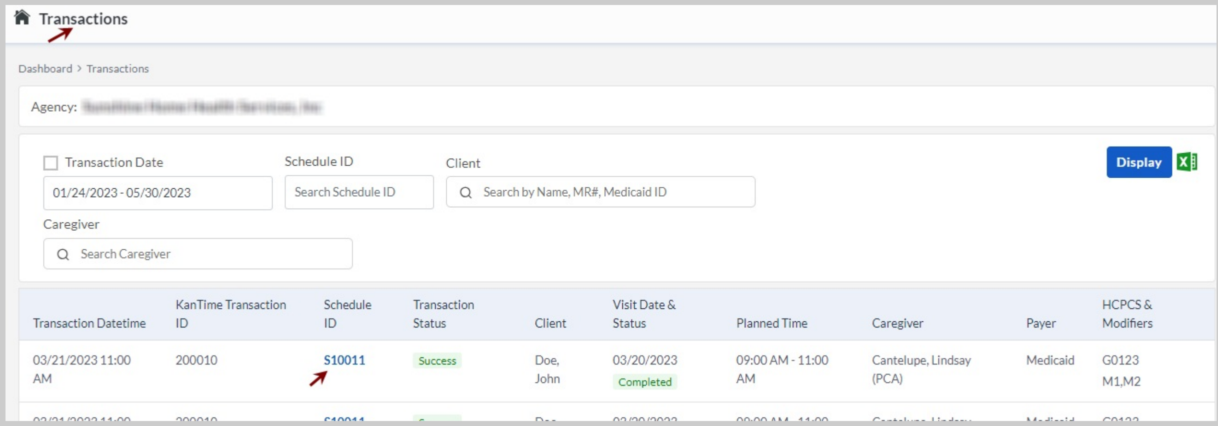


Level of Access:

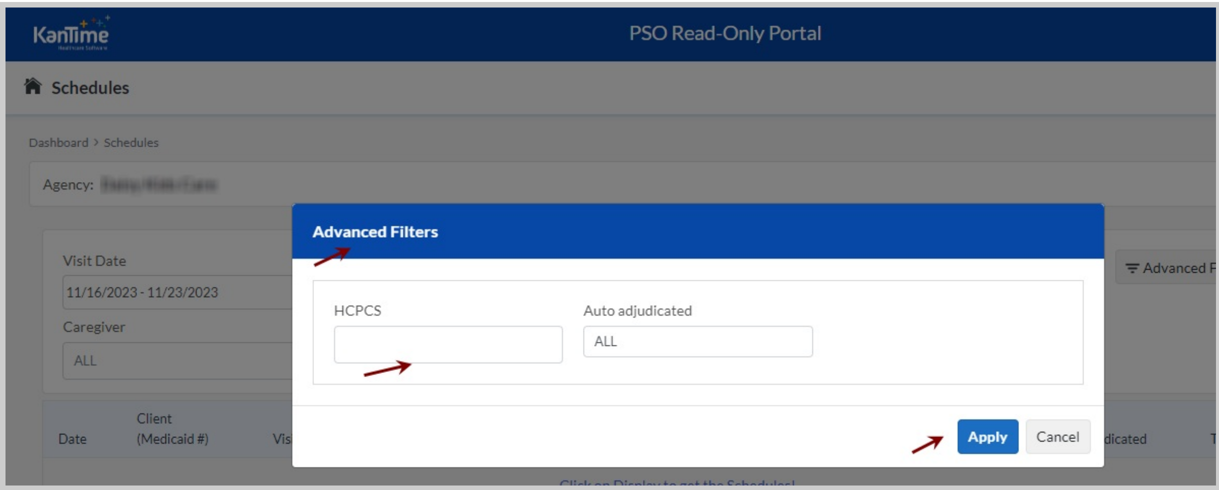
The HHSC users will be able to view all the available Schedule information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

Each Visit record listed under this screen will have the following details,

- Date: This will display the date on which the visit is performed. Visit Date is a link, which will navigate to the Visit Details screen.
- Client (Medicaid#) - This column will display the Client's name along with the Medicaid number.
- Visit status - This will display the status of each visit record.
- Actual Time & Hours - This will display the actual time and hours of the respective visit record.
- Bill Time & Hours - This will display the Bill time and hours of the respective visit record.
- Caregiver - This will display the name of the Caregiver who performed the visit.
- Payer - This column will display the name of the Payer associated with the Client.
- Auto Verified/ Adjudicated/ Transmitted - These columns will indicate the visit status with green checkmarks and red crosses as appropriate.
- Transactions: This option is available under the ellipsis icon, which will link this screen to the Transactions screen, which will display the method of transaction for this visit.

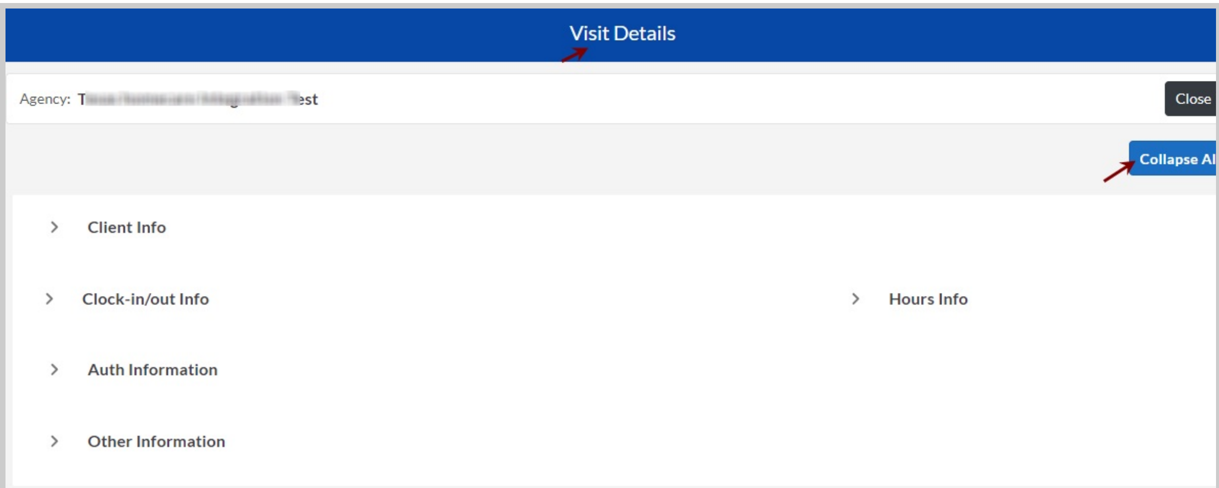


- Advance Filter: Utilize the advanced filters (HCPCS, Auto Adjudicated (Yes/No) available to filter the records.



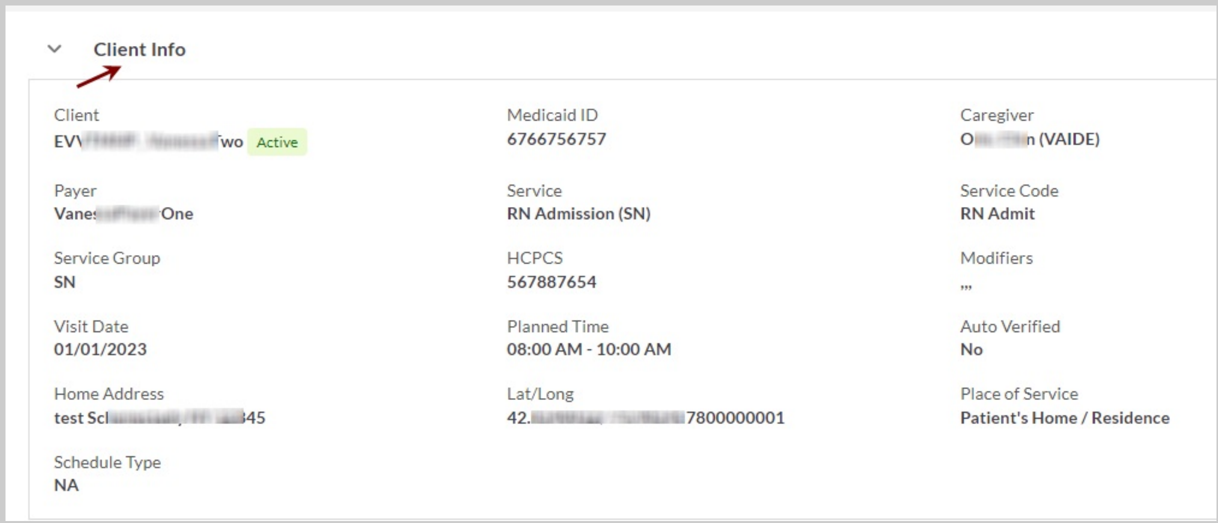
Visit Details:

Under the Date column shown above, each Visit date is a link, which, when clicked, will open a new pop-up that will display the Visit information in detail.

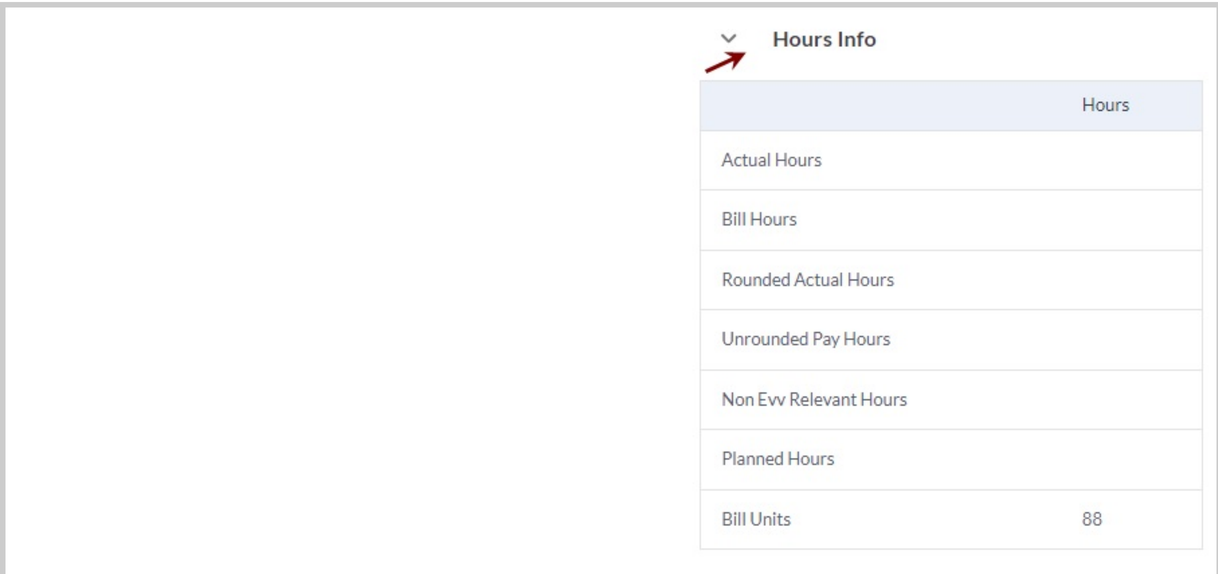


The details are,

- Client Info - This section will display all the basic information related to the Client.



- Hours Info - This will display the hours information applicable for the Visit.



- Clock-in/out info - This section will display the Clock-in/out information performed for this Visit.

Clock-in/out Info

	Clock-in	Clock-out
Actual Time	09:00 AM	11:00 AM
Bill Time	09:00 AM	11:00 AM
Method	FOB	FOB
FOB Device ID	88888888	88888888
Service Delivery Address	[illegible]	[illegible]
Lat/Long	[illegible]	[illegible]

- Auth Information - This will display the Auth number and the Auth Units utilized for this Visit.

Auth Information

Auth#	Auth Units
A10011	10

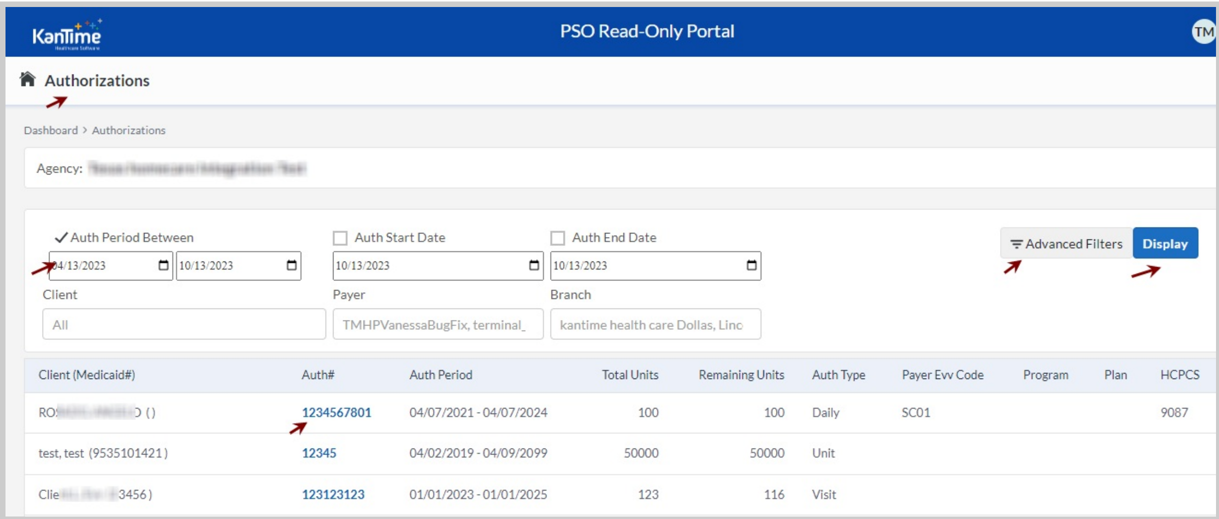
Authorizations:

This screen will display the authorization details available for each Client based on applied filters. The user can click on the Dashboard link and select the Authorizations menu to navigate to this screen. The user can apply the necessary filters to list the Auth records. The filters are,

- Auth Period between - The user can click on the Auth Period box, which will open the calendar option. Specify the desired date range by clicking on the necessary dates (Start and End Date).
- Auth Start Date - The user can click on the Auth Start date box, which will open the calendar option. Specify the desired Start date range.
- Auth End Date - The user can click on the Auth End Date box, which will open the calendar option. Specify the desired End date range.

Out of the above-mentioned three date filters, the user can enable a necessary filter's checkbox, and click on Display to list the records accordingly.

- Client - Single-select filter that allows the user to specify the corresponding Client from the dropdown.
- Payer - Multi-select filter that allows the user to specify the applicable Payers from the dropdown.
- Branch - Multi-select filter that allows the user to specify the applicable Branches from the dropdown.



Level of Access:

The HHSC users will be able to view all the available Auth information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

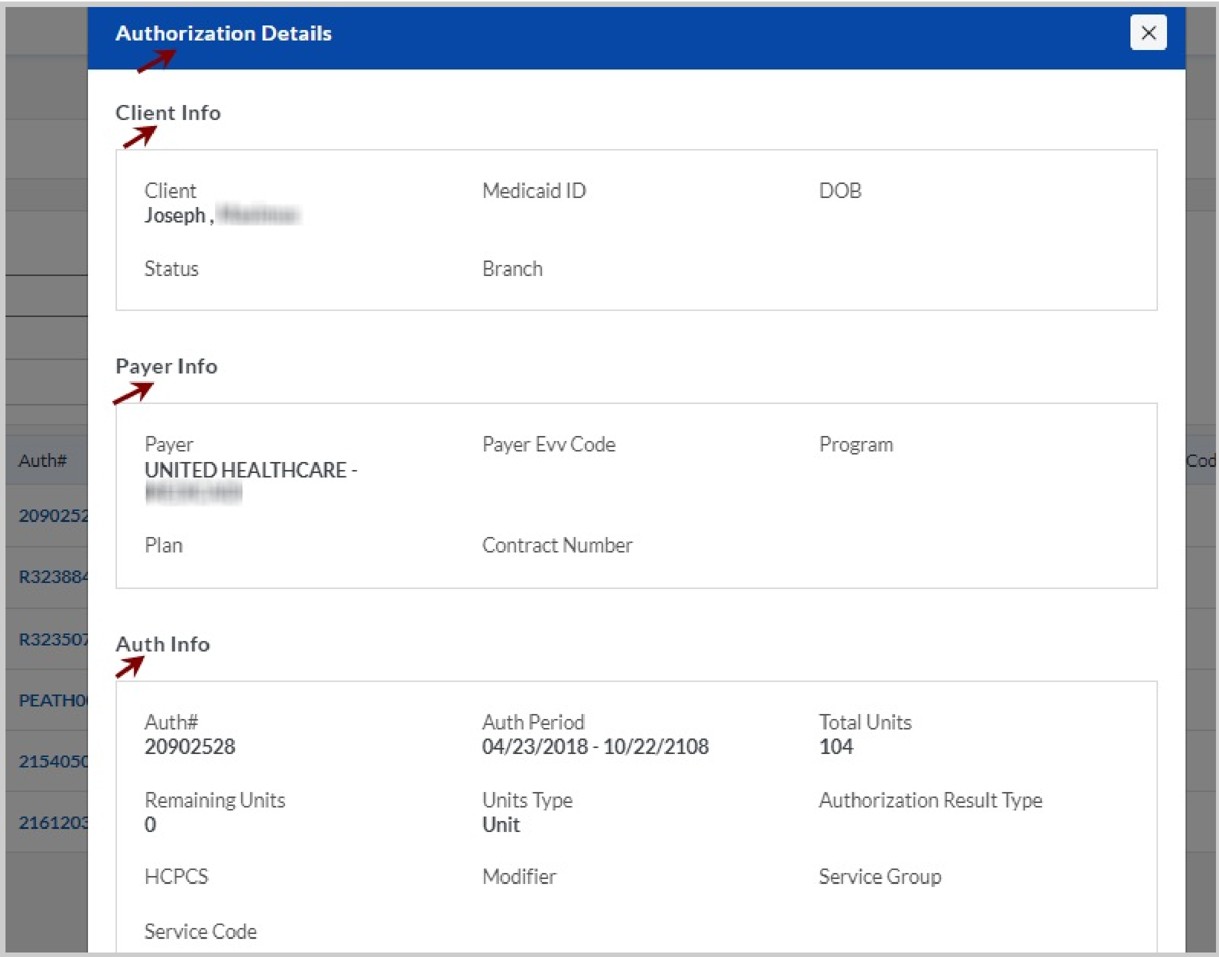
Each Authorization record listed under this screen will have the following details,

- Client (Medicaid#) - This column will display the Client's name along with the Medicaid number.
- Auth# - This will display the Auth number generated while creating an Authorization.
- Auth Period - This will display the duration applicable for the corresponding Auth record.
- Total Units - This will display the Total units created for the Authorization.
- Remaining Units - This will display the remaining units available for the

corresponding Auth#.

- Units Type - This column will display the Authorization unit type (Daily/Weekly/Monthly).
- Payer EVV Code - This will display the applicable Payer EVV Code set under the Payer Source.
- Program - This will display the Program specified in the Payer Source.
- Plan - This will display the Plan specified while creating authorization.
- HCPCS - This will display the HCPCS code specified while creating authorization.

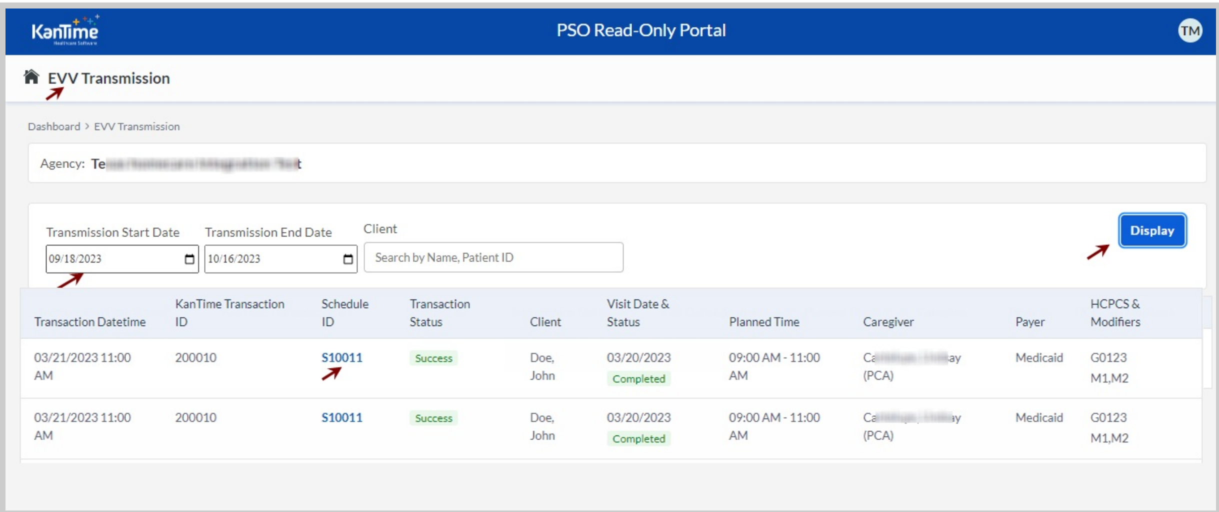
The user can also click on the Auth# column of each record, which is a link that, when clicked, will display the Authorization details pop-up (Client Info, Payer Info, AuthInfo) as shown.



EVV Transmission:

This screen will display the status of each EVV Transaction details based on the applied filters. The user can apply the necessary filters to list the transaction records. The filters are,

- Transaction Start/End Date - The user can click on the Transaction Date box, which will open the calendar option. Specify the desired date range by clicking on the necessary dates (Start and End Date) and click on Apply. Ensure to specify the date range within 30 days to display the records.
- Client - Single-select filter that allows the user to specify the corresponding Client from the dropdown.



Level of Access:

The HHSC users will be able to view all the available Transaction data, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

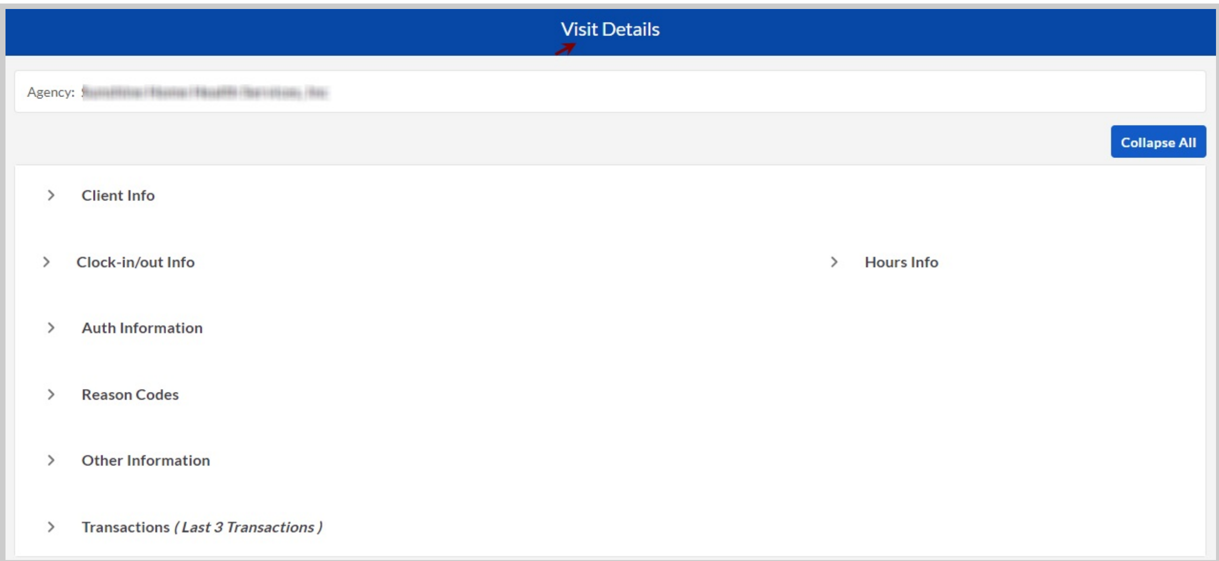
Each Transaction record listed under this screen will have the following details,

- Transaction Date/Time - This column will display the Date and Time at which the corresponding transaction is recorded.
- KanTime Transaction ID - This will display the KanTime Transaction ID for the corresponding record.
- Schedule ID - This will display the Schedule ID for the corresponding record.
- Transaction Status - This will display the Status of each Transaction

(Success/Failed).

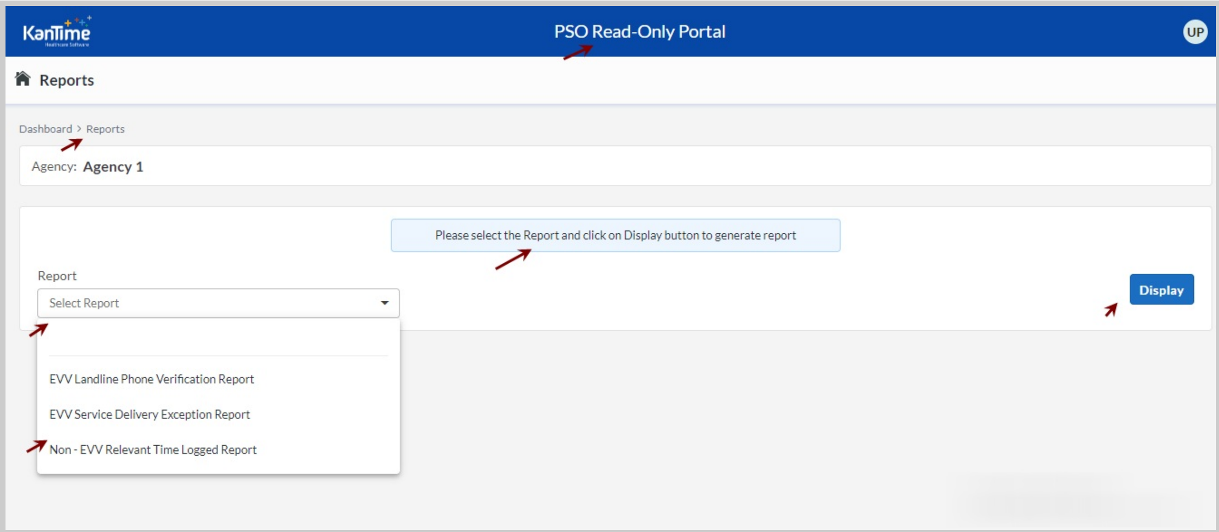
- Client - This will display the Client name for which the corresponding transaction is attached.
- Visit Date & Status - This will display the Visit Date & Status for which the corresponding transaction is attached.
- Planned Time - This will display the planned time for the Transaction record.
- Caregiver - This will display the Caregiver name for which the corresponding transaction is attached.
- Payer - This will display the Payer Source name for which the corresponding transaction is attached.
- HCPCS & Modifiers - This will display the HCPCS & Modifiers

The user can also click on the Schedule ID column, which is a link; when clicked, will open a new screen to display the respective Visit details. The user can click on each section under the Visit Details pop-up to view the respective data.



Reports:

The user can navigate to this screen by clicking on the Reports menu on the PSO Read-Only Portal Dashboard. In this screen, the user must click on the Report dropdown, which will list the applicable Reports for the logged-in user. Click the necessary Report, which will navigate to the Provider Portal to fetch the data and display it accordingly.



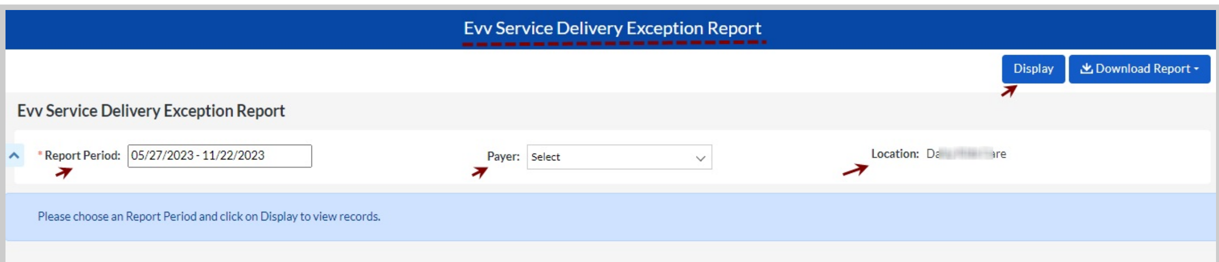
EVV Service Delivery Exception Report

This report shows the number of visits that varied from the schedule or authorization, as well as the number of visits that were not approved for a requested date range. This data includes services regardless of service delivery locations (home or community location and GPS coordinates when the Service Provider used the mobile method to clock in/out). The EVV System creates this report using the data native to it.

Level of Access:

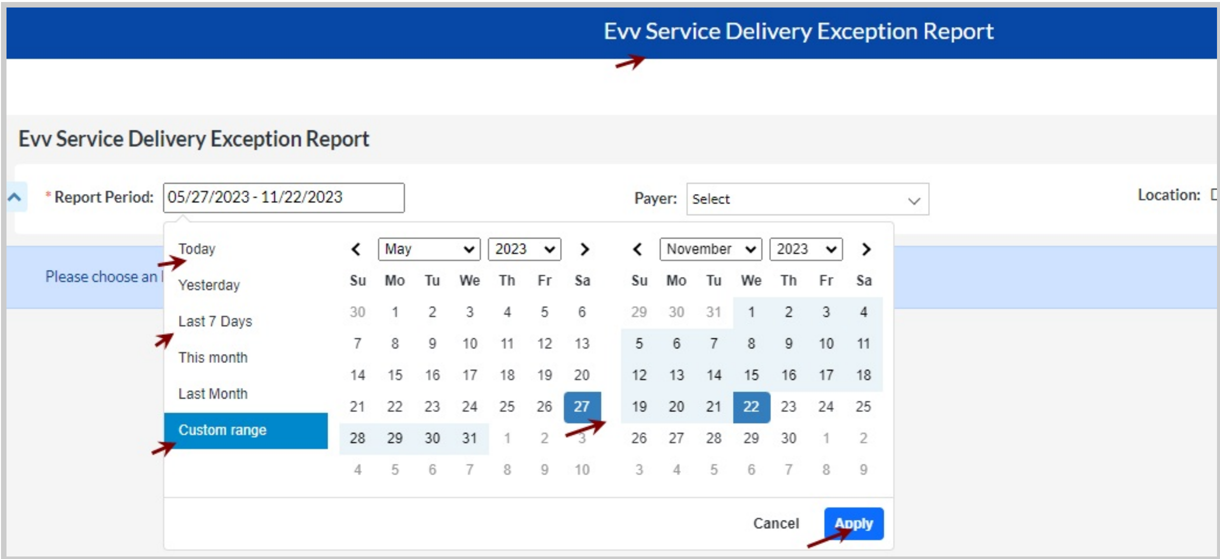
The HHSC users will be able to view all the available information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

To generate the report data, the user must specify the necessary filters and click on Display to view the records.



The filters are,

- Report Period: The user can click on the Report period box, which will open the calendar option as shown. Specify the desired date range by clicking on the necessary options (Today, Yesterday, This Month, Custom range, etc) and click on Apply.



- Payer: This is a single select filter, and the user can specify the necessary Payer from this dropdown.
- Location: Utilize this single-select filter to choose the necessary Location to sort the records.
- CDS Employer: The user can specify the necessary CDS Employer from this single-select filter.

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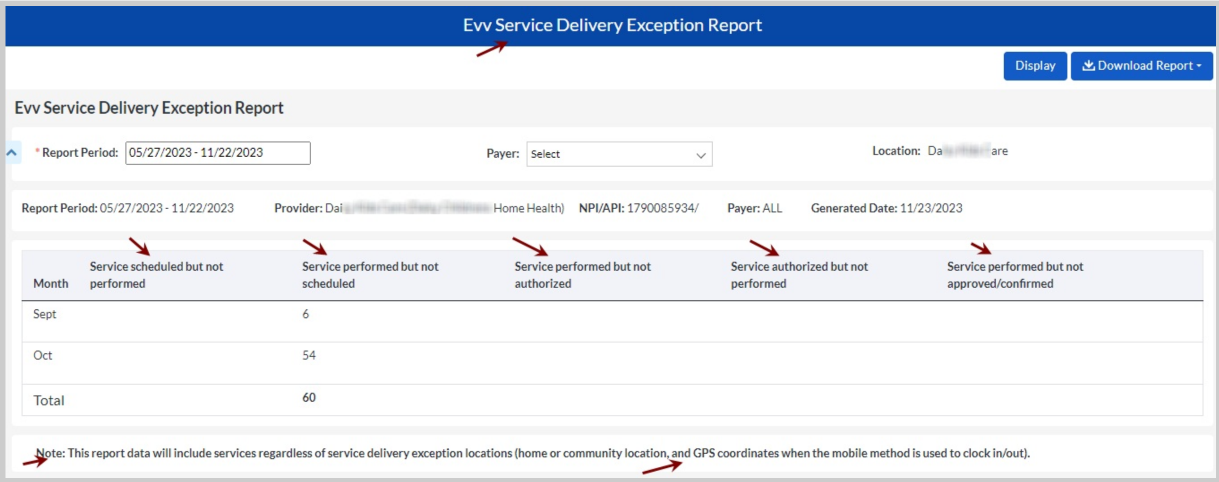
Once all the filters are applied, the user can click on the Display button, which will list all the data corresponding to the applied filters. The generated report will display the number of services performed based on condition (as listed below) for each month within the specified range.

- **Services Scheduled but not Performed -** This column will display the total count of Services that are not performed out of the total number of Schedules planned for that particular month.
- **Services performed but not Scheduled -** This column will display the total count of Services that are performed but were not Scheduled for that particular month.
- **Services performed but not authorized** - This column will display the total count of Services that are performed without the Authorization for that particular month.
- **Services authorized but not performed -** This column will display the total count of Services that are authorized but not performed for that particular month.
- **Services performed but not approved/Confirmed -** This column will display the total count of Services that are performed but not approved/adjudicated for that particular month.

Report Data

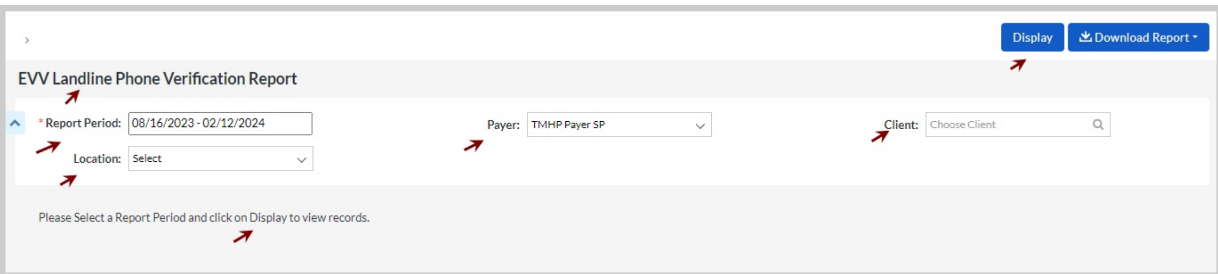


EVV Landline Phone Verification Report

This report shows the phone number, phone type, and carrier used by a Service Provider to Clock-In or Clock-Out using the home landline electronic verification method. The report allows the System User to monitor phone numbers and identify the use of non-landline phone numbers. The EVV System must create this report using data native to the EVV system.

Level of Access:

The HHSC users will be able to view all the available information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

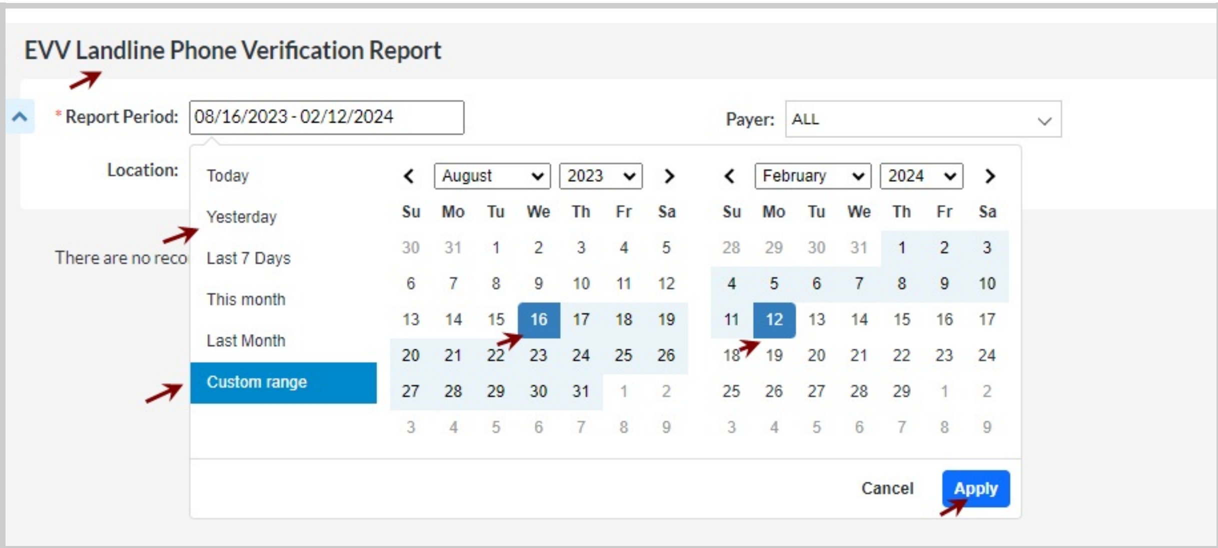


To generate the report data, the user must specify the necessary filters and click on Display to view the records. The filters are,

1. Report Period: The user can click on the Report period box to open the calendar option as shown. Specify the desired date range by clicking on the necessary options as listed below,

- Today - If this option is selected, the screen will display only the Present date report data.

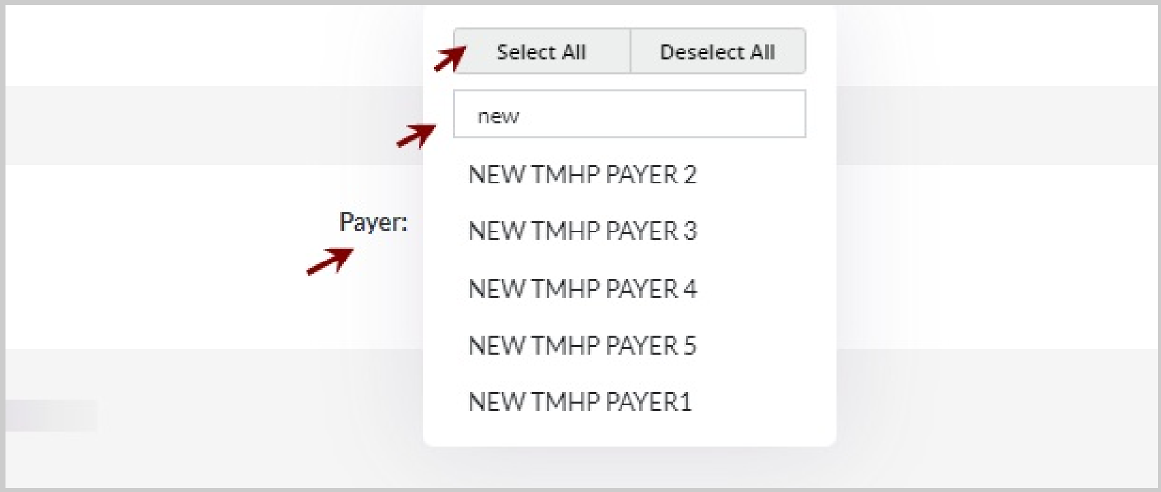
- **Yesterday -** If this option is selected, the screen will display only the present-date report data.
- **Last 7 Days -** If this option is selected, the screen will display only the report data for the past seven days.
- **This Month -** If this option is selected, the screen will display only the report data for the present month.
- **Last Month -** If this option is selected, the screen will display only the report data for the past month.
- Custom Range - The user can customize the data range with this option by specifying the Start/End date as per the requirement to display the data.



2. Payer: This is a multi-select filter, and the user can specify the necessary Payer(s) from this dropdown to list the data with respect to that Payer(s). The user can also utilize the search box to type the keyword, which will list all the applicable Payer names related to the Keyword. If no Payer is selected, then the report will generate the data for all the Payers.

Level of Access:

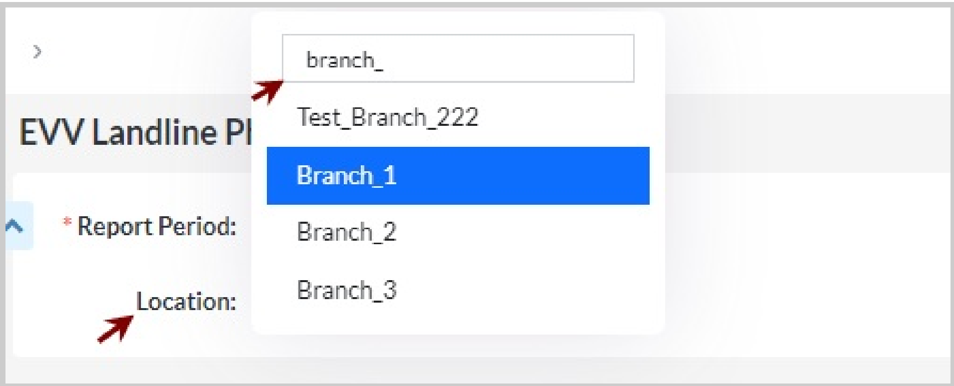
The HHSC users will be able to view all the available Payers information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.



3. Location: This is a single-select filter, and the user can choose the necessary Locations to sort the records.

Level of Access:

The HHSC users will be able to view all the available information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.



4. Client: This is a single-select filter, and the user can specify the necessary Client to sort the records.

Level of Access:

The HHSC users will be able to view all the available Client information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

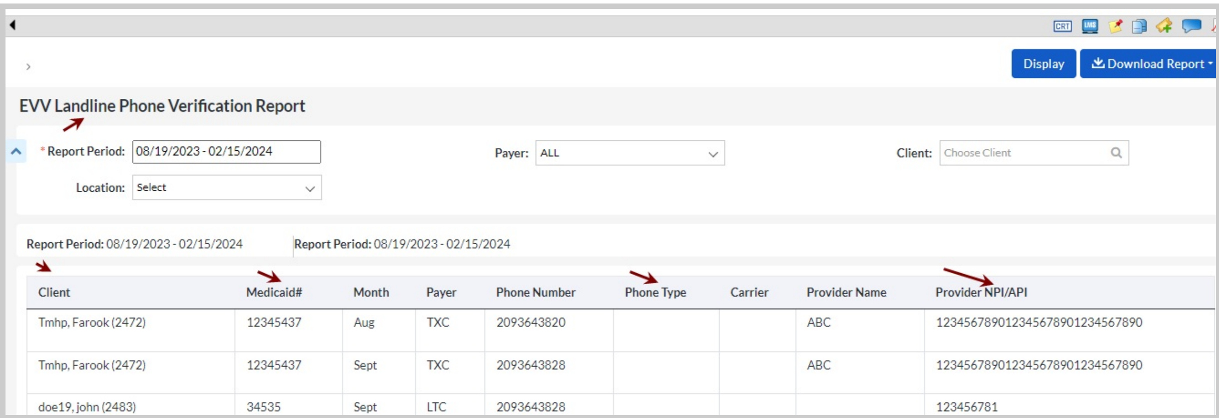
Once all the filters are applied, the user can click on the Display button, which lists all the data corresponding to the filters.

- Client: Single-select filter to specify the applicable Client name.
- Clinician: Single-select filter to specify the applicable Clinician name.
- Payer: This is a single select filter, and the user can specify the necessary Payer from this dropdown.
- Location: Utilize this single-select filter to choose the necessary Location to sort the records.

Once all the filters are applied, the user can click on the Display button, which lists all the data corresponding to the filters. The generated data will display the records based on the Clinicians. The data will be displayed in the mentioned columns,

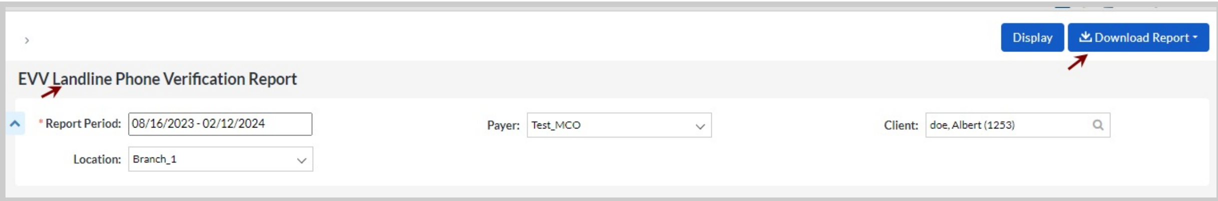
- Client - This column will display the Client name.
- Medicaid # - This column will display the Mediciad number for the respective Client.
- Month - This will display the month in which the call is made.
- Payer - This will display the corresponding Payer source attached to the Client.
- Phone Number- This will display the Phone number configured for the telephone method.
- Phone Type - This will display the device type for the telephone method.
- Carrier - This will display the carrier type of the Configured number
- Provider Name - This will display the Provider name.
- Provider NPI/API - This will display the Provider's NPI/API values.

Report Data

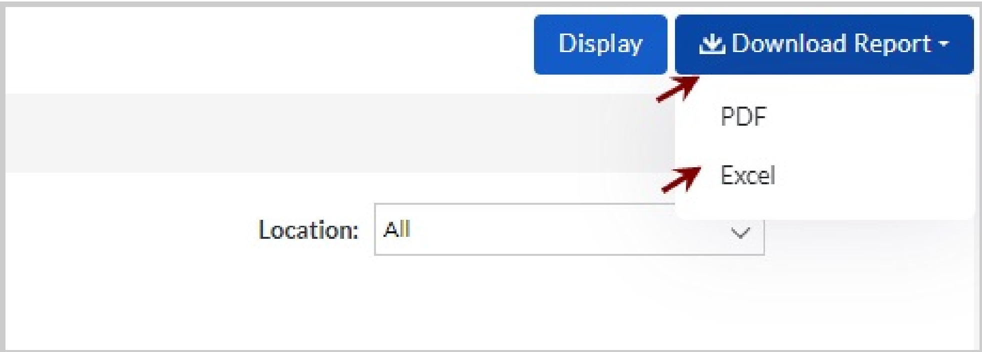


Selecting an Export Format:

The user can click the Download Report dropdown button, which lists the available export options (PDF, Excel) as shown.

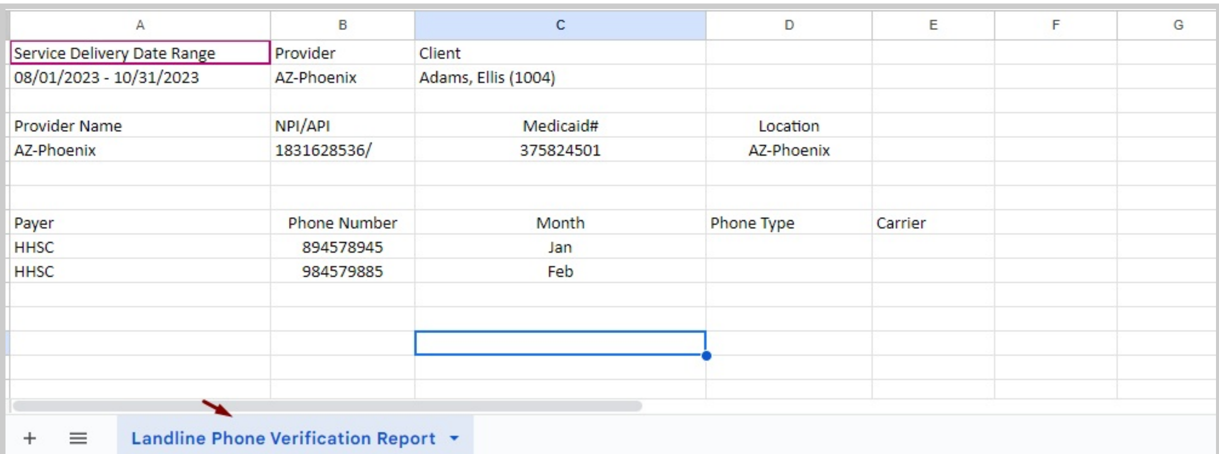


Select the necessary Format and click on it to Export the report data as displayed in the screens below. If the PDF option is selected, the generated report data will be in PDF format, and if the Excel option is selected, the generated data will be in .csv format.



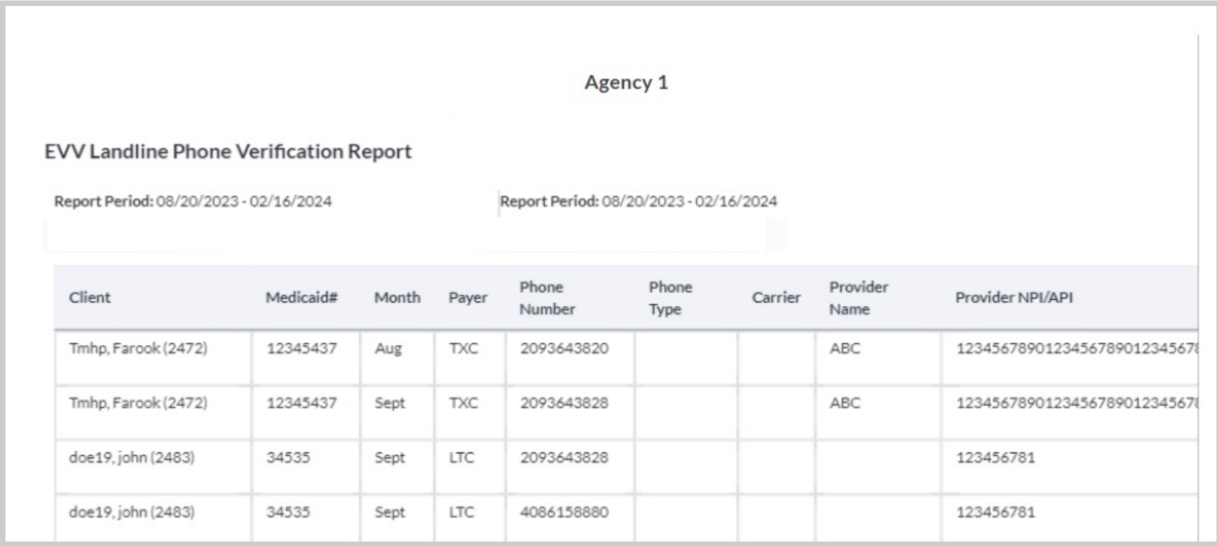
The user can navigate to their respective Downloads folder to view the Report data.

Export to Excel



A	B	C	D	E	F	G
Service Delivery Date Range	Provider	Client				
08/01/2023 - 10/31/2023	AZ-Phoenix	Adams, Ellis (1004)				
Provider Name	NPI/API	Medicaid#	Location			
AZ-Phoenix	1831628536/	375824501	AZ-Phoenix			
Payer	Phone Number	Month	Phone Type	Carrier		
HHSC	894578945	Jan				
HHSC	984579885	Feb				

Export to PDF



Agency 1

EVV Landline Phone Verification Report

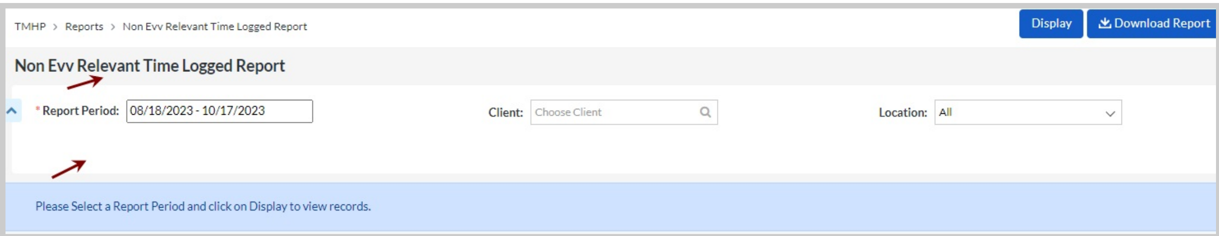
Report Period: 08/20/2023 - 02/16/2024

Report Period: 08/20/2023 - 02/16/2024

Client	Medicaid#	Month	Payer	Phone Number	Phone Type	Carrier	Provider Name	Provider NPI/API
Tmhp, Farook (2472)	12345437	Aug	TXC	2093643820			ABC	123456789012345678901234567
Tmhp, Farook (2472)	12345437	Sept	TXC	2093643828			ABC	123456789012345678901234567
doe19, john (2483)	34535	Sept	LTC	2093643828				123456781
doe19, john (2483)	34535	Sept	LTC	4086158880				123456781

Non-EVV Relevant Time Logged Report

This report shows the time the Clinician spent on non-EVV services between Clock-In or Clock-Out for a requested date range. To generate the report data, the user must specify the necessary filters and click on Display to view the records.

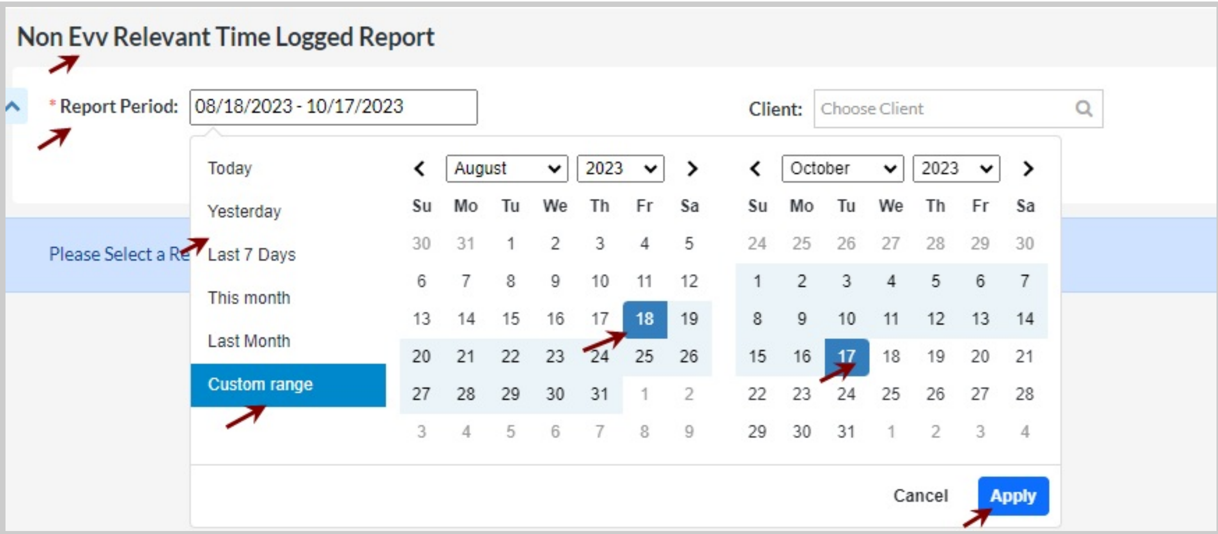


The filters are,

1. Report Period: The user can click on the Report period box to open the calendar option as shown. Specify the desired date range by clicking on the necessary options as listed below,

- Today - If this option is selected, the screen will display only the Present date report data.
- Yesterday - If this option is selected, the screen will display only the present-date report data.
- Last 7 Days - If this option is selected, the screen will display only the report data for the past seven days.

- **This Month -** If this option is selected, the screen will display only the report data for the present month.
- **Last Month -** If this option is selected, the screen will display only the report data for the past month.
- **Custom Range -** The user can customize the data range with this option by specifying the Start/End date as per the requirement to display the data.

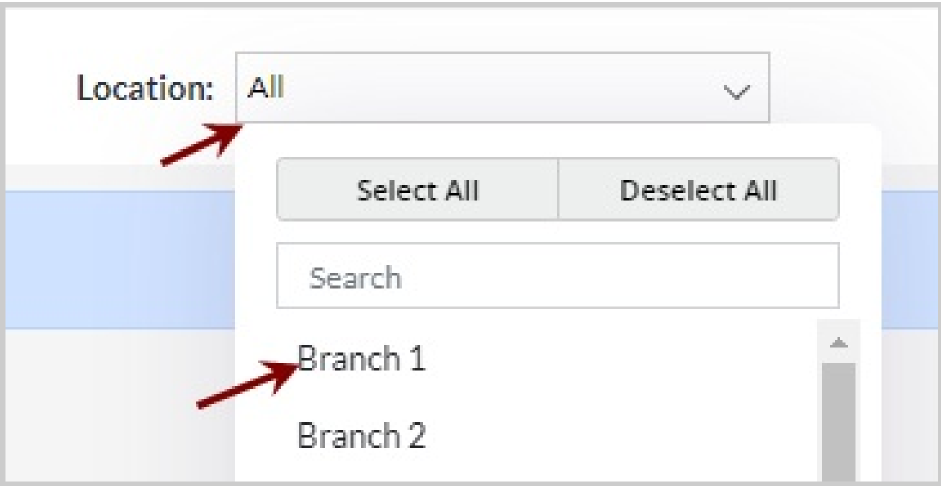


2. Client: This is a single select filter, and the user can specify the necessary Client from this dropdown to list the data with respect to that Client. If no Client is selected, then the report will generate the data for all the Clients.

Level of Access:

The HHSC users will be able to view all the available Client information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

3. Location: This is a multi-select filter, and the user can choose the necessary Locations to sort the records.that Client.



Once all the filters are applied, the user can click on the Display button, which lists all the data corresponding to the filters.

Level of Access:

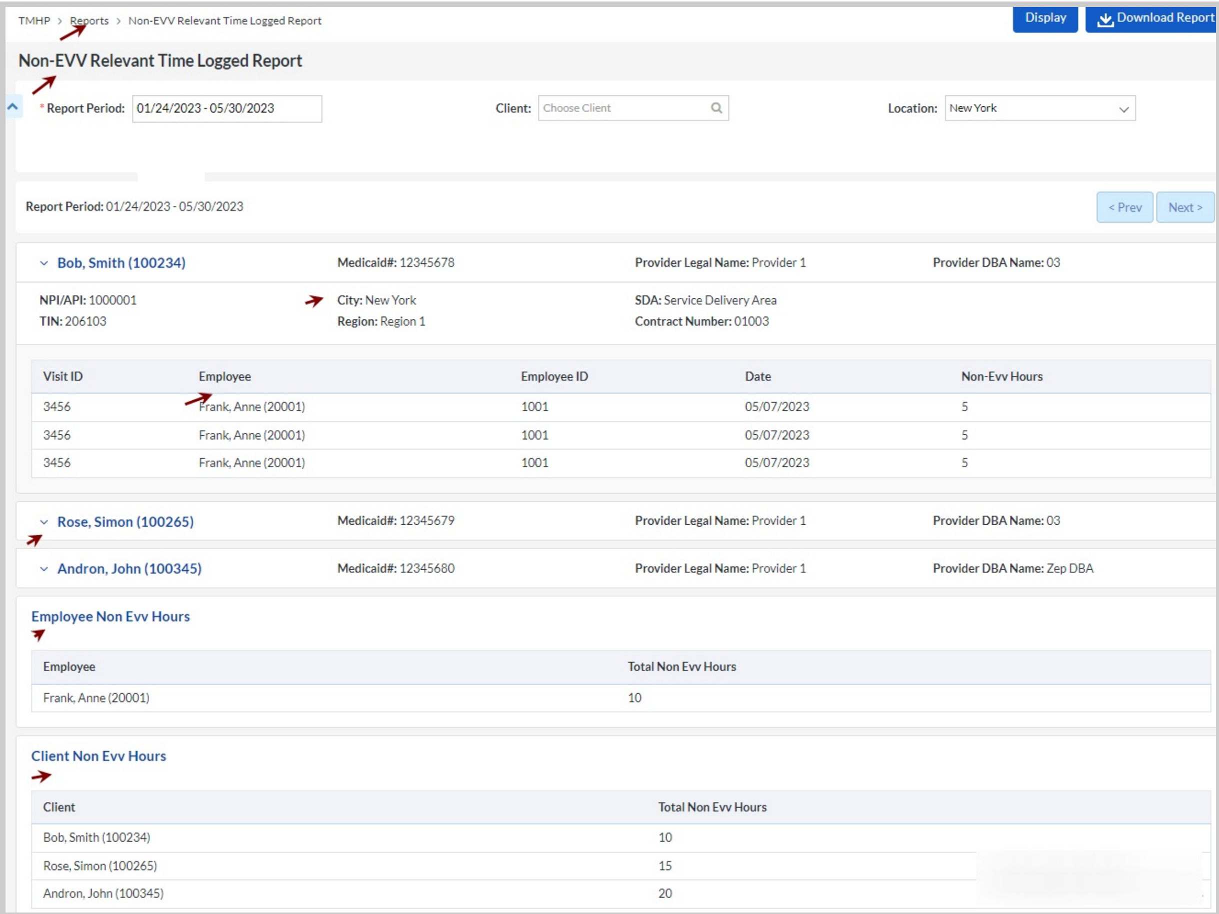
The HHSC users will be able to view all the available information, whereas the MCO users will have access to view only the data of the Client contracted with the MCO or where the MCO is the Payer.

The generated data will display the records based on the Clients. The user can expand/collapse the necessary Client to view the data. The data will be displayed in three sections,

- Client Section - This section will display the basic Client/Clinician and

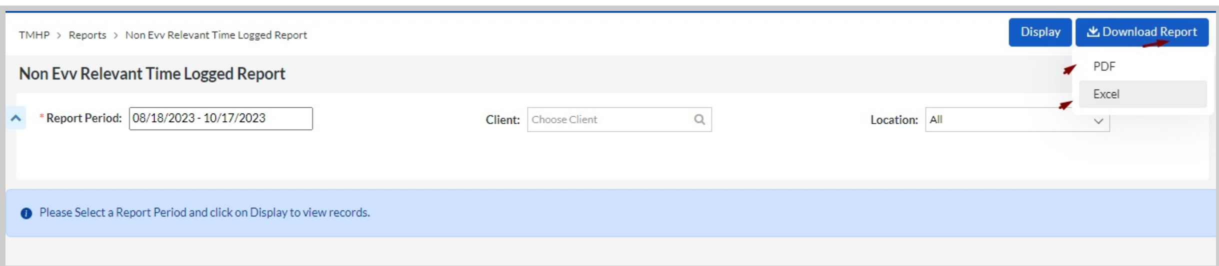
Agency details (Client Name, Employer name, Medicaid Number, City, Region, NPI/API, etc.).

- Employee Non-EVV Hours - This will display the total Non-EVV hours spent by each Clinician for their Clients.
- Client Non-EVV Hours - This will display the total Non-EVV hours spent by the Clinicians for the particular Client.

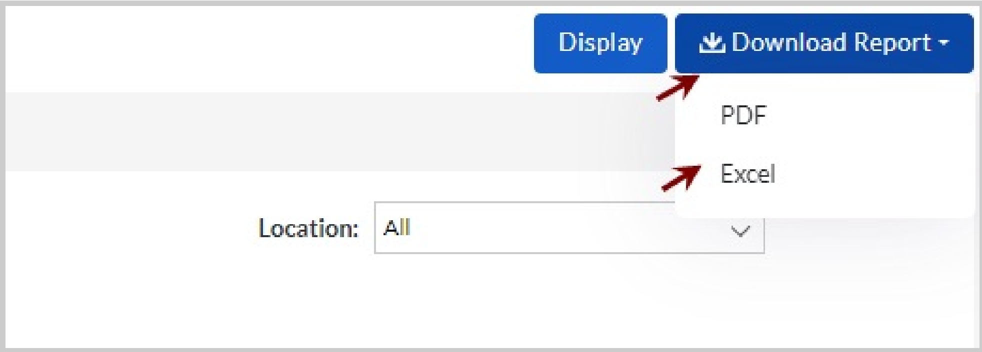


Selecting an Export Format:

The user can click the Download Report dropdown button, which lists the available export options (PDF, Excel) as shown.



Select the necessary Format and click on it to Export the report data as displayed in the screens below. If the PDF option is selected, the generated report data will be in PDF format, and if the Excel option is selected, the generated data will be in .csv format.

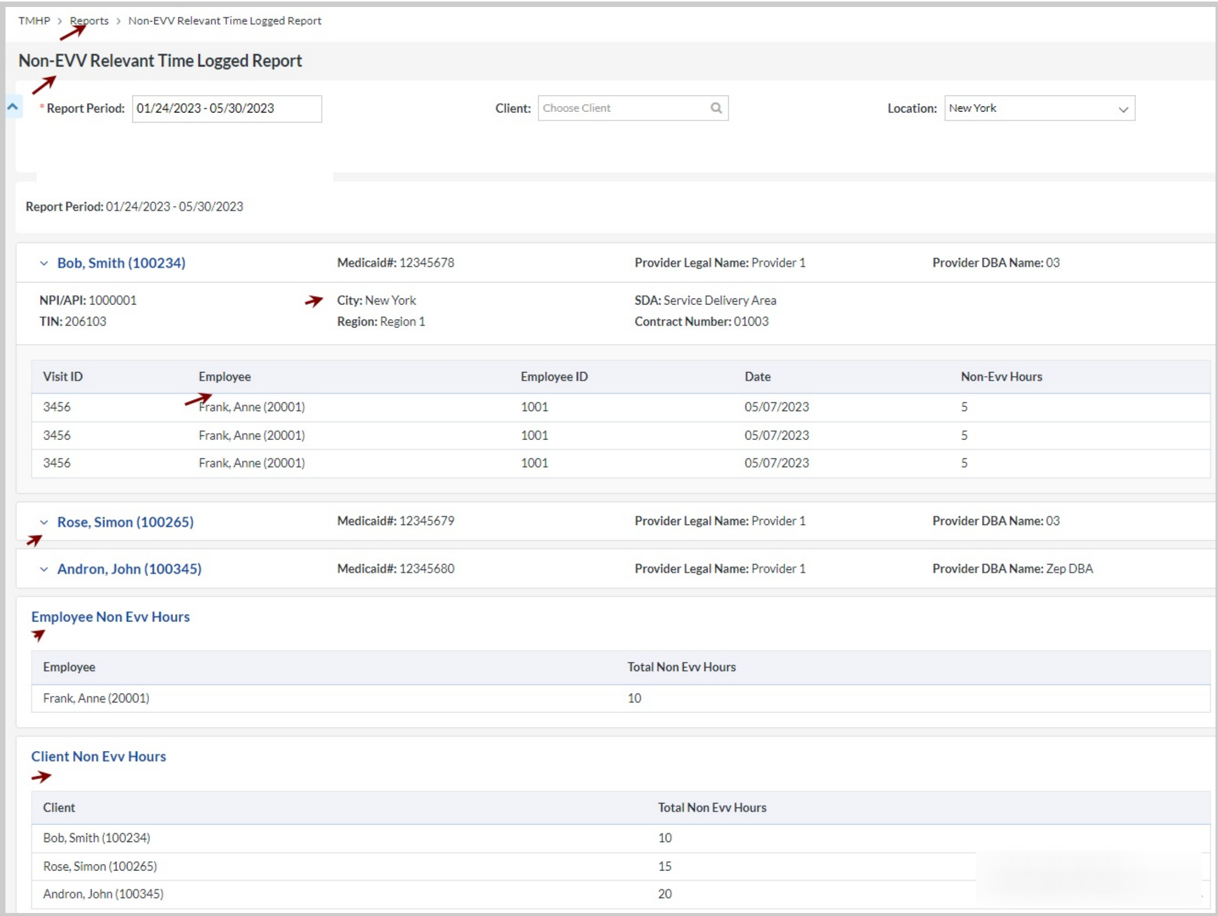


The user can navigate to their respective Downloads folder to view the Report data.

Export to Excel

	A	B	C	D	E	F	G
1	Service Delivery Date Range	Provider	Client				
2	08/20/2023 - 10/16/2023	Kids Care	Doe, John (Medicaid ID: 125488)				
3							
4	Provider Legal Name	NPI/API	TIN	Location	Region	SDA	Contract Number
5	Home	14558755/125488	515488445	Branch 1	TX	124	654
6							
7	Visit Date	Employee					
8	10/8/2023	Doe, Mark (4567)					
9							
10		Non EVV Hours	Employee Non-EVV Hours	Client Non-EVV Hours			
11	Total	10:30	6:30	4:00			
12							
13							
14							

Export to PDF



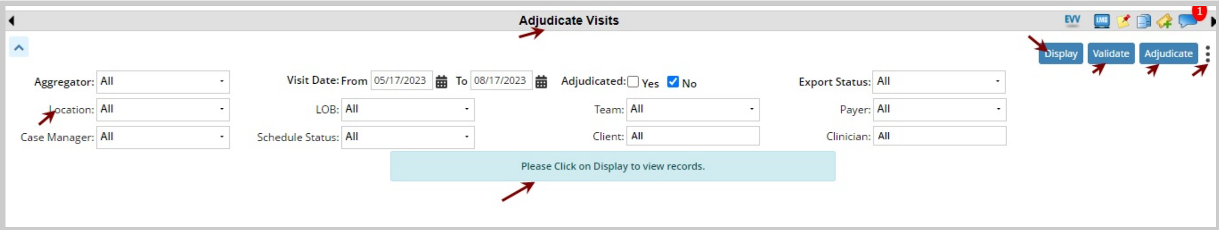
Details about KanTime's EVV system (Provider Portal) functionalities

Visit Capture and Validation:

The Provider users will be able to mark the Visits as Adjudication required based on the Agency level setting in the Provider Portal. The process of Adjudication involves verifying all the EVV Properties (Check-In/Out Source, Visit Location, Clinician) and acknowledging whether the Visits are performed as planned. This adjudication process will capture all the Schedule warnings and errors if any (Double book, Schedule deviation, Client/Clinician maximum hours, etc.) collectively in one screen, where the Provider user must clear the errors to Adjudicate the visits. The Schedule errors/warnings not addressed during the Check-In/Out process will also be listed on this screen, and the Provider user must resolve these errors/warnings to adjudicate the Visits.

Once the Agency level setting is enabled and the effective date is set, all the Visits from the effective date will be marked as Adjudication required and require Adjudication to approve them. If the Visits are not adjudicated, the Provider users will not be able to approve the visits from any places (Timesheet, Edit EVV Timesheet, eChart, pChart, OASIS, etc.). Access the screen from the below-mentioned path

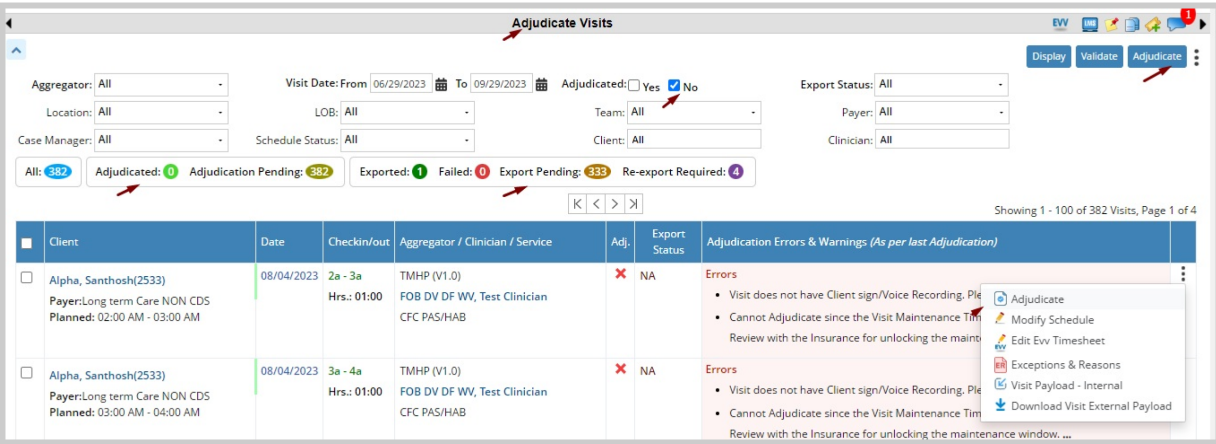
Timesheet -> EVV -> Adjudicate Visits



The Provide user can Adjudicate a visit as explained below,

Adjudicate:

The Provider user can either select the visit and click on the Adjudicate button on the header section or click on the ellipsis icon beside the visit and click on the Adjudicate option to proceed with the Adjudication process.



Devices Ordering and Usage

KanTimes supports different capturing methods like Mobile, Telephony, and FOB, along with KanTime's web application (Back office and Clinician). Users can choose the most suitable method depending on their needs for recording visit check-in and check-out.

FOB Method

FOB is a small programmable electronic device registered to the client and placed at the client's location. When a clinician arrives at the client's home, they record an eight-digit code generated by the FOB device and then initiate the visit. After completing the visit, the clinician records a new eight-digit code from the same device. Both codes are then entered into KanTime's software.

Please note that the KanTime system supports several features for Electronic Visit Verification (EVV) usage, including the Directed Services (CDS) Model as the Service Delivery Model, Landline and Alternate Device (FOB) as the EVV Data Collection Method, and Daily Fixed and Alternate Schedule Types.

However, these features have not been approved for use with TMHP PSO as of **December 2023.** To use them as part of PS, Agencies/Program Providers must register themselves with TMHP for an ORR session (Expedited Path) with KanTime.

Once the features are approved for TMHP PSO usage, agencies can use them in the system. You can **click here** to see the list of EVV PSO systems and their approved features by HHSC.

Contact KanTime Support: If you require any additional information or assistance throughout this process, please don't hesitate to contact KanTime Support (kantimesupport@kanrad.com) for guidance.

Setting Up the FOB Method for an Agency

Agency to initiate a Request to KanTime Support via the Customer Ticketing portal or email, specifying the following details:

- The total number of devices needed
- Reasons for the request
- Contact person for further communication
  Once the order request is processed, KanTime will assign the Devices to Agencies, and then the devices can be assigned to applicable users.

Telephone IVR Method

The telephone method enables the Clinician to perform their Visit check-in/out and daily task status entry via the Client's phone. Clinicians simply dial the toll-free number to log their visits. The call number serves to identify the patient's location and record the check-in and check-out times.

> Please note that the KanTime system supports several features for Electronic Visit Verification (EVV) usage, including the Directed Services (CDS) Model as the Service Delivery Model, Landline and Alternate Device (FOB) as the EVV Data Collection Method, and Daily Fixed and Alternate Schedule Types.
>
> However, these features have not been approved for use with TMHP PSO as of **December 2023.** To use them as part of PS, Agencies/Program Providers must register themselves with TMHP for an ORR session (Expedited Path) with KanTime.
>
> Once the features are approved for TMHP PSO usage, agencies can use them in the system. You can **click here** to see the list of EVV PSO systems and their approved features by HHSC.
>
> **Contact KanTime Support:** If you require any additional information or assistance throughout this process, please don't hesitate to contact KanTime Support (kantimesupport@kanrad.com) for guidance.

Setting Up the Telephone IVR Method for an Agency

Agency to initiate a Request to KanTime Support via the Customer Ticketing portal or email, specifying the following details:

- The number of toll-free numbers needed.
- The applicable Agency locations
- Reason for the request
- The Contact Person for further communication.

Toll-Free Number Assignment:
KanTime will allocate a unique toll-free number for the requested agency, which will be utilized by designated Clinicians to perform visits.

Mobile Method

The KanTime Mobile Application is designed to enable Clinician members to efficiently perform activities such as check-ins and check-outs for assigned schedules using compact mobile devices/tabs. This functionality is available regardless of whether the device is currently connected to the internet. KanTime also offers an offline documentation feature, allowing staff to operate their mobile devices in offline mode, record necessary details, and subsequently synchronize all the data with the KanTime Live System once an internet connection becomes available.

Setting Up Mobile Method for an Agency

Agency to initiate a Request to KanTime Support via the Customer Ticketing portal or email, specifying the following details:

- List of users requiring Mobile services for the first-time registration process to gain application access
- Reason for the request
- Contact person for further communication

Visit maintenance/updates to EVV visit transactions:

All the Visit modifications/updates will be performed only in the Provider Portal. The Clinician can request the back-office Staff for any updates to the visit, and the same will be recorded in the visit by providing proper Reason Codes for every modification.

The Provider portal will also keep track of all modifications done to the Visits and will also display the date on which the last maintenance is performed for any visit. To view this data, the user can navigate to either the Schedules or Transactions section in the PSO Read-Only Portal and click on the corresponding visit link to view the data.

Note:

Post the Visit maintenance timeline (95 days from the visit date), KanTime will lock the visit from further modifications. However, If the program provider needs to make a change to the visit more than 95 days after the date the visit occurred, then the program provider must file a visit maintenance unlock request with the payer.

Once the request has been approved and documented in the client records, the program provider can place a request to KanTime support to unlock the visit for making further edits.

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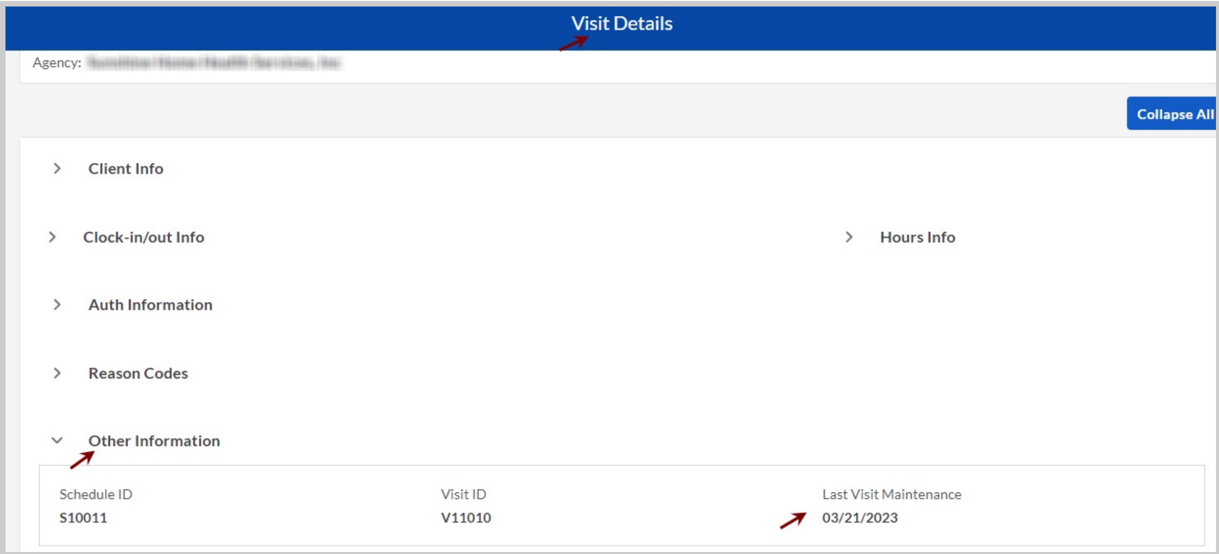
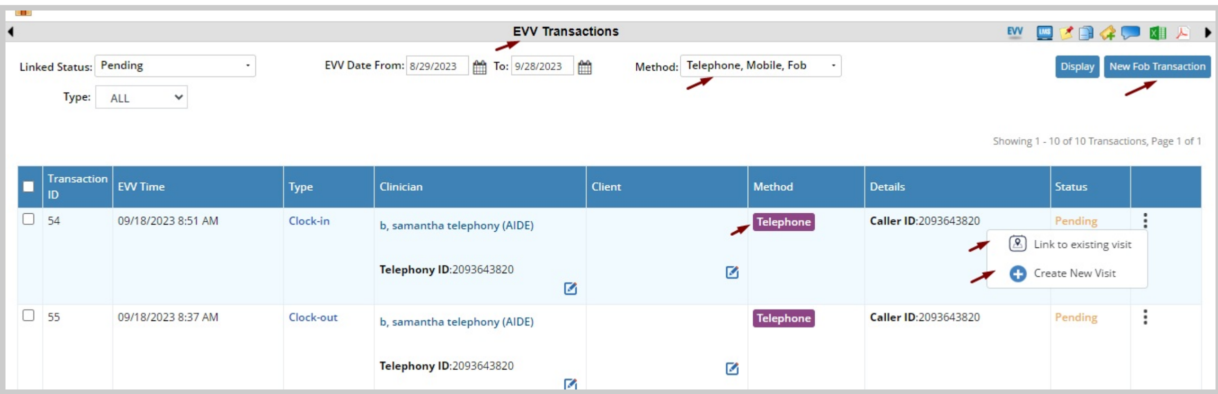


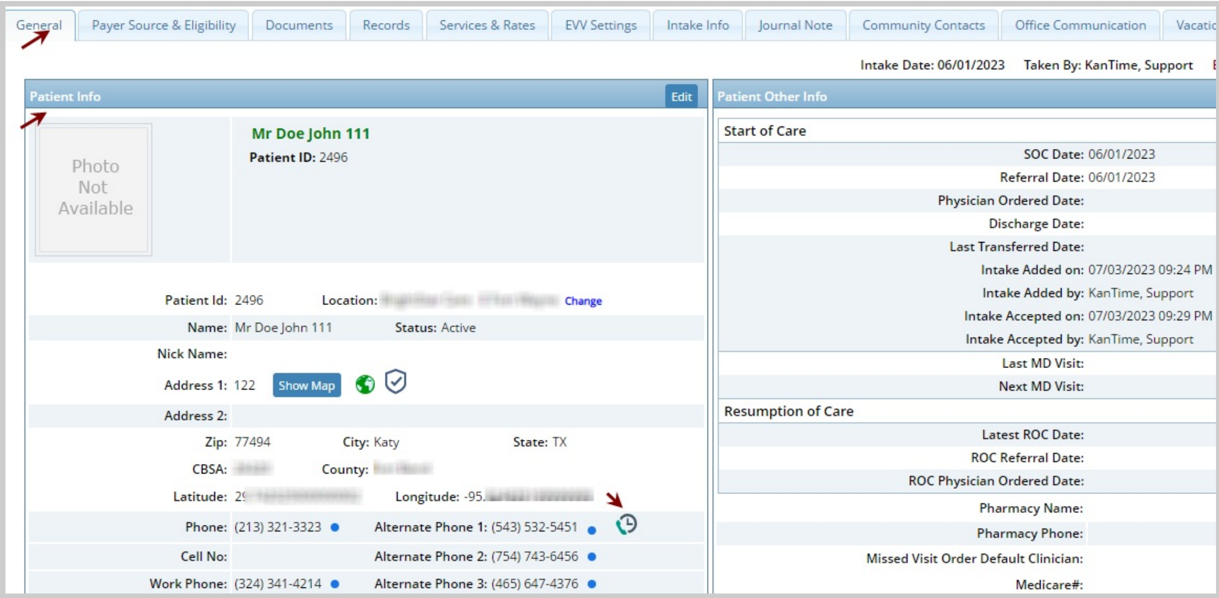
Provider Portal will also allow the Provider users to create EVV Transactions without Visits and can link each Transaction to the existing Visit (or even create new visits if the existing visit is not matching), whichever matches the Transaction records.

EVV Transaction screen in Provider Portal

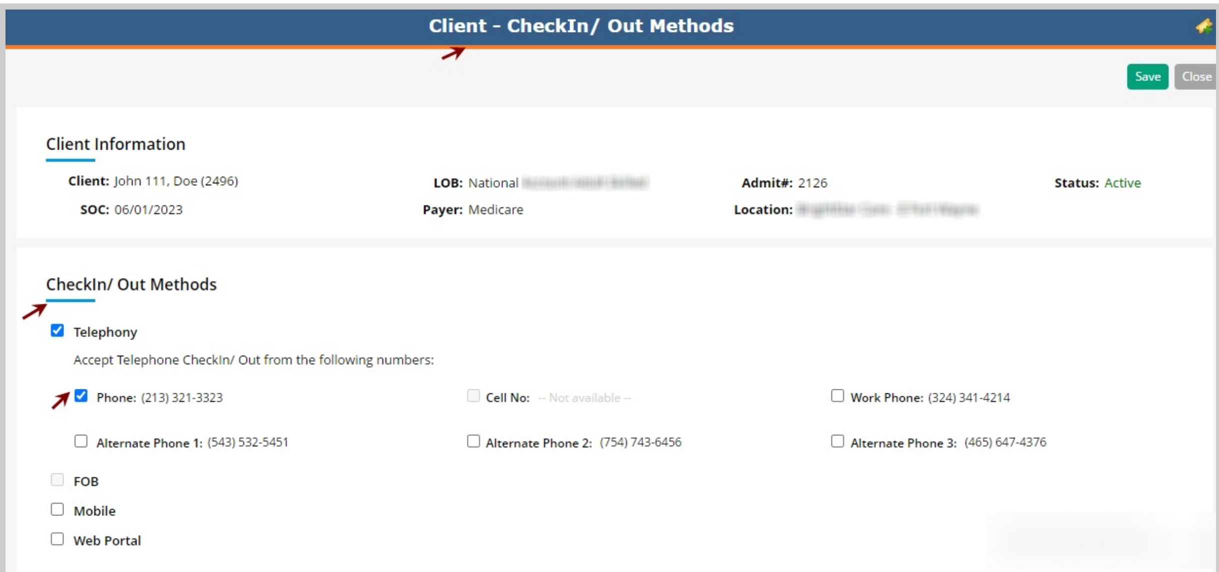


Clock-in/Clock-out methods:

The Provider users will be able to specify the Clock-In/Clock-Out methods to perform the visits with the help of the option under the Patient Info section of the respective Client Profile.



Clicking on this  icon will open a new screen, 'Client - CheckIn/Out Methods', where the Provider user can select the necessary methods to perform Check-In/Check-Out visits.

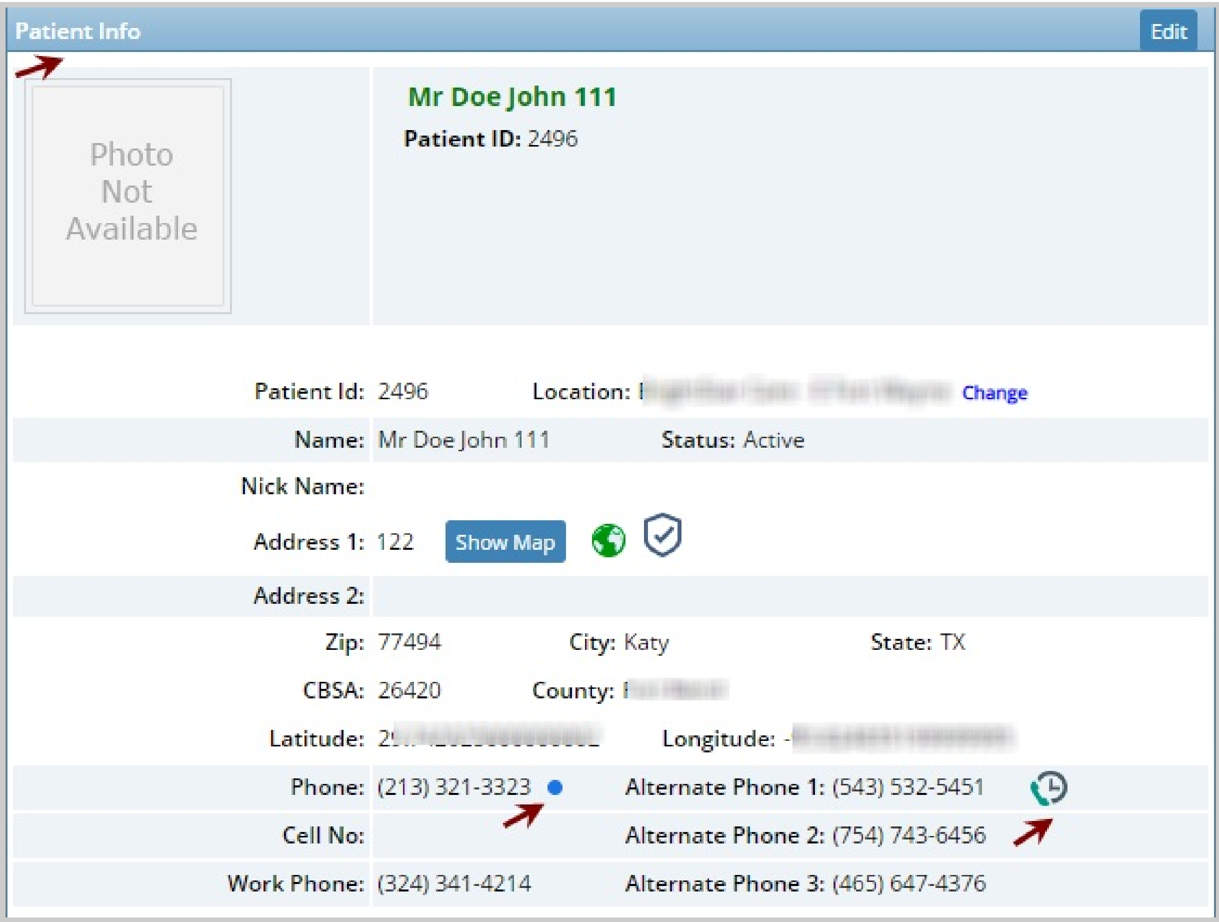


The screen 'Client CheckIn/Out Methods' will provide the user with the following details,

- Client Information -This section provides the basic Client information (

Name, LOB, Admit Number, SOC, Status, Payer, Location)

- CheckIn/Out Methods - This section provides the Provider user with the available Check-In/Out methods, and the user can specify the necessary option from the list,
- Telephony - The provider user can enable this checkbox and specify the corresponding phone number from the list (Home Phone, Cell, Work Phone, Alternate Phone1, Alternate Phone2, Alternate Phone3), which will be used to perform Visit verification. The Phone number selected under the Telephony checkbox will be denoted with the blue icon under the Client General Profile.



- FOB - This checkbox will be available for selection only when the Agency and Client are assigned with the FOB devices, and the Provider user can enable this box only if check-in/check-out needs to be performed with FOB devices.
- KMobile App - The Provider user can enable this option when the specified option is the offline application (KanTime Mobile)
- Web Portal - The Provider user can enable this option if the Check-

In/Check-Out needs to be performed through the web portal (online).

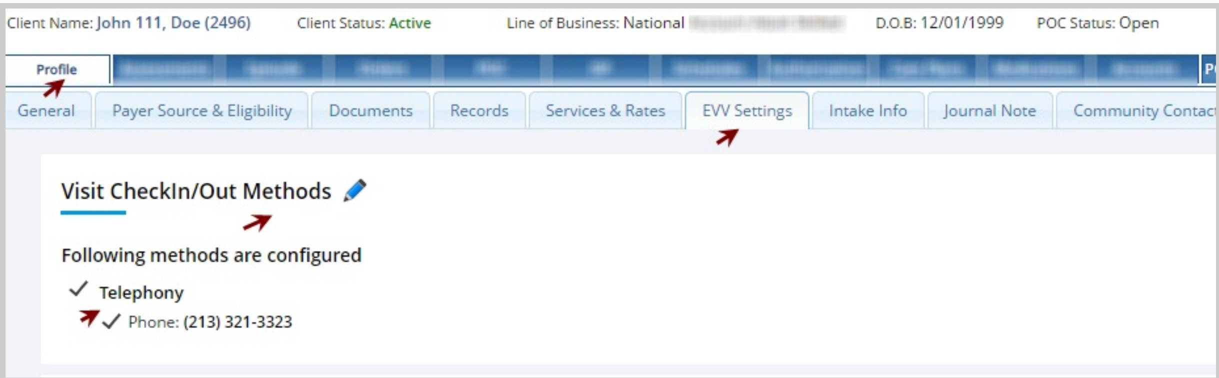
Please note that the KanTime system supports several features for Electronic Visit Verification (EVV) usage, including the Directed Services (CDS) Model as the Service Delivery Model, Landline and Alternate Device (FOB) as the EVV Data Collection Method, and Daily Fixed and Alternate Schedule Types.

However, these features have not been approved for use with TMHP PSO as of **December 2023.** To use them as part of PS, Agencies/Program Providers must register themselves with TMHP for an ORR session (Expedited Path) with KanTime.

Once the features are approved for TMHP PSO usage, agencies can use them in the system. You can **click here** to see the list of EVV PSO systems and their approved features by HHSC.

Contact KanTime Support: If you require any additional information or assistance throughout this process, please don't hesitate to contact KanTime Support (kantimesupport@kanrad.com) for guidance.

Once the necessary Clock-In/Clock-Out options are specified under the Edit Patient information screen, the selected list will be displayed under the EVV settings tab of the Client profile as shown.



The Provider user can modify the Check-In/Out methods using the edit icon under the EVV settings tab. The user can also set the Check-In/Out methods directly from the EVV settings tab if not configured under the Edit Patient info screen.

Glossary

To understand TMHP terminologies and related KanTime terminologies, please refer to the "KanTime PSO - Glossary: Mapping of Texas-EVV Specific Terms" document.

For more information regarding Texas-EVV Specific Terms, refer to **Appendix K of the EVV Business Rules Proprietary Systems v3.0** document.