

Community First Choice and Personal Assistance Services (CFC/PAS Provider Type 12) - Mobile Caregiver+ Provider Portal Quick Reference Guide


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Version 3.6.1



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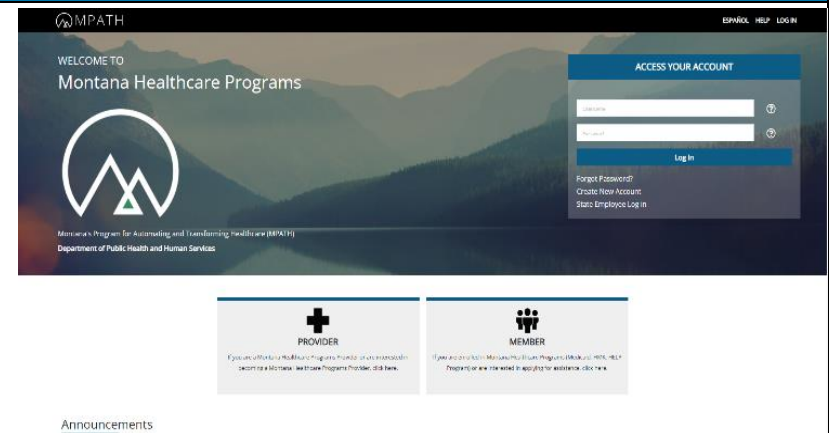
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 This Quick Reference Guide does NOT replace solution training and user guides. It highlights core functions and workflows and Montana-specific information for CFC/PAS PT 12.

Logging In

Provider Administrators will access the Netsmart EVV Provider Portal through the Montana ICAP Portal. To access and log in to the Netsmart EVV Provider Portal:

1. Navigate and log into to the [Montana ICAP Provider Portal](#).
2. Click on the **Netsmart EVV** tile.
3. The User will be directed to the Netsmart EVV Mobile Caregiver+ Provider Portal.



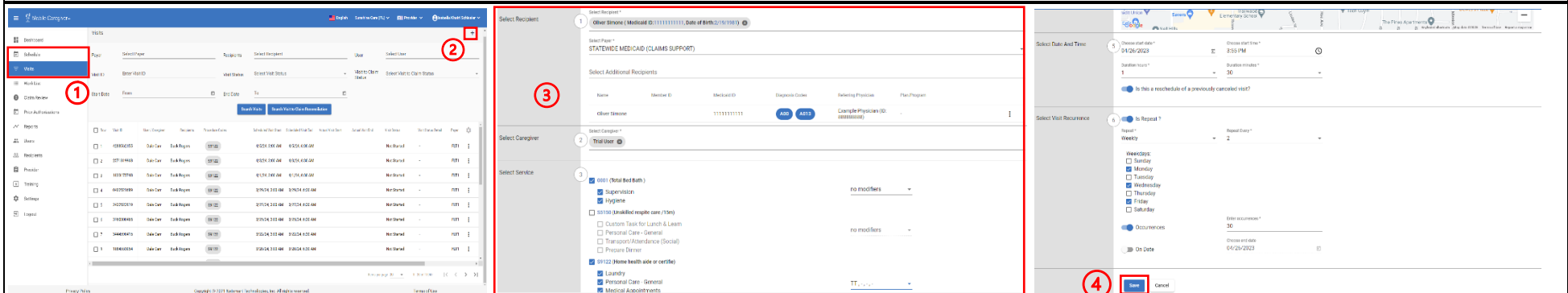
NOTE: CFC/PAS (PT12) Services do not require Service Authorizations within the MobileCaregiver+ solution.

How to Schedule a Visit



This Quick Reference Guide does not replace solution training. This document is for those in the Provider Administrator role, or those who manage the EVV System and will have unlimited access to all Caregiver and Recipient data.


1. Log into the **Mobile Caregiver+ Provider Portal** and click on the **Visits OR Schedule** tab from the Main Menu.



2. Click the **Add New Visit** icon, in the top right corner of the screen.

*****Please review the policies and procedures set by Payers BEFORE filling the Add New Visit Form. A Provider Administrator should follow the Payer's set guidelines.*****

3. Fill out the **Add New Visit** Form with all necessary information.


- Section 1 – Select Recipient(s).
- Section 2 – Select Caregiver.
- Section 3 – Select Service(s).
 - ▲ Tasks are required for PT12 services
- Section 4 – Select Location(s).
- Section 5 – Select Date and Time.
 - ▲ If the visit is a **one-time visit**, Provider Administrators can save the visit without filling out Section 6.
 - ▲ If the visit being created was previously canceled and is being rescheduled, activate the **reschedule switch**. The visit will be saved as a 'rescheduled' visit and will be marked with the respective icon, .
- Section 6 - Visit Recurrence Selection.
 - ▲ Section 6 is only for visits that will be **repeating**.

4. Click **Save** once the form has been completed. Once saved, the system will use the designated Payer's business rule to screen the scheduling entries to ensure that the visit adheres to the Payer's policies and procedures. The system will return one of the three outcomes:

- No Error:** The visit being scheduled has no reported error; the system will automatically save the visit.
- Critical Error:** A Critical Error indicates that the visit being scheduled has at least one major error and cannot be saved. Users will only be given the option to **MAKE CORRECTIONS** for the displayed error(s).
- Warning Error:** A Warning Error indicates that the visit being scheduled has at least one error, but the User can save the visit without making corrections.

5. Once recently created visit(s) are saved, they will display in the Visits List and Schedule of the Provider Portal.

Scheduling Visits: 1 Member and 2+ Caregivers

 The following function will be explained as an overall workflow, for step-by-step instructions on how to schedule a new visit, please review the instructions written above, or use the standard Mobile Caregiver+ Provider Portal User Guide.

Visits that have one Member and multiple Caregivers providing services at the same time will be scheduled and managed as follows.

Example situation: A Caregiver needs assistance from another Caregiver, to perform one service for a Member during a visit.

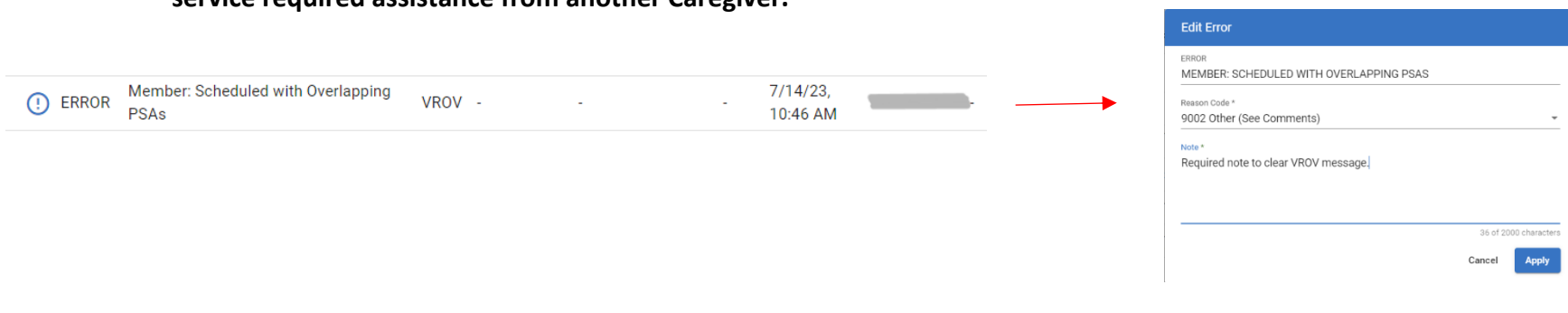
1. Schedule separate visits that reflect the same Member and the additional Caregiver(s) that will be present during the visit.
 - a. **In the example situation, two visits will be scheduled to reflect the overlap of one service that will be performed by two different Caregivers.**
2. Schedule the starting and ending time for each visit to overlap for the service that will need the additional Caregiver(s).
 - a. **In the example situation, one visit will be scheduled for a Member from 7:00 – 7:30 AM for one Caregiver. The second visit will be scheduled from 7:15 – 7:30 AM due to the service that is in need of assistance being performed from 7:15 – 7:30 AM for the same Member. The screenshot displays how the scheduled visits will look in the Provider Portal.**

<input type="checkbox"/> Row	Visit ID	User / Caregiver	Recipients	Procedure Codes	Scheduled Visit Start	Scheduled Visit End
<input type="checkbox"/> 1	1871384217	Trial User	Brooke Rosa	S9122	5/20/23, 7:15 AM	5/20/23, 7:30 AM
<input type="checkbox"/> 2	0089905178	Isabella Khatri Schissler	Brooke Rosa	S9122	5/20/23, 7:00 AM	5/20/23, 7:30 AM



3. Once the Caregivers have successfully checked in and out of a visit, the VROV error will trigger due to the overlapping schedule for one Member and multiple Caregivers.
 - a. **In the example situation, both Caregivers have successfully checked in and out of the visit using their mobile devices.**

4. A separate service record for each visit will transfer to the Work List of the Provider Portal and will display the VROV error message.
 - a. **In the example situation, two service records will transfer to the worklist, displaying the VROV error message to reflect the overlap of 7:15 – 7:30 AM.**

5. As Provider Administrators go through the process of clearing the VROV error message, a reason code will be required to clear the error.
 - a. **In the example situation, the Provider Administrator will clear VROV error message, explaining that from 7:15 to 7:30 AM the service required assistance from another Caregiver.**



The screenshot illustrates the process of clearing a VROV error message. On the left, a table displays an error entry:

	ERROR	Member: Scheduled with Overlapping PSAs	VROV	-	-	7/14/23, 10:46 AM	
---	-------	---	------	---	---	-------------------	---

A red arrow points from the error entry to the 'Edit Error' modal on the right. The modal contains the following fields:

- ERROR:** MEMBER: SCHEDULED WITH OVERLAPPING PSAS
- Reason Code *:** 9002 Other (See Comments)
- Note *:** Required note to clear VROV message!

At the bottom right of the modal, there is a character count '36 of 2000 characters' and two buttons: 'Cancel' and 'Apply'.

Scheduling Visits: 2+ Members and 1 Caregiver



The following function will be explained as an overall workflow, for step-by-step instructions on how to schedule a new visit, please review the instructions written above, or use the standard Mobile Caregiver+ Provider Portal User Guide.

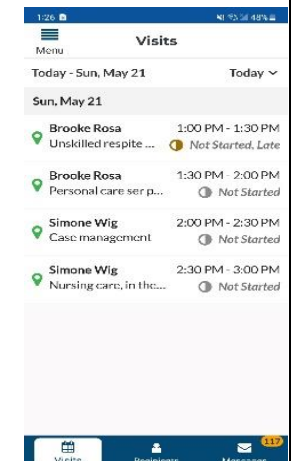
Visits that have one Caregiver providing services to multiple Members will be scheduled and managed as follows.

Example situation: One Caregiver needs to provide two separate services to Member 1 and Member 2 during a visit, as both Members live with each other.

1. Schedule separate visits that reflect each individual service to be performed by the Caregiver for each Member.
 - a. **In the example situation, four visits will be scheduled to reflect the two services that need to be performed for Member 1 and the two services that will be performed for Member 2. The screenshot displays this situation and how the visits will be scheduled in the Provider Portal.**

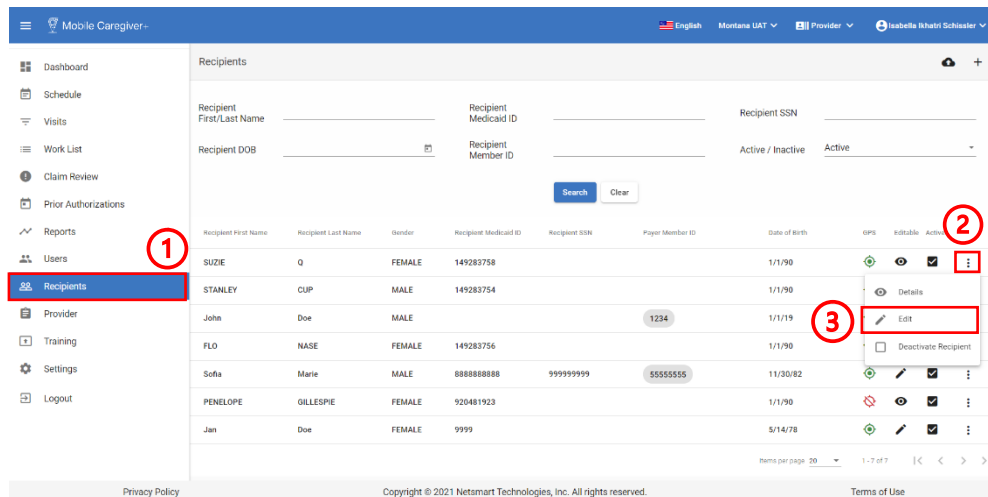
<input type="checkbox"/>	Row	Visit ID	User / Caregiver	Recipients	Procedure Codes	Scheduled Visit Start	Scheduled Visit End
<input type="checkbox"/>	1	2719271578	Isabella Khatri Schissler	Simone Wig	S9124	5/21/23, 2:30 PM	5/21/23, 3:00 PM
<input type="checkbox"/>	2	1411541857	Isabella Khatri Schissler	Simone Wig	T1016 HO HN GT	5/21/23, 2:00 PM	5/21/23, 2:30 PM
<input type="checkbox"/>	3	3260218661	Isabella Khatri Schissler	Brooke Rosa	T1019	5/21/23, 1:30 PM	5/21/23, 2:00 PM
<input type="checkbox"/>	4	0980304446	Isabella Khatri Schissler	Brooke Rosa	S5150	5/21/23, 1:00 PM	5/21/23, 1:30 PM

2. As each service is being performed, the Caregiver will clock in and out of each scheduled visit on the mobile device.
 - a. **In the example situation, the Caregiver will clock in and out of each scheduled visit, as each service is being performed; The Caregiver will clock in and out of four visits total, to reflect the services that will be done for each Member. The screenshot displays this situation and how the Caregiver's schedule will appear on the mobile application.**

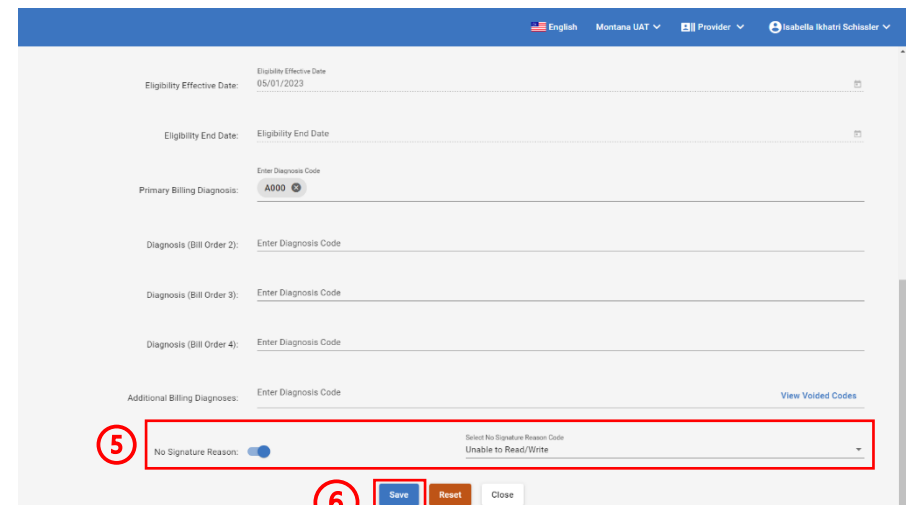


Set 'No Signature Reason' as Default for a Recipient

For Recipients that cannot provide a signature to verify a visit, Provider Administrators can set the Recipient as someone who does not need a signature gathered, with a reason as a default for future visits. To enable the **No Signature Reason** setting for a Recipient:



Recipient First Name	Recipient Last Name	Gender	Recipient Medicaid ID	Recipient SSN	Payer Member ID	Date of Birth	GPS	Editable	Active
SUZIE	O	FEMALE	149283758			1/1/90			
STANLEY	CUP	MALE	149283754			1/1/90			
John	Doe	MALE		1234		1/1/19			
FLO	NASE	FEMALE	149283756			1/1/90			
Sofa	Marie	MALE	888888888	999999999	55555555	11/30/82			
PENELOPE	GILLESPIE	FEMALE	920481923			1/1/90			
Jan	Doe	FEMALE	9999			5/14/78			



Eligibility Effective Date: 05/01/2023

Eligibility End Date: Eligibility End Date

Primary Billing Diagnosis: A000

Diagnosis (Bill Order 2): Enter Diagnosis Code

Diagnosis (Bill Order 3): Enter Diagnosis Code

Diagnosis (Bill Order 4): Enter Diagnosis Code

Additional Billing Diagnoses: Enter Diagnosis Code [View Voided Codes](#)

No Signature Reason: Select No Signature Reason Code: Unable to Read/Write

Save **Reset** **Close**

1. In the Main Menu, click on **Recipients**.
2. Locate the Recipient which needs this setting to be enabled and click the actions icon to the right of the Recipient's record.
3. In the submenu, click **Edit**.
4. Click the **Payer Subscriptions** tab of the **Edit Recipient** screen.
5. At the bottom of the page, click the **No Signature Reason** switch, and provide a reason to why a signature cannot be gathered for the selected Recipient.



Once the **No Signature Reason** setting has been turned on, Caregivers in the Mobile Caregiver+ Mobile Application will see **No Signature Gathered**, with a reason automatically populated on the mobile application's **Visit Sign Off** screen.

Claims Basics



Please review the policies and procedures set by Payers BEFORE completing the **Claims** process. A Provider Administrator should follow the set guidelines of the Payer. This Quick Reference Guide does not replace solution training.

After a visit has been completed, the Provider Administrator has the ability to review, adjust and electronically release the visit as a claim to the Payer via the Work List screen in the Provider Portal.




- If a Provider uses the Mobile Caregiver+ Solution, the Mobile Caregiver+ Claims Console will automatically process and transfer service records to the Work List for Claims Processing. Providers can use the Visits list to troubleshoot missing service records. If successfully transferred to the Work List, the system will display “**SUCCESS**” in the Visits to Claims status field in the Visits option of the Main Menu.
- If a Provider is using an **Alternate EVV System**, Providers must complete the **ready-to-bill** process (send visit data to their Mobile Caregiver+ Provider Portals for claims processing) before the Mobile Caregiver+ Claims Console will process and transfer billable service records to the Work List.

*****Service records that are successfully processed for completed visits will be transferred to the Work List, where they will be screened using Payer defined pre-adjudication rules. *****



Three potential Work List statuses:

1. **New** – Service records that are initially transferred to the Work List or service records that were just edited or updated.
2. **Matched** – Service records that have been screened and are following the defined Payer rules; Matched service records do not have reported errors and can be released for remittance. Only Matched service records can be released for claims submission.
3. **Unmatched** – Service records that have been screened and are not in line with the defined Payer rules; Unmatched service records have reported errors that must be remediated and rescreened to change the status to Matched.

In the **Work List**, a Provider Administrator can click on the service record to expand and view the visit details. Any field in the Work List with the pencil icon, , can be edited or adjusted to reflect billable visit data if the actual visit data is inaccurate. All fields labeled as ‘**Actual**,’ is visit data recorded by a mobile device and cannot be adjusted. Any **adjusted ‘Billable’ values will always override ‘Actual’ values and will be sent for claims submission**. Provider Administrators are required to select Reason Codes to provide explanations for changing rendered service data.

Only Matched service records can be released for claims submission. For all Unmatched service records, Providers **MUST** fix all reported errors to change the status to Matched before releasing for claims submission. Follow the steps below for Matched and Unmatched service records.

1. For service records in the status of **'Matched'**:

- Select the visit checkbox.
- Select **'Release'**.
- The visit will be released to the Payer and the status can be reviewed in **Claim Review**. The status will change to **'Released'**.

Search List													Rematch	Export	Release	Archive
Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	1b Paid Amount (\$)			
1a <input checked="" type="checkbox"/>	MARIE	SOFIA	85971325	3559238369	MATCHED	T1019	A009 R54 A0222	4/3/23, 1:20 PM	2323232323	FLT1	\$12.00	\$0.00	-			

2. For service records in the status of **'Unmatched'**:

- Click on the Unmatched service record to open it.

<input type="checkbox"/>	1	ROSA	BROOKE	9876543	0500668934	UNMATCHED	2 T1019 (TF)	A00 A001	2/2/23, 8:59 AM	-	2a	FLT1	\$14.00	-	-
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- Scroll to the bottom of the service record, to the **Edits and Errors Report** error.

Edits & Errors		Visit Requirements		2b									
Type	Item	Error Code	Reason/Error Code	Reason/Error Code Description	ChangeModified On	Modified By	Notes						
CRITICAL	Prior Authorization: Not Found	PNOT	9002	-	2/2/23, 9:07 AM	Calculate Engine	Provider:FLT1-999990332-1999990334 has no PA# for Recipient:FLT1-9876543-19990209 for Date of service:02/02/2023, T1019 TF						
ERROR	Visit: Start Time Variance Greater Than Allowed	VSTR	-	-	2/2/23, 9:07 AM	SQS Lambda	-						

- Remediate and clear all the reported errors. Refer to the **How to Clear Reported Errors in the Work List** section of this document.
- Once all reported errors have been resolved, select the visit checkbox.
- Select **'Rematch'**.

Search List													Rematch	Export	Release	Archive
Row	Recipient Last Name	Recipient First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)			
2d <input checked="" type="checkbox"/>	1	ROSA	BROOKE	9876543	0500668934	UNMATCHED	T1019 (TF)	A00 A001	2/2/23, 8:59 AM	-	2e	FLT1	\$14.00	-	-	


f. Rematching a service record will screen the service record against the Payer's set rules again. Once rematched, the visit Status should reflect '**Matched**' and can be released to claims submission.

Claim status after being released from the Work List can be monitored on the **Claim Review** screen. *Voids and Adjustments to claims can also be done in Claim Review. *

Service Records displayed in Claim Review will have one of nine statuses:

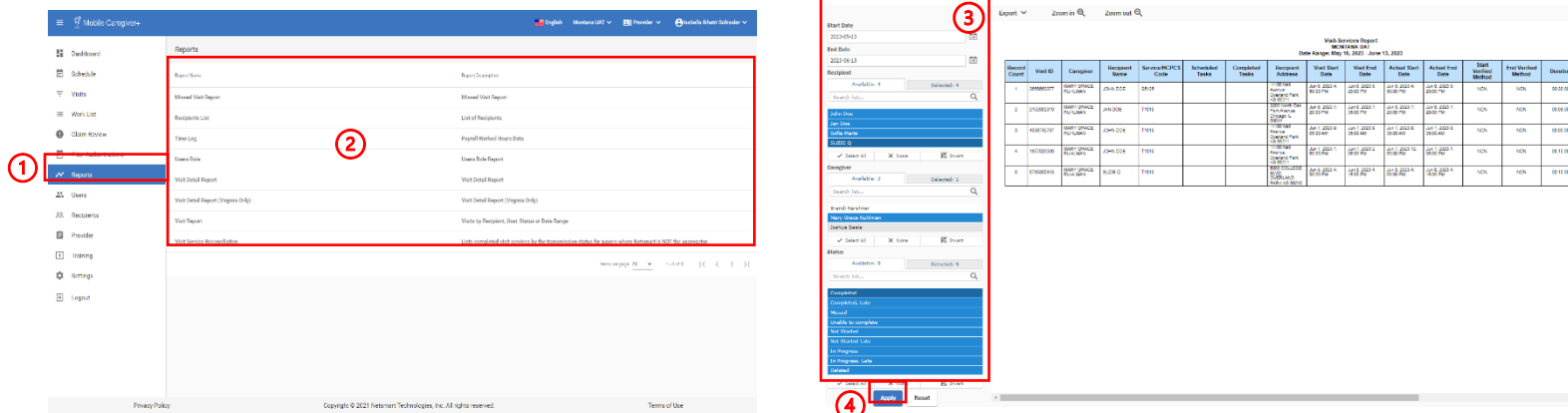
1. **Released** – Billable service records that have been released from the Work List but have not yet been submitted to the Payer.
2. **Submitted** – Billable service records that have been submitted to the Payer.
3. **Accepted** – Billable services that have been accepted by the Payer, which are then considered as claims to be reviewed for adjudication. Claims that are accepted by the Payers are assigned Internal Control Numbers (ICN) to be used for identification.
4. **Rejected** – Billable services that have technical errors, such as incorrect or missing data will be labeled as "Rejected;" Rejected service records are returned to the Mobile Caregiver+ Work List for remediation.
5. **Denied** – Claims that the Payer accepted, reviewed, and adjudicated to deny (refuse) payment for. Claims may be denied for untimely submission, duplicate claim submission, etc.
6. **Paid** – Claims that the Payer accepted, reviewed, and adjudicated to remit the full amount.
7. **Paid Partial** – Claims that the payer accepted, reviewed, and adjudicated to remit partial payment for. Providers may choose to adjust partially paid claims.
8. **Adjusted** – Paid or Partially Paid claims that a Provider has edited (made changes to_ and resubmitted for adjudication).
9. **Voided** – Paid or Partially Paid claims for which a Provider has voided (reversed) payment.

Reporting Basics

 Providers can run, filter, and analyze EVV data. Each report offered in the Provider Portal provides specific analysis and statistics that have been captured by the EVV system. These reports ingest EVV data, and presents in information in the form of tables, charts, and visual representations directly related to EVV compliance.

The following steps are specific to generating a report for a Caregiver's schedule. The other offered reports can be used for a variety of purposes.

1. From the Main Menu, click **Reports**.
2. Click the name of the report you want to generate. The system will generate the selected report, based on the current day's EVV activity.



Report Code	Visit ID	Caregiver	Recipient Name	Service/HCPCS Code	Scheduled Date	Completed Date	Recipient Address	Visit Start Date	Visit End Date	Actual Start Date	Actual End Date	Start Method	End Method	Duration
1	170385270	JANIS DICK	JOHN DICK	9528			170385270	06/13/2023 08:00:00	06/13/2023 09:00:00	06/13/2023 08:00:00	06/13/2023 09:00:00	N/A	N/A	00:00:00
2	170385270	JANIS DICK	JOHN DICK	9528			170385270	06/13/2023 08:00:00	06/13/2023 09:00:00	06/13/2023 08:00:00	06/13/2023 09:00:00	N/A	N/A	00:00:00
3	170385270	JANIS DICK	JOHN DICK	9528			170385270	06/13/2023 08:00:00	06/13/2023 09:00:00	06/13/2023 08:00:00	06/13/2023 09:00:00	N/A	N/A	00:00:00
4	170385270	JANIS DICK	JOHN DICK	9528			170385270	06/13/2023 08:00:00	06/13/2023 09:00:00	06/13/2023 08:00:00	06/13/2023 09:00:00	N/A	N/A	00:00:00
5	170385270	JANIS DICK	JOHN DICK	9528			170385270	06/13/2023 08:00:00	06/13/2023 09:00:00	06/13/2023 08:00:00	06/13/2023 09:00:00	N/A	N/A	00:00:00

3. Use the control panel to filter the data that needs to be shown in the report. ***Depending on the report, the filters will differ and could include: Start and End Date, Recipient, Caregiver, and/or Status.***
4. Click **Apply**. The report will update to show the parameters set in the control panel.

Agency Dropdown (Agency Provider Type 82 Only)

Each Provider ID has a separate Provider Entity located in the Agency dropdown of the navigation bar.
In the Agency's dropdown located in the navigation bar, each Provider ID has a separate Provider Entity.

1. Log into the **Netsmart EVV Provider Portal**.
2. Click on the **Agency** dropdown in the navigation bar.
3. A list of all Agencies that the User is linked to will appear.
4. The Agency name(s) along with its Team ID will display.

