

NE Specific Mobile Caregiver+ Provider Portal Quick Reference Guide

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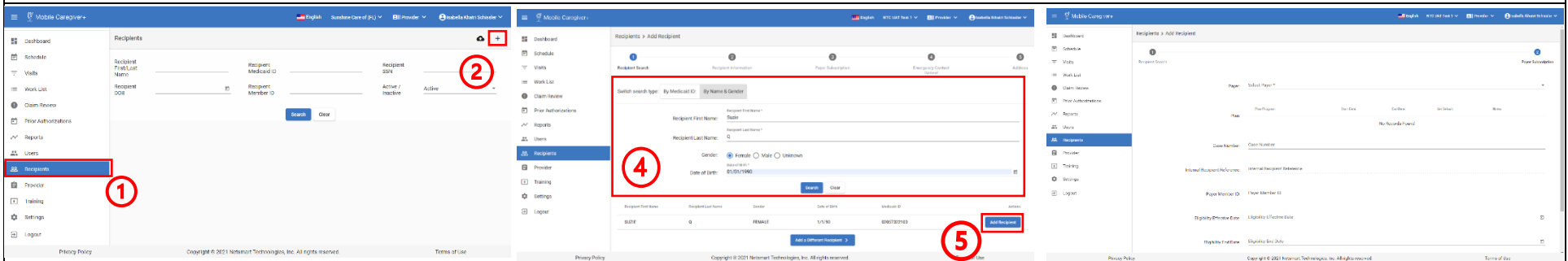
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How to Link a Recipient to the Mobile Caregiver+ Provider Portal



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. This document will give step by step instructions on separate functions that Provider Administrators are most likely to use in the Mobile Caregiver+ Provider Portal.

- Some Recipients may have already had existing Mobile Caregiver+ profiles; they might have previously received service from Providers that use the Mobile Caregiver+ System. Recipients that have existing Mobile Caregiver+ Recipient profiles can simply be linked to other Agencies.
- A Recipient **must** be enrolled in the active Agency before an Administrator can schedule visits between Caregivers and Recipients.

1. Log into the **Mobile Caregiver+ Provider Portal** and click on the **Recipients** tab from the Main Menu.
2. Click the **Add Recipient** icon, in the top right corner of the screen.
3. The **Add Recipient Form** will appear.
4. In the **Add Recipient** form, the user can search by Medicaid ID or by Name & Gender if the Recipient exists in the system. Enter the information and click **Search**.
5. The existing Recipient will appear and select **Add Recipient**. The Recipient will be linked to the current Agency.
6. Fill out the Payer Subscription section of the form.
7. Scroll to the bottom of the form and click **Save**. The Recipient will be linked to the active Agency.

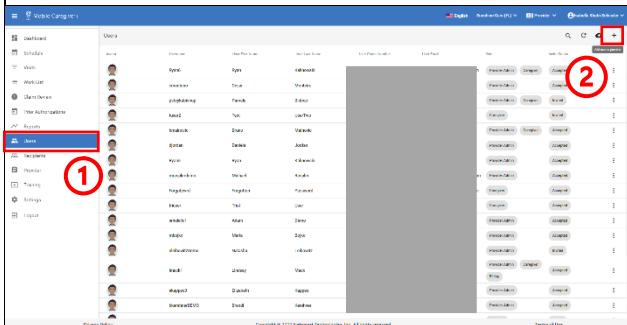
How to Manually Add a Caregiver to an Active Agency



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If a Caregiver is providing care, the Caregiver must be added under the User's tab BEFORE Provider Administrators can schedule a visit.



1. Log into the **Mobile Caregiver+ Provider Portal** and click on the **Users** tab from the Main Menu.
2. Click the **Add user to provider** icon, in the top right corner of the screen.

3. The **Invite user to provider** pop-up will appear. Type in the email address OR phone number of the Caregiver that needs to be added in the provided field and click **Search**.
4. The system will scan the entered email or phone number to see if an existing user exists in the system. If no existing user is found, the **Invite user to provider** form will appear.
5. Fill out the form with the required fields and click **Invite New User** at the bottom of the form.
6. The added user will receive an email or a text message, inviting the User to join the Agency.

Invite New User Cancel

5



- If an existing User is in the system, the system will display a list of existing Users in the Agency:

- Find the User that needs to be added, select a role that the User will be added as.
- Select **Invite User**.

Invite user to provider ✕

1 Users found based on the Search parameters
Choose user for sending an Invite.

Search on full matching email or complete phone number *
inkhatri01@gmail.com


Search

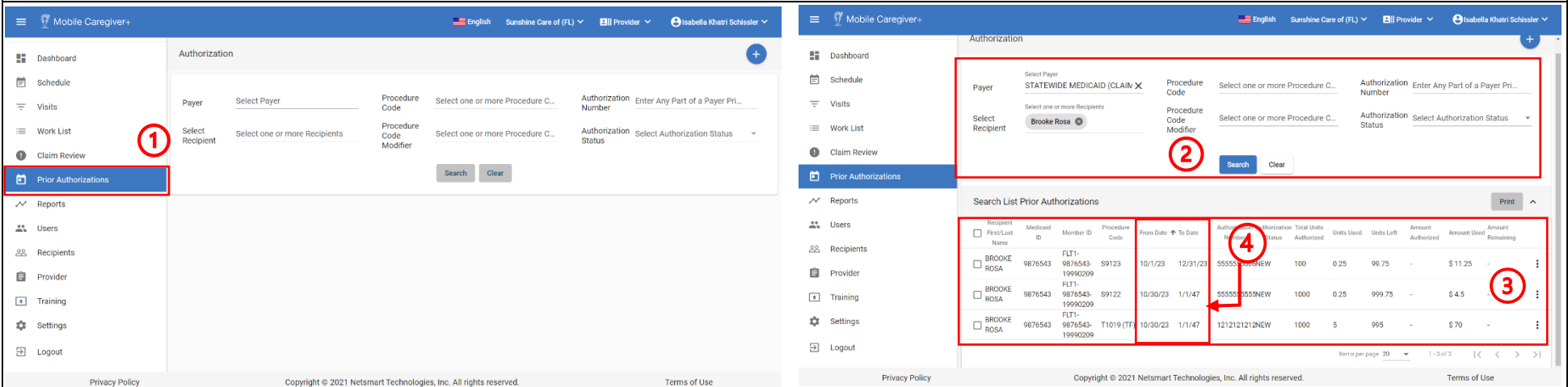
Avatar	User First Name	User Last Name	User Phone Number	User Email	Roles	Invite Status
	Judge	Judy			Roles Caregiver	Invite User
	Trial	User			Roles	Invited
	Example	User			Roles	Invite User

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Change Search Criteria Invite a Different User

How to Review Prior Authorizations

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Providers are able to review Prior Authorization(s) that are loaded in the Mobile Caregiver+ Provider Portal. Providers must ensure that the data listed in the Prior Authorizations are correct. As an ongoing practice, Providers should review Prior Authorizations before scheduling visits and submitting claims to increase the likelihood of receiving timely remittance.



The screenshots illustrate the process of reviewing prior authorizations. The first screenshot shows the 'Prior Authorizations' option selected in the main menu. The second screenshot shows the search results for prior authorizations, with the search criteria form and the resulting table highlighted. A red arrow points from the 'From Date' column in the table to the search criteria form.

Recipient First/Last Name	Medicaid ID	Member ID	Procedure Code	From Date	To Date	Authorization Number	Authorization Status	Total Units Authorized	Units Used	Units Left	Amount Authorized	Amount Used	Amount Remaining
BROOKE ROSA	9876543	9876543-19990209	FLT1-S9123	10/1/23	12/31/23	5555555555NEW	NEW	100	0.25	99.75	\$ 11.25	-	-
BROOKE ROSA	9876543	9876543-19990209	FLT1-S9122	10/30/23	1/1/47	5555555555NEW	NEW	1000	0.25	999.75	\$ 4.5	-	-
BROOKE ROSA	9876543	9876543-19990209	FLT1-T1019(TF)	10/30/23	1/1/47	1212121212NEW	NEW	1000	5	995	\$ 70	-	-

1. Log into the Mobile Caregiver+ Provider Portal and click on **Work List** in the Main Menu.

- Use the filter header to search and locate the Prior Authorization(s) that need to be reviewed and click **Search**.
- The system will update to show Prior Authorizations that match the search criteria.
- Using the **From Date** and **To Date** columns, ensure that the Prior Authorization is valid and has not expired.
 - Providers should complete this step BEFORE visits are scheduled. Prior Authorizations should be valid, and Providers must use the Procedure Code attached with the Prior Authorization to schedule visits and submit respective claims.**

- Using the **Total Units Authorized, Units Used, Units Left** columns, make sure there are enough units available for the respective Procedure Code to schedule and bill services.



The following tables include NE United, Molina, and Nebraska Total Care (NTC) Service Codes and Modifiers that **DO NOT require a Prior Authorization** when scheduling and billing for services.


United Healthcare	
Service Code	Modifier
G0151	
G0151	51
G0151	59
G0151	76
G0151	XU
G0152	
G0152	51
G0152	59
G0152	76
G0152	XU
G0153	
G0153	51
G0153	59
G0153	76
G0153	XU

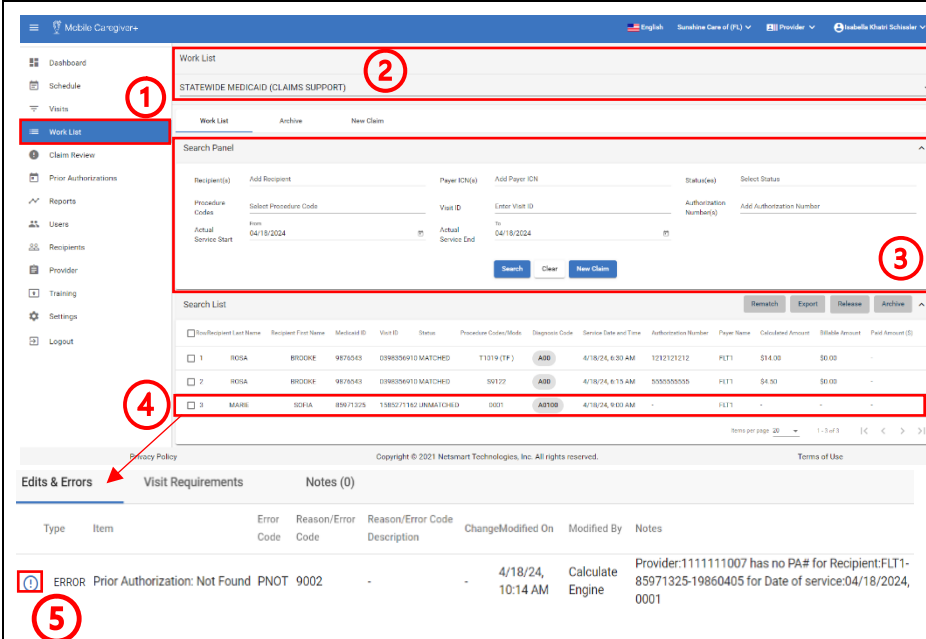
Molina	
Service Code	Modifier
G0151	
G0151	51
G0151	59
G0151	76
G0151	XU
G0152	
G0152	51
G0152	59
G0152	76
G0152	XU
G0153	
G0153	51
G0153	59
G0153	76
G0153	XU
S9122	
S9122	51
S9122	59
S9122	76
S9122	XU

Molina Cont.	
Service Code	Modifier
S9123	
S9123	51
S9123	59
S9123	76
S9123	XU

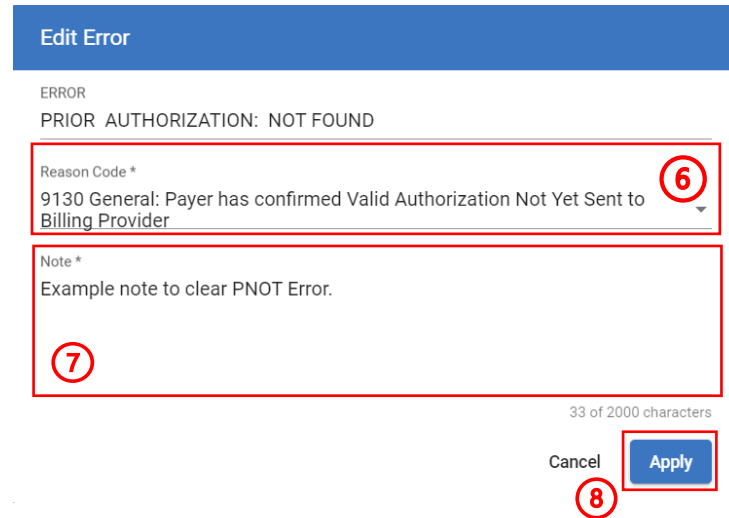
NTC	
Service Code	Modifier
G0151	
G0151	51
G0151	59
G0151	76
G0151	XU
G0152	
G0152	51
G0152	59
G0152	76
G0152	XU
G0153	
G0153	51
G0153	59
G0153	76
G0153	XU

How to Clear PNOT Error Message

- If a Service Code not listed in the previous page, is scheduled, and billed without an authorization on file, the respective claim will receive a **PNOT** error message and will need to be cleared before submitting to the Payer. 



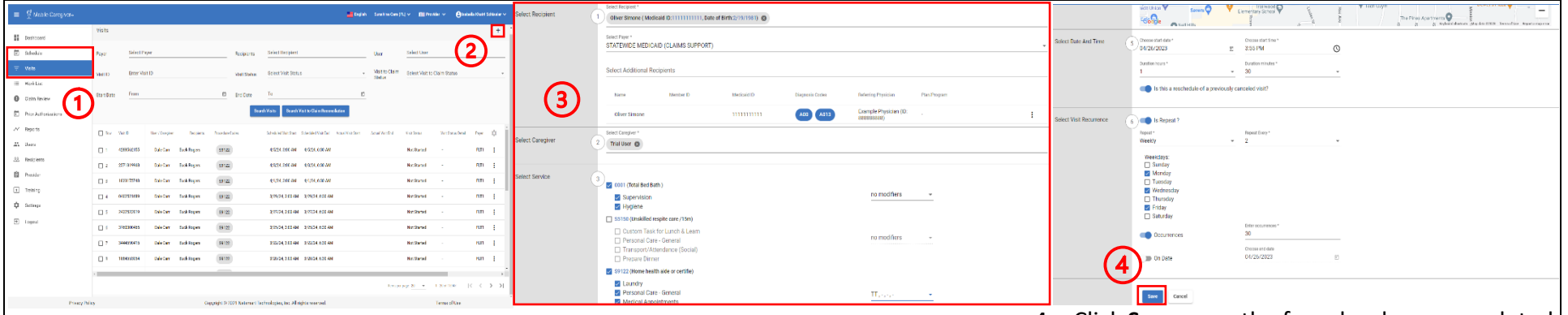
The screenshot shows the 'Work List' interface for 'STATEWIDE MEDICAID (CLAIMS SUPPORT)'. It includes a search panel with fields for Recipient(s), Payer ICD(s), and Status. Below is a search list table with columns for Recipient Last Name, Recipient First Name, Medicaid ID, Visit ID, Status, Procedure Codes/Status, Diagnosis Code, Service Date and Time, Authorization Number, Payer Name, Calculated Amount, Billable Amount, and Paid Amount. The 'Edits & Errors' section is visible at the bottom, showing an error message: 'ERROR Prior Authorization: Not Found PNOT 9002'.




The 'Edit Error' dialog box shows the error message 'ERROR PRIOR AUTHORIZATION: NOT FOUND'. It has a 'Reason Code *' field with a dropdown menu showing '9130 General: Payer has confirmed Valid Authorization Not Yet Sent to Billing Provider'. There is a 'Note *' field with the text 'Example note to clear PNOT Error.' and a character count of '33 of 2000 characters'. At the bottom, there are 'Cancel' and 'Apply' buttons.

- Log into the **Mobile Caregiver+ Provider Portal** and click on the **Work List** in the main menu.
- Select the **Payer**.
- Use the **Search Panel** to filter for the claim you need to clear the PNOT error message.
- Click on the claim and scroll to the **Edits and Errors** section.
- Click on the blue exclamation mark to the left of the ERROR.
- Click the **Reason Code** field and select a valid reason to why an authorization was not found in the system.
- In the **Note** field, provide further details if necessary.
- Click **Apply** to save and clear the error message.

How to Schedule a Visit



- Log into the **Mobile Caregiver+ Provider Portal** and click on the **Visits OR Schedule** tab from the Main Menu.
 - 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.*****
- Fill out the **Add New Visit Form** with all necessary data.
 - Section 1 – Select Recipient(s).
 - Section 2 – Select Caregiver.
 - Section 3 – Select Service(s).
 - Select a Service Code that matches a Prior Authorization for the selected Recipient.**
 - 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 following icon, .
 - Section 6 - Visit Recurrence Selection.
 - Section 6 is only for visits that will be **repeating**.
 - 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.

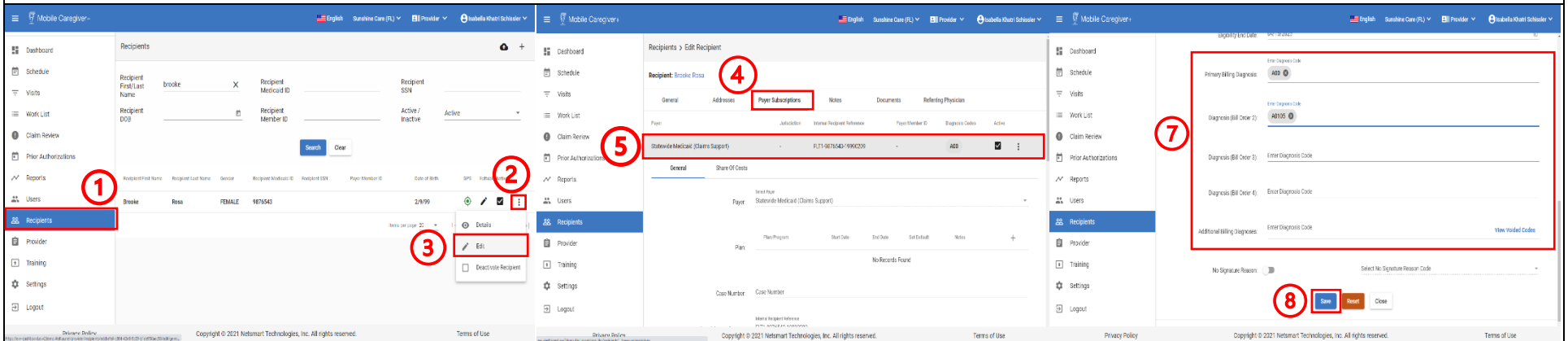
5. Once the recently created visit(s) are saved, they will display in the Visits List and Schedule of the Provider Portal as well as the Caregiver's Vists List in the mobile application.

- Scheduling a visit will link the Caregiver with the Recipient. Once linked, the Recipient's PHI will display in the Caregiver's mobile application.



How to Add a Diagnosis Code to a Recipient's Profile

- Every Recipient must have a diagnosis code listed in his/her EVV profile before visits are scheduled.



- Log into the **Mobile Caregiver+ Provider Portal** and click on the **Recipients** tab from the Main Menu.
- Locate the Recipient that needs a diagnosis code added and click on the action's icon.
- In the submenu, select **Edit**.
- Click on the **Payer Subscriptions** tab.
- Locate and click on the record for the Payer subscription for which you want to add the Recipient's Diagnosis Code.
- Scroll to the bottom of the page.
- In the **Primary Billing Diagnosis**, **Diagnosis (Bill Order 2)**, **Diagnosis (Bill Order 3)**, **Diagnosis (Bill Order 4)**, **Additional Billing Diagnosis** fields, add the necessary diagnosis codes.
- Click **Save**.
- A pop-up will appear, asking if the added diagnosis code(s) should be added to unreleased claims. Select the applicable response.

9 Update Diagnosis Codes

Would you like to also save this change to all unreleased claims?

Yes No

 - If **Yes** is selected, the system will add the recently listed diagnosis code(s) to all the selected Recipient's unreleased claim(s).
 - If **No** is selected, the system will save the listed diagnosis code(s) and will include the recently added diagnosis code(s) to all future claims for the selected Recipient.

